



THE ASSOCIATION OF RESIDENT DOCTORS  
BABCOCK UNIVERSITY TEACHING HOSPITAL

*Breaking the  
Cycle: Nigerian  
Health Crises and  
the Urgent Need  
for Change*

*Secretarial  
Update*

*Medical Entrepreneurship:  
Essential for Physician's  
Economic Survival  
in Nigeria*

*Insights in a day of a BUTH  
House Officer*

*The Agony  
of Doctors*



**THE ARD BUTH**

*La Deuxième Édition*

**Newsletter**



# Newsletter

*La Deuxième Édition*



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# The President's Message



**G**reetings everyone,

I welcome you all to this wonderful edition of the newsletter of our great association, Association of Resident Doctors, Babcock University Teaching Hospital.

Ladies and gentlemen, esteemed members of the Association of Resident Doctors (ARD) Babcock University Teaching Hospital (BUTH). It is a privilege to reflect on one of the institution's core value **Excellence**, which is a way of life upon which our institution was built and strives for a greater height in various aspect of life.

We must acknowledge God's grace and greatness bestowed on our association as we are blessed with great minds and multitalented colleagues which has aided our success in the release of this amazing Second Edition of our newsletter to showcase to the world the tremendous impact this great association has achieved.

The Association is much grateful for the support and partnership it has with the management and we pray/plead that such collaboration will continue as we strive for greatness.

## **Achievement:**

During the past few months, the association has witnessed improved remunerations of both Resident and House Officers salary making our institution a competitive Centre for housemanship.

We have impacted the community where our establishment is situated and neighboring communities with medical outreaches.

The association has produced members who served in various committees in the National Association of Resident Doctors (NARD) and attained leadership position in Ogun Nigerian Medical Association (NMA) and partnered with NARD Annual General Meeting (AGM) 2024 for the Doctor's reach-out program to orphanage homes in Ikenne LGA

We can't forget to mention the huge success of our members in various programs, Part 1 and 2 examinations. All glory be to God.

## **Welfare:**

We supported our members who got married, gave birth or lost a relative, with welfare packages.

## **Partnership:**

We want to acknowledge the leadership of MDCAN BUTH for her tremendous support and guidance during our challenges, we are grateful.

Also, to NARD which has been an umbrella in which the association finds strength to foster for certain issues, we thank the NARD President both Past and Present (Dr Zenith) and members of the Executive council for their wealth of knowledge and input in making sure our association strives for greatness, we hope and pray that such collaborations will improve and be a stronghold for ARD BUTH.

To NMA Ogun chapter, the President and Executive members, thank you for all your support and likewise to Sister Associations of ARD (OOUTH, FMC Abeokuta, NPH Aro, UCH, LASUTH, OAUTHC, LUTH, etc).

## **Appreciation:**

Special appreciation goes to God Almighty for bringing us this far. We wouldn't also forget to appreciate the Vice Chancellor/President for his fatherly love and support to the welfare of the Teaching Hospital; BUTH management for their open-door policy and NARD leadership for your support and visitation to the management.

Also, to the salubrious and unbreakable South-West caucus and her leadership for your support through thick and thin.

To my Excos, without you all our achievement won't be possible thank you, we did it together.

## **In Conclusion:**

The second edition of the newsletter is packed with interesting features by members of the association.

It is our desire to use this medium to reach out to a larger population, sister associations, communities of alumni, members, friends, well-wishers and the global circle through innovation and added value content.

I hope you will relish every bit of this book.

Merci beaucoup.

**Dr. Eguzoro Onyedikachi**

**President ARD BUTH**

**2023-2024**



**Dr. Oluwaseyi Adebola**  
2014 - 2016



**Dr. Olajide Olusola**  
2016 - 2017



**Dr. Yahaya Oluwasegun**  
2017 - 2018



**Dr. Eguzoro Onyedikachi**  
2022 - 2024



**Dr. Taamaka Ngubor**  
2018 - 2020



**Dr. Ajibola Emmanuel**  
2020 - 2022

# ARD EXECUTIVES 2023/2024



**Dr. Onyedikachi Eguzoro**  
*President*



**Dr. Bitto Sharon**  
*Vice President*



**Dr. Effiong Mfonobong**  
*General Secretary*



**Dr. Ezeugo Solomon**  
*Financial Secretary*



**Dr. Emmanuel Chibuike**  
*Assistant General Secretary*



**Dr. Adetu Rilwan**  
*Director of Socials*



**Dr. Al-Hassan Mariam**  
*Welfare Director*



**Dr. Bassey Aniekeme**  
*Academic Coordinator/Editor-in-Chief*



**Dr. Okonji Anthony**  
*Director of Public Relations*



**Dr. Adebayo Moyosola**  
*House Officer Representative*



**Dr. Adeyeye Oluwabunmi**  
*Assistant House Officer Representative*



**Dr. Olawoye J. Oluwajuwon**  
*Chaplain*



**Dr. Ajibola Emmanuel**  
*Immediate Past President*



**Dr. Onyekwere Jideofor**  
*Immediate Past Secretary*



## From The Editor's Desk

**Dr. Basseyy Aniekeme**  
*Editor-in-Chief*

Dear Esteemed Members,

Welcome to ***The ARD BUTH Newsletter: La Deuxième Édition!*** Following the debut of ***La Première***, we're back—bolder, brighter, and brimming with insights to keep you informed and inspired. Think of this issue as your professional pick-me-up, with a side of practical wisdom.

Inside, you'll find ideas to boost not just your financial health (because who wouldn't like a little more cash in the wallet?), but also your professional prowess and well-being. Whether it's wealth creation, medical ethics, or the evolution of research in residency, we've got you covered—no stethoscope required.

