CHRISTIAN MEDICAL JOURNAL OF INDIA

CMJI

A Quarterly Journal of the Christian Medical Association of India

VOLUME 32 NUMBER 2 : APRIL - JUNE 2017

MISSION ON THE MOVE

Join Hands with us in Healing Ministry

COME JOIN US AS MEMBERS

CHRISTIAN MEDICAL ASSOCIATION OF INDIA

CMAI is a national network of health professionals and institutions promoting a just and healthy society for all irrespective of religion, caste, economic status, gender or language

- CMAI has over 10,000 Christian health care professionals and over 340 institutions representing various denominations.
- CMAI builds individuals to be technically sound, spiritually alive, and socially relevant, in fellowship and with a Christian perspective on health and development.
- CMAI is the health arm of the National Council of Churches in India(NCCI).

WHAT DO WE DO ?

- Build capacity to respond to the current and future health care needs
- Advocate for innovations, create evidence and promote policy change
- Work closely with the churches, civil society and the government
- Build alliances for health action on a national scale

OUR PARTNERS

CMAI influences other networks and alliances on thinking change in health systems practices in India. We partner with national and international agencies to promote this objective.

OUR PUBLICATIONS

- Christian Medical Journal of India (Perspective)
- Life for All (Newsletter)
- Footsteps (Development) English & Hindi

COME JOIN US

The core of CMAI is its members- individuals, institutions and churches. Individual membership consists of five professional groups - Doctors, Nurses, Allied Health Professionals, Chaplains and Administrators. Each section comes together for retreats, workshops, conferences and campaigns to share resources.

For more information about our work and to download membership form visit our Website:

www.cmai.org or write to: cmai@cmai.org

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We invite Christian health care professionals, join us as members

COME JOIN US AS MEMBERS

Building a just and healthy society

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CMJI

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MISSION ON THE MOVE

BE STRONG & IMMOVABLE

Always work enthusiastically for the Lord, for you know that nothing you do for the Lord is ever useless

1 Corinthians 15:58

LETTERS / ARTICLES FOR CMJI

We invite your views and opinions to make the CMJI interactive and vibrant. As you go through this and each issue of CMJI, we would like to know what comes to your mind. Is it provoking your thoughts? Please share your thoughts with us. This may help someone else in the network and would definitely guide us in the Editorial team. E-mail your responses to: **ronald.l@cmai.org.**

Guidelines for Contributors

SPECIAL ARTICLES

CMAI welcomes original articles on any topic relevant to CMAI membership - no plagiarism please.

- Articles must be not more than 1500 words.
- All articles must preferably be submitted in soft copy format. The soft copy can be sent by e-mail; alternatively it can be sent in a CD by post. Authors may please mention the source of all references: for e.g. in case of journals: Binswanger, Hans and Shaidur Khandker (1995), 'The Impact of Formal Finance on the Rural Economy in India', Journal of Development Studies, 32(2), December. pp 234-62 and in case of Books; Rutherford, Stuart (1997): 'Informal Financial Services in Dhaka's Slums' Jeoffrey Wood and Ifftah Sharif (eds), Who Needs Credit? Poverty and Finance in Bangladesh, Dhaka University Press, Dhaka.
- Articles submitted to CMAI should not have been simultaneously submitted to any other newspaper, journal or website for publication.
- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
- Articles accepted for publication can take up to six to eight months from the date of acceptance to appear in the CMJI. However, every effort is made to ensure early publication.
- The decision of the Editor is final and binding.

LETTERS

- Readers of CMJI are encouraged to send comments and suggestions (300-400 words) on published articles for the 'Letters to the Editor' column. All letters should have the writer's full name and postal address.

GENERAL GUIDELINES

- Authors are requested to provide full details for correspondence: postal and e-mail address and daytime phone numbers.
- Authors are requested to send the article in Microsoft Word format. Authors are encouraged to use UK English spellings.
- Contributors are requested to send articles that are complete in every respect, including references, as this facilitates quicker processing.
- All submissions will be acknowledged immediately on receipt with a reference number. Please quote this number when making enquiries.

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EDITORIAL

IN THE BUSINESS OF SERVING

Dr Nitin Theodore Joseph

There are several paths for a fresh healthcare graduate to consider taking when s/he has to make a decision at a very young age. One major decision is of course to study further and specialise and develop skills in a particular area. But apart from that s/he can join the government service, corporate institutions, pack up and go abroad, join a mission hospital or set up a private practice/ put up a diagnostic centre/ counselling centre/ freelancing etc. Many of our friends in the corporate and private sector feel neglected by Christian fellowship organisations like CMAI and others. And maybe we in CMAI are guilty of not making such professionals feel welcomed in the organisation. I have heard from many of my friends in private practice that the entire focus of CMAI is on Mission Hospitals & their work force. Well, this issue is for all of you who are "outside" the mission network! The verse from which we derive our mission in CMAI is, ***And He called the twelve together and gave them power and authority over all demons and to cure diseases, and He sent them out to proclaim the kingdom of God and to heal*** (Luke 9:1,2). In response to the love and command of Christ, CMAI's mission is to serve the churches in its ministry of healing and to build a just and healthy society. So we all have one common mission and goal to envisage to build up the Kingdom of God.

The challenges that we face in this changing environment are manifold. We all have our professional associations for us to interact with our peers and keep updated with the advances in our areas of interest. But there is also a need for fellowship with Christian health professionals to keep us sensitive to the needs of our community and be equipped spiritually. This requirement is fulfilled by CMAI and other such bodies. We are all aware of the difficulties that we face in running our mission hospitals. It is a stretch to comply with all the government regulations that keep changing ever so often and to satisfy our patients who expect a high quality of service at the least possible cost. We also have to deal with growing competition and strive to provide quality services upholding all Kingdom values and principles. Our friends in the private and government sector have a whole lot of challenges as well. They too have to deal with competition, "cut practice" and other manifestations of corruption that has become so endemic in our nation. Let us learn from one another and use the platform of CMAI to express our concerns and discuss our ideas.

The CMAI's Biennial Conference is one such opportunity to network and interact with our Christian peers and find solutions to the issues that we face everyday. This time our conference is at Bhubaneswar, Odisha from November 5-8. More information is available in this issue and in our website www.cmai.org. I encourage you all to attend this conference, to make new friends and to be spiritually refreshed. Let us all join hands and so fulfil our vision, ***That they may have life….and life in its fullness.***

Dr. Nitin Theodore Joseph

MISSION BEYOND MISSION CORNERS


Dr. J. A. Jayalal

In the last two millennia, the Christian Doctors, Nurses and Healthcare Professionals who have been inspired and empowered by the teaching of Jesus and anointed by the Holy Spirit, are at the forefront of the altruistic task of alleviating human sufferings, restoring wholistic healing, curing diseases, innovating health delivery models and enhancing medical knowledge, skill and attitude. The great commission of Lord Jesus Christ invoked his believers to go and make disciples of all nations (Matthew 28: 19). In the successive years of Christianity there have been several waves of missionary works and in each case medical work has played a key role.

The history of missionary era in India has two distinct phases, **first** of which was focused on the principles of transferring resources to needy people and uplifting their social, medical and educational needs which provided temporary relief. The **second phase** does not end with just providing physical need but focused towards empowerment. Empowerment is to restore the fallen image of God in man which was lost through the sin of Adam and Eve in the Garden. Emphasis was on channeling the Grace of God Almighty, earned by His blood on the cross to make the individual free and whole. Missions from a mass movement became a one to one movement of empowerment.

Medical Mission envisions not only providing physical cure but the wholistic well-being encompassing physical, mental, social and spiritual dimensions. God ensures manpower continuously for carrying out this Medical Ministry. Often in a Christian perspective the young graduates in Christian institutions and Christian Health Care professionals serving in Mission establishments were considered responsible for this Healing Ministry. However, there are many outside this net and they also need to be tapped, motivated and strengthened to take part to carry on these missionary visions at their place of calling.

Jesus said, “I have other sheep that are not of this sheep pen, I must bring them also”(John 10:16).

Secular Medical Institutions

As on 2017 there are 460 medical colleges in India approved by Medical council of India offering undergraduate medical course for 63985 students. Equally we have nearly 2000 nursing colleges in which one lakh graduate nurses are studying. Most of these institutions are secular, yet nearly 30% of nurses and 15% Doctors in India are Christians. Annually we are getting 30000 Christian nurses and 7500 Christian Medical graduates. Among these 90% of students are from non-mission medical institutions. There is about 1 lakh hospital beds and 6 lakh doctors working in India. However, majority of Christian Healthcare professionals are working in secular/Christian Private, Public or corporate Institutions. In response to the great commission and thirst for our Lord, to make other sheep also come to His fold, it is mandatory our focus must be inclusive of this non mission secular institutions nurturing Christian Medical, Nursing graduates.

Most of these institutions are secular, yet nearly 30% of nurses and 15% Doctors in India are Christians. Annually we are getting 30000 Christian nurses and 7500 Christian Medical graduates. Among these 90% of students are from non-mission medical institutions. There is about 1 lakh hospital beds and 6 lakh doctors working in India.

My encounter with Christian Mission outreach

As a medical student of a Government Medical College in Tirunelveli, I had the privilege of being active in our Christian Medical fellowship. It was fortunate for us to

get nurtured by the dedicated life style and exemplary legends like Dr. Tharian, Dr. K. O. John and Dr. Selwyn from CF Hospital, Oddanchatram; the Healing Ministry Director of CSI Synod Dr. George Joseph; the down to earth practical Chaplain of CMAI, Rev. Sharath C. David; and the legendary Dr. Daleep Mukarji, who travelled all the way to our College, spared time and motivated us way back in 1987. We were privileged, though all these people hail from a Mission fort, they literally presented us Christian Principles and values rather than projecting only Mission Hospital as the source for our Christian Life.

Indeed it is a joy to serve within the protected walls with Christian etiquette in Mission Hospitals, but it is worth living as Christians amidst secular institutions. We were 10 from our batch, except two all of us continue to serve in secular institutions both in India and abroad but living as testimonial Christian ambassadors of Christ. One chose the Mission serving as HOD of Neurology in CMC, Ludhiana, and the other, Professor of Anatomy, CMC Vellore, serves equally with the Great commitment for Christ.

It is possible for us to continue to be a Christian Evangelist in a secular Medical field as we were empowered by the mission **to be aware and understand the trends in today's world; define our own Biblical world view; and recover and restore our sense of Christian vocation** by the dedicated discipleship training through the students ministry of CMAI and CF Hospital Oddanchatram. What we are today, we owe it to what we received in our formative years.

CMAI Students Ministry

In continuation of the effective work for Medical Student empowerment, way back from 1987 onwards CMAI organized National Christian Medical Students Conference under the guidance of Dr. Daleep Mukarji in different parts of our Nation in Tirunelveli, Nagpur, Vellore, Coimbatore, Delhi etc.. The by products of this Ministry created many Christian leaders in secular and mission field.

Most of the Medical Colleges in South India especially in Tamil Nadu and Kerala are having fellowships in their colleges; however there is no uniformity. Various evangelical groups with priority and obsession on focal

theological interpretations are trying to keep their flocks in these fellowships under their guidance continuously, resulting in literally domestication of the potentials of these young medicos, douching the needed burning fire in them to sustain the future temptations and struggles in the world they will face.

A structured continuous nurture with an open minded approach, empowering each Medical / Nursing student

This urge for evangelism if shared and nurtured in the physicians from their formative period by a peer leader than an evangelic Church, it will have a long lasting effect.

Hence, it is mandatory that the Mission need to move out of its corners to sensitize, empower and hand hold the churches to bring lifestyle changes in the community.

as a missionary of Great commission and upholding them to upkeep Christian principles and ethics at their place of calling is the urgent need of the hour. I wish it shall be the priority of CMAI.

Mission of and for Christian Health care Professionals

The principal duty of the Christian health care professionals shall be to have and impart the healing ministry to each of the patient he comes across. Most often the Healthcare professionals are getting their spiritual guidance from Churches and not exposed to Mission leaders. This urge for evangelism if shared and nurtured in the physicians from their formative period by a peer leader than an evangelic Church, it will have a long lasting effect. If the mission campus opens its gate without prejudice, with love to reach out to them, it will result in mutual encouragement.

We need to work out a plan with the guidance of the Holy Spirit to tap in this voluminous and potential Christians, and empower them to be part of the Healing Ministry. Jesus often moved out and searched for people at their door steps (John 4:7).

Expectations from our contemporary mission?

The word Mission in Christian context literally means the vocation or calling of an organization or person to go out into the world and spread its faith. In accordance with the changing pattern of mission objective, from relief provider to wholistic empowerment giver, the Mission needs to move out to reach people, to invest in them. India with just 2-3% Christian, have established 10 Christian mission medical colleges, few more nursing institutions and around 250 mission hospitals. Unless they are prepared to carry the mission without being stagnated within the walls of the mission campus we will not be able to make an impact.

It is a privilege to be in the Mission campus, but one cannot meet Him with empty hands when He comes back. We are expected not only to preach and heal but to make disciples and present them as our fruit to Him. Everyone who tasted the blood of Jesus must be motivated, guided, transformed and discipled by walking along with them to carry on this mission forward.

Mission with the Church

Health is not the responsibility of only physicians today as we understand. Health is equated with the prosperity of soul by John the Baptist in III John 1:2. In this modern world, out of 100 deaths, 75% of them are due to Non-communicable diseases and there are only 4 causes mounting to Non communicable diseases(NCDs).

