

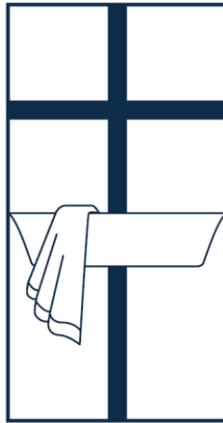
A brown, textured doormat is shown at an angle. The word "WELCOME" is printed in a large, black, serif font across the mat. A decorative, black, stylized floral or scrollwork design is centered behind the word. The mat is set against a white background.

WELCOME

THE OPEN HOUSE STARTER PACK

INTERNATIONAL CHRISTIAN MEDICAL AND DENTAL ASSOCIATION

Second International Edition



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INTRODUCTION

Welcome to the second international edition of the 'Open House Starter Pack'. The original starter pack was compiled in October 2001 by members of the Birmingham UK Open House group. Since then, a number of other Open House fellowship groups for junior doctors have been established.

The aim of this 2nd International edition, as with the previous editions, is to inspire and equip others to run Open House Fellowships by presenting the vision and aims as well as giving tips on how to set up and maintain such groups. Although compiled as an aid for junior doctor fellowship groups, the starter pack contains guidance of relevance for those planning or running medical and dental fellowship groups around the world whether for students, graduates, junior or senior.

In compiling the International edition we have sought to collate the experiences and good practice of different groups around the world. The purpose of this 'Starter Pack' is not to uphold any one model as the ideal. Rather, we hope to stimulate a real passion in others around the world to make a priority of supporting one another in fellowship and prayer.

THANKS

Our thanks go to all those who run Open House Juniors Fellowships for sharing their experiences and insights. Our thanks also go to those who have read and honed this edition of the starter pack.

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INTRODUCTION TO ICMDA

The International Christian Medical and Dental Association (ICMDA) connects together Christians in medicine and dentistry from around the world. Begun in 1963 as the 'International Congress of Christian Physicians' the movement expanded rapidly, changing its name to the International Christian Medical and Dental Association in 1986. Today it unites over 60 national movements and many more contact organisations reaching out to Christian medical and dental students and graduates around the globe. See www.icmda.net for further information.

CHRISTIAN MEDICAL FELLOWSHIP GROUPS: A RATIONALE

“Let us hold unswervingly to the hope we profess, for he who promised is faithful. And let us consider how we may spur one another on towards love and good deeds. Let us not give up meeting together, as some are in the habit of doing, but let us encourage one another – and all the more as you see the Day approaching.”

Hebrews 10: 23-25

Hebrews 10: 23-25 concentrates on Christ’s sufficient sacrifice “once for all” and the confidence we can have in this sacrifice and the one who made it. Out of this certainty we are to hold unswervingly to the hope we profess. Like driving on an icy road, holding unswervingly requires choice and exertion. The hope we profess is Christ and his sufficient sacrifice for sin. Out of this our response is to be both vertical, between us and God - “draw near to God” (Hebrews 10: 22) and horizontal as an outward expression of our certainty and commitment to Christ. “Spur one another on”, “Don’t give up meeting together”, “Encourage one another” (Hebrews 10: 24 & 25).

Fellowship as described does not passively occur when Christian people spend time with one other. There is a focus and energy to fellowship. We are to spur one another on to love and good deeds. However and whenever we meet together whether in church, small or cell groups, conferences, retreats, with friends

or with Christian medical colleagues we are to encourage, challenge and exhort each other to stay true to Christ, to love and to do those good deeds which he prepared us in advance to do (Ephesians 2:10). We are to pray, worship, read His Word, serve together, encourage one another, prophecy, be accountable to one another and see God at work in and through his people (Acts 2: 42).

In a world which increasingly talks about the individual, my rights and my needs we can end up believing that it’s all about me and “looking after number one”. However our God calls us to live counter to the prevailing culture. Community and others, matter. God’s assessment that it is not good for man to live alone (Genesis 2:18) doesn’t just refer to a man’s need of a wife. It is not good for us to live as if we are alone. God created us to live in community. He called the nation of Israel into existence to know him just as much as he now calls his Church to be his body and serve him. We need each other. Indeed the Bible actually highlights our responsibility to others. We have a responsibility for:

- Mentoring and teaching (2 Timothy 2:2)
- Fellowship and encouragement (Hebrews 10:24 -25)
- Discipleship and instructing (Matt 28: 18 – 19)
- Giving confidence and a vision (e.g. Joshua 1)

Proverbs 27:17 says “As iron sharpens iron, so one person sharpens another.” The value of Christians in professional groups meeting with one another to discuss their specific challenges cannot be underestimated. As we seek to meet together for such fellowship we must do so in a way that strengthens the wider body of Christ and does not diminish local fellowship groups. It is for this reason that in setting up any regular Christian medical meeting we should be careful to maintain its distinctive nature: that it is a Christian Medical meeting both in content and form and not just be the same as a church Bible study. It is also important that leaders of such groups choose a pattern of meeting that

encourages healthcare professionals to come without it becoming a replacement for church; for example maybe meeting one or two times a month at most.

Some groups find that they struggle in knowing what to talk, about citing abortion and euthanasia as the first Christian Medical topics to discuss. A helpful exercise is to ask the group members to think back over their last week and think of issues and areas in their work as doctors or dentists that they have found difficult or challenging as Christians. One group generated enough topics for the proceeding three months and found themselves talking about issues such as suffering and truth telling. Another problem can be the method of Bible study used. In considering specific topics we need to ask what the Bible and particularly God's character has to say about them. This theme is developed elsewhere in the starter pack.

