

winter 2020

for today's Christian nurses
& midwives

spotlight

- teamwork:
a dream or
a living nightmare?
- the nurse-doctor
relationship
- a physio's
perspective



spotlight

is the nurses' & midwives' journal of the Christian Medical Fellowship

A company limited by guarantee
Registered in England no. 6949436
Registered Charity no. 1131658

Registered office:

6 Marshalsea Road, London SE1 1HL

Tel 020 7234 9660

Email admin@cmf.org.uk

Web cmf.org.uk

President

John Wyatt MD FRCPCH

Chair

Maggy Spence MB BS MRCPG

Treasurer

Philip Taylor MA (Oxon)

Chief Executive

Mark Pickering MBBS MRCPG

Subscriptions

Spotlight is sent to all nurse members of CMF as part of the benefits of membership.

Contributions

The editors welcome original contributions, which have both Christian and nursing or midwifery content. Advice for preparation is available on request.

Authors have reasonable freedom of expression of opinion in so far as their material is consonant with the Christian faith as recorded in the Bible. Views expressed are not necessarily those of the publishers.

Editors

Steve Fouch

Pippa Peppiatt

Editorial Assistant

Oluwatosin Oyeniyi

Design

S2 Design & Advertising Ltd

020 8771 9108

Copyright

Christian Medical Fellowship, London. All rights reserved. Except for a few copies for private study, no part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the Christian Medical Fellowship.

Unless otherwise stated, Scripture quotations taken from The Holy Bible, New International Version Anglicised Copyright © 1979, 1984, 2011 Biblica. Used by permission of Hodder & Stoughton Publishers, an Hachette UK company. All rights reserved. 'NIV' is a registered trademark of Biblica.

UK trademark number 1448790.



inside

4 building teams

6 the team destroyer that is gossip!

9 a radical change of heart

12 love one another

15 teamwork

18 the nurse-doctor relationship

23 chaplaincy

24 what are CMF Catalyst Teams?

28 a physio's perspective

editorial

I went to a wedding at the weekend. The most moving moment was when the bride lifted her veil up and the waiting groom (my godson) finally saw her unveiled face, shining with joy and love. It reflected his own joy and devotion, shown so clearly on his own face.

It made me think of a verse from the Bible, which says *'And we all, who with unveiled faces contemplate the Lord's glory, are being transformed into his image with ever-increasing glory, which comes from the Lord, who is the Spirit.'* (2 Corinthians 3:18)

We are all imperfect in everything we do, and yet the mystery is that somehow, we reflect the glory of our Lord. We have a unique opportunity to reflect Christ through the connections that we form with people in our workplaces. Yet what a challenge this can be!

So how can we better reflect Christ, especially at work?

Most of the articles written in this edition of *Spotlight* highlight interactions with colleagues, and what multidisciplinary teamwork (MDT) looks like in practice. We can learn from other seasoned Christians what good MDT can look like (and possibly what it doesn't!) and how we can contribute to achieving this. I hope these articles will give 'food for thought', and that we can learn from each other's experiences.

Finally, as it says at the end of 2 Corinthians 3:18, we reflect Christ and become more like him through the Spirit. We can't do this in our own strength. We need to ask the Holy Spirit to fill us with his grace and power and to enable us to shine for him... especially at work!

Be encouraged!

Pippa Peppiatt is CMF Head of Nursing



Pippa Peppiatt, CMF Head of Nursing

Pippa trained as a nurse. She has planted a church for students with her husband, set up a charity for street kids in Uganda, and has been a Friends International Student Worker.

building teams

Rachel Peddar explores ways to strengthen and build our teams at work

Have you ever been on a team building day? I remember a team building day with the diverse staff team I worked with as a missionary. We had different activities that day with varying degrees of difficulty and hilarity. Ice-breaker games were also beneficial for getting to know our team members.

I haven't had any like those in my recent NHS jobs due to time limitations. However, I now have a vision of how a team can work well together and how we can each contribute to developing and improving teamwork.

In my earlier years of nursing in a paediatric emergency department, we had a consultant who set up a multidisciplinary approach to our weekly review clinic. Children were returned to the department to be reviewed when they had suffered injuries that were ambiguous in their presentation and treatment. Other children warranted a form of follow-up that did not require specialist orthopaedic opinion and some children returned because their injuries were not healing as expected.

The clinic was led by the consultant, with a registrar or junior doctor assisting. Nurses, Emergency Nurse Practitioners (ENPs) and later physios joined our team. These mornings involved assessments of the individual children by the relevant doctor or physio individually or jointly with the consultant and each was discussed with the wider team as necessary. Investigations were carried out as appropriate and then treatments were carried out by the nurses.

Cases were discussed by the consultant with the whole team as a way of educating the team on the different case presentations. Parents and children were included, when follow-up exercises were important for ongoing recovery and rehabilitation following specific injuries.