- Alcohol
- Smoking
- Improper food habit
- Lack of exercise

When communicable diseases were the major cause of death most Mission Hospitals began and significant services were carried out. However, today to prevent the NCDs, one needs to experience spiritual healing, which shall be done by the Churches or Christian NGOs.

It is time we strengthen our mission as a priority and equally cast out our net to bring the remaining 90% Christian Healthcare Professional under a common agenda of practice with Christian ethics and values.

Hence, it is mandatory the Mission need to move out of its corners to sensitize, empower and hand hold the churches to bring lifestyle changes in the community.

Conclusion

"Is there no balm in Gilead? Is there no physician there? Why then is not the health of the daughter of my people recovered?" Jeremiah 8: 22

"Behold I am the Lord, the God of all flesh, is there anything too hard for me?" Jeremiah 32:27

In India we (Christians) remain 3% and in the world 31% of the population for the last 100 years. It is projected in 2050 Muslims will equal or surpass us in the global level and India will become the country with highest number of Muslims in the world.

It is time for us to look back and question that in spite having an Almighty God and Christians constituting nearly 15 percent of the Health Care Professionals in our Country, why are we not able to progress and make India for Christ? We are stuck up with our strategies, seclusion, limited focus and projection of only Mission set up as a Christian Model. It is time we strengthen our mission as a priority and equally cast out our net to bring the remaining 90% Christian Healthcare Professional under a common agenda of practice with Christian ethics and values. Let us resolve to prioritize the Great last Commandment (Mathew 28:19) of our Lord Jesus as their first concern and build His Kingdom of peace, Joy, Health in this world.

Prof. Dr. J. A. Jayalal is serving in the Health and Family Welfare Department as Medical Officer since 1993 and at present working as Associate Professor in Surgery in Government Medical College Hospital, Kanyakumari.

FROM BEING PRESENT TO BECOMING PRESENT
A Calling For Healthcare Professionals


Dr. M. C. Mathew

I spent my formative years of professional training in government Medical Colleges in Maharashtra. It was during those years, I came to sense the need to reflect on my calling as a Christian health care professional. I was associated with some friends during my undergraduate training years who were socially conscious and were founder members of the Medico-Friend Circle. I felt enthused by their sense of purpose to advocate for equity, distributive justice and affordable health care. I had a leaning towards the left political ideology before I found the life and teaching of Jesus persuasive to believe and follow after. I found some clarity about my mission in life when Dr. Frank Garlick, a professor of Surgery from Christian Medical College, Vellore visited and spent four days with me in my hostel room in 1972. It was during that time, I had an opportunity to feel connected with the happenings in health care in India.

As a young medical graduate, I faced a challenge in my personal life when I spent the next ten years training and working in the medical colleges at Nagpur, Pune and Sewagram. It was during my time at Mahatma Gandhi Institute of Medical Sciences, at Sewagram, Wardha, I got further enlightened about the mission of 'becoming present' as a Christian health care professional wherever one is located. It was a journey from an earlier orientation that one needed to be working in a Christian Mission Hospital to be engaged in the healing ministry of Jesus of Nazareth. I was made to think beyond this consciousness through my contact with late, Dr. Sushila Nayyar, the founder of the hospital and head of the department of Community Medicine, under whom I was working at that time. On one occasion, she talked at length about the influence Rev. C. F. Andrews had on the life of Mahatma Gandhi, the father of the nation. It was Rev. Andrews who was like a personal chaplain to Mahatma Gandhi and influenced him with the teachings of Jesus from the Sermon on the Mount. This was one major influence that helped him to stay on the non-violence path during the freedom struggle. It was a revelation of life time, when I realized that, a Christian health care professional can be present anywhere provided he or she is conscious to be a witness to our calling!

This is the missionary vocation that is unique which I hope would persuade health care professionals to go beyond their personal ambition to 'become present wherever people are hurting'!

Let me share four broad ways, which might help us in 'becoming present' wherever we are placed in our health care practice.

1. Doing Good

Jesus of Nazareth went about doing good (Acts.10:38). His life was spent in engaging with others and entering into their life situations and needs. Jesus lived and worked in a hostile environment, where He was criticised, spoken ill of, humiliated and harassed by the religious rulers and civil authorities of His time. However, He was steadfast in doing good by blessing, healing and restoring, and became present by using every opportunity to articulate in words and action, His mission and calling- 'I came that you might have life and have it in all fullness' (John 10:10)

I had a visit recently from a manager of a corporate hospital with a sum of money towards commission for ordering MRI scans for children at his hospital. I requested him to lower the cost of the scans for patients instead of paying commission. Since then he not only did that, but offered full or partial concession to some deserving patients as the hospital's contribution towards corporate social responsibility.

When we as followers of Jesus of Nazareth work in private, corporate or government hospitals or any health care set up, we are surrounded by people who watch us closely, to the way we respond to difficult situations, a disagreement, conflict or disruption! We can intensify the conflict by fortifying our position or bring a resolution by a sobering attitude and self-giving contribution

Dr. K. C. Mammen, the founder director of MOSC Medical College Hospital, Kolenchery once told me that, he left CMC Vellore to come to start a hospital in a rural area because he felt called to move out of his comfort zone to reach out to others who 'lived deprived of health care'. This is the missionary vocation that is unique which I hope would persuade health care professionals to go beyond their personal ambition to 'become present wherever people are hurting'! What matters is how we live and serve rather than where we do it! Some of us are temperamentally suitable to work in large hospitals and some others in smaller hospitals or places. The calling is to make our place of vocation fragrant with our self-giving presence!

2. Rhythm of life

One of the recent stories of inspiration for me has been the biographical sketch of Pope Francis, in the book 'Pilgrimage-my search for the real Pope Francis', by Mark K Shriver, a New York Times, best selling author. While researching to write this book, he found that in the room where Pope Francis lived, when he was a Jesuit Priest, there was a worn out, often used kneeler! He traces the praying habit of the Pope and concludes that he lives a life of discernment through prayer. The author suggests that the attributes of mercy, humility and joy linked to Pope Francis, is born out of his prayer habit which has lead him to show forth contemplative responses.

This was also Jesus' rhythm of life. Before any substantial event in His mission, Jesus was in solitary prayer at a lonely place. That is what He did before choosing His disciples (Luk.6:12) or going out to rescue the disciples caught in a storm while crossing the sea in a boat (Mat.14:23) or feeding the five thousand at a country side (Mark.6:31).

None of us can anticipate the events of a day, while working in a hospital. There are unpleasant events caused by irate relatives and visitors to a hospital. I remember an instance while working as a resident doctor with late Dr. A. K. Tharien, at Christian Fellowship Hospital, Oddanchatram. A relative came to the out-patient area and started shouting at Dr. Tharien. After listening for a while, he requested a senior doctor to attend to his needs. Dr. Tharien proceeded to the chapel and when he returned he looked serene and refreshed and later visited the patient to pray with the family! I sometimes wonder whether in a highly structured hospital environment, where the science of management controls hospital practices by standard operating procedures, the habit of private or corporate prayers receive enough attention beyond the usual chapel prayer times!

While chairing a committee meeting a few months back, when we were struggling to arrive at a consensus on an important matter, we turned to a Bible passage and spent the next ten minutes in silent prayer. When we resumed the meeting, there was a joyful acceptance of the proposal, which we had debated over an hour without a conclusion! It reminds us that God can bring us in alignment with Him, when we are unable to do it by ourselves.

When we as followers of Jesus of Nazareth work in private, corporate or government hospitals or any health care set up, we are surrounded by people who watch us closely, to the way we respond to difficult situations, a disagreement, conflict or disruption! We can intensify the conflict by fortifying our position or bring a resolution by a sobering attitude and self-giving contribution. It is the interior prayer habit that makes the latter possible. The interior prayer habit makes us open and prepares us to 'love our neighbour as ourselves'! It is not conflict of interest between people, it is the heart of many discord or stressful situations!

When there were only three chairs in a consultation room and four doctors were in attendance, the senior doctor pulled the stool on which the waste bin was kept, to sit down. As I watched this scene, I knew that there was

something unusual about him. Later when I referred to this, he mentioned to me that he was doing what the Good Samaritan did. He practiced the outworking of the interior presence of Christ in his life.

The rhythm of life is, '*aura et labora*-pray and work'!

3. Vocation in life

Dr. Janet Goodall, a British Paediatrician, now in her eighties, is well-known for her devoted service for the cause of children globally. She was associated with children's hospice movement, palliative care, grief and bereavement counselling, parent support groups etc. She is also a popular author and her book, 'The Shepherd is my Lord' is the best exposition I have read so far on Psalm 23. During her visit to ASHIRVAD Child Development Centre in Chennai in 1985, I asked her about her wide ranging activities for the well being of children globally, to which she replied, 'we need to be the voice of voiceless children'. In a recent letter she mentioned to me about a contact with an adult, whom she looked after as a child to overcome some of his special needs. Her vocation in life has been to follow after Jesus, who lived 'as one who serves' (Luk.22:27).

Although she was not required to be in the hospital the next day after her night call duty, she would come to help in the busy out patient service. The professor, who is from another faith, then concluded by saying that she is a practicing Christian.

As health care providers we live in a competitive environment where success, prosperity and visibility determine our identity. What is common is the pursuit of existential demands of life, 'what we shall eat, where we shall live and what we shall put on' (Mat.6: 25). I feel that it is good to be prudent and exercise our stewardship. However, if that is what we are pre-occupied with, we have settled for something less than the abundant life, which Jesus came to offer. An outstanding specialist doctor working in one of the North Eastern States for several years was forced to leave the hospital that he helped to develop. While talking about this painful experience, he mentioned to me that, 'I am still looking for an opportunity to serve'! Recently another senior doctor was sent out from another Christian hospital in another part of the country. He too is waiting to be recalled!

It looks like our Christian mission hospitals are going through difficult times due to multitudes of challenges! I am not sure whether we would find a way out it. I wish we could! Therefore, there is an opportunity for Christian health care professionals to be a 'leaven' wherever they are placed. During my fifteen years of work in government hospitals, I felt warmly received by my colleagues and was enabled to live a witnessing life to my vocation! During my post-doctoral training at the Institute of Neurology at the Madras Medical College, I was fortunate to experience this again. The usual lunchtime conversations were about the purpose of living and mission in life! Few of them still keep in touch with me even after 15 years, recalling the conversation times as turning points in their lives which created a different outlook to their professional life. Since then, they gave more focus on their family life and kept their interest alive in caring and serving.

I am inclined to suggest that younger people ought to seek for opportunities wherever they are welcome, as each place offers opportunities to live a witnessing life! At the same time, I hope that the mission hospitals would be a place where the younger people would love to go voluntarily!

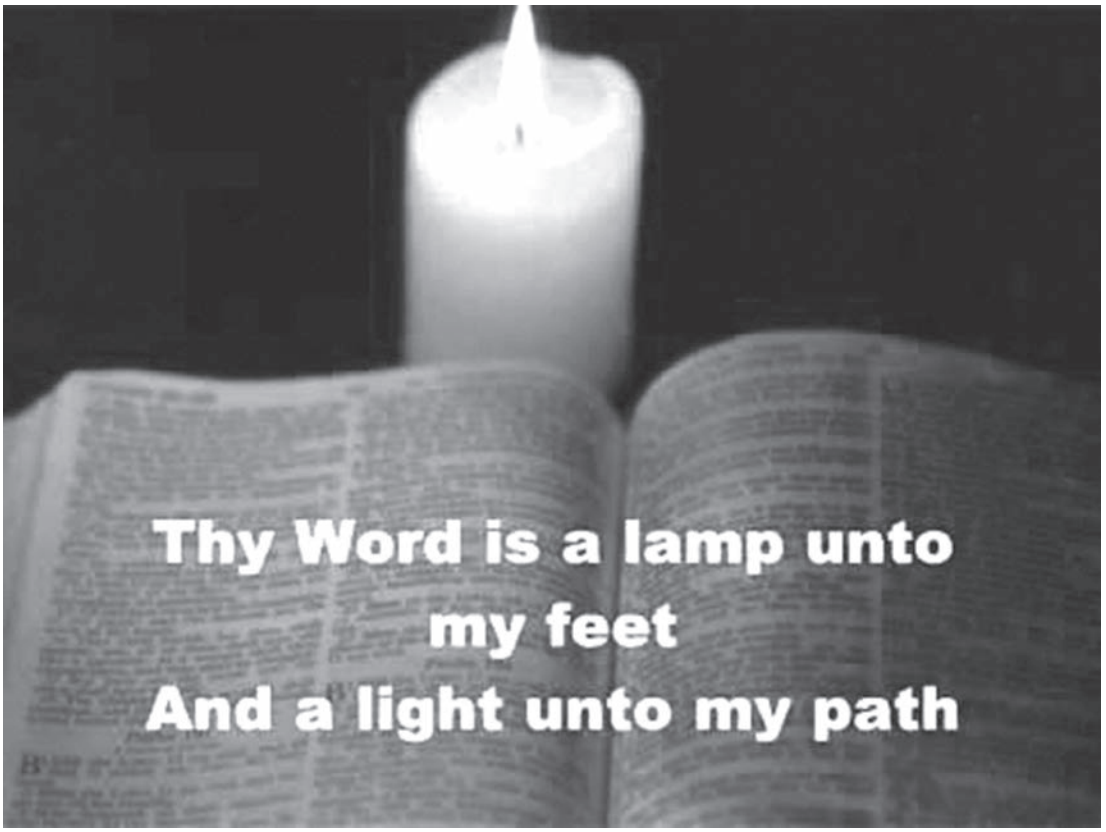
4. Lamp and Light

During my early school years, we had access only to hurricane lamps since electricity connection was still not available in our village. So we had several small lamps in our home. Each lamp gave light to three square feet area. Each Christian health care professional is a lamp bringing light in his or her immediate environment. While on a post-graduate examination visit to a government Medical College, the internal examiner happened to mention to me that one of the examinees was outstanding academically, professionally, and ethically. She would be the first one to offer to do anything that was necessary, often going out of her call of duty. Although she was not required to be in the hospital the next day after her night call duty, she would come to help in the busy out patient service. The professor, who is from another faith, then concluded by saying that she is a practicing Christian. Each Christian health care professional is a lamp and it invariably leaves an impact.

