

# CMDA's Continuing Medical Education Program

## Helping Missionary Doctors Keep Their Credentials Current

### Special Report

The CMDA-CMDE (Christian Medical and Dental Associations-Continuing Medical and Dental Education) Commission was established in 1978 to provide continuing medical and dental education with spiritual and physical refreshment to overseas missionary physicians and dentists.

Commission Chair Dr. Jarrett Richardson explained the need, "Physicians and dentists who seek to keep their USA licenses need to obtain at least seventy-five Category 1 hours of continuing medical or dental education during a three-year cycle. CMDE sponsors must be accredited by the Accreditation Council for Continuing Medical Education (ACCME). Dentists and physicians serving outside the USA often spend significant resources and time obtaining this CMDE when on 'leave' (home assignment) in the USA. Although electronic options for CME and CDE are growing, they do not often include interaction with instructors, or applications to the locale where the missionary is working."

#### *Current Activities and Goals*

The Commission itself is comprised of eighteen members, serving six year terms, with three to five rotating off each year. "At our most recent meeting in April, 2006," Dr.



*Jack Tolar, veteran missionary, Nigeria (center) with Linda and Jarry Richardson, Minnesota* — Our thanks to Dr. Richardson for providing access to CMDE photos

Richardson reported, "we prayed about the needs of medical missionaries, reviewed our history with the help of Dr. Marvin Jewell (a founding member of this commission), reviewed our mission statement, generated a long list of issues to address, had an update on trends in "missions today" from Dr. David Stevens, formulated interest groups that addressed all thirty-eight issues raised in the 'brainstorming' stage, and after breakout sessions decided to move forward in faith to do a needs assessment. We also decided to work toward a goal of having a family program at the 2010 Africa conference, reaffirmed that continuing education will be the driving focus, and that recruitment of excellent faculty will be a priority. We intend to expand the commission resources as needed to achieve our goals of a conference in Africa and Asia each year with family programs at each conference if the needs assessment confirms our anecdotal observations. The primary limiting step will





*Worship time in Chiang Mai—500 plus singing and praying and enjoying being fed. Many cannot worship openly in their host country, so delight in such times as these*



*Kenya 2006 group photo—311 people from 35 nations*



*Gerald Swim, Academic Officer, retiring after 25 years with CMDE, with Dorothy Barbo, past CMDA President*

likely be administrative, since we have many hundreds of hours of administrative activity volunteered by Commission members and staff and present resources will not allow expansion of our activities."

### *The Future—Challenges and Opportunities*

Dr. Richardson stated that the Asia conference facility in Chiang Mai has allowed doctors to bring their families and has grown to include a child-care program as well as much larger spouses' program. The most recent CMDE conference there was attended by more than 500, nearing the maximum for that facility. Affordable facilities in Africa,

## *Mission Statement of the CMDA-CMDE Commission*

The mission of the CMDA-CMDE Commission is to provide CMDE in a compact, multi-track module enabling medical and dental missionaries to:

1. Affordably earn Category 1 credits to assist in maintaining licensure in the USA;
2. Stay abreast of medical, dental, and health developments in the USA and in their country of service
3. Interact with other participants in an academic environment that promotes active exchange of mutually useful information; and,
4. Participate in experiences of spiritual, emotional and physical renewal during the course of the conferences
5. When possible, in conjunction with the conferences, the Commission will assist in the provision of programs for spouses and children.

however, are not able to accommodate a family program of similar size.

The Commission discussed the growing need for African doctors trained by missionaries to have excellent CME as they assume responsibility for continuing the mission of medical/dental services in a context where medical and dental missions partnership models are highly varied and creative, and more nationalization of former mission hospitals is occurring—sometimes creating major financial challenges.

"The traditional mission paradigm is shifting in other ways, too," Dr. Richardson said. For example, a growing number of 'missionary' doctors are supporting themselves as 'tentmakers' in 'creative access' countries, while at the same time in many places one must be extremely sensitive about the use of words such as 'missionary' or 'Christian.' Security issues are also increasing on missionary medical 'compounds.' At the same time," he added, "there is a changing commitment from many sending agencies, with increased focus on church planting and less commitment to medical missions as a ministry of compassion."

