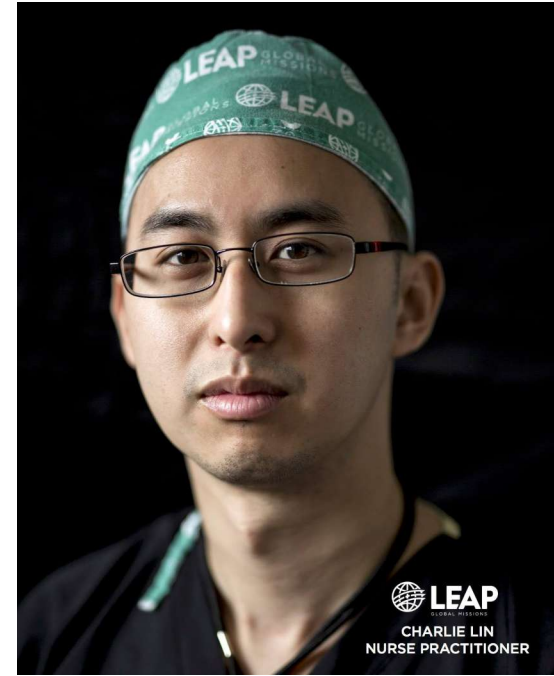


# The Heart of Nursing: A Global Perspective on Surgical Missions



H. CHARLIE, MSN, APRN, NP-C, RNFA, CNOR, CNAMB, FCN



DIVISION OF PEDIATRIC OTOLARYNGOLOGY  
STANFORD CHILDREN'S HOSPITAL  
PALO ALTO, CA

FACULTY - ADVANCED PRACTICE PROVIDER FELLOWSHIP, STANFORD CHILDREN'S HEALTH  
CLINICAL CORE TEACHING FACULTY, STANFORD SCHOOL OF MEDICINE, PHYSICIAN ASSISTANT PROGRAM  
ADJUNCT FACULTY – RN FIRST ASSISTANT PROGRAM, DELAWARE COUNTY COMMUNITY COLLEGE

# Disclosure

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- No financial conflicts of interest
- OR Nurse Leader & Medical Volunteer, LEAP Global Missions



# Objectives

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- Describe the history of medical missions in the eighteenth to late nineteenth centuries.
- Identify six nurses involved with early medical missions in the eighteenth to late nineteenth centuries.
- Describe five ideal characteristics of volunteers participating in humanitarian surgical missions.
- Describe four ethical considerations for participation on humanitarian surgical missions.
- Explain 4 ways to get involved in humanitarian surgical missions.

# Testimony- LiYing

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# Medical Missions

## Eighteenth to late nineteenth centuries

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### Challenges

- People on missions found out that they were exposed to and often in conflict with other concepts of the causes of illnesses.
- Different modes of treatment and conflicting understanding of what constitutes human wellness were difficult notions to embrace
- Ethical and theological issues arose as to how or if treatment should be paid
  - How hospitals function
  - Role of women
- Language
- Need for medical training
  - Rev. John Lowe, Secretary of the Edinburgh Medical Missionary Society (1903)

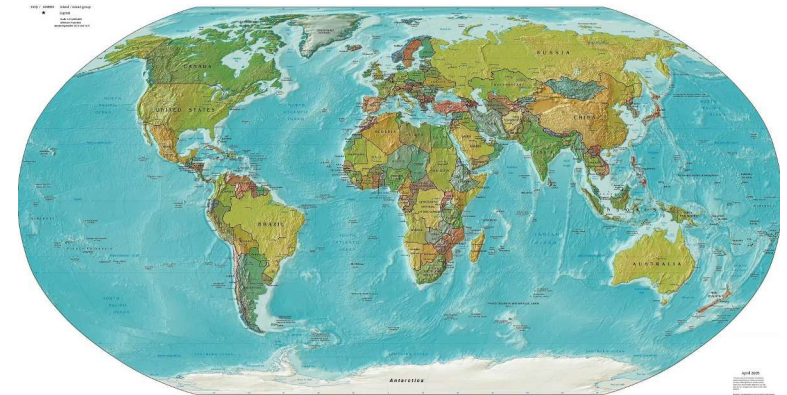


# Medical Missions: Eighteenth to Late Nineteenth Centuries

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*“Natives almost everywhere have a kind of intuitive knowledge of the medicinal virtue of indigenous plants and although they are as a rule, utterly ignorant of the diseases they presume to treat, yet much confidence is placed in the native doctors and their nostrums, and, somehow they do at times appear to effect wonderful cures; but they can do nothing whatever in surgery, even in the simplest cases...”*