There are several hospitals or medical colleges, where Christian health care workers form a fellowship to support each other and meet as a group to pray and learn from the Bible. I have had opportunities to visit some of these groups in different parts of India. One thing that impresses me about such a group is the collective strength it can offer. I was visiting a medical college during the time of an examination. Some students were disturbed by one

examiner offering a few students undue favours! They turned their anxiety into prayer and returned the next day to share how they were able to do well in the clinical examination. It was noticed by others that these Christian students did not use any unfair means during the clinical examination. This is how a group of Christian students or professionals can become a light that shows the way for fairness and good practices.

In Psalm 119, the Psalmist referred to God's word, as 'a lamp to my feet and a light to my path; (Psalm.119: 105) Jesus called us to be a light in the world. This broadens our outlook to life and mission. Recently a final year medical student went out of his way to engage with a young man who suffered post-traumatic hemiplegia and showed considerable interest to help him in finding a stable livelihood. He visited his home and made a video presentation to the whole class inviting them for ideas to support him to move on in life. In a private conversation he told me, that, 'he is our neighbour, whom we ought to love'! Our mission as Christian heath care professionals is to be a lamp and light in our profession!



Let me conclude!

We now live in India at a time where there is a surge of changes in all the spheres of life. We are overtaken by a materialistic driven and acquisitive culture. There are many getting caught in the web of this rapid change and feeling marginalised and unable to cope. Every society, that is stratified into different layers by the economic and educational achievements of people, would have a substantial number who suffer alienation and deprivation. It is most explicit in health care. With only less than 25% of our population having access to insurance or free care, providing subsidised and appropriate health care to those who need it is in itself a Christian witness.

None of us are placed where we are located for a passive presence. Each of us are ordained for a mission. We need to make a journey from just being present, doing the routines in the schedule of our responsibilities to becoming present to turn our responsibilities to opportunities to touch the lives of others. Every person has an inner formative journey to make before finding his or her calling and the significance of existence. We live and work among those who are seekers of truth and meaning. We can become present to such people through a smile, caring words, helpful gestures, and thoughtful deeds! There are many around us, waiting for such signals of welcome and openness to find in us the companionship they are looking for in their journey of life!

Dr. M. C. Mathew is a Professor of Developmental Paediatrics and Child Neurology, at MOSC Medical College, Kolenchery, Ernakulam, Kerala.

MISSION AS VULNERABILITY

Mr. D. Anand Peacock

The gospel of Luke tells us an interesting story about John the Baptist. During his imprisonment a young Nazarene by the name of Jesus went about doing good and healing the sick and the lame. To be convinced himself, John summons two of his disciples to Jesus and asks them to secure an answer from Him. *Are you the one to come or are we to wait for another?* John displays his qualms about Jesus being the real Messiah or not. However to his query, Jesus' response seemed far more fascinating. He didn't reply confirming that he hailed from Davidic lineage or quote any scripture to establish himself. In fact Jesus tells John's disciples: "Go back and report to John what you have seen and heard: *The blind receive sight, the lame walk, those who have leprosy are cleansed, the deaf hear, the dead are raised, and the good news is proclaimed to the poor."* Luke 7:22

Jesus' response revealed that his work and place in the plan of God involved simple acts of caring for human beings. He does not underline his messiahship in profound theological arguments. He states it in terms of his involvement. That speaks volumes to us about our work in the world around us. Because all too often we are bound by an institution based church. All that does is to promote an institutionalised thought process rather than reach out to the world outside to potential would-be-members.

The view from outside the church is rather strikingly different in comparison to the view from within. And we must state that the view from outside ought to take primacy. This brings us to the pivotal point that mission for the Christian ought to be sharing the good news and that too with those who need it the most. In other words it is those outside the church. And that is precisely where we spend most of our time. We are called to reach out to those outside the boundaries of the church. Tend to the cares and hurts of those within our workplace-A movement away from the centre and toward the peripheries of our reach. At this juncture it would be pertinent to ask if our mission truly serves the institution or is it wholistically serving those really in need? If so, does it make a difference in the lives of those whom we serve? Is the object of our mission those on the outside or is it merely to fulfil a sense of our own calling?

Jesus' response revealed that his work and place in the plan of God involved simple acts of caring for human beings. He does not underline his messiahship in profound theological arguments. He states it in terms of his involvement.

Witnessing is about the community

Our identity is shaped by our association with one another as well as with our creator. This implies that witnessing is an act that stems from the community and is all about the community. The word used in the New Testament is *Koinonia*, which holds both our love for God as well as our love for our neighbour. The two cannot be disconnected.

Philippians 2:6-8 tells us:

"[6]Who, being in the form of God, thought it not robbery to be equal with God; [7]But made himself of no reputation, and took upon him the form of a servant, and was made in the likeness of men; [8]And being found in fashion as a man, he humbled himself, and became obedient unto death, even the death of the cross."

Witnessing clearly has to do with what Christ did for us, as a response to God's love for us. And we are to give ourselves for the mutual benefit of others. Our response towards

our neighbours comes with the tag of service. Consider this though, that our motives and sense of service does not stem from the fact that we have the last word in human destiny. That prerogative isn't ours. We are essentially the link in the flow of love between God and one another. This is a good picture of the *missio Dei* (Mission of God) where we are called to give ourselves to the benefit of one another. Such a mutual giving can only be done within the frame of reference of a community. We are nevertheless called to serve in the name of witnessing for Christ. This in actuality is a big task as we dwell in times where the person today lives in self sufficiency and not in relation to the community. The sense of community acts as a gel to bond that fractured relationship that keeps the person from isolation. Let's redirect our attention to Jesus' response to the disciples of John the Baptist as a reminder to our mission in this world, *serving the rejected, the poor and going about doing good*.

This in actuality is a big task as we dwell in times where the person today lives in self sufficiency and not in relation to the community. The sense of community acts as a gel to bond that fractured relationship that keeps the person from isolation.

The question that arises is how does the existing church connect and involve faithfully in a world soaked with success, wealth, poverty and empowerment for millions who live within urban or rural settings? If you consider the concept of poverty, today the structures within the church have made it increasingly difficult to address the issue. We often find ourselves in powerful positions; but how do we use power to address the issue of powerlessness? The primary objective of the church is to stand with those on the borderlines and outside it. In situations where the state is not doing much to address the issue, the Christian becomes the voice to the voiceless and speaks out against the misuse of power.

Witness as involvement

The threshold for Christian witnesses in the world today becomes our involvement. And our involvement with those sidelined, is the basis for our witness. This is because the church is better equipped to address both the psychological and spiritual needs of a poverty stricken people. This enables us to be faithful to our text (The Bible) and relevant to our context. The challenge is to remain biblical and yet relevant. (Which also means that this can often translate into radical expression). Here is a clarion call to rise up out of our negligence and complacency. Negligence of the social and engaging aspect of the gospel (The Church has over emphasized the spiritual), and complacency in moving beyond its walled, institutionalized existence to a world in desperate want. We are consequently called for a personal encounter which is spiritual in nature. Conversations that confirm community identity and facilitate reconciliation. Because only through strengthening a community can the religious boundaries disintegrate.

Witness as vulnerability

Note that our involvement with the world at large embraces vulnerability. It includes relinquishing our control and supremacy to identify with the powerless. Renouncing our strength to side with weakness. A situation of giving where the distinction between the giver and the receiver becomes blurred over time. The Christian witness in the world does not articulate itself from a position of strength or of power, but of oneness. Too often we see the globally rich resourceful countries engage in poverty alleviation strategies with the marginalized and deprived people. In my conversations with one such group in Africa, they retorted: *it is not us who needs them; it is the powerful that need us to survive.*

For effective witness in our workplace and non mission settings I advocate a Christian witness that listens more than speaks, one that is actively involved rather than a passive distant observer. One that stretches forth its hand to give and heal rather than receive. One that is more engaged with the struggles of the people instead of being detached. Witnessing beyond the walls of the church includes a movement directed towards people and community. I propose a Christian witness that responds in vulnerability. For his strength is made perfect in weakness. Can we be celebrated for being friends to the world at large and foster meaningful partnerships? Partnerships function on the same level, of trust, of listening, of openness and of togetherness. Can you and I be a witness that begins and operates not from a position of strength but engages on level ground? I am reminded of the words of Jesus in Luke 3:5 "*Every valley shall be filled in, every mountain and hill made low."* Here is an imagery of the powerful to give up their power by stepping down and the powerless being filled in, in order that both meet on level ground.

Mr. D. Anand Peacock is a State Program Manager for West Bengal Cure Clubfoot India

CHRIST IN MY WORK PLACE


Mrs. Priyadarsini John

The Biblical charge, “Whatever you do, work at it with all your heart as working for Lord” (Col 3:23) is perhaps the guiding principle to take to one’s work spot. For the dictum, ‘you and I are the Bible that the friends of other faiths read on a day to day basis’ is pronounced now than ever before in the back drop of hypocrisy that many of our work spots and the world experience. Based on my experience as a health care professional and now as a teacher, I have culled out nine key principles that has helped me bring Christ to the Christ-less masses in the workplace. The premise is for us as to progress Christ through our lives and achieve progression in every sphere, hence the acronym PROGRESSION:

Proactive: Being proactive calls for keeping your eyes and ears open to opportunities that exist in the work environment. Never ever wait to be told; always keep your eyes trained to pick up avenues and opportunities where you can initiate a new way of doing things, fill in a gap or support others.

Reflect Christ: Your actions speak louder- much louder than your words. Let your actions do the talking; constantly ask yourself “what would Jesus do” and ensure you do what He would have done rather than merely react to situations. The difference others see in you will set you apart from others and be a fragrance unto the Lord.

Others given precedence: On a day to day basis you will experience a number of situations, where you will be tempted to gratify your interests at the expense of others. Desist the temptation; think of other’s needs, provide preference to your colleagues over yourself, ensure others are not put to any discomfort even if it means going the extra mile; do that with joy and others will soon catch a glimpse of a Florence Nightingale or Helen Keller in you!

Gear up Modestly: Your inner beauty is reflected in the way you adorn yourself in the outer realm. Dressing modestly and carrying oneself as an honorable woman of God will ensure you escape many a snare or lead others to snares!

Respond Empathetically: We live in a world of high stress and stress induced anxiety. When others approach you respond compassionately. Others often come with diverse set of problems that are much more complex than you can ever fathom and are likely to be despondent. When directions are asked or clarifications sought, respond with kindness and gentleness. You will touch them forever!

Excel in all that you do: Excellence is your commitment to yourself that you will never do anything that is short of the best that you can in the context you are operating within. Excellence is your commitment to God that you will do all that you can to turn out work that is reflective of His perfection in the story of creation. It is a product of detail orientation, diligence and devotion; never settle for mediocrity; the pains you go through to turn out high quality work is worth every bit; for it is your work which is the best representation of who you are!

Step into Others shoes: The words “Do unto others as you would have them do unto you” (Luke 6:31) springs out. Place yourself in another’s situation and do to them what you would do to yourself in that situation, and never withhold assistance to someone in need, if it is within your means to extend it. For the little acts of goodness here will reap a great reward hereafter.

Steadfastly Walk the Talk: Ensure your walk is in sync

PROGRESSION

with your talk and vice versa. A dissonance between the two is a gross contradiction, for others will soon see that you say something but do something else and your credibility gets compromised. Ensure your words are consistent with your walk.

Integrity: Endeavor to be blameless in all facets of life; morally, physically, socially, financially and ensure you live a life that even if others seek to find fault with you will never be able to, like Daniel.

Ownership: Demonstrate a high sense of ownership for the tasks that you are required to achieve. Never let any aspect of your work slip. Keep a diary of all the diverse aspects of your work and check them as you progress through the day. Monitor rigorously and ensure course corrections are made to achieve the diverse aspects of the job in totality. Do pass the buck; take full responsibility of all that you/ your team is required to achieve.

Never Give Up: Occasions will come in your work life when you feel as though the entire work world conspires against you and the challenges you face will seem impossible to overcome. Your natural reaction invariably will be to give up, but hold on, stay put and draw in from Him and you will experience an overwhelming grace from above to overcome the situations with ease and live out your purpose in this world.

Our mission and identity as Christians is ultimately far more important than our vocations. In practice, we must be tactful in the way we integrate our faith at work and let our lives tell the story of Jesus and be the voice in the wilderness at our workplaces in preparation of His coming.