Other challenges and opportunities include a growing need for state-of-the art training in technology in many countries, an increasing need to provide skills-based learning with adult educational approaches, and the increasing trend for missionary doctors to function primarily as trainers and mentors. "So we are seeking help to develop those skills among participants in our conferences," Dr. Richardson said.

Dr. Richardson said that CMDA members can help by:

- ▶ Informing your missionary friends of this ministry. Information is posted on the CMDA web site: <http://www.cmda.org/> (Select: Conferences, Master Calendar, then Feb 2007 to get more information and registration materials.) Note that the 2007 conference will be held in



## *The Two Most Recent CMDE Conferences at a Glance*

The 2005 CMDE program was held in Thailand 2005, with a total of 508 participants representing twenty-eight different countries. Of these, 190 were physicians, 23 were Dentists, 97 were spouses, 148 were children, and 50 were either support personnel or professionals seeking other credit; 62 were faculty.

The 2006 CMDE program was held February 6-16 at the Brackenhurst Baptist International Conference Center in Limuru, Kenya. The total of 311 participants, representing 35 countries, included 198 physicians, 25 dentists, 26 spouses, 3 children, 54 nursing or other professionals, and 7 support personnel. The program was conducted by 52 faculty.

In this particular conference, Commission Chair Dr. Jarrett Richardson reported, "Continuing Education was taught in these teaching tracks: medicine including pediatrics and sub-specialties, surgery including OB-GYN and sub-specialties, community health and preventive medicine, dental, and advanced life support. At least six hours of CMDE was available daily plus credits for those taking BLS, ACLS, or PALS, and workshops. Ten different workshops were offered. The maximum number of hours of CME that could be earned was 71-and two people actually earned the maximum! A total of 10,231 credit hours were granted to 248 attendees.

"A series of inspirational evening lectures were offered — a mixture of academic and social and spiritual in nature," Dr. Richardson added. "The Spiritual Life speaker was Rev. Stan Key, Senior Pastor of the Loudonville Community Church in Loudonville, New York. Prayer groups were available at 6:30 A.M. Close bonds and long-term prayer partners emerge from these times. A choir of hundreds closed the final service with communion and singing from the 'Messiah.'"

Asia; the 2008 conference, in Africa. Attendance is limited to American physicians, dentists, nurses, and ancillary medical personnel who are living and serving in missions abroad.

- ▶ Finding out if you can help a missionary attend the conference—financially, and especially by offering to go to their place of service and cover for them while they attend.

- ▶ Praying for your medical and dental missionaries and the CMDE Commission

- ▶ Finding out how you can support this ministry financially—contributions can be sent to CMDA with the notation "CMDE Fund."

"We ask for your prayers and support as we plan for future opportunities to serve our Lord as we serve his medical and dental missionary servants," Dr. Richardson said. "All involved are committed to meeting the needs of missionary doctors with excellence and to the glory of God and in this way to further His kingdom of love and redemption. Opportunities for broader service are



*Phil Fischer, Academic Dean, organizing the academic day after morning worship, Kenya 2006*

emerging, yet it remains our prime mission to provide excellence in accredited continuing education for our missionary members. All of us consider this our ministry to the missionaries and their families. We are always deeply blessed by the time we are able to spend with those precious people on the 'front lines.'"+



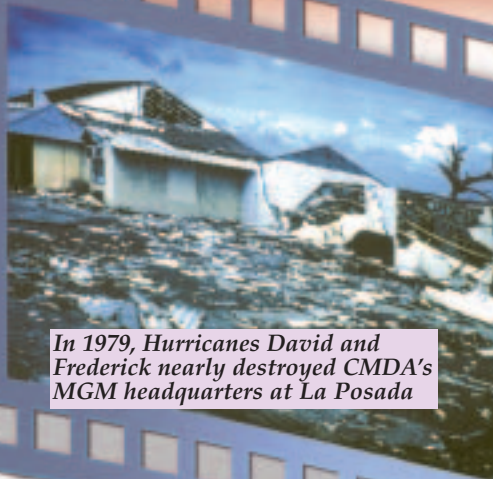
*Morning small group prayer time bonds people closely during the conference, and offers prayer partners, worldwide*

