Nursing Education Unleashed: Gathering at the Crossroads of Calling and Care

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Prayer



Objectives

1. Explore nursing as a calling to teaching and training.
2. Describe how nursing is a critical component of short-term and long-term teams.
3. Identify medical education as a rising wave/paradigm shift in thinking about short-term missions.
4. Explain how cross-cultural sensitivity can create sustainable partnerships.



Introduction

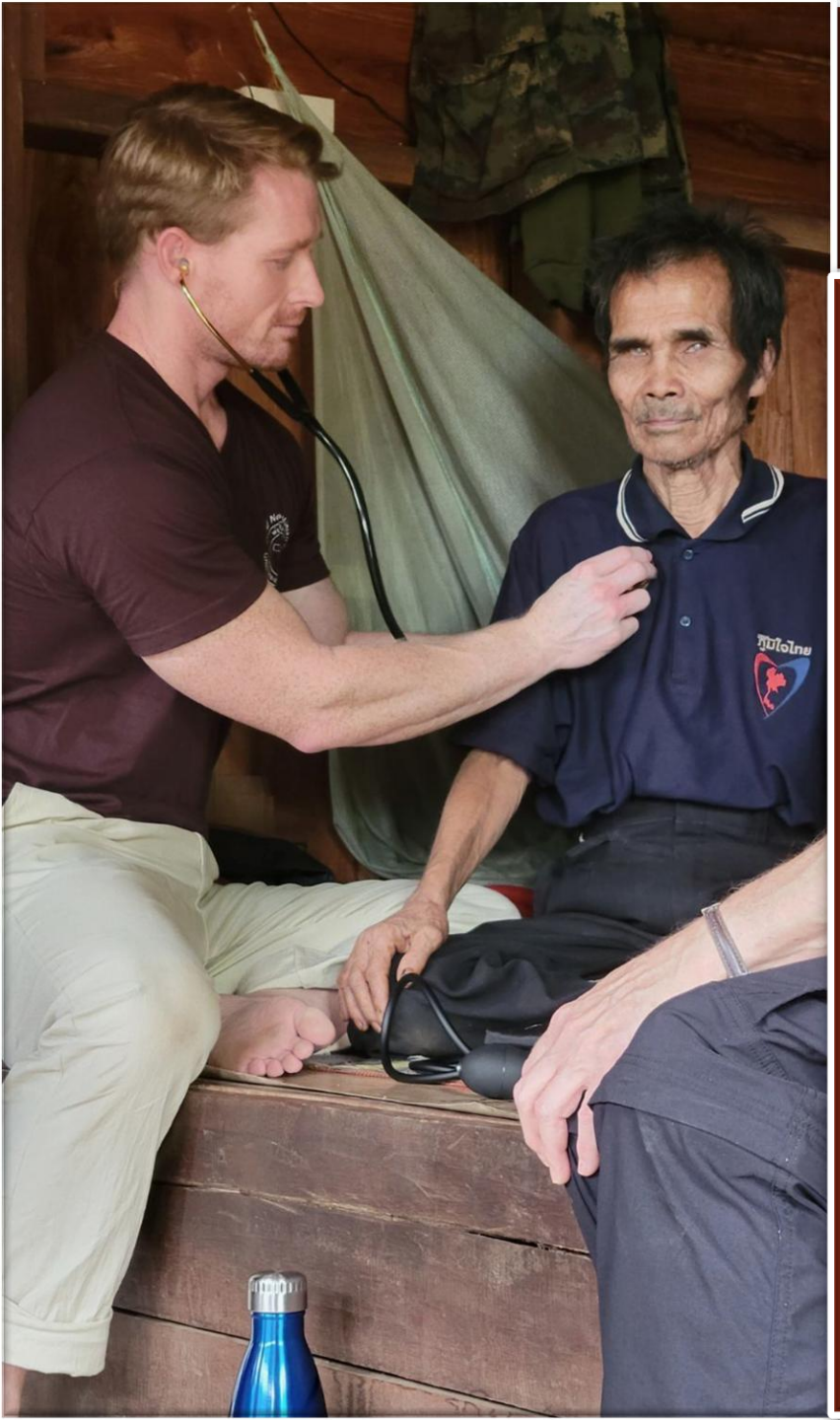
The use of medical education in nursing is a paradigm shift for most Western short-term medical missions. However, many countries with limited access (creative access locations) are seeking partnerships to teach and train their national healthcare workforce, especially in nursing. Thank you for joining me as we explore what nursing education looks like cross-culturally in the short-term and long-term settings.