We all benefitted from this multidisciplinary educational approach and I found that it gave us a sense of cohesion on shift.

In the course I am taking for my next role as a trainee paediatric ENP, I am delighted that once again I will be working alongside physios, doctors and other ENPs, assessing and treating patients with injuries. I am learning lots already and find it beneficial having these specialists to work alongside, as we can assist each other in areas of educational need, both in terms of assessment and in the treatment of injuries. It is also beneficial for the patient and their family, as together we can provide a holistic and more well-rounded approach to their care.

Here are some helpful hints for working within your multidisciplinary team

- God is your boss (remembering this can aid focus and personal perspective)
- Get to know your team members well
- Be servant-hearted by being other-people centred
- Be an encourager

I hope you have great times in your respective teams and enjoy building rapport within them. 🌟

Rachel Peddar is a trainee paediatric ENP at University Hospital, Lewisham

The team destroyer that is...
GOSSIP!

Pippa Peppiatt challenges us to
control our tongues

It's often at work that we face our biggest challenges, especially in the area of our talk and interactions with others. We don't choose who we work with, and some individuals have the capacity to rile everyone with whom they have dealings.

Many workplace conversations are filled with gossip, grumbling, or sarcasm. Over the years I've found this to be especially true (sadly) in hospital environments and in particular, in the nursing culture. It's all too easy to join in when others are gossiping about a co-worker or a difficult patient. I know for me personally, I am much too quick to say something negative when I'm frustrated with something at work.

Instead of gossip, grumbling, or any kind of talk that tears people down, if we are to reflect Christ, we need to

it's all too easy to join in when others are gossiping about a co-worker or a difficult patient

follow Ephesians 4:29 — to say what is helpful and benefits others. God wants us to be different from the world around us, and how we talk is certainly one way to show the uniqueness of what being a Christian means in your workplace, where unwholesome talk may be the norm.

The apostle James knew the real struggle we have to control our speech when he wrote in James 3 about the power of the tongue and our difficulty to control it. He writes in verses 9-10: *'With the tongue we praise our Lord and Father, and with it we curse human beings, who have been made in God's likeness. Out of the same mouth come praise and cursing. My brothers and sisters, this should not be.'*

As Christians who praise God, we're reminded here of our high call: to view each work colleague (however difficult) and every patient (however demanding) as made in the image of God.

If our own identity is firmly rooted in God, if we're connected to him and find our chief security in him, we are less likely to want to gossip and speak negatively of others. One of the primary reasons people gossip is to put down the other and (even if subconsciously) to elevate themselves.

So, next time you feel tempted to gossip about someone, pause a moment and take **'The Gossip Test'**.

Ask yourself three questions about the thing you're tempted to say about someone:

- 1 **Is it truthful?**
- 2 **Is it edifying?**
- 3 **Is it useful to know?**

And if the answer to these questions is no, then simply **ZIP IT!**

It's a simple but effective check to help us stop talking negatively about our colleagues.

The next stage in creating a countercultural positive work environment is to replace gossip with affirmative talk. Thank people more. Praise them as they go about their tasks. You'll be amazed at the difference it makes.

Go on, give it a try and see. 🍷

Pippa Peppiatt is CMF Head of Nursing

a radical change of heart

Georgie Coster challenges us to examine our prejudices about other health professions

Do you ever feel like doctors are the enemy? I must admit, I find it too easy to slip into that mindset. I see a prescribing error and show another nurse, while I roll my eyes and pass a glib comment

about nurses saving the day – yet again. My patient complains to me that the doctors were ‘in and out’ on the ward round within five minutes, without explaining anything properly. She hasn’t got a clue what her treatment plan is. How do I respond? Do I join

her in righteous indignation about their brusque manner and lack of presence? Perhaps I've got a patient who can't be discharged until the doctor comes back to prescribe their medicine for home. When they get frustrated and ask me what the delay is all about, do I throw my medical colleague (metaphorically) under the bus and lay all the blame at their feet?

A notable change in my attitude came when a prayer meeting started in my hospital for all Christian staff. There were other nurses there, but the group was largely made up of senior consultants. Something about being with colleagues from other disciplines in a *Jesus-centred context* changed my heart towards them. In the clinical setting, it is so easy to develop a pack mentality: nurses vs the world. Nurses work hard, and because we do, self-pity can creep in like a thief in the night causing us to believe that we are working harder than all the other professions. The remedy I found for this 'chip on the shoulder' is unity in Jesus.