We're not just here to discuss challenges but to turn them into opportunities for growth and transformation. So, as you dive in, I hope you find ideas that not only resonate but also spark a bit of fun, curiosity, and perhaps even a new perspective.

Thank you for your continued support. Together, let's keep moving forward, one insightful article at a time.

Warm regards.

# EDITORIAL TEAM 2023/2024



**Dr. Bassey Aniekeme**  
*Editor-in-Chief*



**Dr. Nathaniel Matthew**  
*Secretary, Editorial Team*



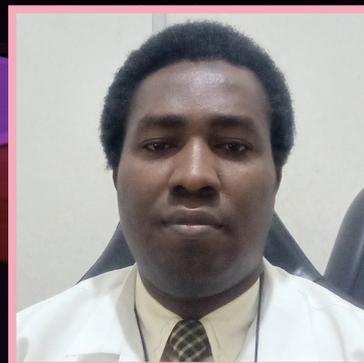
**Dr. Onyekwere Jideofor**  
*Member, Editorial Team*



**Dr. Okebalama Victor**  
*Member, Editorial Team*



**Dr. Obaya Fisayo**  
*Member, Editorial Team*



**Dr. Okunbor Hilary**  
*Member, Editorial Team*

# SECRETARIAL UPDATE: ASSOCIATION OF RESIDENT DOCTORS, BABCOCK UNIVERSITY TEACHING HOSPITAL CHAPTER (ARD-BUTH) - I

**Dr. Effiong Mfonobong Sunday**  
*General Secretary*

The Association of Resident Doctors (ARD), Babcock University Teaching Hospital (BUTH) is an association of all medical doctors working in BUTH and comprises Senior Registrars, Junior Registrars, Medical Officers, Dental Officers, and House Officers, with the sole aim of providing all-round welfare for its members.

The current executives of the ARD, BUTH were elected into office in December 2023 by the Electoral Committee with the following officers:

**Dr. Onyedikachi Eguzoro** – President  
**Dr. Bitto Sharon** – Vice President  
**Dr. Effiong Mfonobong** – General Secretary  
**Dr. Ezeugo Solomon** – Financial Secretary  
**Dr. Emmanuel Chibuike** – Assistant General Secretary  
**Dr. Al-Hassan Mariam** – Welfare Secretary  
**Dr. Ajibola Emmanuel** – Immediate Past President  
**Dr. Onyekwere Jideofor** – Immediate Past Secretary

For inclusiveness and integration of all doctors working in BUTH and to ensure active involvement in ARD activities, the Executive Council, led by the president, Dr. Eguzoro, recruited more executive members to fill the vacant offices. This was achieved, and hence the complete 2024 ARD, BUTH Executive Council members are as follows:

**Dr. Onyedikachi Eguzoro** – President  
**Dr. Bitto Sharon** – Vice President  
**Dr. Effiong Mfonobong** – General Secretary  
**Dr. Ezeugo Solomon** – Financial Secretary  
**Dr. Emmanuel Chibuike** – Assistant General Secretary  
**Dr. Adetu Rilwan** – Director of Socials  
**Dr. Al-Hassan Mariam** – Welfare Director  
**Dr. Bassey Aniekeme** – Academic Coordinator/Editor-in-Chief  
**Dr. Okonji Anthony** – Director of Public Relations  
**Dr. Jaachimma Nwagbara** – Immediate Past House Officer Representative

**Dr. Adebayo Moyosola** – House Officer Representative

**Dr. Adeyeye Oluwabunmi** – Assistant House Officer Representative

**Dr. Olawoye J. Oluwajuwon** – Chaplain

**Dr. Ajibola Emmanuel** – Immediate Past President

**Dr. Onyekwere Jideofor** – Immediate Past Secretary

With the complete Executive Council members, the 2024 ARD, BUTH was set in motion to work. The year 2024 has been quite eventful, with a lot of progress achieved by our administration led by Dr. Onyedikachi Eguzoro through the innovations and hard work of all our team members.

The 2024 ARD-BUTH has on record the following achievements and much more:

## 1. ACADEMIC PERFORMANCE

The ARD-BUTH recorded an outstanding number of exam successes in the membership (Part 1) exam of the West African College of Physicians/Surgeons (WACP/S) as well as the National Postgraduate Medical College of Nigeria (NPMCN), with the promotion of a good number of the resident doctors from the status of Junior Registrar to Senior Registrar. Dr. Chiamaka Isuajah emerged the best candidate in two of the categories in her membership exams. The members of the association who have emerged successfully in the aforementioned exams include:

**Dr. Chiamaka Isuajah** - best candidate Faculty of Radiology, WACS.

**Dr. Ojelabi Sunday** - Surgery

**Dr. Nwogbe Igwebuikwe** - Internal Medicine

**Dr. Eguzoro Onyedikachi** - Family Medicine

**Dr. Olayiwola-Sadibo Deborah** - Family Medicine

**Dr. Agobe Doris** - Radiology

**Dr. Onyekwere Jideofor** – Radiology

**Dr. Sharon Bitto** – Paediatrics

**Dr. Motunrayo Ibiloye** - Paediatrics

**Dr. Alexandra Odiari** – Community Medicine

**Dr. Adetola Daini** – Radiology  
**Dr. Olajide Olawale** – Radiology  
**Dr. Hannah Akpan** – Radiology  
**Dr. Adesuyi Ayobami** – Community Medicine  
**Dr. Effiong Mfonobong** – Community Medicine  
**Dr. Olaoye David** – Diploma in Anaesthesia

## 2. SOCIAL DEVELOPMENTS

The members of ARD experienced a number of joyful ceremonies across various departments, ranging from wedding celebrations, childbirths, and naming ceremonies, which were duly attended and supported by the members of the association.

