



Bridging to Spiritual Conversations and Prayer in the Exam Room

Tips from CCHF colleagues

Years ago, after experiencing Christ's love and giving Him my heart, the first changes in my life were as a physician. I went on a medical mission to Guatemala during which I felt God lead me to pray *with* a woman with overwhelming needs I felt completely inadequate to meet. I had never prayed with a patient yet I was obedient, and this prayer changed my life and my career (it turned into a ministry). I've been blessed to pray with many patients since then, which has been consistently well received.

I share this moving story among others in my first book, [Walking with Jesus in Healthcare](#), a devotional written to help physicians and all medical professionals stay close to God while caring for people. To me, what is most helpful to bring Christ into the exam room is to pray before and during a visit with a patient (I pray while I listen to their heart and lungs). Being genuine while relating to patients, and sharing from the heart as the Holy Spirit leads me is how I've been able to connect in a deeply meaningful way with patients in the exam room.

A question I find very effective is asking something like, "Do you have any spiritual beliefs that help you in life?" or "What helps you have hope when things feel hopeless?" These questions have been consistent bridges to transition into spiritual conversations. I sometimes will ask these types of questions during an exam and find that this seems to relax patients both for the exam and for the questions.

Amaryllis (Sánchez Wohlever, MD), Board-certified family physician
[Physician wellness & leadership coach](#)
faithfulmd@gmail.com

I'm still learning but here are some things I find helpful:

1. Pray for opportunities and Be Intentional.
2. Understand the spiritual spectrum- that not everyone is ready to hear the full gospel but you can take a spiritual history on anyone.
3. Take a spiritual history on everyone (only takes 30 seconds) - as part of the social history or if they are struggling with something- as part of what their support system is. I usually ask people where they work, who they live with, and "do you have faith background or spirituality that is important to you?" If they do- I might ask a little more about it then or later. If No, I might ask if they used to in the past. Or if a strong NO, I usually acknowledge their emotion and will ask if they had a bad experience with it in the past.
4. Once you ask a spiritual history, you can always allude to it later. Example: "You mentioned you grew up in the church but aren't religious anymore; do you miss anything about it?"
5. When there is pain - there is openness- usually. It's a good time to ask about their support system, if Faith or church is part of that, where is God in this. Other questions (taught in METS): What is your source of strength in hard times, what has been the scariest thing about this? Has this changed the way you see yourself? Has this changed the way you see God?

6. Ask with curiosity and genuine interest and be positive and friendly no matter what they say.
7. When people express worry, a search for comfort or a problem - I might offer my own testimony/ or a partial one.
8. Bridging to the Gospel I often ask some form of the following question : "during hard times, some people had a desire to know God more, is that True for you?" or just "I find that some people have a desire to connect better with God , is that true for you?" or "
If YES- then I ask, "would it be helpful if I shared with you what the Bible says about how we can know God personally?"
9. Or as part my testimony, I tell them "I grew up in the church and did a lot of religious things, but it wasn't until later - when someone finally told me the story of WHY JESUS DIED, that I really connected with God in a real way. I am so thankful someone told me and it really has helped me. Would it be helpful if I shared that with you today? It's very simple but something people don't always know.
10. Or to church people who are clearly not Christians- I might say something like "I grew up in the church for many years and never understood why Christ had to die. Has anyone ever shared with you why Jesus had to die?"
11. Offer prayer to almost every patient (only takes 30 seconds). It is a GREAT way to open spiritual conversations. 95% of my patients (most of whom are NOT Christian) want to be prayed for. But make sure you offer it in a way they can easily decline. I say at the end of my patient visits "Something I ask all my patients at the end of our visits - but only if they want me to- is if they want me to pray for them before they go home. Would you like me to pray for you before you go home today?" If they say Yes, I always ask them "what specifically can I pray for you for?" I often ask them the next visit about this.
After prayer- if you have not taken a spiritual history- that is a good time.
12. If someone often accepts prayer but likely isn't a Christian - later you might ask them "You obviously believe in God- as we pray together often. Do you also believe in Jesus?" Do you know why He died?"
13. Holidays are great bridging times- I always tell people near Easter that Good Friday is my favorite Holiday, Has anyone every told what Good Friday is about? (Usually they say - it's when Jesus died) then you ask them, do you know why Jesus died? Christmas- ask people what their favorite thing about Christmas is? When they ask you back (because they will) maybe share something - like "Christmas is about God creating a way for us to come back to Him" or whatever you want to say. But don't talk too long. Don't talk beyond their interest.
14. Ask them a lot of wandering questions and don't talk too long. People don't like being preached to but they will politely listen and then remember a bad experience with you.
15. If you do share the Gospel, ask often if they want you to keep going? - that is, keep asking permission to keep going; it also this ensures they really want to hear it.
15. Ask about bad religious experiences
16. Apologize for the way "Christians" have treated them- and share with them how Jesus would be so sad at what happened. Jesus is beautiful. A lot of people still find Jesus appealing and acknowledge a desire to know more about him even when they don't like Christians. - I'm still trying to figure this population out and experimenting with it - so far I meet a lot of people burned by the church and really closed to anything labeled as "Christian."