Mrs. Priyadarsini John, Associate Professor, Dr. D. Y. Patil University, Navi Mumbai is also the President of the Bombay YWCA. She lives with her husband Dr. Pearl John and daughter, Divya John in Navi Mumbai

THE AIR WE BREATHE

Dr. Mathew S. P

As a Physician in a 15-bedded private Hospital in the Northern suburb of Borivali-Dahisar in Mumbai, I have been a witness to the fascinating interplay of diverse factors affecting the health of my patients, their families and indeed everyone around. It is not just their lipid or sugar levels that affect their health.

The air we breathe, the water we drink, the milk we consume, everything is important, isn't it?

Sadly, I have found that most Doctors or allied medical Practitioners do not pay much attention to these issues. Some are too concerned perhaps with the daily struggles of survival- where the next patient is going to come from, how to retain patients, how to manage ends, etc. This holds true regardless of years of experience or lack thereof.

What about those Doctors and other Medical Practitioners, be it nurses, technicians or others, who belong to the Kingdom of God? Should they be any different?

Do you believe that it is God's desire that we all live well and breathe clean air?

In Deuteronomy 19:13 I read "Don't feel sorry for him. Clean out the pollution of wrongful murder from Israel so that you'll be able to live well and breathe clean air." *This is the Message translation.*

He made the earth perfect, and it is man who is responsible for the mess that we are in. Are you aware of the extent to which our air is polluted? Central Pollution Control Board CPCB data shows 99 per cent of cities in India have critical level of particulate pollution. The newspapers regularly carry headlines on this grave issue.

On 7th March 2013, the Hindustan Times (Mumbai) carried this report:

Only two cities — Malapuram in Kerala and Madurai in

"The cities, earlier with low levels, now have moderate levels and those with moderate have high or critical levels of particulate matter," she told HT.

Tamil Nadu — of the 190 cities monitored for air pollution across India could claim to have clean air in 2010, the report said. All other cities have either high or critical levels of one of these pollutants, mostly particulate matter. In fact, 99% of 400 locations under scanner in 2010 reported high or critical levels of particulate matter. In 2008, the percentage was around 70.

Anumita Roy Chaudhary of the Centre for Science and Environment pointed out that in majority of the cities' air pollution levels had increased at a rapid pace. "The cities, earlier with low levels, now have moderate levels and those with moderate have high or critical levels of particulate matter," she told HT.

The trend in India's air pollution level has been reported in studies with the recent Global Burden of Diseases (GBD) report that stated that air pollution was the fifth biggest reason for deaths in India.

Aaron Cohen, who headed the GBD expert group on air pollution, described the situation in India as "grave" and said air pollution causes about 20% of deaths due to lung cancer and 6% deaths due to high blood pressure in India.

There are many more articles, if you wish to find out more about these issues.

The question is: Do you feel a burden for the air we breathe, or any of the larger issues that affect the health of your patients and indeed of the whole community? I pray that you do, because these are issues which are critical for the health of our nation. How do you feel as a part of the CMAI, the association of Christian professionals from India?

As children of God we are ambassadors of Christ to the world. How we tackle this issue is one of the ways in which the Gospel is spread and the Kingdom of God is established. The Shalom of God is the fullness of God in every aspect of our life.

As a Christian, I feel a responsibility to the area in which I live, a sense of stewardship. In a small way I have done whatever is possible to tackle the pollution, including stopping people from burning copper insulation wires, rubber etc. in the slums nearby and educating them about the dangers of these activities to them and their children. In partnership with the local church we have started a few other initiatives to bring about better health in the community.

What can you do?

Pray, and He will reveal to you His heart. Team up with the local church. Share with your friends the concerns you are aware of that are affecting health. It could be anything.

The Shalom of God in healthcare involves much more than what we medical Practitioners can do. It needs the church and Jesus Christ.

May the Lord show you His heart in the area in which you live. God bless you.

Dr. Mathew S. P. is a Physician, practising in Mumbai since 1996. His passions are in bringing about the Shalom of God into Healthcare, and being an ambassador for Christ wherever I am called.

CALLED TO WITNESS: AN INTROSPECTION BEYOND THE BORDERS OF MISSION HOSPITALS

We are called to be His witnesses

"…..you will be my witnesses in Jerusalem and in all Judea and Samaria and to the ends of the earth".
Acts 1:8 (ESV)


Ms. Ophelia Kharmujai

These were the last words of Jesus Christ to His disciples before He ascended to Heaven. Today, we, who have received the gift of Salvation, are His disciples and these words are relevant to us too. They are not meant only for the 12 disciples or only for the Christians of the 1st century A.D church but they are meant for all of us too. So, as disciples of Christ, we are called upon to be His witnesses wherever we are. While a nursing student and staff at Christian Medical College, Vellore and at two mission hospitals in Assam, I had never thought of moving beyond mission hospitals. I had always thought that the best place for me to be, in order to serve in an area of need and to fulfill my calling as a Christian and as a nurse, is to serve in a mission hospital somewhere in India. However, due to different circumstances, I am currently serving in a government setting. My first question, when I was called to move beyond a mission hospital, was to doubt the certainty of the decision that I am making. I asked myself a number of times, if it is the right thing to do to leave a mission hospital. After much prayer and with everything falling into place, I did not leave with a heavy heart and with doubts. Instead, I left with great joy and peace, because I realized that I am going to a place, ***out of my comfort zone***, which is a bigger mission field than I had ever been to before. I knew for certain that God needed me to go where He has planned for me to go. In fact, He had prepared everything to happen so that my transition from a mission hospital was smooth. Now, that I am in a government setting, what would my responsibility be as a witness for Christ? This thought was intimidating. It wasn't difficult for me to pray in front of my colleagues wherever I had worked before, but, could I pray in front of them now? Witnessing became quite a challenge, especially, when I realized that I was one of the few Christians among my colleagues.

Who are our role models as witnesses?

When I was pondering upon the topic of this article, I am reminded of some people in the Bible who were witnesses for God against all odds. They were witnesses in their workplace, in a government setting. These were Joseph and, Daniel and his friends. Joseph was made the second ruler of all Egypt in his time. He rose to that position because he held on to his faith and belief in God. Similarly, Daniel and his friends looked at the face of death with great courage and calmness and emerged victorious. Their actions prompted the heathen king, Nebuchadnezzar to proclaim that the God of Daniel is the Greatest of all gods. Indeed, they were taken out of their comfort zone, from a land where they could worship God without hindrance, to a land where it took great courage and risk to be witnesses of the Living God.

The Bible says, "Jesus Christ is the same yesterday, today and forever" Hebrews 13:8. Our God who had been with Joseph and Daniel and his friends will also be with us today and forever as we stand for Him in the place where He had planted us.

What would our responsibility be as witnesses of Jesus Christ?

The initial days of my current workplace, I was keen to let people know that I am a Christian. However, I struggled to make that known and felt that I did not do enough. As time passed, I realized that witnessing in my workplace is living a lifestyle that reflects Jesus Christ. It is not only in a government setting that we need to do that but it is true

for anyone anywhere. I will highlight a few characteristics that we need to demonstrate as witnesses of Christ:

- **Glorifying God in all that we do:** Our primary aim as Christians is to glorify God in our workplaces. It may attract some unwanted reactions from other people but if our aim is to glorify God, we will do it, whether others approve of it or not. This, however, does not imply that we act haughtily or arrogantly towards our colleagues and superiors. Instead it calls us to be humble and meek.
- **Maintaining a good work ethic:** The tendency to compromise is everywhere, in Christian and secular settings as well. One small act of compromise at work can lead to many others. It is easy to fall into the trap of compromising our work ethic when it appears to be the norm. However, as Christians, we are called to work as if we are working for God and not for man (Colossians 3:23). Wherever we may work, God is our Employer. He gave us the strength and ability to face interviews and emerge successful among many contenders for the job. In my experience, I realized that God had prepared me to obtain this job, right from the time I was a student at CMC, Vellore. He gave me the right words to answer the interview panel, the right experience to fit the job and to be chosen among many others. It is not coincidence or intelligence on my part. It is His Grace, because He has a plan for me in my workplace. Therefore, if God is my employer, what would I get in my Annual Confidential Report and eventually when we meet Him face to face one day? Will He say to me, "Well done! My good and faithful servant"?

However, as Christians, we are called to work as if we are working for God and not for man (Colossians 3:23). Wherever we may work, God is our Employer.

- **Diligence and excellence:** The cut-throat competition to succeed today often demands many to take shortcuts to reach the goal. Competition among colleagues is not uncommon because everyone wants to be the best. However, the career demands of today can frustrate anyone. At such times, there is the temptation to take shortcuts to reach the goal. As Christians, should we take a shortcut as well, or should we be diligent in our work? In this context, I am reminded of 1 Corinthians 3:13, "….and the fire will test what sort of work each has done". Diligence in our work will definitely pay off in the long run. We will be appreciated for our diligence by the excellent work that we submit. As a postgraduate nursing student, I was taught to go ***Above and Beyond the Call of Duty***. It may not be our obligation to go the extra mile but that is what the Bible teaches us to do. So, we should be joyful whenever we get the opportunity to go the extra mile. We may not be appreciated always but we will be deeply satisfied. In my job, I have experienced days of dissatisfaction, which made me doubt the decision to leave a mission hospital, but if I remember the reason to why God brought me where I am, dissatisfaction gives way to creating innovative ways to do something more than what I needed to do.

The way forward

In conclusion, I would say, witnessing in a secular workplace is not easy. It is definitely a challenge, but if we are keen to fulfill our calling as witnesses of Christ, the challenge will not be as daunting as we think. It will be a joy and a privilege. Anyone may ask me, how would others know Christ if we only manifest the characteristics I mentioned. I have no exciting answers to give but I can only share a few things that we can try. Never hesitate to pray before lunch at work. Invite colleagues and friends from our workplace to Christmas programmes and tell them the real meaning of Christmas. Look out for opportunities to share our faith. By the Grace of God, I found like-minded believing friends in other departments and we have decided to make Christ known through our lives. I confess that I have not reached to the point where I have brought a colleague to Christ but nevertheless, that is my prayer. I may not have done anything great, but I can shine my light where God has placed me (Matthew 5:14). I remember a song often sung at Lamp Lighting ceremonies when I was in college, ***Brighten the corner where you are.*** One of the verses, says,

Do not wait until some deed of greatness you may do
Do not wait to shed your light afar;
To the many duties ever near you now be true
Brighten the corner where you are!

May God give us the strength and courage to brighten the corners where we are!

Ms. Ophelia Mary Kharmujai is Public Health Nursing Officer at North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong, Meghalaya.

National Florence Nightingale award for 2017

CMAI congratulates Prof. Dr. Aleyamma, Nursing Superintendent St. Stephens Hospital Delhi for the National Florence Nightingale award for 2017, in recognition of her Outstanding Service in the Field of Nursing. The award was presented by the President of India Shri. Pranab Mukherjee, on 12 May 2017 at Rashtrapathi Bhavan New Delhi.

Prof. Dr. Aleyamma T. Kora started her career as the clinical nurse at St. Stephens hospital Delhi in the year 1977 after completing her B.Sc. Nursing from the College of Nursing, CMC Ludhiana. Her commitment and hard work raised her to the position of Principal of the School of Nursing of St. Stephens Hospital. In the year 2002 she took over the charge as the Nursing Superintendent of the St. Stephens hospital. After joining the hospital she continued her efforts to improve the quality of nursing as well as the academic level of nursing professionals. While encouraging others in the academic area she herself pursued her M.Sc in Psychiatric Nursing, M. Phil in Guidance and counseling from Mother Teresa Women's University. Passing this in the first division she continued her educational pursuit and completed her PhD from Indira Gandhi National Open University doing research in assessing the effectiveness of antenatal care package among pregnant mothers. She is also the author of two books.

She is a life member of Nurses League of CMAI and also a great support for the activities of Nurses League of CMAI. We are really proud of her great achievement.

Nominations are invited for Orations for the 44th Biennial Conference

Dates: 5 - 8 November 2017

Venue: L. A. Lawns, Kanan Vihar(Phase - II), Patia, Bhubaneswar

CMAI invites suggestions for a speaker to deliver the Dr. Jacob Chandy Oration 2017 and Ms Aley Kuruvilla Oration 2017.

Dr. Jacob Chandy Oration 2017

In 1990, CMAI instituted the Dr. Jacob Chandy Oration which is presented at the CMAI Biennial Conference by an outstanding Indian/Overseas Christian leader to challenge issues and show directions for the healing ministry of the Church.

Ms. Aley Kuruvilla Oration 2017

In 2013, CMAI instituted the Ms Aley Kuruvilla Oration which is presented at the CMAI Biennial Conference by an outstanding Indian/Overseas Christian leader to challenge issues and show directions for the healing ministry of the Church.

Members are requested to send suggestions/nominations to the General Secretary, CMAI by 15 September 2017

CHRISTIAN MEDICAL COLLEGE LUDHIANA SOCIETY

(A Christian Minority Unaided Charitable Institution)

Applications are invited for the post of Director of CMC Ludhiana.

The Director is the Secretary of the CMC Ludhiana Society, overall incharge of the Institution and is to report to the Governing Body and Society. The Director will represent the Institution in pertinent relationship with the Churches and Fellowships, Government Departments, Universities and other Bodies.

