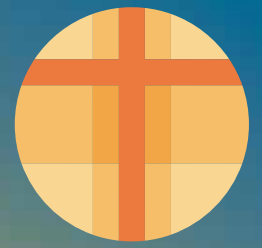


Luke's Journal

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CMDFA
CHRISTIAN MEDICAL
& DENTAL FELLOWSHIP
of AUSTRALIA Inc

Mentoring Passing on the Baton

Mutual learning for now
and for the future

The Current Vision and
Strategy Plan of CMDFA

Handing on the Faith:
Discipling as Mentoring

Biblical Foundations
of Mentoring

Mentoring and Discipleship

2016 Newcastle Mentoring Pilot

Intern Boot Camp in Australia

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Please submit all contributions to:

THE EDITORS
Dr Paul Mercer
Ph: 07 3348 9940
Email: silkymedical@ozemail.com.au

Dr Catherine Hollier
Ph: 02 4957 5242
Email: LukesJournalCMDFA@gmail.com

Subscription and change of address details to the National Office listed below.

SUB-EDITORS Sue Furby, Dr Winnie Chen and Dr Grace Leo

CMDFA

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F.A.Orth.A., D.T.M.&H.(Syd).

CHAIRMAN

Dr Ross Dunn
Ph 07 3822 6459 Mob: 0427 045 991
Email: chair@cmdfa.org.au

NATIONAL OFFICE

Unit 35A / 9 Hoyle Avenue
Castle Hill NSW 2154
PO Box 877
Baulkham Hills NSW 1755
Ph: 02 9680 1233 Fax: 02 9634 2659
Email: office@cmdfa.org.au

BUSINESS MANAGER

David Brown
Contact through the National Office

NATIONAL SECRETARY

Dr Yvonne Lai BDSc(WA)
Email: yvonne.yl.lai@gmail.com
Email: secretary@cmdfa.org.au

NATIONAL TREASURER

Dr Richard Allan (PHD Economics)
Email: office@cmdfa.org.au

ReGS (Recent Graduates & Students)

Dr Joel Wight (recent graduates)
Email: joel.c.wight@gmail.com
Dr Jacki Dunning(students)
Email: jacki.elizabeth.dunning@gmail.com
Email: students@cmdfa.org.au

BRANCH SECRETARIES

NSW and ACT:
Richard Wong
Email: nsw@cmdfa.org.au

QUEENSLAND:
TBA
Email: qld@cmdfa.org.au

SOUTH AUSTRALIA (and NT):
Chrissy Lai
Email: Lai0051@hotmail.com

WESTERN AUSTRALIA:
Bianca van der Nest
Email: biancamay.vdn@gmail.com

VICTORIA (and TAS):
Elise Chen
Email: victoria@cmdfa.org.au

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Vol 20 No 2	Nov 2015	Standing Together in the Public Square
Vol 21 No 1	Apr 2016	Family Matters
Vol 21 No 2	Sept 2016	Life Before Birth
Vol 21 No 3	Dec 2016	Healthy Hope: <i>Luke's Journal 1996-2016</i>

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Other issues may be obtained from your Branch Secretary or from the national office.

Mentoring: Passing on the Baton



This first edition of *Luke's Journal* in 2017 takes a strategic direction for CMDFA. Mentoring and mentoring pathways are being developed for members and enthusiastic medical and dental students around Australia. CMDFA is progressing these objectives with this definition "mentoring is a partnership between a senior and a junior focused on the development of the junior member through goal-directed interaction in integrating faith and practice."¹ CMDFA Board Chair, Ross Dunn, elaborates this proposal in one of the articles prepared for this edition.

What is mentoring? Recognising career stage difference, with the goal of positive impact for both subjective and objective career success, is common to most definitions. Armstrong² suggests mentoring is a "dynamic, reciprocal relationship within a work environment between an advanced career incumbent (mentor) and a beginner (protégé) aimed at promoting the development of both." Furthermore, Cullison³ notes "the mentoring relationship is a mutually agreed upon interaction that requires bilateral consent as well as chemistry." Much of the material we have included, provides a rich narrative testimony to mentoring so lived out.

It is worth differentiating between 'mentoring' and 'supervision'. A

literature review by Kilminster and Jolly⁴, offers this definition of supervision in medicine. It is "the provision of mentoring, guidance and feedback on matters of personal, professional and educational development in the context of the

"Mentoring is a partnership between a senior and a junior focused on the development of the junior member through goal-directed interaction in integrating faith and practice."

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doctor's care of patients; including the maximisation of patient safety." John Fraser⁵ recognises that there are a number of mentoring schemes that support mentoring in Australia, mostly based on shared professional and personal interests. He sees mentoring as "a caring and supportive relationship outside the formalised course of the University environment." Mentoring is, then, a less formal "involve me," style of learning.

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Luke's Journal

Themes for Next Editions:

Healthy Service
– copy by 7 June 2017

Pain: A Gift for Healing?
– copy by 4 September 2017

The Current Vision and Strategy Plan of CMDFA

by Ross Dunn

Ross S. Dunn AM, BDSC, F.I.C.D. National Chair CMDFA. Ross has been on the National Board of CMDFA for over four years and is currently the National Chair. He is a General Practitioner Dentist who over forty years ago commenced a practice in Brisbane's Bayside. This has now grown to have 8 dentists, 5 therapists and he continues to work in the practice. Ross has also been involved in overseas dental mission for nearly 25 years and is currently still involved with Kenya, Cambodia and Timor Leste. His wife Lorraine has been his closest support.

As the Board approached the time of transition to a new National Chair, we believed that it was an appropriate time to review our Vision Statement and to develop a three to five year Strategic Plan. This Plan sought to fulfil the vision as identified in the new Vision Statement.

We believe that God began directing us, as a Board, down this path in late 2014. With much prayer and discussion, as well as wide national consultation, we proceeded to produce a Vision Statement, a Mission Statement and a List of Core Values, as well as an extensive Strategic Plan.

We were acutely aware throughout this process, that we had to be as sure as we could of God's leading in all things, and that it was God's vision and plan for CMDFA that we were expressing

and not our own. The following are the Vision and Mission Statements which we believe God gave us for CMDFA:

so that we can be salt and light, and so be transforming healthcare and dental practice. It just may be this



VISION

- Transformed by Christ.
- Transforming Healthcare.

MISSION

1. To be a strong Christian presence in healthcare and the wider community.
2. To provide fellowship, community, networking and support so that members can integrate their faith and practice, both individually and collectively.

We have been very aware that "without a vision the people (organisation) will perish." *Proverbs 29:18*. In forming a strategic plan, we sought to answer the questions: Why? What? How? Who? When? Where? And to review.

has never been such a challenging time. In the 21st Century, how do we help Christian healthcare and dental workers integrate their faith and practice against pressures from every side?

And so, we asked ourselves the hard question, "In this era of time-poor doctors and dentists – **WHY** does CMDFA exist?"

WHAT was already occurring across Australia in CMDFA in line with this vision and mission? Many good activities such as IMPACT and *Luke's Journal*, are in place.

We believe that CMDFA is still as relevant and necessary today as when it was inaugurated seventy years ago. We, as an organisation, have been uniquely used and blessed by God over many years to help Christian healthcare and dental care professionals to integrate their faith and practice and to be able to present a Christian viewpoint on difficult moral and ethical issues to both members the wider medical and dental professions and the public.

HOW did we need to proceed, and what did we need to implement so that in practical terms we could provide specific and relevant programmes, materials and opportunities to allow this to occur? The Board's response is linked to the next question.

Our sense is that the Spirit has guided us to a vision, that each of us can be continually transformed by Christ

WHEN? The Strategic Plan was developed with the following strategies that are to be implemented over the next three years:

1. To develop awareness of, and increase participation in, a National and State prayer network.



I have focused on mentoring mainly because we believe that God would have this become the central core of all we do. Just as Jesus trained, taught and encouraged his disciples, we believe that this is still the best way for us to integrate our faith and practice in the 21st century.

WHO & WHERE? The wider vision in the Strategic Plan will still be pursued. Can I encourage as many of you as possible to be in prayer for both the people and programmes of CMDFA? Be encouraged by joining the National and State prayer groups and see God blessing the work and people in CMDFA. Pray for the local people and programmes in your area. Pray for the wider national programmes such as student work, recent graduates, mission opportunities, Saline training, etc. Also, further afield, please pray for the Christian healthcare workers scattered across the South Pacific, for which Australia and New Zealand have responsibilities through the Oceania region of ICDMA.

REVIEW. Finally, how do we know if we are on track? Are we achieving the desired outcomes??

Firstly, God requires us to be faithful, and it is God who blesses and brings the increase. However, in that mysterious partnership we have with the Holy Spirit, we are required to use the intelligence that God has given us to review and assess and realign whenever necessary. (Just as we often do in clinical cases).

Consequently, every two years, a full review will be done of everything associated with the Strategic Plan and an updated Strategic Plan for the next three to five years will be released. God has blessed the people and work of CMDFA in its various forms for seventy years. We are confident as we are faithful, God will continue to do so.

In the increasingly secular and post-modern society of Australia, may we be transformed by Christ, both as an organisation and as individual Christian healthcare and dental workers. Let us integrate our faith and practice, being salt and light, and thus transforming healthcare and dentistry – to the glory of God. ●

2. To commence a National Mentoring Programme.
3. To continue to develop and grow the student work so that there is a thriving CMDFA group on all medical and dental campuses around Australia.
4. To significantly expand the recent graduates work with a recent graduate representative in each state.
5. To maintain awareness of, and provide opportunities for, both short and long term medical and dental mission.
6. To provide resource materials, such as *Luke's Journal*, guidelines and discussion or position papers on complex, practical and ethical issues that doctors and dentists face.
7. To provide training on sharing faith, in particular, using the Saline programme.
8. To develop innovative programmes that meet the needs of time-poor and heavily committed practitioners.
9. To support and encourage current hospital and regional groups and to continue to establish new groups across Australia.
10. To embrace wider health/dental sector linkages beyond medicos and dentists

The concept of CMDFA membership being a life journey with all its stages has been seen as important. We also see membership as facilitating ministry, since we are all interdependent.

In presenting this Vision at the 2015 Equip and Connect Conference to members from all over Australia, God strongly showed all of us that

mentoring was to be at the core of all we do. It was envisaged that regardless of the programme or area, be it students, recent graduates, missions, hospital fellowships, etc. that mentoring would strengthen what occurred.

A committee under the leadership of Professor Kim Oates was formed to develop policies, procedures and resources to implement the mentoring programme. An existing programme in Victoria was used as a model and a regional trial in Newcastle occurred during 2016. Feedback from both programmes has been very useful and factored into the mentoring materials produced. Mentoring co-ordinators for each state have been

“Mentoring: Just as Jesus trained, taught and encouraged his disciples...”

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 appointed. Together with a small local team and support from the Mentoring Committee, they will be responsible for overseeing the mentoring that occurs in their state and in the local regions.

In the start-up phase, we can identify many students and recent graduates wishing to be mentored. However, we are short of people to be mentors. Can I ask you to prayerfully consider this role? I can assure you it will be a very rewarding experience. A short mentor training programme is beneficial to prepare for this role. **Please contact Marilyn at National Office or your state committee if you wish to learn more about the role of a mentor.**

Handing on the Faith

– Discipling as Mentoring

by Ross Farley

Ross started his working life as a civil engineering draftsman but moved into full-time Christian ministry: with Brisbane Youth for Christ; as a youth pastor; school chaplain; and with Scripture Union Qld. He has lectured in theological colleges and training programs. Ross now works for TEAR Australia as an educator. He is author of a number of youth leadership books. Ross is a graduate of the Brisbane School of Theology.

Imagine what would have happened if Jesus had not recruited disciples to expand and carry on the work. Jesus did an immense amount of good, but the whole movement would have ended at the Ascension, when he left this earth to return to his Father. If it were not for the disciples, none of the events recorded in the Acts of the Apostles would have occurred and Christianity would not have survived. The fact that the Christian church could expand so rapidly after Jesus' death is a testament to how well he disciplined his disciples.

When people say they are 'discipling' someone, often they mean a weekly meeting over coffee involving discussion and prayer. The discipling Jesus engaged in was far more extensive and comprehensive than that. We may not be in a position, nor able, to do all that Jesus did to prepare his disciples, but it is instructive to explore what Jesus did and consider what we can take on board. Let's

explore discipleship through the lens of one passage.

The story of the appointing of the twelve disciples

Jesus went up on a mountainside and called to him those he wanted, and they came to him. He appointed twelve that they might be with him and that he might send them out to preach and to have authority to drive out demons. These are the twelve he appointed: Simon (to whom he gave the name Peter), James son of Zebedee and his brother John (to them he gave the name Boanerges, which means "sons of thunder"), Andrew, Philip, Bartholomew, Matthew, Thomas, James son of Alphaeus, Thaddaeus, Simon the Zealot and Judas Iscariot, who betrayed him. (Mark 3:13-19. NIV)

Mark lists three things the disciples are to do, "that they might be with him and that he might send them out to preach and have authority to drive out demons" (3:14-15). They are to be with Jesus, preach and drive out demons. Notice the way it is worded. Their prime purpose was "that they might be with him" (v.14). Their primary function was not to preach or cast out demons but to be *with* Jesus, to "be continually in the company of their Rabbi".¹ Their relationship with Jesus was to be of first importance; above all else the apostles were to be his friends and companions. The secondary purposes of the apostles were to preach (v.14) and to have the authority to cast out demons (v.15).² These are the things Jesus was already doing and now the disciples are called to join Jesus in his work. It is important to note that it is being with Jesus that qualified the disciples to do the work

of Jesus. Mark implies that it is only because they are with Jesus that they have authority to preach and cast out demons. Without Jesus they could do none of these things.³ Jesus establishes here a mentor style of learning. "These disciples are not rabbinic students, learning the law 'bookishly', they are to learn by 'walking after Jesus'. They gain their knowledge and sense of mission by being 'with Jesus'."⁴

The rest of the section consists of the names of the disciples (vv.16-19). Some of the comments Mark makes about these men give important insights into the way Jesus disciplined them.

The following aspects of discipleship can be identified in this story.

1. The primary purpose of disciples is to be with Jesus.

The primary purpose of the disciples was not to preach or cast out demons, but to be "with" Jesus (v.14). The disciple's relationship with Jesus was of primary importance, not the work that they did for Jesus. What Jesus wants first is relationships with his people and those relationships should form the basis of whatever else we do. The first responsibility of Christian leaders is to live in a close relationship with Jesus. Their first concern for the Christians they lead should not be the tasks that they perform, but their relationship with Jesus. Our first priority should be to nurture relationships with Jesus. First we are to be with Jesus, then to preach and serve. The first priority is relationship, then action.

The twelve disciples enjoyed a face-to-face relationship with Jesus whom



“What Jesus wants first is relationships with his people and those relationships should form the basis of whatever else we do.”

they could see and touch. Like us, Paul did not have that sort of physical relationship with Jesus, yet he wrote, “I want to know Christ.” (Philippians 3:10). Today we can still have a relationship with Jesus even though we can’t see or touch him physically. Nurturing that relationship must be the first priority of disciples and those who seek to disciple others.

2. Expect disciples to put faith into action.

Jesus expected that as a result of their relationship with Him, his disciples would put their faith into action. Jesus knew what he wanted his disciples to do and clearly identified the tasks he expected them to perform. In Mark’s Gospel, two tasks were identified. The first was that the disciples were to preach. The Greek word translated “preach” means to be a herald.⁵ This implied a discipline about what was to be said, because heralds did not deliver their own messages but those of the governments they represented. Christian preachers must be careful to present God’s message and not just their own opinions. Preaching is not just religious public speaking. Preachers must study the Word of God so that they will be able to pass on God’s message.

The apostles’ second task was to drive out demons. There is considerable debate about how this applies to people in the twenty-first century, which is outside the scope of this article. I can probably embrace the views of most Christians by affirming that one of our tasks is to oppose evil. Christian disciples are to engage evil, whether it is generalised in values, attitudes and actions; institutionalised in unjust social structures; or personified in spiritual beings, as it is often the case in the gospel narratives.

Matthew’s account of this incident adds “to heal every disease and sickness” (Matthew 10:1) to the list of apostle’s responsibilities. Once again, there is considerable contemporary debate about healing, but for the purposes of this article it is enough to affirm that Jesus wants us to be concerned about the physical well-being of people. Mark focused on the spiritual dimensions of discipleship responsibilities, preaching and casting out demons. Matthew recorded Jesus’ concern that his disciples address physical as well as spiritual needs. According to Jesus the scope of Christian discipleship is holistic. We cannot address spiritual issues like personal salvation and forgiveness and turn our backs on

poverty, sickness and injustice. On the other hand, we cannot focus on the physical and social needs of human beings and ignore their desperate need for relationship with God.

These three tasks of preaching, healing and opposing evil reflected the leadership of Jesus. These are the things that Jesus did because he believed in the message of the Kingdom, stood opposed to evil and valued the sick and disabled. At this point, the apostles were commissioned to take up the work for themselves, so that they would do the same things that Jesus had done. They were no longer just willing to be associated with Jesus, but they began to do the things that Jesus was doing: to preach, cast out demons, and heal.

There are three lessons we can learn from Jesus when encouraging disciples to put faith into action.

Holism – Disciples should develop a holistic concern that addresses both physical and spiritual needs.

Mutuality – Don’t expect people to do what we won’t do ourselves. Like Jesus, call them to join in what we already do.

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HANDING ON THE FAITH

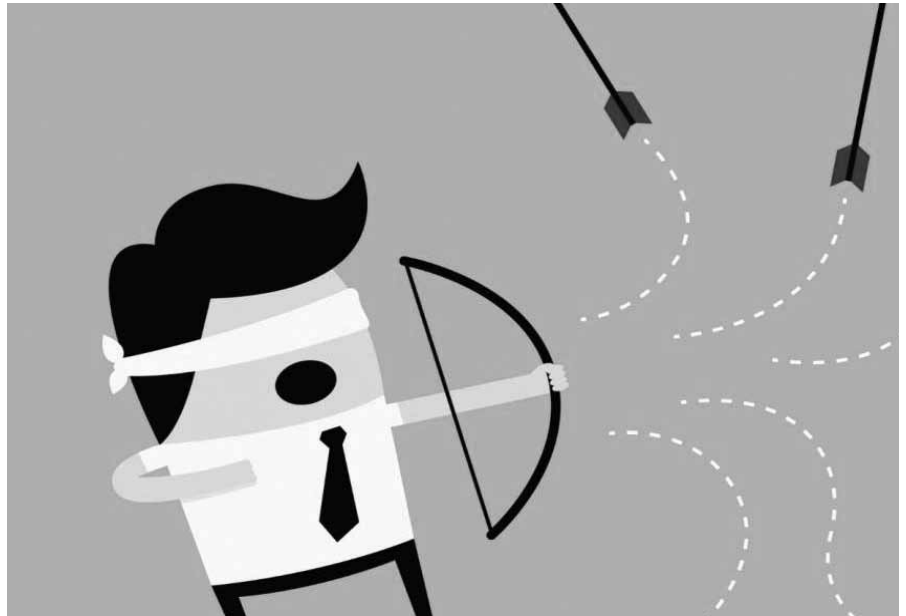
Clarity – Help disciples identify specific ways to serve. The Greek word translated 'disciple' means learner or pupil⁶ but this is not just theoretical learning. Discipleship learning leads to doing.

3. Pray.

In Luke's account of this incident (Luke 6:1216) he added that, before Jesus chose his twelve apostles, he spent the whole night in prayer (v.12). Jesus spent considerable time in prayer prior to making important decisions and before important events (Mark 6:46; 14:32-42). He also specifically prayed for his disciples and the content of one of those prayers is recorded for us in John 17:6-19. Furthermore, Jesus taught his disciples to pray (Matthew 6:5-13). There is no need for me to add to the great amount already written on the nature and practice of prayer. It is enough to emphasise the importance of prayer. We must follow the example of Jesus, who prayed to his Father about his own decisions and responsibilities, prayed for his disciples and taught them to pray.

4. Develop an inner circle.

Francis Moloney⁷ claimed that it is significant that only three apostles, Peter, James and John, were given special names by Jesus in Mark's account. He believes that Mark recorded these second names to indicate the disciples who were to be drawn into an even closer relationship with Jesus: an inner circle within an inner circle. What would be the purpose of recording their special names, if it were not to signal some special function for these particular men? Whether or not Moloney is correct in his interpretation of this particular text, he is correct in his analysis of the structure of Jesus' disciples. Jesus had a closer relationship with Peter, James and John than the other disciples. They were included at times when the other disciples were not. For example, they witnessed the Transfiguration (Mark 9:2), accompanied Jesus during Gethsemane (Mark 14:32), witnessed the resurrection of Jairus daughter (Luke 8:51) and Peter and John were given responsibility to prepare for the Passover (Luke 22:8). An inner circle that is held in closer relationship



“All the disciples failed by the end of Mark, yet Jesus did not fail his failing disciples. We will all encounter failure and the way we respond is crucial.”

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and given greater responsibility is a healthy leadership practice. Unless a group is small, it may not be possible to include everyone within such a close relationship, but it is unhealthy to have no one.

If we are discipling just one or two, this point might have little practical relevance. However, those who disciple many people at once, don't need to give everyone equal time. Some might need more time because they are needier people or because they have more demanding responsibilities. Some might also be more advanced in their faith and able to take some of the load of discipling others.

5. Expect failure.

Mark's list of disciples concluded with a reference to the fact that Judas would betray Jesus. Moloney⁸ observed that this is the first time in Mark's gospel that reference is made to the possible failure of a disciple. The failure of the disciples becomes a dominant theme as Mark's gospel progresses. All the disciples failed by the end of Mark, yet Jesus did not fail his failing disciples. We will all encounter failure and the way we respond is crucial.