As Christians in healthcare we have a fundamental need to be able to tell others of our struggles both spiritually, emotionally and physically. We need to talk about that awful boss or the worst ever night on call. This is because in telling our story we are able to understand it better; to reflect on it with others in the context of fellowship; and to think through how God's word relates to the story of our lives in being Christian doctors and dentists.

Within Christian medical meetings it has been observed that students and graduates, junior and senior ask different basic questions. Broadly speaking students explore issues of faith with questions like "what do I believe?", "what does the Bible say about...?" and "what should I think about...?" Graduates ask the additional question of application, "what do I do about what I believe?". This may be very practical, for example, "I believe abortion is wrong but how should I respond to the 17 year old girl who is requesting referral for an abortion?"

Since medicine and dentistry are practical not just theoretical professions and as the Christian faith is to be lived out it is of course important that students also think through the additional question of what do they actually do ahead of their graduation. Often it is only as they start working and face real issues in people's lives that this question takes on new relevance. The tragedy is that for many Graduate doctors and dentists as they struggle to work out what they should do about what they believe they conclude that their faith is not realistic or workable in the world in which they live and work. This in turn leads some to turn their backs on their faith and on the God who they have faithfully trusted as students.

The fact that the writer of Hebrews warns the believers to not give up meeting together as some are in the habit of doing is telling. If fellowship with believers is as wonderful and fruitful why are some giving up meeting together? Fellowship costs - it requires commitment and effort. Experience tells us it isn't easy. We get busy with other priorities in life, we may have negative experiences of fellowship and still bear the bruises. However despite the cost, because of the confidence we have in Christ's sufficient sacrifice and in view of God's design of human beings to not be alone we are encouraged to engage in supporting and encouraging each other. Let us do so.

A PERSONAL TESTIMONY AND CHALLENGE

As I have listened to Christian doctors and dentists in various settings I have been increasingly struck by the need that each of us has to tell our story. Personally I have found that in the context of fellowship and talking through my struggles, for example on which contraceptives I am willing to prescribe as a Christian; I have been able to see what I should do as an obedient disciple of Christ in medicine.

However as we tell our stories to each other are we listening and hearing what each other say? Sometimes generational issues and perspectives can divide and weaken the body of Christ.

As we engage in fellowship with one another we must be willing to hear each other and share each other's burdens facing the following challenges:

- 1. The risk of complacency – knowing that maintaining ones Christian walk is important and knowing the value of fellowship but thinking you're doing well and not engaging in fellowship.*
- 2. The fear of community – some find it hard to be open with others about their "real lives" experiencing the fear of rejection or being hurt again.*
- 3. The cost of commitment – bearing one another's burdens, prioritising others or something bigger than you.*

Dr James Tomlinson

A HISTORY OF OPEN HOUSE GROUPS

Open House Juniors Fellowship groups have been found in the UK, South Africa, Taiwan, Sweden, Norway, India and Australia. All are different and reflect those that form them as well as the nature of their location. Here we trace the development of groups in two countries.

UNITED KINGDOM

In June 2000, as another year of medical student friends graduated, the founders of the Birmingham Open House, the first in the UK, began to think of their own experiences of entering the junior years. None of them could claim success in maintaining a holy walk with God whilst negotiating a bewildering new job. To varying degrees the struggle with issues such as tiredness, cynicism, materialism, and unhealthy relationships had taken its toll on their individual Christian vitality. Sadly too, they remembered that not all of their friends were now active in their own walk with God.

How would the new year of graduates fare? They would surely face the same struggles...and so Open House was conceived. Open House, an informal venue, where medics could meet together and share and encourage each other in the struggle to walk close with the Lord during the early years of clinical life.

Since then Open House groups have met across the UK. Most groups meet one to two times a month in someone's home (hence the name). During each meeting there is time for those present to get to know one another, talk about their concerns, and pray for one another as well as time to consider issues where faith and work meet, whether personal, professional, or ethical. Some groups, including the Birmingham group encourage older medical colleagues to come, hoping to benefit from their wisdom and experience.

Over the years some groups have struggled to continue meeting together. The groups that have continued have had a committed team of juniors and have had enough Christian Juniors in their area to involve. The Birmingham Open House group has played its part in keeping colleagues on track in their walk with God. Each group needs continued energy and enthusiasm from its organising team evaluating its activities and purpose so that it stays true to its aim of providing a place of fellowship and support for those in the junior years.

INDIA

The Christian medical student group at Gandhi Medical College had been meeting weekly for over 8 years for a time of worship, Bible study and prayer. Numbers ranged from 10-30, but also included 5 junior doctors.

Dr A Benjamin writes: "After hearing about junior's fellowships at the World ICMDA Congress in Taipei in 2002, we were able to see more clearly our own need for a similar group. On sharing the idea with the local juniors and brainstorming among ourselves we agreed on the need for juniors to meet on a regular basis and so the Junior Doctor's Fellowship (JDF) was born. As the students were exposed in their student days of the need for such a fellowship they are encouraged to be part of the group from their first year of work. The Juniors Fellowship is seen as an extension of the student's fellowship and we share very close working relationship with each other.

The group meets every fortnight. The meetings are largely informal. Each meeting lasts for about 1½ to 2 hours. We have a time of worship, sharing experiences, testimonies, discussing various concerns and praying for one another. The meetings always end with tea and snacks which provides extended opportunity for fellowship. These opportunities were used to discuss various issues including preparing for internship, stewardship, abortion, caring for the terminally ill, career options and servant leadership. Some were structured discussions whereas others were not.

