## Aravind 2013 Postcard 13



# Wed Oct 23 - Wed Oct 30, 2013

Moving Day – Wed Oct 23

The original plan was to spend 2 weeks each in Madurai and Pondicherry. This plan needed to be modified because, for some still unknown reason, I needed a student visa, and the police needed 10 days to come and make certain I was doing my homework. No surgery as I was to leave at noon; a couple of meetings before going.

#### **The Refraction Challenge**

Early in my visit I suggested that a phoropter might be a useful addition to the equipment at Aravind, as a means of both improving refractions and speeding up the refractions. Several meetings were held, and the next thing I knew, I was holding a seminar on using the phoropter for cross-cylinder refractions.

Welcome to India. Sir!



The local equipment supplier was more than happy to bring in a phoropter- an all-electronic phoropter that is made by Topcon. Note all the knobs and buttons- they are found on the control panel:

I got to the machine about a half hour before the rest of the crowd and was at least able to do figure out how to "spin the wheel of fortune" electronically to refine sphere. I never figured out how to use this monster with a retinoscope in anything close to the ergonomic simplicy of your fingers on the knobs.





I was able to get the refraction Sisters using the instrument for cross-cylinder refractions in about 2 seconds flat.

I am pretty sure that there is a limited market for this monster, but it sure is impressive.

At best, I would have to say that the "Refraction Shoot

## **ROAD TRIP**

One of the details that was unresolved when I left was how I would get to Pondy from Madurai. The easiest (and most interesting) way was by private car. It got a little sketchy at one point, but I am sure it was all on the up-and-up:



At some point, the driver pulled over and changed his license plate. I felt like I was riding with James Bond.



Pondicherry is the newest of the Aravind Eye Hospitals, and Madurai is the oldest. As you can expect there were some lessons learned through the years, and they show in the facilities in Pondicherry.



Dr. V spent the tail end of his career developing the Pondicherry Hospital. He was particularly eager to see the hospital built in Pondicherry because it is the seat of the Sri Aurobindo Ashram. Dr. V was inspired and followed the teachings of Sri Aurobindo, and a close relation between the hospital and the Ashram developed in his final years. I am told that in his final days he moved into the Ashram.



The hospital itself is not crowded the way Madurai is. There is shell space under roof for further growth, and there is enough land that some is used for agriculture, growing rice, herbs, and vegetables for consumption on site.

### FREE HOSPITAL, PONDY

My patients were patients of the Free Hospital.

These are patients who pay for their IOL (about \$15) and are provided a place to sleep, and access to a canteen where they can purchase food.

## PONDICHERRY



I found this on the Staff Bulletin Board for the Free Hospital: *What do Patients Care* 

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If you are having trouble reading it:

- 1) Less Waiting Time
- 2) Someone to Care About Me
- 3) Explain to me in words I understand
- 4) Give me something I can do at home to help myself

The hospital has very nice gardens surrounding the facilities, and the Paid and Free sections adjoin the operating theater and use a common Operating Theater.



I was greeted by Dr. Venkatesh, who was my host. Dr Venkatesh was a resident at Aravind Madurai, married Veena, also an ophthalmologist (pediatric!), and has been the medical director since the facility opened. He is an outstanding surgeon and glaucoma specialist who made time to scrub with me on my two cases per day.

At this point Venkatesh was selecting difficult cases so he could demonstrate some of the management methods for difficult cataracts – white cataracts, mature cataracts, and cataracts with brown nuclei that have essentially no red reflex.



The equipment is outstanding, the facilities world class, and overall the ambience feels like that of the Cancer Center, with integrated gardens and artwork in patient care areas.

#### **Duvali Festival**



I was in Pondy the week of Duvali. Duvali is the festival of lights (and firecrackers). There was a display in the lobby of the hospital waning of the risk of eye injuries, happening very frequently this time of year.



Staff scan in and out biometrically using a fingerprint scanner. The hospital still works but the patients don't want to come in. The week I was in Pondicherry is as busy as our hospital is the week between Christmas and New Years.



After another grand rounds, I was treated to a performance for Duvali. For all the young women who work at the hospital (about 400 total, with about half being in a training program and half employees, and most living in the large dormitory) the festival was an opportunity to act up a little and have fun-



Most patients had no desire to get surgery during a week of festival. Most days I could operate, but on two days there were literally no patients for elective free surgery (my patient base). No surgery on Saturday; instead the majority of the residents, some attendings and the sisters from the Operating Room and Outpatient clinic attended an Outward-Bound style team building exercise at a beach facility north of Pondy. For many of the girls it was the first time that they saw the ocean (the Bay of Bengal). While I went to learn surgery, this team building exercise taught me far more than an additional two cases did. It was run by the staff of Pegasus.

#### Pegasus

Pegasus is an experiential learning event was and provided an opportunity to see the way the team interacts.



In addition to an obstacle course and climbing wall, it had a large number of pagodas for small group interactions.

It also was held at a facility right on the Bay of Bengal!



The time flew by the last week. I gave another Grand Rounds, lectured to the residents every day, got a run in each morning, and learned more about the Indian culture from a different perspective; that of Pondicherry, a former French Colony and the adoptive home of Sri Aurobindo, the spiritual guide of the Aravind founding members. I had a chance to visit the Ashram, to see Auroville, the UNESCO site where an experimental community is developed, and to visit the facility.



In the end, I believe I accomplished more than I had hoped for. I am able to do simple cataracts with limited assistance, and can recognize eyes that would be difficult to manage with my current skill level.

I was welcomed by all members of the Aravind team and learned how they provide compassionate care in a cost effective way. They make a positive margin on a three dollar pair of spectacles!

I was inspired by a team approach that I have never observed before outside of the United States Navy. There is still a lot to digest, and I am sure I will be thinking about this trip for years to come. I would like to thank everyone – both sides of the trip – for enabling me to do this. I hope to implement some of what I have learned to make our organization more effective.



I don't know how many "BTA" certificates I have signed through the years; this is my "BTA" – Been to Aravind – and it means so much more than the surgical skills that were acquired.



Kind of hard to see him – right? That crab is hiding in the sand in the most obvious way – by blending in. People have asked me about people sleeping on the sidewalks in India. Indeed, I saw them – but I saw them just as frequently in downtown San Francisco on cold fall nights.

Dr. V saw the people that needed surgery to correct "needless blindness" caused by economic inequities. He figured out a way to generate a positive margin in providing that care, and doing it with quality.

We can do it, too. We just have to start.

Regards Joe jmiller@eyes.arizona.edu 10/31/2013