“We make heaps of mistakes. Lots of things we try seem to fail.” These were the words of a very successful youth worker. Within about three years he had built a small youth group into a large youth program that attracted crowds of young people and achieved lots of worthwhile outcomes. Why then did he talk about failures? If this ministry was so successful, how come they made so many mistakes?

The idea of a competent person making mistakes should not surprise us. Success is often intertwined with failure. This youth worker had not always stuck with the traditional methods of youth work but had been willing to test new ideas. Some of these failed, but his willingness to experiment kept his youth work on the cutting edge. Better ways are often discovered only after other ways have been tried and found inadequate. A healthy attitude to failure, therefore, is a necessary component of success. People will be reluctant to try new ideas if they are afraid of failure, or if they live in a climate of criticism where their mistakes are eagerly thrown back into their faces. On the other hand, innovation and creativity blossom

amongst people who are not afraid to risk attempting new things.

The fear of failure can dramatically hinder growth and learning. A young man once told me how much he was bored with work because his job involved menial office tasks, yet he was clearly intelligent and capable. When I explored with him the possibility of doing more training and seeking a more interesting position, he explained that he realised that he was capable of this, but in another position he might make mistakes. That was the approach he took to most of life. He rarely tried anything new and life was lived avoiding anything with the possibility of failure. He was bored and unhappy, but at least he did not make mistakes. When the fear of failure dominates, we shrink away from the opportunities for growth and learning.

Failure is inevitable. The important thing is to learn from mistakes. Such learning might not take place, however, if we take the attitude that mistakes are not allowed. Warren Bennis⁹ emphasised the value of learning from adversity and mistakes. Where mistakes are not allowed, creativity is squashed and valuable lessons lost as mistakes are either concealed or reinterpreted as success. Patrick Duignan¹⁰ wrote that an insistence on perfection impedes learning because, in environments where only the best is acceptable, faults tend to be denied. Reasonable risk-taking that allows for learning by mistakes should be encouraged. Concealing or denying mistakes or reinterpreting them to make it seem as if nothing went wrong, might help us feel more comfortable but valuable lessons are lost. If we accept mistakes as part of life, we are more likely to examine them, with learning and growth as a result.

None of this means that we should be careless or that we do not have an obligation to avoid mistakes that can be reasonably anticipated. This is particularly important with regard to our duty of care. We cannot afford to take risks with the physical, moral and spiritual safety of the people in our care. It does mean though, that it

is unwise to allow the fear of failure to so dominate that we are afraid to experiment with new methods, ideas and models. To shrink from opportunities for fear of making mistakes is a guaranteed way to stifle creativity, innovation and growth.

We need to also be careful how we respond when other people fail. They need to develop their abilities and discover their gifts. This requires experimentation and involves a risk of failure. People often discover what they can do by trial and error. If people are not allowed to fail, the discovery and development of their gifts, talents and abilities can be squashed.

Jesus was very tolerant of failure. He maintained relationships with his disciples despite their repeated, serious failures. Jesus encouraged risk-taking eg. Mark 8:34-38 – “Take up your cross and follow me”) and did not shield the disciples from situations where failure was a possibility (eg. Mark 6:7-13 – sending out his disciples two by two). When failures occurred he helped his disciples to reflect on their mistakes and used failure as opportunities for learning (eg. Mark 10:13-16 “Let the children come to me”; 35-45 – the disciples arguing about who is the

“Failure is rarely pleasant or comfortable, but it can be one of the greatest teachers.”

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greatest). Jesus responded lovingly and patiently to failure in his disciples. The disciples of Jesus failed in a great many ways and Jesus graciously persevered with them. He never gave up on his disciples even when they had all deserted him, one disciple had denied him and a disciple had even betrayed him. Jesus persevered with failing disciples and helped them to grow through their mistakes. Failure is rarely pleasant or comfortable, but it can be one of the greatest teachers.

6. Prepare for the next generation.

There are many examples of organisations and ministries that ended or declined, when key people moved on. Everything seemed to be going fine and moving ahead until people left and there was no one to take their place. Often they had had plenty of people but they had not been disciplined or given opportunities. The leaders of the future need to be nurtured and trained to carry on the work and failure to disciple leads to the demise of the work.

As Mark had singled out the inner circle of Peter, James and John by giving them special names, Matthew and Luke singled out Peter using the same device (see Matthew 10:2; Luke 6:14). Francis Moloney¹¹ claimed that this is how Matthew and Luke identified the person who was to become the leader of the apostles following the death of Jesus. (See notes in point 4 on previous page, about special names.) There is considerable debate (which is outside the scope of this article) about the role of Peter and the other apostles in the early church. However, in the early chapters of the Acts of the Apostles, Peter was clearly playing the role of leader of the early church in Jerusalem. He began to play that role within a couple of months of the death and resurrection of Jesus. Obviously a lot of developments took place in Peter’s life soon after the death of Jesus, to change him from the disciple that denied Jesus to the preacher who would stand up and address the crowd on the Day of Pentecost (Acts 2). The resurrection of Jesus and the coming of the Holy Spirit were two transforming events for Peter. However before Jesus died, he trained Peter and the other disciples for their future leadership roles so that they would be prepared for what lay ahead.

The work of discipleship is not just about the development of individual disciples but it also develops the pool of personnel who will carry on the work of the gospel when we are gone. The work of discipleship passes on the faith to the next generation and it can

continued over page

HANDING ON THE FAITH

overlap with leadership succession planning. At times we need to disciple people specifically to prepare them to take over our roles when we move on.

7. Training disciples.

I remember well my short time as a Sunday school teacher. When I was fifteen-years-old the director of the Sunday school of my church asked me to become a Sunday school teacher. No training was offered and I was given some lesson material and assigned as the sole teacher to a class of boys who were probably about ten years old. It was a disaster. The boys misbehaved constantly and at the end of each 'lesson' I had little reason to believe that they had learnt much at all. At the time I thought that these were very naughty boys, but later realised that they were just normal children and that the problem was that I did not know how to teach, nor manage behaviour and I did not even know a great deal about the Bible. I hated teaching Sunday school, and I think that the boys in my class also hated it. I endured until the end of that year but then gave up and never taught Sunday school again. I found other avenues of Christian service and it took many years before I regained the confidence to attempt to work with primary aged children again.

Discipling others overlaps with training them in some circumstances. The story of the appointing of the apostles in Mark's gospel and the sequence of events that surround it provide some insights into processes used by Jesus to prepare the disciples for ministry roles. In the first two chapters of Mark, Jesus called his disciples. In chapter three they were appointed as apostles. During the first six chapters of Mark the disciples accompanied Jesus, and learnt from Him by watching and listening. In Mark 6:7, Jesus sent the disciples out on mission from which they returned in Mark 6:30 and reported on what they had done. Jesus used a kind of apprenticeship training: "You watch me and then I will watch you". Later this became more like supervision where the disciples engaged in ministry without Jesus but returned to Jesus and reported on what had happened.



"Jesus took considerable time and used a variety of training methods to prepare his disciples."

.....

My experience of Sunday school teaching could have been so different. Instead of being given a class of my own, I could have been put with an experienced teacher to learn, like an apprentice, by watching and doing. In that context, I could have been given parts of lessons to teach until my skills and knowledge had developed to the point where I was ready to have my own class. If I had been older and more skilled, supervision may have been an adequate training approach.

While Jesus used the active learning methods as described, the gospels also refer to the use of direct instruction by Jesus as a teaching method. On some occasions Jesus just talked to his disciples and told them what he wanted them to know. One example is in Matthew 10:5-42 where Jesus prepared his disciples to go out on mission. He told them where to go, what to do, what equipment to take, where to stay, how to respond to acceptance and also how to respond to rejection. Jesus took considerable time and used a variety of training methods to prepare his disciples. He did not just run an afternoon training seminar and assume that his disciples were trained because they had attended an event. Jesus knew that it takes time for people to develop the knowledge, skills and attitudes required for ministry.

Finally, it is important to realise that the training of the disciples had a

conclusion. The gospels end with Jesus leaving the disciples and the disciples being commissioned to go and do the job themselves. "Go and make disciples of all nations" (Matthew 28:19). Jesus promised that he would still be with them, but it was not like it was before. Their training was now over. However, this did not mean that their learning was over. The disciples had to keep learning for the rest of their lives, but they learnt as men who were already trained.

The task of discipling should eventually set people free. There should come a time when those we disciple move on to disciple others. We may remain friends, but the relationship should become more one of mutual learning and support as we all continue as disciples of Jesus together. ●

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This article is adapted from Chapter 5 of Ross Farley's book, *Following Jesus and Leading People. Biblical ways of being an influence for Jesus*. 2004. Scripture Union Resources for Ministry, Australia and United Kingdom.

Mentoring

The North American Primary Care Research Group⁶, identify four levels of social support through mentoring. These are:

- Emotional support – providing empathy and trust.
- Instrumental support – providing concrete assistance.
- Informational support – providing advice and information and
- Appraisal support – providing constructive feedback and encouragement.

Finally, in thinking about mentoring we should recognise with Souba⁷ (1999) historical changes in the character of mentoring. We should distinguish between an older model, characterised by paternalism (an authoritarian, strict approach toward a mentee) and a newer approach, which involves empowering, partnership, and inspiring – liberating independent development of the mentee. These definitions have innocently informed much of the material in this journal.

Much of the material we have assembled here is filled out by experience and, as the stories of many positive consequences of good mentoring, they are strong evidence that mentoring is an important developmental process for both mentor and mentee. This material and the literature demonstrate that the quality of the relationship between parties is the best predictor of outcome. Skill and helpfulness come a worthwhile second. Not all young professionals have a mentoring experience with less than fifty percent of students and twenty percent of speciality trainees achieving this benefit³. Cullison³ also suggests successful mentoring is categorised by “reciprocity, mutual respect, clear expectations, creating a personal connection and shared values.” It goes without saying that time needs to be allocated. Mentoring often leaves a legacy of seeding the next generation



of mentors. Whilst positive outcomes are strongly represented in this journal edition, there are calls to strengthen the research base to better inform all participants. There are also calls for mentors to make themselves available!

In 1999, Bligh⁸ observed that most mentoring remains informal and invisible. Our hope is that this principle will also catch the attention of readers. Indeed, we should be alert to the possibility of finding several mentors who make unique contributions at different stages of our career, lifecycle and spiritual development.

In Australia Doctor; 22 April 2016, Michael Woodhead summarised the pitfalls of mentoring. He described six “phenotypes” of negative mentoring in a NEJM⁹ piece:

- “World traveller” – a mentor who is always away at meetings, perhaps chasing success; so that mentoring time dries up
- “Hijacker” – a poorly performing senior who takes over a mentee’s work
- “Possessor” – anxious personality who works to isolate a mentee from the influence of others
- “Bottleneck” mentors – someone too busy with own projects to do justice to mentoring and

- The “country clubber” a weak personality who craves acceptance and so doesn’t get to the point of supporting a junior effectively.

Finally, the editorial team commend the development of a synthesis between discipleship as a Christian practice and the place of mentoring in professional life. The gospel narratives reinforce the model of “following Jesus” in the Christian life 89 times. Other writers, such as Paul, also seek to develop a relational “involve me” learning and transformational change for young Christians. We find Paul writing this way in Philippians 3:17¹⁰. “Brothers and sisters join in imitating me and observe those who live according to the example you have in us.” Paul’s own spirituality is bound up with imitating Christ, putting on Christ and so to the Ephesian Christians, he points us further on: “Be imitators of God, therefore, as dearly loved children and live a life of love, just as Christ loved us and gave himself up for us as a fragrant offering and sacrifice to God.” Eph 5 v1.

For this “mentoring” edition, we hope your reading is informative, challenging, transformative and results in the flourishing of work and faith together. ●

Paul Mercer
Editor

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Biblical Foundations of Mentoring

by Joel Wight

Joel is a haematology fellow at the Austin Hospital in Melbourne, but spent most of his life and medical training in Queensland. He met his now wife Shu-en at a CMDFA IMPACT conference in 2009, and they are expecting their first child in April 2017. His mother preached the gospel to him as a young boy, and he grew up a Christian, but became established and mature in his faith at university, largely under the influence of AFES and CMDFA. He is passionate about teaching the Bible and mentoring young Christians, as well as young doctors. He is currently serving as the Recent Grads staff worker for CMDFA and studies theology at Ridley Theological College part-time. He recently co-authored a book titled *The Intentional Mentor in Medicine*, which is a secular publication that provides a resource for doctors who want to mentor other doctors. He enjoys the outdoors, especially snowsports, jogging, golf and cherishes a quiet drink with good friends.

Mentoring is a somewhat nebulous topic. Everyone knows mentoring when they see it, but how do you define what it is? How do you know what's good mentoring and bad mentoring? And most importantly, what does the Bible have to say about it?

For me, mentoring has two fundamental aspects. The first is obvious – it's a partnership between two people where there is a gradation in experience, knowledge or skill. As such, the senior partner can help the junior partner to develop in these areas. These partnerships can either be formalised, or grow out of an existing organic relationship.

The second fundamental aspect is that of an intentional, goal-directed and outcomes based achievement, often with a holistic focus. The kind of interaction I'm speaking about requires significant buy-in from both the senior and the junior partner and is more intensive than teaching, and broader than coaching.

Mentoring as a process encourages the junior partner to set goals, and to plan with the senior partner how they are going to meet those goals. It has been used with great success in the corporate world and it has become something of a buzzword in recent times. But is it biblical, and if so, how can the church use mentoring to grow the Kingdom of God?

Whilst the Bible does not use the term "mentoring", the concept is certainly described. The closest term that the Bible does use is *discipleship*. Jesus commands us not simply to make converts, but to make *disciples* (Matt 28:19). To be a disciple is to make a discipline of a teaching, and in the

case of the Great Commission we are instructed to bring a people who will make a discipline of following Christ as Lord and worshipping the triune God. The process of discipleship starts at conversion but continues for life.

Mentoring, then, for the Christian, can be understood as using modern language to encompass a biblical term. To put it into our fundamental aspects above, the senior partner is a mature Christian; the junior is a less mature Christian or new convert (e.g. Titus 2:6). The goal is to help that young Christian to set goals towards their own Christ-likeness. The mentor helps the mentee achieve this through support and encouragement (1 Thes 5:11, Heb 3:13), challenge, and where necessary, discipline (Hebrews 12, 1 Cor 4:21).

"Mentoring as a process encourages the junior partner to set goals, and to plan with the senior partner how they are going to meet those goals."

.....

Thus in the Christian mentoring partnership, a mature Christian adopts a less mature brother or sister in Christ and helps to bring them to maturity (Col 1:28). When understood in this way, mentoring partnerships can be seen frequently in the bible. Elijah and Elisha have such a partnership (1 Kings 19 – 2 Kings 2). Other famous biblical relationships that have a mentoring element are Naomi and Ruth (book of



Ruth), Mordecai and Esther (book of Esther) and Jesus with his disciples, particularly Peter, James and John (e.g. Matt 17). One of the most well developed mentoring relationships we see in the New Testament is that between the Apostle Paul and Timothy. Paul refers to Timothy as “my true son in the faith,” (1 Tim 1:2). His two letters to Timothy are full of loving and gracious exhortation to contend for the faith and hold fast to it (1 Tim 1:13-14), to “train yourself to be godly” (1 Tim 4:7) with the discipline of an athlete, and in so doing set an example for other believers (1 Tim 4:12-13). He encourages perseverance through suffering through a thorough knowledge of the scriptures (2 Tim 3:10-17), and to preach the word of God with boldness, patience and care (2 Tim 4:2-3). Paul mentors Timothy into Christlikeness by encouraging him to “fan into flame” his individual gifting (2 Tim 1:6). Perhaps the best summary of the substance of their mentoring partnership is:

But you, man of God, flee from all

“Mentoring in scripture is an important way that God grows his church and grows his people into maturity.”

.....

this, and pursue righteousness, godliness, faith, love, endurance and gentleness. Fight the good fight of the faith. Take hold of the eternal life to which you were called when you made your good confession in the presence of many witnesses.
1 Tim 6:11-12

Mentoring partnerships did not stop after the apostles died. The apostle John mentored Polycarp, who before his martyrdom mentored Irenaeus. We have Irenaeus to thank for his “Rule of Faith” that would form the foundations of the creeds. Alexander of Alexandria

mentored Athanasius in the 4th century, who became the champion of Nicean orthodoxy and helped the church navigate the transition from a persecuted minority to state religion. Even Augustine of Hippo, undoubtedly the most influential theologian in history outside the biblical authors, was mentored into the faith and into maturity by the Bishop Ambrose of Milan, helping to harness Augustine’s immense intellect and unquenchable passion, directing him away from a life of carnality and firmly into the love of God.

Mentoring in scripture is an important way that God grows his church and grows his people into maturity. We would do well to emulate biblical figures and our early church fathers. A good mentor-mentee relationship can have wonderful benefits in terms of personal holiness and can ultimately lead to growth for the Kingdom of God. So please prayerfully consider who might be a suitable mentor for you, and if you would be a suitable mentor for someone else. ●

Mentoring in the Medical Literature

Many of the articles in this edition of *Luke's Journal* reference papers that are written by researchers or others with significant experience in mentoring. The literature in the area of mentoring is still growing and it is worth delving into and reflecting on. One article that stood out as we prepared for this edition was a piece by Ramani et al in *Medical Teacher* in 2006. These authors developed a paper entitled *Twelve tips for developing effective mentors*. These twelve tips were generated from a medical education conference in July 2004 in association with a literature review.

They highlight the needs of mentors, I will summarise the paper in this way.

- 1. Mentors need clear expectations of their roles and enhanced listening and feedback skills.** Some mentors have a natural capacity in this area, but others need to develop their skills to be effective as mentors.
- 2. Mentors need awareness of both culture and gender issues.** Good medical practice understands this with our patients and it is also very important for mentoring relationships. Such relationships need appropriate boundary setting and also an awareness of what each person involved is coping with in terms of both practice and personal stressors.
- 3. Mentors need to support their mentees but challenge them as well.** This idea developed from a paper written in 1986 by Daloz, who essentially developed a model of support versus challenge. If there was no support and no challenge the mentee tended to regress or stagnate, but where there was support and challenge there was growth and validation.
- 4. Mentors need a forum to express their uncertainties and problems etc.** Mentors need to develop and keep honing their skills to be successful with a range of mentees. Such discussion needs to take place within a confidential frame work.
- 5. Mentors need to be aware of professional boundaries.** This is a core role of mentors even for CMDFA, there is an additional expectation that mentors will also support younger colleagues in integrating their faith into their work. This is a "going the extra mile" challenge for the relationship.
- 6. There are many mentors that also need mentoring.** This is particularly so for developing mentors. Working with younger colleagues to grow into this role is a vital part of the medical and dental life cycle.
- 7. Mentors need recognition in a university or hospital context.** This can be achieved through an award process, but it helps sustain the spirits of all that are involved to be recognised in these ways.
- 8. Mentors need to be rewarded.** This is similar to recognition but maybe there are other ways that rewards can be dispensed, a simple gift of recognition with a group of mentors or by an organisation are some ways that this can occur.
- 9. Mentoring needs protected time.** This is something that will come through many of the articles in this edition, but it needs to be said over and over again.
- 10. Mentors need support.** Where mentors discover psychological or other challenging issues they should be able to access more highly trained support professionals, such as a psychologist or a grief counsellor etc.
- 11. There is a sense that all of us should encourage peer mentoring.** Peer mentoring allows for a sense of mutuality. That there is very much shared experience about what is going on. Vertical integration learning models have recognised this, but there can be a clear role for peer to peer mentoring at the right time.
- 12. Continuously evaluating the effectiveness of mentoring programs.** This needs to be both in terms of process, content and the way outcomes are reflected back to those involved.

For anyone particularly interested in becoming a mentor, reading material such as this and learning and absorbing the practical wisdom that is contained in workshops such as these or more dedicated research projects can enhance and strengthen the role of mentors in this important and challenging way.

Paul Mercer

Summary of the 12 Tips for Mentoring which were originally generated at a Medical Education Conference in July 2004.

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Luke's Journal



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Mentoring, an Expression of Servant Leadership

by John Warlow

John is an Adult, Child and Family Psychiatrist, is founder of Living Wholeness and previous Director of Training of Child Psychiatry, Queensland. He is also author of *Living Wholeness* (using the Christian wholeness framework for mental health professionals) and co-author of *Wholly Coping* (providing a Christian cognitive behavioural approach). These are available from www.livingwholeness.org or Amazon. His latest book, *The C.U.R.E. for life* is available for presale on www.drjohnwarlow.com

The challenge of this article is to help you to easily become or grow into being a mentor in various areas of your life.

The underlying processes of mentoring can be transferred from one context to another. Learning these, to the point of actually living these out in any relationship, allows for much easier application of them in the mentoring process. This is illustrated through describing mentoring within the clinical context of supervision, in the church context of small group leadership and in the context of family and friends. While this might provide too broad a definition of mentoring, it will allow for the application of mentoring to be more readily applied in more formal settings.

What is mentoring?

If you Google mentoring, there

seems to be more on the minutiae of defining what mentoring is and what it is not, rather than on how to mentor. You come across words like sowing, harvesting, accompanying and catalysing. It can vary depending on situation and duration.

“Mentoring, is an essential process in which we should all be involved.”

.....

Biblical examples of mentoring include **Jesus** with his disciples, undergirded by the great and new commandments of love (Mark 12:30, 31 and John 13:34); and **Paul**, particularly as described in his journeys to the churches for their growth, and also in his letters, especially to Timothy. In some ways, mentoring can be seen as a form of discipleship. In practical terms, I define mentoring as an intentional proactive relationship by someone further along the journey with another, resulting in growth of the mentee. That growth generally goes deeper than knowledge and skills, and effects attitudinal changes and internal transformation. While this is a broad definition, it allows for the process to be transferable in a number of contexts.

