

### **Session 3: Panel with Providence Okalet MD, Katy Vogelaar NP, and Kevin Aduddell, DDS**

You got a chance to hear that video. A little bit of some of our friends sharing about the impact of serving with watermark health and how it's affected them in their profession. And so we're going to get to continue that conversation with three new faces up here. They're going to talk about the very practical sides of what you've heard Dr McKinney and page give us some kind of big picture overview on.

So I'd like for I would like to introduce some of my friends will start here at the end. This is Dr. Providence Okolette. Um, you can give her a little hoot and holler, yeah. So, Providence became a follower of Christ in grade school through a conversation with her dad. She grew up in Rwanda and Kenya and now lives in Richardson with her husband Emmanuel and her children Grace and Elijah.

Dr. Providence is board certified family medicine physician and the medical director of Watermark Health. So we're big fans She currently spends most of her clinical time with our mobile team in South Dallas and as also at a homeless outreach ministry We partner with and then she leads our team with over eight years of family medicine and primary care experience Both in Kenya and here in the United States and community health settings.

So good to hear from her and her experience Next to her. We have dr. Katie Vogler You can give her a round of applause. Um, Katie became a follower of Christ at the age of seven, similarly to Providence through a conversation with her dad, her and her husband, Mike, our mom and dad to Madison, Chloe, Kirby, and Kit.

They live in Waco, Texas, where Dr. Vogelar currently works as a clinical assistant professor at Baylor university school of nursing, where she teaches both pre nursing students and community health to nursing students. Um, she works with a medical education company to provide content for entry to practice boot camps for medical providers.

And she has over six years of experience as a family nurse practitioner specializing in emergency room and urgent care services. Um, and before she moved to Waco, she was on staff with us at our Skillman Clinic and prior to that was actually a nurse volunteer. So we've known Katie for quite a while and are excited to have her share with you as well.

And then finally, I want to introduce Dr. Kevin A. Duddle. Give him a round of applause as well. Big fan in the back, big fan in the back. Um, Dr. A. Duddle met Christ at an early age, um, accepted him into his life around seven, but made his faith his own in college. Kevin is husband to Chloe and a girl dad to Kinsey, Kirby, Caitlin, and Cassie.

Um, yeah, that got in a reaction. Dr. A. Duddle is a doctor of dental surgery with over 10 years of clinical experience as a dentist, graduating from the Baylor College of Dentistry as a second generation dentist. He worked alongside his dad and brother, who's also a dentist for a little while, and now he runs his own practice in Plano.

And as a new grad, Kevin joined our team to launch the Watermark Health Dental Services and has been the driving force behind their growth ever since then, back in 2015. He also serves on our board. And so give all three of our panel members a welcome. And as we jump into the very practical side of some of the topics we've covered today, I thought I would just start off with, you might have noticed.

Um, as we've been introducing ourselves and one another that we've kind of done a slightly abnormal format. So a lot of times in a healthcare setting you would introduce your list of credentials first and then maybe share a fun fact about yourself and we have instead started with their faith.

Something about their personal life, might maybe their family dynamic, and then going into their credentials. And, um, we just, we've done that very intentionally, not because we're like, you need to know that Kevin has four little girls, but to start off with where our identity actually truly lies and where our first ministry is.

So my first question, um, is just what are some ways that you guys think about who your primary ministry is? And then, um, how are you intentional to focus in on that of who you yourself are? your family, those you're relationally responsible for before you even get into your practice and not let the roles reverse incorrectly.

Kevin, I'm looking at you. You want to start us? All right. Usually it's ladies first, but, um, okay. So first ministry, uh, something that we always have to keep top of mind, because if we don't, it will get out of order pretty quick. And for me, my first ministry, if you will, um, is to my wife. I'm married and I've got four little girls, as she mentioned.

So that's one and two for me. Um, there's only one person in the world that can do that job. Uh, if it's not me, then it's not getting done. So, um, after that, yes, uh, service ministry, community, all the things that we're about as we walk out this life with Christ, um, summertime's coming. And so I'll use a little bit of an analogy.

Okay. Um, it's kind of like trying to like managing time and keeping these things in the right order is kind of like trying to get on an inflatable raft in the pool like when you're already in. You push down with one hand and the other part comes up and like you try to get your leg up and you never really can get it all down at the same time it feels like, right?