Were You Called to Healthcare?

- Personal fulfillment
- Being present with people at their most vulnerable.
- Whole person care
- Biblical perspective – sacred ministry
- Serving others, caring for the sick, the weak, the marginalized, and the dying.
- Participating in the Lord's work





Whole-Person Care

- Recognizing each person is made in the image of God (imago Dei) and has inherent dignity and worth.
- Care goes beyond the physical to include comfort, gentle words, listening, and spiritual care.
- Glorify the Lord! Col 3:23: *Whatever you do, work at it with all your heart, as working for the Lord, not human masters*.
- Instead of relying purely on personal endurance or burning out against the weight of suffering in a fallen world (Genesis 3), the nurse draws strength, renewal, and purpose from God



Shalom

In the OT, health was seen as part of a personal relationship with the Lord, and sickness was both a physical and spiritual problem.

Their understanding of health was connected to the holistic concept of *shalom*, which is often translated as peace.

"...peace, prosperity, rest, safety, security, justice, happiness, health, welfare, wholeness"

Countries around the world promote holistic care, which includes these same concepts.

What ways do nurses promote *shalom*?

(Shelly, Miller, & Fenstermacher, 2021, p. 187).

Care and Compassion

- Until nurses experience a transformation of the heart, they will not view their practice from a biblical worldview.
- It requires practicing the presence of God, seeing others with His eyes, and reflecting His characteristics.
- It requires an understanding of Agape love.
- Then nurses can be used to advance His kingdom and bring joy to others.





His Kingdom, His Purpose

What is the Kingdom?

- The rule and reign of the Lord.
- It is present but not yet complete.
- It is transformative and restorative.

What was and is His purpose?

- To reveal the Father, establish His kingdom, give His life, save the lost, and restore creation. Rev. 7:9

Implications for Healthcare and Medical Education



- We get to participate in His work.
- Jesus healed the sick, restored dignity to the vulnerable and marginalized, and demonstrated compassion.
- We are called not only to treat disease, but to promote human flourishing.



Intersection of Calling and Care

- Calling and care intersect in nursing by turning a vocation of service into clinical action, where an inner sense of purpose fuels empathetic, high-quality patient support.
- Our motivation meets patient and community needs.
- Holistic and spiritual awareness of the whole person.
- Bridging empathy and compassion with our professional skill and experience.
- Responding to the literal “call” – here I am Lord, send me.

Art and Science of Nursing

- The art of nursing is the creative side that complements the scientific side.
- Presence and being with patients in the midst of their suffering.
- Empathy and compassion
- Listening to a patient’s story
- Applying clinical knowledge in each moment.



Nursing as a Calling to Teaching and Training

- Nursing extends beyond providing direct patient care.
- We work with people to promote health, prevent disease, restore wellness, and help them make decisions about their health.
- We are entrusted with knowledge, skills, and experience to share with others.



Why Does Nursing Lead to Teaching and Training?



- Nursing is a ministry of stewardship.
- Nursing is built on trust and relationships.
- Nursing requires lifelong learning.
- Teaching multiplies impact.
- Teaching shows compassion.
- Both nursing and teaching are a response to His calling.



Nurses Are Part of the Team

- Nursing is also a calling to train others.
- Experienced nurses train novice nurses, students, and interprofessional team members, helping them develop clinical competence, critical-thinking skills, and professional confidence.
- This transfer of knowledge ensures the continued growth of the profession.

