Intentional Care of the Spirit:
A Summons for Nurses of the Roman Catholic Diocese
of Fresno to Serve Our Own Faith Communities
A Guidebook on Faith Community Nursing

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I dedicate this work of love to the memory of Mother Teresa of Calcutta who managed to evangelize an entire world by living the Word.

"I see God in every human being. When I wash the leper’s wounds, I feel I am nursing the Lord himself. Is it not a beautiful experience? I try to give to the poor people for love what the rich could get for money. No, I wouldn’t touch a leper for a thousand pounds; yet I willingly cure him for the love of God”

- Mother Theresa Sayings

I dedicate this work of love to all nurses who struggle with their inner Martha and Mary. I pray for ongoing opportunities for all of us to experience the integration of our active body-mind (Martha) with our contemplative spirits (Mary); that we may go forth to serve God in our wholeness.

Now as they went on their way, he entered a certain village, where a woman named Martha welcomed him into her home. She had a sister named Mary, who sat at the Lord’s feet and listened to what he was saying. But Martha was distracted by her many tasks; so she came to him and asked ‘Lord, do you not care that my sister has left me to do all the work by myself? Tell her then to help me.’ But the Lord answered her, ‘Martha, Martha, you are worried and distracted by many things; there is need of only one thing. Mary has chosen the better part, which will not be taken away from her’ (NRSV 1179).

# Table of Contents

**Title Page** ........................................................................................................................................... 1  
**Dedication Page** ...................................................................................................................................... 2  
**Introduction** ........................................................................................................................................... 5  
**Section I: Nurse as Lay Minister (Why we do it)** ................................................................................. 8  
**Section II: Faith Community Nursing Practice (How we do it)** .......................................................... 11  
**Section III: Utilizing the Nursing Process (Let’s do it!)** ........................................................................ 21  
**Section IV: Spreading the Word! (Come join us!)** .............................................................................. 24  

**Templates:**
- Template for a Template......................................................................................................................... 26  
- Template for Self Assessment.................................................................................................................. 27  
- Template for Bulletin and Website Health Promotion Topics.............................................................. 28  
  - Sample template....................................................................................................................................... 29  
- More samples: See Appendix B  
- Template for Using Prayer and Reflection........................................................................................... 30  
  - Template for Creating a Collect Prayer................................................................................................. 31  
- Template for a Day of Reflection............................................................................................................. 32  
  - Sample Template of a Day of Reflection............................................................................................... 33  
- Handouts from the Day of Reflection: See Appendix C  
- Template for Individual Interaction........................................................................................................ 35  
- Template for Health Screening................................................................................................................. 36  
- Template for Guest Speakers/Workshops............................................................................................... 37  
- Template for Evaluation of an Activity.................................................................................................... 38  
  - Sample Evaluation Tool......................................................................................................................... 39  
- Template for a Catechetical Lesson........................................................................................................ 40  
  - Sample of a family centered catechetical lesson.............................................................................. 41  
- Template for a Parish Assessment (Survey Tool).................................................................................. 47  
- Tool Box of Resources.............................................................................................................................. 48
• Works Cited .................................................................................. 52

• Appendix B: Samples of Bulletin Announcements

• Appendix C: Handouts from Day of Reflection

• Appendix D: NANDA and Nursing Documentation Forms
Introduction

I am a Faith Community Nurse for a small, rural Catholic Community of 500 families, located in Oakhurst in the foothills of the Sierras near the south entrance to Yosemite National Park. It is comprised of three distinct churches: Our Lady of the Sierra in Oakhurst; St. Dominic Savio Church and Retreat Center in Bass Lake; and St. Joseph the Worker in North Fork. I have been working as a non-staff, non-paid Faith Community Nurse there for several years. I also continue to work four days a week as a nurse at a hospital an hour’s drive from my home. I bring over 34 years of nursing experience to this ministry.