The applicant should be a Christian with the following requirements:

Age: 45 to 60 years

Good Academic Credentials and Publications, and a Postgraduate in Medical discipline.

A Professor of at least 5 years of standing in a Medical College with administrative experience **or** 10 years in a Non Medical College with administrative experience and excellent records.

Preference will be given to candidates from Churches/Institution who are members of the CMC Ludhiana Society.

Kindly apply by August 15th, 2017 with complete Biodata and references to the undersigned :

The Chairman
Christian Medical College Ludhiana Society
Office of the Director
Christian Medical College
Ludhiana -141008
Punjab

**HAVE I NOT COMMANDED YOU?
BE STRONG AND COURAGEOUS
DO NOT BE TERRIFIED
DO NOT BE DISCOURAGED
FOR THE LORD YOUR GOD WILL BE WITH YOU WHEREVER YOU GO.**

Joshua 1:9

St. Catherine's Hospital, Kanpur

63/8, Mahatma Gandhi Marg, The Mall Road, Kanpur – 208 004, Uttar Pradesh

VACANCY

Sister Tutor(16) ***10 Vacancy (female)***

with minimum B. Sc in Nursing or Post Basic B. Sc Nursing with

Registration with Uttar Pradesh Nursing Council for ***School of Nursing, St. Catherine's Hospital, Kanpur***

6 Vacancy (female)

with minimum B. Sc in Nursing or Post Basic B. Sc Nursing with Registration with Uttar Pradesh Nursing Council for ***School of Nursing, Memorial Hospital, Fatehgarh, Farrukhabad***.

Optometrist (1)*1 Vacancy*

Diploma in Optometry with minimum 3 years experience for ***St. Catherine's Hospital, Kanpur***

Interested and Qualifying Candidates may apply with supportive documents and resumes to the following contact ***Dr. Namarata Mall,*** +91-8979732427, catherineshospital@gmail.com

NURSES: A VOICE TO LEAD - IN ENHANCED NEONATAL CARE

Introduction

This article outlines the need for enhanced Neonatal Care in hospitals, and the need for a training programme for midwives working in midwifery units. It suggests how this training could enhance the care of neonates by providing a continuing expert monitoring of the condition of neonates and to address actual or potential problems. It will share much of the responsibility for neonatal care with doctors and midwives by using approved protocols. The additional knowledge and experience will enhance the role of the midwives. This should improve the overall efficiency and effectiveness in the observation, care treatment and prognosis of neonatal care. The training has been established within the Emmanuel Hospital Association and this account draws on that experience.

Mr. Vinay John

Background Information

The Emmanuel Hospital Association (EHA) is an organization having 20 hospitals and 42 community health and developmental projects, 10 Palliative Care Services, 7 nursing schools and 5 HIV/AIDS projects.

EHA Services and Training in Delivery and Neonatal Care:

Virtually all EHA hospitals provide OPD Ante-Natal Care, Delivery and Post-Natal Care for mothers and children. In 2015-16, there were 25,637 deliveries in 20 EHA hospitals. To ensure that these women and their babies

The aim was to reduce neonatal morbidity and mortality in the areas that we serve. In the first year master trainers were trained in basic and advanced neonatal care in 10 EHA hospitals.

received the best treatment possible, the Reproductive and Child Health (RCH) unit was built and dedicated to run a six month course to upgrade the midwives by improving their knowledge and skills in all areas of maternal child health. The RCH course and a yearly refreshers course ran from 1998-2016. The midwives in the midwifery units would have been GNM or ANM, 40% of EHA nurses are GNM and 30% are ANM where at least 70% had received this RCH training. The 2% M.Sc. and 12% B.Sc. nurses are largely in supervisory or teaching positions. In most cases, the babies born would have been cared for in neonatal nurseries in the hospital and sometimes in intensive care under the direction of a Paediatrician.

In April 2013, EHA India and Canada introduced a comprehensive programme called NeST- neonatal survival training. The aim was to reduce neonatal morbidity and mortality in the areas that we serve. In the first year master trainers were trained in basic and advanced neonatal care in 10 EHA hospitals. They were then responsible for providing training for all health care givers in neonatal care.

Neonates are subject to a variety of life-threatening conditions – Primarily due to low birth weight, followed closely by infection. Attempts to determine infant mortality by cause in India found that:

Three causes accounted for 78% of all neonatal deaths in India:

1. Prematurity & low birth weight (0.33 M deaths, mortality rate per 1000 live births [MR] = 12.0);
2. Neonatal infections comprising pneumonia, neonatal sepsis and infections of the central nervous system (0.27 M deaths, MR = 9.9);
3. Birth asphyxia & birth trauma (0.19 M deaths, MR = 7.0). (Retrieved - Lancet 2010 Nov 27; 376(9755): 1853–1860)

This was substantiated by a study of neonatal mortality in Pakistan which stated:

“our finding that infection, including sepsis, pneumonia and meningitis, is an important contributor to neonatal deaths that occur after 3 days postpartum among

Neonates are subject to a variety of life-threatening conditions – Primarily due to low birth weight followed closely by infection.

An enhanced training in Neonatal care (NTN programme) should be implemented as part of an induction programme to midwives who will be working in neonatal units.

hospital-born neonates is consistent with recent studies from developing countries and emphasizes the importance of monitoring delivery and hospital-acquired infection."(Jehan, et al. 2009)

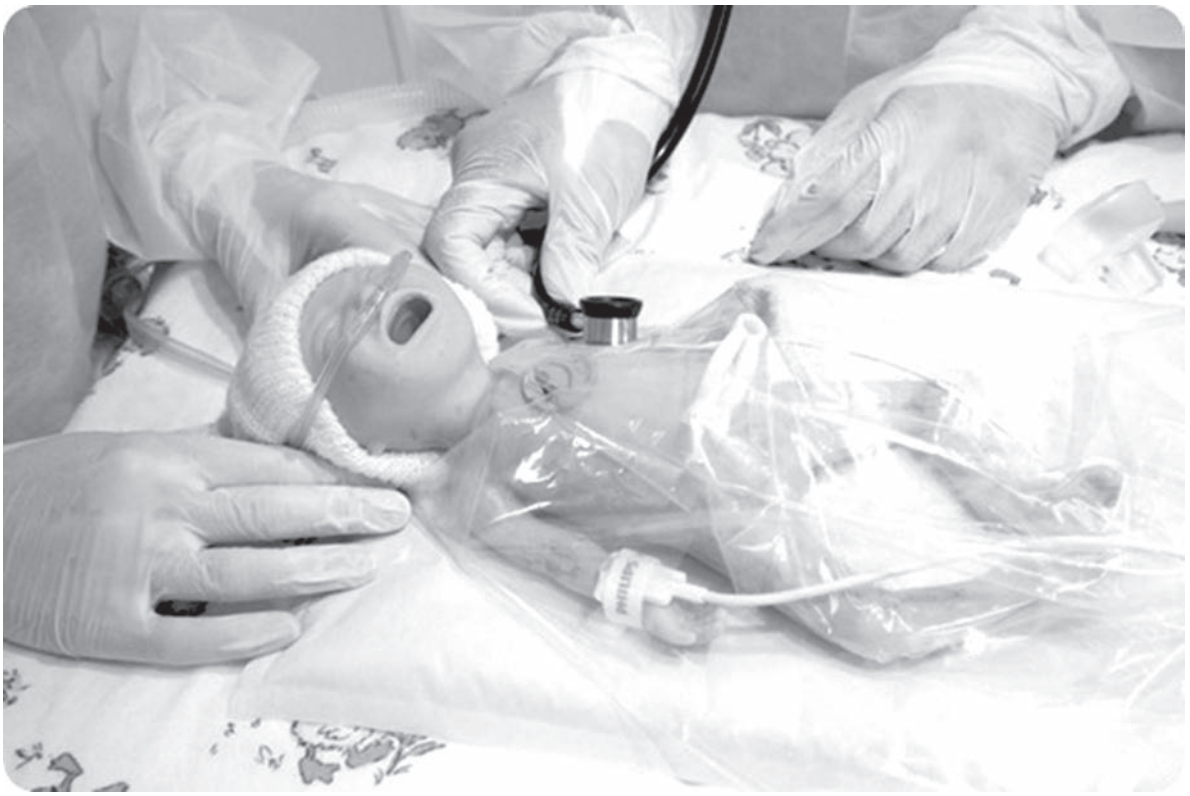
Congenital anomalies are inevitable such as low birth weight and prematurity or birth asphyxia and birth trauma. These conditions can result in morbidity in neonates that can be reduced or treated with symptom identification and treatment but infection is preventable and reduceable through close monitoring to identify the onset before it becomes serious or widespread.

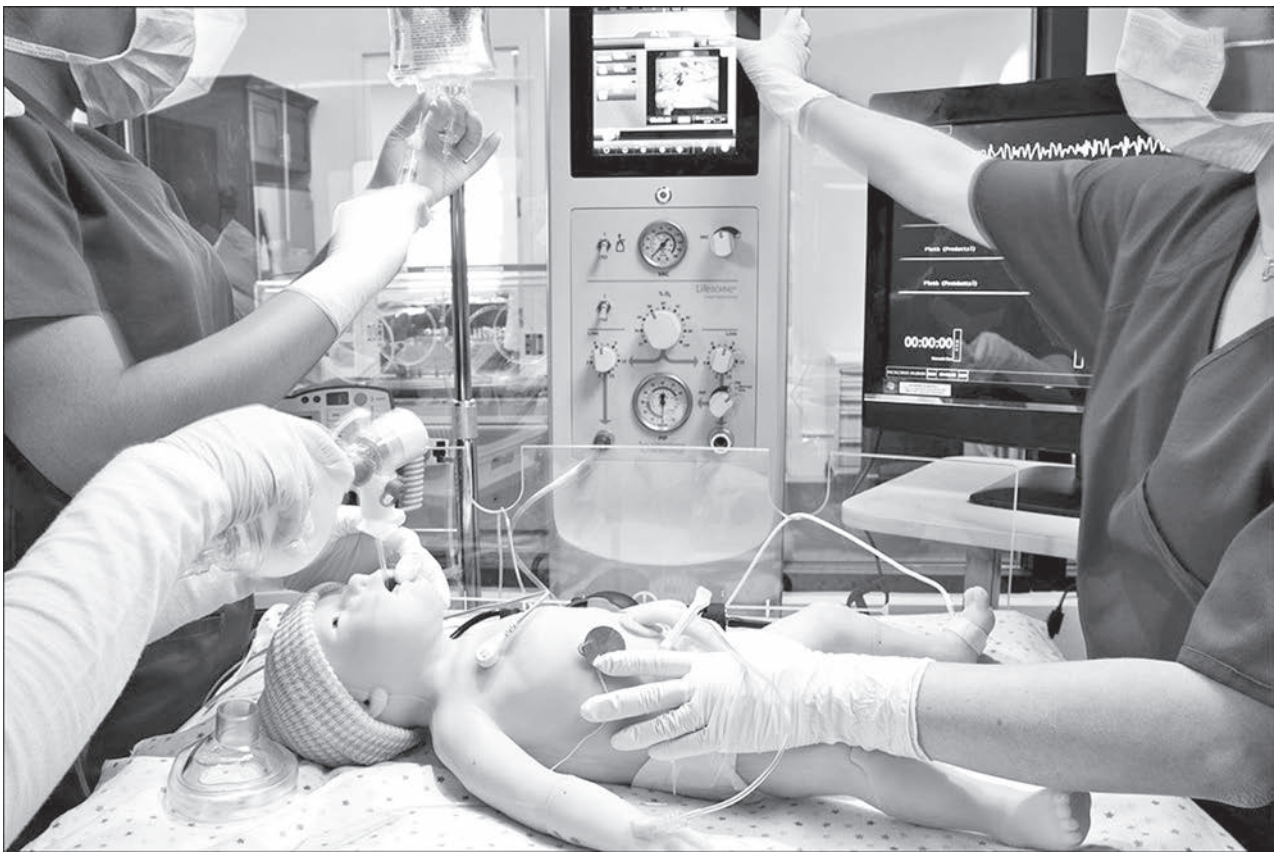
The Need

There is a need of enhanced training of Midwives in neonatal care and treatment to provide quality care within hospitals. Neonatal-Trained Nurses (NTNs) would be highly skilled and more knowledgeable than GNM nurses due to their expanded role. They would be able to share some of the functions currently performed by doctors.

Objective of a NTN's training course:

- To teach midwives how to recognize actual or potential problems in neonates and how to provide appropriate neonatal care up to the point where the intervention of a doctor is necessary. Such nurses would be designated as Neonatal-Trained Nurses (NTNs).
- To provide better care of neonates in hospitals by ensuring that midwives are trained in monitoring status, recognizing actual and potential problems and addressing issues pertaining to the health and well-being of neonates.
- To reduce the Infant Mortality Rate and Morbidity by recognizing problems and providing treatment early, since chances of success are increased with care in early stages of a problem.
- To manage and supervise care of neonates in both standard and intensive levels of care.
- To develop a Nurse Practitioner in Neonatal Care.





Proposal

- An enhanced training in Neonatal care (NTN programme) should be implemented as part of an induction programme to midwives who will be working in neonatal units.
- A basic protocol for enhanced neonatal care by midwives has been developed by doctors and midwives expert in neonatal care.
- If appropriate, after some time, the midwives with enhanced training in neonatal care will be upgraded to Nurse Practitioners so they may take on an expanded role.