Key Roles of Nurses on the Team

- Clinical care provider
- Care coordinator
- Health educator
- Advocate for vulnerable populations
- Cultural bridge builder
- Leader and systems partner
- Collaborator



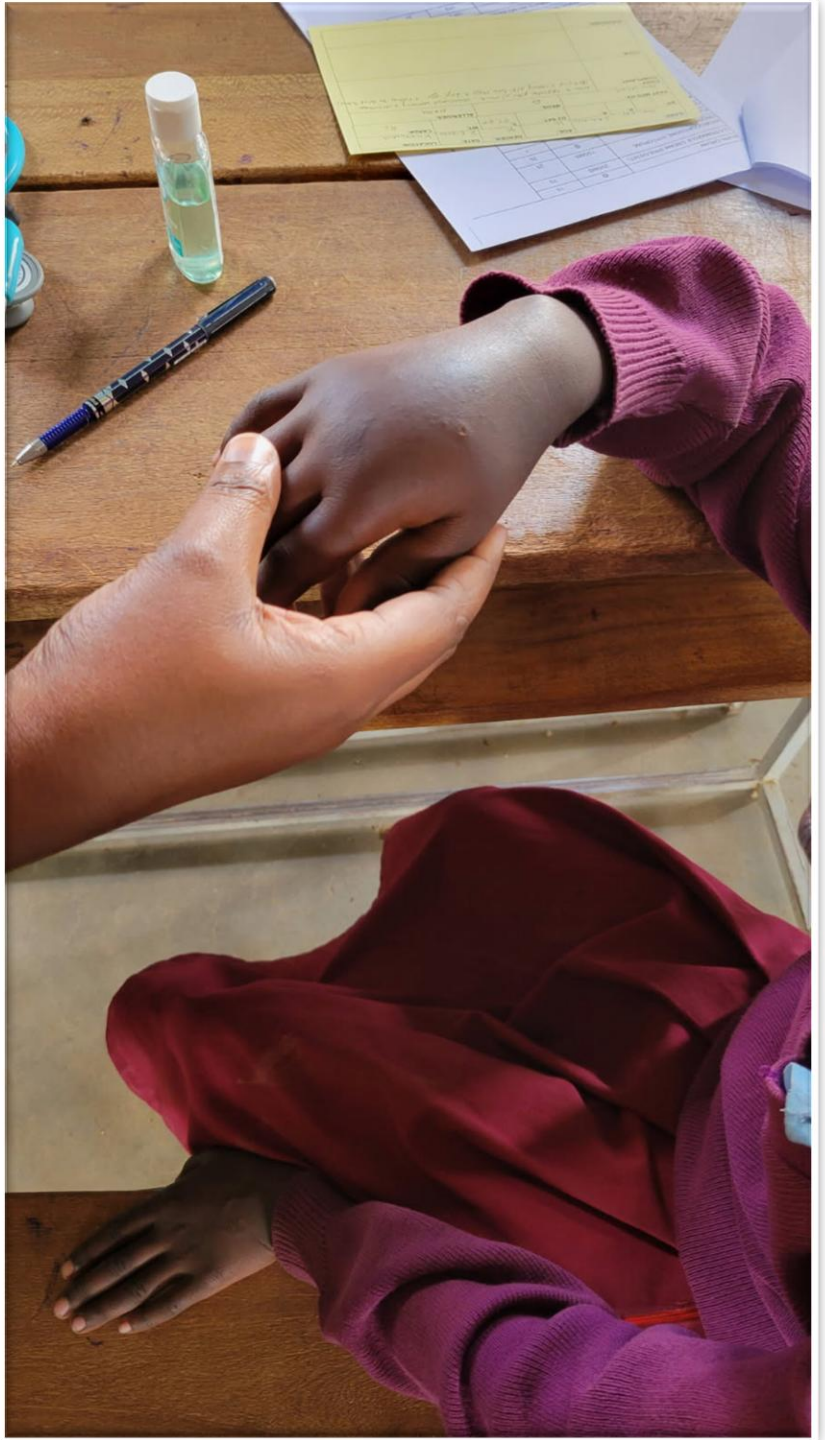


Serving on Short-Term Teams

- Providing direct clinical care, including assessment, triage, treatment, wound care, medication administration, and health screenings (all of which can be taught to national partners).
- Identifying urgent health needs and determining which patients require referrals.
- Educating patients and families about disease prevention, hygiene, nutrition, medications, and follow-up care.
- Coordinating care among physicians, pharmacists, community health workers, and local partners.