'Make every effort to keep the unity of the Spirit through the bond of peace. There is one body and one Spirit, just as you were called to one hope when you were called; one Lord, one faith, one baptism; one God and Father of all, who is over

something about being with colleagues from other disciplines in a Jesus centred context changed my heart towards them

all and through all and in all! (Ephesians 4:3-6)

What has stood out to me recently is that Paul doesn't instruct us to **create** the unity of the Spirit, but to **keep** the unity of the Spirit. I love that thought: unity between believers is already there. We all have the same Holy Spirit living inside us. What we do with that unity is up to us – and Paul's exhortation is that we make every effort to keep it. Something special happens when we gather together in the presence of God to seek his face. My own experience is that I found my heart knitted together with the hearts of my medical colleagues. Such a contrast from the friction, and even bitterness, I had felt towards them on the ward.

For me, it came with a ripple effect. It impacted my attitude toward colleagues from all disciplines, whether they knew Jesus or not. Hearing non-nurses pray sincerely for the hospital gave me a much better understanding that we all come to work with a common purpose: to use our knowledge and skills for the good of our patients. This applies to admin staff, estates, supplies, and the IT helpdesk. Of course, there will be tension at times, as we each play our different roles. We will frustrate each other and we will get it wrong. In those moments, it is easier by far to

moan about our colleagues from other disciplines than to remind ourselves what pressures they might be under.

This year I helped to lead a Saline Solution course in my area. Shortly afterwards, one of the participants began her FY1 rotation on my ward. We were genuinely glad to see one another each day and the way we spoke to each other made it obvious that we were more than 'the doctor' and 'the nurse'; we were sisters; we were keeping the unity of the Spirit. I know this didn't go unnoticed by our colleagues. What a testimony it can be when we find fellow Christians in other disciplines and display a countercultural partnership in a realm where 'us versus them' so often dominates the atmosphere.

If an honest examination of your heart reveals a festering disgruntlement towards certain professional groups, may I suggest finding Christians in that same profession and getting together with them to pray? I really believe that can be the beginning of a radical change of heart. 🌱

Georgie Coster is CMF Associate Head of Nursing

If you have questions about starting a prayer group in your work setting, Georgie would be happy to discuss this with you. You can email her at: georgina.coster@cmf.org.uk

multidisciplinary
working in CMF

Love one another

Mark Pickering reflects on the benefits of CMF being for nurses and doctors and how we can encourage fellowship and networking with Christians in other professions

When I started as a junior doctor in London, an excellent piece of advice that stuck with me went something like this:

'Whatever you do, get the nurses on side. They know more than you about the patients, and they can make your life much better, or much worse!'

The bottom line is that life is so much better when we work together – in churches, families, communities and workplaces. We are more productive and happier, and whatever role we have is more fulfilling and effective.

Then why do we so often descend into tribes and factions, backbiting and blaming others when we are actually on the same team? Sadly, this is often seen particularly in the stressful world of healthcare. Doctors against nurses, with both against the management! It shouldn't be like this, but so often it is.

As Christians we don't have to look far to discern the root cause. The essence of sin is selfishness, and this is the most basic reason why we stick with our own tribe or professional group and tend to assume that those who don't speak our jargon don't understand us or are against us. On the other hand, working

together as different disciplines can be a wonderful expression of Christian unity.

CMF has partnered with nurses and midwives for years. In 2014 we took a real step forward when Christian Nurses and Midwives merged their resources and membership with CMF. Since then nurses and midwives have been members of CMF. We have grown a great nursing staff team, a network of local groups, and resources such as the wonderful *Spotlight!* I am always so encouraged to hear what God is doing amongst nurses and midwives in CMF.

...what can CMF do further to assist Christian allied health professionals in growing as a community, united and equipped to live and speak for Jesus?

One of the exciting spinoffs is the involvement of other allied health professionals (AHPs) in our local nursing and midwifery groups. It's great to hear that therapists and related disciplines are finding support here.

This has naturally led us to ask what CMF can do further to assist Christian AHPs in growing

as a community, united and equipped to live and speak for Jesus. Some of you will remember the Christian Therapists' Network that sadly folded some years ago, and likewise the Therapy Students' Christian Fellowship. We would be delighted to play a part in helping to resurrect something similar that could serve the specific needs of Christian AHPs, working in partnership with CMF.

The Bible often exhorts believers to unite across barriers, such as in Philippians 2:2, where Paul states, *'make my joy complete by being like-minded, having the same love, being one in spirit and of one mind'*.

If that wasn't enough, Jesus himself laid the perfect foundation for Christian multidisciplinary working in John 13:35: *'By this everyone will know that you are my disciples, if you love one another.'*

These are early days, but there are 'green shoots' that we would love to nurture. If you are a Christian AHP, get in touch and join the conversation. Joining CMF as an Associate Member would also be a good start and would help us keep in touch with you. See cmf.org.uk/join for details. 🌱

Mark Pickering is CMF Chief Executive

teamwork:

a dream or a living nightmare?

James Howitt shares his perspectives and experiences of working in the MDT as a junior doctor

In 2002, John Maxwell wrote a book entitled *Teamwork makes the dream work*. His idea was that effective teamwork is what allows us to fulfil our aspirations, passions and desires.