## 3. WELFARE

Through continuous dialogue with our institution management, this administration saw a 30% increase in the salary of the House Officers and a 20% increase for the Resident Doctors earlier this year. This landmark achievement was able to address the issue of unavailability/inadequate numbers of House Officers in our institution. The ARD executives are still actively engaging the hospital management regarding the salaries of the Resident Doctors, especially that of the Senior Registrars.

This administration has been engaging the hospital on various possible ways and avenues to reduce the inequality that exists within our members and those of other residency training institutions concerning residency training funds. A proposal to reduce this inequality has been submitted to management since last year, and we are awaiting a positive response.

## 4. ARD LOUNGE

This administration has kept the ARD Lounge functional, ensuring that all physical ARD Executive Council meetings are held at the ARD Lounge. Various ARD social activities such as the Ordinary General Meeting (OGM) and House Officer's Week activities are held at the Lounge. This administration also ensured the timely subscription of the ARD DSTV at the Lounge to enable our members to follow up on international sports and news. The Lounge has also been made accessible to all ARD members at all times.

## 5. MEETINGS

This administration has held various meetings, both physical and online, to discuss the

issues affecting members and to propose a way forward. The ARD executives have lived up to their responsibility, albeit with minor challenges in a few areas. A total of four (4) physical meetings and five (5) online meetings, along with many more ad hoc meetings, have been convened.

## 6. ARD RELATIONSHIP WITH NMA OGUN STATE

The ARD Executives, ably led by Dr. Eguzoro, have worked tirelessly to build and maintain the bridge between BUTH doctors and NMA Ogun State. The 2024 NMA Annual General Meeting (AGM) was actively participated in by many representatives from BUTH, who took part in all the activities, including the medical outreach, opening ceremony, AGM, etc. The NMA, Ogun State, has currently instituted a yearly award for the best graduating medical student in BUTH.

With respect to the 2024 NMA election, the positions of chairman and secretary were zoned to OOUTH and BUTH; hence, there is a need for our members to actively get involved in the interest of our center and candidates.

## 7. IMPROVEMENT ON CALL FOOD

The ARD Executives have engaged relevant authorities on the issue of call food and the need for improvement in its quality and quantity. The series of meetings held in this respect have led to a significant improvement in the quality of call food served to health personnel on duty. The ARD Executives will continue to review the situation as necessary to ensure the sustenance of the improvement attained.

## 8. GOOD RELATIONSHIP WITH THE MANAGEMENT

The management of BUTH, and indeed Babcock University, has been supportive of ARD in all our programs and multifarious requests. This is due to the good cordial relationship the association has had with the management. The ARD Executives promise to sustain this rapport with BUTH management to ensure the continued welfare of its members. The ARD Executives will continue to employ dialogue, advocacy, and prayer delicately in presenting their demands.

## 9. ARD ACADEMIC SEMINARS

The 2024 ARD-led Executives has an academic committee chaired by the Editor-in-Chief, Dr. Bassey, tasked with organizing educational seminars to enhance the capacity building of our members. Series of such seminars are periodically held with good participation and feedback from participants within and outside our institution.



## THE MENACE OF ADDICTION: SAFETY STRATEGIES

*“Evil thrives in a place when good men refuse to do nothing.” – Thomas Jefferson.*

The increasing use of psychoactive substances has evolved from a taboo once associated with street gangs (Agbero groups) to a societal norm in countries where it is legalized. In countries where it remains illegal, it poses a significant public health threat. Worst of all is the rising usage among children and teenagers, who are the future of our world.

Current statistics show that about 3% of the world population (185 million people) uses drugs. Since 1998, there has been a remarkable increase in marijuana consumption (a gateway drug) among students in their first three years of high school—a trend that persists today. It is estimated that drug misuse has caused a loss of 11.2 million years of healthy life, with approximately 200,000 deaths attributed to drug use in the year 2000 (about 0.04% of all deaths worldwide). This number has risen, with an additional 21% of drug misuse deaths contributing to the total increase. What a menace!

Youth and adolescents need to know the whole truth about these practices to make informed decisions and adopt the right values in the fight against this greatest enemy of our society. “Addiction” refers to a chronic, relapsing brain disease characterized by compulsive drug-seeking behavior, continued use despite negative consequences, and persistent changes in the brain’s structure and function. The stigma surrounding addiction can discourage patients from seeking help.

Exploring the prevalence of addiction helps us understand the damaging effects it has on society, creating concern for safety measures that can curb or ideally eliminate the use of psychoactive substances. This write-up emphasizes practical safety strategies to combat this menace.

**“Catch them young”:** Just as we outsmart microbes causing resistance through molecular studies, we must intentionally combat the curiosity that triggers young minds. Peer influence feeds them misinformation, and parental inattentiveness can create emotional voids leading to low self-esteem. We must equip them with the right knowledge about psychoactive drugs and their damaging effects. For instance, we could incorporate mental health education at different levels, including basic and secondary schools, and hold lectures for first-year students before they encounter addiction.

**Follow through:** This basketball principle can be a helpful safety measure by encouraging everyone involved in childcare to check in on children in a healthy, non-suspicious way. This approach fosters a safe space for them to confide in you about their struggles without fear of judgment.

**Cover them:** Involve higher powers to protect them through prayers and by teaching biblical principles, instilling moral values before social media and peers can influence them.

**Recall:** This is crucial. The biblical injunction in Deut 6:7 reminds us that every opportunity with young ones should focus on discussing addiction and mental health.

**Mistakes:** An open-minded approach to their falls should be addressed with grace, offering help on how to navigate their losses and struggles. In conclusion, decreasing the increasing use of psychoactive substances requires depopulating the evil by raising the good.