Apart from regular meetings, we also have outings where we go to a nearby place and spend a day together in fellowship, prayer and have some fun time. We also had a trip to one mission hospital in a tribal area.

God has immensely blessed our regular meetings. Over this period strong relations were built among juniors. The fellowship has not only grown in numbers but also in commitment where juniors are seriously praying and asking God to build a team of committed doctor's who would be willing to serve *Him* at any cost. We firmly believe that *God* has great plans which *He* will unfold at the right time if only we can continue to meet regularly and wait in *His* presence.”

AIMS AND OBJECTIVES

In running a fellowship group for juniors it is helpful to have clear aims and objectives. These can help to bring focus to the group. When deciding on the aims and objectives for your group you need to take account of the situation you are in, and the members of the group. As you plan, it is vital to be continually listening to God and bringing your decisions to him in prayer.

If you are in a country where a national Christian Medical and Dental Fellowship or Association already exists it is important that the aims and objectives of your group are compatible with the aims and objectives of the national Association and that you let somebody who is part of the Association know about your group.

In the UK, the aims of each Open House group are the same as the aims of the National fellowship, the Christian Medical Fellowship.

The specific objectives of each Open House group will differ depending on the local situation and those who attend the group. The following are examples of objectives which groups have chosen:

- To provide a local forum for Christian Juniors (and medical students/ seniors/ other healthcare professionals) to meet together for fellowship, encouragement, challenge, and mutual support which in turn enables them to better follow Jesus in medicine.
- To consider issues and challenges which are specific to Christians in medicine. This includes promoting a healthy awareness of the particular stresses of medicine and their effects on the Christian's walk with God.
- To provide an opportunity for evangelism amongst colleagues.
- To consider the opportunities of medical mission including supporting those who attend Open House as they prepare to go and then go!
- NOT to be an alternative to church or Bible study small groups but to focus on being a meeting which unites the Christian and Medical.

AIMS OF CHRISTIAN MEDICAL FELLOWSHIP, UNITED KINGDOM

To unite Christian doctors and medical students in Christ, and to encourage them to deepen their faith, live like Christ, and serve Him obediently, particularly through acting competently and with compassion in their medical practice.

To encourage Christian doctors and medical students to be witnesses for Christ amongst all those they meet.

To mobilise and support all Christian doctors, medical students, and other healthcare professionals, especially members, in serving Christ throughout the world.

To promote Christian values, especially in bioethics and healthcare, amongst doctors and medical students, in both the church and society.

JUNIORS FELLOWSHIP TAIPEI, TAIWAN

Following the ICMDA World Congress in 2002 in Taiwan a junior doctors group was started. Many senior doctors would like to help the juniors if there is an opportunity. Sometimes, the juniors are so busy and so tired to call for spiritual help. We really hope to make a bridge between them but sometimes we don't know how to.

Dr Esther Chuang

WHO'S IN CHARGE?

It is important to stress that Open House should be run by all for all. Due to its nature it doesn't work if only a few are seen to be 'actively' involved. However there are organisational issues and it helps to have three or four people committed to putting it all together as a team. It's easy to become unfocused and demoralised if you're on your own in making all the effort. The groups that have thrived have generally had good support from local older Christian colleagues with the Open House group being considered as just a part of what your national Christian medical organisation does in that locality.

WHO IS OPEN HOUSE FOR?

Having considered the aims and objectives of an Open House group it is necessary to consider for whom the group exists. Who is its target audience? This will determine the content and how the Open House group is to be run.

Let's consider the different groups of people who you may want to welcome.

JUNIOR DOCTORS/DENTISTS Most groups concentrate on supporting and encouraging juniors. The junior years are often transitory with constant on calls sometimes living and working in the same place for only a few months.

MEDICAL/DENTAL STUDENTS Some of the issues that clinical students face are the same as those of juniors. In addition it is good for clinical students to be spending time with practising doctors and dentists as they approach the end of medical school and the reality of actually being doctors/ dentists themselves. Some Open House groups are specifically student and junior. In others they are aimed at juniors but are open to students attending. Some groups have also specifically run some meetings aimed at medical students or have gone along to student meetings or held joint events.

SENIOR COLLEAGUES Most of the groups have had local senior colleagues come and share their experiences and wisdom by leading a discussion or talking to the group. Some groups have had a few senior colleagues commit to coming regularly. Again Open House groups have also been involved in joint events with senior colleagues.

OTHER HEALTH PROFESSIONALS Although ICMDA is focussed on medics and dentists a number of its member movements include other healthcare professionals and some Open House groups have had members of other health professionals come along. Often there aren't any such local groups for these people and having their input and fellowship can be a real benefit both ways.

NON-MEDICAL SPOUSES Yes, some juniors are married. It can be good to make the Open House welcoming to the spouses of medics also.

NON-CHRISTIAN COLLEAGUES Don't be afraid of inviting people to Open House. Try to make the content of Open House appealing to non-Christian colleagues also. How could Open House be involved in evangelising colleagues better?

WHEN AND WHERE?

Most Open House groups meet regularly in the same person's home. In most cases this has meant someone being prepared to give their house keys to someone else in the group allowing continuity of venue even if the homeowner is away or on call. It is important though that the venue is as central and accessible as possible. The London group have rented a room where they can meet in central London. Others have used a local cafe.

Most groups have also chosen a regular time to meet attempting to avoid the days on which local churches run their Bible studies or small groups. For example, 8-10pm on the second and fourth Tuesday of each month or on the first Monday of each month.

