“If you can give up the sense that life is a linear journey . . . you can begin to put the spiritual component back into your life.”
- Bonnie Steinberg
(from Embracing Our Essence by Susan Skog)

General Information
Business casual dress—layer for comfort.

Why not treat yourself to an overnight stay at scenic, peaceful Chiara Center?

For more information, including a map to Chiara, visit:
www.chiaracenter.org

Registration
For this conference, space is limited. Pre-registration is required. An email confirmation will be sent when registration form and payment are received.

Group registrations are welcome, but all names must be submitted by March 7, 2012.

Cancellation Policy
No refund if canceled after March 1, 2012. You may send a substitute.

Target Audience
• Health care professionals and students of all disciplines
  • Nurses
  • Physicians
  • Social Workers
  • Pastoral Care
  • Ancillary Care Providers

Contact Hours
Contact hours will be awarded for this educational activity. Hospital Sisters Health System-Illinois Hospitals Continuing Education Council is an approved provider of continuing nursing education by the Illinois Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
Background
Spirituality is an important element of the health and well-being of many individuals. When patients are faced with illness, especially of a terminal nature, spiritual needs can take on increased focus for the patient and the patient’s family. Health care providers need to be aware that their own spirituality might affect the ways they relate to, and provide care to, patients and their families.

Overall Purpose
To increase understanding about the importance of health care providers maintaining spiritual centeredness, so that they can deliver compassionate care.

Learning Outcomes
At the end of the conference participants will be able to:

- Describe the role of spirituality in a health care environment.
- Recognize the relationship of spirituality to religion, culture, health, and healing.
- Create awareness about ethical, professional, and moral boundaries as they pertain to spirituality.
- Identify ways to nurture personal spirituality as part of professional growth, promotion of well-being, and the basis of one’s calling as a health care provider.
- Recognize the value of collaboration between pastoral staff and clinicians in bringing spirituality issues to the forefront in the clinical setting.

Schedule
8:00 a.m. Registration/Continental Breakfast
8:30 a.m. Welcome
8:45 a.m. The Spirituality of Being a Health Care Professional
   Daniel P. Sulmasy, MD, PhD, FACP
10:00 a.m. Reflection
10:10 a.m. Break
10:30 a.m. Cultivating Spiritual Awareness for Compassionate Caring
   Kathy Booker, PhD, RN
11:30 a.m. Reflection
11:40 a.m. Lunch
12:45 p.m. Conversation with our Morning Speakers
1:45 p.m. Break
2:00 p.m. Panel Discussion
   Father Nicolas Husein-Pastoral Care,
   St. Mary’s Hospital, Decatur, IL
   Casey Schumacher-Nursing educator,
   St. John’s College, Springfield, IL
   Marcia Arneson-Wellness Services,
   Sacred Heart Hospital, Eau Claire, WI
   Lola Lehman-Parish Nurse
   Anna, IL
3:00 p.m. Developing Our Spiritual Activities of Daily Living (ADL’s)
   Sister Rhea Emmer, CSA, D.Min., RN
4:00 p.m. Wrap-up/Evaluations

Registration Form
The Spirituality of Being a Health Care Professional

$75 Conference Fee
Deadline: March 1, 2012

Please print information as you wish it to appear on name tags (one attendee per form).
Prefix: □ Dr. □ Sr. □
Name: ________________________________

Credentials (e.g., RN, MSW, etc.): ____________________________

Check if you desire CE credit: □

Organization: ____________________________
City: __________________ State: __________
Daytime phone: _________________________
E-mail: ________________________________

(Registration confirmation will be sent by email)

Dietary Restrictions: ____________________________

Enclose check for $75, payable to:
Hospital Sisters of St. Francis or

Credit Card info
   ___ Visa   ___ MasterCard   ___ American Express
Name as it appears on card: ____________________________
Print: ____________________________
Billing address: ____________________________

City: __________________ ST: _____ Zip: ______
Card Number: ____________________________
Expiration Date: ___________ PIN: ___________
Signature of Cardholder: ____________________________

Mail form and payment by March 1, 2012 to:
Hospital Sisters of St. Francis
Attn: Accounting
P.O. Box 19431
Springfield, IL 62794-9431