I hope we can all remember teams that we've been part of that were cohesive and unified, where all the pieces moved as they should and became greater than the sum of their parts. However, bad teams can turn dreams into nightmares, and I'd wager most of us have all too often had experience of that at some point whilst working in healthcare.

Multidisciplinary teams (MDTs) are made up of a wide variety of individuals of different disciplines (obvious really, as it's right there in the name). But each discipline comes with its own training and culture, and it seems to me that trying to mesh these cultures together is a key factor in good or bad NHS teamwork. There will always be the occasional bad apple, an obstinate colleague who can't or won't gel with the team, but in my experience most healthcare professionals want to work well with others, and yet all too often we find ourselves tripping one another up. The reasons for this are incredibly complex and nuanced and certainly cannot be fully covered in 750 words, however within my own professional

career I have observed several recurring issues that cause friction between teams.

tribalism

It is human nature to define ourselves by our groups, which allows us to understand who is 'in' and who is 'out'. When working as a junior in a large obstetrics and gynaecology team I quickly learnt that in that team, so far as was possible, we stuck with our own group. There was no social connection; the doctors, midwives and nurses all ate in separate spaces, took breaks in different areas and had separate Christmas social events. Much like teenagers at a school disco, the culture was one of staring at the group opposite from

across the hall, but rarely, if ever, interacting. This made for poor communication channels and a lack of understanding about the decisions being made. Without a social connection, many staff were too afraid to admit they didn't know or understand something and to ask for help, which is a wholly unsafe and undesirable place in which to be.

language

I remember that I felt uncomfortable the first time I heard another doctor refer to a nursing colleague as 'incompetent' behind their back. Not only did the accusation have no basis in truth, as far as I could tell, it also seemed entirely disrespectful to another team member. I don't remember exactly when I stopped feeling uncomfortable about hearing doctors use language like that to describe colleagues (I don't specifically mean to single out doctors here by this example; I know it's just as prevalent in all disciplines). I can however, remember when I realised that I had started speaking the same way.

Several years later, having lunch with a group of other juniors, I was recounting a minor mistake a colleague had made which had really annoyed me, but that I was likely blowing out of all proportion and a chorus

of similar overblown minor mistakes were echoed from the others. One doctor, not a Christian, refused to be part of the discussion and called us out for being rude and demeaning to our colleagues and suggested we'd all benefit from a bit less mouth and a bit more humility. I was utterly ashamed, and rightly so, because how we speak about others affects how we treat others.

the call to be countercultural

As Christians in healthcare, we must recognise that we are 'cultural architects' within the NHS. The world around us and our work on this earth of partnering with God to build his kingdom is far more affected by our actions, than by quietly held beliefs.

It doesn't happen by accident and it isn't easy, but if our heavenly Father loved us and saved us by grace, then we need to recognise that we must extend this to others. If we don't show grace, then our belief in such things is meaningless in the eyes of the world around us. What will the culture of the team surrounding you look like when you next go into work? How can you show God's grace? ✨

James Howitt was a junior doctor and a CMF Associate Staff Worker. He now works full-time for his church



feature



the nurse-doctor relationship

Pippa Peppiatt looks at how we can transform the most significant interprofessional relationship for nurses and midwives

In a 2015 issue of the *Nursing Times*, chief nurses were called to help tackle 'shameful' bullying statistics.¹ One in four NHS staff is bullied. Retention of nurses is further hampered by nurses reporting that they feel frustrated and dissatisfied with working relationships that devalue their professional worth, especially that of the nurse-doctor relationship.²

The disciplines of nursing and medicine are expected to work in unusually close proximity to one another, not just practising side by side but interacting with one another to achieve a common good – the health and well-being of patients.

Collaboration, a relationship of interdependence, requires the recognition of complementary roles. Moreover, in a climate that can be demanding and stressful, doctor collaboration holds promise for improving patient care and creating more satisfying work roles.³ Yet all too often, there is conflict and lack of collaboration between staff.

Historically, the nurse-doctor relationship has been characterised as essentially a subservient-dominant relationship.⁴ Some doctors, especially older ones, still view nursing through this hierarchical lens and

sadly treat nurses in a dismissive, belittling or intimidating manner. Unhelpfully, the entertainment media is a leading source of this 'handmaiden' imagery.⁵

Nursing and midwifery are autonomous professions. Nurses and midwives train, manage, and regulate themselves, with a unique focus and scope of practice, including special expertise. So when doctors show disrespect and don't listen to them, it is one of the major factors in nurses' dissatisfaction in their work.

Nurse-doctor relationships have improved in certain healthcare situations, such as the operating room and intensive care settings. However, many nurses report that the same negative issues between nurses and doctors⁶ that have existed for years still persist. In light of this, educators need to address how medical and nursing training can better equip doctors and nurses to work compatibly.