Some groups chose to meet twice monthly to give an increased chance that local juniors will make it to at least one of the nights even with horrendous on call rotas. Others meet just once a month because they found twice monthly meetings too much of a strain. Each Open House is different!

MAKING YOUR GROUP KNOWN

Advertise the group as widely as possible - in local hospitals, doctor's messes, postgraduate centres, the medical school, churches, and through established local Christian doctors and dentists.

The most important way of reaching colleagues is through existing members of the group inviting Christians they meet at their own places of work.

It is also important to find out who the local Christian doctors in your area are and to invite them personally by letter, email, text or phone. If your national Christian medical organisation knows about your group then they can let you know when a member moves into your area.

It is also useful to remind people a week before your next meeting what the topic will be. You can do this by bleeping people at work, texting or emailing. Some use a group email forum such as Yahoo Groups, <http://groups.yahoo.com> or Google Groups <http://groups.google.com>. These sites allow an email group to be set up and managed by a named person. Once started, anyone can email all the group members at one address. Individuals can remove their own names from the list should they no longer wish to receive updates.

Social networking sites such as Facebook may perform the same function in your community. The by-product of using such forums has been the sharing of ideas and prayer needs to a much wider group than actually attends each Open House gathering.

OPEN HOUSE FELLOWSHIP BRISBANE, AUSTRALIA

We ran an Open House fellowship group last year. We aim to create a trusting, honest and safe environment in which students and junior doctors can share their aspirations, joys, doubts and failures (our churches may not always be able to offer this for medicos). Such honesty and accountability can have a big impact on our mindsets. This is a form of peer tutoring / feedback (something we hear a lot about in medical school but little about in churches). Mentoring relationships are a natural flow on from the safe environment that such Open House fellowships create.

Running an Open House fellowship for medical students and junior graduates together is a bit like a small church which runs a combined youth group for years 8 to 12. It can be done - but you need to be aware that there are two (possibly more) sub-cultures within the group (i.e. years 8 to 10 and then years 11 to 12). I think in the ideal world you would have two separate youth groups (junior high and senior high) which had occasional meetings together. Likewise if you have enough numbers I think it is better to run one meeting for the med students and another one for the recent grads with occasional combined meetings (for example 4 a year). We are currently thinking of having a med student meeting one night a month and a recent grad meeting one night a month - but two weeks apart - so that there will be two meetings a month but each catering for a particular group.

Dr Anthony Herbert

OPEN HOUSE ÖREBRO, SWEDEN

Following the European ICMDA Conference in 2004 we were inspired to start an Open House group for juniors in our city. We meet together once a month to talk over an issue relating to Christian life - medical work. Topics discussed have included "prayer", "handling stress and cynicism at work" and "God's guidance at work, in life and for the future". We have found it encouraging to focus on Jesus with colleagues and to pray together.

Dr Ulrika Josefsson

SAMPLE OPEN HOUSE MEETING FORMAT

Coffee, tea, cakes and chat
30 minutes

Discussion or Talk
40 minutes

Prayer
20 minutes

More coffee, tea, cakes and chat
30 minutes

TOTAL
2 hours

CONTENT OF AN OPEN HOUSE MEETING

Most groups run for two hours, however, consider what would be best for your group. Perhaps you would like to eat together or spend time in worship? It is important to discuss expectations regarding finishing times; is it important for members to be home on time, or do they prefer an open ended meeting for prayer and chatting until late at night?

PROGRAMME

Most Open House groups have found it helpful to plan a six-monthly programme. This has allowed juniors to know what is coming up and to fit the evenings into their busy diaries.

In compiling a programme it is important to stick to those issues which are Christian and medical. As well as inviting respected senior colleagues to run a discussion or talk it is also good to have times when just anyone can share their joys and struggles or lead a discussion.

Most groups try to include a balance of topics between ethical dilemmas, maintaining personal faith, evangelism of patients and colleagues, and work attitudes. It is also worthwhile considering the pattern of the medical year and reflecting that – for example covering “surviving the early years or internship” as the final year medical students graduate or looking at “guidance” when people are applying for new jobs! In addition to all this it is worth building in a few social evenings throughout the year also. These are good opportunities to invite new people along.

One danger when organising a programme is that topics can be chosen just because they seem academically interesting. It is important that the topics discussed remain relevant to the needs of the group members. Some groups have identified the issues that members had encountered as Christian medics over the preceding weeks and then used these to draw up the next few months programme.

Open House groups host great discussions, relevant to the issues that Christian Doctors face at work. These vary between ethical dilemmas, maintaining personal faith, evangelism of patients and colleagues, and work attitudes. The discussion time is generally led by any of those coming to Open House. Sometimes a more senior colleague may be invited to lead the discussion - a great way of getting them more involved and benefiting from their experience and wisdom. Ideas for topics collated from the different groups can be found in Appendix 1. Outlines for three sessions can be found in Appendix 2.

LEADING A CHRISTIAN MEDICAL DISCUSSION

Most of us will study the Bible in the same way we have seen others such as our pastors and small group leaders doing. A systematic approach to Bible study which takes a passage and works through it asking what the passage meant then

and how it applies today is crucial to studying the Bible. Problems can occur when this is the only method of studying the Bible and is used by a group meeting together to explore the Christian medical. Learning how to take questions to the Bible and ask what we learn from God's word about specific themes is an important skill to develop.

BEFORE THE DISCUSSION:

CHOOSE YOUR TOPIC.