Mentoring, is an essential process in which we should all be involved. While at medical school, walking the fields in Birmingham UK and looking ahead at my life, I prayed for a strategic approach to living my days to the max. The impression I had was to fellow-travel with a few people in my

life. This has become the template of what I have recently seen to be a form of hidden servant leadership, an expression of which is mentoring.

Mentoring encompasses the words 'hidden servant leadership':

- **Hidden** because not many people know about it.
- **Servant** because there is the aim, if relevant and possible, of helping the other person flourish in a God-centred way.
- **Leadership**, though larger than this, because you are leading the other person towards growth and change.

How to mentor

Remember that the key to mentoring is a process which can be transferable to different contexts.

How to mentor in the context of:

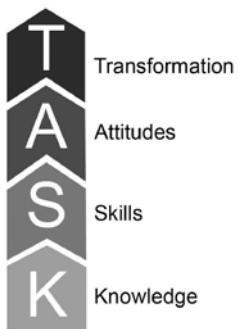
1. Supervision:

Mentoring enhances and goes deeper than supervision of just knowledge and skills.

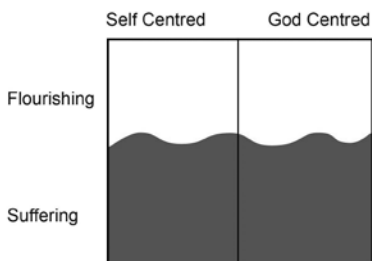
- A. **Have a clear goal:** When I supervise another, I focus, not only on assisting the supervisee with their clinical work, but also in the growth of themselves as a person where relevant. Whilst psychiatry offers tremendous opportunity for this, and also general practice (eg. the peer contact in the context of a Balint group), behind every medic or dentist, regardless of subspecialty, is the person who is critical to the treating process. The therapeutic alliance is essential to good medical care. Supervision

needs to be beyond just skills and knowledge development.

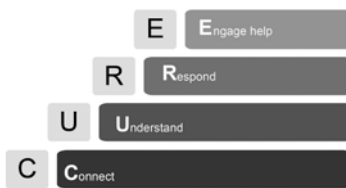
- B. **Be congruent as a mentor and person** in the process of mentorship. Critical to that is the God-centred transformation of attitudes within ourselves as supervisors and mentors. We call this the development of the “**TASK**” of a mentor – the Transformation of Attitudes, coming out through growing Skills and Knowledge.



In other words, we, as mentors, need to be God-centred and flourishing. This can be illustrated by us being in the top right-hand quadrant of the Square, allowing us to go to others to lift them up further.



- C. **Use the medical/dental process** we are all familiar with. Usually, the supervisor has more influence on how supervision develops than the supervisee and we can parallel this to the clinical situation with patients. In our consultations, we aim to develop a therapeutic alliance (**connection**), get an **understanding** of the issues, then move on to some kind of treatment **response** and possibly **engage help** through a referral. Similarly, with those we supervise. (An easy way to remember this process is that through the acronym **CURE**.)



Thus, there is the importance of undergirding **connection** with the supervisee and getting a good **understanding** (not just of the clinical problem, but also of what is happening for the supervisee within themselves in relation to what is going on). It is only then, in the context of supervision, that helpful **responses** can be taken away by the supervisee and applied to the clinical context. Supervision might also involve the need to **engage other help**, whether that be in terms of further reading or facilitating someone else to be involved in the supervisee's situation.

2. The local church setting.

There is an essential role in churches for the older to provide mentoring to younger members (in Titus 2:2-8 Paul exhorts the older men and women to train the younger). This applies to primary school students, youth, young adults and those further on in age. A key way of mentoring in the local church is through small group leadership. In this context, mentoring can again use the same process of the C.U.R.E. as previously noted. Let me illustrate this using the example of a small group in our local church, which my wife and I have led over the last seven years or so on a fortnightly basis.

- A. **Connection.** (7-7:30pm and ongoing.) The first half-hour is encouraging each other to **connect** with each other and with God, including possibly one worship song, and listening to what God has been doing/saying in each other's lives. This step of connection continues throughout the evening providing the undergirding safety for a small group which can go deeper with each other. We actually use an acronym which fulfils this “**SAFETY**” which we slowly try and teach our small group members.



S = small and similar.

So, while we are different in the

continued over page



group, we have some similarities in terms of demographics of age group and working in the professions.

A = attitudes of care, confidentiality and consent.

While care is a given, confidentiality and church don't always go hand-in-hand! Likewise, consent can be a bit thin on the ground when it comes to praying for the other person, even before asking them what they want! So we strongly teach a process of an "invitational posture", where one stands beside and behind, as it were, another person, inviting them to consider possible options, one of which could be prayer for them.

F = facing and fun.

We try and provide a group which allows the possibility of going deeper than our faking, and has the safety to face our own issues, but also has the opportunity for fun. In particular, we meet on a quarterly basis and an annual weekend retreat to facilitate the fun aspects.

E = empathy.

That means standing in someone else's shoes rather than getting under their skin!

T = time.

Encouraging people to turn up on a regular basis (we meet fortnightly) in order to grow the sense of connection and safety.

Y = "you questions and I statements".

We use this as a catchphrase, to help stop people preaching in a small group context and to personalise what they might want to say.

B. Understanding. (7.30-8pm.) Here we read the passage in the Bible study and use one question about them to understand, not only God's word, but also each other. Again, we emphasise the need for the SAFETY, and use "you questions and I statements" such as, "How is that for you?" or, "In this context what happens for me is..."



C. Responding and moving on to engaging help. (8-9pm). In the context of increasing the "s" of the "SAFETY" we divide into smaller groups of guys and girls. Thus, we are more free to understand where different parts of us may be on the Square, as noted previously. Having the same goal, in terms of moving towards God-centred flourishing, then informs what "you questions" we can ask and what "I statements" we can make in response. Again,

We call this "twos and threes". This, again, is a form of mentoring, using the same process that has been mentioned here.

3. With family and friends.

Mentoring, being the intentional and proactive relationship of seeking to build the other up, can become part of our everyday domestic home life as we walk the steps. It is not uncommon for my children to tell me, "Dad, you are responding before connecting and understanding!"

4. In work and mission.

The same process applies to our relationships with our peers and especially our junior colleagues. In the context of mission in Asia, growing the Living Wholeness community is predominately based on the mentoring process as described here. The goal is to grow the other's "TASK" (Transforming Attitudes, Skills and Knowledge). This has taken years, and is based on relationship, rather than primarily a teaching process. This is much slower, but robust, and something which we can all do.

"What mentoring do you need? Where do your attitudes need to change?"

.....

these need to be based on the ongoing undergirding steps of connection and understanding. For example "I am wondering what it could look like if God was more a part of this situation?" Or, "What I have done in this situation is...."

D. Engage help. (8-9pm.) Particularly in this last hour of the small group, we might ask "you questions" such as "Who else do you need to be with you in this context?" One of the biggest ways we encourage people to engage help is to connect with another follower of Jesus, with whom they can be more open (and who may well be in another church).

Finally, how is your own "TASK" growing? Starting off with your own transformation, where are you at in the Square? What mentoring do you need? Where do your attitudes need to change? How can you grow in your skills and knowledge in the context of your relationships with family and friends, mission, at church and work? ●

BOOK REVIEW

Mentoring to Develop Disciples & Leaders

by John Mallison

Kara Martin

Kara spent 2016 training in leadership and mentoring with CMDFA Victoria as a consultant. In 2017 she will be involved in mentoring training with CMDFA NSW.

I live close to the Koorong Christian bookshop in Sydney, and would often go to its internal Pages Café to write.

I soon realised there was at least one other person who was there as frequently as I was – an older man who always had someone different sitting with him, usually much younger. I found out later that the older man was John Mallison, and he would use the coffee shop as his base for his mentoring.

“...he reminded us every day that he had a team of prayer warriors praying for his teaching, and our learning.”

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John Mallison was an internationally-renowned speaker, teacher and prolific author on mentoring. He has personally mentored hundreds of Christians, many of them now in significant positions of leadership and influence.

For eight years he was the Director of Mentoring for the Arrow Leadership Program, which has trained hundreds



of leaders of churches and parachurch organisations. He is, therefore, very qualified to have written what I consider Australia's best manual on mentoring, the appropriately-named *Mentoring to Develop Disciples & Leaders*. This book is comprehensive in providing a clear model on mentoring, the theological



framework for mentoring, instructions on how to be a good mentor and mentee, training program outlines for mentoring in different contexts, and a comprehensive insight into the tools and skills needed for mentoring. Perhaps the most useful feature of the book is six pages of questions for reflection from Appendix 1 (p.187), which will stimulate and deepen even the most awkward mentoring session!

I had the privilege of completing a mentoring intensive with John Mallison, and he worked through the detail of this book, inspiring us with his personal stories. Perhaps the most encouraging aspect of the course was that he reminded us every day that he had a team of prayer warriors praying for his teaching, and our learning. It was a recognition of the power of the prayer, a modelling of practical prayer, and a reminder that we always need to have friends praying for us as we mentor.

John Mallison passed away suddenly in 2012, leaving a legacy of lives transformed and 23 books. It means that he did not have the opportunity to comment on some of the modern aspects of mentoring including virtual mentoring, mentoring as a learning paradigm, and the changing dynamics in mentoring with a new generation of independent thinkers.

However, as a resource for mentoring within the CMDFA community, this book is more than adequate, and comes highly recommended. Many will also rejoice that a free pdf of the entire book is available via this link: <http://www.johnmallison.com/data/Mentoring%20to%20Develop%20Disciples%20&%20Leaders.pdf> ●

Mentoring Students and Registrars

by Catherine Hollier

Catherine is a part-time GP in Newcastle who is passionate about sustainable work-life balance. She is keen to press on towards the goal for which God has called her, looking heavenward in Christ Jesus.

One of the most surprising things to me in General Practice is how much I enjoy teaching.

Graduating from the University of Newcastle, it has been great to be familiar with the syllabus and systems taught across different year levels. I've enjoyed introducing students to General Practice for a week or so in first and second year, and to encourage them over a longer period of time during their sixteen sessions in third and fifth years. Having them watch me in each consultation, asking them what they think is happening, seeing their problem-solving skills develop, and finding out what aspects of medicine they find attractive is most rewarding. Patients enjoy telling students about their history and illnesses. I enjoy telling the story of each patient in their social and longitudinal context, allowing students to hang "people stories" onto the factual information they are already learning in medical school. Conversations about dreams, interests and plans may help shape the direction a student eventually chooses. It may become clear that surgery or psychiatry are vastly preferable to general practice.

It is always a thrill to teach practical skills, especially for the first time, e.g. giving injections, assisting with minor surgery and Pap smears. One poor final year student managed eleven Paps

in a day! Despite that baptism of fire, she returned a few years later as a GP registrar...

When the local GP training programme started it didn't take long for me to sign up. Supervising a registrar through reviewing video recordings of a morning's sessions, doing random case analyses (musing about what could be different if the patient was a child, or elderly, or a different gender or race), and talking over challenging differentials and tests sharpens my brain as much as theirs. Having students present to me on my weakest system (shoulder examination!) or presenting to them on an area of mutual interest is also intellectually stimulating. Encouraging each student

some topical, some training) means up to twenty-five contacts per student as an undergraduate. There is the opportunity to be seen in life and work as a Christian doctor. Being known as a Christian means students may contact us for their personal health, in support of friends, or for advice or prayer when in trouble. Inevitably, some students may choose to come to our practice for placements. This gives them a chance to see many things in action that might differentiate a Christian doctor – how a spiritual history is taken, how prayer might form part of a consultation, how to introduce ideas of church and community to people, how to care for people compassionately from vastly different backgrounds, how to hold integrity and respect when caring

"Our mentors were surprised to see that even if a mentor met only once formally through the year... the mentees generally perceived that mentoring relationship as significantly positive and worthwhile."

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to seriously consider their moral stance on abortion by reading Melinda Tankard-Reist's book *Giving Sorrow Words*¹ has given serious pause to automatic compliance as a response to a request for abortion. Meeting with peers for training and networking is also invaluable.

So where does mentoring fit into this?

Being involved in local CMDFA meetings means regular long-term connection to students. The local group incorporates many different churches as well as the Med Bible Study and other Christian groups on campus. Five meetings a year (some social,

for homosexuals, the unmarried in sexual relationships, drug users or those requesting abortion. Of course, these skills are also observed by non-Christian students and may equally challenge or stimulate their interest in spiritual matters. I often reiterate our mandate to care for the whole person: bio-psycho-social-spiritual healthcare.

With the launch of a formal CMDFA mentoring pilot last year, we had the immense privilege of feedback from the students. Our mentors were surprised to see that even if a mentor met only once formally through the year with their mentees (1-3 per mentor), the mentees generally



perceived that mentoring relationship as significantly positive and worthwhile. Informal connections at local meetings were enhanced with this added depth of one-to-one meetings. Sharing a meal in a family context, or a coffee in the hospital cafeteria, gave encouragement and modelling for the potential future of each mentee. In this increasingly digital age, remote mentoring contact via Facebook, texting, email and Skype were also utilised and valued.

Whilst there are too many students and registrars to remember specifically, some stories stand out:

- the fifth year student with all those Pap smears returning as a registrar. She is now working part-time as a mother of two and supporting her husband as the pastor of a church plant.
- the Muslim student, who prayed silently on her prayer mat in my office at lunchtimes, was encouraged that prayer and spiritual matters were incorporated into patient care.
- the student wanting to be a surgeon coming to my after-hours hospital during placement, for the chance to do some suturing and first-hand acute care.
- the GP registrar who lacked confidence in her clinical acumen at the start of her placement, but left two years later as a GP who I would be happy to send my family to.
- a younger GP colleague who rang me distressed after the first consultation she had with a patient whom she referred for abortion.
- sharing stories and prayer with a mentee struggling in her studies and relationship.
- the girl I taught as a six-year-old Sunday School student, coming to me at sixteen saying she wanted

to be a doctor; seeing her enter medicine, teaching her during her GP placement; watching her as a GP registrar; and finally farewelling both her and her husband to Bible college as a twenty-six-year-old. This is a particularly precious story, reminiscent of the continuity of care in General Practice.

Looking back, I remember Paul's exhortation to Titus in encouraging the older to teach the younger:

"In everything set them an example by doing what is good. In your teaching show integrity, seriousness and soundness of speech that cannot be condemned, so that those who oppose you may be ashamed because they have nothing bad to say about us." Titus 2:7-8 ●

Reference:

1. Tankard-Reist, Melinda. *Giving Sorrow Words: Women's Stories of Grief After Abortion*. Acorn Books 2007.



CMDFA Mentoring

CMDFA Principles and Practical Implementation

by Francis J. Ha

Francis is a final year medical student at Monash University. He has been involved with CMDFA Victoria Grow Mentoring program since it began in 2014, starting as a mentee and subsequently undertaking the role of IT/Publicity as part of the mentoring committee. He is currently chair of CMDFA Victoria Grow Mentoring, discipleship coordinator of CMDFA Victoria and a member of the CMDFA Committee on Mentoring.

CMDFA has a renewed vision for discipleship through Christian mentoring in healthcare. To embark on this journey, CMDFA brought together individuals with a passion for mentoring and relevant experiences to steer the implementation of this vision. Chaired by Professor Kim Oates AM, our committee developed a document outlining the vision, strategic plan and practical implementation for mentoring in CMDFA. This article seeks to summarise the pertinent aspects of CMDFA Mentoring and its state-based

implementation according to the full document developed by the CMDFA Committee on Mentoring.

Definition

We consider mentoring to be:

A partnership between a senior and a junior focused on the development of the junior member through goal-directed interaction in integrating faith and practice.

CMDFA desires to assist participants to grow in Christian values and to persevere in their faith. This is particularly relevant during the first five years following graduation from medicine or dentistry, where challenges during the early stages of working life can be immensely testing to the faith.

Roles and Responsibilities

The key roles of the mentor are to:

- Have an interest and willingness to invest time, effort, prayer and guidance (spiritual, personal and professional) into the life of the mentee
- Set goals with the mentee in regards to what could be achieved from the relationship and to regularly review these goals
- Create a relationship of trust

with the mentee and to respect confidentiality

- Conduct themselves in a manner in keeping with biblical expectations for one in a position of authority (1 Timothy 3, Titus 1 and 2)

The key roles of the mentee are to:

- Be contactable, teachable and honest with the mentor
- Help the mentor set goals for the mentoring relationship
- Reflect upon the teaching or tasks which the mentor has given the mentee
- Conduct themselves in a manner in keeping with biblical expectations for one under the authority of another (Titus 3, 1 Timothy 5)

Approaches to Mentoring

Mentoring can take on various forms. While time and location constraints, as well as improvements in technology, has enabled alternatives to traditional settings, it is still commonly, and most likely successfully, undertaken in person in a one-to-one partnership.

The advantage of mentoring is that it provides tailored, apprenticeship-style development and thus by definition, every mentoring partnership will be slightly different. Provided clear roles and goals are established at the



Seeking Volunteer Editors

Do you have writing, editing, blogging, or IT skills?

Luke's Journal is seeking committed Christians to help the editorial team in:

- Editing Christian medical articles for our 3-4 monthly publication
- Expanding the journal to a web-based platform

If you are interested or would like to discuss the role further, please contact Catherine Hollier (editor) at:

LukesJournalCMDFA@gmail.com

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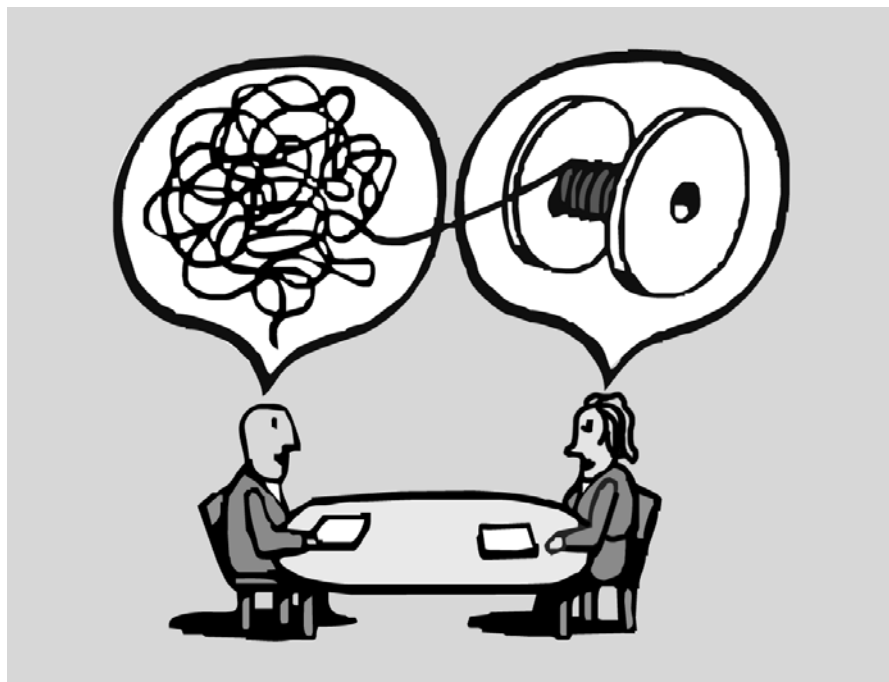
WANTED: A general dentist to help mentor the two community dental officers at the Heal Africa hospital in Goma, Democratic Republic of Congo. This would involve a two or three week visit preferably, but not necessarily, annually. The clinic is reasonably well equipped, the "dentists" are keen to learn, but there is almost no professional development available locally. More information: John Yared at sunnyard@squirrel.com.au

commencement of the partnership, the mentor and mentee should feel free to explore what works for them, although each session should still be purposeful.

Commencing a mentorship can be undertaken informally such as through introduction via friends, church, work or Christian organisations; or more formally through means of a program assigning mentors with mentees. Similarly, the conclusion of a mentorship can occur informally, such as when 'the time feels right', or where there is a natural severance (e.g., moving away or progressing to a different life stage), as well as more formally where the mentorship is pre-specified for a defined time period or at the completion of agreed goals.

Determining Suitable Mentoring Relationships

In the process of assigning suitable mentoring relationships, we recognise that it is ultimately God's intention that such relationships would be formed. We endeavour to assist in facilitating suitable relationships through considering personal and logistical factors of both the mentor and mentee. Generally, a concise application form tailored for mentors and mentees is designed to determine



suitability for the program. This consists of questions assessing the vision and underlying beliefs of the individual to ensure that they align with the vision of CMDFA mentoring, as well as a series of questions regarding logistical factors (e.g., hospital placement, living location, time availability) and personal factors (age, gender, denomination, personality traits and interests). Further details on these processes can be found in the Victorian and Newcastle-specific perspectives in this issue of the Journal.

Regional and State-based Coordination

While Christian mentoring mostly occurs in informal settings, students and junior doctors commonly face difficulties in finding suitable

Christian mentors in healthcare. The value of a statewide mentoring initiative is its ability to cater for such needs through the wider network of mentors available to draw upon. As such, state mentoring coordinators are needed to facilitate such an initiative – usually a team dedicated to the successful coordination of such programs is needed. So far, mentoring programs have been established in Melbourne (currently in its 4th year) and Newcastle (currently in its 2nd year), as well as potential initiatives beginning in Sydney, Western Australia and Queensland. CMDFA also intends for discussion between each state's mentoring coordinators to enable regular review of goals, dialogue about challenges and improvements, as well as ensuring adequate support. ●

Mentor Practice Points

- The aims of a mentoring relationship depend upon the needs of the mentee and can change over time.
 - Improperly conducted mentoring can result in individual stress, role confusion and disillusionment with the task.
 - Mentors should encourage critical reflection on issues so that the mentee is able to find solutions to his or her own problems.
 - Both mentees and mentors are highly satisfied with mentoring and that there is some evidence that mentoring seems to work.
 - Further qualitative and quantitative research is required to study the cost effectiveness of mentoring, develop new and more effective mentoring strategies and to explore issues of gender and ethnicity within mentoring.
- Reference: Kasra Taherian & Mina Shekarchian (2008) "Mentoring for doctors. Do its benefits outweigh its disadvantages?". Northern Lincolnshire and Goole NHS Foundation Trust, UK, Leeds Teaching Hospital NHS TRUST, UK.