Jennifer Jung - (707) 322-8886
jenjung6@gmail.com

Esperanza Health Center – Philadelphia, PA

- Start day grounded with own personal devotions, taking time asking God to orient your heart and mind to how he would want to use us today. Don't run right off in the morning in a frenzy.
- Pray through the patient list before starting care in the morning, asking the Spirit to alert us to where he is at work, so that we could be part of what God is doing.
- Take a spiritual History – understand and respect/acknowledge patient's spiritual background, or lack thereof. In this process can include a patient's willingness to receive prayer.
- Listen, learn, come alongside, understand.
- Patients report that how we listen is something that is different at Esperanza than at other places.
- Pathology – why do diseases happen? Fallen world, sin, can be a segue to spiritual topics.
- Level ground with the provider – in midst of failure, “all have sinned and fall short of God's glory” – an opportunity to share about God's forgiveness, which I also need.
- Body's capacity for healing – an opportunity to share about common grace, amazing creation.
- Offer to pray before procedures.
- Advanced directive discussions can be segue to the gospel.
- When someone is failing or feeling worthless, hopeless – God hasn't given up on me in my difficult times, and he won't give up on you.
- While patient is on the table, can take time to explore spiritual issues. One DO starts treatment with the feet – Jesus started here also, with serving us, loving us humbly.
- Feelings and facts – there is not such a sharp boundary between these. Accept and explore a patient's feelings as well as your own.
- Ask patients, “What do you think God thinks” about various matters.
- Bridge diagram of the gospel is helpful to explain God's love for them.
- Helpful books to share with patients – *The Case for Christ*, and *The Reason for God*.
- In suffering and sadness, to remind that God weeps for them. Sitting with patients in their pain.
- “Cheer up, you're worse than you think you are..., but take hope, God loves you more than you could ever have imagined.” - Jack Miller
- Ask patients “what do you hope for in the future?” or “what do you live for?”
- Be willing to apologize, ask for forgiveness when you fall short as a clinician.
- Ask patients going through physical symptoms – is there anything that need to forgive someone else for, or for which you need to be forgiven? (BH forgot to mention this – see “Gray Matter” by a Christian neurosurgeon)
- Caring well for marginalized persons IS the gospel. Jesus drew no line between acts of mercy and compassion and more direct verbal sharing of the good news. We need both. One reinforces the other. Caring authenticates our witness.

Bryan Hollinger

bryan.hollinger@esperanzahealth.com

Fredericksburg Christian Health Center - Fredericksburg, VA

I think one of the key things in being able to bridge to spiritual conversations is to have a good relationship with the patient to begin with. Trust, transparency, and spiritual depth can certainly be attained even during a new patient appointment- but a relationship beyond the surface of the medical complaint must be achieved.