However, it isn't just nurses who suffer from negative relationships at work. Recent studies⁷ show that female doctors, especially juniors, are given less assistance and respect by female nurses. Here lies another potential area of witness for Christian nurses and midwives – to model good interdisciplinary collaboration

with female doctors, without prejudice.

For many years – until the 1960s – fewer than ten per cent of British doctors were female. Then things changed. For the past four decades about 60 per cent of students selected for training in UK medical schools have been female. Now, 46 per cent of all practising doctors in the UK are women.⁸ In the next decade, it is likely that the majority of the medical profession will be female.

What an opportunity we have as Christians to model good, respectful and loving teamwork.

Every interaction may leave lasting positive or negative impressions on those involved, or on those who witness a particular nurse-doctor interaction. We need to use the best knowledge and abilities of all our healthcare team members to model kingdom values and cohesive team relationships.

We should be intentional about working in a patient and loving way with one another, remembering Paul's instructions, to 'set an example...in speech, in conduct, in love, in faith and in purity' (1 Timothy 4:12).


It's important to outwork this in practice by avoiding gossip and speaking well of one

another, something quite countercultural on most wards!

As Christian nurses and midwives, we primarily receive our self-worth from the Lord and know the value in what we do. This frees us to work without approval-seeking or competitiveness with other nurses and doctors, and in the way we deal with (and talk about) doctors. I know first-hand the difference it made to medical students and junior doctors when I and other staff nurses actively sought to help, orient, advise and assist them as they came fresh to work on our ward.

One doctor recently told me how she had experienced particularly good support and Christian encouragement from nurse colleagues on a geriatric ward she'd worked on as an FY2 (senior house officer or SHO) in London. She writes:

SHOs looked after the ward day and night so we got to know our patients and the regular staff pretty well. It was a lonely job and quite tiring being on over the weekend, and especially sad at night on the darkened ward when a patient died. Going to certify an expected death behind drawn curtains with a couple of the nurses, the charge nurse and I stood very quietly and shared

A woman with curly hair, wearing blue scrubs and a white lanyard, is speaking to a man in a white shirt. The background is a blurred clinical setting. Several large, semi-transparent teal circles are overlaid on the image, framing the text and the woman's face.

Christian witness
in the workplace is not just
speaking the good news.
We need reminding of
Jesus' exhortations to
'Love one another.'
(John 13:34)

some prayers for the dead man. It felt right for us all. We were recognising and sharing our own sadness, giving support to each other, giving thanks for a life and putting him in God's hands. I was so grateful to the charge nurse for his initiative.

Christian witness in the workplace is not just speaking the good news. We need reminding of Jesus' exhortations to us, 'Love one another.' (John 13:34)

My nursing colleagues used to be amazed at the love and trust that was immediately evident among Christians on the wards, whatever their professional title. They couldn't believe that sometimes we had only just met and hadn't known each other for years. This sort of relating, as loving brothers and sisters truly does reflect Father God in a powerful way.

So, as Christian nurses and midwives, let's try and model working in a climate of loving care, and mutual respect for God's glory. I leave you with a challenge from a friend of mine: 'As Christians, can you relate to each other so qualitatively differently that it brings the world running?' 🌱

Pippa Peppiatt is CMF Head of Nursing

1. Merrifield N. Senior nurses urged to tackle 'shameful' NHS bullying stats. *Nursing Times* 3 December 2015. [bit.ly/2n50fzi](https://www.nursingtimes.net/news/2015/12/03/nurses-urged-to-tackle-nhs-bullying-stats-120315/) [Accessed 18 November 2019]
2. Rosenstein AH. Nurse-physician relationships: Impact on nurse satisfaction and retention. *American Journal of Nursing* 2002;102:26-34 [bit.ly/2nROuhy](https://www.nursingtimes.net/news/2002/10/26/34-bit.ly/2nROuhy) [Accessed 18 November 2019]
3. Lindeke L, Siekert L. Nurse-Physician workplace collaboration. *The Online Journal of Issues in Nursing* 2005;10(1):5 [bit.ly/2n5aVxS](https://www.nursingtimes.net/news/2005/10/01/5-bit.ly/2n5aVxS) [Accessed 18 November 2019]
4. Carter H. Confronting patriarchal attitudes in the fight for professional recognition. *J Adv Nurs* 1994;19(2):367-372. [ncbi.nlm.nih.gov/pubmed/8188970](https://pubmed.ncbi.nlm.nih.gov/pubmed/8188970) [Accessed 18 November 2019]
5. Summers S. The image of nursing: The handmaiden. *Nursing Times* 7 October 2010. [bit.ly/2n5CR4P](https://www.nursingtimes.net/news/2010/10/07/summers-s-the-image-of-nursing-the-handmaiden-100710/) [Accessed 18 November 2019]
6. Diamond D. Another look at the 'hospital hierarchy'. Are nurse-doctor relations truly that strained? *The Advisory Board Company* 19 March 2013 [bit.ly/2ow4jZN](https://www.advisoryboard.com/news/2013/03/19/diamond-d-another-look-at-the-hospital-hierarchy-are-nurse-doctor-relations-truly-that-strained-031913/) [Accessed 18 November 2019]
7. Gjerberg E, Kjolsrod L. The doctor-nurse relationship: How easy is it to be a female doctor co-operating with a female nurse? *Social Science Medicine* 2001;52(2):189-202
8. Connor S. Number of registered doctors in the United Kingdom (UK) in 2018, by gender and speciality. *Statista* 9 August 2019. [bit.ly/2NVQiiq](https://www.statista.com/statistics/548438/number-of-registered-doctors-in-the-uk/) [Accessed 18 November 2019]

