



Center for Medical Missions

A ministry of Christian Medical & Dental Associations

February 2013

Welcome to this issue of *Your Call*. I am putting this together earlier than usual since I'm heading to Malawi on February 8. I will be back in the office on February 18 or 19, so I won't be gone too long.

Please know we are praying for you. We've had some email requests for prayer, particularly for second semester second year medical students. I'm sure there are others of you who have struggles too, so know that we here at CMDA are often praying for you. Remember that with the Lord all things are possible and He is with you even in your struggles.

OK – I confess I am very surprised and somewhat disappointed that I did not receive a single response to my question about what a medical missionary mentoring relationship might look like. Imagine my surprise then when I asked the same question in the newsletter I send to medical missionaries already in the field and received 10 responses from them. I now know there are missionaries willing to be mentors for people who are actively working to follow their call. What I really need is to hear from some of you preparing to serve so that when we get the chance to put together a mentoring program, it might be something that will be helpful.

I'm going to give you another opportunity. If you have an interest in having a medical missionary mentor, will you tell me what that relationship might look like? Is it something that could be done by email or phone? Does it need to be with a medical missionary in the field today? Would a retired medical missionary be acceptable? How much time in a week, month or quarter do you picture this relationship requiring? How early would an ideal mentoring relationship begin high school, undergrad, professional school, residency? We are looking for ideas that will give us a clearer picture of what you are hoping for. Please send your thoughts to me at susan.carter@cnda.org. I'm going to say "thank you" in advance in hopes that I hear from some of you.

Daniel Tolan was in the office this past week to discuss his future with CMDA and the Center for Medical Missions. He is still keenly interested in medical missions, but has chosen not to come to the office two days a week in the future. He is still checking his daniel.tolan@cmda.org email so if you have a question, feel free to write. He is working extra hours at the VA Hospital so I can't promise he will reply immediately, but I just checked with him and he assures me he is checking his CMDA email.

As always, if you have questions, comments or concerns, please send them to me at the above address.

I am purposefully keeping this issue short as I want you to be able to read it at one setting. I realize last month's was too long. There are just three articles this month:

[Susan](#)

In this edition:

[Wanted](#) by Rev. Stan Key

[Turbocharging Community Health](#) Part 2 by David Stevens, MD, MA (Ethics)

[Be an Angel](#) by Daniel Tolan

WANTED!

by Rev. Stan Key

An ad appeared in a London newspaper around the year 1912 announcing an expedition to Antarctica led by Sir Ernest Shackleton. Though the exact wording is now lost, the ad went roughly as follows:

Men wanted for hazardous journey. Low wages, bitter cold, long hours of complete darkness. Safe return doubtful. Honor and recognition in event of success.

Sailing on the ship *Endurance*, the expedition aimed to put a group of men ashore to traverse the continent on foot, stopping at the South Pole along the way. No one had ever done this before. Shackleton needed 27 men. He received 5,000 applications!

Shackleton understood what many of us forget. The deepest yearning in the human heart is not for security, prosperity and comfort. It is rather for significance, meaning and purpose. Why would anyone want to play it safe when the opportunity exists to go where no man has gone before?

Jesus Christ understands the human heart far more than Shackleton ever could. Indeed, He knows us better than we know ourselves. Life is more than eating, sleeping and working. We are hard wired for significance! Jesus invites us to abandon our petty pursuits and embark on the great adventure of doing the will of God.

Wanted: Men and women who will follow Christ on a mission to change world.
Qualifications: Forsake everything. Wages: Minimal. Working conditions: Terrible.
Chance of survival: Slim. Benefits: Out of this world!

Wall Street may be languishing, but the economy of the kingdom of God has never been better! Good jobs are plentiful. Exciting opportunities exist today all around you: in evangelism, in medicine, in education, in agriculture, in technology and more. Whether the call of Christ takes you across the street or around the world, say yes to His will.

“ ‘ I tell you the truth,’ Jesus replied, ‘ no one who has left home or brothers or sisters or mother or father or children or fields for me and gospel will fail to receive a hundred times as much in this present age (homes, brothers, sisters, mothers, children and fields – and with them, persecutions) and in the age to come, eternal life. But many who are first will be last, and the last first’ ” (Mark 10:29-31, NIV 1984).