**Dr. Miriam Anonaba**  
*Psychiatry*

## MITIGATING THE HARSH ECONOMIC REALITIES THROUGH WEALTH CREATION AMONG MEDICAL PROFESSIONALS IN NIGERIA

On Wednesday, July 17, 2024, the Association of Resident Doctors, Babcock University Teaching Hospital, hosted a virtual seminar where Christian Ebhoma, MBA, CMC, FIMC, delivered a timely presentation on navigating Nigeria's challenging economic environment—marked by inflation, unemployment, and volatile oil prices. Financial stability remains a pressing concern for many, including healthcare professionals, and the seminar focused on strategies to mitigate these harsh realities through wealth creation.

Ebhoma began by underscoring the need for diversified investments to safeguard against economic uncertainties. For medical professionals looking to bolster their financial standing, he highlighted several key opportunities:

**Investment Avenues:** Ebhoma stressed the importance of stocks, bonds, and real estate as traditional yet reliable options. He emphasized that mutual funds and ETFs provide a balanced investment approach, with professional management helping to spread risk. For those more adventurous, forex trading and cryptocurrency were discussed as high-risk, high-reward options that require thorough knowledge.

**Entrepreneurial Pursuits:** Entrepreneurship presents a path to financial independence, especially for medical professionals. Ebhoma highlighted how establishing private practices or medical-related businesses could yield significant returns while offering control over professional standards. He also encouraged exploring ventures beyond the medical field, such as tech startups, consulting, or digital health services like telemedicine.

**Alternative Income Streams:** In addition to traditional and entrepreneurial investments, Ebhoma discussed ways to generate additional income. Remote freelancing on platforms like Upwork or Fiverr, renting out properties via Airbnb, and creating digital content (e.g., blogs, eBooks, YouTube) can all serve as supplementary income sources.

On personal finance, Ebhoma urged attendees to prioritize budgeting, managing debts effectively, and building an emergency fund. Such practices are vital for long-term financial health.

The seminar concluded with a call to action: medical professionals should take proactive steps to diversify their income, seek professional financial advice, and continuously educate themselves on investment opportunities.

Written by **Dr. Aniekeme Bassey**

# MEDICAL ENTREPRENEURSHIP: ESSENTIAL FOR PHYSICIANS' ECONOMIC SURVIVAL IN NIGERIA

Starting and running a business as a Nigerian doctor requires hard work and a can-do attitude. Entrepreneurs are skilled in solving problems creatively, taking risks, and learning from mistakes. Essential skills for success include adaptability, problem-solving, collaboration, communication, creative thinking, and resilience. These skills, whether inherent or learned, can boost success in entrepreneurial ventures and enhance personal growth.

## **MIGRATION, CAREER CHANGES, AND MEDICAL ENTREPRENEURSHIP AMONG NIGERIAN PHYSICIANS**

This explores Nigerian doctors' plans concerning migration, career shifts, and entrepreneurship. It looks at how engaging in medical business might strengthen the health workforce by reducing migration and career shifts abroad. The focus is on whether doctors choose medical business opportunities or transition to non-medical careers, affecting their stability and Nigeria's healthcare system.

## **ECONOMIC CHALLENGES DRIVE NIGERIAN DOCTORS TO BUSINESS VENTURES BEYOND MEDICINE.**

Economic difficulties have led Nigerian doctors to explore businesses outside medicine to cope with poor pay. Examples include ventures in real estate, education, and agriculture. Though demanding, these provide financial gains and diversification. Many doctors now weigh whether to focus on business instead of clinical work, as financial realities and opportunities pull them in new directions.

## **NIGERIAN DOCTORS PURSUE ENTREPRENEURIAL VENTURES TO OFFSET INADEQUATE REMUNERATION AND SOCIETAL PRESSURES.**

Those who decide not to "japa" (migrate) still face poor pay and heavy expectations to support family and community. Burdened with these responsibilities on a low income, doctors turn to business for extra income. This reveals the economic pressures within Nigeria's healthcare system.

## **DOCTORS FACE FINANCIAL STRAIN, EXPLORE BUSINESS FOR STABILITY.**

With rising prices for essentials, doctors with families feel financial strain. To meet societal ex-

pectations, they often need additional income sources. It's ironic to think of a doctor facing hunger while treating patients. This strain could impact the quality of care and raise questions about its effect on doctors' professional performance and well-being.

## **IRONICALLY, WHY WOULD I CONTINUE PRACTICING MEDICINE WHEN I CAN EARN MY SALARY IN JUST THREE DAYS THROUGH BUSINESS?**

This highlights a real threat to medical practice, as poor economic conditions drive doctors toward quicker, more profitable returns in business. For some, the choice seems clear: why stay in medicine when business pays better with less effort?

## **ADDRESSING THE ECONOMIC DISINCENTIVES FOR DOCTORS: GOVERNMENT ACTION NEEDED.**

Both push and pull factors lead doctors away from clinical practice toward business and migration. Managing a business alongside medicine can impact patient care quality. The government must adopt new strategies to retain doctors, especially given the WHO's warning about critical healthcare staff shortages. Nigeria risks losing doctors not just to migration but to business, weakening the healthcare system.

## **CONCLUSION**

Nigeria's health workforce faces low pay and the pressures of side hustles and brain drain. Economic realities push doctors toward supplementary business opportunities. Addressing these challenges requires more than current economic strategies. Supporting medical entrepreneurship could help with retention, counteract brain drain, and encourage "brain circulation." Government intervention is essential to improve doctor-patient ratios, bolster healthcare, and enhance outcomes for Nigerians.

Article by

**Dr. Ugochukwu Christian Chigozie**





## Insights in a day of BUTH house officer:

An exclusive  
*with*  
**Dr. Michael Eze**

In this edition of ARD newsletter, we take a detour into the life of Dr. Michael Eze, a house officer currently in his third rotation. A proud graduate of Babcock University, Dr. Eze seamlessly transitioned from student to doctor, beginning his housemanship just two months after graduation. Join us as he shares a glimpse into his routine, challenges and the learning moments that come with working at BUTH.