Thanks to a wonderful core group of volunteers that comprise our health ministry team, we have been able to offer several health education workshops, an annual health faire and continue the development of our Neighbors Helping Neighbors program, a faith community resource support and home visitation program for the frail and homebound.

Our Catholic faith tradition tells us that we as lay people are called through the Sacrament of Baptism to live out the promise to serve others in community. We are called to be the Body of Christ in the world today. It is not the exclusive responsibility of clergy and religious. Our Church has a strong tradition and teaching on social justice. We as Church have been instrumental throughout our history in establishing hospitals and educational institutions in which to train healthcare personnel to meet the needs of the suffering among us. Nursing is a healing ministry and there is a great need for our gifts in our parish communities.

I discovered early on in my nursing ministry that there were many fellow nurses who showed interest in serving their parish communities but thought they lacked the time, talent and preparation to do so. I decided to develop this Guidebook for Faith Community Nurses, herein referred to as FCN, as my thesis project¹ in an effort to both inspire nurses to serve their faith communities and to provide them with a very practical instrument to use as they begin their own practice of Faith Community Nursing.

¹ I will complete my requirements for a Master of Arts degree in Pastoral Ministries in December of 2010 from Holy Names University, Oakland, California.
Imagine the impact we as nurses could make on our faith communities within our diocese if every nurse devoted a small amount of time and effort to serving the needs of our own parish demographic. Perhaps you are like me, busy with your own secular nursing career yet wanting to answer God’s call to ministry. You might be a retired nurse, have a part-time job in nursing, or not currently working as a nurse at this time and yearn to devote some extra time to share your wisdom and compassion with fellow parishioners. Perhaps you are a student nurse, wanting to find out more about the FCN specialty; maybe you are a nurse in transition-looking for more balance of body-mind-spirit integration in your own life. Listen to that gentle nudging of the Holy Spirit in your heart!

This guidebook will give you the tools and encouragement you need to get started. The first section describes the nurse as minister and explains ‘the why’ we nurses feel called to serve God in our communities. I explain the premises of Faith Community Nursing and state how I think the practice of Faith Community Nursing embraces all four areas of the Mission of the Church.

The second section of the guidebook explains ‘the how’ of what we can do as Faith Community Nurses. It describes the scope and practice of the FCN and reviews our critical thinking model which we call the nursing process. We use this process in approaching the identification of and solutions for specific problems or needs. I include a list of terms commonly used in our practice as a frame of reference. Information about the FCN Basic Preparation Course and other resource information, including on-line sources, will be included in the section referred to as the ‘Tool Box’ which is located at the end of the guidebook.

The third section ‘let’s do it’ describes the various roles in which a FCN may serve in a parish. Under each of these roles I list some specific suggestions for activities the FCN could offer to the parish which are organized in age-specific sections. I include information that is basic to planning any activity within a parish in the diocese. I discuss nursing documentation guidelines, liability insurance and confidentiality. I have developed some templates for some of these specific activities and have included samples of the templates for your use. These will be included in the appendices. Each template includes the outline of the nursing process and lists the specific nursing diagnoses, nursing interventions and nursing outcomes along with guidelines for nursing documentation. Utilizing the Template and the Tool Box...
will give you a good background for developing your own activities for your parish community.

The fourth section of this guidebook includes a word about discipleship and what needs to be done next in building and sustaining a strong diocesan-wide Faith Community Nurse network. Our mutual goal would be the realization of a vibrant health ministry presence for the Diocese of Fresno. In addition, I include some wisdom on the need for all of us to practice good self-care, so that we can be physically, mentally and spiritually prepared for whatever God is asking of us in our nursing ministry.
Section I:  
Nurse as Lay Minister  
(Why we do it)

I see my role as a FCN through the lens of a lay pastoral minister in the Catholic faith tradition. I am called to ministry through my baptismal promises to serve and honor the Mission of the Church which is to spread the Good News of Jesus Christ. This mission is accomplished in four primary ways: through worship and the sacraments, proclamation of the Word, outreach to others in need and in the continued formation of a relational community (Hiesberger 35).