Mentor Acronym

- Motivate
- Empower & Encourage
- Nurture self confidence
- Teach by example
- Offer wise counsel and;
- Raise the performance bar

Reference: Souba WW. 1999 Mentoring young academic surgeons, our most precious asset. *J Surg Res* 82:113-120

The GROW Experience

1 Corinthians 3: 6-7 – *I planted the seed, Apollos watered it, but God has been making it grow. So neither the one who plants nor the one who waters is anything, but only God, who makes things grow.*

by Yi-Ning Huang

Yi-Ning is a 2008 Melbourne graduate and is currently in her final months of psychiatry training. She has an interest in psycho-oncology and is curious about themes of suffering, grace, and how our faith is relevant to the everyday realities. She enjoys reading and writing in both English and Chinese.

I joined the GROW mentoring program as a mentor in 2014, the year it was first launched.

I really liked the vision of the program – of seeing God's work done through the growing of young Christian medical students into Christian doctors. As someone who had mentor figures in my own life, I was keen to help out. I still recall feeling greatly amused by Jacki Dunning (our very first program convener) in a promotional video of herself as a little plant being watered on! The committee members from the first year of GROW invested a great deal

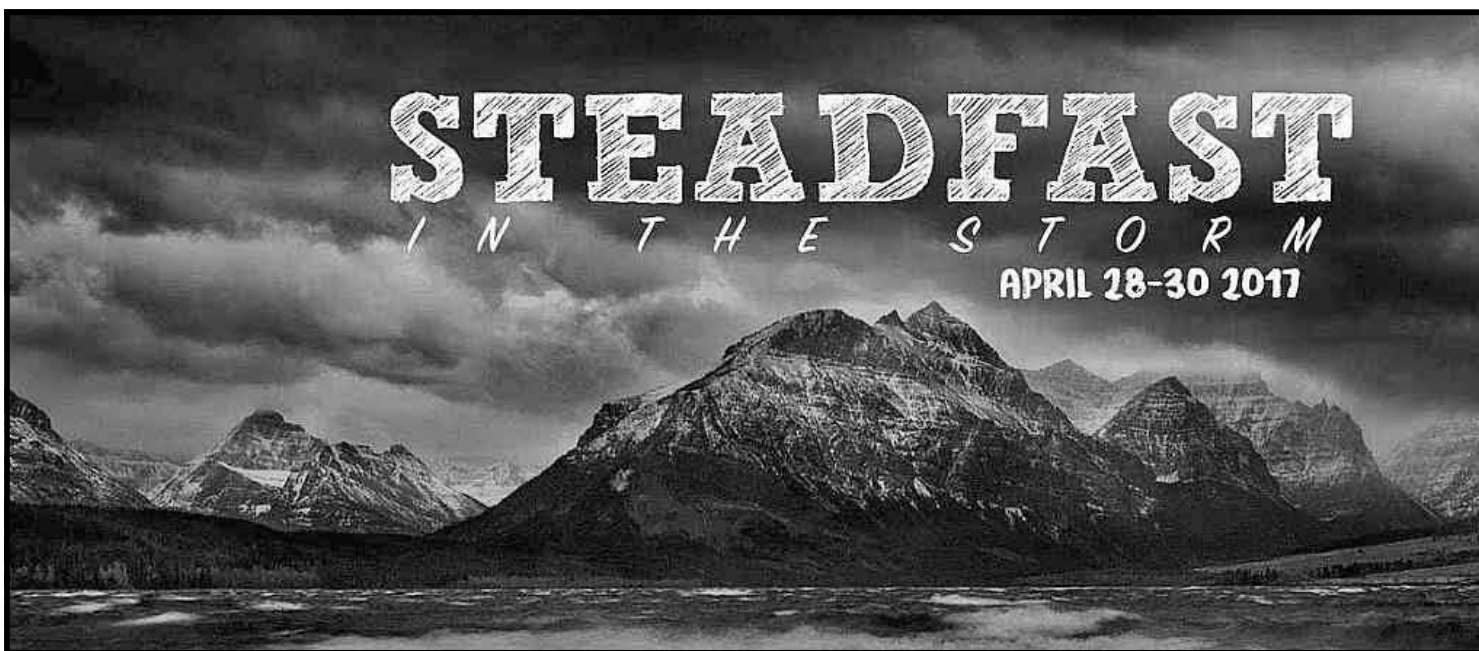
of time and effort to put the program structure together, and we are much indebted to them in laying down the foundations for this program, enabling us to keep it running four years on.

Filling out a questionnaire that included questions about our professional experiences, faith values, as well as personality characteristics, with the anticipation of being "matched" to a mentee who had complementary ideas and goals, was a very interesting exercise that I really enjoyed. The possibility of doing the mentor-mentee matching myself was appealing and became part of the reason why I put my hand up to join the GROW committee in its second year of program as a mentor support worker.

The GROW mentoring program usually starts its recruitment in December, advertising via email and social media groups. So far mentoring has been provided for students only, and structured on a one-to-one basis. Training is provided for mentors through a variety of avenues, including guest speakers, short videos and other online resources. We typically

organise a launch meeting early in the year as an opportunity for the mentors and mentees to greet each other for the first time, but participants also have the flexibility of organising their own initial meet-ups. We encourage mentors to initiate contact with mentees first. Thereafter, they are to work out a regular meet-up schedule (eg. fortnightly or monthly) that suits them both.

We have not had much experience yet in one mentor working with more than one mentee, or in a more ideal tiered system – for senior doctors to mentor junior doctors, who in turn can mentor students. However, we would be open to consider planning for these options if there is enough interest in the future. We encourage both mentors and mentees to keep an open mind about the content of mentoring sessions and plan together, keeping in mind some potentially helpful materials available, eg. *Tessellating* by Jeremy Beckett and the National Bible Curriculum. We feel that the fellowship from the mentoring relationships themselves is as important as the content of the meetings, if not more.



During the year, the committee members regularly follow up the pairs, and in the process, find out how often they meet, what they have been doing, and more importantly, get to know the mentors and mentees individually as well. The GROW program concludes in November of the same year, but mentors and mentees are encouraged to discuss if they would like to continue their mentoring relationship beyond our formal program.

I had the privilege of experiencing the GROW program in its different facets, first as a mentor and then as a member of the program committee. I have seen mentor-mentee pairs that clicked over a short span of time, with long, fruitful relationships which continued and deepened well beyond the GROW year. On the other hand, each year we have had pairs that did not work out so well, despite our best intentions. From a practical point of view, the planned 9-10 months duration of the GROW program is but a brief time. Achieving an engaging but flexible relationship for two people, often from differing backgrounds with different expectations, and who both have busy schedules, is really difficult.

I find myself pondering beyond the limitations of the program though, when I reflect on the mentor-mentee relationships that did not work out. Those of us who volunteer to be mentors are often conscientious medical professionals, who identify



“...seeing God’s work done through the growing of young Christian medical students into Christian doctors.”

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 strongly with the altruistic ideals of helping others. We may also be prone to hold ourselves to high expectations, with subconscious critical self-assessments slipped in here and there, especially when things are perceived

to be not going so well. This could translate into anxiety manifesting in a variety of ways when our efforts to reach out to mentees are, for one reason or another, not reciprocated.

It certainly helps to come back to God with my pondering, and 1 Corinthians 3:6-7 offers much comfort. Regardless of how hard we try, or how well our intentions may be, whether a mentoring relationship will be fruitful or not, is determined by God, and in many ways will remain a mystery to us. When things don't go so well, the solution may not actually be to offer more and try harder. We sometimes can't help think whether we are in fact just one more prayer, one more phone call, or one more email away from a fulfilling mentoring relationship, even when we have already done enough. There is much grace in the giving up of our time and making ourselves available for another. However, when for reasons unknown what we offered were not taken up, we also shouldn't beat ourselves up, wondering if we could have done infinitely more.

I believe there is as much grace in the latter too. ●

Please contact CMDFA Victoria GROW program via cmdfa.grow@gmail.com if you are interested in becoming a mentor, have any thoughts or suggestions, or would like to join our committee in the future planning of GROW.



IMPACT 17 Melbourne: Steadfast In The Storm

We are excited to announce that **IMPACT 17** is happening in Melbourne from **April 28-30!** All medical & dental students are invited to join us for what is set to be an amazing camp! Over the course of the weekend we will hear from God's Word, pray and worship together and also enjoy many moments of fellowship. In particular, this year's theme *Steadfast In The Storm* will focus upon what it means to remain firm in our faith in the storms of today.

Our organising committee is working hard to bring you a high-quality conference which we believe will enrich your faith and grow you in spiritual maturity. We ask that all students prayerfully consider attending **IMPACT 17** and for all doctors to recommend this conference to their students.

Additionally, if you are a Christian doctor or dentist who is interested in mentoring a group of students during IMPACT we would like to hear from you (please use email below). This is a great opportunity to make a difference in the lives of the next generation of Christian healthcare professionals.

We are extremely excited about this conference and can't wait to see you there!

The IMPACT Committee – E: help.impact17@gmail.com

Mentoring and Discipleship

by Jim Rawson

Dr Jim Rawson OAM Cert CPE; BSc (Hons); MAdmin; PhD(Vet Sc). Jim is the former CEO SUQ (27 years), former Chemical Coordinator SYNTEX Corporation (USA) and currently Chair Power to Change and on their National Leadership Team. He is on the board of CMA, GAIN and EAF. Jim has been married 49 years with 3 daughters and 8 grandchildren.

Jesus modelled discipleship with the twelve and especially with the three. Paul did the same with Timothy, Titus and others. Books, training modules and seminars abound. Churches agree that it is vitally important. However, very few Christians have been mentored, and even fewer Christians disciple anyone.

When I became a missionary with Power to Change (formerly Campus Crusade) I joined an organisation that is serious about discipleship. I had been in paid Christian ministry for 27 years. I was 58, but had never encountered systematic and intentional mentoring/discipleship. I deeply regret that I never introduced it into the Scripture Union (SU) ministry. We could have grown our thousands of volunteers so much more than we did.

Discipleship would have been a wonderful help to me in the development of my ministry skills and character. I was a headstrong extrovert and not very good at reflecting or perceiving the effect I had on others. A wise mentor could have given life-changing input before too much damage was done to others.

Where was the mentor I needed when I had the fabulous opportunity of serving on the Sydney University

Student Union (SRC)? I was a very keen but ignorant young Christian. Michael Kirby was the chair of the SRC. He went on to be a High Court judge. My understanding of process was almost zero. I am pretty certain that my influence on the members was mostly negative. It is unlikely that any member of my church, or person capable of mentoring me, had any idea of this amazing opportunity for influence. Being a Science representative on the SRC, made me a vice-president of the Sydney University Science Association. It was another wonderful opportunity that I did not have the appropriate skills to bring influence.

I was 30 when I became director of SU Queensland. Dr Colin Webster was chair of the board. Although he did not have a formal program for mentoring me, he had a profound influence. We would meet after his work day as a Psychiatrist and run through the board agenda. Then we would chat for maybe an hour or two. Colin's wisdom and experience helped to moderate this brash, energetic young leader. It is known as spiritual formation. Power to Change has formal processes of mentoring but Colin's was very informal. Both forms are very valid and effective.

People who are very busy may not have time to prepare or use a formal process. However, their experience of God, life, industry, management, family and wisdom of the years are invaluable for developing Christians. Having a one hour coffee with a young Christian leader, medico or nurse once a month for a year could transform their life, career and ministry.

The world has changed. Many of the young people I mentor have a broken relationship with their father. Divorce, drugs, workaholism, computer addiction and pornography have left



deep scars and pain. Just being a surrogate father or grandfather gives significant input into young peoples' lives.

For those who have a bit more time and who are of a systematic bent, then some formal, planned input into discipleship is very helpful. There are many resources available on the web and in bookstores. You can also build up your own materials as you learn what is useful.

Every person is different and challenging. However, this is exciting, because you grow enormously as you struggle to know how to help in the vast array of situations your disciples throw at you. You need substantial help from God and his guidance all the time. How do you help a Rwandan orphan who has become a Christian? Where do you start with a Sri Lankan Buddhist as he moves towards Christianity? What

"Having a one hour coffee with a young Christian leader, medico or nurse once a month for a year could transform their life, career and ministry."

.....

help can you give to a young Christian who has been affected by drugs? How do you help young Christians addicted to pornography, social media, computer games, alcohol and so on? Then there is the student who is a nerd and was bullied at school. Of course, there are students who are raised in Christian homes, are well-balanced and love God, but need life skills and an adult faith.

So how do you start mentoring?

First you pray: "Lord, you have laid on my heart to help someone grow as a Christian. Please lead me to them and give me wisdom to help them and learn from them." Next you look for a likely candidate. If you are a nurse you may find a recent graduate or someone still studying. Introduce yourself and have coffee together. Let them know your heart's desire. If they are interested you can set up the next meeting. If not, you search for another.

When I first start to meet with people I ask what they hope for out of our times together. I ask them to think

of something they would like me to explore with them. I ask them to email or SMS me in advance so I can think a bit about the issues that are currently relevant to them. If they really want to grow as a Christian I have a list of questions that cover the basics of Christian understanding and growth. Where the person expresses uncertainty about an item on the list we work together through their response. I also have accountability questions if that is an area people want covered. These resources and others are available for sharing on request.¹

What are good overall aims of discipleship?

Fortunately, these have been set out for us by Jesus. They can be summarised as the "**Two GCs**". First, there are the Great Commandments spelt out by Jesus in Matthew 22: 36-39 (NIV) "*Teacher, which is the greatest commandment in the Law?*" Jesus

replied: "Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: 'Love your neighbour as yourself'." If we can help our disciple to follow these then there should be evidence of growth in the fruit of the Spirit in their lives.

The second "GC" is Jesus' Great Commission. Matthew 28: 18-20 (NIV) "*All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age.*" This long commandment has multiple aspects to be taught:

- First, we are under Jesus' authoritative command.
- We are to go out into the world.
- We are to make disciples (not just converts) of all nations.

- We are to baptise.
- We are to teach our disciples to obey all the teaching of Jesus.
- We can be confident as God's disciples because Jesus is with us until he comes again.

If we take on a discipling role, then we should long for these outcomes. However, discipleship fails if disciples do not reproduce themselves. Part of the Great Commission is to make disciples who fulfil the Great Commission. That is, they make disciples themselves.

Power to Change uses a process of what we call "MAWLing" our disciples. We:

- **Model** ministry of some sort to our disciple with the aim of replacing yourself
- **Assist** the person to do that ministry
- **Watch** them as they do the ministry on their own
- **Leave** them to run the ministry themselves and they start to MAWL someone to take over from themselves.

John Maxwell¹ gives a five step process for discipling a person that is very similar.

- Modelling the tasks to be done,
- Mentoring the person in how and why to do the task,
- Monitoring how the person does the task themselves, providing correction and encouragement,
- Motivating the person by letting them have a go at the task,
- Multiply, as the person teaches someone else - teaching is the best way of learning.

We underestimate how valuable a short time once a month or so can be. Yes, you have to make time in your busy diary. Yes, you will be a bit lost as you start to work out how to disciple. However, the rewards in your own growth and encouragement as you see your disciple grow into a mature Christian adult are priceless. You don't want to die taking all you have learned and experienced to heaven with you. Leave an enduring legacy that can be passed on through multiplication to the next generation. ●

Reference:

1. Maxwell, John. *Developing the Leaders Around You* Thomas Nelson, 2005



“To take such a deep pulse, to ‘listen to another person’s soul into a condition of disclosure and discovery, may be almost the greatest service that any human being ever performs for another.” – Douglas Steere

.....

Taking the Deeper Pulse

Mentoring for healing and personal growth

by Chris Brown

Having retired from teaching social work at the University of Queensland and spiritual companionship at Christian Heritage College, Chris Brown offers spiritual direction and is a formator of spiritual directors. He is the author of *Reflected Love: Companionship in the Way of Jesus* (2012) and *Guiding Gideon: Awakening to Life and Faith* (2015).

With the human soul harbouring the basic impulses for healing and growth, guides and mentors serve pilgrims/patients well by feeling for their deeper pulse.

By gently resting a thumb upon the capillaries of the soul, we may encounter an initial shyness – perhaps a thickening layer of reserve forming around a region of inner darkness.

Carefully feeling for softer tissue, we might encounter the diffuse, yet constant, yearnings of a wounded and fragile heart – longings manifest in a restless spirit. Tenderly reaching for the layer beneath, we may uncover some fundamental desire of the soul which has become detached from its divine moorings, with its life-seeking energies siphoned off to what, ultimately, will not satisfy. If we pause there long enough, we may encounter a niggling dis-ease, a shadow of guilt concerning not keeping faith with a profound truth planted deep within.

To take such a deep pulse, to “listen to another person’s soul into a condition of disclosure and discovery, may be almost the greatest service that any human being ever performs for another” (Douglas Steere). The initial shyness of soul may be an invitation to step beyond our established patterns of diagnosis and treatment, our cause-and-effect logic, and, in humility, enter into a relationship of soulful solidarity where guide and pilgrim are personally

present one to the other. Here the pulses of both guide and pilgrim are important. And also a third – for in matters of the soul the Holy Spirit is invaluable as the primary guide.

The junctures of soul through which to enter are not those of ability, self-esteem, strength or competence – but rather, where Jesus’ Beatitudes begin: with our poverty of spirit. In cooperation with the Spirit, we offer pilgrims our presence, prayerfully attending to the story thread that unfolds before them, as well as to its resonance within us – discerning together what is, and what is not, life-giving.

We seek greater openness to the redeeming, reconciling and transforming love that is far greater than our own. In walking the road together, we discover that the basic impulses of the soul have less to do with problem-solving than with experiencing greater inner freedom, receiving Jesus’ gift of rest for our souls (Matt 11:29). ●

Passing on the Baton Meet CMDFA Fellow Members

by Grace Leo

Even though CMDFA encompasses so many members with diverse interests, we are all part of one family in God's great kingdom. Let's meet a few of our members who reflect on what CMDFA means to them and how they endeavour to "pass on the baton".

Michelle Leung

Michelle is a final year medical student from the University of Melbourne. She's loved being part of the CMDFA family since her first IMPACT conference in 2014. She enjoys spending an extensive amount of time on Spotify, playing music, reading and suffers from a serious case of wanderlust!

How have you been involved in CMDFA?

It always is such a blessing to serve in CMDFA with fellow brothers and sisters in Christ. During my second year of studies, I coordinated the prayer group at Austin Hospital. I have also helped organise and play in the 2015 & 2016 Victorian CMDFA Praise and Worship night. This year, I am involved in the IMPACT17



conference committee, serving as the plenary coordinator.

Who has "passed the baton on" to you?

In the first year of my medical studies, I remember being encouraged by a fellow CMDFA member in relation to the verse from Matthew 9:37 "The harvest is plentiful, but the workers are few." Medical school is such a unique time where there are so many opportunities to minister to friends and to be intentionally relational. It's incredibly easy for me to lose sight of that and become tunnel-visioned

in the daily grind. So it takes hourly (or even minutely) reminding of my higher purpose in Christ.

How can you 'pass the baton on' and how can we all pass the baton on?

We are called to be the salt and light, and I really believe that we should do this in all walks of life – that worship should be the focus in our studies, work, family life, leisure and relationships and so on. If we are gospel-minded and kingdom-oriented, people will notice and will gravitate to our love for God.

Also Romans 1:12 illustrates this "...that we may be mutually encouraged by each other's faith, both yours and mine". I think the CMDFA family does this extremely well. I am always encouraged by fellowship with other CMDFA members, and hope that I can be an encouragement to others too. ●

Joshua Ting

Joshua is a third-year graduate dentist working in Sydney. He loves playing sport, especially indoor soccer and touch footy. This gives him ample justification to eat all kinds of yummy food. He also enjoys playing board games and spending an evening watching TV/anime.

How have you been involved in CMDFA?

In the past I have attended VISION and IMPACT events with the goal of building up the Christian community in Adelaide's dental school. I was part of leadership in the Christian dental fellowship, which was kindly supported by CMDFA. Post-graduation I have not been as actively involved, but it is



still encouraging to see the work which CMDFA is achieving.

Who has "passed the baton on" to you?

Throughout the years I have always felt well-supported in my Christian faith – there have always been mentors to look to and to pray with whom I have known through church in Adelaide and Sydney, and also through CMDFA. These mentors have modelled and shown me the value of intentional meeting up and

prioritising Bible reading and prayer.

How have you 'passed the baton on' and how can we all pass the baton on?

Our involvement in ministries will transform and change, and that's why it's so important to be thinking about a transition plan – who will take up our post if or when we leave? So within the context of CMDFA, when I left dental school, we (the leaders) passed the baton on to two great leaders. They have now graduated and, in turn, have passed it onto a new set of leaders. It is awesome to see that that ministry is still going strong. On a micro level, I think a great way to pass the baton on is through meeting up one-to-one on a regular basis in order to share your experiences and offer prayer support. ●

2016 Newcastle Mentoring Pilot:

Mentoring: A Good Thing

by Andrea Schofield

Andrea is a Newcastle graduate (2005) and is married to Tyler, a GP. She was a paediatric trainee until becoming ill with lupus. Through suffering, she has learnt to trust the sufficiency of God's sovereign grace. Andrea and Tyler ministered in Alice Springs, until returning to Newcastle in 2013, where they helped plant Gospel Church. Andrea has served as worship director, in women ministry, and is currently studying Biblical Counselling with the Christian Counselling and Educational Foundation, where she is growing in connecting the truths of Scripture to everyday life and struggles. She, together with Dr Catherine Hollier, coordinates CMDFA Newcastle.