chaplaincy: the forgotten part of the MDT

Georgie Coster reminds us about the need to involve chaplains in the MDT

There is one part of the multidisciplinary team we are all liable to forget about. Those who provide spiritual help in time of need and who profess they love Jesus, can be a precious gift from God to nursing staff and the hospital. I am of course, talking about the chaplaincy team.

In our diverse society, chaplains can be Christian, Buddhist, Jewish, Hindu, Muslim, and Humanist. Larger hospitals are likely to have one member of the chaplaincy team representing each of these religions.

If you work in a hospital, who represents Christianity on your chaplaincy team? What are they like? If you're not sure, I urge you to find out! You may be delighted with the answer. In my hospital, we are blessed beyond measure with a Lead Chaplain who adores the

Lord Jesus and sensitively leads many hurting individuals and families to him in prayer every day. What a thought!

She facilitates our monthly staff prayer meeting and runs an 'afternoon tea' fortnightly in Paediatric Intensive Care for parents to have space away from the bedside and talk about how *they're* coping. Her evident role as 'The Chaplain' means families often turn the conversation to spiritual things and are open to prayer in a way they perhaps wouldn't be with clinical staff.

What about your chaplain? Do some research – ask to meet them for coffee. Maybe they need encouragement? Maybe *they* need somebody to pray with? If you discover in each other a mutual love for Jesus, you can be a powerful partnership in a climate of despair. 🌻

Georgie Coster is CMF Associate Head of Nursing



what are CMF Catalyst Teams?

John Greenall explains how
CMF's ministry to Christian
nurses, midwives, doctors and
others works at a local level

Nurses on the Paediatric Assessment Unit where I work love it when I'm in a decisive mood. Are we admitting or discharging? Discharge! Do we stretch the inhalers or not? Stretch to four hours! Two sugars or one? (No... I'm joking. I'm the one who makes tea for the team most shifts, I promise!)

We all like to know where we stand and what we're doing. At CMF, we want it to be the same. Our mission is to unite and equip Christian doctors and nurses to live and speak for Jesus Christ. What does that look like? What would it look like if nurses and midwives like you and thousands of others across the UK were fully united and equipped to live and speak for Jesus?

It would mean none of you feeling alone on the wards; all of you feeling equipped to speak about faith to colleagues and patients; every nursing student having the opportunity to respond to the gospel; every NHS workplace with a vibrant, prayerful and outward-focussed Christian group with a desire to see the NHS transformed for Christ. We could go on.

Whilst the climate can feel (and sometimes is) hostile, we have unique opportunities to be Jesus to the marginalised and vulnerable in our

society and to a demoralised NHS workforce. What if we rose up with a renewed confidence in the gospel? What might God do with a movement of united and equipped Christian nurses and midwives who wholeheartedly live and speak for him in the places they spend much of their time? We balance this by recognising that for many of us work and home pressures mean it's hard to even draw breath. We need supporting and equipping and encouraging more than ever.

All these reasons and more are why CMF is here. It is why I am excited about our Catalyst Teams initiative.

Catalyst Teams are CMF in the regions. If you like the prefix '*multi-*' you will like this. We want Catalyst Teams to be *multi-disciplinary*, *multi-generational*, *multi-ethnic* and *multi-denominational* expressions of what CMF is doing locally. Teams that are identifiable wherever you work in the UK but which hold their own distinct, local flavour. Teams that are there to encourage one another and to ask what it means to be united and equipped to live and speak for Jesus in your workplace and local area. Teams where we get going and grasp opportunities to make a difference and see God's kingdom extended, catalysing a movement across our nation.

But this still sounds a bit nebulous. I can hear my ward manager's voice in my ears again – 'Come on John. What's actually happening here?' So, let's get practical.

We currently have nine Catalyst Teams in place from the Highlands and Islands of Scotland down to West Kent. We are aiming for around 40 to cover most of the UK. Each team has a team leader who gathers a team of 'enablers' in areas they are committed to and have vision for. Most roles are interdisciplinary, for example: prayer, global mission, students and evangelism roles. Some examples of current roles are listed below. Each role receives opportunities for connection and training with like-minded folk around the country, with an annual conference and webinars on offer.