Serving on Long-Term Teams

- Developing sustainable health programs that strengthen local healthcare systems.
- Training and mentoring local healthcare workers, community workers, students, and future nurse leaders.
- Promoting health and disease prevention through ongoing education and community engagement.
- Providing continuity of care for individuals and populations with chronic or complex health needs.
- Leading quality improvement initiatives that enhance patient outcomes and healthcare delivery.





Medical Education as a Paradigm Shift

- Medical education with a biblical emphasis represents a paradigm shift in short-term missions, moving the focus from doing for people to equipping people to do for themselves and others.
- This shift reflects a growing recognition that sustainable impact is achieved not merely through providing healthcare services, but through developing local healthcare capacity.

Biblical Focus of Medical Education

- Affirms the inherent dignity and worth of every person created in the image of God.
- Promotes whole-person care and what influences health and well-being.
- Shows compassion for every tribe, tongue, and nation.
- Provides an ethical framework for justice, stewardship, and respect.
- Encourages loving your neighbor.
- Supports finding meaning and resilience in the midst of a broken world.



Traditional versus Emerging Model

Traditional Model	Emerging Medical Educational Model
Address urgent needs	Train local healthcare providers
Deliver direct patient care	Mentor students and emerging leaders
Conduct health screenings and clinics	Strengthen institutions and systems
Provide medications and treatments	Support professional development
Beneficial. There are limitations.	Build clinical competencies

The question shifts from "how many patients did we see?" to "how many healthcare workers, educators, and leaders did we prepare to improve health in their communities?"

Why is this a Paradigm Shift?

- Rather than viewing success as the number of patients treated during a week-long trip, success is measured by the knowledge and skills left behind.
- Medical education promotes local ownership and leadership. Communities are not passive recipients of care but active partners.
- A visiting educator who teaches one faculty member and 10 nursing students, who care for hundreds of patients a year, creates an impact far beyond a short-term clinical team.



The Brocher Declaration – Ethical Standards

- *Global health as a field of practice should aim to reduce disparities in healthcare access and quality.*
- *The ethical framework that underlies global engagement is based on principles of mutual respect, solidarity, and social justice.*
- *Communities' needs should be the most critical driver of these activities and should be set by members of the communities themselves in conjunction with the health priorities of the country.*
- *Global health engagements should preferably be sustainable, asset-based, bidirectional, adhere to appropriate legal standards, and be adequately evaluated.*

Six Core Principles of the Declaration

- Mutual partnership with bidirectional input and learning.
- Host country and community define needs and activities.
- Sustainable programs and capacity building.
- Compliance with laws, ethical standards, and codes of conduct.
- Humility, cultural sensitivity, and respect for all involved.
- Accountability for actions.



Bidirectional Exchange

Knowledge flows both ways

- The teaching team brings new skills and knowledge.
- Long-term, sustainable partnerships are formed.