Conclusion

In the light of the above background and the need for enhanced training of midwives in neo-natal care, the starting of a training programme like the NeST programme is essential and has been of considerable benefit to all EHA hospitals. As the project progresses to meet its objectives the community will benefit by the impact through reduced neonatal morbidity/mortality and healthier newborns.

After some time, upgrading the NTNs to work as Nurse Practitioners in Neonatal Care will be considered, depending on permission from the nursing statutory bodies.

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FROM OUR ARCHIVES

The Journal of the Christian Medical Association of India, Burma and Ceylon

Vol. XVII No. 1 January 1942

1942

INTRODUCING A LIST OF MAJOR AND MINOR OPERATION FOR GUIDANCE TO MISSION HOSPITALS IN MAKING REPORTS OF THEIR SURGICAL WORK

V.C. RAMBO M.D. F.A.C.S, Mungeli

Many doctors have felt that a list is necessary to help guide them in reporting the surgery done in their institutions. To say that an institution has done three hundred operations is not a definite statement. To say that one hundred and fifty are major and one hundred and fifty are minor gives a much better idea of the surgery done. Our Secretary, Dr. Oliver, asked me to compile such a list so as to make more uniform and exact the reports of surgery done.

It may be said that it will be impossible to get a perfect list or a complete guide. This is true, but a guide, imperfect though it may be, is better than none. Any list needs to have brought to it a sense of proportion and judgement. Dr. Kerr of Jalalpur, Punjab, states in letter 'that one hospital, with a considerable reputation, listed each tooth extracted (whether singly or several at a time) as a separate minor operation.' This might well be defended as a literal interpretation of the term but it reduces the position to an absurdity. Kerr goes on to say, some classification are almost impossible, e.g. removal of tumor or cyst.' (Is the operation major or minor) Take a small fibroma, or a small sebaceous cyst or a small dermoid. Such I would certainly consider a minor operation. 'Macpherson of Kashmir,' Kerr continues in his letter, 'has a rough and ready rule making size (in the absence of other deciding factors) the deciding fact –up to 5 c.m or 2" in diameter being classed as a minor operation.' Cutting of Chikka Ballapur writes, 'It is certainly no easy matter to decide what constitutes a major and what a minor operation. Operations vary so much in difficulty –I mean the same operation in different cases—and vary so much in gravity in different hands. At the same time, the classification must be a simple one for the purpose of most mission hospitals. If you go over each system separately you are likely to get a long and imposing list, and so I hardly think a classification based on systems would do. If you were to say that any operation that requires a general or spinal anaesthetic should be called a major operation, you might be faced with the position that a tooth extraction was a major operation and a cataract or a thyroid done with a local was not. The Mysore Government includes intravenous injections as minor operations and so we would call them so, but very few people would agree to that.'….

Major surgery is that surgery which is concerned with the more important and dangerous operations. Minor surgery is that concerned with less formidable operations such as bandaging and application of splints and dressings.

A major operation is a surgical procedure which involves the risk of life or limb or organ.....

Kerr objects to the inclusion of 'Radium Treatment' as not being an operative procedure of itself. On studying the definitions it will be found that Radium Treatment is really an operative procedure as well as efforts in the control of haemorrhage by temporary pressure' or by application of styptics...

Naturally one would understand that a doctor would use common sense in making use of such a list for his report. If all use the list as a general guide and use their best judgement there will not be much discrepancy and reports will tell of the work done much more intelligently and exactly that at present possible...

FROM OUR ARCHIVES

The Journal of the Christian Medical Association of India

Vol. XLIII No.9 - January 1968

1968

WORLD NEED

by G. W. THOMAS, Superintendent, International Grenfell Mission, Labrador

The Christian church must be deeply concerned with illness, pain, human suffering and death. This is obvious to anyone who reads the New Testament. 'Jesus now travelled through all the towns and villages, teaching in their synagogues, proclaiming the gospel of the kingdom, and healing all kinds of illness and disability. As he looked at the vast crowds, he was deeply moved with pity for them…'(Mathew 9:35, J. B. Phillips' translation)

The ministry of healing is basic to Christian life. Christ came to heal the soul and bring new life through faith to a lost and needy world. He also brought healing of mind and body. This ministry of healing is part of our commission, it is part of our responsibility; it is not just a means to an end i.e., to be used as bait to capture a soul, but an integral part of our work and service for God. However, we must note that Christ never allowed healing or illness to divert attention from spiritual issues…

Our Western Nations are so wealthy that they can spend eighty billions of dollars a year on arms and still have the national income go up by three to four per cent a year.

There are over one billion children in the world, three-quarters of whom suffer from malnutrition, lack of clothing and other necessities of life; children are dying of starvation at a rate of six a minute every day.

What do we mean by Medical Mission?

We include under this term (i) a nurse practicing midwifery in a foreign, economically-depressed land with a strange culture and language; (ii) a doctor travelling a malarial-infested jungle with a pact and a bag; (iii) a small hospital under staffed and under-equipped serving a vast area far greater that it can possibly cope with; (iv) a huge urban hospital in a non-Christian country dedicated to medical education and Christian witness, and meeting a great need; (v) a university-oriented institution integrated into the teaching programme of a national school in providing, on its own, training for doctors, nurses, and paramedical technologists; or (vi) public health units fighting major health problems and epidemics, providing mass immunization, sanitation, education and disease control, to mention only a few.

It also means evangelism, either on an organized or a personal basis. For the word Christian mission implies the added responsibility that this work is being done in response to a committal to Christ to carry out His 'great commission'. No pressure can be employed or medicine used as a lure. However, no medical missionary can hide the fact of the motivating force in his life nor fail to witness to God's love and grace through Christ Jesus his Lord. Medical mission then means education, evangelism, medical aid at a clinical level and improvements in the socio-economic standards of living; public health work with pre- and post-natal clinics, nutrition and a host of other activities.

R G. Cochrane further points out : 'Medical missionary work is a temporary measure undertaken by the Church until such time as the country concerned is able to organize a more comprehensive service for its people and able to give medical and health service to all. We, therefore, are trying to work ourselves out of a job. One of the hardest lessons for a medical missionary to learn is to know when to step down and let local authorities take over. This knowledge may come hard and as a shock. Most of us working in medical missions have had to face it to greater or less degree'...

LEADERSHIP COMPETENCIES OF FRONTLINE NURSE LEADERS AND ITS EFFECT ON THE JOB SATISFACTION AND PERFORMANCE OF STAFF NURSES

Abstract

A descriptive correlational study was conducted in a selected hospital, New Delhi to determine the relationship of the Leadership competencies of the Frontline Nurse Leaders and the job satisfaction and performance of Staff Nurses. The sample consisted of 19 Frontline Nurse Leaders and 131 Staff Nurses over one year of experience, selected through total enumeration technique. Data collection was done for a period of two weeks. The study findings showed that there was a significant positive correlation between the Leadership competency of Frontline Nurse Leaders and the Job satisfaction of the Staff Nurses working under them. The study implicates that effective leadership training be instituted for prospective Nurse Managers before appointments are made into management and administrative positions. It also emphasizes that the Nurse Managers at all levels must find innovative ways to retain staff by enhancing work environment and ensuring high job satisfaction

Brief Introduction


Ms. Jancy Johnson

Nurse Leaders are the ones who lead professionals not just manage workers. They need to develop them and create a healthy work environment. A competent leadership is inevitable for patient safety. In most of the clinical settings, nurse leaders are selected based on their clinical expertise or on the basis of the years of experience. Most of the time they lack confidence in managing human resources, use of technology, conflict management, communication skills, and effective use of emotional intelligence. Studies proved that effective leadership is highly related to retention and satisfaction of staff. The turnover can incur a good cost including hiring cost, training cost, reduced productivity of new staff, poor standards of care, increased length of stay of patients etc .Young graduates entering in the profession are faced with numerous challenges such as taking a new role, developing clinical skills, building positive attitude, learning new policies, etc .Most of the time these challenges are not addressed and in turn they are forced to leave the settings. Lorraine Bormann and Kathleen Abrahamson conducted a study on 117 staff nurses over a period of 3 months and stated in their study that transformational and transactional leadership of nurse leaders have a positive effect on the job satisfaction of the staff nurses. As most of the hospitals are looking forward for NABH accreditation, leadership behavior plays an important role in setting standards in the hospital. Frontline Nurse Leaders are the immediate contact and the role model for the staff nurses. Research in western countries has revealed impact of leadership on the job satisfaction of the Staff Nurses. However, very little research related to this subject has been conducted in the Indian settings.

Literature review

An effective nurse leader needs to incorporate leadership and communication skills with conflict resolution, time management and organizational techniques, delegation, mentorship, education, and role modeling to be successful. These individuals also must be effective change agents to get what they need accomplished on a day-to-day basis. More and more, front line nurse leaders function as a liaison between middle management, staff, physicians, patients and families, and other departments. They represent the nursing management team 24/7.

N Blake in the Article “How to be an effective Charge Nurse” states that frontline nurse leaders must ensure staff members have appropriate training and qualifications for the patient assignment and match the

staff's competencies with the needs of the patient. As a leader on their shift, they also need to assure adequate resources are available, policies and procedures are followed, and regulatory requirements are met.

The front line nurse leaders wear many "hats" simultaneously. They have been equated to air traffic controllers and are often described as the "go-to" person, the one to get things done or the resource that has all of the answers. Their responsibilities may extend beyond staffing the unit. They function as a resource to the staff on the unit, other departments and disciplines, and even physicians.

Front line nurse leaders possess more than clinical expertise. They are problem-solvers and usually can recognize a potential problem before it arises. Exemplary leadership and communication skills also are essential in this role. Berbarie lists the characteristics necessary to be effective charge nurse: educator, change agent, innovator, mentor, leader, mediator, financial steward, evaluator and celebrator.

Such complex working conditions for the front line nurse leaders have been described as comparable to high-reliability, non-health-related jobs, such as those working on launch pads for spacecraft, nuclear power plants and fighter jet carrier flight decks.

Researchers describe five effective decision-making behaviors for staffing resourcefulness, tactful communication, flexibility, decisiveness and awareness of the big picture.

Resourcefulness is not having all the answers but knowing where to find answers. That includes knowing about the patients on the unit, potential admissions and patient populations on other units, staff's abilities, equipment, diagnosis, therapies, studies, policy and procedures. Another key competency is to be flexible because the plan for their shift often changes.

Objectives

1. To identify the leadership competencies of Frontline Nurse Leaders
2. To assess job performances of staff nurses working under them
3. To assess the job satisfaction of staff nurses working under them
4. To determine the relationship of the Leadership competencies of the Frontline Nurse Leaders and the job performance and satisfaction of staff nurses.

Methodology

A descriptive correlation study design was used to understand the correlation between Leadership competencies of Frontline Nurse Leaders and job performance and satisfaction of Staff Nurses working under them. The study was conducted in a selected hospital in New Delhi. The sample size was 150. The population comprised of Frontline nurse Leaders and Staff Nurses working under them. Total enumeration technique was used for selecting the sample. The researcher explained the purpose of the study and a written consent was obtained.

Tools

The Tool for the Research consists of Structured Questionnaires and Rating Scales which have been categorized in the following sections. Section 1 and Section 2 takes up the demographic data of the subjects (the Frontline Nurse Leaders and Staff Nurses) accordingly. Whereas Section 3, Section 4 and Section 5 works on a rating scale assessing the Leadership competency of the Front Nurse Leaders, Job Satisfaction and Job Performance of the Staff Nurses working under those Front Nurse Leaders.

Following tools were used for the data collection:

Part-1: Structured Questionnaire on Demographic Data of Frontline Nurse Leaders

It consisted of total 7 items which included age, Gender, Religion, Marital Status, Educational qualification and Work Experience

Part-2:Structured Questionnaire on Demographic Data for Staff Nurses.

It consisted of total 9 items which included Age, Gender, Religion, Marital Status, Educational qualification and Work Experience

Part-3:Rating scale to assess the Leadership competency of the Frontline Nurse Leaders.

Each of the items were put under 3-point Likert scale wherein the respondent could indicate their choice by marking with a (√) on one of the following options:

- Always
- Sometimes
- Never

Content validity of the tool

To ensure the validity of the tool, it was given to five experts in the field of Nursing and Management. The experts were chosen based on their expertise in management and administration, experience, qualification and interest in the problem area. Experts were requested to judge the items on the basis of relevance, clarity, feasibility and

organization of the items included in the study. The tool was found to be valid with few corrections, which was incorporated and the final draft of the tool was prepared.

Try out of the Tool

Try out was conducted to check the clarity, ambiguity of the language of the tools.

Reliability of the Tool

Reliability of the tools to assess the leadership competency of the Frontline Nurse Leaders, Job satisfaction of the staff nurses, job competency and job performance were tested using Cronbach's Alpha formula. The reliability Coefficient was found to be 0.8. Thus the tools were found reliable for the study.

Ethical consideration

Permission was taken from the institutional review board of St. Stephen's Hospital, New Delhi to conduct the research study. Written consent was taken from each study subject. Anonymity and confidentiality of the subjects was maintained while carrying out the study. Frontline Nurse Leaders and staff nurses were empowered with full autonomy to participate in the research and withdraw any time.