Pastoral Catalyst

Steve is based in the North of England. He has developed and launched a mentorship scheme for the area with at least ten students linked to graduates. He also wants to reach out to a large number of nurses who have recently arrived from India, many of whom are Christians and are finding their feet in the UK.

Small Groups Catalyst

Sophie is based in London. She has encouraged

the formation of workplace groups in local hospitals and GP practices and shares resources around leaders by WhatsApp. She is praying for more contact with nurses in her local hospital where staffing shortages are causing real problems.

Global Catalyst

James is based in the Midlands. He connects with the Head of CMF Global and facilitates courses like Who Is My Neighbour? to run locally. He has recommended two recently-qualified nurses to the CMF Global Track and is involved in planning a Nurses Christian Fellowship International Conference.

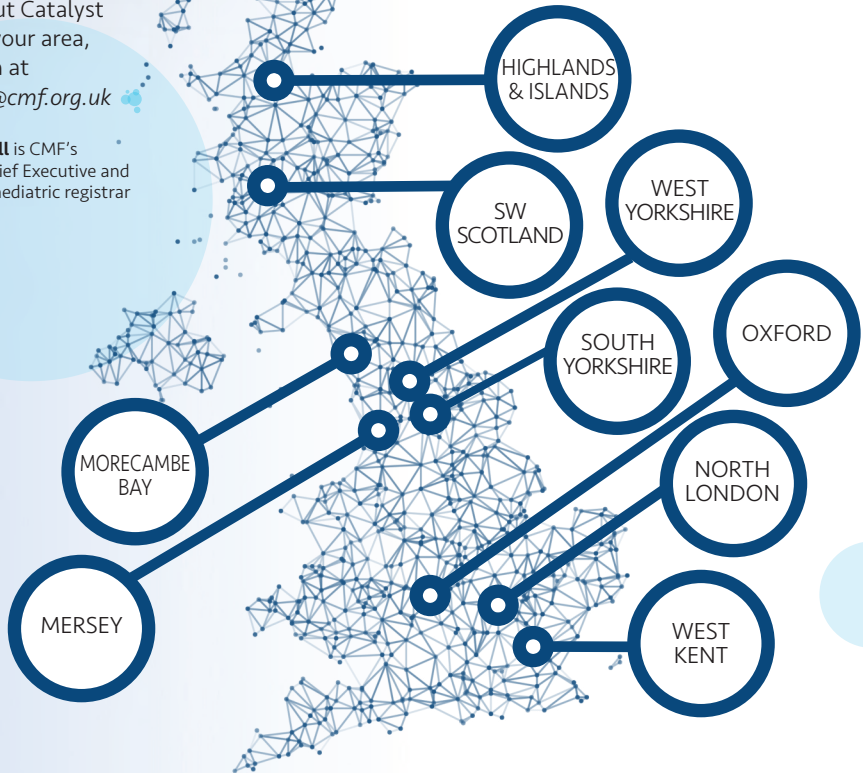
Prayer Catalyst

Angie is based in SW Scotland. She is encouraging Christians to pray together in every workplace in her area. Along with Prayer Catalysts from other regions she is organising a day of prayer and fasting for those in healthcare. She recently sent out information on Healthcare Sunday to 30 churches in her area to pray for NHS staff in their congregations.

My prayer is that Catalyst Teams will increasingly be a vehicle that enables us to be CMF together, united and equipped more effectively to live and speak for Jesus. Let's be praying for God to move in each of us, in our

NHS and in our nation.
 Would you like to be involved
 in this initiative? Check out
cmf.org.uk/catalyst-teams.
 If you'd like to find out
 more about Catalyst
 Teams in your area,
 email John at
volunteer@cmf.org.uk

John Greenall is CMF's
 Associate Chief Executive and
 works as a paediatric registrar



The background of the entire page is a photograph of a smiling woman with curly hair, wearing a blue top, assisting an elderly man with white hair and a grey t-shirt. They are both holding a yellow resistance band, which is stretched across the frame. The man is looking up and smiling, while the woman is looking down at him, also smiling. The scene is brightly lit, suggesting an indoor gym or studio setting. Several large, semi-transparent orange circles of varying sizes are overlaid on the image, primarily on the right side and bottom, creating a modern, graphic design.

a physio's perspective

Deanna White shares
her perspective
on multidisciplinary
team work

What I particularly love about physiotherapy is that it is my job to lay hands on people with the purpose of bringing healing. It is a privilege that patients trust us to be involved in their health, and what we do and say can significantly impact their daily lives. How we interact with them can speak vividly of God's love.