A participant in several CMDE conferences, Dr. Bill Ardill (SIM, Nigeria) wrote: "The first time I came I was very young in my surgical career in missions so I picked everyone's brains to learn how to do your best under limited circumstances. During one conference, I'd just been evacuated from Liberia because of the civil war, and emotionally was very broken. I was encouraged greatly by many others who had been through similar evacuations and hardships and great loss. Another time I came was just after the death of one of my children. Again, the Lord met me here and through the encouragement of many people who had been through similar circumstances. Each time I come, I don't necessarily come with a great crisis, but God always uses people to meet our needs—sometimes through casual conversations over the coffee and doughnuts, sometimes through the special music or a piano solo, sometimes through a message or a practical talk."





*Former CMDA President plastic surgeon Ralph Blocksma was a pioneer in short-term missions*



*In 1979, Hurricanes David and Frederick nearly destroyed CMDA's MGM headquarters at La Posada*



*GHO's Mobile Medical Unit has been a source of help and hope for thousands*

"CMDA will provide the avenues necessary for CCHF to educate our students and doctors regarding the opportunities and the methods needed to establish such work. CMDA will also initiate a major effort to provide pathways of service for the vast majority of Christian doctors in the US who will never give their careers completely to free health clinics," Dr. Weir added. "This initiative, 'The Four Percent Solution,' challenges Christian doctors to donate 4 percent of their time or money above their normal church giving to care for the poor either in the office, as a volunteer in clinics for the poor, or in volunteer overseas missions."

"Hundreds of doctors are already on board, but thousands more need to join the effort," Dr. Weir said. "God's Word is clear: 'From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be asked' (Luke 12:48). How can we as Christian doctors ignore these words or believe that they overlook the poor or pretend they were spoken to someone else?" For more information about CMDA's domestic missions efforts, visit the CMDA web site: <http://www.cmda.org> or e-mail: [al.weir@cmda.org](mailto:al.weir@cmda.org).

## Supporting those on the field

During the mid-1950s, the idea behind the Missionary Assistance Program (MAP) was conceived through the special concern of CMDA's then Executive Secretary, J. Raymond Knighton Jr., to provide drugs, supplies, and equipment to missionaries going to the field, or already there. The effort was launched preemptively when eleven tons of surplus pharmaceuticals arrived at the CMDA office in mid-Chicago one day in 1954. This initial donation was soon followed by many more, necessitating larger facilities, more staff, and ultimately resulting in MAP becoming MAP International, in 1965.

In the late 1950s, foreign medical missionaries also began

asking for a different kind of help; specifically, short-term support from other doctors — a forerunner of the type of short-term missions so common today, but a concept that most mission organizations were not ready to consider in those days. Nonetheless, the Christian Medical Society Foundation was formed to assist in arranging such visits.

Plastic surgeon Dr. Ralph Blocksma (a past president) and his wife Ruth were among the first to participate in this new program. They had been missionaries in Pakistan but had returned because of Ralph's health. Now, through CMDA's short-term missions, they found themselves going to a number of different countries. Dr. Blocksma called it "tithing for Christ" — giving of his time to go where a plastic surgeon was so needed.

This focus continued and was expanded, starting in the 1960s through "limited group missions," which later became Medical Group Missions (MGM) and then in 1995 evolved into Global Health Outreach (GHO), which emphasizes evangelism outreach, leadership training, and the discipleship of participants. The focus of GHO is to strengthen and expand the local churches wherever we serve. Dr. Don Mullen was appointed part-time director of GHO in 1995,

but resigned in 1997 to pursue his call to build a mission hospital in Greece. Dr. Sam Molind, an oral surgeon from Vermont, accepted the role of director in 1998. Under his leadership, GHO has expanded to forty-plus highly effective teams a year (more than 700 participants) going to Africa, Asia, and Latin America, serving more than 30,000 patients annually, with thousands of these coming to know Jesus Christ as Savior.