You have only one life. Don't waste it. Risk it all for the sake of the call.

Turbocharging Community Health - Part 2

by David Stevens, MD

Continued from January

4. Your Success Depends on the Quality of the Leaders You Choose – Your job will be incredibly harder or much easier depending on the leaders you choose and train. The first personnel you pick are your Community Health Supervisors.

You may have a pool of formally trained nurses or other professionals to choose from. We didn't. We started with a pool of our best "medicine dispensers," local young men we had trained to dispense medications on the ward. We looked for people who were bright, were more spiritually mature than their counterparts and showed a propensity to learn.

We talked about the problems we were seeing at the hospital and the causes of those problems. Did they see these problems in the villages where they lived? Were they interested in helping save people's lives by teaching them better health practices? We warned that they would have to work very hard, but we would teach them how to do their job well.

We didn't promise them more money. We let them know we were happy with their work in the hospital; they could continue in their current position and would probably be promoted over time. We didn't want our new supervisors to choose to join us for the wrong reasons. We weren't offering them a different job. Instead, we were offering the opportunity to join our community health family and to change their world. We wanted them to sense that God was calling them to this endeavor, so we prayed with them and asked they seek God's will in their decision.

Our first three supervisors were very committed to the idea, but had no experience or knowledge to do the job we needed them to do. It was up to us to turn them into extraordinary leaders and to teach them on the job the same lessons we were learning on the job. That meant spending time together letting them watch what did, how we taught, the methods we used to develop trust and how we worked to reveal our servant hearts. We demonstrated leadership and then began to edge them into increasing leadership responsibilities.

We held them accountable not only with a job description but also with clear standards of performance. How were they going to know they were doing each item of the job description well? As their supervisors, what measurements showed us that they were meeting all of their responsibilities? We set up one-on-one evaluation times on a regular basis and clearly let them know what they were doing well and what they needed to improve on.

We invested a great deal of time in them supplying knowledge as well as modeling every aspect of what we wanted them to do. As they made progress, we morphed our methods. We sat down with all of the supervisors every morning before they headed out the door to the community and asked each to answer some simple but broad questions:

- What went well yesterday? What progress are you seeing in those you supervise?
- What problems did you have? What didn't go well?
- How can you solve these problems?

We let each individual answer and then threw the most perplexing problems out to the other supervisors for input. We taught them to work as a team, help each other out and share what they learned with others. As much as possible, we didn't prescribe solutions. We wanted to teach our young leaders how to solve problems by planning concrete steps to deal with them and then finding out how their plan worked. We even listed major problems on plastic sheets hanging on the wall to remind us to follow-up in future sessions.

I can teach someone all the reasons to exercise, demonstrate how to use various exercise machines and share knowledge on how to do reps; however, until they actually get on the machines and workout, they won't strengthen a muscle. The same is true in leadership training. You have to give those you are mentoring ever-increasing leadership responsibilities as they develop. You have to be there on the sidelines coaching and teaching them how to solve problems, motivate people, take risks, deal with discouragement and become a coach themselves. It is all about replication as you train leaders to train leaders for your community health committees and health helpers.

As I look back now years later, I'm so glad I invested in these young men and the other workers who later joined them. Not only were they one of the keys to our success, but they each are now in major leadership positions in other spheres of life. Some are chiefs or assistant chiefs, others have positions in the national church and some have been successful in politics. More importantly, they changed their communities through their faithful service and leadership. That is a wonderful return on our investment.

Leadership training is a journey, not an event. It is a demonstration, not just an education. It is learning to influence others, not merely having position over them. It is building trust, respect and admiration.

To be continued in March

Be An Angel

by Daniel Tolan

“ Holding the other end of the stick can help you see.”

What does this old African proverb mean? I think I know.

Two weeks ago, my father was hospitalized. Because his INR level was so high from taking too much Coumadin, he was literally bleeding to death. (INR is a measure of clotting ability of blood and Coumadin is a medication given to decrease blood clotting.)