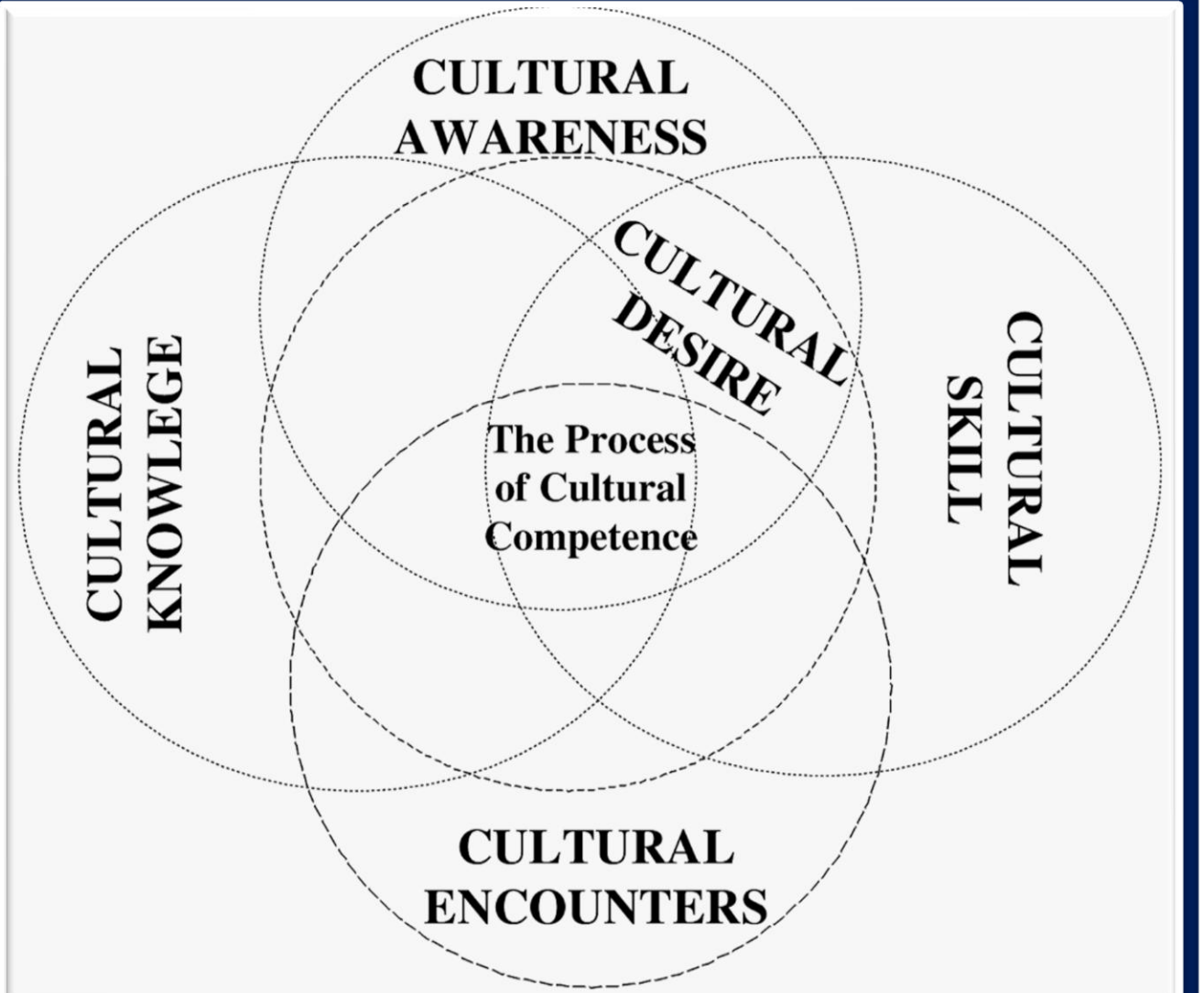
- The host team teaches about tropical medicine & resource-limited diagnostics used.
- The visiting team learns about the host culture.

Cross-Cultural Sensitivity

- Trust and mutual respect
- Promote mutual learning
- Local healthcare providers have valuable information about cultural beliefs about health and illness
- Community priorities (latrines vs. chickens)
- Available resources (CT vs. X-ray)
- Traditional healing practices
- Barriers to care



