C-Mail
The official publication of New Zealand Healthcare Chaplains' Association

President's Report

Nga mihi tino mahana kia koe i runga i te ingoa o Ihu Karaiiti ta matou Ariki.
'Warm greetings to you in the name our Lord Jesus Christ'

It is with a heavy heart that on behalf of NZHCA, I wish to convey our heartfelt condolences to Rev Sione Tu'ungafasi - Chaplain Waitakere hospital at the sad loss of his beloved wife Ofa. Death is a part of life but knowing that does not make it any easier. The real peace and comfort are from our Lord Jesus Christ.

"Peace I leave with you; my peace I give to you. Not as the world gives do I give to you. Let not your hearts be troubled, neither let them be afraid." John 14:27.
We will continue to pray for Sione and his family.

I hope to meet Sione and convey our condolences in person later this month when I will go to Auckland.

Executive Committee: I wish to inform all the members of NZHCA that this is my last message in the capacity of president NZHCA. I will step down at the BGM in October this year after serving for two terms. I will continue in an ex officio role to provide support and advice as necessary. A new executive committee will be elected at the conference. I wish all the best to the new committee and pray that NZHCA will continue to provide high quality service and professional development opportunities to its members and non-members.

I have learnt a lot in these four years and have tried my best to contribute towards overall growth of NZHCA. I have valued the years of service despite the challenges. It has been a privilege and honour to be in this position. I acknowledge that I might have missed some opportunities and hope that the new committee will be more effective.

I am extremely grateful to the members of Executive committee for their dedication, hard work and unwavering support to me. It would have been very difficult to achieve good results without their support.

Some of the members of the current executive committee have planned to step down from their role. There will be some vacancies. If you feel that God is calling you to serve Chaplaincy in a different capacity, then this is an opportunity for you to step up and become a member of the Executive committee.
Joint conference (NZHCA – ICHC): It is a pleasure that we will have a joint conference in the month of October. I am grateful to the organising committee comprising of NZHCA members and ICHC management for putting together the programme.
The conference theme 'Replenish' is a wonderful idea and I hope that all of us will be replenished spiritually, emotionally, and professionally at the upcoming conference scheduled for 15 – 17 Oct 2024.

Meeting with CEO ICHC: Quarterly meetings between ICHC and NZHCA have been fruitful. The joint conference is a direct result of these meetings. We wish to continue to meet and work together to serve the Lord in the best way possible.

Professional Development: NZHCA has very successfully managed to provide professional development opportunities to its members and non-members in the past year with the help of webinars and material published in CMail. We have enjoyed good attendance at all the webinars.

Registration: I commend the chaplains who have embarked on the journey of Registration. They strongly believe how important it is to be a member of a Professional body and be registered. Some organisations who employ chaplains have made it compulsory for chaplains to go through a registration process. I hope your employer will acknowledge at some stage that registration with an independent organisation carries a high value. I personally have a strong belief that the Registration process offered by NZHCA is a huge learning and gives us an opportunity to be accountable.

I would like to close with a befitting and very relevant extract from Joy Cowley's writings. This is what we as chaplains need to keep in mind.

"Good on you, Friend, for being a presence of Christ to me. You came when I needed you.

I didn't have to ask. You didn't have to say.

You just turned up out of the blue, carrying no luggage, both hands free to carry mine, and somehow, you made it look as though I was doing you a favour by letting you be there.

It beats me how you knew what a burden I was bearing.

You know, I can't believe that I talked so much or that you could be attentive for such a long time.

But I do know that when I left you, the sun was shining, a bird was singing and there was a beautiful day waiting to be used.

So, good on you, friend, for being there, and letting me tell my story, and giving me three ways as a friend,

As a teacher of what friendship is all about,

And as a channel of something I call holiness.'

This is a reminder of our role as chaplains.
I look forward to meeting most of you at the conference.