Results

Demographic data revealed that among the front Line Nurse Leaders, 5% were in the age group of 21-30 years and 37% of them were in the age group of 31-40 years, 26 % of them were in the age group of 41-50 years and 32% were 51 years and above. In case of Staff Nurses, 75% were among the age group of 21-30 years and 20% were 31-40 years and 5% were 41-50 years old.

Regarding the educational status of the Frontline Nurse Leaders, 84% were DGNM qualified, 11% were BSc Nursing Qualified and 5% were Post BSc Nursing qualified. Among the staff nurses, 78% were DGNM qualified, 18% were BSc Nursing Qualified, 1% Post BSc, and 3% were with their Post Diploma Courses.

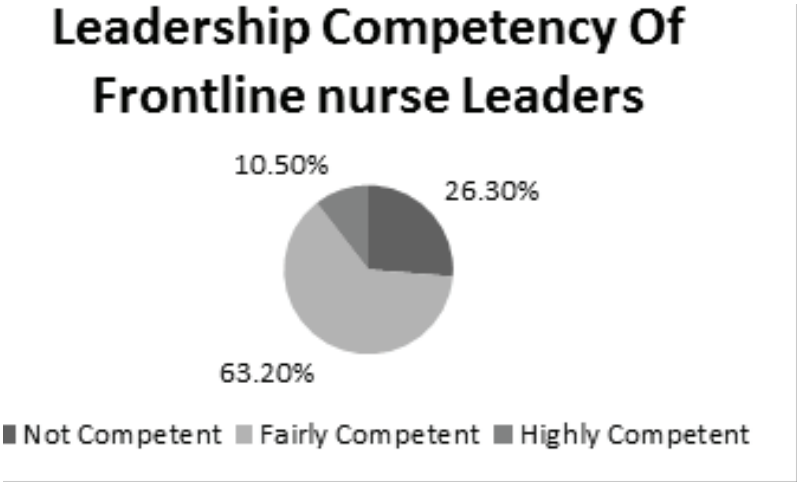
Among Frontline Nurse Leaders, 100% were married and staff nurses, 39% were married and 61% were unmarried.

Regarding the Religion of the Frontline Nurse Leaders, 16% were Hindu, 5% Muslim and 79% were Christians. In case of staff nurses 26% were Hindu, 2% Muslim, 67% were Christians and 5% belonged to other Religions. Among the Frontline Nurse Leaders, 5% had less than 5 years of experience, 16% of them had 11-15 years of experience and 79% had more than 16 years of experience. In case of Staff nurses, 56% had less than 5 years of experience, 28% had 5-10 years of experience, 14% had 11-15% of experience and only 2% had experience more than 16 years.

Regarding the no. of years working in the present ward, out of 19 Front Line Nurse Leaders, 26% of them worked in the same ward for 1-5 years of time, 21% of them for 6-10 years and 21% with 11-15 years of duration and 32% worked more than 16 years. In case of Staff nurses, 86% worked in the same ward for 1-5 years, 9% for 6-10 years, 4% for 11-15 years and only 1% had worked more than 16 years.

26.3% of Frontline Nurse Leaders were not competent, 63.2% were competent and 10.5% were highly competent. The mean score was 146.74$\pm$ 9.182.

It was seen that Employment development scored the highest score and Conflict management scored lowest. The descending order of the leadership competency areas as per the order is Communication, then moving down to Employee development, Learning Capacity, Relationship building, Decision making and conflict management.

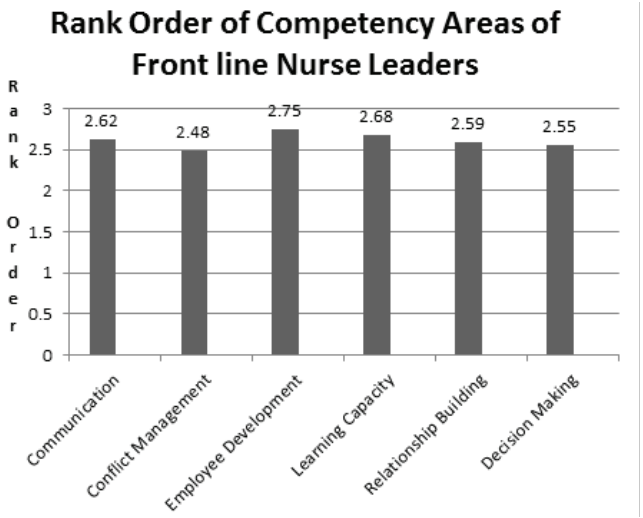


It was observed that 83.2% of staff nurses showed a good Job performance, whereas 9.20% showed a fair result. However 7.60% comes under the excellent category.

The findings suggest that among staff nurses, 10% were highly satisfied, 73% were satisfied and 17% were with neutral status in relation to their job. The findings also revealed that the Pearson r value to seek relationship between Leadership competency of the Frontline Nurse Leaders and the job satisfaction of the staff nurses was 0.218 and p value was <0.05, which was found to be significant at 0.05 level.

Discussion

In the present study, it has been observed that the



leadership competency increased with experience and age but there has been stagnation in the competency after the age of 40 years as well as after 15 years of experience. The present study also indicated that there was a significant relationship between the leadership competency and the job satisfaction of the staff nurses working under them.

Conclusion

Frontline Nurse Leaders possess more than clinical expertise. They are problem-solvers and usually can recognize a potential problem before it arises. Exemplary leadership and communication skills also are essential in this role. Frontline Nurse Leaders regularly make decisions based on very short intervals, so they must be decisive and understand patient flow. These professionals set the trend for the unit during their tour of work and can influence the morale for the oncoming shift. They can build up or break down the working efficiency of the unit. There calls for a higher level of confidence in their power to make apt decisions. Nurses' roles and responsibilities contribute to the quality improvement of health care services. Goslin opines that the workers who are satisfied also tend to behave in a selfless manner and go beyond the formal requirements of a job, have higher retention rates and are more productive. This suggests that improving job satisfaction enhances the overall success of the organization. Training needs to be mandatory before taking up managerial positions. It is suggested that, ongoing in service education should focus more on Decision making and conflict management. Creation of motivational environment through career ladder salary structure and policy amendments.

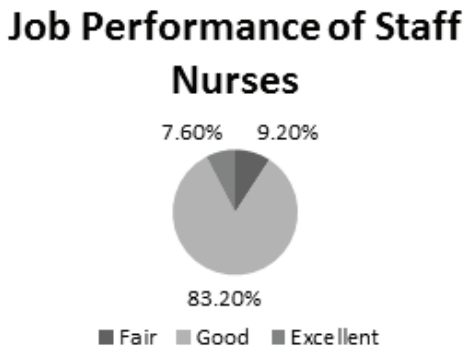
Recommendations

Further studies can be done to assess other areas of leadership competency as the present study reflected only few domains of leadership competency

Similar study can be replicated on larger samples.

Study on effectiveness of leadership training programmes

A comparative study can be conducted on leadership competencies of nurse managers in Government and private sectors.



Ms. Jancy Johnson is the Secretary of Nurses League Section, CMAI

Ms Bindu Shaiju, Assistant Prof. of Rufaida College of Nursing, Jamia Hamdard guided Ms Jancy in writing this article.

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CHRISTIAN HOSPITAL SERKAWN

History of the Hospital

Christian Hospital Serkawn is a Mission Hospital run by the **Baptist Church of Mizoram (BCM)**. The pioneer missionaries of the Baptist Missionary Society (BMS), England started the healing ministry and subsequently established the hospital which is taken over by the Baptist Church of Mizoram. It has a humble beginning with the Medical work started by Miss. Oliver Dicks, a BMS Missionary nurse in the year 1919 and subsequently joined by a number of missionary nurses from the BMS. The first Hospital Building was completed on the 10th February 1923 and was inaugurated by Mrs. W. L. Scott, wife of the then Superintendent for Lushai Hills (the present state of Mizoram). It was a 10 bedded hospital and could admit only female patients and children. In the early years of the hospital, BMS missionary doctors, from the neighboring town Chandraguna, (which is now in Bangladesh) ran the hospital as visiting physicians. Fortunately, the BMS deputed Dr. H.G. Stockley a senior doctor, who was serving in China as a missionary, to be the first residential doctor in the year 1957. He endeared himself to the local community because of his commitment to the ministry. He served till 1962. The Baptist Church of Mizoram sponsored Dr. C. Silvera at CMC, Vellore who joined the hospital in 1964 and he was the first Mizo doctor to serve as the Medical Superintendant of the hospital. He served till 1974 and was succeeded by Dr. Lallawma MS along with his wife Dr. Lalsangliani. Subsequently, a number of doctors joined the hospital and at present there are 13 Medical officers and 2 dental surgeons serving the hospital.

The Nursing Service, like other mission hospitals is the backbone of the hospital which was started way back in 1919. The missionary nurses in addition to their busy schedule in the hospital impart training to the locals in Nursing education and practice. A basic junior Nursing

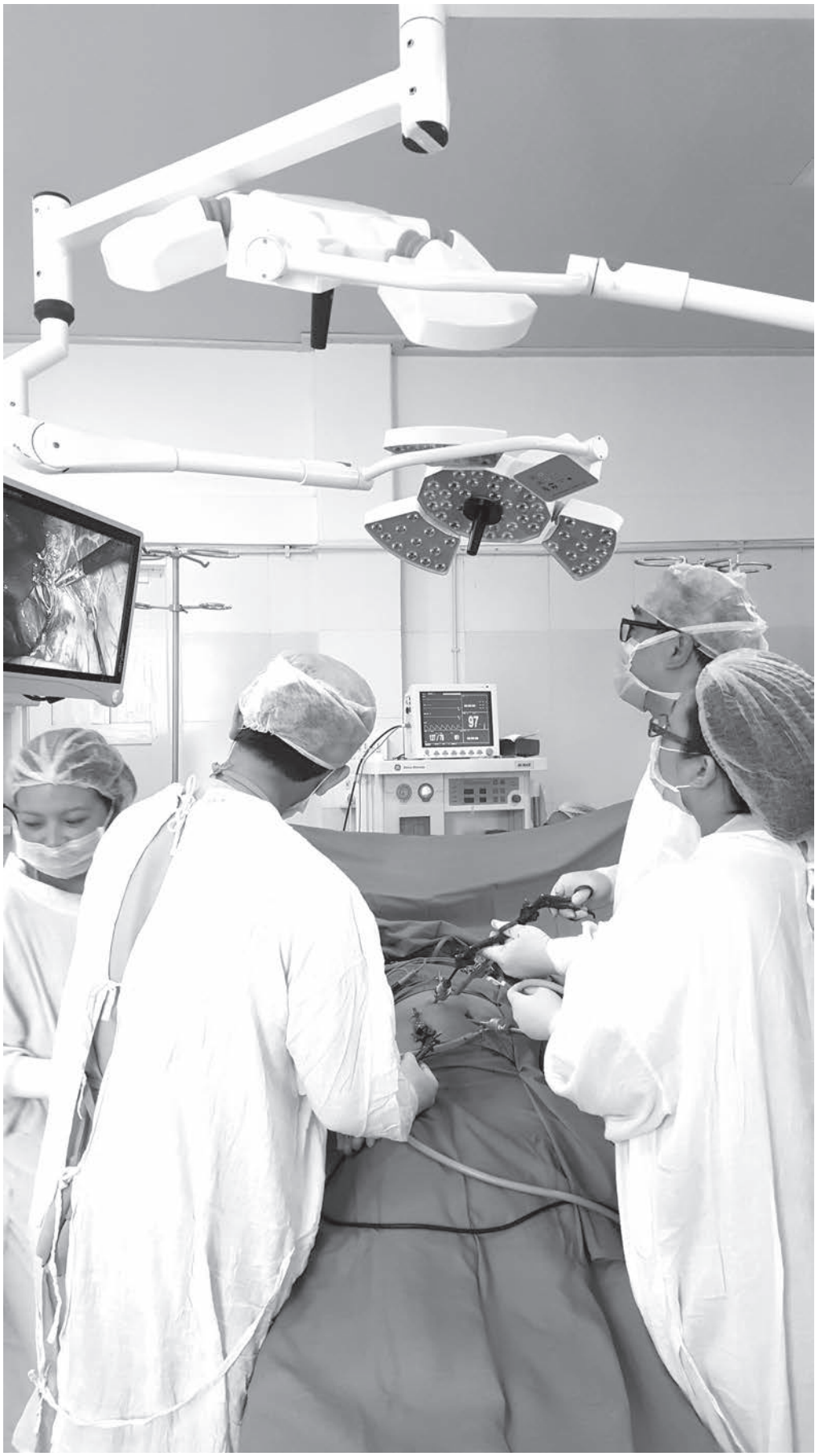
course was started in 1919. The course was subsequently upgraded to ANM and then to GNM courses. The formal Nursing course of GNM was started in 1952 by Miss. E. M. Maltby.

Location of the Hospital

The Hospital is situated in a picturesque locality of Serkawn, a locality founded and chosen by the BMS pioneer missionaries for the headquarters of the Baptist Church of Mizoram. Serkawn is now an important landmark of Lunglei Town. Lunglei is the second biggest town in the state of Mizoram and is the headquarters of Lunglei District. It is a 5 hour journey from Aizawl (capital of Mizoram) and can be reached by Bus or Maxicab services. Aizawl is well connected to other State Capitals by Air and Road transport.