My dad grew up on a farm, a dairy farm, one of the hardest jobs I know. He has always been able to work hard all day long. Until recently. At 85 years old, he no longer is able to do what he has always been accustomed to doing. This has been hard for me to watch. I think he was about 80 before I finally felt I could keep up with this strong, barrel-chested man. At 6 feet 2 inches and 220 pounds, he has always been an intimidating physical specimen.

Around 14 years of age, he dropped out of school to work on the farm. Five years later, he decided to go back to high school, then Bible school and then college. He found a farm job to pay his own way. He became a pastor, then a school teacher and finally ended up with a master's degree in elementary education. Not only was he big and strong, he had a disciplined mind as well.

Until this past year, he was always reading books, good books. A high school drop-out, an old farm boy, filling his mind with good things—always a challenge to me. Dementia is taking its toll, however. I doubt the words register or make sense like they once did. Both the impressive physical stamina and the mental capacity are waning. I find it hard. This is my dad.

It was the second night of his hospitalization when I held the opposite end of the stick. It helped me see.

The first night had not been too bad. I helped him get up out of bed once to visit the bathroom. There were multiple interruptions of sleep since he was receiving blood transfusions and his pulse rate, temperature and blood pressure needed close monitoring. But Dad did very well through all the interruptions. He had very little confusion and actually slept well, much better than I.

The next day, I napped briefly and around evening I was contemplating going home. My daughter had offered to stay with her grandpa and I was ready to accept the offer. He was hugging me goodnight and I thought, “ This is my dad and I love these hugs.” I stayed.

He slept no more than five minutes at a time. Neither did I. Was it all the blood products? New environment? The bed without my mom being beside him? Medications? Another illness, infection, stroke? Was this only “ sundowning” (confusion in the elderly at night - especially common in dementia)? All orientation was now gone. I had never seen dad so confused and upset. This is my dad?

The early morning was no better. I was emotionally and physically spent. However, I could not imagine the turmoil inside Dad’ s mind.

Then I met an angel.

She came to do a physical therapy assessment, but she was our angel. It was her words, her attitude, her obvious love for my dad and her kind hands and lovely smile. I was amazed at her effect on Dad ...and on me. My spirit began to calm and I could sense God telling me it would be okay somehow. Dad began to feel better as well. He enjoyed the nice shower, a shave and help with washing his hair. She was so good to the man who is my dad.

“ Has anyone ever told you that you are an angel?” I asked.

“ Yes, my husband tells me that.”

“ Well, tell him I agree.”

A few minutes after she left, Dad said, “ That was a rough night. I was so confused. I could never figure out where I was.” Then, “ That was a nice girl.”

That is my dad.

She was our angel.

A few days later, I stood at the bedside of a gentleman with a serious illness. Beside me were two ER nurses starting IVs and giving initial medications. I was still examining him when he began to pray aloud asking for strength, wisdom and knowledge for myself and the nurses. Then he closed with, “ God, these are my three angels tonight. May they know how much I appreciate their kindness, care and mercy to me.”

Jesus calls us to be angels in healthcare ministry.

To be honest with you, I find I need constant reminders. Not about my human nature or my self-centeredness. No, I need reminders of who I really serve. That it is about Jesus.

While at work, if I am away from my computer for more than five minutes or open the radiology or lab result viewer, I have to log on again. Several months ago, I had an idea. If I use a log in password several times daily, why not make it a meaningful phase instead of jumbled letters and numbers?

While I cannot reveal to you the words I use, I can reveal what it has done. It has helped me so much. Now, with every patient I am reminded at least twice who I want to represent as I do my work. I take just a couple of seconds asking God for kindness, love and empathy.

No, I did not choose “ Be.angel4Him” but that would work. Here are a couple other ideas: “ Serve.Him” “ SErVe#one.” See what you can come up with – it helps.

Remember that proverb? Holding the other end of the stick can help you see. I met an angel who cared for my dad. We needed one. Jesus needs you and I – He needs more angels. B1,4Him.love.