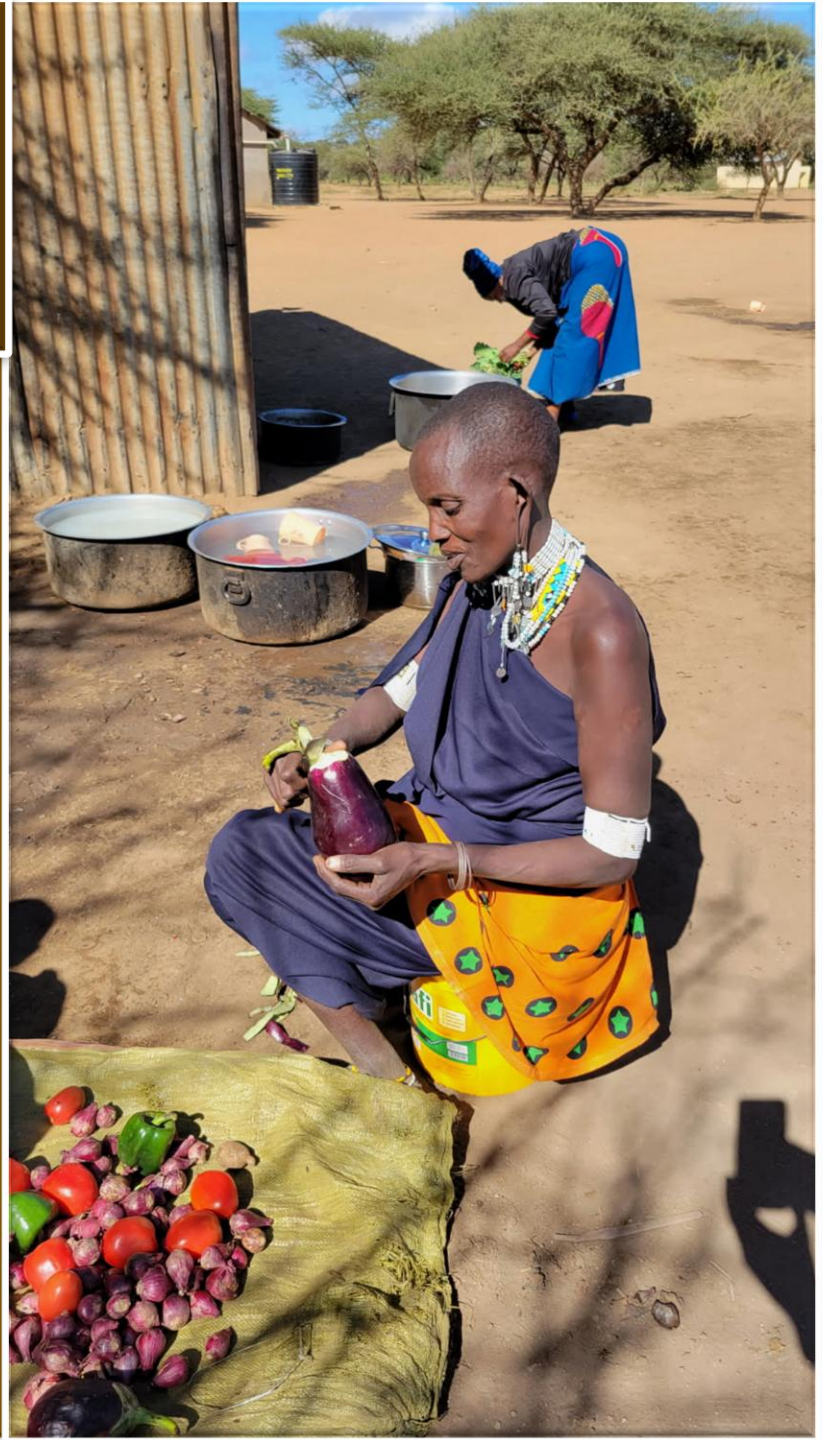
Implicit Bias



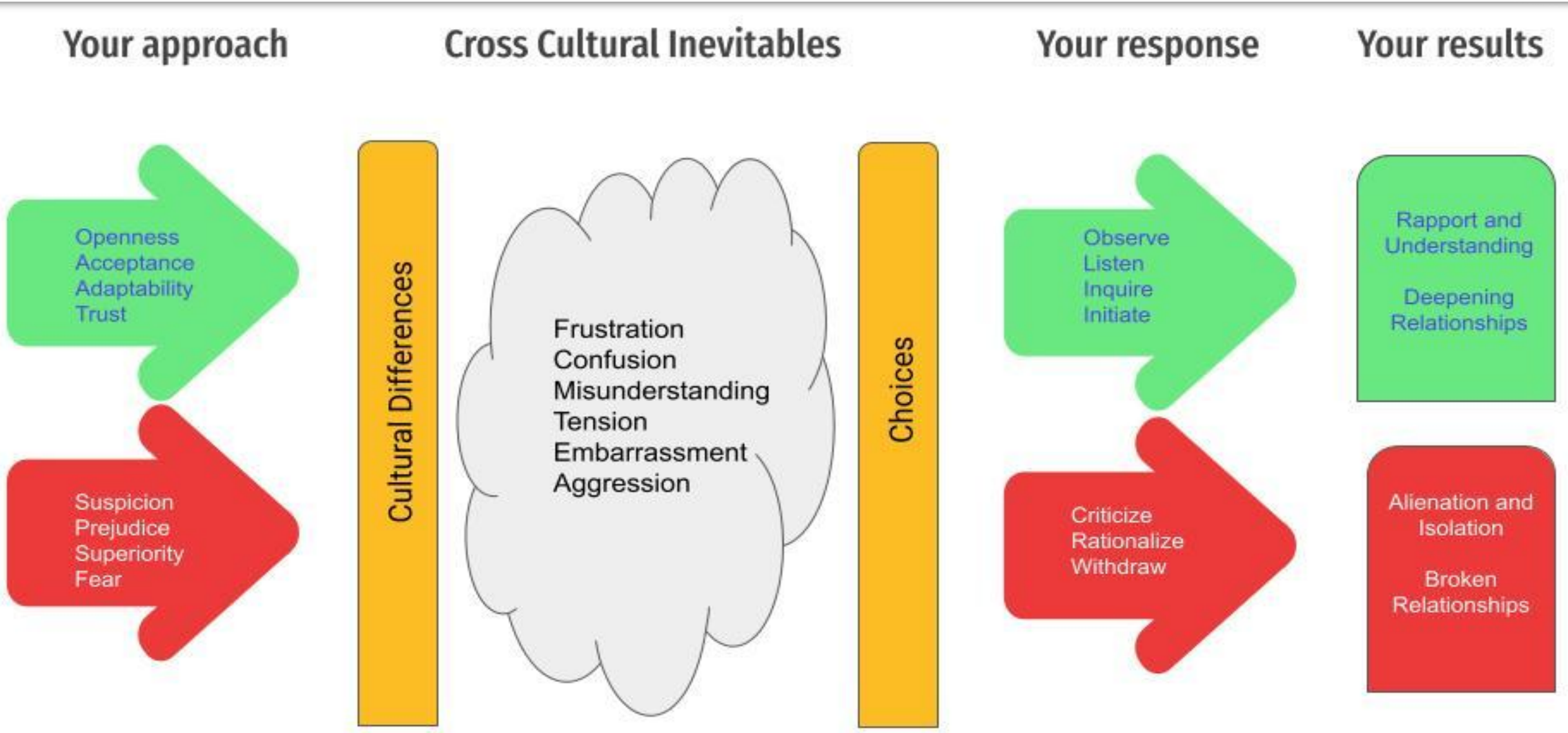
- Are you aware of your biases?
- What do you know about worldviews?
- What kind of interactions have you had with people from other cultures?
- Do you want to become culturally competent, or at least culturally aware?

Communication

- Misunderstandings often arise from differing expectations, communication styles, concepts of time, leadership structures, and decision-making processes.
- Cross-cultural sensitivity involves listening carefully before making assumptions, clarifying expectations, respecting different perspectives, addressing conflict constructively, and adapting communication methods.
- View culture as an important source of strength, identity, resilience, and wisdom, rather than an obstacle.