This requires the provider to be intentional, compassionate, and sincere as they make attempts to understand and get to know the patient beyond their ailment- taking into account cultural and psychosocial influences on the patient and the doctor-patient relationship. If the provider is feeling rushed or burnt out, they will not be in a place themselves spiritually to be able to connect with the patient.

It also requires time. Both time during the appointment and often time to grow the relationship to allow for opportunity for deeper (spiritual) healing to take place. It will be difficult to make spiritual connections in the exam room if the clinic environment is one where physicians are rushed to see patients either due to being over booked, or due to poor administrative support causing the provider to get behind on scheduled appointments.

For strong provider-patient relationships to develop the clinic must be set up in a way that patients are not seeing a different provider every time they come in.

Once a relationship is established where the patient could be open to the provider addressing spiritual concerns, the next concern is what tactics are used to get to those deeper issues.

I think one of the best ways to broach spirituality is through prayer. Offering to pray for (and better yet WITH) patients directly transitions to interaction from physical to spiritual. Depending on the patients response to an invitation to prayer you get a feel of how you can further direct the current and future spiritual conversations. On our intake forms we do have a space where patients can mark whether or not they would like to be prayed for during the appointment... This is helpful if they mark "yes," but I don't let a "no" stop me from inquiring if the Spirit leads. I would say most of the time those who marked no, will end up allowing me to pray for them.

Another tactic to transition to spiritual conversations is to inquire about participation in a faith community. I usually do this in the context of someone struggling with depression or a recent loss, and ask about their support group of family and friends. I'll ask if they have support in a faith community- and regardless of their answer it opens the door for future conversation and gives me an idea of where they are at. Often the "no" responses, and their reasons why not, are more helpful than those who attend. I'll also ask patients who have just moved to the area if they have found a church (these types of inquiries are part of the relationship building as well.)

If I have a strong rapport with the patient, and I perceive there is sin in their life that is negatively affecting their physical/emotional health, I will at times address this with the patient. This must be done very carefully, with lots of prayer and sensitivity to and leading by the Spirit. Often our greed, discontentment, unforgiveness, lust, lack of trusting the Lord, will lead to our poor physical and psychological health. Having a patient focus on these areas of their spiritual life reaps both eternal and earthly/medical rewards. But a very strong doctor-patient relationship is essential for the patient to be open to this kind of conviction.

Theron Stinar
theron.stinar@fchc.us

For some context, I was a resident at Resurrection Health Family Medicine residency from 2014-2017 and for the last 1.5 years have been working at a Hospital affiliated clinic partnering with a local nonprofit and caring for a predominantly uninsured population in the southern sector of Dallas, TX. My patient population is about 60% Hispanic and 40% African American and all make <200% of the federal poverty limit.

Ideas:

- Importance of being spirit led entering into each room. As each physician typically will review a chart prior to entering a patient's room, the importance of praying for that patient and for the Holy Spirit to guide your time cannot be overemphasized. Many times I have encountered students and physicians who have a preconceived agenda they want to bring to the room and because of that may not be received well. Sometimes asking spiritual questions, sometimes scriptural counseling, sometimes offering prayer, sometimes sharing your testimony or the full creation to Christ story is what is needed in the room and the Spirit is needed to guide the time to determine what is best in each situation.
- A basic thing providers need to practice is to get multiple ways of sharing the gospel outside of the clinic room. Make sure providers know how to share their testimony in a brief concise way that shares the gospel message in it, and also how to share multiple scripted methods like 'the bridge', 'four spiritual laws', 'the roman road', or 'creation to Christ'. I believe having some more structure at first is a helpful foundation, and as people become more comfortable sharing the gospel, then the ability to break away from that structure given the setting will naturally develop.
- "Out of the abundance of the heart the mouth speaks" I have found the 'dry seasons' in my spiritual conversations in the clinic typically coincide with dry seasons spiritually or a lack of hungering and thirsting for righteousness in my own life. A tip for people to transition to spiritual conversations more is to make sure they are spending larger amounts of daily time in God's word on their own; not just reading but meditating, praying through and memorizing scripture. I have found many of the scriptures that I bring up in the clinic room are the ones I just recently memorized or read. We talk about what we love, and if we aren't talking about scripture/faith/spiritual matters, it likely means our loves have been taken captive by worldly things, which usually means that our habits/time/daily routines have been taken captive by worldly things not seen through spiritual lenses as well.
- Thinking through and writing down scripted transition statements is a great place to start as well. Such as: "I know that spiritual health is a very critical factor in a person's overall physical health. On a scale from 1-10, how would you rate your spiritual health? Why that rating? What would it take to move you from a 5 to an 8?"
- When approaching a patient that is going through a hard time whether it is physical, a new diagnosis, an emotional struggle having the question ready "what do you turn to for strength as you are going through this hard time?" then following up with, "can I tell you what has been really helpful for me to find strength in hard times in my life?" which will transition to a personal testimony time.
- In the south it is easier to talk about church as it a large part of culture so just asking the question "did you grow up going to church?" "I know a lot of my patients find faith as an important aspect of their overall health, is a spiritual faith something that is important to you? How does your faith affect your daily life?"
- Beginning to pray with new patients and just have God mentioned in your conversations with a patient is a great way to lay a foundation that spiritual care is important and will be a part of the medical care they receive in your clinic. Making statements when asked a generic how are you, doc? like "I am great, thanks to God. I am thankful to have air in my lungs and another to live to love God and love other people" or "man I'm good today. Just so thankful to God for days like today when the weather is beautiful" Or "I am

doing good, I was really encouraged this morning when I was reading through the Bible and read..... What do you think about the Bible?"

- Just making an intentional effort to mention God, faith, church, Christian community, the Bible in the office visit will lay a great foundation.
- It oftentimes feels awkward if you haven't mentioned faith or God or Jesus in your visit and then offer to pray for a patient out of nowhere. However, even if you haven't a simple transition like "I have really enjoyed our time together today and getting to know you more. I believe that the medications we talked about today will really help you but I also believe that God is ultimately in control and believe that prayer to Him actually results in real change in our lives and our world. Is there anything I could pray with you about today?"

Ben McKinney - bmckinn1@gmail.com

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As a primary care doc in rural Kentucky for 30 years or so, spiritual conversations with patients was one of the most energizing aspects of my work experience. Now, as the CMDA director of the Center for Well-being, I recognize its positive impact on well-being for the Christian healthcare professional.

As a clinician, I utilized the spiritual history model referenced in the book "The Faith Factor" by Dr. Dale Matthews, hoping to open the door to further conversation. I was also trained in whole person care through the METS curriculum, and later the Saline Solution and Grace Prescriptions curricula. Now, as a physician life & leadership coach, I utilize the skills of active listening and powerful questioning in the context of a trusting relationship and a non-judgmental posture, helping the client (or patient) examine their own personal values, beliefs, and actions.

Steven J. Sartori, MD, ACC – CMDA Director, Center for Well-being - Steve.Sartori@cnda.org

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I think the best tip I can give is to LISTEN. Listen to the Holy Spirit. Listen to your patient's words. Listen to their body language/facial expressions (are they uptight, sad, angry, tired, happy, do they laugh).....

So many times, I have been able to pray with an exhausted, overwhelmed parent (sometimes married, sometimes single) because I hear them. I hear them respond harshly to their child or hear them say they have not slept in nights. Sometimes due to sickness, sometimes difficult social situations, or behavior problems.

I believe the Holy Spirit leads me and reminds me, I can't personally "fix" these problems but I can lead to the throne of grace and pray to Our God who is a present help in times of trouble.

Other times I pray with patients when I'm not sure what their diagnosis is. I will simply share "I'm not sure what is going on but I know my God does. Would you mind if I pray and ask God for wisdom and insight into what is going on?" I have found patients and their families are very receptive to this.

Other times I praise God for a healthy checkup/preventive visit.

I'll be praying for you talk and praying God uses it to equip His body to share the gospel entrusted to us.

Dr. Lauren Chipman, Memphis, TN - laurencipman02@gmail.com