Nursing ministry is involved in all four areas of mission. Prayer and reflection are infused into every interaction a FCN has within a parish community. Encouraging the participation in the sacraments is offered as part of the healing ministry. Nurses use appropriate and accurate scriptural context to bring meaning to education on health and wellness. Scripture offers a theological and sacramental framework for dealing with illness and in providing comfort to those experiencing the pain, suffering, anxiety, fear and loss associated with acute and chronic illness as well as the death of a loved one. This is an example of the unique way in which FCN provide health care in a faith community setting. Outreach and the growth and maintenance of a relational community are always a nursing goal because a loving community IS a healing place!

The hallmark of Faith Community Nursing is to help individuals and faith communities discover the mind-body-spirit connection to health and wholeness with a particular focus on intentional care of the spirit. But what does it mean to practice intentional care of the spirit? The handbook: Faith Community Nursing: Scope and Standards of Practice defines Faith Community Nursing as: “…the specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting wholistic health and preventing or minimizing illness in a faith community” (1). It defines five foundational elements to this specialty practice:

1. Health and illness are human experiences.
2. Health is the integration of the spiritual, physical, psychological, and social aspects of the patient promoting a sense of harmony with self, others, the environment, and a higher power.

3. Health may be experienced in the presence of disease or injury. The presence of illness does not preclude health nor does optimal health preclude illness.

4. Healing is the process of integrating the body, mind, and spirit to create wholeness, health, and a sense of well-being, even when the patient’s illness is not cured (2-3).

I think Mother Teresa and her work with the poor and suffering in Calcutta gives us a wonderful example of a life lived with intentional care of the spirit. She beseeched her religious community and to all who would listen to her to ‘Give your hands to serve and your hearts to love.’

She is for us in nursing ministry, an example of a faith filled servant who stayed the course God illuminated for her even through the challenges and hardships she endured for the love of Jesus.

In the nursing profession, we have our own example in Florence Nightingale. Dr. Jean Watson, a nursing theorist, illuminates for us the caritas wholeness of Ms Nightingale. She writes: “to her [Ms Nightingale], healing was the blending of the nurse’s inner life with her outer life to facilitate her creative expression of love. This process was one of inner peace, radiating from the nurse to the person receiving care, so the person would feel safe and in harmony” (252).

I too have experienced that intentional care of the spirit flows as God’s gift of grace through us as we minister to others. It is in that moment of grace that we can see Jesus in everyone and everything. As nurses, I think it is important to cultivate an inner prayer life to help us recognize God’s grace in the ordinariness of our day to day lives. This awareness helps us to bring ‘intentional care of the spirit’ into any and everything we do in nursing ministry.

A scriptural passage in the gospel of Luke (10:38-42), illustrates this point. Jesus comes to the house of Martha to rest from his preaching ministry. Instead of helping with the necessary tasks of hospitality, Martha’s sister Mary sits at Jesus’ feet listening to him quietly. Martha gets upset with her sister for not helping her, but

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2 A well know saying of Mother Teresa
Jesus chides Martha gently saying: ‘Martha, Martha, you are worried and distracted by many things; there is need of only one thing. Mary has chosen the better part, which will not be taken away from her’ (NRSV 1179).

I think that as nurses we tend to be like ‘Martha’ in the manner in which we approach the busy tasks of serving others and often neglect time for our own self-care of rest, restoration and renewal that ‘Mary’ represents. I think that Martha was serving with an anxious and conflicted heart. She wanted to serve others but knew she was missing out on the needed contemplative ‘Mary’ time with Jesus. How many of us and how often do we as nurses experience this very conflict? This scripture passage gives us an opportunity to look at our lives of service in a different way. Instead of looking at service as an either/or imperative; having to choose between active service or prayer time with Jesus, I choose to look at it as an opportunity to integrate both active service with others and the cultivation of our interior life with God. I think that we are called as Christians to serve God in our faith communities as whole persons.
Section II: 
Faith Community Nursing Practice 
(How we do it)

The scope and practice of this specialty is based on the American Nurses Association’s publication in 2004: Nursing: Scope and Standards of Practice which applies to the practice of all registered nurses regardless of their specialty practice or setting (vii). In 2005, the handbook: Faith Community Nursing: Scope and Standards of Practice was published as a joint effort of the American Nurses Association, herein referred to as the ANA and the Health Ministries Association, herein referred to as the HMA, the professional affiliation organization for Faith Community Nurses.

