Leader’s GuideA logo with blue and orange letters

Description automatically generated

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

A person wearing glasses

Description automatically generated with low confidenceDr 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 medical and pre-med students. For more information or to contact Dr. Selina Lin, email her at [selina.lin77@gmail.com](mailto: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?

This may be a good time to address what a lot of participants have been thinking throughout other videos, but perhaps they haven’t been saying out loud. For many healthcare professionals, they feel the pressure to see patients and stay on schedule, but perhaps we need to learn to be more spontaneously prayerful and sensitive to what God might want to be doing in our day.

1. See Psalm 39:4-5. How could this passage relate to how you view your daily patient schedule?

The relatively short, temporal nature of our days on earth can open us up to the importance of contemplating God’s eternal work in the hearts of our patients. While we cannot ignore the importance of respecting the demands of our schedule, we are to be on guard against becoming a slave to its authority.

1. Have you experienced times when you felt prompted by the Spirit to minister to your patients? What does ministry look like in your context?

Hopefully, participants will have examples, like some of Dr. Lin’s experiences when they felt prompted to minister to patients. This brings up an interesting point that hasn’t been clearly addressed directly in this study up to this point. We’ve touched on it, but ministering to patients can take several forms:

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?

* Practice good healthcare.
* Have a warm, compassionate bedside manner.
* Refrain from any form of arrogance, obscenity, neglect or disrespect.
* Be in proximity to the poor, the frail, the sick out of a heartfelt awareness that Jesus would choose to be in proximity to the same kinds of people.
* Provide non-verbal evidence of faith, send up faith flags and offer faith stories at appropriate times.

1. What are some examples of unplanned, further steps of ministry that may require time beyond one’s normal schedule?

* Ask thoughtful questions, particularly addressing “gateway” topics like anxiety, depression, unhealthy immoral choices, mortality, parenting, changes in stage of life, promotions, healings or turbulent times in society.
* Offer to pray for a patient.
* Invite a patient to church or a ministry event in your community.
* Share your testimony with a patient.
* Share the gospel with a patient giving a defense for the hope that you have (i.e. 1 Peter 3:15: what comes first?).
* Ministering to people is not about “getting to the sale,” but relating to them in a loving way that seeks their deepest good.

1. When circumstances create the potential for an extended spiritual conversation with a patient, what factors should be considered before determining how to proceed?

* Am I the best person to respond to this situation?
* Do I have the time to deal with it appropriately?
* Should I consider rescheduling the patient, or talk with them now?

The group may come up with other answers, as well.

1. 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?

Possibilities include local pastors, counseling ministries, other team members, patients who have been through similar situations, etc. Those within the practice environment are most readily accessible, but sometimes a patient is best served by someone outside the office, to whom a referral can be made.

1. 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