

Participant’s Guide

Episode 6

Staying On Schedule

Summary

Time waits for no man or woman—even healthcare professionals—and staying on schedule is one of the biggest challenges healthcare professionals face. Our desire to honor the Lord through spiritual interventions with our patients requires both efficiency and sensitivity to the Holy Spirit. Faith encounters with our patients need not be lengthy, and when extended spiritual opportunities present themselves, there are practical ways for us to work out the details.

Speaker



Dr Selina Lin is a private practice physician in Katy, Texas (suburb of Houston).  She is on the CMDA Houston council.  She is a board member of the mission sending agency, Interserve.   She has been a member of CMDA since medical school.  She plays the violin and enjoys meeting and discipling med and premed students.  For more information or to contact Dr. Selina Lin, email her at selina.lin77@gmail.com.

Discussion Questions

1. What from this video inspired, edified or challenged you?
2. Early in the video, Dr. Lin said that if she is focused on controlling the schedule, the schedule controls her. Do you feel controlled and constrained by your schedule on a daily basis?
3. See Psalm 39:4-5. How could this passage relate to how you view your daily patient schedule?
4. Have you experienced times when you felt prompted by the Spirit to minister to your patients? What does ministry look like in your context?

1. What are some regular, ongoing elements of good patient care that do not require additional time, but can set the stage for spiritual interventions with your patients?
2. What are some examples of unplanned, further steps of ministry that may require time beyond one’s normal schedule?
3. When circumstances create the potential for an extended spiritual conversation with a patient, what factors should be considered before determining how to proceed?
4. Dr. Krystal Mattox speaks of having a Spiritual Care Referral Network. Do you have others, either inside or outside of your practice setting, to whom you can refer patients for spiritual care? If so, to whom can you refer patients for their spiritual needs? Whom might you want to add?
5. What is one take-home item from today’s session that you hope to implement?

Additional Resources

1. *Tyranny of the Urgent* by Charles Hummel
2. *Margin* by Richard Swenson