Ngā manaakitanga,
Rev Amail Habib
amail.habib@wdhb.org.nz
M: 027 248 750 | DDI: 06 348 3318
Ko te Atua te wai o te ora | God is the River of LIFE

Research Update

The Spiritual Care in Healthcare research led by Associate Professor Richard Egan (University of Otago) and Associate Professor Moana Waitoki (Waikato University) now has a website: www.spiritualwellbeing.nz/

Have your say in this important research, either by posting in the online blog, or attending a face-to-face hui, or online hui. See the website for more details.

Please share the link with your networks, friends and family so that the researchers are able to get as many diverse perspectives as possible.

Both Richard and Moana will be speaking at the upcoming combined ICHC/NZHCA conference on Day 1.

A minute with.....Shelley Gilmore

What is your Role and where do you work?

I am Lead Chaplain at Tauranga Hospital

What did you want to be growing up?

I wanted to be a nurse or marry a missionary.

What brought you into Chaplaincy?

My husband had been in hospital a couple of times with quite serious illness. I felt alone and thought that this was when I needed someone who wasn't a friend to talk to about the stress I was under. I went on to do a counselling degree and then proceeded to Chaplaincy ten years ago.

What is the best thing about your role?

I get to meet the most amazing people and hear the most incredible stories of resilience and strength in the face of challenges.

What challenges you the most in your role?

I work mostly in the mental health arena now and find that many of our whai ora have a faith in God – my biggest question to God is , 'Why aren't you enough?"

What are you reading at present?

I'm currently enjoying Ann Cleeves novels as something completely different to Chaplaincy. The last book I read for professional development was 'When the Body says No: the cost of hidden stress'.

What makes you laugh?

My husband feels his day hasn't gone well if he hasn't made me laugh so no doubt I laughed this morning.

Inspiration

Rose

As chaplains we often sow seeds but do not always see if the seed flourish. Like the parable the seed may land on fertile ground or on rocky land. We might wonder did the seeds thrive or were they choked by weeds. This is a little story of one chaplain who saw the result of something started 20 years earlier that is still healthy and very much alive today.

On the 28th of July I took a little road trip up the East Coast to Ngati Porou Hauora aka Te Puia Hospital. My aim was to visit 93 year old Rose Stainton to ask for permission and her blessing to write this small piece. Rose was admitted to our hospital earlier this year and during my visits to her as chaplain she related to me much of this story. Any gaps I was able to fill in on this visit.

As a busy farmer's wife and mother of seven children she had attended church religiously. Not because she was religious but because it was one hour she had to herself and had peace. I am sure many busy mums can relate to this. The locals took it another way and felt she should study to be a minister, "what me?" was her reply. However, God and the community had their way, and she was ordained in 1990. In 2001 she went to St Johns. On returning to Gisborne she was asked by the Bishop to be chaplain at the Gisborne Hospital. She did not like the idea and only agreed when she was told it was for a small timespan. They had appointed someone, but that person could not move for several weeks. Thus, Rose took up the chaplain role on the understanding that as soon as the other person arrived she was headed back up her beloved Coast.

While she was here as chaplain a group active in waiata and guided by Owen Lloyd were looking for a venue to practice. They asked Rose about the Chapel. She in turn asked the Chief Executive officer could they practice in the Chapel. His reply was "it is your chapel." Thus, waiata started every Thursday in the chapel for an hour.
She remained a minister serving her people on the East coast and retired at 90.
Earlier this year she was admitted after a stroke. While she was here as a patient a nurse asked her if she would like to go to the Thursday waiata session in the Chapel. She was astonished that the waiata session was still going 20 years after she had been involved in it starting. It is not only still going, but also it is flourishing, and Owen Lloyd is still taking it. Staff and patients, who are able to, attend and enjoy this session.

Submitted by Robyn Chaffey

Whose Grief?