"Now may the God of peace who brought again from the dead our Lord Jesus, the great shepherd of the sheep, by the blood of the eternal covenant, equip you with everything good that you may do his will,

working in us that which is pleasing in his sight, through Jesus Christ, to whom be glory forever and ever. Amen." (Hebrews 13:20-21 ESV)

This prayer is what initiated and sustained the pilot mentoring program in Newcastle throughout 2016. Following the 2015 EQUIP Conference, God laid it on our hearts to facilitate local mentoring in 2016 and He indeed equipped us with good things. He soon brought together a good team and by May, we matched 14 enthusiastic local mentors with 22 expectant mentees.

Overall, it was a highly encouraging experience for most. Mentors and mentees who met multiple times reported the most benefit. However, even those who only met once were encouraged in their faith by the experience. For others, who were unable to meet up with their mentors/mentees despite multiple attempts, it was a more disappointing experience. Unsurprisingly, the universally reported obstacle to meeting up was busyness of both mentors and mentees.

It has also been a very busy year for each person in the Mentoring Team. Creating surveys and feedback forms (even with the help of GROW Victoria),

writing countless emails, following up with people and even finding times for the team to meet, has been challenging, but God has certainly helped us along the way. By His grace, we fulfilled, at least on a small scale, the vision He gave us to do:

To build relationships amongst medical students, doctors and dentists in Newcastle which provide Biblical, mutual encouragement and accountability in how we live out our faith in Christ, especially in the challenges specific to medicine and dentistry.

We feel that amongst students and graduates, there is a growing desire for mentoring to continue and expand in Newcastle. It has been a joy to be part of bringing people together to grow in grace and to more clearly reflect the image of Christ in our lives.

As a relatively small-scale pilot, and perhaps in God's kindness, we did not encounter particularly complicated issues that might arise in a mentoring program (e.g. conflict in mentoring relationships, multiple mentees in crisis) but anticipate these will occur over time. Please note that because this pilot was conducted in a regional city, some of our methodology and approaches may not translate to mentoring in a larger region where there may be additional challenges. Nevertheless, here is what mentoring looked like in Newcastle so far, including some things we hope to do differently in 2017. I pray that it may be of help to you in fostering mentoring in your fellowship.

Forming a Team

Prayerfulness, servant-heartedness, availability and connectedness are the

CMDFA Newcastle Mentoring Team 2016

Dr Andrea Schofield (non-practicing)

Dr Catherine Hollier (GP)

Dr James White (RMO)

Ryan Tan (2nd year medical student during pilot)

Rachel Weekes (4th year medical student during pilot)

A special thanks to the GROW Victoria team, CMDFA Committee on Mentoring, Dr Carolyn Russell and Kara Martin for your help, instruction, encouragement and support.



qualities I was most thankful for in our team. We hoped for a team who collectively would know, or at least know something of, all the mentors and mentees applying. We deliberately approached both junior and senior students who had good knowledge and insight of the existing interpersonal relationships amongst students. In God's goodness, again He provided. This was particularly helpful in matching groups of students with the same mentor.

This year, in recognition that there are people gifted with connectedness who may not be able to commit to the time involved, we have included people on the team who will only serve by helping with the matching process, without the ongoing responsibility of meetings and without being allocated as a direct support person to individual mentors and mentees.

Finding Mentors and Mentees

Emails and Facebook are good ways of letting lots of people know something is happening, but will probably never be better than a personal invitation. This year we are investing much more time in personally contacting suitably gifted mentors and mentees with specific needs. We also hope to make mentoring relationships more visible to celebrate the fruit of godly mentoring and to help promote a culture of mentoring.

Over time, we would love to see mentoring shift from being a 'program'

"Over time, we would love to see mentoring shift from being a 'program' to becoming an expected part of our fellowship."

to becoming an expected part of our fellowship.

Matching

We did not appreciate how much God was orchestrating this process until the end of the year when we could more clearly see His all-knowingness. As faithfully as we could from the surveys and our collective knowledge of people, we matched according to needs first, prioritising spiritual need, and then compatibility of other factors e.g. gender, location, personality, speciality. The maximum mentee: mentor ratio was 3:1. At the discretion of the mentor with multiple mentees, some were mentored in groups, and others, individually.

We paired unknown or less well known mentors with known and well supported mentees to reduce the risk of placing an unsuitable mentor with a mentee with high needs. We also hoped this would facilitate mentors not previously involved in

CMDFA becoming more connected with the fellowship and perhaps allow us to better support them. With an oversupply of male mentors for female mentees, we utilised married couples (including non-medical spouses) to help overcome gender matching and enrich the mentoring experience.

Pre-clinical students suggested that they might have found more immediate benefit from being mentored by a more senior student rather than a clinician. All of our mentors were post-internships, but where mentors had multiple mentees (especially when the mentors were a couple), pairing younger and older student mentees under the same mentor provided the opportunity for peer mentoring amongst students.

Mentor Training

Dr Carolyn Russell ran a wonderfully Biblical and practical one-day training for mentors in August. A feedback survey on the day revealed that all mentors found it very helpful and felt better equipped to mentor.

Ideally, we would like to provide training for mentors before they meet their mentees. So, this year, Kara Martin will train our mentors. This will only be a half-day workshop on a Saturday afternoon to maximise attendance. We also have a mentor afternoon tea planned in August as an occasion for

continued over page

MENTORING: A GOOD THING

fellowship and peer support amongst mentors.

The Meetings

When mentors and mentees met, the sessions mostly consisted of the mentees sharing, the mentors sharing and prayer. Topics discussed included: faith, ministry, exams, studying and working as a Christian in healthcare, ethics, training programs, mission, career, future opportunities, relationships, physical health, mental health, family, marriage, parenting and work/life balance. Some mentees reported they would like their mentor to share more. Mentors can often feel that the conversation should be solely about the mentee. However, sharing their lives can be a way to encourage their mentee and demonstrate humility.

Everyone reported that busyness was an obstacle to meeting. Some mentees were very difficult to contact, which was discouraging for their mentors but also raised concern about their mentees. Distance was another obstacle for some, however, three students were effectively mentored via distance (from Sydney, Taree and Tamworth).

Resources

We created these business cards as a possible starting point for mentors and mentees when they met:

Most people used the questions, at least informally, and found them to be useful in getting to know each other and in following-up on issues previously shared.

We also recommended the following resources:

- On Christian discipleship: *Side By Side: Walking with Others in Wisdom and Love* by Ed Welch
One to One: A Discipleship Handbook by Sophie De Witt.
- A Biblical approach to work: *Every Good Endeavor: Connecting Your Work to God's Work* by Timothy Keller.
- Resources specific to faith and medicine: *Tessellating: Starting Out in Medicine and Dentistry (Where Faith Meets Practice)* by Dr Jeremy Beckett.
National Bible Curriculum Bible Studies: <http://cmdfa.businesscatalyst.com/students/national-bible-curriculum>

The most commonly used resources of these were: Side By Side, Tessellating, and the Bible. Most mentees reported they would like to do more Bible reading with their mentors.

Resources may become more useful for later meetings after mentors and mentees have spent the time to get to know each other e.g. from the 3rd meeting onwards. Including

a framework for reading the Bible 1-on-1 may assist mentors who are less experienced at facilitating Bible study. Mentors being familiar with the resources before meeting with their mentee would be helpful in tailoring the material to the mentee. Even if the mentor and mentee do not go through the material together, it may still be helpful for the mentor to be able to point the mentee to suitable resources and show them how to access them.

Feedback and Support

Our mentors and mentees responded to two feedback forms: in August and December. They were also each designated a contact person from the Mentoring Team, who contacted them personally at least twice throughout the year to offer support and ask how the mentoring relationship was travelling.

The surveys were effective and efficient, but informal feedback was also helpful as some responded to personal contact rather than surveys. We recommended that each team member personally oversee no more than a total of 6-8 mentees/mentors, to provide adequate, individualised support.

The feedback, together with issues raised at mentor training and other gatherings, could be used to identify common areas of difficulty and need for further growth, which could direct more focused training in the future.

Testimonials:

"I am thankful to God for the wisdom, humility, patience, gentleness and generosity of older Christians like my mentor. I have gained some helpful insight into different ways of serving God, both within and outside of medicine. I have had opportunity to reflect on my own motivations and attitudes towards helping people and start to identify when these come from selfish ambition rather than love."

– 4th Year Med Student

"I've learnt much more about how I can practically live out being a Christian who happens to study



The Business Card wording:

CMDFA Newcastle Mentoring

"One generation shall commend your works to another, and shall declare your mighty acts." Psalm 145:4

OUR HOPE: To build relationships amongst medical students, doctors and dentists in Newcastle which provide Biblical, mutual encouragement and accountability in how we live out our faith in Christ, especially in the challenges specific to medicine & dentistry.

How are you going...

- in what we prayed about last time?
- in spending time with God?
- with your physical and mental health?
- in study and/or work?
- at home?
- with church?
- with church?

How can I pray for you?



medicine, rather than a med student who happens to be a Christian. I also gained a greater understanding of what life consists of in later years of med and after graduation. It was very encouraging to get to know such strong and faithful Christians and see how their faith impacted their work/study."

– **1st Year Med Student**

"Mentoring a student reminded me of my need to grow and encourage others, as well as the significance of younger Christians having someone to share and converse with."

– **GP Mentor**

I personally had the privilege of individually mentoring a psychiatry registrar, a paediatric registrar and a 4th year med student, who have each encouraged me to trust God more and to live more boldly for Him through the way that they care for and seek to serve others above themselves, even amongst the demands and trials of their training. While I often felt I offered little more than support, their feedback reminded me that we are often unaware of the impact we can have on others. It is God, not us, who determines our effectiveness.

Prayer is a good barometer of our reliance on God rather than on our own efforts. Unless we seek to do His will, we labour in vain. Please thank God with us that He is beginning to build mentoring into the fabric of CMDFA. Please pray for the CMDFA Committee on Mentoring and the State Mentoring Coordinators who are committed to this vision. Pray also for your local fellowship and how you might be able to serve to facilitate Biblical mentoring. If you are already a mentor, stop and pray for your mentee. If you are a mentee, stop and pray for your mentor.

Finally, whether or not you have ever mentored or been mentored, I encourage you to prayerfully and continually seek someone you could mentor and someone who could mentor you, as we all continue to be transformed into Christ's image, from one degree of glory to another! (2 Cor 3:18). ●



**Help the next generation
of Doctors and Dentists
share the love of Christ...**

MAKE A BEQUEST TO CMDFA

CMDFA relies so much on the generosity of our members to promote, grow and share the Fellowship of Christ through our profession. After taking care of your family and loved ones, consider what a difference you can make to the future of your profession by **leaving a bequest to CMDFA**.

A bequest is a lasting legacy that links the achievement of one generation to the well-being of the next. It will help CMDFA fulfil its ministry to the healthcare profession.

A bequest to CMDFA can be made in a number of ways:

- **A stated percentage of your estate after your family has been provided for.**
- **The residue of your estate after debts, charges and other bequests have been deducted.**
- **A specific sum of money, or shares or property.**
- **Life insurance, with CMDFA as a beneficiary.**

So please prayerfully consider whether you can help the future work of CMDFA through a bequest.



*If you would like help or more information please contact our National Manager: **David Brown***
Tel: 02 9680 1233 • Mob: 0414 340 848
• Email : david@cmdfa.org.au

Interview with a Mentor

Dr Mike Nicholson

Tell us a bit about yourself...

I qualified in 1961 from The Middlesex Hospital, London University, UK, and did my residency at the Middlesex and Central Middlesex Hospitals. Then I joined the Royal Navy and started surgical training which ceased with the down-sizing of the British Navy in the mid-sixties.

This led to emigration and working in isolated rural NSW for ten years, followed by a similar period in a Sydney suburban practice, and later becoming the Medical Secretary of the NSW Branch of the AMA. Clinical Medicine, however, issued a loud trumpet call and I returned to rural practice – this time in a group practice in the Central West of NSW until retirement in 2015.

My faith journey was somewhat understated during the tumultuous days of late night calls, obstetrics and bush surgery. I have been an Anglican all my life but only gradually adapted to the mores of the Bathurst Diocese. I did however recognise the strong arms of our Lord guiding and holding me during “The Roaring Days” as Henry Lawson called them. In later years, the full realisation of this has greatly enhanced my faith and I continue to derive much encouragement and comfort from my local Anglican Church.

What interested you in mentoring a student?

Retiring from active practice and moving made me aware of having time to continue some involvement in the profession. My initial reaction to an offer to mentor a student was to feel unprepared and out of touch with medical education.

It later dawned that there are certain verities in Medicine and Christian life that are universal and have been over a long period of time.

I was unsure today whether graduating students take or are aware of the Hippocratic Oath.

It is worth repeating a relevant segment in a modern version here as it remains for me one of the guiding ethical principles of our profession.

“TO RECKON all who have taught me this art equally dear to me as my parents and in the same spirit and dedication to impart a knowledge of the art of medicine to others.....”

Mentoring falls into the broad sweep of “imparting a knowledge” taking note of the “art of medicine”.

For a Christian student, the context of the knowledge imparted and it’s potential use can create real conflicts today. Dealing with issues around foetal abnormalities, end-of-life decisions and the re-emerging debate on euthanasia are some examples. The current secular environment can be quite oppressive to vulnerable patients.

Have you had any mentoring experience in the past?

In a formal sense, no. However, on looking back I had many encounters with students on clinical placement, with GP Registrars in the early days of the RACGP training scheme and younger colleagues generally, which could all be labelled as opportunist mentoring.

With Dr John England, a cardiologist from Katoomba, NSW, we held a number of seminars on ethical issues that were well received by the local doctors around Mudgee, and the medical students from Wollongong University.

Was it difficult to initiate conversation?

I suppose it is natural to be a bit apprehensive before a first meeting – more so for the student I expect.

Emails and texts to set up a face-to-face meeting helped to give some awareness and expectation of each other. Establishing the best mode of

communication early on can save a good deal of time and concern.

No, it was not really difficult – it seemed quite natural and was greatly assisted by Anne, my wife, coming along to the first meeting so we quickly found common ground. After introductions and a short prayer of thanks for the opportunity, we kicked off with learning a bit of each of our backgrounds, leading to discovering issues needing more exploration and setting the agenda for follow-up discussion.

What was the best thing about the meeting?

I think having the opportunity to set some parameters for the relationship and expectations of what we would try to do.

The venue created a stimulating atmosphere at least for that first meeting.

We met in the John Hunter Hospital in Newcastle and went down to the staff cafeteria. This gave us the chance to have a quick meal and grab a table surrounded by dedicated people seizing the brief respite of their lunch break.

On a further visit we were joined by one of the Hospital chaplains from whom we were privileged to learn of his amazing faith journey against all sorts of odds.

What was the hardest thing about the meeting?

I suspect it was rather harder for Jessie Ginson (*see next page*) than !! Probably finding a common time to get together was one of the hard things and again the favoured method of communicating was important. In Jessie’s case it was not a big problem, although family illness made it very hard for my other mentoree.

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Interview with a Mentee

Jessie Gibson, medical student

Tell us a bit about yourself...

Hello. My name is Jessie Gibson. I am a medical student, currently in my 3rd year of study at the University of Newcastle. I am really enjoying my studies so far. I have had the opportunity to participate in the John Flynn placement program which has allowed me to partake in rural general practice placements.

I have grown up in Newcastle and attended Hunter School of the Performing Arts, where I had the opportunity to pursue my love of music. In my spare time I also like to play hockey, read Jane Austen novels and propagate plants. I've grown up in a Christian family and attend a local Baptist church.

My part-time work is in community aged care. It has allowed me to form many valued friendships with elderly people who I probably would not have otherwise had the opportunity to meet.

How did you and Dr Nicholson make contact?

Michael first contacted me via email. We exchanged brief emails about ourselves; about our church involvement and faith, our interests, and our experiences practicing/studying medicine.

Since then we've communicated by email and text message.

Where did you meet?

The first two meetings were at John Hunter Hospital in the staff cafeteria during lunch time.

The third was at his home, with another mentee and CMDFA member.

How often did you meet?

We met up three times in the latter half of 2016. We also saw each other at some CMDFA events during the year. This meant that I was introduced to Michael before our first meeting which helped me to not feel anxious about it.

Did you find it difficult to make conversation? Why/why not?

I never found it hard to make conversation. However, there is a certain amount of apprehension about beginning to get to know someone, especially when there is an expectation that the two of you will adopt a mentor-mentee relationship where there is genuine connection and mutual gratification from conversation. After the first fifteen minutes of conversation I knew I had nothing to worry about.

The first time we met, Michael also brought along his wife, Anne, who had much to contribute to discussions about rural medical life. A third person was helpful to keep conversation flowing.

We shared an interest in rural medicine and of, course, our faith in Christ. Between these two topics we could talk forever.

What was the best thing about the meeting?

I really enjoyed talking with a doctor who has had so much experience and many decades working as a rural GP. He had many stories to tell about interesting patients, and how God had worked in his life and through his work. I found it interesting to hear of how his relationship with God influenced, not only his medical ethics but also the way he interacted with patients,

endeavouring to make each one feel valued and worthy.

He also talked about the role of the doctor in a small community; the blurring of lines between doctor and friend outside work, being known as "the doctor", and living in a close knit community.

I liked being able to ask and discuss non-medical issues around faith as well. He had a lot of wisdom to give and also a very approachable and understanding nature.

What was the hardest thing?

The flip side of being paired with someone with so much experience is that there was a large age difference and difference of level of knowledge. When we were talking I think he thought that I knew far more about general practice than I actually did. This left me feeling slightly out of my depth, but also meant that I learnt a lot.

The relationship was not one where he could give me practical tips on the things such as what I should focus my study on for particular subjects, or what resources to use, or what to expect when I go into the hospital.

What would you like from future meetings?

During our last meet up we started the National Bible Curriculum studies. I'd like to continue with those studies and to continue to build a great friendship. ●



Interview with a Mentor
– Dr Mike Nicholson
– from p32

What would you like for further meetings?

We had just started a module of the National curriculum on the expectations and difficulties of being a medical student. I would like to be able to continue as a team with these next year if they are keen too. ●

Interview with a Mentee

Ryan Tan, medical student

Tell us a bit about yourself...

Hi, I'm Ryan Tan. I am beginning my 4th year in UON this year. I'm from Singapore and have come here to study medicine for the 5 years. I love Jesus and have really grown in faith, wisdom and in understanding the word of God during my time here in Newcastle. I go to Unichurch and am part of All Nations, a bible study group in Unichurch for international students. I'm also part of Med Bible Study, comprising of medical students that meet together to study the word and pray every Monday evening. I have been a member of CMDFA since the start of 2016.

Coming from a Christian family background, I have known Jesus since I was young, and officially decided to follow him when I was 17. I am passionate about music and art. I enjoy breakdancing, drawing, playing musical instruments, beatboxing and other forms of good procrastination! I was interested in the mentoring programme since I had loads of questions that I really wanted a Christian doctor's perspective on. (I think not many non-medical people in church can understand what a doctor really goes through.) I also wanted to hear of experiences in the working field, in terms of living out our faith as Christians. I had been wanting a mentorship programme to be set up in Newcastle since hearing about similar things being done in other parts of Australia (during the Vision Conference in 2015). Therefore, when I was told about this pilot programme being set up in Newcastle, I was quick to jump on board and be a part of it.

I was paired up with Dr Ralph Gourlay, a general surgeon at the Calvary Mater Hospital in Newcastle.

How did you and Dr Gourlay make contact?

We first made contact through SMS. I was the one to contact him first (being a keen bean and being part of the

mentoring team), and we agreed to meet for coffee and a meal.

Where did you meet?

We first met at East End Hub (a cafe) near Newcastle Beach on a Friday afternoon. It was great timing as I had just finished my exams and he only had a few colonoscopies and a gastroscopy to do that day. The second meeting was also in Newcastle town, in a nice café. He drove me around and we toured the area. He showed me places where he used to live and study when he was a student.

How often did you meet?

So far we have met twice, once in each semester, but kept in contact in between. We are friends on Facebook and Instagram as well. I'm happy with the amount of meetings we've had.

Did you find it difficult to make conversation? Why/ why not?

During the first meeting, it was a little awkward. Initially, being excited, I rushed through the questions and there were moments where we could talk a lot and moments where there were just long awkward pauses. I had misplaced my mentor questions business card and had to go by what I remembered. During the first meeting, it was the usual get-to-know-you conversation: church background, current church, aspirations for the future, etc.. I shared a lot and he listened to me, but he didn't really talk as much as I wanted him to when I pounded him with questions about himself during the first meeting. He was also quite unclear of what to share/ask. (He confessed he didn't really read in detail the emails that were sent out.) He did ask me what I wanted out of the meetings.

The second meeting was really great in my opinion. He initiated the meet-up. This time, because we were more familiar with each other, the conversations were much more natural and he opened up a lot more. It was

much easier to make conversation in the second meeting and there were no more awkward pauses. As we have already met each other, conversations shifted to topics, questions and concerns I had, as well as sharing on both our parts on what we were currently going through/doing.

What was the best thing about the meeting?

The second meeting was really helpful because Ralph shared with me his own experiences as a student, and gave me really helpful advice and assurance. I shared with him my current concerns and dilemma in making decisions for the future: where I was going to work, and concerns about being steadfast in keeping the faith in my future workplace.

Being a student from Singapore, one of the concerns I have is deciding between staying in Australia or returning to Singapore for internship. I also shared with him some of the things I have learnt from Unichurch MYC and from reading the book *Tesselating* (by Jeremy Beckett). When he told me about his life and the difficulties he faced as a student, I felt that I could really relate to him better. Just having someone who had gone through the same path (as a broke medical student) has been really encouraging, and I could see how God worked out His plan for Ralph in his life from a student through to a surgeon.

