



### Unlearning

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During my two decades in medical education, my growth has been as much personal as it has been professional. My students have often been my greatest teachers. Working across different countries has provided an invaluable opportunity to make acquaintances and befriend and learn from a multitude of fellow learners across various cultures.

Hailing from a Gandhian dry-district, alcohol has always been a big taboo for me personally and for everyone around me. Growing up, I could never hear, smell, taste, or for that matter even think about alcohol. Stories of far-flung distant relatives coming back from their foreign trips and bringing back duty-free booze were looked down upon and would have, in all likelihood, led to their being disowned. This is one of many norms that formed the cultural lens through which I used to view the world.

My first international assignment in Seychelles served as a significant cultural educational opportunity. On the flight there, I sat beside a young woman who, an hour into the journey, casually ordered a whiskey. To me, this was a moment of cognitive dissonance. My internal programming initially categorized this as a lack of propriety. Later I would reflect on it as one of my first lessons

in acculturation. I had to learn that my personal moral geography did not map onto the rest of the world.

As I settled into Seychelles, I encountered further differences in social interaction. The Seychelloise people were welcoming, often smiling at strangers. This gesture, in my hometown, might have been viewed with suspicion. Understanding that these smiles were rooted in a genuine culture of hospitality required me to unlearn my defensive instincts and accept a new social reality of a place which was more welcoming to guests than mine.

Like my neighbors, my students also taught me some of the basics of social interaction. Following the rigid traditions of my own training, I began a viva with a South African student by firing away technical questions the moment the student was seated.

The student looked me dead in the eye, and asked, "Oh, so no small talk?"

This was a turning point for me. In my previous environment, there were no niceties during assessments. However, this student helped me realize that a lack of small talk was a lack of courtesy. I realized that making a student feel at ease is not an

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abandonment of academic rigor. It humanizes the assessment process and fosters a safe learning environment. Since that encounter, I have made a conscious effort to engage in small talk with students.

Another common courtesy that I had to learn is the importance of names. I cannot claim to remember the names of all my students, but I learned that it is important to try. When people from different cultures interact, there will be names we are not familiar with. Yet it is important to make an effort to learn the correct pronunciation of students' names, as they say it themselves. A name is a vital part of a person's identity, and getting it right is a fundamental act of respect.

Smiling at people, engaging in small talk and learning names are cultural norms that were foreign to me. However, these gestures have helped me see a little bit of the person behind the student, acknowledging the challenges they face in the rigorous environment of medical school.

Another striking cultural clash occurred in my classroom. In many cultures, books are viewed as functional tools, often placed on the floor or moved aside with one's feet. For me, this was jarring. My community celebrates Saraswati Pujan, during which books are worshipped as embodiments of knowledge and divinity. To me, books are time machines deserving physical reverence, and devices which give us a glimpse into someone else's thoughts.

Initially when I witnessed students moving books with their feet, I would request that

they not do so. My students graciously obliged. Over time, though, I learned from my students to build a bridge between their functional view of educational material and my sacred view of it. While I maintained my respect for the book as an object, I began to understand that the absence of my specific rituals in their cultures did not imply a lack of respect for education on their part.

Finally, the most significant component of cultural competence I have discovered is the art of listening. In our fast-paced academic world, we often listen only to respond with a witty retort or quick solution. True competence requires listening to understand. It requires us to bypass the desire for one-upmanship and instead focus on the meaning and emotion behind a student's words. Many of our students are going through difficult times in their life. After all, time as a student in a medical school is neither kind nor easy. Listening to and getting to know the person behind the student can help both of them trust and learn from one another.

My journey from a small town to the world of medical education has taught me that cultural competence is not a destination but a continuous process of unlearning. It is not simply surviving in the educational environment but actively valuing the diverse perspectives that students bring to the table. By being approachable and prioritizing understanding over merely responding, we can begin to bridge the gap between teachers and learners, creating a more inclusive and empathetic medical community.

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