



MEDICAL RECORDS
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HUMAN RESOURCES FOR HEALTH IN NIGERIA - SURGICAL SKILL ACQUISITION AT ACE

INTRODUCTION

The subject of the maiden edition of MEDRACE was Dr O A Awojobi's report on the 2012 conference of the West African College of Surgeons, WACS that took place in Monrovia, Liberia.¹ One highlight of that report was the negative response of the faculty of surgery of the WACS and the sister college, the National Postgraduate Medical College of Nigeria, NPMCN, to the need for middle level surgical manpower training in the West African sub-region.

The edition ended with this report:

"While away in Monrovia for six days, the junior lady medical officer, a graduate of University of Lagos, who joined our practice in September 2011, had performed three caesarean sections for obstructed labour and forceps delivery for an eclamptic mother. All mothers and babies were doing well. This performance epitomized my mission in WACS and my trip to Monrovia. There are not many like her who would want to acquire surgical skill without a certificate to show for it.

"The struggle now shifts to the NOUN."

REFLECTIONS ON THE BIRTH OF MEDRACE

Here is a selection of how MEDRACE was received:

"Dear Yombo, Great achievements. Big men always think big and dream big, but only great men can make these dreams come true...you deserve everything. You have set an example for the medicos in Nigeria. God will always appreciate this. For others, best word is NO COMMENTS."

- Dr Sanjay Shivade, Ionand, India

"Dear Yombo, Congratulations on the birth of MEDICAL RECORDS AT AWOJOBICLINIC ERUWA, MEDRACE. Like we both agreed on about this time last week, there is need for full documentation of what we do for the sake of the present that refuses to listen or see; the future that is potentially amenable to change by our actions or inaction and the past that may be used as index to measure the value of our contributions. Cheers,"

- Dr BGK Ajayi. Nigeria.

“Dear Yombo, Thanks many times over for your visit and the copies of your recent publication for Dokita and the record achievement.² An excellently written and processed article. If only 'they' will listen but they are too busy dividing the pension funds, the education funds, the health funds, the transport funds, the sports funds, the social welfare funds, the immunization funds, the library funds, the electric power funds, the stock exchange funds, the police crime laboratory funds etc to listen. I am afraid we are on our own till death do us part. Maybe, just maybe, the Generation Next will have a few extra Yombos and BGKs (Dr BGK Ajayi) and things will get a little better. But, before better comes there will be more bad on the way. Thanks also for the honourable mention (of me) in your article, undeserved but appreciated.”

- Dr Tony Marinho, Nigeria

“Dear Yombo, You are really a great man and definitely a 'High Thinker'. You have dreamt to make your clinic akin to Mayo Clinic in 1986 and worked accordingly for last 25 years, almost a quarter century, keeping all your records which we witnessed when at Eruwa during IFRS conference (November 2011). You have been presenting your work across the world and fulfilled your dream at your level. Hats off to you!! Keep it up and achieve your dream.”

- Dr. R Tongaonkar. India.

“Thank you. I wish you many more phenomenal progress. May ACE get there as Nigerian version of the world famed Mayo Clinic and this in your life time.”

- Revd Canon Babajide Lucas. Nigeria

“Dear Dr.Awojobi, I would like to congratulate you on the occasion of the publication of the inaugural issue of MEDRACE. I would assume it is going to be a monthly publication of the clinical activity of the ACE. I am glad you have decided to publish the ACE Journal. It will be very informative to the medical community not only in Africa but also in other parts of the world how things are being done in a severely resource restricted country. I will be waiting for the next issue with the information of the activity at ACE. Best regards,”

- Dr Kodem Rao. USA,

SURGICAL SKILL ACQUISITION AT ACE

In tune with the dictum of philosopher Amiel that *'Institutions are worth no more than those who work them'*, the second issue of MEDRACE will be a follow-up on the first and will summarize middle level surgical manpower training at ACE since her inception.

FIRST PHASE

Two categories of medical officers have worked at ACE since 1987: career medical officers, CMOs, and surgical/family medicine residents from the University College Hospital, UCH, Ibadan who came on monthly rotations.

Dr Olumide Awe was the first of the CMOs who joined the practice in February 1987 and left after six months. I was one of his examiners in the finals at the UCH. While with us, he suggested a modification of the Mayo instruments trolley for our operating table and which today, bears his name – Olumide's table.³ Olumide went on to set up his practice, Awe Medical Centre, in the urban slum of Ebute Meta in Lagos.

Dr Bayo Windapo and Dr Frederick Adekola were classmates at the Lagos University Teaching Hospital, LUTH, and they spent six months and two years respectively at ACE from 1987 to 1989. Dr Windapo later established his hospital, Adesola Clinic, in Bariga, a

shanty town in Lagos while Dr Adekola returned to LUTH to train as an anaesthetist. During the commissioning of the permanent site of Adesola Clinic on 21st August 2001, I was privileged to declare the facility open.