**What was your motivation for picking BUTH as the center for your housemanship?**

Well, before starting housejob here, I thought that this place would be a less stressful place compared to government tertiary facilities. Since I trained here, I already had a background relationship with my registrars and consultants, so, I knew how things worked. So far, there has been work-life balance with opportunity to do other things with your time outside medicine. Also, I don't have to worry about transportation, accommodation, water and electricity. I would say, in the aspect of work-life balance, I got what I wanted. No regrets. If I were to start my housejob again, I would pick BUTH.

**Money did not play a role?**

The salary is fair but all the other things I mentioned played a bigger role.

**Describe your day-to-day activity**

I'll use my surgery posting as a yardstick since that has been the most demanding posting so far. Plus, I just started Internal Medicine.

**Before surgery which posting did you do?**

Paediatrics

**You can use your previous two rotations**

They have different schedules. I think I will stick with surgery.

**Alright then, go on**

A typical week comprises surgery day, clinic day, ward rounds and clinical meeting – where a particular team does a presentation. Because it is surgery, an emergency may come at anytime and surgeries can be conducted at any day of the week but typically there is a day set aside for elective surgeries. It takes a lot to prepare a patient for surgery; I was to ensure that the patient pays, has grouped and cross-matched the required units of blood, ensure anaesthetist's review, ensure consent form has been signed; post-op monitoring, invite medical team to review if need be, process discharge and clinic follow-up. There was a lot of running around but I think I actually enjoyed it, even more than the current posting, even though I am less busy in my current posting.

**So, that's basically your role as a house officer?**

Yeah. The name is not a mistake, we are actually house officers.

I think house boy would be more appropriate because there is actually a lot of running around; they expect us to stay. Even when you are not on call, the seniors would ask for updates on in-patients. I could as well live with the patients.

**Babcock is currently using electronic medical records (EMR) and paper documentation, and intends to transition to paperless documentation. Which is more cumbersome so far?**

I am a bigger fan of paper documentation as at now because of the difficult accessibility of EMR. Obviously, we have to move forward that is why EMR is important. To make it seamless, computer systems should be easily accessible as well as less internet interruptions. Also, easy access to lab result and radiological reports/images through EMR should be prioritized. We aren't quite there yet regarding the EMR that is why it seems more cumbersome.

**What is your most memorable "I didn't sign up for this moment"?**

My second week in surgery department, I was supposed to prepare a patient for surgery. I filled a form for the patient to group and crossmatch some units of blood. I had no idea that I was supposed to ensure that the patient pays for the grouping and crossmatching and also has the exact number of units available. Anyway, the next day when patient was introop, the anaesthetist asked that the patient's blood units be brought to the theatre, and it was not available. The consultant surgeon had a meltdown and had a lot of not-so-pleasant things to say about me and the other house officer in the unit. Everyone was around including medical students, so, my steeze was really in the gutter. My colleague and I had to leave the theatre, meet the patient relative, run around and make sure the units of blood were available. It was one of the major hits I had during housejob. I felt I was not serious and up to the task.

**Well, I think it was a matter of proper orientation. Second week in a 3 month long posting; first attempt at actually preparing a patient for surgery? Cut yourself some slack.**

I guess so.

***What is something you learned on the job that they did not cover in medical school?***

Two things I want to say. One is a clinical skill the other is non-clinical skill. For the non-clinical skill, I have learned to not be where I am not supposed to be. Typically, you are supposed to do all you are meant to do and just be unavailable except they specifically call for you, otherwise, if you are still around, work will just come out of nowhere – your registrar will see you around and conjure work out of thin air. The clinical skill would be femoral tap – comes in handy for obese patients where peripheral lines are a challenge.

***Do you watch TV shows?***

I watch TV shows a lot.

***So, if your housejob experience so far were a medical TV show, what show would you liken it to, and who would be the main character?***

I would definitely be the main character. The show would be New Amsterdam but focus from a house officer's perspective. I'd be the star constantly ranting about how I hate my job.

***Is New Amsterdam a show you would recommend?***

No, I don't recommend. I would however, recommend The Resident. The Resident is the best medical TV show I have ever watched. Very interesting. The Resident gives a perfect mix of drama, romance and medicine.

***So, how would you rate it in terms of their medical accuracy?***

At least an 8/10.

***Who is your go-to "medical Yoda"?***

I have met a lot of wonderful seniors. However, I will mention two names. The first is Dr. Amusan. Before I started working with him, a fellow house officer kept talking about how he is the best registrar he has ever worked with. When I eventually started working with him, I saw it in real time. He is engrossed in his work, puts his time and energy into his patients, makes sure he does the right thing and by the books – you know, like how you would see a main character in a medical TV show. He is very efficient. I really got attracted to his work ethic. His style is very contagious cos you find yourself wanting to do more when you are working with him. He is someone that if you are doctor or a house officer in BUTH, you should look forward to working with him. In paediatrics, Dr. Obaya. He is very good. Topnotch, cutting edge, always invested.

And I think when you have a passion for the job, it shows. I think the defining factor is passion for the job.

***Is there any one-line advice a senior has to told you that sticks with you?***

I think it is Dr. Obaya. I am the kind of person, once I don't like something, I complain a lot. He said, even though I do not see myself practicing medicine in the future, in the meantime I am here, I should max out my potential. I think that has stuck to me.

***What is that one thing you wish someone had told you before you first started as a house officer?***

I wish someone had told me I should get a separate phone and sim for the hospital so that when I am not on duty, I would just put off the phone and no one can reach me.

***What is your go-to excuse when you want to "tissue"?***

I usually say I want to go the inpatient to get snacks.

***Based on you experience so far, do you think of becoming a specialist or you want to do stuff outside medicine, what is your next career plan?***

To be honest, I haven't really thought about what I would do after medicine.