This may be a topic that is:

ALWAYS IMPORTANT

Some themes should be regularly discussed

IMPORTANT TO YOU

Something God has been revealing to you or is an issue for you

IMPORTANT TO THE MEMBERS OF THE GROUP

Something that is an issue for members of the group

Remember that this isn't merely an intellectual exercise but is about helping each other to be obedient followers of Jesus in medicine. We should be helping each other to understand how better to put our faith into practice in medicine. As *Romans 12* instructs, we should. renew our minds and transform our ways.

PREPARE YOUR MATERIAL

Consider what the following tell us about your chosen discussion topic:

BIBLE READINGS – Are there specific verses or passages of relevance to the topic you have chosen to discuss?

GOD'S CHARACTER – Are there specific aspects of God's character and the way Jesus dealt with people and situations which assist our understanding of our chosen topic?

THE FOUR THEOLOGICAL PILLARS – This approach divides history and indeed the Bible into four phases: creation, fall, redemption and future hope. Using these as windows into your chosen theme can help to bring a further layer of understanding. Thinking of your topic, ask yourself how it was, how it is, how it could or should be and how it will be.

In addition to the above are there any case studies and stories that you want to use?

Helpful resources for use in preparation include John Wyatt's book *Matters of Life and Death* and the UK CMF Files and articles found on the UK CMF web site.

ROMANS 12:2

Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will.

THE FOUR THEOLOGICAL PILLARS

CREATION

How was it?

FALL

How is it?

REDEMPTION

How could or should it be?

FUTURE HOPE

How will it be?

BOOK CLUB

My first experience of Open House fellowships was in 2001 when I worked in Calgary, Canada, for a year. The residents there ran a book club where a chapter of a book was reviewed every week.

Dr Anthony Herbert

PHILIPPIANS 2: 12- 16

“Therefore, my dear friends, as you have always obeyed—not only in my presence, but now much more in my absence—continue to work out your salvation with fear and trembling, for it is God who works in you to will and to act according to his good purpose.

“Do everything without complaining or arguing, so that you may become blameless and pure, children of God without fault in a crooked and depraved generation, in which you shine like stars in the universe as you hold out the word of life—in order that I may boast on the day of Christ that I did not run or labour for nothing.”

DURING THE DISCUSSION:

- The most helpful discussions are where there is real discussion with no one person dominating.
- Seek to avoid sharing of simply people’s opinions or anecdotes but rather seek to discover through discussion what the Bible has to say in relation to the topic of discussion.
- Keep an eye on the time and have an idea of the direction you want to take so that you can keep things on track. It can help to start things with 5 to 10 minutes talk at the beginning.
- Try to draw in those who are quiet, and limit those who dominate with their views if needed.
- Consider who is present – students, juniors and seniors may be asking different basic questions.
 - Students ask “*what do I believe?*”, “*what does the Bible say about...?*”, “*what should I think about...?*”
 - Graduates ask, “*what do I do about what I believe?*”
- Allow time for prayer following your discussion.

AFTER THE DISCUSSION:

- Consider what went well and what did not go so well.
- Did the discussion help the participants to understand God’s word better?
- Did the discussion help the participants to put God’s word into practice in medicine?
- Were there any points which others made that could be included next time?
- Were there any issues raised which could be looked at in more depth in the future?

Fruitful discussion on Christian medical themes is a vital component of a Christian medical group. We need to remember that our meeting together as Christian medics is in the context of helping each other to more and more follow Jesus in medicine such that we continue to bear to fruit in his service.

PROBLEMS ENCOUNTERED

It is not surprising that problems are encountered by Open House groups. We would like to share some of them here that in being honest we may be able to help you. It is important to say that Open House fellowship groups are not forever. There are seasons when such groups may flourish and also there are harder times.

Sometimes those in an area move away or personal circumstances change such that it is difficult to maintain such fellowship groups. In some places the numbers of Christian medics or dentists are too low to enable such groups to function. Alternative ways to fellowship and be encouraged include meeting in groups of two or three for prayer, or continuing relationship through other means such as occasional meetings, telephone or Skype.

JUNIOR DOCTORS FELLOWSHIP HYDERABAD, INDIA

In some countries fellowship groups which function as interdenominational groupings of believers from a number of churches may not be acceptable to local Church leaders. Good communication about the group and its aims will help in such cases. Creative ways of meeting may also be considered such as having small groups in each church which then occasionally meet with other similar groups from other churches in a particular city.

After a couple of years the hosts of an Open House may need a break. Tidying your house and providing food regularly for guests can become a burden. Do consider creating review dates for any volunteers, so that they have the option to 'hand-over' the job to somebody else. Equally, the same is true for those acting as the main co-ordinators. It can be difficult to think of new ideas for talks etc, so be willing to work as a larger group and to share as much of the work as possible.

As members of an Open House group should be encouraged to be active members of the local church, it is important to not make this "just another meeting." What members of groups have valued most is the opportunity of spending time together in fellowship and mutual support, so it is important that this is not marginalised. Equally it is important that you don't fall into the pitfall of just moaning about work.

Some groups are made of those who were close friends as students and it can be difficult to avoid becoming a clique of people who know each other well. It is worth making every effort to make younger members and people new to the area as welcome as possible, by giving personal invites etc. It is also worth having a large number of leaders to involve as many people as possible and keep the work burden low for example, someone to email reminders, keep a set of keys and get the venue ready, organise the programme and arrange speakers, chasing up people who haven't been seen for some time.

Whatever challenges you face in organising and leading fellowship groups be creative, listen to God and to your team, stay faithful and remind yourself why you started and if it is time to stop don't give up on fellowship and supporting Christian medics and dentists through other means.