And if somebody's watching recently, and anybody watching is like, Oh, that guy's struggling, you know? Um, but that's kind of what it's like is we never really can get it licked, get it really figured out. And it's always this juggling balance as demands of ministry and work and family always seem to keep changing week to week.

So something helpful that I've done in the past is setting a time when I am going to leave work and go home to be with family for me. It's a lot of days. It's 545 when 545 hits. It doesn't matter if I gotta stack stuff to do on my desk. Still, I'm leaving and I'm going home and I'm getting in the mix with dinner time, bath time, bedtime.

Um, if I desperately need to do something for the next day, I'd be actually going back up to the office after that's done. But. That doesn't happen too often, thankfully. That's great.

That's a good example. Um, I would be lying if I didn't say that this sort of balance between my ministries, um, is still a work in process for me.

And it probably always will be, just the way that I'm wired. Um, I'm an Enneagram 3, so I really thrive on achieving. And for those of you that are parents, You really don't ever achieve in parenting. So, um, it can often get backwards for me. And so I have to really keep a really close eye on that as a mom specifically.

Um, and so some rhythms that I have tried to, um, to keep in place. It was easier for me, honestly, when I was working shift work. Because once you left your shift, you were done. Um, I rarely ever took charting home with me. And I, um, encourage new providers and nurse practitioners that I, I mentor to. Try to get your charting done at work and don't take it home with you.

Um, but I, it was easier in shift work. It's a lot harder for me now as a faculty member because when my students need me, they don't need me between the hours of 8 and 5. They need me at 8 o'clock or Sunday night when an assignment's due the next day. And if I have my email on or I give my students my cell phone because I want to be accessible, then I get that text message or that email.

So I've had to be really intentional to say no, that can wait. And honestly. serving at Watermark helped me when we didn't have enough capacity to take all of our patients in. It was, no, God knows what that person needs, but you don't have the capacity for that right now. And so pray that Patient will be served.

And I do the same with my students. God knows what my student needs. It's not an emergency right now. I can wait till Monday morning at eight o'clock and I'm gonna spend time with my family. Also in busy seasons, which healthcare, there are busy seasons, right? The big one is cold and flu season. But we just know, my husband and I know now after being in sort of a routine in, in our life that the fall is really busy.

And so we've made some really intentional and probably really crazy decisions for our family. Like we don't do youth sports in the fall. We don't do. And yeah, but my kids aren't gonna be professional athletes anyway, but we just don't do it. , we, we know that Saturdays are precious. We run really hard Monday through Friday and Saturday mornings are precious.

And so we are very intentional to Sabbath on Saturdays. And that has been really for our family. Yeah. Just hearing both of y'all before you share Providence, um, it just makes me think you have to be intentionally going upstream, right? Like nobody. In your place of work, unless you work with a bunch of gems is going to be like, you should go home and enjoy dinner time and bath time with your kids.

It's always going to be, what more can you give? What else can you help with the organization? And so it takes a very intentional act to sit down, carve out some time and process. What are my boundaries here? I love my job. I love that I get to be in ministry and serve people. I'm thinking through your lens, like you might love what you get to do, but setting expectations and boundaries ahead of time.

So every time you're not making the decision, you already made the decision. You made it when you sat down and made your boundaries and now you're just executing on it instead of, it's always going to feel more urgent when you're in the moment making the decision. So yeah, just hearing you both speak, it was intentional decision making prior.

Providence, what would you add? Um, so I was reminded a few years ago that our first place of ministry, our first mission field is our family. Um, our kids, our grandkids, for those who have grandkids. Um, but that, I was single, unmarried, no kids. And it made sense. And I was like, yeah, that it should be. That's the way it should be.

And then I got married and had kids. And I tell you, it is a daily, um, not a struggle in a bad way, but like a good fight, um, to put our kids first. And so I have to think about every, like my, my week ahead of time. All right, I have spent, I'm going to spend this much time at work, How much time will I have left over?