***In terms of probability, which is more likely, medicine or no medicine?***

It is 60% medicine, 40% out.

***Do you have any specialty in mind?***

I am tilted towards surgery because I am not a fan of internal medicine, paediatrics or O&G. Although I am beginning to be more open-minded and I am also considering family medicine because I feel it would give me the space to explore other stuff.

***Have you thought of radiology?***

I have not thought of it.

***You know sometimes, you just need to experience it to have a change of heart. Since we don't do much of rotations in radiology during med school and housemanship, it is unlikely that the specialty would easily come to minds of doctors who just graduated. Also, you stand a chance to earn higher than in most specialties since they are in high-demand.***

That's true.

***Final question. If your stethoscope could talk, what stories would it tell about your experience so far?***

My experience so far has been like a bitter sweet experience. It is a mixture of very exhausting periods and very calm periods as well. Half the time, I feel like I am constantly being used to do other people's bidding – plenty nonclinical errand work. Many times, after an exhausting house boy work, the time to do the clinical work is when the body chooses to rest. I wish we could fill less forms and focus more on the clinical work. All-in-all, I see housejob as an opportunity to leverage on, to know what you really want in this medicine and also, to apply yourself. I think my advice to anyone starting house job or just finishing med school would be: use the one year to just throw in yourself into the experience, even beyond medicine, apply yourself in research as well as networking with fellow colleagues, residents and consultants.

***Thank you so much Dr. Eze for your time. This has been an interesting session.***

# Excerpts from HO Week



## INFORMED CONSENT: THE PITFALLS AND RISKS OF FAILING TO OBTAIN ONE

Informed consent is the process where healthcare providers inform patients about the risks, benefits, and alternatives of medical treatments or procedures. It is both an ethical standard and a legal duty in healthcare, ensuring that patients make well-informed decisions about their bodies. A fundamental principle underlying informed consent is patient autonomy—the right of individuals to make decisions regarding their own bodies. Every intervention or procedure requires fresh consent, even if the patient has previously undergone a similar procedure. Additionally, informed consent should be given in a language the patient understands, with the assistance of a professional interpreter if necessary, as family members may influence the patient’s decision either consciously or unconsciously. Importantly, consent must be voluntary, free from coercion, and the patient must be allowed time to think through their decision. Furthermore, patients retain the right to withdraw their consent at any stage.

### EXCEPTIONS TO INFORMED CONSENT

In certain situations, consent may not be obtained before a medical intervention. These include:

**Emergencies:** For cases such as unconscious trauma patients, burn victims, or other life-threatening situations where time is critical, treatment may proceed without formal consent. If family members are available, their consent can be sought, but it is not obligatory.

**Lack of decision-making capacity:** Patients unable to make informed decisions due to psychiatric conditions, severe cognitive impairments, or certain intensive care situations may not be required to provide consent.

**Minors:** Patients under 18 cannot legally provide informed consent; instead, a parent or legal guardian provides “informed permission.” However, in emergencies or life-threatening situations (such as blood transfusions for minors whose parents object on religious grounds), healthcare providers can proceed without parental consent. In countries like the U.S., “emancipated minors”—those who are married, serving in the military, or living independently—are exceptions who can consent to their own treatment.

### LIMITATIONS TO EFFECTIVE INFORMED CONSENT

Several factors can limit the effectiveness of informed consent. These include language barriers, low patient comprehension, cultural or religious differences, insuf-



icient detail provided by the provider, and the risk of overwhelming the patient with excessive information. Ensuring clear and comprehensive communication is vital for an effective consent process.

### RISKS OF FAILING TO OBTAIN INFORMED CONSENT

Neglecting to obtain informed consent exposes healthcare providers to significant risks:

**Medico-legal Issues:** The most serious consequence of bypassing informed consent is potential legal action. Providers and their institutions can face litigation if consent is not obtained, particularly if harm occurs. Financial compensation, criminal charges, or disciplinary actions from professional bodies may result.

**Ethical Violations and Loss of Trust:** Failing to secure informed consent compromises ethical standards, potentially damaging a provider’s reputation and the trust between patients and providers.

**Financial Costs:** Patients may incur additional healthcare expenses for complications arising from uninformed procedures, leading to financial strain.

For healthcare providers, obtaining proper informed consent is essential in fostering trust, ensuring ethical practice, and preventing avoidable legal repercussions. Respecting informed consent not only protects patient autonomy but also shields providers from potential pitfalls.

### Dr. Okonji Anthony

*MD (Georgia)*

*Radiology Department*

## Research in Medical Residency: From Cradle to Grey

Research is an integral part of medical residency, serving as both a crucible for knowledge and a pathway for personal and professional development. From the very beginning of one's career journey, residents ought to be introduced to the fundamental principles of evidence-based medicine, learning to ask critical questions and seek out the answers that shape patient care. Over time, research becomes not just a requirement but a lifelong pursuit that extends beyond residency into a doctor's career. A striking example of this is the story of Ignaz Semmelweis and John Snow, two medical giants who redefined modern medicine through their relentless dedication to research and discovery.

Semmelweis, a Hungarian obstetrician in the 1840s, noticed a startling pattern: women giving birth in his hospital's maternity ward were dying of puerperal fever at alarming rates, while those who delivered at home or under midwife care fared much better. He meticulously tracked the cases and found the culprit—physicians, including himself, who came from autopsies to deliver babies without washing their hands. Despite the simplicity of his solution—washing hands with chlorinated water—he faced intense resistance from his colleagues. Yet, his research was the precursor to modern infection control practices, including the importance of hand hygiene in healthcare.

Similarly, John Snow, a British physician in the mid-19th century, faced skepticism when he proposed that cholera, a deadly epidemic ravaging London, was spread through contaminated water, not "miasma" or bad air. By meticulously mapping cases and removing the handle of the Broad Street pump, Snow's research proved that the water supply was the source of the outbreak. His work laid the foundation for modern epidemiology and public health.