When there is a sudden shock in the family in the form of an unforeseen disability, almost all family members grieve. In real sense who grieves the most. Is it the parents who have been blessed with a baby boy, but he is a 'special needs' baby? Or is it the grandparent? One of my friends from Egypt gave birth to a baby boy who was absolutely normal prior to birth. At the time of birth, oxygen was blocked to his brain for some unknown reason and his brain was severely damaged. The baby became a totally dependent child who was unable to do anything on his own. He grew but was severely limited in his movements and was unable to speak. My friend's husband went to another city to work and came home for very short periods of time. My friend is a medical doctor by profession and could afford to hire help for her son. God also blessed her with a baby daughter who was an able-bodied girl. She loved her brother to bits. My friend's husband died after a few years due to heart attack. Now whose grief was it? I think, the father who died of heart attack was so hugely impacted by the birth of his 'special needs' baby that he could not face the reality. Was he most grieved? He was absent from his son's life for all practical purposes. I met him only once in almost ten years. Was he unable to cope with the reality? What about my friend? She looked after her son for all his needs. What could be her level of grief? She lost her husband also which was additional grief for her. She encountered her son on daily basis and looked after his needs. She was always happy to look after her son. She used to say, "He is my Jesus". She ultimately established a trust for her son to provide security for his future welfare. As I ponder over this situation and analyse, I find it very hard to determine whose grief is it? Is there a degree of grief? Is there a way to measure grief? Is it important to show how grieved are you?

Rev Amail Habib (Coordinating Chaplain – Whanganui hospital)

Have your say on the End of Life Act review

Submissions close 26 September. Use the link to make a submission
https://www.health.govt.nz/regulation-legislation/assisted-dying/review-of-the-end-of-life-choice-act#:~:text=Act%20being%20reviewed%3F-,Under%20the%20legislation%2C%20the%20Ministry%20of%20Health%20must%20undertake%20a,must%20conclude%20in%20November%202024.

The Songbirds of Te Whatu Ora Tairāwhiti

If you're at Gisborne Hospital on a Thursday morning, you'll be greeted by the sound of Health NZ Te Whatu Ora Tairāwhiti's songbirds.

Matua Owen Lloyd has been running waiata for over 20 years and he has always welcomed anyone who steps through the chapel – whether staff, patient, or a member of the public drawn to the music.

"It's about time out for staff, it's an hour of 'me time' to enjoy socialising and connection through song and music," says Owen.

He sees the importance of waiata and the feeling it creates for all participants. "This is a way of safely imparting Te Reo Māori me ona tikanga. It's a way of holding steadfast to our reo.

"We have a lot of non-Māori staff so making them feel safe in an environment that they may not have been exposed to in their lives is paramount."

Matua Owen wanted to acknowledge Papa Taina Ngarimu, Mere Wawatai Dave Para and Molly Para for their ongoing support and for ensuring waiata continues to be the welcoming space it is for kaimahi and manuhiri.

Community physiotherapist, Tracy Royston, has been consistently attending waiata for over 10 years and has an important role as kaea (leader of waiata).

Tracy enjoys the inclusiveness of our whānau hōhipera, our whānau turoro, our whānau hāpori, and being together in one space to share, support, laugh, cry, acknowledge one another just for that short time once a week.

"I was very nervous and felt vulnerable in that space being Pākehā and knowing no waiata. However, I did feel confident with my voice and I love music and singing, so I knew I wanted to be present and learn.

"Committing to regular attendance has not only allowed me to learn many waiata, haka, mōteatea, and himene, but the connections and friendships I have made over the years has been awesome."

Lead guitarist, Bill Morris, orderly, has been with the waiata group for over 10 years and commits to attending for mental health.

"When you get to waiata, ego is left at the door and you're fully immersed in the atmosphere," said Bill.

Comments from participants include how after waiata they feel energised for the day, they see it as a cup filler, and another participant mentioned how waiata was an incentive for them working at the hospital.

"I want to ensure I keep it alive and keep it going," adds Owen.
Waiata is held Thursday's in the chapel, 9am – 10am. Nau mai haramai koutou kātoa.

Submitted by Robyn Chaffey

Conference

The program for the combined NZHCA and ICHC conference is below as is the registration form. N

Those who are non ICHC staff but are members of NZHCA are being subsidised by up to 50% for this conference which makes for a very affordable conference and professional development. If you want to attend complete the form scan it and send to the email listed.

