

# Cruise Medical Education (CME): A Rheumatologist's Perspective

By Philip Baer, MDCM, FRCPC, FACR

Growing up, my second choice career behind medicine would have been something to do with mathematics. Anything to do with sales seemed extremely unattractive—all that effort going into convincing someone else to buy something from you, with a high probability that the effort was wasted. The thought of making “cold calls” to prospective purchasers evoked all the negative emotions associated with telemarketers today.

After 20 years in practice, “selling” perhaps seemed less unseemly. After all, every patient encounter involves some degree of convincing that patient to accept the proffered diagnosis, and adhere to the prescribed therapies, monitoring and follow-up. That must have been my mindset in February 2005 when I saw an ad in Ontario Medical Review for the first Ontario Medical Association (OMA) sponsored CME cruise, scheduled for the Mediterranean in September 2005 in conjunction with Seacourses. I fired off an unsolicited email to the organizer at the OMA, offering my services and those of my wife Erica as lecturers on a future CME cruise.

I wasn't really expecting anything. I had indicated we wanted to be considered for cruises down the road, when our children were older. One week later, I had a phone call back—could we provide 10 hours of lectures on the September cruise? I negotiated a week to decide. My secretary, an ex-travel agent, said it was the chance of a lifetime. The boys said “Go for it. What can go wrong?” (Plenty, when you're leaving two fifteen-year-olds alone for close to two weeks). Erica was excited, but somewhat worried.

In the end we said yes—that was the easy part. Then we had to produce 10 hours of presentations for 50 doctors of varying specialties from across Canada, with a sprinkling from the U.S. and Australia. Erica created three talks on her special area of interest (pain management), and I developed seven talks on rheumatology topics. The lec-



Our 2005 cruise: My wife Erica Weinberg, our co-lecturer Hector Baillie (Nanaimo internist who is also on our current cruise), and me.

tures have to be entertaining and informative, as all the sessions are accredited. The kind of slides people put up at conferences where they apologize for cramming 25 lines of text into a slide are not welcome.

September 2005 arrived quickly. We left the boys with my mother, flew to Barcelona, and arrived two hours before sailing to board Royal Caribbean's Brilliance of the Seas. The next morning, we were underway and it was time to lecture, despite jetlag and a little bit of queasiness as we got our “sealegs.” All of the CME takes place at sea, so there is no interference with port time. We found the participants keen, with excellent attendance and lots of questions. Our other faculty member was an internist/cardiologist who had done this before and was very helpful. When we weren't lecturing, we were just ordinary passengers enjoying our floating hotel and the various ports in France, Spain, Italy, Greece and Turkey.

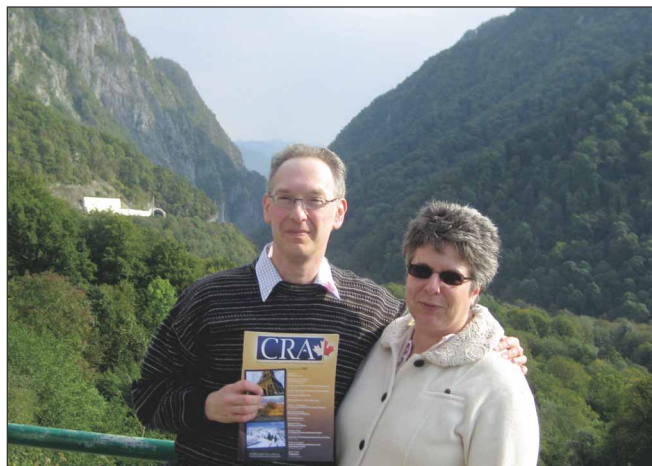
What are the business aspects of CME at sea? Faculty pay for the cruise like everyone else, but we don't pay the course tuition fee. We are paid a fee per hour of lecturing,

based in part on the number of attendees. Usually, this will cover the cruise costs and sometimes airfare as well. So it's a breakeven proposition financially, or, as we look at it, a free vacation with a little work thrown in. Most of the actual work is the preparation time before the actual cruise. You have to like cruising of course!

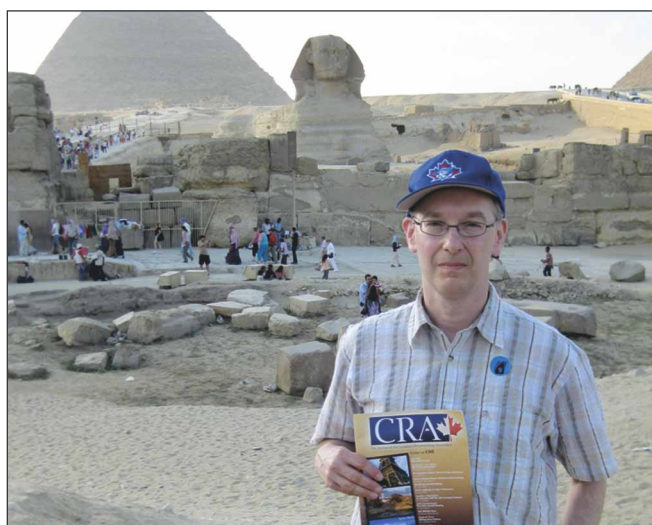
Our first experience was terrific. We returned home and awaited the course evaluations, which were fairly positive. We didn't know if any future opportunities would present themselves, but in April 2006, we had a phone call from Martin Gerritsen, the doctor who runs Seacourses, offering us a cruise in French Polynesia in October 2007. This time, we were to be the only faculty with about 100 participants on a small luxury ship, the Paul Gauguin, carrying only 330 passengers. Twelve hours of lectures in a week! No children to worry about—they would be away at university by then, so it was a no-brainer to accept. Three hours on pain management, and nine hours of rheumatology would fill the time, including some interactive Photo Quizzes and Rheumatology-Pain Jeopardy! Again, preparation was the key, especially knowing we would be even more jet lagged after the 12 hours of flying between Toronto and Tahiti. You also appreciate how much things change in your field in just a couple of years: we started with our 2005 talks and quickly realized that they were out of date given all the new therapies, guidelines and studies that had materialized. Our skills at Powerpoint also improved greatly of necessity.

While we were preparing for Tahiti, Seacourses gambled and invited us on a third cruise for October 2008 to the Black Sea and Middle East. Ten hours out of a total of 25 this time, over two weeks, reunited with the British Columbia internist who had guided us on our first CME cruise. Added pressure: the owners of Seacourses would be on board hosting our group of 110 physicians. Only a year between cruises this time—surely our material wouldn't outdate that fast. We accepted, and told the boys that for a second straight year, there would be no one home at Thanksgiving.

Tahiti was spectacular. We had two Canadian rheumatologists in our audience, and they were very tolerant, though I'm sure they knew all of the material we presented as well as we did. As I write this, we are on our Black Sea adventure, docked for two days in Istanbul with a spectacular view of the Bosphorus, dividing Europe from Asia. Preparations were intense, as the CME format changed yet again to meet accreditation standards. Once on board, though, it really does feel like a holiday. If you



CRAJ visits Sochi, the site of the 2014 Winter Olympics.



The Sphinx eyes CRAJ in Giza, Cairo.

like cruising and talking, I highly recommend international CME on the Seven Seas. It sure is a nice break from a 40 hour week of seeing patients in the office, and the view out the windows is a lot more scenic.

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