And so it's like, okay, flip that over. I'm going to spend this much time with my family and what's leftover I'm going to spend at work. Um, and it's, again, it's not like none of us have it perfect, but, um, it is at forefront every week, every day. And just to celebrate Providence, even when I asked her to be on this panel, that was exactly the process she went through is, well, let me look at my calendar.

Here's what I already have on the list. Do I have enough family time mixed in there? And then spoke to her husband about it. Before she said yes. And so it's just a great, very specific example of like, before making that decision, weighing the cost of, do I have the time to give to this, um, and still focus in on myself and my family first.

Um, one tool that I would just throw out there for you guys, we had someone come speak to our staff a number of years ago, and there's some language from their, their encouragement that we've continued to carry through, is you all have hard jobs where you're working a shift, where maybe you see a lot of difficult things, and it'd be easy for that emotionally to carry over into your personal life, so whether you're single or married.

You might carry that home and all of a sudden now you're coping by scrolling through social media or binging on Netflix because it's been too hard to just like you're not in the mood to go sit down and journal away all the hard things you saw today. And so one of the things he said that was really helpful was pick a spot on your commute where, when you're driving home, you know, every day I'm going to throw whatever it is that I'm carrying out the window on my commute.

And then when I drive back in on the next shift or at the next time I'm working. I'm going to pick it back up. And so just mentally creating a physical space where it's like, this is not going to carry over into my six o'clock dinner and time at home and time resting. I'm going to put it over here.

It'll be there for me tomorrow. It'll be there for me on the next shift. And I'll pick it back up on the way in. And just even having that mental, again, pre decision and location picked out has been a helpful tool, um, for me as well. Um, so I would pass that on to you guys.

Another tool one of our staff members has used is in the last five minutes of her workday, just sitting down and intentionally journaling through what hard things did I see today?

How can I hand that over to the Lord? Kind of that rhythm we talked about last night, taking things back to God, just finding, it doesn't have to be. An hour long, you know, pouring your heart out just a quick, here's what I'm carrying. I'm handing it back over to you, God. And then you're able to go home kind of in a different mental state.

So those would be a couple other examples I'd give anything else you guys would add to that. Um, what would, what advice would you give to the single person who maybe is not juggling family, but can be drawn in as a single of like, you do have the time, you should go do whatever. How would you help them think about that?

I think, um, like what is it called? Whenever you, um. care for yourself, not self care, that's, um, almost sounds a little like, okay, it's not selfish to do self care, but I, sometimes the word has been used so many times, um, but it's leading yourself well, that's what I was looking for. Um, just like with kids, with, um, spouses, husbands need to lead well, moms need to lead well, um, but you have an opportunity to lead yourself well, by, um, again, making those, uh, boundaries, creating those boundaries ahead of time so that it's known and, um, it's executed when everyone already knows.

If I text her after this time, she's not going to answer. So let me just wait till tomorrow. Yeah. Yep. I think that advice doesn't change at all for the single person. It's just, you're filling maybe not time with bath time. It's more of relationships that are important to you, like your community group.

People in your church body, your neighbors. I'm single and so my encouragement to you would be you need to have a life outside of your job as well and don't just let family be the only reason you would have that. And so having those same set of boundaries of here's where my limits are and where I can engage and where I can't.

And at the same time, because you might not be having these other responsibilities, finding things that you do want to pour your life into that matter. So it might be, different versions of your passion, um, or it might be things that bring you back life so you can go back into the workplace, um, rejuvenated.

So for me, I love theater and the arts. And so I intentionally carve out space where it's like, I know I'm going to be blocked to go do that and not get pulled into, well, what about this thing you can create or serve or be a part of? Um, so same advice for the single people in the room. And if you want, I would dare to say you kind of hinted at it, Providence.

It's not going to change overnight when all of a sudden you walk down an aisle. These are practices that will help you if you desire marriage and a family at some point as well. All right, well, let's transition. So we talked a little bit about our first and second ministry. Okay. How about the third or the fourth one that's somewhere down on the list?

Medicine. Um, so I would just to kind of love to move into, what are some practical things that you all have done? to infuse what you've heard from Paige and from Dr. McKinney into your day in day out, help people kind of get a glimpse on what some of that might look like. Um, the first thing to understand, I think for me is that really for all of us, there is no difference between, um, work and ministry.