FIRST STEPS

If there is no Open House fellowship group in your area then what about setting one up? Talk to your Christian colleagues both junior and senior and prayerfully GO FOR IT!

It is our hope that the ideas contained within this starter pack will inspire and enable. None of us will claim that running such groups is easy. However the fruit of seeing Christian medical friends continuing to follow Jesus in medicine as well as some of our non-Christian colleagues starting to consider Jesus – that is worth the effort!

As soon as a new batch of students graduates, they are formally welcomed to join the group. Although, many students have a vague idea of what an intern's job would look like, some do not have a clear idea of the specific job expectations nor is there any structured orientation before they begin the job. We at JDF run them through the major expectations from each of the departments they will be working in the entire year. We sensitize them to specific skills that can be acquired during this period (LP if working in general medicine, may be episiotomy if working in obstetrics etc.), what opportunities to look for and encourage them to make the best use of every opportunity. At the same time we also discuss some of the challenges they would be facing in the wards, hostels, campus etc., especially situations which question our sense of values as a Christian and where we need to take a stand.

In order to help students to make an informed choice on career related issues, we have organized an open forum on career options where we have panelists working in different scenarios (public sector, private sector, NGOs – both secular & Christian, non-clinical specialties where many may end up teaching in medical schools and Christian Mission Hospitals) to answer a variety of questions from the students. We also had a debate on working in India Vs working Overseas as many consider migrating to developed countries.

Dr Anil Benjamin

SURVIVING HOUSEJOBS/ INTERNSHIP

**Some groups have run an evening for final year students facing graduation called "Surviving Housejobs/ Internship". This has been very useful in preparing students for life after graduation.*

The Birmingham Open House group has run two events to prepare and enable the final year students to face life on the wards. Both of these took the form of facilitated discussions. The first of these was aimed at Christian final year medical students and was focussed at equipping and enabling those present to survive the housejob year from both a spiritual and professional perspective.

The second was aimed primarily at non-Christian medical students in the final year at Birmingham medical school to equip them to survive the first year of work primarily from a professional/ medical perspective. By running this evening something of the difference that Jesus makes and their care for those about to be their colleagues was demonstrated. A panel of Christian Juniors answered questions on how to work efficiently, how to get on with nurses and other colleagues, and how to deal with the pressures of being a junior doctor. At the end of the evening all those on the panel were asked what one thing had helped them to survive their housejob/ intern year. A number of the panel clearly stated that it was their Christian faith.

APPENDIX 1 - TOPICS FOR DISCUSSION

The following are a few ideas taken from the programmes of Open House groups. The opportunities are endless! For further resources and inspiration look at the ICMDA website www.icmda.net and the CMF UK website, www.cmf.org.uk or look through the medical journals.

WORK ATTITUDES

- Surviving housejobs/ internship/ the Junior years*
- Compassion fatigue
- Living life as a Junior Doctor/ Dentist
- Enjoying your life
- Maintaining your integrity
- Where am I going?
- Career Planning
- Sacrificing the welfare of those we love for the welfare of strangers (aimed at seniors):
- The plus side of being a doctor/dentist
- The politics of working in a government health service
- Stress and cynicism at work - being a realist
- Redesigning health care
- Spending time with patients is a highly effective way to improve patient care
- Money, power, sex: how to enjoy them
- Spiritual Aspects of Patient Care
- Surviving on the front line
- Is Christian Caring Different?
- Being a Christian in the Multi-Disciplinary Team
- Healing miracles
- Time management: The Clock, our master or our servant?
- Whole person medicine
- Life outside work?
- Reading journal papers as a Christian: How to critique a paper from a Christian perspective
- God centred-medicine
- Faith at work**
- Spirituality and clinical care *BMJ December 2002 Vol: 325: page 1434*
- Bullying: Dealing with dangerous or unethical colleagues
- Bribery and Corruption in the workplace
- Setting boundaries versus always going the extra mile
- Coping with nights

ETHICAL DILEMMAS

- Christians in research
- The Cloning Debate
- Developing World Research ethics
- Contraception & Morning after Pill requests – ethics in practice
- Crisis Pregnancy – a Christian response
- Neonatal Care
- The Challenge of the Homeless
- Euthanasia
- Palliative care & end of life ethics
- "Do not resuscitate" decisions
- Withdrawing food and fluids
- Telling the truth to patients
- Family breakdown
- Ethical finger on the pulse (any topical issue in the press/ Journals)
- Gas and Tubes – Dilemmas in Anaesthesia and Intensive Care
- Mental Health: 'Health care or social control'

■ A Christian response to HIV/ AIDS

■ Poverty and Health

PERSONAL FAITH ISSUES

- Finding God in a busy life
- Maintaining spiritual vitality
- God's guidance/career decisions
- Survive or Thrive – clinical students evening
- Life outside work?
- Issues for the spouses/ families of medics
- Medical mission
- Surviving house jobs/ Surviving internship/ the Juniors Years*
- Healing miracles

- Avoiding burnout
- Faith at work**
- Suffering – your privileged role!
- Opportunities overseas
- Risk Assessment: Spiritual Hazards as a Doctor
- Where is God in Suffering?
- God centred-medicine
- Decisions – career, city, country, the choices are just starting
- Are you too busy for God as a Doctor?

