

# Learning How to Learn

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A middle-aged Sikh man, dressed in full Punjabi, turban and scraggly beard sat at my right en route to Delhi. It is no secret that a trip to India is filled with pearls of wisdom. For me, though, the take-home lesson began on the plane ride there. We chatted and laughed between the inflight Bollywood films. “Sikh means ‘student,’” he said. “Every state of India you will visit will have different teachings and many different colors. We are all students.” When I told him that I am a medical student, he joyously exclaimed, “Then you are a Sikh!” It had been only a few hours into my flight and I had already been welcomed into a new faith about which I knew little.

This man was just one of the many characters I would meet along my summer journey. His warmth was immediately evident, introducing me to the tenets of his faith and even extending a generous invitation to show me his home state, but his greatest lesson was that we are all students. In order to navigate the terrain that is India, I made use of many teachers, namely backpackers, doctors, volunteers and locals. All of them had invaluable insight and useful guidance to offer along the way.

Early in the academic year, I had decided that the best use of my first summer of medical school would be to volunteer abroad in an underserved area. Over the last few years, my enthusiasm for global health has grown tremendously, and I wanted to be an active contributor to the wellbeing of a community in need of greater access to healthcare. A friend from school, also involved with the Global Health Club, suggested a few

summer programs to me, and I decided that Unite for Sight (UFS) would be the best choice. From the looks of it, the program offered comprehensive public health training, cultural immersion and learning opportunities for medical students. It was an easy decision.

Over 18 million residents of India are blind, of which 9.5 million are cataract-related and 3 million are refractive error-related (1). In particular, in India, cataract-related blindness disproportionately affects the poor and the treatment of this condition has important secondary societal benefits (2). When evaluating the benefits of corrective cataract surgery in the Indian state of Tamil Nadu, benefits included an increase from 44% to 77% of patients engaging in income-generating activities and a significantly higher monthly household income one year after cataract surgery (3). Optimizing patient flow and efficiency, manufacturing of supplies domestically, and using a specialized workforce and standardized protocols have been helpful in providing an efficient model for delivering high quality and low-cost cataract surgery (4).

UFS is a non-for-profit organization that strives to eliminate patient barriers to proper eye care in developing countries. They help reduce typical patient impediments to quality healthcare by funding surgeries (volunteer fundraising pays for their operations), bringing eye-care directly to rural villages, providing transportation to the hospital for surgery and educating communities about blindness prevention and ocular health.



**Elana Cohn:** *windows*

My month as a volunteer with UFS in Chennai, India, was an incredibly satisfying learning experience. I was sent to local villages to pitch “eye camps” as part of an outreach effort for the underserved. At these camps, we gave visual acuity examinations, took patient histories, screened for cataracts, distributed prescription eyeglasses, and compiled global health research data for the ophthalmologists working with UFS. Dr. Senthil, the local ophthalmologist with whom I collaborated, took much of his own time to show me the steps involved in cataract surgery and even provided a goat’s eye to perform my own surgery! There was no shortage of endemic medical lessons throughout my stint. Some of the cases that casually strolled into our eye camps included leprosy, elephantiasis, wound infections and a range of parasites. The volunteering provided round-the-clock opportunities to learn the “tricks of the trade” of ophthalmology, Hindu cultural practices and how to effectively and altruistically dispense care in the realm of global health service.

Traveling abroad usually means a language barrier, and rural India may be the pinnacle of such struggles. Many of the villagers have no education and have little access to the larger society. Additionally, a month of working in small villages meant I needed to learn enough of the local dialect to dispense proper eye care. I soon found that trying to get someone to understand you is stressful, but when he or she finally does it is extremely satisfying. Some of the Tamil phrases I picked up include: “po-tih parun guh” (try them on), “teh ree-yir-dah?” (can you see clearly?) and “pirchenna illai” (you’re welcome). Even with my broken Tamil, the villagers were overjoyed and entertained by my attempts to converse.

In addition to my role as volunteer, I also had the privilege to serve as a research fellow and design a global health study in collaboration with Pranav Eye Hospital in Chennai, Unite for Sight and Sackler School of Public Health. The optometrists at the camps referred potential pre-operative cataract patients to participate in my study and even served as translators. We assessed pre-operative cataract patients for preliminary understanding of prescribed ocular drug regimen. UFS and the partner hospital are investigating risk factors for poor comprehension and absorption of instructions for eye-drop use. It took a great deal of time, effort and sweat (summer in Chennai was sweltering) to see the study to completion, but the end result made it a worthwhile endeavor. Just to hear a heartfelt “naandri” (“thank you”) at the end of a patient survey was enough to show me how much the villagers appreciated the

work we were doing. Simple acts like fitting them for glasses or screening for cataract surgery elicited ear-to-ear smiles. These small gestures were life changing for them.

Vision can mean the difference between unemployment and the ability to earn a livelihood. One patient told me his narrative as he awaited his cataract surgery. He had been a security guard with declining vision. His employer informed him that he would have to be let go, but could return if his vision improved. The man emphasized that this operation impacts his ability to provide for his family. For the many Indians who cannot afford cataract surgery, the complimentary services of Pranav Eye Hospital are life-changing. This first-person description of how a cataract surgery, which is sponsored by volunteer fundraising, can be the difference between steady income and unemployment in Chennai. I will never forget this man’s personal account of how UFS and the ophthalmologists at Pranav Eye Hospital change lives for the better on a daily basis.

When he saw me writing in my journal at the end of our flight, the Sikh asked if it was poetry. I explained my newfound interest in journaling, to which he enthusiastically said, “Always put down your thoughts, you want them for later.” There is wisdom in the seemingly mundane encounters of everyday life. Unexpected pearls, unrealized at the moment of incidence to be profound insight, can only be gained from upon a second glance. I am sure there have been life-saving medical epiphanies that have been credited to good note taking. Returning to these thoughts today brings me back to the details and emotional response to said encounter. Every person, be it friend, stranger or patient, has those unshakeable lessons to share, so have a pen handy and an open mind.

#### References:

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