Day One – Tuesday 15th October, 2024	
12 noon	**Pre-Conference Lunch**
1 p.m.	Welcome & Opening – Pa Don Rangi
1:30 p.m.	**Session 1: Fiso John Fiso ONZM – Opening Keynote address**
2:30 p.m.	**Session 2: Competency Update Part 1 – Rev. Dr. Linda Flett**
3:30 p.m.	**Afternoon Tea**
4:00 – 4:45 p.m.	**Session 3: HRC "Spiritual Care in Aotearoa/New Zealand Healthcare" = Co-Leads: Assoc. Prof. Richard Egan & Assoc. Prof. Moana Waitoki**

4:50 – 5:20 p.m.	**Session 4: ICHC Strategy and Direction = Barry Fisk**			
5:20 – 5:50 p.m.	**Session 5: NZHCA Strategy and Direction = Wyatt Butcher & Amail Habib**			
7:00 p.m.	**Dinner** (N.B. Cash Bar available)			
8:00 p.m.	**Quiz or Games**			
9:00 p.m.	End			
Day Two – Wednesday 16th October, 2024				
8:45 a.m.	**Session 6: Welcome to Day Two** Devotional = Replenish = Ngā Puna Ora (ICHC)			
9:00 a.m.	**Session 7: Burnout and Resilience Pt 1 – Leanne Frost Vision West**			
10:00 a.m.	Morning Tea			
10:30 a.m.	**Session 8: Burnout and Resilience Pt 2 – Leanne Frost Vision West**			
11:30 a.m.	**Session 9: 'Elevating professionalism: allied but integral' - Jacqui Tuffnell**			
12:15 p.m.	Lunch			
1:15 p.m.	**Session 10: Replenish Recreation:** • Replenish your body with a walk or a swim at the Aquatic Centre (at cost) or take the opportunity to connect with others for replenishing relationships			
2:30 p.m.	Afternoon Tea			
3:00 p.m.	**Session 11: Chaplaincy Ethics 101 – Dr. John Kleinsman**			
4:00 p.m.	**Session 12= Workshops & NZHCA AGM**			
4:00 p.m.	**Session 12 a: Replenishing Reporting – *Dave Hough*** ***'Data: Numbers and Narratives, a nuisance or a necessity'***			**NZHCA AGM**
4:45 p.m.	**Session 12 b: Workshop 2:** Mandy Carian **Connecting with Donors and Stakeholders**			
5:30 p.m.	**Close Sessions**			
6:30 p.m.	**Dinner** (N.B. Cash Bar available)			
Day Three – Thursday 17th October, 2024				
8:45 a.m.	**Session 13: Welcome to Day Three** **Worship & Devotional** = Replenish = NZHCA			
9:15 a.m.	**Session 14: Work Groups and Connection Opportunity**			
9:15 – 10:00 a.m.	**Other Healthcare Chaplaincy (Non-Hospital)**	**Māori Chaplains Hui / Ngā Puna Ora**	**Mental Health Chaplains Support Network**	**Catholic Chaplains Hui**
10:00 a.m.	**Morning Tea**			
10:30 a.m.	**Session 15: Competency Update Part 2 – Rev. Dr. - Linda Flett**			
11:30 a.m. – 12:15 p.m.	**Session 16: Koinonia = "Yoked together for the mahi"** Small Group Interaction, sharing and prayer			
12:15 p.m.	**Closing Activity**			
12:30 p.m. →	**Lunch at the venue for some… …safe travels everyone!**			

Hospital Chaplaincy
Te Kaunihera Whakawhanaunga o nga Minita Hōhipera, Hauora

The New Zealand Healthcare Chaplains Association
Te Whakaruruhau mō ngā Minita Hauora o Aotearoa

Healthcare and Hospital Chaplains Combined Conference

REGISTRATION FORM FOR: *Non* ICHC Chaplains

The ICHC/NZHCA Conference will be a three-day event. Dates for the conference are: Tuesday 15th October to Thursday 17th October. The venue will be the Brentwood Hotel, located at 16 Kemp Street, Kilbirnie, Wellington. Please fill out this form and return to admin@ichc.org.nz to rsvp.