-Rev. John Lowe, Secretary of the Edinburgh Medical Missionary Society (1903)



# Famous Nurses

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- **Florence Nightingale (Turkey)**

- Nightingale Training School at St. Thomas' Hospital (1860)

- **Linda Richards (Japan)**

- America's first trained nurse
- Individualized health records

- Elizabeth Bernard (China)

- Alvin & Georgia Hobby (Zambia)

- Established the Namwianga Christian School Clinic

- Kate Marsden (Bulgaria)

- Established St. Johns Ambulance Bridge (New Zealand)

- Francis Piggott

- Proposed the Colonial Nursing Association (1895-1966)
  - Over 8,400 trained nurses to care for the colonies and dominions of the United Kingdom



# How It Begins...

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- Identify a need
- Establish local contacts



Examine personal motivations...



# Ideal Characteristics of Volunteers

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- Competency
  - Clinical skill
- Adaptability, flexibility, and innovation
  - Unfamiliar environment
- Awareness of resources
  - Conservation
- Resilience to hardships and distractions
  - Expect the unexpected
- Open-mindedness and sociability
- Humor



# The heart of nursing is...

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## **Empathy**

- Different from sympathy
- Self examination/awareness and intuitive
  - Identify and set aside any biases to effectively deal with patient and families
- Learning how to listen
  - Seek to understand patients' and families' fears and coping skills
  - Sincerity
- Expressing our own feelings and needs without sacrificing the integrity of our position and remaining honest

## **Compassion**

- Relational and proactive response to suffering
  - Recognize
  - Relate
  - React



# Less Than Ideal Characteristics of Volunteers

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Questionable motives

Rigid expectations and inflexibility

- Morale

Cultural insensitivity/bias

Extreme social behavior

- Introverts versus extroverts



# What Guides Volunteers and Missions Organizations?

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## Mission/Purpose

- Foundation for decision making

## Authority (Legal framework)

- Practice of medicine in a foreign country
- No international licensing

## Licensing and privileging

- Scope of practice

## Context and scope of care

- Mission's purpose, priorities, and limitations

## Aligned expectations

- Professional conduct



# What Guides Volunteers and Missions Organizations?

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## Recognition and management of risks

- Local customs and open communication

## Adverse outcomes and complications

- Unfamiliar environment, awareness of comorbidities, and unexpected postoperative complications

## Changing environment of volunteer missions

- Legal ramifications of volunteer organizations on enforcement
- Need for information sharing
  - Outcomes analysis



# Ethical Considerations for Volunteers and Missions Organizations

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## Patient selection

- Informed consent

## Risks of equipment use and medications

- Anesthesia
  - Anesthetics
  - Compressed gas cylinders
- Sterilization

## Customs

- Expiration dates
- Bribes versus fees

## Local health providers



# Ethical Considerations for Volunteers and Missions Organizations

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## Postoperative management

- Follow up resources
  - Complications and adverse events
- Medical system capability