Ralph shared about how he had plans of his own, in terms of choosing where to work and where he could do ministry, and how God had different plans for him. Ralph's sharing was just him being real and genuine and I really appreciated it. I felt that I could see him as a fellow fallible human being who relies on and submits to Christ, and not just a successful surgeon who has everything sorted out for himself. It really reminded me that no matter how many plans we make, or how much effort we put in to try and achieve our

goals, God always has His divine plan for us and it is always far better than what we hope for. However, that being said, Ralph also encouraged my idealistic hope of using my profession to reach out to marginalised communities, both medically and evangelistically.

After the first meeting with Ralph, I thought that more sharing on his part would have been good, but reflecting on the second meeting, I realised that it takes time for people to open up to each other. It was admirable of Ralph to take time off his busy schedule and his family time to have these meetings with me.

What was the hardest thing?

I found that going through the first meeting was probably the hardest so far (not that it was really hard, actually). Planning and meeting up with someone I've never seen or heard before for the first time was kind of confronting for me, being an introvert, but I have been getting used to it. Thinking of what to say or ask during the long pauses in the first meeting was also tricky. I found that there was no clear structure or agenda for the meeting, and people just can't get to know each other completely in one meeting. It really took time for us to open up to each other. But I found that things really improved drastically for the second meeting. So don't be discouraged by how messy you thought the first meeting went – it'll get better in subsequent meetings.

What would you like from future meetings?

Like I have said before, getting to know someone takes time and can't be accomplished in just one meeting. I hope to be able to continue to get to know Ralph better during subsequent meetings. As life in med school progresses and we learn and experience new things, more questions and concerns will arise with regards to ethics, academics and the future. In my meetings with Ralph, I really cherished his advice, experiences and sharing. It is extremely valuable being from a Christian perspective. Having older Christians in the medical field is really encouraging, especially their sharing of experiences and how they live out their faith in the medical field. I would also like for Ralph to ask me questions which challenge my current perspectives on things and make me think deeper, as well as look further into what God tells us in His word. ●

Passing on the Baton

Meet CMDFA Fellow Members

by Grace Leo

Even though CMDFA encompasses so many members with diverse interests, we are all part of one family in God's great kingdom. Let's meet a few of our members who reflect on what CMDFA means to them and how they endeavour to "pass on the baton".



Joel Wight

Joel is a haematology advanced trainee from Queensland currently training in Melbourne. He has been involved in CMDFA since 2004 since a "Vision" weekend and is currently serving as the recent grads staff worker. He is part of the CMDFA family in more ways than one – having met his (dentist) wife Shu-en at CMDFA.

Joel enjoys snowsports, good wine and food with friends and is currently studying a Master of Divinity on the side.

1. How have you been involved in CMDFA?

I've been very involved for the last twelve or thirteen years, both as a conference attendee and as a mentor, leader, speaker and most recently, recent grads staff worker and board member. I've been particularly passionate about two topics: identity (i.e. finding our identity in Christ and not in our work) and perseverance (i.e. running the Christian race to the end such that we might receive the crown of glory, without wavering or falling away).

2. Who do you look up to in CMDFA?

Who has helped pass the baton onto you?

Probably the most significant figure for me in CMDFA has been Tash Yates. She was the original recent grads and students worker who got the ministry off the ground in early 2000's. She's been a constant inspiration, encouragement, and source of godly advice and wisdom.

3. What do you think passing on the baton means?

Passing on the baton needs to be intentional. My tenure as recent grads rep is coming to an end and over the next twelve months, I'll be looking to mentor a replacement into the role. Passing on the baton is more than just the title and job description – we need others to catch the vision of CMDFA so that they can take our fellowship into the future. I think mentoring is key here – i.e. deliberate, intentional, goal-directed, relational partnerships between a senior and a junior that aim to grow and develop the junior partner so that they can be equipped to serve the fellowship and ultimately the Kingdom of God. ●

New Initiatives in Mentoring

by Kara Martin

In 2016 Kara Martin was Mentor Educator with the CMDFA (Victoria). She is Project Leader with Seed, Curriculum Developer with Excelsia College, and former Associate Dean of the Marketplace Institute at Ridley College (Melbourne). She has worked in media and communications, human resources, business analysis and policy development roles, in a variety of organisations, and as a consultant. Kara has a particular passion for integrating Christian faith and work, as well as helping churches connect with workers in their congregations. She is currently writing *Workshop: how we can worship God through our work*, to be launched in March 2017.

In August last year I was asked my opinion on virtual mentoring. To be honest, in spite of lecturing on mentoring, being employed to mentor, and having mentored 30 people in the last three years... I thought virtual mentoring was an oxymoron like 'open secret', 'clearly confused' and 'seriously funny'!

Thank goodness for 'Google'! It turns out that virtual mentoring is the latest innovation, utilising technology to enable maximum flexibility in the ability for people to access the wisdom and coaching they seek.

As the Art of Mentoring website explains:

'Virtual mentoring' simply refers to any mentoring activity that does not take place face-to-face. With today's technology there is a suite

of communication tools open to this style of mentoring, including Skype, telephone, email and messaging.¹

Virtual mentoring is a form that suits busy people, maximising their schedules by minimising travel. It also enables the mentee to link up with the best mentors for their situation.

By contrast, in Christian circles, our primary model of mentoring is still an apprenticeship model. This is the model we see Jesus using - that of an experienced teacher gathering inexperienced learners, who soak up knowledge and skills. It involves long periods of time together, watching the teacher (in different situations and reacting to different stimuli) and then having the opportunity to make decisions in those same situations.

However, the rise of the phenomenon of virtual mentoring signals a major change in the practise of mentoring, especially in professional circles. The pressure for change comes not just from the busyness of modern lives, it is also the result of a transformation in our understanding of how people learn. Rather than fighting these forces for change, or mourning past glory days, we need to explore whether other modes of mentoring may actually result in better-formed young Christians, particularly future leaders, prepared to face the modern challenges of faith.

Other models of mentoring

The professions are leading the way in mentoring paradigms, an area that was once monopolised by the church. The most highly-respected mentoring guide is provided by Lois Zachary.² The core philosophy behind Zachary's model is a learning, rather than an apprentice, model. The elements of the Learning-Centred Mentoring Paradigm are:

- Reciprocity and mutuality: mentoring is value-added for both.
- Learning: with the mentor as a facilitator.
- Relationship: recognition that strong relationships motivate, inspire and support mentoring.
- Partnership: mutual respect and trust.
- Collaboration: build together, share knowledge, have consensus, and actively work together to share goals.
- Mutually-defined goals: need to clarify and articulate learning goals.
- Development: focus on promoting the mentoree's development and growth.³

This marks a significant change with a mentor no longer seen as sole authority and the main source of content. Instead the mentor becomes a **facilitator** of the mentoring process, recognising when someone else might be better suited to teach or coach the mentee in a new role. The mentee becomes much more **active in the learning process**, helping to identify areas of need. In fact, there is benefit in the mentee joining with others in the learning process, engaging in **peer or group mentoring** sessions.

Rather than an open-ended relationship, the **mentoring may last for six months or several years**, continuing as long as both are stimulated and engaged in the learning process. Engagement may also impact the frequency of contact, with **frequent contact** when there is a need, and **less intensive mentoring** at others. Reconsidering the context of mentoring means accepting that face-to-face meetings, whilst preferable, may not always be possible if the best mentor for the learning experience is unavailable due to geography or time constraints.

In previous mentoring models, the mentor was primarily valued for their



knowledge and understanding. With the increasing access to information, mentees are now looking for the **ability to discern, reflect and apply knowledge and understanding**. Mentors are prized more for their skills in decision-making, understanding people and managing change, as well as in applying biblical wisdom to different issues and interpreting the cultural milieu.

How does this relate to mentoring in CMDFA?

- *We can be creative in the way we mentor in CMDFA.* Medical and dental students and practitioners are unusually busy and time-pressured. Being flexible with appointments, and making the most of technology to stay connected is an alternative to regular face-to-face appointments.
- *Different situations and needs may require more than one mentor.* It is good for mentees to identify a variety of key people who can coach, pastor or spiritually direct them.
- *It is helpful to be focused in the mentoring relationship.* Is there a skill to learn? Or knowledge to be gained? Or problem-solving required? Or is it an accountability relationship? In a recent trial in Victoria, participants were taught and modelled specific skills in prayer, having spiritual conversations and making disciples.
- *Be aware of the particular needs of the mentee.* Accompanying this article is a list of the **challenges**

facing doctors and dentists at different stages of their career.

- *Consider alternatives to one-on-one if mentors are in short supply.* Studies reveal that millennials prefer group activities.⁴ Technology means that the occasional face-to-face group activities matched with digital communications via, for example, a closed Facebook group may be an alternative of keeping in touch.

A biblical basis for different styles of mentoring

While new initiatives in mentoring may be considered by some to be a watering down of traditional concepts of discipleship, it is actually partly modelled by Paul. Through his pastoral letters he mentored at a distance, in response to specific issues identified, with a great deal of focus on application.

Paul's first letter to Timothy, for example, starts with some clear practical wisdom on dealing with false teachers, applying gospel truth to the specific context that Timothy is facing (1:3–11). It includes several passages of personal encouragement (for example, 1:18–19, 4:11–16). There is practical instruction for worship and appointing leaders to build up the church, again addressing the specific needs of Timothy's congregation (2:1–15, 3:1–13, 5:1–21). It ends with some personal comments for Timothy (5:22–25).

The rapid expansion of churches planted by Paul's mentees, keeping

in step with the Spirit as he exhorted (Galatians 5:25), demonstrates the effectiveness of Paul's mentoring, even at a distance, and tailored for his mentees.

The experience of professional organisations is that mentoring is fundamental for the promotion of skills and knowledge that need to be caught rather than taught, such as leadership, decision-making and problem-solving. For centuries, mentoring has been the primary way Christians have been spiritually formed. In the challenging world of medicine and dentistry, Christians more than ever need the encouragement and accountability that mentoring provides. We have the opportunity to be creative and flexible in the way mentoring is provided.

As you read this, I encourage you to pray about the opportunity to mentor or be mentored. ●

Note: Sections of this article were included in a shorter article on the *Transformation of Mentoring* that was published on the website of "The Gospel Coalition Australia" (australia.thegospelcoalition.org).

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Intern Boot Camp in Australia

by Joanne Ma

Joanne grew up as the daughter of a doctor/pastor and missionary parents. She studied medicine at the University of Newcastle and now works as a GP in North Western Sydney. Joanne was part of the CMDFA National Board in 2011-2014, serving as the national recent graduate staffworker. She is married to Jonathon and they have a son, Elijah, and are expecting a daughter later this year.

It all started at the dessert bar of a hotel in Montevideo, Uruguay.

In 2010, a bunch of CMDFA members travelled to South America for the ICMDA World Congress. I was one of a few Aussie recent graduates and naturally got to know recent graduates from other countries. One night over dessert I had the opportunity to hear from the Norwegian graduates about their boot camp for interns. I was fascinated to hear that they ran a week-long intensive course for their interns as they transitioned from student life to working in the hospital system. The Norwegians found that the Intern Boot Camp helped their interns make the transition smoothly whilst keeping their faith intact during what was often the most challenging and isolating time of their lives.

In Australia, we had long observed the drop-out of student members when they became recent graduates, and also the sad statistic that so many lost their faith after graduation. With that in mind, I never forgot that conversation with the Norwegians. Three years later, whilst serving as the national recent graduates staff-worker, we decided to trial a day-long Intern Boot Camp of our own. We hoped that even a short



IBC Sydney 2017.

“...we had long observed the drop-out of student members when they became recent graduates, and also the sad statistic that so many lost their faith after graduation.”

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program would help to plug the gap between students and graduates, and that the incoming interns would be encouraged and challenged to work on maintaining their spiritual vitality.

The Victorian CMDFA committee, under the leadership of Dr Jason Ong, kindly offered to run the pilot in 2013. It was

well-received, so in 2014 we launched the Intern Boot Camp (IBC) in four other major cities: Sydney, Brisbane, Perth and Adelaide. One of our Victorian dental members, Dr Elice Chen, offered her graphic skills to put together a manual from the talks of that pilot IBC and this was a helpful resource for the other cities as they put together the schedules for their own IBCs.

The first Sydney IBC was held in my home since we only had eight interns attend. By the next year, we needed to hire a local hall as we had thirty-two attendees plus twelve speakers and helpers. I recall that Townsville held a small casual morning tea at a local cafe for a group one year. These days Intern Boot Camp is commonly held in people's homes or church halls across the country as we need enough space to host everyone (a great problem to have!). Each city has autonomy to organise their schedule and invite local speakers to share on a specific topic.

We are blessed to be able to tap into the CMDFA family's rich resources to ask Christian residents, registrars and consultants to come and share on a given topic or to provide mentor support on the day. The presenters often see it as a privilege to be able to share their experiences and tips on both practical and spiritual aspects of intern life.

I recently attended the 2017 Sydney Intern Boot Camp. Topics typically covered in a one-day boot camp include: working as a team-playing an efficient intern; remembering our identity in Christ; what to do after a bad day; spiritual pitfalls to be on the lookout for; work-life balance; maintaining spiritual health; and impacting our workplace for Christ. Personal experiences, trials and triumphs were shared in order to encourage and challenge incoming interns towards love and good deeds. At the end of the day, the interns had an opportunity to ask unanswered questions to a panel of speakers. I personally appreciated the time of group worship in song and prayer in smaller groups.

In NSW last year, we had a mid-year brunch catch-up for the interns at our state chair's house, Dr Rosemary Isaacs. We had a chance to hear of their experiences so far and to brainstorm ideas to help bridge the gap between students and graduates. As always, the topic of the mentoring of younger junior doctors by older, more experienced and spiritually mature doctors was mentioned. Victoria and the Newcastle regional area already have great mentoring programs set up. It is our prayer that other areas across Australia can also accommodate mentoring of older graduates with younger graduates or students.

A few years ago we started a new initiative to help recent graduates stay connected despite their multiple moves during training, whether it be interstate or to regional areas. **Have you seen the hospital and regional fellowship and prayer group map on the CMDFA website?** Go to <http://www.cmdfa.org.au/Resources/hospital-fellowship-network> which has an interactive map of the hospital and regional groups known to CMDFA. I'm looking forward to attending a Project Acts 29 brunch where there will be face-to-face sharing of ideas and strategies for hospital fellowship and prayer groups across NSW. We are praying that there will be mutual encouragement for existing and new groups, and that one day there will be a hospital or regional fellowship and prayer group in every location in Australia.

Please write to the national office if you need to update your details or to inform us of a new group that isn't yet on the map. ●



Interview of Dr Phyllis Tay, incoming resident medical officer at Westmead Hospital

Q: Which IBC did you attend?

A: I attended the Sydney IBC in 2016

Q: What are two things you took home with you after IBC?

A: To be honest, I don't remember the exact specifics of all the talks, but the two things I took with me from IBC were 1) I am firstly a Christian – a child of God – before I am a doctor, and 2) there are other Christian doctors in my hospital and in surrounding networks with whom I can connect.

Q: How did IBC help to prepare you for internship?

A: IBC gave me a little peek into what things to expect in internship. Hearing from other's experiences about the long hours, working on weekends, and being aware of the culture of complaining/gossip meant I wasn't so surprised when I experienced it. There were times when some shifts became overwhelming or there was a difficult encounter with a colleague or patient. It really helped to remember that I was not alone, and I definitely was not the first person to go through this.

Q: What surprised you about internship, that perhaps wasn't covered in IBC?

A: I think I was most surprised by how easily and quickly internship took over my life, and how much my attitude was shaped by the secular cynicism of those around me. We had certainly been warned about it, but I think the need to put safeguards in early and have good accountability partners was something I should have taken heed of and actioned early on.

Q: What inspired you to organise this year's IBC? What do you see the role of IBC is for incoming interns?

A: I was very encouraged by last year's IBC, and also found that there were useful tips about internship that I learnt. This year, I wanted to see the incoming interns prepped, not just for the physical work of internship, but the spiritual work. I think, as new workers, if we are not aware and ready, it is all too easy for people to drift/fall away. IBC is a great tool to get our incoming interns equipped to face a tough work environment and to shine for Christ wherever they are. ●

Mentoring 101: Assessing Outcomes

by Les White

Les White DCC, MDS, MSc(AppHSc), DipEd, GDipHEd, ACHSM, PCC, AMC is retired from consulting on health strategies for Asia Pacific countries. He is a CMDFA member and has served on the Board of HealthServe Australia. Les has also been a chaplain's chaplain and mentor coach for the past decade, and has trained 300+ chaplains overseas. He and wife Darralyn have four adult children and four grandchildren and live in Melbourne. They have a passion for YWAM Medical Ships. leswhite@optusnet.com.au

Centuries before “Two heads are better than one,” appeared in English text,¹ people in their various groups would have engaged with like-minded others to visualise and action the best outcome to a presenting issue. That’s how lifelong learning happens. Hope births motivation. Support spawns collaborative action. But being locked into a long, and often challenging, study program away from home can mean isolation and burnout for some. Likewise, young doctors can struggle with long hospital hours, multicultural teams, and the loss of spiritual fellowship.

Like an accurate medical history needs objectivity, answers to the question, “How’s the mentoring going?” might elicit tangible mentoring outcomes. It is known that effective mentoring has an ROI² of up to 1000%, even more, when volunteering counts only the opportunity cost.³ So the purpose of this article is to propose to our Fellowship what good mentoring might look like, and how to gauge its effectiveness. Some reference will be

made to cross-cultural mentoring and to dealing with conflict.

Across generations, mentoring comes in many shapes and sizes, from informal to formal, variously resourced, at different career stages, and with or without remuneration, mutual benefit or acknowledgement. It might be known by other names, but good mentoring is much more than teaching, counselling, tutoring, coaching or advising. It can be secular, but this present focus underpins ‘negotiating the everyday’ with the spiritual.

Thus said, this article is NOT evaluating our Victorian Fellowship mentor program, nor its National Bible Curriculum.⁴ There is every reason to have mentoring explore everyday challenges in the light of Biblical themes. The whole Biblical redemption story shows that mankind’s higher purpose is *serving and honouring God* where He provides life abundant,⁵ but we all regress from this to living lesser purposes, where rather than *serving God* we tend to default to want to *be gods*. It’s important to note that the CMDFA GROW mentoring rationale unashamedly draws upon Bible texts like, ‘...We weren’t aloof with you. . . We took you just as you were... never patronising, never condescending, but we cared for you... we wanted to give you our hearts. And we *did*.’⁶ The writer of the letter to the Colossian church in 3:1-2 admonishes Christ followers to, ‘Set your mind on things above, not on earthly things... Allow the future and eternity to give *perspective to your today*.’ From these and other disciple-making Scriptures, and from decades of ministry, I propose that, at its very core, **mentoring is God addressing issues** of: the **heart** (emotions, yearning and motives); **identity** (who am I? what is my worth?); **life purpose** (why am I here?); to matters of the

spirit (where’s God in all this?), and to **relationships** (in families, church and workplace).

This description includes the transformative work of the Holy Spirit and sees the Christian mentor as a God’s facilitator in offering hope. What a responsibility. What a privilege! And why would it need to be restricted to Christians mentees adhering to a Statement of Belief? What’s the evidence base for Spirit-grounded mentoring. The ROI study mentioned above, used better pay, faster promotion and job satisfaction

“...mentoring is essentially deep listening, such that salient questions can be appropriately and prayerfully addressed with truth, respect, hope and courage.”

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to establish ROI. CMDFA Victoria revitalised their GROW mentoring initiative in 2014, primarily for students to negotiate integrating faith into practice.⁷ This might be similar to other organisations which mentor younger members into decision-making roles within the organisation to retain membership and to stay relevant.

It is sometimes easier to articulate what not having effective mentoring might look like. We know that whilst a range of developed observable skills equips people for their life work, it is more often the lack of emotion/relational skills which prevents upward professional progress, or worse, causes dismissals from trusted professional positions. So let’s add to the body of



knowledge on mentoring and try to establish some mentoring outcomes which could come from self-report after a year or two of mentoring.

With the above depiction of mentoring, conventional wisdom suggests that mentoring is essentially deep listening, such that salient questions can be appropriately and prayerfully addressed with truth, respect, hope and courage. The venue, frequency, session length, etc will be determined by other contingency factors including compatibility, geography, perceived need, temperament and competing time constraints. Different regimes will suit different people.

Mentor assessment – Matthew 5

It is proposed we assess mentoring against the scenario of Matthew 5 where Jesus calls his workers aside to discuss 'Being Happy and Blessed' in the turmoil of life problems. The spotlight will be on the first ten verses and a measure is suggested in italics. Some of these thoughts come out of teachings by Dr Allan Meyer.⁸

Poor in Spirit/ Humility. (v3)

Mentoring might address topics which emotionally and spiritually stretch us, testing our humility. A doctor client

referred to me with a porn problem was only able to make progress when he was able to say that he recognised that he was deficient and addicted, and incapable of rectifying the situation in his own strength. Relocating away from parents for electives can be an emotive issue where mentoring can help. Apologising, choosing not to judge others, yielding, etc all need humility.

- *What evidence shows that the mentee acknowledges personal deficiencies and seeks assistance?*

Mourning/ Grieving Loss. (v4) Grief is triggered by various losses across the lifespan. Dental and medical students typically sacrifice in opting for longer-term goals, and can later feel they have missed out on 'stuff'. Then there are academic failures, medical mistakes and professional roadblocks. It is so valuable when a mentor can offer *and model* enabling pastoral care to mourning mentees, before reengaging with mentoring. The Patch Adams movie has a very telling clip when a caring med student on ward rounds with the Professor sheepishly asks the patient's name, that being just as important as presenting the diabetic complications. I recall mentoring female doctor

clients having trouble falling pregnant, who at the same time were also conflicted in dealing with abortion. Whilst doctors need to maintain objectivity and professionalism, the mentoring process can help mentees to appropriately feel and express their emotional pain.