Name: _____

Mark the one that applies to you: NZHCA Member ☐ Non-NZHCA Member ☐

Non-ICHC Chaplains who are members of NZHCA will have their costs subsidized by 50% for share twin or day delegate rates including meals. Continental Breakfast is included in the price for accommodation booked through ICHC.

The costs to the chaplain will be as outlined below with prices for Chaplains who are not members of NZHCA first / and NZHCA member prices (with the 50% discount already applied) listed second.

Fill out this form if you are a member of NZHCA OR a Chaplain who is not a member of either ICHC or NZHCA.

	Yes	**No**
I understand that registration is for the full conference only	☐	☐
I will attend as a **Day Delegate** and do not require accommodation	☐	☐

Costs for a Day Delegate who doesn't need accommodation:

a) Full conference meals incl. lunch day 1 **and** day 3 =$320 / $160

b) Conference meals but **no** lunch day 1 **and** day 3 =$255 / $127.50

c) Conference meals plus lunch day 1 **or** day 3 =$287.50 / $143.75
(please tick the day you will have lunch) Lunch 15/10/2024 ☐
Lunch 17/10/2024 ☐

If you will not be attending either of the 2 dinners provided, please indicate here:
Not attending dinner on 15/10/2024 ☐

Not attending dinner on 16/10/2024 ☐

PTO

I require accommodation: **Yes** ☐ **No** ☐

Share Twin
I understand that accommodation will be shared with another delegate: **Yes** ☐ **No** ☐

I would like to request shared accommodation with: _____

d) Share twin costs with full meals including lunch days 1 and day 3 = $495 / $247.50

e) Share twin costs without lunch on days 1 and day 3 = $430 / $215.00

f) Share twin costs with lunch on day 1 **or** day 3 only (please circle) = $465 / $232.50

Solo Room **Yes** **No** I require accommodation with a room on my own: ☐ ☐

g) Solo room costs with full meals including lunch days 1 and day 3 = $675 / $337.50

h) Solo room costs without lunch on days 1 and day 3 = $610 / $305

i) Solo room costs with lunch on day 1 **or** day 3 only (please circle) = $640 / $320

☐ As a non-ICHC Chaplain, I am willing to pay the costs of my attendance at the conference for the option I have selected above (option__) and will therefore pay: $ _____:____*

☐ As a member of NZHCA, I agree for ICHC to invoice NZHCA for the additional 50% of my costs

☐ I accept that ICHC will invoice me for this amount* in full and I agree to make payment in a timely manner by depositing the funds into the following account: 06-0561-0086166-00

_____

Signed

Please list any dietary requirements here:

_____

_____

M.E.D.S. —A Strategy for the **Spiritual Support** of Patients by Health Care Providers

Chaplain John Ehman (retired, Penn Medicine, Philadelphia PA) -- john.ehman@outlook.com -- 2010, rev. 2024

This strategy focuses on the dynamics of **m**eaning, **e**motion, **d**istress and **s**pirituality for patients and…

…can work across lines of spiritual/religious diversity

…takes very little time in the clinical encounter, while potentially bringing clinically pertinent benefits

…does not necessarily require a large knowledge base about spiritual/religious issues

…does not blur professional roles/boundaries, and especially does not ask health care providers to act as spiritual counselors

M = acknowledge statements of meaning/quest/relationship

Patients may make overtly religious/spiritual statements of meaning, quest, and relationship; but often the expression is more subtle and indirect. Examples: “God has a plan,” “I know God’s with me,” or “God didn’t bring me this far to let me down now”; *but also*, “I'm sure learning a lot,” “Something like this changes your priorities,” or “I'm so thankful for my family.”

