

## TRAINING MEDICAL PROFESSIONALS IN CAMBODIA

Sarah Stopke, McMaster Scholar

For my project as a McMaster Scholar, I chose to help a fellow Scholar, Rachel Baker, develop and execute a plan to acquire microscopes for healthcare professionals in Cambodia. I chose this project because I am an accounting and finance major and I wanted a project in the business field. With the microscope project, I knew I could use my business communication skills. Being able to communicate through emails, telephones, and in person would help me in every aspect of business communication because the project would require me to make contact, schedule appointments, and meet with potential donors.

The purpose of my project was to collect ten microscopes from universities and corporations across America. These microscopes would then be taken to Cambodia so that we could help train medical professionals learn how to identify malaria. My primary focus though was to develop a plan to persuade different organizations to donate microscopes to our project. Before contacting schools and different corporations about the donation of microscopes, I knew that I needed a phone script and formal letter. Communication professor Amy Drees agreed to work with me to develop both documents. Through our work together, I learned about all of the steps that are necessary to developing good strategies for presenting myself professionally when asking for donations. A second aspect to my project involved developing training sessions for adult medical professionals on how to use a microscope. In order to do this, I reviewed the literature on adult learning theories. The three theories that I found particularly useful were andragogy, self-directed learning, and transformative learning.

Andragogy as a framework for teaching adults appears to be the most commonly applied. This concept was developed in the late 1960s by Malcolm Knowles. There are five main assumptions to this theory (Ross-Gordon, 2003):

1. Adult learners are used to making their own decisions and prefer to help decide the goals and outcomes for their learning.
2. Adults bring a lot of life experience that informs their learning. They also value learning through direct experience.
3. Adults seem to learn best when they have a need to learn something so that they can perform more effectively.
4. Adults tend to learn best when there is a problem to figure out, as opposed to when learning is focused on a subject as it is with traditional approaches to education.

5. Adults may be prompted to take a class by outside practical factors like job promotions. But they are motivated to learn by powerful internal motivations.

Looking at each one of these assumptions helped me to understand how to approach adult learners, by pointing out that adult learners prefer to decide how they want to use their education. As I considered all of Knowles' assumptions, I was better able to understand how the lab workers in Cambodia might approach the learning experience that we were going to offer.

Self-directed learning is another theory that supports the assumption that Knowles (Ross-Gordon, 2003) makes about adults wanting input into their learning outcomes. This model suggests that adults are good at directing their own learning as opposed to being told what to learn by a teacher.

Mezirow's theory of transformative or transformational learning (Merriam, 2004) is defined by a process through which we transform the ways in which we think and behave – things taken for granted – and transform them into new ways of thinking and behaving. This means that through transformational learning, a person's values, beliefs, and assumptions make up the lens through which the learning experience is taken in and judged. As someone who was planning a training session for adult lab workers in Cambodia, this theory helped me think about how the background of the individuals and their situations would impact their learning. Their pasts would likely have a major role in the way that they would learn and absorb what was taught to them. People have different "lenses" that they learn through – each individual uses their life experiences to filter what is being taught.

### **COLLECTING MICROSCOPES**

My original project consisted of collecting and distributing microscopes, training lab technicians to identify malaria, and create a user manual for using microscopes to identify malaria. The original plan was to take the microscopes and the manuals to the hospital and conduct a training session. We were going to first explain what malaria is and how to identify it, and then explain the parts and functions of a microscope and how to properly use one. The second part of the presentation allowed individuals to practice using a microscope. For first viewing, the slides of malaria would already be set, along with the field and magnification. For the second viewing, the individuals would have to actually operate the microscope, find an example of malaria on a slide, and then reset the microscope to the proper beginning position.



Upon arriving in Kompong Cham, the plans changed. First, our audience was no longer going to be untrained lab technicians but instead doctors and head technicians who were already educated on malaria and were relatively familiar with microscopes. This meant that we had to be flexible. We dedicated less time to explaining malaria.

The second change was the lack of electricity. We were informed that there would be no generator power until after 7:00 p.m., and we were presenting close to 2:00 p.m. Even with this slight setback, the presentation and distribution of the microscopes went very well. All of the individuals appeared interested in everything that Rachel Baker and I had to present and distribute.

Through the project I learned about part of the medical community in Cambodia. I was able to learn that the doctors and lab technicians have a good understanding of malaria, but they needed more help with the cause and prevention of the disease. I also learned about additional needs in the medical field in Cambodia. This came out after the presentation when the doctors and other medical staff came up to the table and talked to the group about additional machines and manuals that they would be interested in having.

Throughout the learning community and the travel in Cambodia, I was able to truly see how just a small act can have a large effect. This was brought to my attention a few weeks after we came back from Cambodia and I learned that the manual that Rachel Baker and I created had been distributed throughout the countryside in Cambodia. This news made me realize how much of an impact our learning community had on Cambodia.

## REFERENCES

- Merriam, S. (2004). The role of cognitive development on Mezirow's transformational learning theory. *Adult Education Quarterly*, 55, 60-68.
- Ross-Gordon, J. (2003, Summer). Adult learners in the classroom. *New Directions for Student Services*, 102, 43-52.