- *What evidence shows that the mentee embraces and works with personal and patient emotional pain, acknowledges personal deficiencies and seeks assistance?*

Blessed are the meek... Value-added mentoring must be characterised by gentleness and being teachable. Even though 'mindfulness' is included in some Medical School curricula, humble objective reflection is an exercise which often needs to be taught during mentoring. There is often a need to discretely practice a form or words which conveys gentleness, eg 'Help me to understand...' rather than, 'Tell me why...' Gentleness and grace are best caught rather than taught.

- *What evidence shows that the mentee is appropriately gentle, modest and caring, yet judicious?*

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The 'hungering and thirsting after righteousness' of Matt 5:6 must be a core business of a fellowship of Christian doctors and dentists. It's not only sales persons who create desire and increase motivation, but a necessary skill for mentors. Mentors are purveyors of hope. They model it, teach it and cultivate it by capturing and celebrating moments of hope. The rightness of an action is not simply fulfilling the letter but the spirit of what is honourable. This is why CMDFA expects mentors to have a true testimony of a Kingdom call plus a strong desire to leave a legacy in the next generation as God-honouring change is sought. 'Coping mechanisms' such as overwork and aloofness can be replaced with healthy behaviours and attitudes.

- *What evidence shows that the mentee seeks to do the right thing for the right reason to honour God?*

Having active compassion is suggested by 'Blessed are the merciful,' and is not always easy. Health professionals can lose their compassion when dealing daily with the presenting consequences of obesity, high sugar diets, inactivity and believing the lies which lead to poor decisions. The mentoring process can assist in separating out the moral judgements from medical diagnoses. Again both mentors and mentees may need to work on attitudes stemming from faulty theology and woundedness in socialisation. It is good to see an increasing engagement with well-conducted medical 'missions' where huge third-world needs are experienced, kind-heartedness is typically on display and greater Christian collegiality is enriched by the mercy shown to others.

- *What evidence shows that the mentee is appropriately compassionate at home, in the workplace and in their community?*

Exploring 'pure motives' (Matt 5:8) is a powerful mentoring topic. Though completing a Moral Inventory is beyond the scope of mentoring, a mentee might be encouraged to

Google such a survey and reflect upon it. Yet the effectiveness of a Fellowship mentoring program might include a measure of both mentors and mentees discovering, facing and replacing unhealthy ways. We all employ coping mechanisms such as denial, suppression, isolation, rationalism, control, manipulating and blame-shifting to some extent rather than use Biblical ways to deal with our shortcomings. One example I've seen in mentoring has been the mentee obtaining further qualifications

"Mentoring has at its heart, the privilege of reconciling everyone to each other, to the tasks at hand and even to God."

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 – primarily for service, or more for the money or prestige. I've used the question, 'Help me understand how your parents/ your spouse/ your pastor might see this proposed move?' Ceasing to play the mixed motives game makes more energy available to pursue the goal for the better reason.

- *What evidence shows that the mentee is taking authority of and at peace with mixed motives?*

Blessed peacemakers (Matt5:9) are relationally-focussed. Of course, an emergency requires a clinical focus, but the daily focus on cooperation, teamwork and reconciliation usually paves the way for better emergency outcomes. Mentoring has at its heart, the privilege of reconciling everyone to each other, to the tasks at hand and even to God. Great is the workplace reward for those who choose to bless others and to do them good, even despite their views or contributions.

- *What evidence is there that reconciliation is taken seriously?*

Blessed are the persecuted. (Matt 5:10) Persecution has many faces and has figured in the building of many of our institutions. It was Mumford-Jones

who quipped that it is always easier to suppress criticism than to meet it.⁹ Handling criticism is the meat on the mentoring sandwich. No-one who does anything worthwhile escapes persecution. Great mentoring happens when a mentee determines to not remain as they are, to do what is right, to work towards wholeness, no matter what the personal cost, to not give in to unreasonable emotional or financial or other pressures, and to pursue their potential for God-honouring good. This requires courage which is a by-product of hope. Both need to be modelled, cherished and celebrated in mentoring.

- *What's the evidence that criticisms and barriers are being approached in a god-honouring manner?*

For this to happen in a way that assists the mentee to do life more abundantly, there must also be clear expectation of roles, recognition, peer mentoring and reward. There must be an awareness of culture, gender issues, support needed and professional boundaries. There must also be a balance of support and challenge, and mentors need an ongoing forum to evaluate processes and discuss mentoring issues.¹⁰ Then we can be confident of leaving a fine legacy to following generations. ●

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Placement to Rwanda

by Rhianna Fitzpatrick

Rhianna grew up in Orange before moving to Newcastle to study in 2013. She became a Christian in her first year of university. Since then she has been part of the family at Hunter Bible Church. She has just started her fifth and, God willing, final year of medicine.

In just a few weeks, I will be somewhere I probably never envisioned I would be – on a plane headed for Rwanda. It will be the climax of both the nervousness and excitement I've been feeling for the last few months of planning this trip. And perhaps I'll be wondering how I've ended up there...

Just over three years ago, our great God worked through the persistent love of some faithful servants to enable me to hear the Gospel of Grace, inviting this once-cynical and arrogant sinner to accept forgiveness and call Him my Father. How much can we rejoice that our names are written in heaven! I am so thankful for those beautiful feet that shared the truth of the cross of Christ with me and prayed for me during that time. Since becoming a Christian, God has been teaching me what it looks like to be a disciple of Jesus, softening my heart to have compassion for sheep without a shepherd, and showing me how He uses his children as parts of Christ's body to build up His church in unity and maturity.

Thinking through all of these things, and keen to continue learning about our role in God's global mission, I got to spend a weekend at the Church Missionary Society's (CMS – cms.org.au) Autumn School in Tamworth last year. I was coming to realise a few things at this point: that we live in a world that so desperately needs the Gospel and have a wonderful God who is so worthy of worship; the privilege and door-opening potential of training in healthcare; and the way God has

made me with an interest in culture and language. The vision of CMS – for "A world that knows Jesus" – resonated with me, and it was here that the opportunity to do a Student Elective Apprenticeship with CMS arose.

In the final year, our university offers us a four-week placement to spend in an area of medicine in which we have an interest but would otherwise not have much exposure to as a student. I thought that checking out what it might look like to be a medical missionary fitted this description pretty well! After a few months of searching for placements, CMS proposed Rwanda. To be honest, the tragedy of the genocide over twenty years ago was the first thing that came into my mind (and the minds of friends and family too!). However, while I still have some research to do (and some basic French to brush up on), I have been reassured that the nation is considered one of the safest in Africa for foreign visitors.

"[My mentor] will be helping to keep me accountable in areas such as godliness and spiritual disciplines..."

As well as being exposed to medicine in the developing world, I am planning to get involved in a church and to spend time with the local International Fellowship of Evangelical Students (IFES) group. I am hoping to begin to see how unity in Christ trumps any of the vast differences between the members of His church. I am fortunate to be going in the role of a learner, and am praying especially for humility with the awareness and ability to put off any cultural biases! I know that my strivings to be culturally sensitive and minimally burdensome will be far from perfect, but I pray that my Rwandan brothers and sisters and I might be mutually encouraged by each other's faith. I am hoping too, that God might begin to

teach me how to share His universal message of truth and hope in another culture.

God has graciously provided a couple of generous doctors willing to supervise me for four weeks in the internal medicine department of a university teaching hospital. Some CMS missionaries close by will be providing some mentoring while I'm in Rwanda, and a bunch of brothers and sisters back here in Australia will be hearing from and praying for me. I have been so fortunate too, for the opportunity to chat to my CMDFA mentor about being a Christian who happens to be studying medicine, as well as what ways God may use me to serve Him in the future. She will be helping to keep me accountable in areas such as godliness and spiritual disciplines: an important partnership to have during what will likely be a disorientating and unsettling time! It's comforting to be leaving here with so much support, and humbling that so many are invested in this little trip with me.

Some teaching from my pastor last year comes to mind: that whatever weaknesses we have, there is no way we can limit our Almighty God in using us to work out His plan. I am pretty scared about flying to Africa by myself, unsure about whether I can be a safe and competent intern by this time next year, and worried that I won't have the character or gifts to serve God in whatever situations He will put me in for the rest of my earthly life. But His power is made perfect in our weakness! He gets the glory as He uses such unimpressive people as Christ's ambassadors, making His appeal for lost souls to be reconciled to Him through the blood of His Son!

"For Christ's love compels us, because we are convinced that one died for all, and therefore all died. And he died for all that those who live should no longer live for themselves but for him who died for them and was raised again" (2 Cor 6:14-15). ●

Enriched by Mentoring

by David Nikles

David was a GP in Deception Bay, Brisbane for many years before selling up and following Father's call in 2005 to move to East Asia. He and his wife have lived and worked there in a missional capacity since. His life's work is now training and mentoring Christian Counsellors to bring God-centred transformation within that country and increasingly within broader Asia. The India trip was in part to raise awareness of educational, medical and social work mission for his three adult children – mentoring his kids in mission.

Today I am leaving a legendary location, enriched substantially by mentoring.

It is the Christian Fellowship Hospital in Oddanchatram, Tamil Naidu, India. Ever been here or even heard of it? Many people have not. It is by far the most God-centred Hospital system I have ever encountered. It's small, it's humble, it doesn't seek ANY overseas aid. In fact, everything has been paid for by patient contributions alone since inception. Since it was established to serve the poor, these contributions are meagre at best. Patients pay an AU25c booking fee, which is further reduced if the patient can't pay. Consultations are then free. The team relies totally on God alone for all things - staff, income, land, healing. "We treat, God heals," is their motto. The whole show is run at the lowest cost whilst still maintaining solid standards. In fact, this week they passed the national hospital accreditation process with flying colours. I was just here for two days, but it impacted me far more than most conferences I have attended!

As I met some of the numerous specialists who moved to the compound, agreed to live there for life (not just till retirement but till death do them part) and so own simply a bicycle, in order to free up more funds to serve the community better, the name Frank Garlick surfaced several times. They told me how back in their younger days Frank mentored them – in their faith walk, in their medical skills, in their relationships. Frank seems to have left an indelible mark on many of the founders and life members who guide the hospital community, now numbering around twenty core specialists who are the leaders of

"What a great summary of good mentoring. People seeing God at work in you want to follow you!"

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hundreds of staff. These faithful people themselves have mentored hundreds of doctors and nurses educated at the institution during its 62-year history. When I asked him about this, Frank humbly offered: "I now understand that anything that happened at that time and subsequently, was not because of me or in spite of me, but rather it happened with me. It was, as it were, a by-product of our trying to do the right thing in our walk with God in that situation." What a great summary of good mentoring. People seeing God at work in you want to follow you!

Mentoring could be said to be walking through life together – accompanying and inspiring, encouraging and guiding. We comfort, we trust, we build wisdom and confidence, we are a bouncing board. We pray for our mentees, we seek their transformation

into who Jesus made them to be. Always we provide a safe haven where the mentee can just be. We may even seek mentoring on our mentoring especially as we begin. We follow Jesus example of discipling and mentoring – two closely allied areas.

Mentoring is both a privilege and a responsibility to do well in Gods sight. Often we mentor people whether we know it or not. Many are the junior doctors, nurses, therapy staff, receptionists, church members and family members we may not even know are looking up to us. Occasionally someone may invite us to mentor them intentionally. More often people will watch us from a distance and pick up things from how we live. It's a bit sobering to realise people are watching me continually – I am not sure I am always a good show!

Receiving intentional mentoring is one of life's remarkable privileges. Some of the mentors who have invested in my life over the years have walked me through healing, restoration, business wisdom when I was in practice in Australia, team management wisdom when in cross-cultural crises and conflicts, helped me grow as a leader, and earlier, helped prepare me for marriage. My better mentors were more people who believed in me, loved me, were patient with me, encouraged me, and respected me for who I was/am more than wanted to see me change or become someone they wanted me to be. Each helped me become more who I am in Christ. Earlier and later mentors also encouraged my spiritual life; many were simply friends I had. There is also often the opportunity for co-mentoring – iron sharpening iron.

We as parents have always encouraged teens especially to find a mentor – they may not want to listen to us parents

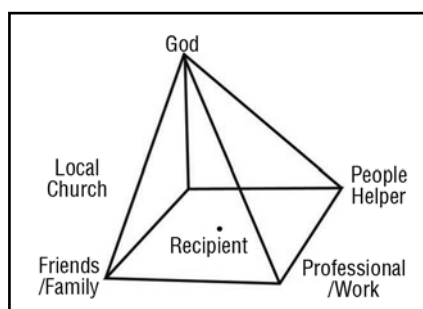
but so often will benefit significantly from a good mentor. All three of ours did. Mentor other teens – again a privilege indeed.

On a practical note, mentoring is often best when it has goals, is intentional, is discussed as such, and is planned and regular in some way. At times we may have a negative mentoring experience or be disappointed in our mentor or the process. Don't give up – raise the issue with your mentor where possible. Or forgive and find another.

Get a mentor

These days we teach all our Chinese counselling students that to be robust enough to withstand life's challenges we need to be intentional about building a pyramid around us, in order that we would be strengthened to serve God more effectively. The pyramid consists of at least some of the following people ideally over longer periods of time.

- family and friends (supportive not draining), [often we may either carry various family and friends, or at least be giving a lot as well as receiving – its great to have even one or two who are more equals or give also to us]
- church community, including prayer partner and home group, pastor/pastoral team,
- lay support, e.g. a prayer support team. [Any of us ministering to others should seek at least a few people whom we can trust as powerful intercessors whom we can call on in times of need – whether when we go for a day of retreat and big picture reflection, or conversely in times of crisis.]
- Professionals and relational mentors are also helpful. Mentors assist us



when we enter marriage, and if we have children, parenting can be sharpened so much by parenting mentors. Professionals can also significantly assist us (professionally and personally).

“...doctors give thousands of hours of care to others before we allow anyone to give to us. Investing time into our own care is one of the wisest choices we can make.”

To be honest, most of us could benefit from a spiritual director/companion – someone from whom we can receive personal life and spiritual counsel, and confidential care. We doctors give thousands of hours of care to others before we allow anyone to give to us. Investing time into our own care is one of the wisest choices we can make. My own primary mentor sees a psychologist and spiritual director monthly and is so much the richer mentoring me as a result. Once when teaching on the pyramid I had a student who has no less than five mentors – one for each of parenting, marriage, mission, theology/spiritual life, and professional life.

Be a mentor

Taking time to invest in the lives of others intentionally is also a key element of following Jesus. Jesus never wrote a book, never sent an email, never WhatsApped anyone. He simply walked, lived, and ate daily with his mentees. They learnt as much by watching and example as by direct teaching – showing both are essential. As He did, prayerfully consider choosing twelve with whom to spend time. These may be in parallel or consecutively; and may be more or less than twelve every three years. Look around. Ask the Spirit to lead, seek those who may benefit from your wisdom. You old men – find young men, you young men, find youths. You older women – there are many younger women out there; young women, there are so many youthful girls who long to be noticed and mentored.

Many of us get caught up in the superannuation story – you must save enough for retirement, your kids, your life of comfort and longevity. Personally, I am not so much into that, and it's been excellent to find others with a similar view here in India amongst these high-quality specialists of many disciplines, who have chosen the road less travelled. The dirt road, not the “three-lane, all lines painted annually, guttered and fenced” road of luxury. We don't really need all that. Actually, we don't really need anywhere near so much. What we do need are those who are willing to walk with us; especially when we have chosen a road where significant challenges are expected. Of course, any road that is worthwhile will be such a road. Good mentors are those travelling companions a few metres ahead, prepared to slow down and share the journey. And in turn, we should be on the lookout for those a few metres behind us, desiring to follow us. Sometimes others many kilometres behind want mentoring too - consider encouraging them to be mentored by one of your own mentees...

To be built up, and to build, results in a stronger Kingdom of God, which in the end is what we are really about. Building the Kingdom is a relational exercise. Look at what Frank did – the exponential effect of good mentoring continues for generations after one leaves. CF Hospital is impacting the nation of India as a result.

Lord may we truly perceive the many and real fragilities of a relational life, and decide enough is enough - I need a mentor; I need to mentor others. Take me further on this mentoring road that others and I may be so built up, for your glory. ●

Further reading

- Paul's letters to Timothy. You would do well to read the following passages one per day and reflect on the Paul-Timothy relationship in terms of mentor/mentee.
- 1 Timothy 1:8-9; 4:11-16; 5:21-23; 5:11-21.
- 2 Timothy 1:3-14; 2:1-7; 2:1-7; 2:14-16; 3:10-4:8.
- David Benner's *Sacred Companions* is one awesome book on spiritual mentoring.

MEDICAL STUDENTS
– if you want a life-challenging elective experience contact
David (hrdcfh@gmail.com)
at Oddanchatram Christian Fellowship Hospital.
www.cfhospital.org

Missions and Mentoring

by Michael Burke

Michael is the Executive Officer of the Christian Medical and Dental Fellowship of Australia. He works in primary care in western Sydney.

As I write, I am visiting my friend Dr Jason Ong in London during a bleak January. London is cold and foggy, yet at the same time cheerful and brisk. I have not walked these streets for over fifteen years.

Jason is mentoring me in the basic challenges of life in London. How difficult can it be to buy a railway ticket at a railway station? I was finding this difficult – the setting was new, the rules were different and there were so many people. It is often a major challenge in a new country since the rules are more often different than the same. With Jason as my mentor, I was able to succeed in this small task with less stress. In new settings we often need to be humbly dependent on and grateful to others.

In London, whilst people drive on the left and pass on the right, on escalators they travel on the right and pass on the left. So many things are familiar and yet different in important ways. As a new arrival, I was amazed at each morning's intellectual challenge of successfully negotiating the complexities of the London underground. And while the mechanics of urban rail systems may be mysterious and perplexing, at a higher level the subtleties of culture are even more hidden.

Paul Hiebert¹ (2009) defines culture as "the partially integrated system of ideas, feelings and values encoded in learned patterns of behaviour, signs, products, rituals, belief and world views shared by a community of people."

A missionary may be described as a Christian who seeks to serve people in another particular cultural setting by witnessing to the eternal and universal message of God's love for people (John 3:16). While the message of the gospel is well defined, the way and culture of a people is often a mystery to an outsider. As Christians in all cultures, we need to seek to be Christ-like, competent, compassionate, good communicators and courageous. As an example, in Acts 17 Paul shows great respect and sensitivity for a local culture.

All missionaries need good mentors. A mentor is someone who can advise, coach and reflect on not only the relatively trivial aspects of local travel, but also negotiate and help in the more difficult and nuanced understandings of a local culture (or, as is more often the case, many local cultures). A good mentor is concerned with relationships – one's relationship with God, one's relationship with one another and also the many dimensions of relationships with people situated in a different culture.

Prayer is an essential component of a mentoring relationship. Prayer unites people of mere flesh and blood with the God who understands and supports all of us in the smallest to the largest needs of our lives. A wise, experienced, kindly mentor can help the early, middle, and even late, career missionary grow in understanding and insight into local cultures and people.

I speak from working as a missionary – skilled in medicine, placed in a relationship with the people, culture and the day-to-day realities of life in Tanzania, a fast-growing east African country.

In my work in Tanzania I was blessed with many mentors. The first were

my missionary medical partners, Dr Maurice Heyman from the UK and Dr Max Collison from Australia. Maurice had previously mentored Max. Early life in a new culture had many surprises and differences for myself, my wife Jean and our three sons. Mentoring certainly eased our early years in Tanzania. There were new operations to learn, new diseases to treat, new staff relationships to negotiate, and a new language to learn in a new culture.

Often one of the greatest privileges in life is to be mentored by a friend from the receiving culture. I was so grateful to be mentored by Dr Mark Bura who was the national health director of the Evangelical Lutheran church in Tanzania. He was so generous and kind and influential in the next steps in my life.

A mentor needs to see that this seeking and needy person is essentially a flawed masterpiece made in the image of God – capable, with the right support, encouragement and polishing, of reflecting the love of Christ to many. Yes, a mentor needs to focus on the immediate, but also take a longer view: Why has God brought this person into my life? How can I make a contribution and be an encouragement in order to see this person grow and better reflect the character of Jesus?

For a missionary, a mentor is a blessing and a joy. Having been given a gift, a Christian response is to want to pass on this gift to others. As we have been generously mentored by admirable people, we now also have the opportunity to encourage a new generation who will face great challenges, and in God's kindness, succeed in even greater things in God's eyes. ●

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1. Paul Hiebert, *The Gospel in Human Contexts: Anthropological explorations for Contemporary Missions*, Grand Rapids: Baker Academic, 2009.

Issues that may need to be addressed through mentoring

In October 2016, at the CMDFA NSW Conference, Kara Martin ran a session on mentoring regarding its Biblical background and the opportunities. She invited groups of the audience to explore some of the common issues experienced that may be addressed in a mentoring relationship.

The three groups considered were:

- Medical and dental students
- Practitioners
- Those issues that tempted Christians to give away their faith.

These three lists form a helpful guide for those involved in mentoring relationships in terms of questions to ask, subjects to research and a focus for prayer. These are some of the issues that impact directly on people's faith, which unaddressed can lead to a dissonance between beliefs and behaviour.