The following are terms defined in this handbook and will more fully explain what is meant by faith community, Faith Community Nurse and health ministry:

**Faith Community:** An organization of groups, families, and individuals who share common values, beliefs, religious doctrine, and faith practices that influence their lives, such as church, synagogue, temple, or mosque, and that functions as a patient system, providing a setting for faith community nursing.

**Faith Community Nurse (FCN):** A registered professional nurse actively licensed with the state, who serves as a member of the staff of a faith community. The FCN promotes health as wholeness of the faith community, its groups, families, and individual members, and the community it serves through the practice of nursing as defined by the nurse practice act in the jurisdiction in which the FCN practices and the standards of practice set forth in this document.

**Faith Community Nursing:** The specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting wholistic health and preventing or minimizing illness in a faith community.

**Health Ministry:** The promotion of health and healing as part of the mission and service of a faith community to its members and the community it serves (ANA 36-37).
The acknowledged pioneer of health ministry and parish nursing which is now referred to as faith community nursing is the late Rev. Dr. Granger Westberg. He worked as a chaplain in 1980’s with opportunity to work with physicians and nurses as they ministered to patients and families. During this time, he developed his ideas about the connection between faith and healing. Later he took a joint professorship in Religion and Health at the University of Chicago where he instituted weekly case conferences that included valued perspectives of the physician, nurse, social worker and chaplain who together developed patient care plans that addressed the body-mind-spirit connection to illness, health and wellness (Westberg and McNamara 17).

Eventually, he focused his efforts towards the healthier community at large and found that nurses, with our unique skill sets in both the humanities and the sciences could be the bridge to get physicians and chaplains to work together in what Dr Westberg calls a ‘wholistic’ manner. He uses the term wholistic health to describe “…a whole or completely integrated approach to health and health care that integrates the physical and spiritual aspects of the whole person. The principles of wholistic health arose from the understanding that human beings strive for wholeness in relationship to their God, themselves, their families, and the society in which they live” (ANA and HMA 2).

This later led to the development of pilot parish nurse projects within faith-based communities. Dr Westberg thought that nurses had always fostered a preventive approach to health and wholeness. He writes fondly: “Nurses are national treasures, reservoirs of compassion and strength, and pearls of great price that have been hidden from view for too long…now is their chance to reach thousands of people in the informal setting of an institution (faith community) that is ready to rethink its role in motivating people toward health living“ (Westberg and McNamara 20). Thus the sacred art of Faith Community Nursing was born.

In order to practice as a Faith Community Nurse, a nurse needs to have a sincere desire to serve Jesus through the mission of the Church. As Catholic nurses we also need to have a strong knowledge base of the sacramental life of our Church and demonstrate a mature level of faith formation. Nurses also need to have a valid, active Registered Nurse license from the state in which the nurse serves the faith
community. In California, a retired nurse with a lapsed license may reapply to become active without having to take National Council Licensure Examination (NCLEX-RN) if it has been less than eight years. All that is then required is the renewal fee, thirty hours of continuing education within the prior two-year period and mandatory fingerprinting (Ca BRN). If the lapsed license is eight years or more, the nurse will need to take the steps noted on the website\(^3\) which includes retaking the licensing exam.