Acknowledgement can be made as simply as reflecting or paraphrasing the patient's statement or by saying, for instance: “I appreciate your perspective,” “You're finding your way ahead through this,” “You're in touch with what's important,” or “This is a journey.” —*Such statements generally open up communication.*

E = affirm the emotional nature of our humanity

Emotion may be said to be the "heart" of spirituality, and an affirmation of emotion can help patients express spiritual need. For instance: patients who are ashamed of their anxiousness or tears may be blocked from expressing or exploring spiritual issues, or emotional lability may be experienced as a spiritual problem.

Affirmation of emotion can occur through acknowledgement and normalization. For example: “Your tears show how deeply you feel, how important things are to you,” “There's so much about what’s happening that’s scary,” “Illness and treatment can be such an emotional rollercoaster,” “Your spirit feels heavy; I want to affirm how well you're managing in all of this,” or simply “I honor your feelings.” —*Listen for spiritual content in patients’ responses.*

D = look/listen for indications of possible distress that may have spiritual connections

Any sign of physical or psychological distress *may* have connections to a patient's spirituality, including unexplained or unmanaged pain, trouble sleeping, anxiety or agitation. Spiritual distress can have mundane indicators.

Conversational hints of *possible* spiritual distress

1) Interruption of religious practices / rituals of every kind (e.g., congregational or social religious activities, prayer)

2) Issues of meaning amid change (e.g., questions/statements about the meaning or purpose of his/her pain or illness or of life in general, expressions about a sense of injustice, overwhelming salience of loss, hopelessness, or abandonment/withdrawal from relationships or groups)
3) Religiously associated expressions (e.g., mentions illness as "deserved" and/or "punishment," talks of "evil" or "the enemy," describes self as "bad" or "sinful," uses colloquial expressions with religious overtones like "this is hell," repetition of "forgiveness" language, refers to death as "judgment day," or wonders about "God's plan")

Think of how a patient's physical challenges may be problematic to spiritual activities, causing distress:

- Barriers to attending congregational activities (including treatments or check-ups over religious holidays)
- Inability to kneel [—also a falling hazard]
- Difficulty using hands (e.g., to make religious gestures or to hold religious objects or scriptures)
- Trouble seeing (e.g., to read religious material)
- Trouble hearing (e.g., to listen to music or religious broadcasts or speak on the phone with friends/clergy)
- Pain and medication issues (e.g., affecting meditation/prayer/concentration)
- Body image and hygiene issues affecting a sense of "cleanliness" (including difficulty washing)

S = express a respectful, professional interest in the patient's spirituality *per se*: particular patient resources/issues pertinent to the provider-patient relationship

Health care provider inquiries about spirituality should…

…implicitly or explicitly indicate that the purpose is to provide health care that honors patients' beliefs and values (and that the question is not a judgment about the patient's values)

…give patients an "easy way out" if they don't want to talk about their spirituality

For example: "Do you have any religious or spiritual concerns that might affect your medical care?"

If patients want to discuss spiritual matters, or there are issues of spiritual distress, refer to a trained chaplain or their own clergy.

Used with Permission

Professional Development

South Pacific College – Certificate in Chaplaincy, leading to the New Zealand Certificate in Christian Studies (Level 5)

The Certificate in Chaplaincy is for people passionate about helping others through life's ups and downs. This programme provides training and upskilling for professionals and volunteers already supporting and pastoring others in their role, as well as students wanting to enter this field.

This certificate will comprise the following four courses:

CMN501 Chaplaincy Foundations (15 Credits)

Students will gain an understanding of the role of a chaplain, as distinct from other jobs such as minister, coach, or counsellor. Students will also explore chaplaincy environments in New Zealand, such as interfaith settings and agency work, and relevant implications for practice.

CMN502 Chaplaincy Religious Practices (15 Credits)

Avoiding burnout and achieving longevity needs a careful approach. This course provides a framework of ethics, boundaries, and life habits to assist chaplains in preserving their spiritual, emotional and mental health while serving others.

CMN503 Chaplaincy Pastoral Care (15 Credits)

One of the most powerful skills of a good chaplain is their ability to listen effectively, and to be present with people in their time of need. In this course, students will gain the tools and techniques required to master these essential capabilities.