When you belong to Christ, everything you do is ministry, is discipleship, is walking out that new life in Christ. Have a great week of worship, right? And so with that in mind, we want to be the same person that we are in the office, in the hospital, in the OR, in the treatment room, as we are at church, at home, in social situations, wherever we are, we want to be that same person.

And that's tricky. Amen. Amen. Especially when it comes to work and some of these external pressures we have. Going back, if you went to public school, you probably were raised up in a situation where they trained you to think secularly. Um, and there are some ways that we've got to now reverse that. Um, I am in a situation where I'm in private practice and so I'm the owner and so I can really control everything about the situation, which is great.



If you're in private practice, use that freedom, please. Um, it's a gift. And so some things that I've done, um, it's really just kind of the entire interaction that patient would have with me, with our, with our office, uh, on my website, I list my church membership and where I serve. So right off the bat, it's a faith flag.

Hey, that's, that's who I belong to. I belong to Jesus. And when they walk in, they're going to hear Shane and Shane, they're gonna hear Phil Wickham. They're hearing worship music. Um, on the waiting room table, there's going to be cards for various ministries. Um, through, uh, our church and so, um, the, the patient intake form, the last question on the questionnaire says, we believe if all we care about is teeth, we don't care enough.

What can we pray about for you? And I'd say probably a third of the people answer that and, uh, so then that's just a lay up for me to walk in and ask about that and then pray with them. So there's certain things I do to try to create. Opportunities don't just wait for it to fall into your lap. Try to create those things.

Um, man, this is a big topic. Um, I want to, you know, have some time for everything, but, um, seek out resources. It took a long time for you to be trained to become who you are and what you do at your job. Seek out training for this to, um, we actually wellness collective. We're starting up a lot of different initiatives coming up.

You've heard about some of them already. I'd also add in, uh, CMDA, Christian Medical Dental Association, if you're not a member, jump in. It doesn't cost too much. They've got a lot of training opportunities, videos, CE, all that kind of stuff. So seek that out, um, and get trained up in it so that it becomes something that is more second nature to you as you get more reps under your belt with it.

Katie, what would you add to that? Um, especially just coming from like the hospital setting clinical environments or maybe you're not the owner of the building and how do you operate within maybe their leadership. Those are great examples, Kevin, of like, if you're in that position, yeah, lean into it.

Don't be shy and shy away from it. I love that it's on your registration form. That's awesome. I didn't know that way to go. So before I went back to nurse practitioner school, I worked at Bumsee. I was in the cardiovascular ICU, and I would say I did not do this. Well, really, before I started volunteering at the clinic, I was terrified to talk to patients unless a patient.

Asked me for prayer and CVICU, you're just had open heart surgeries. It's pretty scary thing. And I had some patients ask me to pray with them, but I never would have engaged spiritually. Like that would have been, um, really terrifying to me. But after I, um, started serving at watermark urgent care and heard pages talk, um, it emboldened me honestly to.

To approach patients in the hospital, um, ER and urgent care center where I didn't own the urgent care or the ER, um, to engage them. And that looked different for every patient. I would say, um, I had to go in very spirit led. So it meant, um, intentionally praying for my shift. Um, and again, these are practices that watermark, um, urgent care really helped me with, but praying, um, I, we don't believe there's any, you know, um, coincidences with who's going to show up to the urgent care of the ER today.

And so I would pray, God, you know, who's going to walk in the doors. You know who my patients are going to be. Give me the eyes to see them. Give me the ears to hear and give me the courage to encourage them. And so oftentimes that looked like, just like Paige said, asking follow up questions and getting to know them.

And, um, Uh, oftentimes it looked like, um, especially in the emergency department, those quote unquote frequent flyers, um, that Dr. McKinney talked about, there's some really. It was a really terrible talk about patients in the emergency department. It meant being the one that says, I'll go see them and knowing that I'm going to treat them with dignity because they're made in the image of God and providing care that was dignified and excellent.

It meant offering to pray with patients. It meant engaging in gospel conversations as the spirit led. But I would say, I didn't do it well, um, until I really got it. That some good equipping, um, but again, spirit led going and praying and, and, and really setting your heart

right before a shift. It's real easy to get anxious before a shift, oh, I have to know the right things.