Both Semmelweis and Snow, through research during their practice, transformed healthcare, demonstrating how critical thinking and evidence can turn the tide against deadly diseases. Their stories inspire residents today to pursue research, not just as a requirement, but as a lifelong mission to change lives.

### **Okunbor Hilary Nosa**

*MBBS, MPH (Epidemiology), PD (Data analytics)*

*Department of Medical microbiology and Parasitology*

## **ASSOCIATION OF RESIDENT DOCTORS HOLDS SEMINAR ON GENERATING RESEARCH TOPICS**

On September 4, 2024, the Association of Resident Doctors (ARD) at Babcock University Teaching Hospital (BUTH) hosted an enlightening virtual seminar on “Generating Research Topics.” Led by Dr. Okebalama Victor, a respected expert with a Master of Public Health and MBA, the event was designed to help resident doctors develop well-structured and impactful research topics. Approximately 40 ARD members attended the interactive Zoom session, actively participating in discussions and providing positive feedback on the presentation.

Dr. Okebalama began by outlining the significance of selecting a strong research topic, describing it as the “backbone” of any study. He emphasized that an effective research topic is more than a title—it serves as the foundation for the researcher’s entire inquiry, shaping the scope, direction, and impact of the study. The presentation highlighted the difference between a “research topic” and a “research title,” noting that while they are related, a research topic provides a broad focus for exploration, while a research title narrows this focus to reflect the study’s specific objectives.

Dr. Okebalama introduced two main approaches to generating research topics: rational and creative thinking. He recommended rational thinking for those who prefer structured approaches, such as analyzing personal strengths and interests, reviewing past projects, consulting with mentors, or exploring relevant literature. Creative thinking, on the other hand, encourages brainstorming, mind mapping, and the use of relevance trees to visualize questions and issues within the chosen field. According to Dr. Okebalama, combining these techniques yields the best results, as it balances systematic analysis with open-ended exploration.

The seminar also covered the critical process of narrowing down a research topic, which allows researchers to maintain focus while ensuring the study’s depth. Dr. Okebalama advised participants to examine past dissertations, review literature, and identify specific gaps or unexplored angles in existing research. He further suggested assessing the originality and feasibility of potential topics by considering factors such as data access, availability of resources, and relevance to personal career goals.

In addition to traditional methods, Dr. Okebalama introduced attendees to artificial intelligence tools like Consensus and Jenni, which can assist researchers by generating ideas based on current trends and recent studies in the field. He advised attendees to use these tools as supplementary aids, encouraging them to read extensively within their area of interest to frame well-informed, unique research questions. The feedback from ARD members was overwhelmingly positive. Many participants appreciated the actionable insights shared and expressed eagerness to apply the techniques in developing their own research topics. The seminar underscored the importance of systematic topic selection for meaningful research, providing ARD members with practical strategies to enhance their academic contributions.

*Written by*  
**Dr. Anekeme Bassey**



# SECRETARIAL UPDATE: ASSOCIATION OF RESIDENT DOCTORS, BABCOCK UNIVERSITY TEACHING HOSPITAL CHAPTER (ARD-BUTH) - II

**Dr. Effiong Mfonobong Sunday**  
*General Secretary*

## 10. NMA ACTIVITIES

The association has had fair representation on the EXCO of NMA Ogun State. Our members have held positions such as Treasurer, Assistant General Secretary, etc. We also had an NMA-organized friendly football match played between our members and Resident Doctors from OOUTH at our university stadium as part of the 2024 NMA AGM activities. This has helped to foster cooperation and friendship between our resident doctors and those outside our institution.

There was a collation of data of all the members of ARD, BUTH, which was transmitted to the NMA, Ogun State, for the printing of NMA identification cards for all members of ARD. This task was completed a few months afterward by the NMA, Ogun State, and the identification cards were handed over to the representatives of various doctors under the state NMA, including BUTH.

## 11. NARD ACTIVITIES

Our administration ensured good representation at all NARD meetings held across the nation to register the presence of ARD BUTH on the various national and international NARD platforms. This has increased our visibility, acceptance, and recognition as a center of excellence among other private and public health institutions.

This administration has also discussed and collaborated with NARD, alongside other training centers, to contribute through social interventions during outreach carried out in various states across the country, coordinated by local ARD of various institutions.

Our center is currently represented on the NARD national committee, as our President, Dr. Onyedikachi Eguzoro, has been appointed as one of the NARD National Committee on Remuneration members. This reflects the recognition, trust, and integrity this administration has built within a short time as a member of NARD. The incoming president has promised to secure more national appointments for our members, as the next national secretariat of NARD will be in Abeokuta, Ogun State, before the end of this year.

Our center was ably represented at the NARD July National Executive Council (NEC) Meeting in Katsina this year by our General Secretary. The Secretary's deposition at the meeting regarding the need for NARD presence in our center to help facilitate dialogue with our hospital management for better conditions of service led to the NARD president mandating the Chairman of State Tertiary Institutions to ensure a courtesy visit with our hospital management in the nearest possible time.

On the 29th of August 2024, our EXCO received a delegation from NARD on a courtesy visit to our hospital management to strengthen our engagement for better conditions of service for our members. They were received by the CMD and his team, who re-emphasized their commitment to the welfare of doctors and all hospital staff.

## 12. OUTREACH

This administration is planning to carry out a medical outreach before the end of this year and will need every member to participate in the program. The date will be communicated in due course.

## CHALLENGES

Our success story is not without challenges, some of which are unique to us as a private training institution, as well as those that are common to other centers.

Limited funding due to a limited number of residents and no investments, unlike our counterparts.

Poor participation of our members in association activities and programs due to fewer residents and resultant higher workloads.