A retired nurse with a lapsed license who chooses not to reactivate the license may still participate in a health ministry team however the role would be as a helper volunteer and not as a Registered Nurse. They could assist the licensed FCN, but would not be able to develop or implement any programs independently, could not do home assessments or provide any individual health counseling nor supervise other volunteers. Retired nurses are wonderful resources for support and encouragement and are a welcome addition to any health ministry team. Their collective wisdom needs to be honored. A practicing RN with an active license is welcome to assist the FCN in the faith community and is referred to as a volunteer nurse. Only registered nurses who have taken the basic prep course for Faith Community Nursing may call themselves a FCN.

The next step a nurse must take to practice legally in a parish setting is to take the basic prep course for Faith Community Nursing. The information on how to register for this course is located in your Tool Box section of the appendix.

**Liability Insurance**

In the Catholic Diocese of Fresno, a licensed Faith Community Nurse is covered under the diocesan umbrella liability policy as long as the FCN has an active RN license and is practicing within the scope and practice of FCN as defined by the ANA. A FCN must also carry a personal malpractice insurance policy as well. The FCN must also complete a Diocese of Fresno volunteer service application and be fingerprinted to be in compliance with the Safe Environment Training for the diocese.

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\(^3\) [http://www.rn.ca.gov/licensees/lic-renewal.shtml](http://www.rn.ca.gov/licensees/lic-renewal.shtml)
Nursing Process

The approach to practice of the FCN is the same as in general nursing practice. We apply the critical thinking model called the *nursing process* to any activity we want to implement. This process includes nursing assessment, nursing diagnosis, outcomes identification, planning, implementation and evaluation (ANA and HMA).

**Assessment:** Client can be an individual parishioner, family, parish group or faith community as a whole as well as the community at large. The collection of data needs to be pertinent to the wholistic health of an individual, group or community.

**Self Assessment:** Be sure to make an assessment of your own skills (see template for self-assessment tool in Appendix B). Think about your skills and preferences. What is your passion? Discern what the Holy Spirit might wish for you to do.

**Faith Community Needs Assessment:** This assessment could be as small and as casual as a discussion with members of a bible study or as large and complicated as a parish-wide survey. Does the pastor, deacon or parish group have any specific requests? What kind of data is needed? Is the parish rural or urban? Is it located in a tourist area? What is the ethnic mix? General income level is important if you are going to charge for an activity or ask for donations. What is the general age make-up of the parish? Is it comprised of an even mix of families, elderly, singles and widows? Are most people employed, unemployed or retired? What are the unique qualities or concerns of your parish community?

Compose your data assessments specific to the demographics of the people you have already identified with a need. For example: In planning for a caregiver workshop, focus your content and advertisement to the elderly in the parish as well as their adult children who do the ‘sandwich care’ –those who care for their elderly parents as well as care for young children.

**Nursing Diagnosis:** What does the data show? Name the needs and prioritize. During your basic prep program, you should have been given a list of nursing diagnosis, outcomes and intervention codes to use in developing your activities. A full set of these codes specific to Faith Community Nursing are included in this guidebook in the appendix. Here is a short review of them.
**Diagnostic Codes:** The nursing profession uses standardized nursing diagnoses, interventions and evaluations which have been developed by the North American Nursing Diagnosis Association. NANDA is the acronym for this organization whose job it is to help define and standardize knowledge unique to the evidence-based practice of professional nursing (NANDA website). For each activity you choose, there will be specific Nursing Diagnosis Classifications to use from this [NANDA] list.

**Outcomes Identification:** What do I expect to accomplish? What do I hope people learn more about? How were my interventions helpful? You will choose from the NANDA list of selected Nursing Outcomes Classifications [NOC] for your anticipated outcomes of your nursing interventions. These are further rated on a scale from 1-5 to see how well your outcomes were demonstrated.

**Planning:** What are my strategies for accomplishing the desired outcomes? You will then choose from the NANDA list of nursing intervention strategies to accomplish the desired outcome. The list of Nursing Intervention Classifications is called [NIC].