Primary Mission of the Hospital

1. The Baptist Church of Mizoram (BCM), as followers of the great physician Jesus Christ, it is the duty of the Church to continue the healing ministry of Jesus Christ. The work started by the BMS for the people of Mizoram continues and the Hospital has grown to become the source of blessing to the whole Southern part of Mizoram. An important mission of the Hospital is therefore to provide quality and reliable health care service with minimal charges and even free health care for many needy patients.
2. As a mission hospital the purpose of our ministry is not only physical healing but that of physical, mental and spiritual healing. The Hospital chaplaincy department gives spiritual counseling and conducts worship services for staff, students and patients. Every working day starts with a time of devotion in the Chapel of the hospital and all staff on routine duty are expected to join the devotions. The Nursing staff also conducts prayer service for their respective wards. Moreover, the staff of the hospital are expected to serve in the spirit of Christ, and thus spiritual retreats is organized at least once in a year for all the staff and nursing students.
3. It is the mission of the hospital to promote the health of the people in rural areas and interior villages, and hence Peripheral health camps/clinics are organized regularly. The hospital bears the cost of transportation and other contingency expenses, and the consultations in these outreach clinic are free. However, the patients have to bear the expense of medicines and laboratory services with concession to those who cannot pay even this amount.
4. Training programmes: The Nursing School imparts GNM training course with yearly intake of 20 students. The school is recognized by the Indian Nursing Council and graduates from this school serve



It is the mission of the hospital to promote the health of the people in rural areas and interior villages, and hence Peripheral health camps/clinics are organized regularly. The hospital bears the cost of transportation and other contingency expenses, and the consultations in these outreach clinic are free.

in different parts of Mizoram and in various cities of India. Many of them serve as missionary nurses in various parts of India. The Hospital also encourages its staff as well as others to undergo further studies and thus sponsors MBBS, Nursing and allied health staff in CMC Vellore and other institutions. There are 8 Nursing tutors with 4 support staff. There are at present, 1 doctor undergoing the PG course and 4 MBBS sponsored students at CMC Vellore.

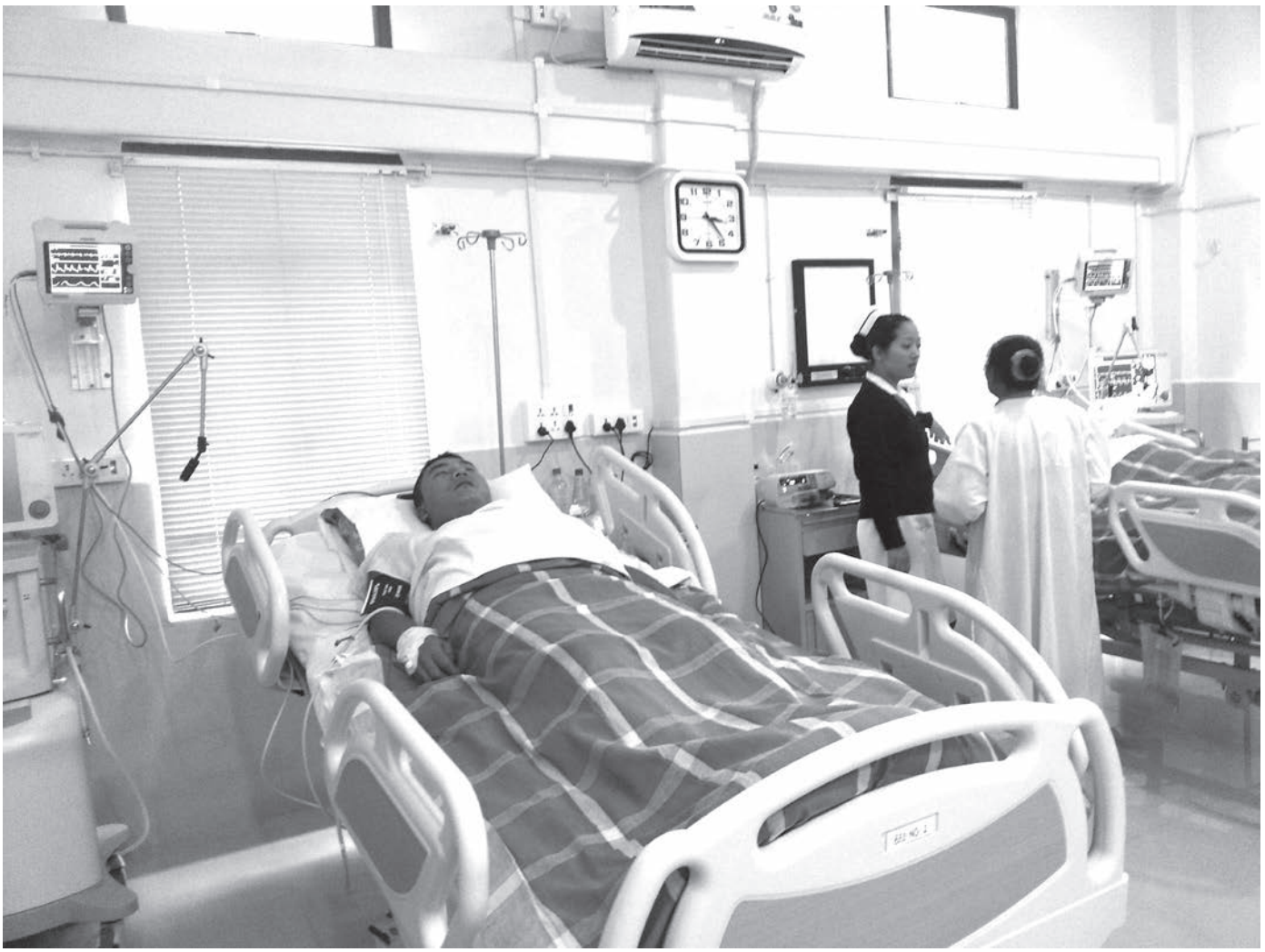
5. The Hospital cooperates with the Central and State Government in various health services like NACO, MSACS, RNTCP, RCH, NRHM etc.

Departments of the Hospital:

1. The main Hospital is a 100 bed secondary referral centre with Departments of General Surgery, O&G, Medicine and Pediatrics. There are 7 general wards, 1 special ward, 2 Deluxe rooms and 14 private cabins. It has a moderately well equipped Main Operation room and a Minor Operation room. There is a facility for Cystoscopy, Ureteroscopy and Laparoscopic surgery.
2. The routine OPD timing is from 9:00 AM to 3:00 PM with 24 hours Emergency service and 24 hours Pharmacy service.
3. For Maternity service there is a labour room with 2 labour tables with Infant warmers, phototherapy units, incubators and neonatal resuscitation units.
4. It also runs a 2 bed ICU with ventilators and a 6 bed Emergency ward.
5. The hospital also runs a Haemo-dialysis service with 3 haemodialysis machines.
6. There is a well equipped Laboratory with External quality assessment done in collaboration with CMC Vellore laboratory service.
7. Other diagnostic facilities include X-Ray with CR system, ECG and Ultrasound with Echocardiography. There is Upper GI endoscopy unit and Colposcope facility in the Out Patient Department.
8. The dental service is run by two Dental surgeons.
9. There are at present 140 staff in the Hospital.
10. There is a 25 bed branch Hospital at a neighboring town of Lawngtlai (Christian Hospital Lawngtlai) about 45 kms from Lunglei. This Hospital serves the people of Lawngtlai District with 2 resident doctors and 34 other staff. The Hospital is equipped with an Operation theatre, Labour room, Pharmacy, X-Ray/ ECG and Ultrasound services.
11. The Hospital also runs a clinic in the heart of Lunglei town with a pharmacy and basic laboratory investigation facilities.
12. The Hospital has a fulltime Chaplain and the Chaplaincy Department caters to the Spiritual needs of Staff, Students and patients of the Hospital.
13. The Dietary and canteen service is managed by a dietician who provides healthy diet service to the admitted patients and also gives necessary diet counseling.

Dreams, Current needs and concern for the Hospital

1. The Dream for the Hospital is both vertical and horizontal growth in terms of human resources, Infrastructure and Medical equipments so that the hospital can meet the physical, spiritual and mental health need of the people of Mizoram, especially for the more economically backward people of the Southern part of Mizoram. The hospital requires so much more Medical equipments so as to improve its diagnostic and treatment facilities.



2. The main concern is that like many other Mission Hospitals across India there is lack of committed Christian doctors especially specialist in different specialities.
3. The School of Nursing which admits 20 GNM students each year needs to be expanded so that intake of at least 30 students will be possible per year. And the future plan is to upgrade the Nursing School to a Nursing College.
4. The motto of the Hospital is "We treat, God heals". The Hospital needs continual prayer support so that all the staff serves with the love and humility of Jesus Christ and that people may see Christ in us and come to know the Lord through our service.

Contact persons for the Hospital:

Dr. B. Laldinliana. Medical Superintendent. Christian Hospital Serkawn. Contact no: 09436147477/03722342268. Add: Serkawn. P.O. Zotlang- 796691. Lunglei District. Mizoram. India. Email: chs_serkawn@yahoo.co.in, drbdina@gmail.com

Mrs. Vanlalthlengliani. Principal. School of Nursing. Christian Hospital Serkawn. Contact no: 9436147832. Add: Serkawn. P.O. Zotlang - 796691. Lunglei District,Mizoram,India.

Dr. B. Laldinliana graduated from RIMS,Imphal in 1989 and joined the Hospital as Medical Officer in 1990. He finished his PG in General Surgery from the same Institution in 2003. He served as Medical Superintendent of the Hospital since 2013.

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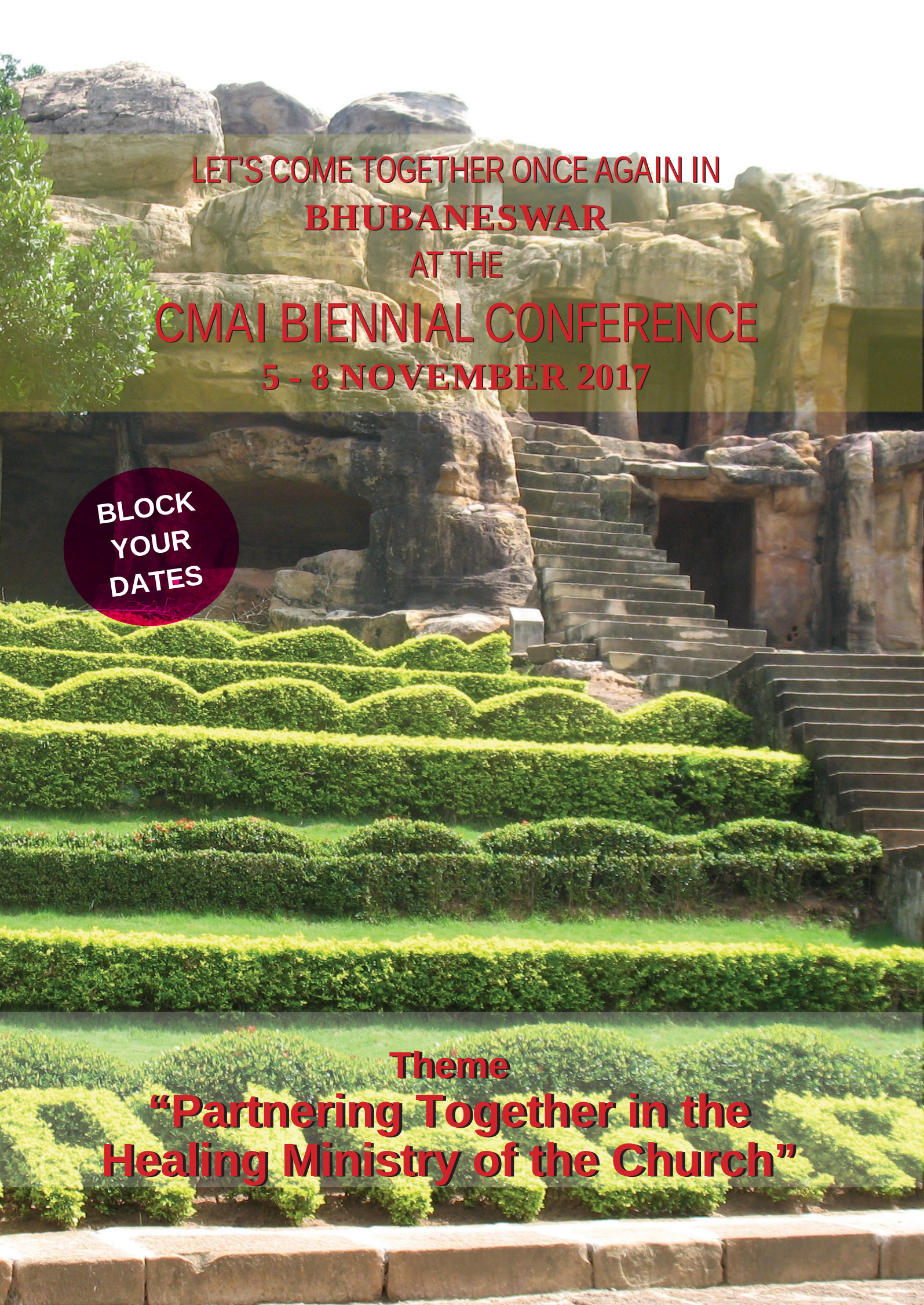
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