Leader’s Guide

Episode 3

Keeping It Natural

Summary

Interactions with our patients will be richer and deeper if we let our lights shine through our practices. It is not just for the benefit of our patients; it also frees us up when we realize the gospel equips us to share God’s grace with others.

Speaker

Patti Francis, MD, joined CMDA as a first-year medical student and has stayed involved ever since! She is in private practice in pediatrics in the San Francisco Bay Area since 1985. She has been married to Ron for more than 40 years and has two adult daughters. She loves the outdoors and working with women physicians in CMDA. Dr. Francis may be contacted at gohikingwithpatti@comcast.net.

Discussion Questions

1. What from this video inspired, edified or challenged you?
2. What does it mean from John 15:5 to “abide in Christ?” Is “abiding in Christ” necessary in order to communicate the gospel? Why or why not?

The one who abides in Christ would be one who looks to Jesus as their Savior and who seeks to honor Him with their life. While we cannot know with absolute certainty who does and does not belong to Christ (Matthew 25:31-46), it does appear that God can use anyone to communicate His love, regardless of their spiritual state (see Philippians 1:15-18). Nonetheless, our active faithfulness to Christ is a magnet that can attract the attention of those whom we hope to reach with the gospel. It is possible to be so results-oriented that Christ gets lost in the process. We will always be tempted to be more geared toward producing results than abiding in Christ, and this is a temptation to recognize and resist. The fact of the matter, however, is that in actuality our efforts resulting from the overflow of abiding with Christ will also be likely to produce the best results!

1. When might be a good time for a faith flag? For a faith story? For a faith prescription?

**Faith Flag**: There is no bad time for a faith flag. It is merely a short conversational reference to the fact that God, faith or the Bible are important to you. When one employs faith flags as a normal part of conversation, it accomplishes at least two purposes: it lets the other person know that faith is a part of who we are, and it reminds us as we speak that there is a spiritual component to everything we do in life.

**Faith Story**: These are especially timely when a patient (or anyone else) references a particular problem they are facing, and it enables us to speak of how God or His Word could minister to them in their situation. For example, if a patient is grinding their teeth, it could be mentioned that this harmful habit is often associated with stress, followed by an appropriate Bible passage that deals with stress (Philippians 4:6-7, Matthew 6:25-27, etc.).

**Faith Prescription**: This assignment of some sort of “homework” is most appropriate when the patient has a specific need (large or small) and at least some level of spiritual interest. In other words, faith prescriptions can be for almost anyone. Examples include the memorization of a verse or passage in the Scriptures, reading a particular book, volunteering with a local ministry, etc. They can be particularly effective when they are actually written on a prescription pad, which emphasizes their intended therapeutic benefit.

1. Regarding Matthew 10:14, why do you believe Jesus communicated this wisdom to His followers? How does it speak to us as we seek to share the love of Christ with our patients?

Opposition to the gospel is not a recent happening. Jesus knew full well that many would reject His message. He wanted His followers to realize that opposition is not necessarily a sign that the messenger is out of line. This awareness will give us realistic expectations regarding our spiritual interventions with patients. We apply this wisdom with our patients by seeking to be sensitive to when we should move on, giving the Holy Spirit time to make our patient or colleague more sensitive to the beauty of the gospel. Perhaps if we are willing at times to “shake the dust off our feet,” the next Christian they encounter might be able to influence them toward Christ.

1. Do you ever pray with your staff? Why or why not?

Some are more able than others to engage in prayer with colleagues at work, depending upon one’s practice environment and the relative composition of one’s fellow healthcare workers. However, prayer with others at work is almost always possible—either on a regular schedule or sporadically as needs arise—and calling upon the Lord in a non-private way is a vivid illustration of who we look to as the ultimate Healer.

1. Dr. Bobbie Sperry gave us some examples of non-verbal faith flags. Are these a part of your spiritual interventions? How could they be?

Examples could include a Bible in the waiting or treatment room, a verse or passage on the wall, a mission trip journal along with magazines for patients to read, Christian music, etc. Some might fear being offensive, and while there is certainly a level of Christian liberty in this area, one would hope we are more concerned with pleasing God than with pleasing man (Matthew 10:32-33).

1. Dr. Karl Benzio states, “You have this incredible natural opportunity to ask them questions that nobody else can ask them.” Is this an instrument in your spiritual toolbox?

Many can testify to how the Lord uses overwhelming circumstances, including battles with disease, to communicate our need for a Savior. The questions we ask patients can serve a dual purpose to help us better address their physical needs and to gain insight regarding how to point them to Christ. This is certainly true for both Christian and non-Christian patients.

1. What is one take-home item from today’s session that you hope to implement?

Additional Resources

1. *Experiencing God* by Henry Blackabee
2. *Practicing the Presence of God* by Brother Lawrence
3. *Winning the War in Your Mind: Change Your Thinking, Change Your Life by* Craig Groeschel