**Implementation:** Initiate the plan. It is important to note that Faith Community Nurses do not take the place of a parishioner’s physician nor do they interfere with any services already in place in the home. FCN does not do hands on nursing care such as administration of medications, wound care dressing changes, or draw blood for laboratory tests. Our primarily role includes coordination of care, health promotion and education, consultation and I’ve added the roles of role model and mentor for others. The activities that you plan will be based in one or more of these primary roles.

**Evaluation:** Were my goals and goals of the identified group met? It is important to relay people’s stories when describing the goals. Did the participants get what they wanted from the activity or did they learn something unexpected? If not-why not? You will want to design a specific evaluation tool for each activity you plan. These are very useful to use in future planning of a similar event. See appendix for sample tool.
Nursing Documentation

Nursing is a process and part of the process is noting what you do and how well you do it. It is important for legal reasons and is also a good way to keep track of your good work so that you can show your faith community your impact on the health of the community. We use the NANDA/NIC/NOC to document our nursing process. In faith community nursing, a number of forms have been developed to help us keep track of our work. These include an Individual Interaction Form, Daily Activity Log and the Monthly Report. We need to use these forms even if we do occasional activities and interventions. It is a legal requirement of our license.

All of these forms plus the NANDA/NOC/NIC listings are located in the appendix and you may make copies to use in your own parish practice. The forms are mostly self-explanatory and I will give examples of their use in the templates I will provide.

Information Basic to Planning
Any Activity within the Diocese of Fresno

Once you have some ideas of what you would like to do, the next step is to follow the basic guidelines listed below. It would be a good idea to develop a policy and procedure to follow for any activity you design as it will help another nurse in the planning of a similar activity.

1. If you are just starting out and need to introduce the concept of Faith Community Nursing, develop a short presentation to give to your pastor/pastoral associate and/or pastoral council. If you need help with this contact a FCN that is already in practice for information and mentoring support.

2. Sketch out a plan (proposal) for what you would like to do, how you plan to do it, how you plan to finance it and the results you hope to get by doing an activity. Set up a meeting with your pastor to review your proposal.

3. If you are encouraged by your pastor to meet with an established Outreach/Service committee within the parish or the Pastoral Council, make
arrangements to meet with them and share your proposal. Again, these parish leaders can be valuable allies in your ministry.

4. Remember to work through the proper channels in your parish community.
   a. Start with your pastor who may direct you to your deacon or religious.
   b. Communicate your plan and timeline to the parish secretary. They can be one of your best allies. They need to know what activity you are planning and have a copy of everything you mail out or send by email because they are the first to be called if people have questions.
   c. Follow the Diocesan guidelines for Safe Environment Training if you plan to work with at-risk groups (children and the elderly). Someone in your parish or from the diocese can assist you in completing the paperwork and can give you information on the regulations as well as inform you where you can get your fingerprints done.
   d. Make sure your pastor, office staff and the diocesan risk manager have copies of your Basic FCN Course Certificate, California Driver’s License, Active RN License, current CPR card and personal malpractice insurance.
   e. All Faith Community Nurses will need a diocesan directory which can be obtained at the diocese. These directories are very useful for information regarding how to contact people for assistance within the diocese.

5. Clear a potential date for the parish calendar and ask the office manager to set an event date. They are often the ones who put the notices in the bulletins, local newspapers and on the website. Find out the deadlines for placing information in these media and make sure you turn in any announcements in a timely manner. You will want to advertise your FCN activity at least one month in advance. Take advantage of diocesan media; the Catholic TV station KNXT, the diocesan newspaper Central California Catholic Life which also has an online version, if you are inviting community and other parishes to your event.

6. Stick with the budget you designed in your proposal. Find out what parish equipment you can use and how you can procure it: copy machines, bulk mail
machines, projectors, music, parish hall or classrooms, the sanctuary, copy papers and the like. See what can be used from the parish, what needs to be purchased, donated, bartered for or eliminated from your plan. Anything you purchase can be considered tax deductible donation to the parish church so make sure you get a receipt for the things you donate.