Cultural Humility: Entry Posture Diagram



Cultural Humility and Local Context

Align	Align curriculum with the host country’s health challenges.
Teach	Teach practices that match available resources.
Understand	Understand local beliefs about illness, death, modesty, communication, and gender roles.
Account	Account for language barriers.

Cultural Differences in Student Behaviors

Asking questions and authority

Example: A student says they understand, rather than risk being questioned publicly, and later turns in incorrect work because they do not want to single out the teacher.

Eye contact and body language

Example: A student looks down at their desk while the teacher is speaking to them, which isn't a sign of guilt or inattention, but a traditional sign of deference.

Public debate versus collaborative learning

Example: During a Socratic seminar, a bright student remains quiet because singling out a peer's mistake feels socially disruptive in their cultural framework.



Cross-Cultural Teaching Strategies

- Do not rely on public volunteering to gauge comprehension.
- Provide low-stakes alternatives for students to process information.
- Treat families and community elders as co-educators.
- Routinely examine your own cultural lens.

Partnerships

- Partners need to have meaningful involvement in planning, decision-making, implementation, and evaluation.
- Find out their priorities.
- What are the community's needs?
- Where will the education occur: hospital, university, or community?
- What solutions do local leaders recommend?
- How can outside partners support existing strengths?





Educational Design and Sustainability

- Use a train-the-trainer model.
- Focus on educating local nursing leaders and educators who can continue teaching the curriculum independently. This prevents a culture of dependency.
- Conduct a baseline assessment of current knowledge.
- Approach as a bidirectional partnership.
- Ensure the program was requested by the host.

Legalities, Safety, and Ethics

- Go with organizations that have pre-field training.
- Verify scope of practice in that location.
- Discuss vaccinations, medications, clean water, and insurance before going.
- Respect patient privacy and avoid social media exploitation.





What Does Creative Access Mean?

- Workers obtain legal, secular employment, entering as teachers, doctors, engineers, or NGO workers.
- Ministry happens quietly through daily life.
- Outreach and teaching address physical and social needs.
- There is a need for high security and protection of identities.

The Core Missionary Task

INTERNATIONAL MISSION BOARD



Application Activity # 1: Scenario

- A nursing team plans a 10-day trip to a rural community in East Africa. The local clinic is understaffed, nurses have limited continuing education opportunities, and community members have concerns about diabetes and hypertension. The team has funding for supplies, clinical services, and educational programs.

Talk with your neighbors to determine:

- one short-term goal
- one long-term goal
- one educational intervention
- one cross-cultural strategy
- one measure of success



Application Activity # 2: A limited budget ($10,000) is available; allocate resources among the following. Justify choices based on sustainability, partnership, cultural sensitivity, capacity building, and nursing impact

Option	Cost
Mobile clinic supplies	$5000
Nursing faculty workshop	$5000
Community health worker training	$3000
Medical equipment donation	$4000
Local nurse leadership development	$4000
Health education materials	$2000

Application Activity # 3

- What do you think about the following statements?
- Discuss and defend your position with your neighbors using evidence from the lecture and/or your own experiences.

- Direct patient care has the greatest impact.
- Medical education has the greatest impact.
- Capacity building has the greatest impact.
- Sustainable partnerships have the greatest impact.



Nursing Opportunities

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- **Skopje, Macedonia –** nursing & Paramedic/EMT specifically requested!
- **Tetovo, Macedonia** – PhD Allied Health and PhD nursing education faculty in an ethnic Albanian Muslim Nursing Program.
- **Mongolia** – combination of didactic and conference teaching with relationships with the training centers in UB, the capital city, and the northern city, Darkhan.
- **Kathmandu, Nepal** – Devon Bush with New Path Ministry - help fundraising to cover trip expenses!





What Does Success Look Like?

- Glorify the Lord – be salt and light.
- Cultural humility – establish rapport, honor beliefs
- Context – burden of disease, resources, beliefs, and language
- Safety – vaccinations and malaria prevention
- Educational strategies – needs assessment, train the trainer, bidirectional learning
- Sustainability, stakeholders, and ethics


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What Questions Do You Have?

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