I want to be confident that God is working through me to bless, comfort and restore my patients. This confidence can only come if I am praying to that end. Thankfully, being part of a group of like-minded people meeting regularly helps to give a specific time for this.

being an allied health professional

Having attended many CMF events in Southampton for doctors and nurses, I wanted there to be a similarly encouraging platform for the many other Christians I was meeting in allied health. Who doesn't like coming together for food, fellowship and faith-building? When it's in the context of helping us serve well in our professions, it's even better!

Our group, CiAH (Christians in Allied Health), started in Southampton last February and we've been meeting regularly since then to support

one another, to discuss specific encouragements and challenges from our own experiences and to share practical advice. I've found CiAH stops me thinking of my career as a ladder to climb but rather an opportunity to serve God by loving others well with the skills I have. Our professions allow us many precious contacts whereby we can demonstrate God's love in practical ways, in addition to witnessing to colleagues and gently sharing the gospel with them.

being part of an MDT

Working within a team provides a significant opportunity to be a witness for Jesus. Christians know the inherent worth of every human being, so we can value each member of the multidisciplinary team (MDT), seeking to work together and to build each other up in their profession, rather than competing. We can glorify God with our speech – not slandering or excusing but encouraging and equipping. I've found this most difficult – yet most powerful – at times when things just don't seem to be going right; everyone is feeling stressed; patients are complaining and there doesn't seem to be enough time to do everything – or worse yet, two support workers are off sick and there are new locum staff doing things 'differently'. How tempting it is, and how numerous the invitations to dishonour our colleagues in our speech, by directing blame or accepting uncredited praise.

Alternatively, we can slip into slandering patients and/or their families when care has not been up to standard and it's been exposed unfavourably on us – will we take responsibility and admit our failings as a team or will we excuse it and direct blame elsewhere? The temptations can be subtle, but we can triumph (in small ways) every time we choose Christ, even if it means suffering for doing good.¹

MDT and the church

This September, I started my first job as a qualified physiotherapist in a musculoskeletal outpatient department. I have been humbled by a team of colleagues who are consistently willing to share their time, knowledge and experience to help one another. I am so thankful for the great encouragement it has been to start off in a team with such an attitude. I hope I can learn and adopt the same going forward. I also can't help but notice two key similarities between the MDT and the church.

First, in the church, the old and the young are united and can mutually benefit from one another. In the same way, the experience of senior members of the team is of great benefit to those of us who are new to the role. Our ability to learn from them and their

In 2018, approximately
60,000
 PHYSIOTHERAPISTS
 were employed in the UK
18,000 more than
 in 2012

19% of the
 UK POPULATION
 visited a
 PHYSIOTHERAPIST
 in 2018

Courtesy of Statista,
bit.ly/2DgmMxA

There are **14** recognised
 ALLIED HEALTH
 PROFESSIONS
 They are the **3rd** biggest
 workforce
 within the NHS after
**NURSES &
 DOCTORS**
 According to NHS England,
england.nhs.uk/ahp/role

willingness to engage with us is hugely helpful. Newer team members with their fresh enthusiasm can also help sharpen and encourage seniors to continue to seek high standards and work with a good attitude, as years of practice can dull even the most zealous among us.

Second, the MDT reflects the church in that we rely on one other. It is humbling to admit that to work to our best requires us to work together. This means acknowledging what gifts God has given us, as well as our areas of weakness, to see how our piece of the jigsaw fits into the bigger picture.²

I find that this picture of body parts working together for a common good, can be a great help in working well within an MDT in a way that reflects Jesus.³ Here are a few ways to influence team dynamics:

- Show appreciation for the work others do
- Be interested in one another
- Be ready to contribute gifts and skills
- Be honest about limitations and weaknesses

Of course, this isn't going to be perfectly harmonious in many cases, but I think this outlook can encourage us to at least seek

to establish this in our workplaces, and to persevere prayerfully and patiently.

MDT meetings have also highlighted to me the helpfulness of establishing order and direction within teams. For example, well-chaired meetings, where someone has authority to bring issues to a conclusion. Where this has been adopted, I've found MDTs have worked much more effectively, with greater harmony among colleagues.

As a final encouragement, upon graduating, I received the Chartered Society of Physiotherapists (CSP) crest badge and on it read *Digna Sequi* which means 'follow worthy things'. Where I've often doubted my ability to serve God at work, I found this a wonderful little encouragement that I could indeed do just that, follow Jesus while working as a physio.

'And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him.'
(Colossians 3:17) 🌸

Deanna White is a newly qualified physiotherapist in Southampton

1. 1 Peter 3:8-17; 4:12-19
2. 1 Peter 4:10
3. 1 Corinthians 12:7

national conference
24-26 April 2020
Yarnfield Park, Stone, Staffordshire

WEEKEND



How long
LORD?

Finding hope when the storm clouds gather



book online at:
cmf.org.uk/nationalconference