I have to know what the diagnosis is and how to treat this. But if you rely on the Lord, the Lord made this person. That's sitting in front of you and ask him for wisdom and rely on your good education, um, then that allows you to get out of the way and really see that person as a spiritual and eternal being.

Katie, before you hand the mic, um, I know it can just be a very, as Paige talked about, fearful thing to lean into a convo. Um, what are some of the, like, it might be super simple, but how do you even go from, I'm talking about this medical thing to, can I pray for you? Do you just flat out say, can I pray for you?

What are, how do you navigate some of that where it doesn't feel like. I'm throwing a Bible at them or whatever we might have in our head. I mean I have, I have done it really awkward. I'll just get that out of there. Um, but usually it, it goes into when you, when you sit down and you're talking to somebody and, and it's always somebody's worst day when they're seeing you in an urgent care or an emergency department, or maybe even a dental clinic too.

Um, It's always somebody's worst day. And so really like talking to them about how, how is your experience in making you feel, how are you coping with this? If there's a really scary situation going on, especially in the emergency department, um, who's your support, you know, how do you cope? Those are great ways to engage in faith conversations.

And then just like Paige says, it's never wrong to offer, can I share with you how I cope or here's something that I find really helpful, or I find some patients helpful and that's prayer. Um, I'm going to pray for you. I say that I'm going to pray for you, whether it's with you or without, you know, after I leave the door, I'm going to be praying for you.

Would it be okay if I did that right now or I can do that after I leave? And, and almost always patients will say, you can pray for me. So, um, if you go in and you just are focused on

diagnosis, exam, diagnosis, treatment, and then it's like, can I pray for you? That feels so in genuine, but if you go in and you try to build a connection with your patient, then that leads to a genuine conversation.

Uh, yeah, I think that's a great point to lean in on of, as we encourage you to be bold in these spaces. We want it to be coming from a heart posture of what you've heard them say already. Like, this is actually someone that really matters to God. I'm not coming in here to check something off a list or to feel really good about having a story to tell when my pastor asks me if I'm sharing.

It's to go in with the, with the lens of I'm in a unique setting and this is someone that really matters to God. And there's really big opportunity here to help them understand who he is. So going in with that humble heart posture as we share what we think could be helpful. Provenance, anything you'd add to that?

I think they said everything, spirit led. Well then let's, um, transition a little bit. So in the workspace, I know part of your story has been working in some environments where maybe the culture and the dynamic of coworkers has been hard. How did you think about modeling Christ in where maybe with coworkers and how can we live out our setting and our faith in that setting, not just the patient room?

So, um, I've had the opportunity and like the gift to work in. Christian ministries, most of all my medical career, actually, um, my training was not in a Christian residency, but most of my mentors and attendings were Christian. So I haven't had a situations where someone is like, no, don't share the gospel, but I've had fear in me and I've had my own, um, uh, like wanting to please everyone.

And so I want to do. everything right and the best and, and do the most, um, just so I can please everyone. And then a lot of times that got in the way of me being able to just sit down, take time, share the gospel with the patients that I've seen. Um, but in terms of the people I've worked with, God has been showing me more and more and more.

So now that I'm with watermark health, that I'm not there to just minister to the patient. Um, I'm there to minister to the people I work with. So in my old job, I didn't go in wanting to, to get any kind of promotions. I just wanted to come in, see my patients, love on them, and then go home. Um, with time I started, um, being promoted, but mostly because someone was like, okay, you'd probably be good at leading the, the providers.

So we would like for you to take that opportunity. And that came with a lot of, um, kind of sitting at the table and seeing how the sausage is made and then deciding, oh my goodness, I'm, I don't really like how the sausage is made. Um, and we're not really heading in a direction that lends to ministry. Um, but on the ground, that's what we're doing.

That's what our MAs want to do. That's what, um, the other workers want to do. And They are looking to me as now a leader to show them how to go that way. But I know at the table, that's not what's being talked about. So, um, it's been difficult. It was difficult. Um, but I think what helped the most is one having a colleague to be that person who's looking and saying, you're not okay.