7. Decide what type of help you will need and a process for obtaining assist. Remember, you do not have to know how to teach or do everything. Start making a list or getting ideas and resources from other Faith Community Nurses so that you can enlist someone else’s expertise and assistance in implementing an activity. Utilize the Christian concept of stewardship by asking for help. We are called to be good stewards of our time, talent and treasure. Maybe someone has a talent and the time to assist you or someone may be able to contribute financially to your work. I have designed three categories of assistance which I use to help in the planning and the implementation of an activity. These are my helpers, cheerleaders and wise counsel. I find that sometimes people fit in one or more of these categories.

**Helpers:** These are the people that you need who are steadfast and reliable and follow your directions carefully. They need structure and matter of fact directions on how things need to be done. These are often the ‘behind the scenes’ people that form the backbone of any activity. These are the ones that show up for the set-up and the ones that stay and clean up after an event. They can help plan, gather supplies and other people for assist. They may have a specific area of expertise that they can do that frees you up to do other things.

**Cheerleaders:** These are your friends and family who believe in you and the ministerial work that you are doing. They are the ones that provide encouragement and joy for your work and a shoulder to cry on if needed. The more of these you have the better!
Wise Counsel: The Holy Spirit heads my list. Take time for prayer, meditation and self-care so that you can be mindful and present to hear the whispers of the Spirit. Mentors and spiritual directors help bring their own life experiences to the work that you do. These are trusted people that know you and the work you can do and they can offer spiritual and emotional support as well as practical advice. They can also offer the wonderful gift of perspective.

8. You will need to design a specific evaluation tool for each activity you undertake. Please see sample ones in the appendix.

9. Pray every day for continued faith, wisdom, insight, courage, perseverance, discipline, flexibility, creativity and with gratitude always.

HIPAA and the Faith Community Nurse

In 1996, the US Congress passed the Health Insurance Portability and Accountability Act. This act defines under what conditions a health provider can share private health information with another provider, insurance company or the public. These HIPAA regulations are not applicable in your practice unless you want to obtain health information from a health provider.

A FCN must always keep confidential and personal health information private. This includes mentioning specific health problems of an individual in community prayer during liturgy, small groups and electronic prayer lines. You may only share this information with the expressed permission of the individual and this must be documented in your nursing reports. It is important for you as the FCN to educate your parish community regarding the principle of confidentiality. Parishioners often mean well when they share details of someone else’s health concerns but they need to learn to honor each other’s privacy.

There are however, some instances when you can release personal health information without the individual’s consent. According to an article written by Deborah Patterson for the Clergy Journal:

If in your professional judgment, a clergyperson or parish nurse believes it to be in the best interest of the parishioner to inform another member of the clergy, parish nurse, family member or a neighbor about a parishioner's health status, then you may share this information without first obtaining the person's permission, but be sure to document this decision (18-20).
She also lists instances where the HIPPA regulations allow for release of personal health information [PHI] without expressed consent of the individuals in cases of: “statutory mandates, hotline information, judicial proceedings, law enforcement purposes, decedents, organ and tissue donation after death; serious threats to health and safety and in workers’ compensation cases” (18-20).

FAITH COMMUNITY (PARISH) NURSE

The Health Ministries Association, which is the recognized national professional membership organization for Faith Community Nurses, has compiled a Guide to Developing a Health Ministry, which was published in 2005. It will be suggested in your basic prep class to purchase this guidebook as it contains a wealth of information on starting a Parish Nurse/Health Ministry program. It can be used as a guide in conjunction with this one which is specific to the role of a Faith Community Nurse within the Diocesan of Fresno. The information is relevant whether you are a paid staff parish nurse or a non-paid, non-staff parish nurse.
Section III: Utilizing the Nursing Process
(Let’s do it!)