Dr Femi Fatokun was in Eruwa for one year, 1994 and thereafter returned to establish Olutunu Medical Centre in Agosasa village, Ogun State where he had served for one year as a National Youth Corps doctor. Like me, he is a foundation member of the Association of Rural Surgical Practitioners of Nigeria, ARSPON.

Dr S Ogunsina was with us for two years, 1996 – 1998. He later trained as a family physician at the Federal Medical Centre, FMC, Abeokuta, Ogun State. However, by the time he left ACE, he was already an accomplished surgical practitioner able to perform all the operations I could. His training at the FMC was a mere formality.

Since he left us, Dr Ogunsina had returned to ACE many times to hold the fort whenever I was away on leave or attending conferences. For over a year, 2010 - 11 he came on Saturdays to repair 250 inguinal hernias. He assisted me with our third abdomino-perineal resection of the rectum for carcinoma and the first ventriculo-peritoneal shunt insertion for infantile hydrocephalus.

With the three medical officers presently at ACE, Drs O Adebamigbe, A Iyiola and R Ezeagu, he had the distinction of activating the RAMON VILALLONGA PUY IBARAPA HERNIA CENTRE on 11th June 2012 when Dr Vilallonga Puy could not make the commissioning due to visa procurement challenges. He is, at present, based at the health clinic of Ibadan Polytechnic.

Dr E L Ogidiagba was the last CMO to work at ACE from 2007 to 2008 before the present group of CMOs. Currently, he is in the surgical residency training programme at the Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State. When he was at ACE, he was sponsored on a two-month rotation to the department of morbid anatomy of the UCH, Ibadan. He attended the first mission of OPERATION HERNIA in 2009 and wrote a report.⁴

Twelve other medical officers stayed for varying periods before moving on.

In addition to hands-on surgical skill acquisition, we published some papers on the clinical challenges we daily battled in Eruwa.⁵⁻⁷

While my teachers were in charge in the department of surgery, UCH, Ibadan, several residents were posted to ACE. What was common to them was their quick acquisition of surgical skill due to the high volume of work. One resident, in his report, described the pace of work as “seemingly overwhelming”. We published papers of surgical interest.⁸⁻¹³ Another resident who had problem passing the final exams due to poor demonstration of surgical skill made it after a three-month stint in Eruwa.

Dr R O Tijani belonged to this second group but, he was employed by the College of Medicine, Ibadan as a CMO posted to the Comprehensive Hospital, Igboora, the home of Ibarapa Community and Primary Health Centre. He was with us for six months. As a result of bureaucratic bottlenecks, he established his hospital, Olugbon Medical Centre, in Igboora on 22nd August 1992.

SECOND PHASE

Over the years, the standard of surgical service and training has declined in the country. This prompted the formation of the ARSPON in 2008 with the provision of surgical skill acquisition as one of her aims.¹⁴ The Association has succeeded in partnering with the National Open University of Nigeria, NOUN, to initiate the MSc (primary care surgery) that incorporates one year of surgical skill acquisition in accredited nongovernmental hospitals like ACE.

It was this scenario that prompted my application for the fellowship of WACS by election in 2011. I had hoped the pragmatism displayed by the founding fathers of WACS was still alive in the college. But, that was not the case.

In one of my regular discussions with my teacher and mentor, Prof O O Ajayi, past president of WACS, he reminded me of that resident who eventually passed the final exams after spending three months with me. He asked why I expected that the college I declined to join almost three decades ago would quickly accede to my proposal for middle level manpower training. In his pragmatic way, he advised me to revive the training programme at ACE that would churn out medical officers with quality surgical skills. Very soon, those who are failing the exams or are preparing to start the residency training will find their way to ACE.

And so, in conjunction with my classmate at the medical school, Dr Tayo Apampa, of Korede Hospital, Abeokuta, ACE placed her first advertisement for medical officers in a national newspaper in April 2012. The advert specifically stated that the positions were for training in primary care surgery, ultrasonography, surgical pathology and hospital administration using the two hospitals.

Ten medical officers responded. After interviews conducted by Tayo, a veteran of such exercise, three doctors were employed – two for ACE (Drs R Ezeagu and O J Hassan) and one for KH (Dr A Iyiola). They would undergo two monthly rotations between the two hospitals for one year and would be given certificates of competency thereafter. Dr Adebamigbe, who joined ACE in September 2011, has been of great assistance in training our colleagues.

In the first month of training at ACE, between them, they have performed 42 hernia repairs, 9 prostatectomies, 6 Caesarean sections, 6 appendectomies and excision of 10 lumps. In the second month, Drs Ezeagu and Iyiola will be assisted by Dr Adebamigbe in performing these operations while I continue with supervision.

CONCLUSION

The initiation of MSc (primary care surgery) by NOUN is the best thing that has happened to surgical training in Nigeria in recent times as it will utilize all available human and institutional resources in the country for the improvement of surgical services especially to the rural populace.

The other advantage of this revived training programme is that it will ensure the sustenance of services at ACE and KH in the future.

Oluyombo A Awojobi

22nd June 2012.

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