## Cultural variations

- Visitors
- Practice norms
- Legal prohibitions



# Do I Have What It Takes?

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Credentials

Passport

Visas

Health

Immunizations

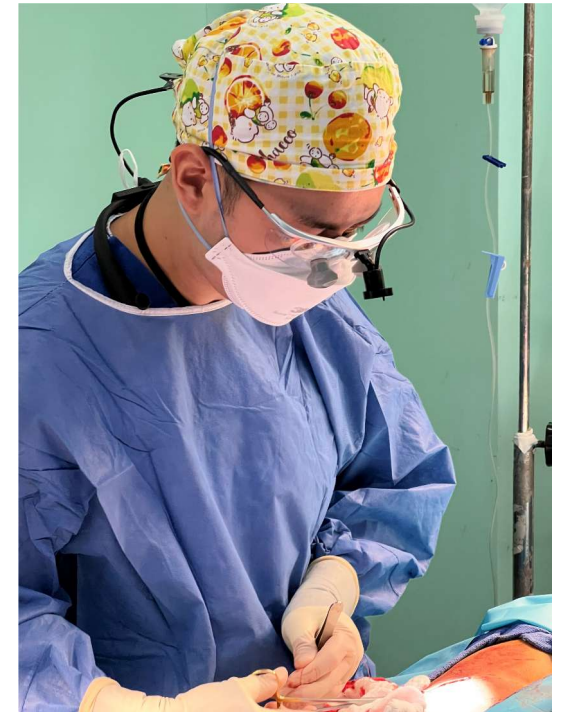
- Hepatitis
- Malaria

Pre-Mission Testing

- COVID-19

Medications

- Analgesics
- Antibiotics
- Antidiarrhea



# Logistics

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0630 – Breakfast time!

0650 – Devotional

0700 – Depart for the hospital

0730 – Arrive at the hospital and prep for cases. Round on patients.

0800 – Transport first patients from Preop to the OR.

- Lunch as available
- Have fun with patients!
- Write orders/Operative notes
- Reprocess instruments and turnover OR rooms

1730 – Finish up cases and round on admitted patients.

1800 – Load up to go back to the hotel.

1900 – Team dinner

2100 – Bedtime!



# Testimony



## MEXICO

July 26 - 30  
HOSPITAL NAVAL (ZIHUATANEJO)  
Team Lead: Dr. Alejandra Garcia  
Specialties: Plastics (Ear Reconstructions)

“The ability to communicate with the patients and family is such an amazing experience on these trips. TO UNDERSTAND THEM AND HEAR THEIR SINCERE APPRECIATION is what continues to make these trips even more endearing and memorable. What a blessing it was to see and care for the 2 patients that received 2nd stage ear reconstructions. The parents and patients remembered me from the first trip and were thankful for our ongoing work for them.

“WHAT TOUCHED MY HEART WAS THE PATIENTS that were in PACU caring for each other. Our last patient of the day was feeling uncomfortable but needed to eat something with her medication. While we were trying to find crackers for her, another patient willingly handed the rest of his crackers to her. This definitely demonstrated the heart and compassion of Mexico’s people to willingly care for each other.” – CHARLIE LIN, NP



 25 PATIENT EVALUATIONS  
 6 SURGERIES

# How Do I Get Involved?

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# How Do I Get Involved?

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## Medical volunteer

- Surgeon
- Anesthesia
  - MD, DO, CRNA, AA
- Nurse (Circulator, Scrub, PACU)
- Physician Assistant

## Non-Medical volunteer

- Packing/Sorting medical equipment
- Translation
- Host family
- Fundraising
- Event planning

## Financial support/sponsor

- Amazon Smile
- One time or ongoing donations



# Testimony – 小軒 (Peter)

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# Questions?



# References

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Boston, M., & Horlbeck, D. (2015). Humanitarian Surgical Missions: Planning for Success. *Otolaryngology–Head and Neck Surgery*, *153*(3), 320–325.  
<https://doi.org/10.1177/0194599815587889>

Merin, O. (2014). The evolution of surgical humanitarian missions. *The Role of Anesthesiology in Global Health*, 19–30. [https://doi.org/10.1007/978-3-319-09423-6\\_2](https://doi.org/10.1007/978-3-319-09423-6_2)

Sinclair, S., Beamer, K., Hack, T. F., McClement, S., Raffin Bouchal, S., Chochinov, H. M., & Hagen, N. A. (2016). Sympathy, empathy, and Compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliative Medicine*, *31*(5), 437–447.  
<https://doi.org/10.1177/0269216316663499>

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