Once you have completed a self-assessment and a faith community assessment, you are ready to brainstorm ideas for activities and services you could help provide. Remember, you do not have to be an expert in all areas of interest but you can coordinate and plan workshops and invite guest speakers/panel discussions. Set up a speakers’ bureau to have available to you to call upon when needed. You can work with other nurses in developing your own lists. I have made my own brainstorming list based on the ANA Faith Community Nursing Standard # 5: Implementation (ANA and HMA 17). In this Standard, activities of the FCN include being a coordinator of care, a teacher of health education and promotion and nurse consultant.

Coordinators of Care
& Faith Community Nurse Consult

• Patient Advocate
• Referral and Community Resource person
• Group advocacy
• Coordinate implementation of a given plan of care (individual, small group or whole community)
• Coordinate Health Ministry in the faith community
• Train volunteers for home visit ministry (Neighbors Helping Neighbors)
• Coordinate various support groups: grief support, Alzheimer’s, caregivers, bereavement, chronic illness, widows /widowers, divorced and separated, cancer, AIDS, grandparents raising grandkids …
• Coordinate annual Health Fairs/promote local farmers markets
• Consult to individuals, families, church staff and outreach to the wider community
• Counsel members and groups on health related issues
• Home and Hospital visitation for spiritual support, Eucharist, and resource information
• Consult/support to clergy and staff
• Consult with clergy for planning and implementation of liturgies for the anointing of the sick, funerals, vigils and bereavement services
• **Consult** to DRE on integration of spiritual and physical health and wellness
• **Consult** to Hospitality Ministry / clergy and staff on Emergency/Disaster Preparedness
• **Develop** retreat/days of reflection/theological reflections related to health and healing and the enhancement of spiritual health

**Health Education & Promotion**

This is by no means an exhaustive list. Pick a few and sketch out some possibilities. Remember you do not have to know how to teach or do everything.

**Elderly**

- Write bulletin and website articles on health and wellness
- Provide Health Screenings: blood pressure clinics
- Safety and management of medications
- Fall prevention/ balance training
- Caregiver training
- Estate Planning/DPOA for Health Care
- Transitioning from own home to Board and Care or assisted living
- Learning to Live with Chronic Illness
- Palliative and Hospice Philosophy of Care
- CPR First Aid / Emergency Preparedness / Disaster Planning
- Life Review faith and health connection- scrap booking your faith journey
- Nutrition in the elderly
- Healthy Heart classes
- Teaching disease processes (CHF, DM, Dementia, energy conservation with chronic disease)
- Wellness care-spiritual connection
- Meditation and muscle relaxation
- Yoga or tai chi
- Stress Management
- How to get the most out of your Health Provider visits
- Self-defense classes
- Senior exercise classes
- Blood and organ donation

**Empty Nesters**

- Write bulletin and website articles on health and wellness
- Provide Health Screenings
- Disease processes
- Healthy Heart classes
- General wellness practices
- How to care for aging parents
- Palliative Care and Hospice
- Blood and organ donation
- Exercise programs
- Life review
- Integration of faith-health-wholeness
- CPR First Aid / Emergency Preparedness / Disaster Planning
- Conflict management
- Stress Management
- Prayer / Meditation
- Yoga
- Caregiver training

**Families/children**

- CPR First Aid
- Babysitter classes
- Write bulletin and website articles on health and wellness
- Provide Health Screenings
- Nutrition
- Communication skills
- Stress management
- Prayer, Meditation and relaxation
• Specific disease processes: obesity, DM, ADHD
• Integration of wellness principles/practices in family’s’ everyday lives
• Living with a child’s disability

• Development of good health practices
• Emergency Preparedness/Disaster Planning
• Blood and organ donation
• Self defense classes

Young Adults

• Theology of the body
• Write bulletin and website articles on health and wellness
• Provide Health Screenings
• Nutrition
• Communication skills
• Self-defense

• Self-care basics
• Transition life-skills
• Stress Management
• Meditation and relaxation
• Emergency Preparedness/Disaster Planning
• Blood and organ donation