You'd probably need to take some time off or, um, Hey, I'm going to take. the next couple of patients for you because you spent an hour in there with that patient, sharing the gospel, praying for them, hearing what they have to say. Sometimes in, in, uh, primary care, you don't have that much time to do all the primary care that you need to do, but there were times where a patient will come in and you're like, if I ask that question, you know, that extra question page talked about, it's going to lead to an hour visit.

And I got 15 minutes. I can't tell you how many times God met me when I said yes. And I'm not saying that I said yes every time to God. There are times I was like, God, you don't know my schedule. Um, I ain't got time, but the times I did say yes, I can promise you God met me. And I would walk out of the room after 45 minutes that I didn't have.

And my, my next patient canceled or no showed, or my colleagues saw them or God just met me somehow to say, Yes, like just, just trust me, trust that I have the process done. And that was an example again, that wasn't me. That was God setting that stage for my MA,

for my colleague, for the people I work with to see what it looks like to just trust God and say yes to the hard thing that he's asking you to do and see him meet you there.

So, um. That's a great provenance. Okay, I'm going to ask a follow up question. How do you think through, okay, this is maybe an environment where I don't like, to use your analogy, how the sausage is being made. I can function within it in an okay way versus, okay, now it's really something that I don't feel comfortable staying in.

I need to go find somewhere else. What are, what were some of the ways you've made those decisions over the years? So, um, my husband. You're welcome. Uh huh. Helped a lot. Uh huh. Um, he asked me actually a long time ago, um, when I was serving, we were serving in Kenya in a mission hospital there, and, um, I think I was, it was a busy time, and I was just like getting it done, right?

Um, and he's like, what is the difference between you and a MSF doctor, um, Doctors Without Borders? What is the difference, um, right now? Because you're both getting it done, you're out here in the middle of what can be considered nowhere, um, getting healthcare done. And getting it done well, right? Our excellence, our platform for our witness.

But what is the difference? Why are you here? Um, and that's always come back, not to haunt me, but as a reminder of like, why am I doing what I'm doing? So, um. Um, that helped me transition to here because I started to feel like, okay, I'm, it's not that I'm being told no about sharing the gospel, um, with my patients sharing what I think brings true healing.

Um, it's that I was in an environment that I felt I wasn't strong enough to be able to still fight against that, um, Push away from ministry. And I know I needed accountability and I needed strengthening and I needed, um, people to help me, um, practice that some more, gain more strength and knowledge into how to do it practically every day.

And then God's going to send me out hopefully in the future to be in that space where it's not welcomed, but I have, I have gained some experience. I've gained some, um, just encouragement and just. Like we're talking about today, just practical things that become almost second nature. Um, so that's, that's kind of how we came to that decision.

Some things I heard in that was one, viewing what you do as a ministry and counting how you're able to execute. against that of, am I just another doctor in any room? And then two, having people around you that can speak in both your husband, you mentioned, but then also finding coworkers in your space that might be aligned, even if they're on a different floor and a different unit, having just that one other person that fully gets your space that you're in.

In work environments I've been in before, I've very similarly found one other believer and we prayed intentionally for our other coworkers and that just changed the lens that you're showing up with every day. All right, well, we're right at time. I could keep asking you guys a million questions and maybe we will in the future on some of the stuff Kevin alluded to some more webinars or online content.

But any last thoughts you would say what a hope might be for this room as they head out after today? We have one more speaker coming up. But after today, what's a hope you'd have for this room after spending the weekend with us at the first ever Wellness Collective? Okay, so look around in the room. And look at the people here that I hope love Jesus and are called according to his purpose.

Think about the impact that this room can have. Now think about the impact this room can have if we multiply ourselves, if we make disciples. If there's any hope, if it's the Lord's will, if there's any hope for us to begin to reverse some of those graphs that Dr. McKinney showed, it's not going to be through just this room.

We've got to make disciples. And so seeking out others in your workplace, getting them into the fold, pray to the Lord of the harvest that he might raise up more workers. That's what's got to be happening. Um, and so that's one of the, the main thrust of the wellness collective is we want to train and equip more believers that would rise up and take the

message of the gospel to these people that are hurting so desperately and have no other hope.

I love that. I think I'm going to end us there. Kevin, well said exclamation point at the end of the sentence. Um, will you guys give our panel a round of applause? Thank them again.