EVANGELISM

- Witness on the wards
- The International Saline Course
- Spiritual Aspects of Patient Care
- Sharing Christ with patients
- Sharing faith with patients from other faiths
- Faith at work** evangelistic events
- Social events which provide an opportunity for friendships

FAITH AT WORK

***Some of the groups have run meetings inviting local Christian consultants in to talk about being a Christian...elderly care physician, paediatrician, toxicologist, General Practitioner/ Family Practitioner etc. These evenings attracted more people than others probably because of the interest in 'what career shall I choose?' and the popularity of the speakers. These evenings were also good to invite non-Christian colleagues interested in the same speciality.*

EPHESIANS 2:1-10

¹ As for you, you were dead in your transgressions and sins, ² in which you used to live when you followed the ways of this world and of the ruler of the kingdom of the air, the spirit who is now at work in those who are disobedient. ³ All of us also lived among them at one time, gratifying the cravings of our sinful nature and following its desires and thoughts. Like the rest, we were by nature deserving of wrath. ⁴ But because of his great love for us, God, who is rich in mercy, ⁵ made us alive with Christ even when we were dead in transgressions—it is by grace you have been saved. ⁶ And God raised us up with Christ and seated us with him in the heavenly realms in Christ Jesus, ⁷ in order that in the coming ages he might show the incomparable riches of his grace, expressed in his kindness to us in Christ Jesus. ⁸ For it is by grace you have been saved, through faith—and this is not from yourselves, it is the gift of God—⁹ not by works, so that no one can boast. ¹⁰ For we are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do.

TNIV

APPENDIX 2 – EXAMPLE FACILITATED DISCUSSION OUTLINES

The following examples are included to give an idea of the way in which a facilitated discussion could be planned and led.

2.1 SURVIVING HOUSEJOBS/ INTERNSHIP EVENING

Facilitated discussion evening for juniors and Final Year students with those present contributing their experiences, insight and questions.

Start the evening with introductions and looking at Ephesians 2:10. Discuss...

1. MAINTAINING YOUR RELATIONSHIP WITH GOD

- Personal walk
 - Prayer
 - Bible study
 - Discipline
- Corporate walk - importance of fellowship
 - Church
 - Bible study
 - Discipleship
 - One on one meetings
 - Peer group support
 - Med school friendships

2. DEALING WITH TEMPTATION, MAINTAINING HOLINESS

- Vulnerability factors - tiredness/lack of fellowship/lack of relationship with God/ sin
- Recognising when/where/which areas make us personally vulnerable e.g. relationships, sex, money, lifestyle, alcohol

3. WARD WITNESS - IS MEDICINE MINISTRY?

- Maintaining distinctiveness on the wards
- Nurturing a passion for the gospel
- Taking/making opportunities to share Christ with patients and colleagues

4. MONEY MATTERS – STEWARDSHIP AND TITHING ISSUES

5. CAREER - ISSUES OF GUIDANCE AND DIRECTION

Close the evening with a time of prayer.

2.2 MAINTAINING SPIRITUAL VITALITY

“Wake up, O sleeper, rise from the dead and Christ will shine on you.” *Ephesians 5:15*

Jesus calls us to a living ongoing “awake” walk of faith. Medicine is notorious for its busyness and stress. Each year a number of Christians lose their faith following graduation. As busy health professionals how will we or how do we ensure that we maintain our and others Spiritual Vitality?

STRUCTURE FOR FACILITATED DISCUSSION

WHAT DO WE MEAN BY SPIRITUAL VITALITY?

Spiritual Vitality = a living, alive faith, *1 Peter 1: 3-5*

Called into relationship as his children, *1 John 3: 1*

HOW DO WE ASSESS OUR SPIRITUAL VITALITY

Are there “clinical signs” or “vital signs” we can look for?

An ongoing changed life? A desire to see others changed? The fruits of the Spirit: *love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control (Gal 5: 22-23)?*

WHAT ARE THE THREATS, DANGERS OR DISCOURAGEMENTS TO MAINTAINING OUR SPIRITUAL VITALITY AS JUNIORS?

Temptation, sin, isolation, gossip, spiritual schizophrenia, ungodly relationships, tiredness, busyness, illness, ambition, family

HOW CAN WE ENCOURAGE AND MAINTAIN SPIRITUAL VITALITY?

KEY VERSES: *Hebrews 12:1 -2 and Philipians 3: 10 – 14*

THROUGH QUIET TIMES, ALLOWING SPACE FOR GOD

- *Meditation on God’s word, Psalm 1: 1-3 & 2 Tim 3: 16-17*
- *Praise and Worship, Psalm 100*
- *Prayer/ Intercession – Jesus’ example, Mark 1: 35 & Matthew 6: 7-13*
- *Confession of and dealing with sin, 1 John 1: 8-9*
- *Elijah’s experience: God fed and rested him as well as met with him, 1 Kings 19*
- *Practical suggestions: Coffee breaks with Jesus/ Chiming watch*

BY SEEING GOD IN ACTION

- *In Creation, Colossians 1: 15 -17*
- *Through others*
- *In circumstances, Romans 8: 28*
- *In medical work, Colossians 3: 23-24*
- *In Dynamic Relationship through the Holy Spirit*
- *Gifts of the Spirit, 1 Corinthians 14: 1-5*

THROUGH SHARING FAITH

- *Sharing our faith builds up our faith and understanding, Philemon 6*

IN REST

- *The principle of Sabbath rest, Exodus 20:8*
- *The example of Elijah, I Kings 19*

THROUGH NOT BEING OVERBURDENED

- *Matthew 11: 28 to 28*

IN OBEDIENCE

- *Obeying God's commands on tithing, relationships etc, I John 1: 5-6 & I Samuel 15: 22 - 23*
- *Right Living, Micah 6:8*