Issues for students

Leaving home:

- Leaving family
- Big transition
- Lack of connections in medical school
- Lack of support
- Realising your faith was invested in family rather than a personal faith

Living in residence:

- Parties, distractions
- Temptations
- Romance with non-Christians
- Moral failures, especially sexual issues

Placements:

- Spread out and losing contact with people

Vocational doubt:

- Questioning what God wants
- Being questioned - it may be considered worthier to go into full-time Christian ministry
- Failure in studies
- Realising they were forced into medicine by family
- Considering other careers
- Disillusionment with medicine - it's not what they expected

Time stress

- Lack of time or intimacy with God
- Juggling work and study commitments causing stress
- Fitting in church time

Confronting theological issues

- Ethical issues
- Challenges to faith e.g. humanist perspective

Conflict over faith at uni and work

- Difficult lecturers, particularly if anti-Christian in message
- Difficult consultants, particularly if they have an anti-faith expression
- Hard to speak up in a power imbalance

Loss of feelings of faith

- God feeling distant
- Going through hard times and feeling spiritually dry

Exposure to alternate faiths

- the challenge of other beliefs
- Intellectual arguments against Christianity

Disenchantment with the church

- Underfed or under-shepherded in the local church
- Challenge of in-church child abuse cases or local issues

The rest of life crowding out faith

- Health issues: physical or mental
- Family problems

The lure of success

- The lure of money and affluence
- The temptation to pride, being powerful and wise

Issues for practitioners

Deadlines causing stress

- Sometimes pressure from patients who expect to be well
- Pressure from patients in denial about a chronic problem
- Pressure from other staff, especially in a hospital setting

Comfortable life

- Pressure on best cars, houses, etc

Intellectual snobbery

- Focus on science
- Lack of acceptance of holistic care
- Questioning the role of prayer in healthcare

Desire to be a fixer

- Want to fix everybody
- Want to do it all
- Need to focus on a team approach

Difficult patients

- Returning with endless list of problems
- Failure to act on advice
- Mental health issues
- Feel like you are getting nowhere

Pressure of being busy

- Hard to have the time to deal holistically with people
- Unable to address the root causes

Why people might walk away from their faith

- Not engaging fully in church
- Busyness of work
- Non-Christian spouse
- Adopting a gay lifestyle
- Feeling hypocritical as they begin questioning their beliefs
- Unable to deal with the struggles of life
- Burnout after being very active - giving a lot but not supported
- Unable to meet expectations, not getting feedback
- Questioning intellectual and historical basis of faith, especially after being challenged by atheists
- Losing faith in the face of the futility of pain and suffering throughout history and ongoing
- Questioning why a loving God allows so much suffering
- Just giving up
- Hypocrisy in church, especially child abuse allegations and response
- Feeling God has let them down after a life of faithfulness ●

Kara Martin spent 2016 training in leadership and mentoring with CMDFA Victoria as a consultant. In 2017 she will be involved in mentoring training with CMDFA NSW.

Pitfalls and Dangers in Medical Mentoring

by Catherine Hollier

Catherine is a part-time GP in Newcastle who is passionate about sustainable work-life balance. She enjoys travel, running, interesting food and hanging out with good friends.

Since the beginning of creation, we have seen that good things have the potential to go bad.

The Garden of Eden narrative is archetypal of the insidious and destructive nature of sin. God's good gifts of man ruling over creation, male and female working in partnership, and even access to every good thing in creation have all been turned

upside-down by our rebellious choices. This applies for both Christians and non-Christians, and is no different in medicine and dentistry where power is an innate part of the role.

Unfortunately, we have all heard stories of bullying, sexism and fear in the workplace. This seems to be more evident in hospital-based settings and training programmes, than in private practice. Consultants may berate their staff publicly, be unavailable for advice, belittle others behind their backs, or threaten poor references to junior staff. Junior doctors, in particular, may be given long work hours or poorly time-tabled shifts that do not allow for adequate rest and recovery. Where the power imbalance is greater, misuse of power also seems to be more prevalent. Fear of discrimination

or retribution appears to be the norm rather than the exception in training. The devastating wake of drug and alcohol abuse, suicide, fatal mistakes and high rates of depression and anxiety are testament to the pressure felt by doctors and dentists in their work.¹⁻³

In a society where education and opportunity have risen, nevertheless there has been significant relational trauma. Broken and blended families are on the rise. Divorce, rather than perseverance, is sought as a solution. Autonomy and entitlement trump sacrifice and forgiveness. Role-modelling, especially for boys, is in decline – single mother households are far more common than single father homes, and there are significantly more female than male primary school



teachers. Relational conflict resolution is not well portrayed in the media, either in fictional shows or in the lives of celebrities. The relentless rise of mental health issues and personality disorders reflect this decline.

Perhaps as a result, the business and medical communities have embraced the concept of mentoring to provide role-modelling and guidance. In professions traditionally known for caring and compassion, some attempt is being made to provide for those left behind. For the most part, being mentored is of inestimable value to the mentee.

However, this is not to say that there aren't potential problems and challenges in the mentor/ mentee relationship. Wherever there is a power imbalance, it may be exploited by some. Ideally, this should happen less in Christian circles than in the general medical community. What are problems, and how might we protect ourselves against them?

Wrong motives

Some may choose to mentor out of a sense of self-importance and wanting to be admired by others. Some may choose to be mentored, not to learn and follow, but to make networks as a means of career advancement. It is worthwhile that both mentor and mentee examine themselves, in considering why they want to be in a mentor relationship. Prayer and reflection, and perhaps discussion with a peer or support person, will help with this. For a mentor, seeking the welfare of the mentee is a helpful guideline, whilst seeking to meet their own needs should ring alarm bells.

Poor boundaries

Sometimes boundaries can be blurred. A sense of 'rescuing' the mentee, feeling like 'the only person they can confide in', or having significant time or emotional investment in the relationship should alert you to a problem. A sense of danger, addiction or overwhelming burden should trigger a review of the dynamics in the relationship, as dependence or co-dependence may be developing. Seek permission to discuss the relationship with a trusted advisor.

As with many personal relationships, transference (strong or unmet feelings onto another) and projection (attributing your own feelings onto others) may occur. A wise mentor will be aware of these possibilities and is careful to avoid them. Clearly, if there are inappropriate sexual or relational feelings on either side, the mentoring relationship should be terminated. As

"Mentoring has the potential for further burnout as the mentor seeks the welfare of the mentee."

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one means of avoiding this temptation, mentors and mentees should ideally be of the same gender. If that is impossible, then mentoring may be practised in small groups, e.g. an older male doctor (preferably with his wife) matched with 2-3 younger female students over shared meals. The added benefit of this dynamic is that the students may be at different stages, giving the extra value of tiered mentoring, e.g. 1st, 3rd and 5th year students with a consultant doctor. Conversation may be easier and less intense in this model, though probably not as personal as one-on-one mentoring.

Lack of confidentiality

Clearly, for people to be open, honest and vulnerable, confidentiality needs to be respected. Just as with a patient, confidentiality is foundational to the relationship and should be explicitly stated. If there is a difficult or concerning situation, permission should be given to involve a third party, preferably agreed to by both people. The situation should never arise where things addressed in private then detrimentally affect a person in the public sphere. Legal and mandatory reporting should be the only exception – where disclosure puts the person at professional or criminal risk.

Specific challenges

Kara Martin⁴, at the 2016 CMDFA NSW conference, collated a long list of specific challenges that may be addressed in mentoring; they are listed separately in this issue.

How can we protect and care for ourselves as mentors in these relationships?

- Firstly, **pray**. The Holy Spirit is a wise counsellor and sensitive to sin. God is far more powerful than Satan and his Spirit is our personal protector. Having others pray for you in your work and mentoring is a powerful defence.
- **Know your vulnerabilities**. If you have a weakness in 'rescuing', sexual temptation, pride, etc. then make a plan to safeguard against these things. Consider enrolling a supervisor to keep you accountable, or enlist a mentor with whom you can discuss these weaknesses. Ensure that permission is given from the mentee in order to discuss the mentoring relationship.
- **Set limits and review them**. Contact should be at a time convenient to both parties in 'sociable' hours. Limits may be required for how long or how often contact is made. Many hours in phone conversations, daily contact or late night phone calls are clearly inappropriate. Sometimes it is appropriate to meet or contact more often in a crisis. If this becomes habitual, step back to see if boundaries are being transgressed.
- **Tell the truth**. If you are uncomfortable or concerned about a situation, addressing it directly is preferable to avoiding 'the elephant in the room'. "Instead, speaking the truth in love, we will grow to become in every respect the mature body of him who is the head, that is, Christ." Eph 4:15.
- **Be accountable**. Gain permission to discuss your concerns with a trusted advisor or support.

Gary Collins⁵, Christian psychologist and counsellor, notes that many counsellors suffer compassion fatigue. They burn out because they give out – hour after hour, day after day. Doctors and dentists are no different. Mentoring has the potential for further

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PITFALLS AND DANGERS IN MEDICAL MENTORING

burnout as the mentor seeks the welfare of the mentee. Gary suggests the following means of self-care:

- **Journal.** Writing focuses the mind and directs your thinking. It is reflective and often prayerful.
- **Reflect on your history.** How have things happened in the past? Is there a pattern? What would you like to replicate and avoid?
- **Re-examine your motives.** Regularly checking in on yourself is beneficial – motives may change over time. A new year or a new term is a good time to review commitments and your motives for them.
- **Nourish and replenish yourself.** Caring for others continually is exhausting. What helps refresh and fill you with enthusiasm? Holidays? Nature? Beauty? Friends? Solitude? Schedule some “white space” in your regular week – a block of time is better than minutes. Take regular breaks with your loved ones. Get away from the house, especially if you’re a woman – it’s too easy to get distracted with regular house-care if you holiday at home.
- **Think about your strength and values.** Working with your personality/ gifts/ talents and passions will help things to flow, so that you are energised rather than drained. That is not to say that it is all about selfishness with no place for sacrifice. However, investing in areas of life consistent with the person God has made you to be is wiser than trying to be someone you’re not.
- **Deal with energisers and drainers.** Set priorities. Learn to say no to things that don’t align with your values or gifts. It may not be ‘no’ forever, but it may be ‘no’ for now. Does it need to be you that is involved in this task? Could someone else do it? Does it need to be done at all? Guard the things and times that energise you. Schedule self-care as you would



schedule some other priority; if it is postponed for an emergency, make sure it is taken shortly after.

- **Watch for signs of burnout.** If I start saying to myself during a consultation, “Tell someone who cares,” I know that I am in trouble. Peruse the checklist compiled by Dr Archibald Hart⁶ to see how you are going. Know when you are in trouble and do something to change your situation. Be creative – maybe even take a regular sabbatical or long-service leave. It doesn’t need to be completely away from medicine – sometimes a change is as good as a holiday, e.g. locuming overseas or around Australia, medical mission ships, a Biblical counselling course.
- **Consider seeking counselling for yourself.** Sometimes we don’t have the resources to be able to change a situation on our own. Whenever a ‘stuckness’ is recurrent and I am running out of ways to sort it out myself, I have always found it useful to seek help from a professional. As doctors and dentists we are used to being the helper. It is very liberating and refreshing to be the one helped.
- **What is missing?** If you are not sure why you are plodding through

the days rather than rejoicing, ask yourself what is missing? It may be physical, emotional, social or spiritual. Explore good things that you need or are missing out on because of other competing priorities and interests.

Mentoring is a valuable form of service, both professionally and in the Christian life. Medical mentoring has the benefit of combining both. Although there may be challenges, Jesus is with us every step of the way.

“Therefore go and make disciples of all nations, baptising them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age.” Matthew 28:19-20. ●

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The Burnout Checklist

Review the past 12 months of your TOTAL life – work, social situations, family and recreation. Reflect on each of the following questions and rate the amount of CHANGE that has occurred during the period. Place more emphasis on change that has occurred during the past six months. Use the scale and assign a number in the boxes that reflects the degree of change you have experienced. BE HONEST: the value of this self-assessment is negligible if you aren't.

1 = little change; 2 = just noticeable change; 3 = noticeable change; 4 = fair degree of change; 5 = great degree of change

<input type="checkbox"/> 1. Do you become more fatigued, tired or worn out by the end of the day?	<input type="checkbox"/> 9. Has your sense of humor become less obvious to yourself or others?	<input type="checkbox"/> 16. Do you find that you now tend to treat people as 'impersonal objects' or with a fair degree of callousness?
<input type="checkbox"/> 2. Have you lost interest in your present work?	<input type="checkbox"/> 10. Do you become sick more easily (flu, cold, pain problems)?	<input type="checkbox"/> 17. Do you feel that you are not accomplishing anything worthwhile in your work and that you are ineffective in making any changes?
<input type="checkbox"/> 3. Have you lost ambition in your overall career?	<input type="checkbox"/> 11. Do you experience headaches more than usual?	<input type="checkbox"/> 18. Do you feel that you are not accomplishing anything worthwhile in your personal life or that you have lost spontaneity?
<input type="checkbox"/> 4. Do you find yourself becoming easily bored?	<input type="checkbox"/> 12. Do you suffer from gastrointestinal problems?	<input type="checkbox"/> 19. Do you find that you spend much time each day thinking or worrying about your job, future or past?
<input type="checkbox"/> 5. Do you find you have become more pessimistic, critical or cynical of yourself and others?	<input type="checkbox"/> 13. Do you wake up feeling extremely tired and exhausted most mornings?	<input type="checkbox"/> 20. Do you feel that you are at the 'end of your tether' – at the point of 'breaking down' or 'cracking up'?
<input type="checkbox"/> 6. Do you forget appointments, deadlines or activities and don't feel very concerned about it?	<input type="checkbox"/> 14. Do you find that you deliberately try to avoid people you previously did not mind?	TOTAL SCORE: <input type="text"/>
<input type="checkbox"/> 7. Do you spend more time alone, withdrawn from friends, family and work acquaintances?	<input type="checkbox"/> 15. Has there been a lessening of your sexual drive?	
<input type="checkbox"/> 8. Has any increase occurred in your general level of irritability, hostility or aggressiveness?		

Interpretation

No inventory is absolutely accurate or foolproof. Your score on the 'Burnout Checklist' is merely a guide to your experience of burnout. If your score is very high, take steps towards finding help by consulting your family physician, psychotherapist, spiritual counsellor or personal advisor – the first step towards relief from burnout is to acknowledge, without being self-rejecting, that you have a problem.

20-30 – There is no burnout. You may be taking your work or life too casually.

31-45 – This is a normal score for anyone who works hard and works seriously. Make sure you do relax periodically.

46-60 – You are experiencing some mild burnout and could benefit from a careful review of your lifestyle.

61-75 – You are beginning to experience burnout. Take steps to better control your life.

76-90 – You are burning out. You should seek help, re-evaluate your present life and make changes.

Over 90 – You are dangerously burnt out and need immediate relief. Your burnout is threatening your physical and mental wellbeing.



What is the CMDFA?

Aims

- To provide a Fellowship in which members may share and discuss their experience as Christians in the professions of medicine and dentistry.
- To encourage Christian doctors and dentists to realise their potential, serving and honouring God in their professional practice.
- To present the claims of Christ to colleagues and others and to win their allegiance to Him.
- To provide a forum to discuss the application of the Christian faith to the problems of national and local life as they relate to medicine and dentistry.
- To foster active interest in mission.
- To strengthen and encourage Christian medical and dental students in their faith.
- To encourage members to play a full part in the activities of their local churches.
- To provide pastoral support when appropriate.

Origins

Its historical roots are in the Inter-Varsity Fellowship (IVF) and the Christian Medical Fellowship (CMF) that started in the UK. Along with similar groups being set up around the world after World War II, separate Australian state fellowships of doctors and dentists were established from 1949.

These groups combined as a national body in 1962 and the Christian Medical and Dental Fellowship of Australia (CMDFA) became officially incorporated in NSW in 1998. In 2000 the work became centralised with the establishment of a national office in Sydney to assist with growing administrative needs.

CMDFA is governed by state branch and national committees elected at annual general meetings of its financial members.

CMDFA is linked around the world with nearly 80 similar groups through the International Christian Medical and Dental Association (ICMDA) which includes Christian Medical and Dental Associations of the US.

Why join the CMDFA?

- Fellowship • Evangelism • Discussion • Mission • Student Work

CMDFA seeks to:

- Unite Christian doctors and dentists from all denominations and to help them present the life-giving Christian message of God's love, justice and mercy in a tangible way to a hurting world.
- Help students and graduates of medicine and dentistry to integrate their faith in Jesus Christ with their professional practice.

Membership is open to students and graduates, who want to follow Jesus Christ as Saviour and Lord. Associate Membership is also available to Christian graduates in related disciplines.

By Joining the Fellowship you can:

- Be motivated in mission for Jesus Christ.
- Be encouraged in your growth as a Christian Health professional.
- Be committed in serving God and your neighbours in the healing ministry.
- Learn from others in integrating your Christian faith and your professional life, drawing on the experience of older graduates as mentors and facilitators.
- Encourage and support other colleagues in fellowship and prayer.
- Share your resources with those in need through special ministries.
- Network with others to effectively bring God's love to patients, colleagues and daily contacts.
- Collectively make an impact for Christ in health care.

OBITUARY

Dr Henry John Vincent (John) Roberts

13 August 1937 to 5 April 2016

John Roberts passed peacefully from this life in April 2016.

John studied medicine at the University of Queensland and graduated in 1961. He was a Resident Medical Officer (RMO) at Princess Alexandra Hospital (PAH) in 1962 and 1963. He said, "In many ways we were 'thrown in the deep end' as RMOs in those days. I can well remember being the sole medical officer awake in the hospital as a first-year RMO – registrars were on call in the medical quarters. A major collection of ambulances with serious cases – several requiring urgent surgery at 3am – remains firmly in my mind to this day. It was a strenuous time with very long hours and frequent after-hours commitment. One looks back with concern about the safety aspects of these expectations." In his second year of internship he did a three month term as the sole doctor at Tara hospital and often regaled his family with stories about medicine in the bush.

In 1964 and 1965, John was Medical Registrar at the Toowoomba Base Hospital. This appointment required adult medicine, paediatric and anaesthesia responsibilities. The amount of responsibility on the registrar was quite high in contrast to the large Brisbane hospital, with thinner consultant supervision.

From 1966 to 1969 John was a Medical Registrar at the Repatriation General Hospital (RGH) in Heidelberg, Melbourne. He also visited Royal Melbourne Hospital as a visiting clinical assistant. He was admitted as a Member of the Royal Australasian College of Physicians in 1969 (later admitted to Fellowship as the College MRACP was phased out).

In 1970, John joined the Queensland University Department of Medicine at Royal Brisbane Hospital and worked for two years with Professors Lawrie Powell and John Tyrer. During his training years, he gained experience in both Internal Medicine and Gastroenterology. He was a member of the Gastroenterological Society of Australia



from his registrar years. In 1972, he was appointed visiting physician in general medicine at Prince Alexandra Hospital (PAH) and Repatriation General Hospital (RGH), Greenslopes. He was appointed to Gastroenterology at RGH a year later. At both hospitals he had teaching responsibilities – undergraduate and postgraduate.

In 1975, John was awarded a Cancer Fund Scholarship to study techniques of colonoscopy and ERCP (both in the pioneering stage) in Japan, London and New York. He was elected a Fellow of the American College of Gastroenterology in 1976.

In 1988, John concentrated his public hospital commitment to his Gastroenterology appointment at RGH, Greenslopes, where he participated in the growth of the Gastroenterology unit and was Chair of the unit for several years. John served in both the public and private health sectors as visiting specialist to a number of Brisbane Southside General Practices until his retirement in 2003. John concentrated on the clinical side of medicine. He tried to balance medical practice with his time commitments to his large family, hence he did not venture into medical research. His skill and wisdom was appreciated by his referring GPs.

One said she had always appreciated his careful assessment of her referrals and the gentle manner in which he managed her patients.

He enjoyed a long and happy retirement with his wife of 53 years, Gwenneth, until his passing in April 2016. This involved spending time with his family in Brisbane, travel in Australia (to daughters in Sydney and Perth) and overseas (London was a regular destination where 2 daughters and grandchildren reside). He was busy with his hobbies of video-making, model trains and music-making (he played string bass in the Christian Community Orchestra with daughter Sarah, in the Australian Doctors' Orchestra with daughter Lindy, and in the Queensland Doctors' Orchestra).

John was a man of faith. He was brought up in the Anglican tradition and was a follower of Jesus. A clergy friend said to John, "You have had a wonderful career, truly based on the Gospels". Despite, or perhaps because of, his advancing illness, he had a great sense of living each day fully and his sense of humour was ever present. Prior to his passing, he helped his family plan his funeral service at his old school, Churchie (Anglican Church Grammar School). When asked if he wanted anything else, he replied "the Goons" (a great favourite from way back).

He passed peacefully from this life into the eternal Mystery in April 2016. His family was around him at home (as he had wanted). This was made possible by family support and the tremendous home care of Karuna palliative care and its medical teams. He is survived by his wife Gwenneth, his children Lindy (partner Robert), Mary, Timothy, Sarah (husband Kevin), Rachel (husband Howard), and Sophia (husband Geoffrey), grandchildren Olive, George, Henry and Iris. Each of John's family made wonderful contributions to his care during his twenty months of pancreatic cancer. All have very positive memories of these precious last times with John/Dad/Grandpa/Granpy as he faced his death with peace and courage. ●



SMBC

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The world of medicine and dentistry is full of unique opportunities as well as particular challenges for Christians. Being well prepared for what God has in store for you – whether a busy hospital career, a private practice or the overseas mission field – requires a solid foundation in God's word.

What is the relevance of theology to the medical world? How can you think biblically through ethical issues? How do you cross cultures with the gospel? Setting aside a year, or more, to study and discuss and think at Sydney Missionary and Bible College (SMBC) will help lay a foundation for a lifetime of serving Christ, wherever he leads you. Studying at SMBC gives you in-depth teaching of the Bible alongside renowned mission expertise. All this is done in the context of an enriching community of fellow students and highly experienced lecturers.

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Brendan So

One of the main reasons why I chose to study medicine was for the opportunities it would allow for sharing the gospel in a medical missionary context. I was able to take a year off medicine to study at SMBC full-time. It was an immensely enriching and rewarding experience, and one that I will carry with me for the rest of my life. I feel equipped to handle the Bible more effectively, but more than that, I really feel that I have a far greater appreciation and understanding of what cross-cultural missionary work involves. How should a doctor balance life between clinical work and ministry? Is it even legitimate to separate the two? What does it actually mean to contextualize the gospel to another culture? If these are questions you've thought about yourself, I could not recommend SMBC more highly to you.