By 2010, GHO plans to sponsor fifty trips annually, with 30

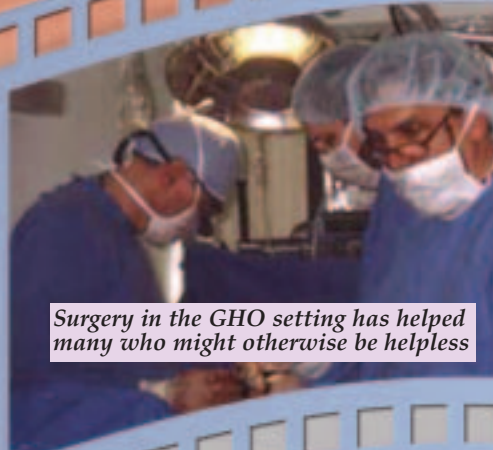


*Not everyone is excited about receiving mission-field care, but our members are happy to provide it*





*GHO has integrated evangelism and church planting into its approach*



*Surgery in the GHO setting has helped many who might otherwise be helpless*



*Our CMDE program for missionaries has helped many maintain their credentials*



*There's nothing like a colorful and heartfelt mission-field smile to reward a missionary doctor*

percent being to the "10/40 Window," and at least half of these missions to include a pastor as a participant to provide spiritual leadership. A seminar for team leaders will be hosted by GHO at the CMDA headquarters annually. Specialty coordinators will be secured and trained, a new GHO directory will be produced, and various new resources developed, including audio and visual training materials for participants, a *Short-term Missions Spiritual Ministry Handbook*, a *Health Education Program for Developing Countries* by Dr. Arnold Gorske, (now available in English, Spanish, and Mandarin), and an "Essential Ministry Training" (EMT) program, developed by Bert Jones, CMDA's Spiritual Leadership Director, to prepare stateside pastors for spiritual leadership of GHO teams. The EMT program will host a yearly pastor's conference at CMDA headquarters to recruit and train EMT participants. For more information about the work of GHO, visit the CMDA web site: <http://www.cmda.org>.

## Taking Education to the Field

Two CMDA efforts—our CMDE program for missionaries, and our Medical Education International—resulted from conversations between leaders aware of existing opportunities.

The idea for our program of Continuing Medical and Dental education for missionaries began with this question: "What is the most valuable help we could give our missionary members?" The answer was not more money, more supplies, or better education for their kids. The answer was better continuing education for the missionaries, themselves. The question came from Marvin Jewell, MD, who in 1976 was incoming president of CMDA. The response came from the organization's new Missions Committee chair, David Stewart, MD, psychiatrist and former missionary. "It really can be lonely out there, both professionally and spiritually!" said Dr. Stewart. "If we could just take a spiritually rich and professionally diverse meal to a table where some of God's

precious exhausted and hungry missionary physicians and dentists could relax and be refilled, it would be a BIG help. What's more, if we could achieve CME accreditation, they could earn enough hours to retain their licenses to practice in the USA!"<sup>2</sup>

Dr. Stewart enlisted Gerald Swim, then Assistant Dean and Director of CME for the University of Louisville School of Medicine, who provided course accreditation. He engaged David Van Reken, MD, a pediatrician, who was teaching and working at that time in Monrovia, Liberia, to handle the negotiations and to secure the facilities for the planned two weeks of intensive education. Van Reken reserved the University of Liberia's only dormitory during its academic break in January 1978 for \$4.50 board and room/person/day.

The first meeting was attended on six months' notice by thirteen faculty and sixty-five missionary doctors. Since then, thousands of missionary doctors have benefited from CMDA's CMDE program for missionaries. Today's conferences, held in alternate years in Africa or Thailand, sometimes attract more than 500 participants—see the feature report, pages 25-27.

Similarly, CMDA's Medical Education International (originally called COIMEA) was birthed as a result of a question posed in 1987 by Dr. Roberto Rodriguez, then President of the Christian Medical Society of Mexico to Dr. Robert Schindler, who had just completed his tenure as President of CMDA-USA. "Your doctors have so much to share in professional knowledge and skill. There are so many around the world who could benefit from their teaching."

In 1988 the Trustees formed an Ad Hoc Committee on International Medical Educational Affairs, which became known as COIMEA, with Schindler as chairman. COIMEA, now called Medical Education International (MEI), became a CMDA Commission in 1989, and was led for nearly fifteen years by Bob and Marian Schindler. Their goal was to provide medical and dental education for national physicians and dentists in their own countries through CMDA-USA volunteers. In doing so, these volunteers would encourage