BY FLEEING TEMPTATION

- *Flee Sexual immorality, I Corinthians 6:18*

- *Flee Idolatry, I Cor 10: 14*
- *All sin, Romans 6: 11-14*
- *Through Thinking on Good Things*
- *Christian books, tapes, DVDs, Philippians 4: 8-9*

IN FELLOWSHIP

- *Meeting together in church, small groups, conferences, retreats, with friends, Juniors groups – "Open House" – Hebrews 10: 24-25*
- *Pray/ Worship/ Read God's Word, Serve Together, Encourage one another, Prophecy, See God at work in and through his people, Acts 2: 42*
- *[Personal versus Corporate walk]*

THROUGH KEEPING ACCOUNTABLE

- *Accountability/ Prayer Partners, James 5: 16*

CLOSE WITH TIME OF PRAYER

2.3 TELLING THE TRUTH TO PATIENTS

INTRODUCTION

Two related themes:

1. Not telling lies or deceiving patients
2. Telling the truth.

BRAINSTORMING

BRAINSTORM 1 – What sorts of things do we tell patients about?

BRAINSTORM 2 – Why might we not tell them the truth about each of these (i.e. what are the barriers to truth telling)?

DISCUSSION – WHAT IS THE TRUTH

Sometimes we can more clearly see what something is by seeing what it is not. What is the opposite of truth? Lies? Falsehood? Deception?

WHAT DOES SCRIPTURE TELL US ABOUT TRUTH?

JOHN 14:6 – Jesus is truth as well as the fact that he continually declared it

JOHN 8:42-45 – Satan is the father of lies

JOHN 8:32 - Truth sets people free

JOHN 17:17 - Truth sanctifies. God's word is truth.

COL 3: 9 – do not lie to each other

MATT 5: 36-37 – integrity (yes/ yes and no/ no)

TRUTH TELLING IS AN ACTION WHICH COMES OUT OF A HEART OF TRUTH - INTEGRITY

DISCUSSION – HOW DO WE/CAN WE TELL PATIENTS THE TRUTH?

- Need for good evidence based medical knowledge – need to study/ remain up to date
- Challenge views such as is wrong to tell bad news to patients
- Practice/ role play – find ways in which to approach explaining truth
- Risk telling spiritual truth

BRAINSTORM 1: What we tell patients

Cause/Pathogenesis

Diagnosis

Prognosis

Management/Treatment

Prevention/Lifestyle

Death/Salvation

BRAINSTORM 2 Barriers to Truth Telling

CAUSE/PATHOGENESIS

To not offend

Lack of knowledge

Uncertainty

To protect

Lack of time

DIAGNOSIS

To gain money

Mis-education

Misdiagnosis

Severity and uncertainty

Perception of person being emotionally unstable i.e. wish to protect them

PROGNOSIS

Fear of telling the patient

Living with uncertainty

Poor knowledge

To protect the patient

Family's or doctor's wishes

MANAGEMENT/TREATMENT

Poor or dated medical knowledge

Complicity with patient's desire for medicine/ tablet

For financial gain or because patient has insufficient money

PREVENTION/LIFESTYLE

Avoid confrontation

Poor knowledge

DEATH/SALVATION

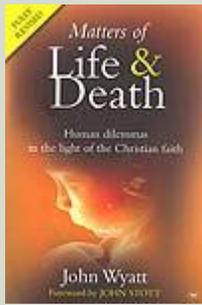
Fear

Time

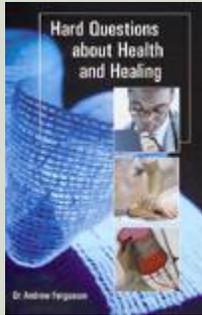
Faith

Persecution

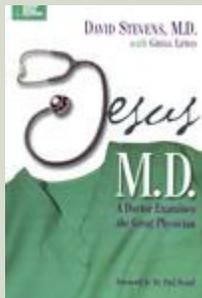
Not our role



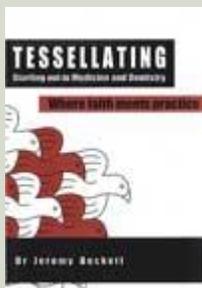
Matters of Life & Death
John Wyatt



Hard Questions about Health and Healing
Andrew Fergusson



Jesus MD
David Stevens



Tessellating
Jeremy Beckett

APPENDIX 3 - RESOURCES

WEBSITES

ICMDA (especially the JUNIORS and RESOURCES sections) www.icmda.net

CMF UK (especially JUNIORS section) www.cmf.org.uk

CMDA USA www.cmdahome.org

CMDF Australia www.cmdfa.org.au

CMF New Zealand www.christianmedics.org.nz

Health Serve Medical Missions www.healthserve.org

Linking Hands Medical Missions www.linkinghands.org

International Fellowship of Evangelical Students www.ifesworld.org

Healthcare Christian Fellowship International www.hcf-international.com

Getting God to Work www.gg2w.org.uk

PUBLICATIONS

Triple Helix - Graduate Journal of CMF UK (available online at www.cmf.org.uk).

Nucleus - Student Journal of CMF UK (available online at www.cmf.org.uk).

ICMDA Juniors **News Praise and Prayer** (available online at www.icmda.net).

Doctors Life Support 2. Multiple authors. ICMDA (2002).

Matters of Life and Death. Professor John Wyatt. Inter-Varsity Press (2009).

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Jesus MD. David Stevens & Gregg Lewis. Zondervan Publishing House (2001).

Real Life. Joanna Sunderland. Inter-Varsity Press (2005).

Spiritual Depression. Martin Lloyd Jones.

Tessellating, Jeremy Beckett. CMDFA (2001)