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| **Top Reasons to NOT go into Healthcare**   * The Good Life * Work Life Balance * The Prestige * Legacy * Self Sufficiency * Security |

As you are praying about your role in God’s Kingdom, what did you picture your future would be like? Why did you go into healthcare in the first place?

I want to be a doctor because I want:

* to Honor the Lordship of Christ and submit to his authority and person.
* **to be incarnational, living among the people I serve**
* **to be sacrificial**
* **enter into the suffering of the poor**
* **excellent, compassionate health care**
* **to minister to spiritual, as well as physical, and emotional needs of people**
* **minister to a community, not just an individual**
* to be a part of restoration of right relationships to God, to one another, and to all of creation
* to recognize throughout scripture and today, there are barriers that commonly divide, including race, social status, and economic oppression and DO SOMETHING about it.
* **be a part of setting all things right for the oppressed, the forgotten, and particularly the marginalized in our health care system.**
* **To Listen to and working alongside churches, patients, our communities, and one another.**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Which one do you resonate the most with?

Which one is the most challenging?

What does God call us to do?

* Love God – Mark 12:30-31
* Love Our Neighbor
* Be God’s Witnesses - Acts 1:8
* Do Justice
* Love Mercy

Walk Humbly with God - **Micah 6:8**

What is true religion?

Religion that God our Father accepts as pure and faultless is this:

to **look after** orphans and widows in their distress **and**

to keep oneself from being polluted by the world. - **James 1:27**

“I will be a swift witness AGAINST

sorcerers and adulterers, and perjurers,

against oppressors of the widowed and fatherless,

and against those who defraud laborers of their wages and

deny justice to the immigrant

but do not fear Me.” says the LORD Almighty. -**Malachi 3:5**

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Find out about student opportunities: <https://www.cchf.org/residents-students>



**Medical Record - Spiritual Assessment**

Modify | April 11, 2016

**Does the Joint Commission specify what needs to be included in a spiritual assessment?**

No. Your organization would define the content and scope of spiritual and other assessments and the qualifications of the individual(s) performing the assessment. Examples of elements that could be but are not required in a spiritual assessment include the following questions directed to the patient or his/her family:

* Who or what provides the patient with strength and hope?
* Does the patient use prayer in their life?
* How does the patient express their spirituality?
* How would the patient describe their philosophy of life?
* What type of spiritual/religious support does the patient desire?
* What is the name of the patient's clergy, ministers, chaplains, pastor, rabbi?
* What does suffering mean to the patient?
* What does dying mean to the patient?
* What are the patient's spiritual goals?
* Is there a role of church/synagogue in the patient's life?
* How does your faith help the patient cope with illness?
* How does the patient keep going day after day?
* What helps the patient get through this health care experience?
* How has illness affected the patient and his/her family?

“Per standards and elements of performance (EPs) found in the “Provision of Care, Treatment, and

Services” (PC) chapter in the accreditation manuals, \* the Joint Commission **requires** organizations to include a spiritual assessment as part of the overall assessment of a patient to determine how the patient’s spiritual outlook can affect his or her care, treatment, and services. This assessment should also determine whether more in-depth assessments are necessary.

While the Joint Commission leaves the specifics to each organization, spiritual assessment should, at a minimum, determine the patient’s religious affiliation (if any), as well as any beliefs or spiritual practices that are important to the patient. While the content and format of the spiritual assessment will vary depending on the organization and type of patients served, organizations should develop a basic policy regarding the content and scope of spiritual assessments

and outline who is qualified and competent to perform such assessments within the organization.”

<http://www.professionalchaplains.org/files/resources/reading_room/evaluating_your_spiritual_assessment_process.pdf>

<https://www.jointcommission.org/mobile/standards_information/jcfaqdetails.aspx>?