CMN504 Chaplaincy Practicum (15 Credits)

Participating in and reflecting on a real-world chaplaincy placement, students will integrate the knowledge and concepts taught in the above courses, and embed them into their practice. Guest practitioners will share further real-world perspectives from various chaplaincy settings, in online learning sessions.

Participating in and reflecting on a real-world chaplaincy placement, students will integrate the knowledge and concepts taught in the above courses and embed them into their practice. Guest practitioners will share further real-world perspectives from various chaplaincy settings, in online learning sessions.

See https://www.spbc.org.nz/study/courses/CertCH for more information.

CAMPUS AND DISTANCE LEARNING

UNIVERSITY of OTĀGO
Te Whare Wānanga o Otāgo
NEW ZEALAND

Theology@Otago 2024

Explore faith, yourself and the world.

Pre-Christmas Summer School
13 November–16 December 2023

CHTH 224/324	Special Topic: Theology and the Environment

Summer School
8 January–17 February 2024

PAST 323/MINS 415*	Christian Ministry in Te Ao Maori (with intensive, 15–19 January 2024, venue to be advised)

Semester 1 2024

CHTH237/337*	Moana Pasifika Theology (intensive 11–15 February 2024, Dunedin)
BIBS 112	Interpreting the Old Testament
BIBS 121	Interpreting the New Testament
BIBS 131	Introductory New Testament Greek Language 1
BIBS 317/413	God, Suffering and Justice in the Hebrew Bible
CHTH 102	The History of Christianity
CHTH 218/318	The Person and Work of Christ
CHTH 233/333	Public Theology: Faith in the Public Square
CHTH 320/420	Public Theology and Social Justice
HEBR 131	Introductory Biblical Hebrew 1
PAST 216/316*	Current Perspectives on Pastoral Care
PAST 324/MINS 424*	The Chaplain as Ceremonial Leader

Semester 2 2024

CHTH 236/336*	Māori Religion and Theology (with intensive 1–5 July, Ohope Marae, Bay of Plenty)
BIBS 132	Introductory New Testament Greek II
BIBS 211/311	God, Land and Exile in the Hebrew Prophets
BIBS 226/326	Jesus in the New Testament
CHTH 111	Doing Theology
CHTH 131	God and Ethics in the Modern World
CHTH 416	The Theology of Bonhoeffer
HEBR 132	Introductory Biblical Hebrew 2
PAST 225/325*	Special Topic [A Topic in Pacific Theology]
PAST 318/MINS 410*	Pastoral Care in Dying, Grief and Loss

Pre-Christmas Summer School
11 November–15 December 2024

CHTH 217/317	Special Topic: Theology and Science

Full year

BIBS 213/313/411	Hebrew OT Exegesis
BIBS 223/323/421	Greek NT Exegesis

All papers are taught on campus and by distance learning, except where indicated (*distance only)

Contact

Theology Programme
4th Floor, Arts Building
Tel 03 479 8639 | Email theology@otago.ac.nz | otago.ac.nz/theology
Or contact AskOtago: ask.otago.ac.nz | Tel 0800 80 80 98

MD1851-HUMHM-2023

Websites of Interest

ERIC: https://www.pastoralezorg.be/page/erich/

Transforming Chaplaincy: https://www.transformchaplaincy.org/

Chaplaincy Innovation Lab: https://chaplaincyinnovation.org/

Nathaniel Centre: The NZ Catholic Bioethics Centre: http://www.nathaniel.org.nz/

Spiritual Care Australia: https://www.spiritualcareaustralia.org.au/

Submissions of material for C-Mail to be sent to wyattbutcher99@gmail.com
Deadline for next issue is mid-February 2024.

We are looking for the following types of copy—book and article reviews, ministry updates, what's happening in your setting, professional development courses you have undertaken, articles you have written and inspirational material. Thank you to the contributors for this current issue.

Find us on our website www.nzhca.org.nz and also on Facebook.