The challenge of combining academic and ARD activities.

Recently, inflation has made it even more difficult for us to meet proposed and planned projects to benefit our members.

## APPRECIATION

First of all, we sincerely appreciate God for the success stories so far and the challenges that lie ahead.

We are grateful to the BUTH management led by the CMD, Prof. Mandong, for their support and encouragement to ARD. The hospital management has been quite gracious to us. We are also grateful to the university authorities for always granting us an audience whenever we need them.

We also appreciate our center president for being visionary as he leads our association selflessly.

We cannot forget to extend our appreciation to ARD BUTH sponsors. We are also grateful to MDCAN BUTH, our parent body, for their overwhelming support.

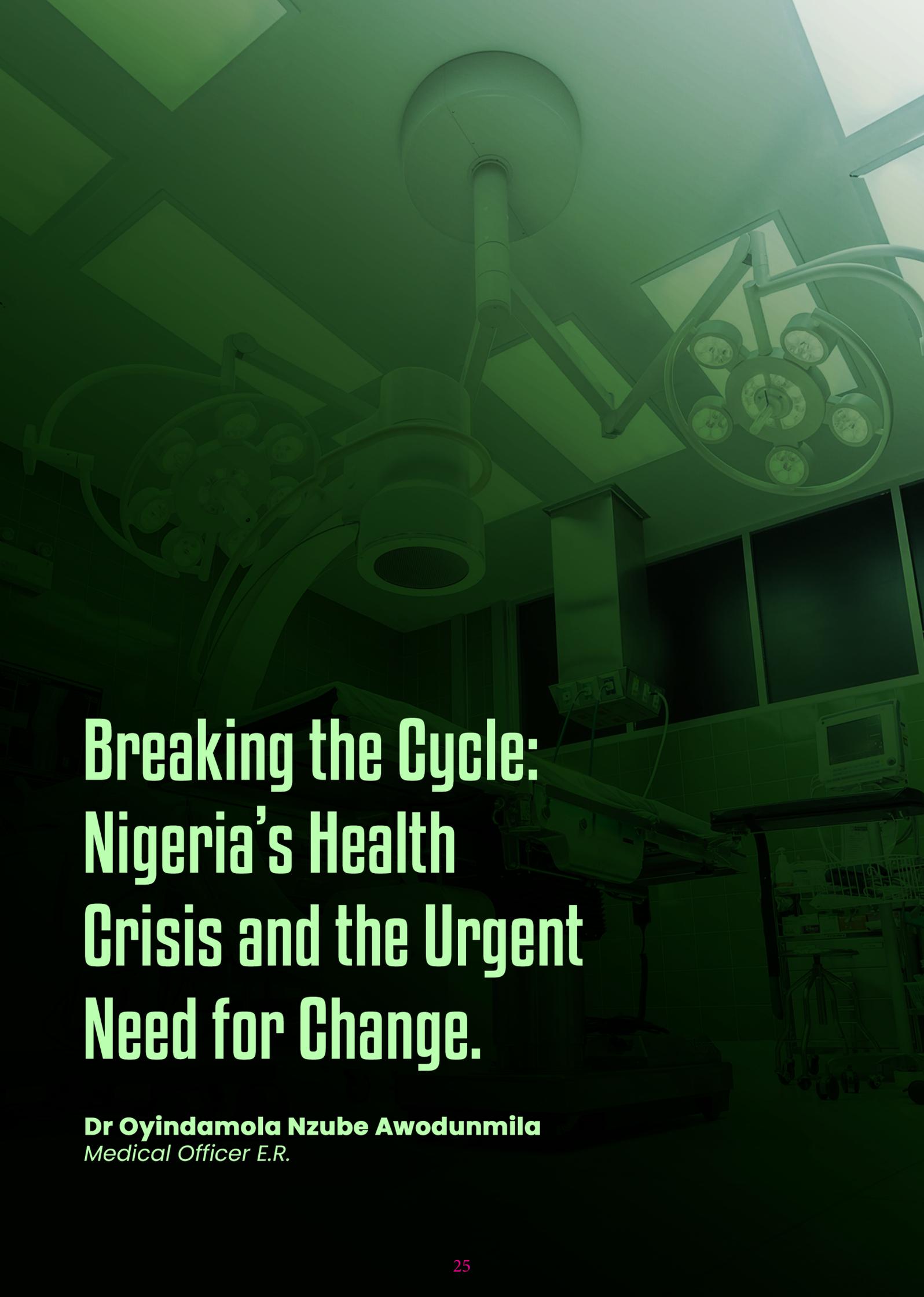
Special thanks to all BUTH consultants in all departments for their understanding whenever we are not on duty due to ARD activities.

Thanks to Dr. Bamidele for allowing us to use his office for most of our ARD printing and photocopying.

To our esteemed members, we appreciate you for giving us the opportunity to serve you and for all your efforts and support for our administration.

# Captured Moments





# Breaking the Cycle: Nigeria's Health Crisis and the Urgent Need for Change.

**Dr Oyindamola Nzube Awodunmila**  
*Medical Officer E.R.*

According to 2024 statistics from Worldometer, Nigeria currently has the lowest life expectancy in the world, trailing behind nations like Chad, Somalia, and Niger. This alarming reality suggests that, statistically, we might live longer if we resided in nearly any other country. Furthermore, data from the World Factbook in 2020 placed Nigeria third globally in maternal mortality rates. Additional statistics from the United Nations Population Division rank Nigeria among the ten worst countries for under-five mortality rates.

Having worked as a casualty officer in the emergency department for the past three years, I've come to a sobering realization: our greatest challenge in healthcare is not the lack of medical personnel, facilities, or even welfare for healthcare professionals. Our greatest challenge is, in fact, being Nigerian.

We embody this challenge when our pregnant women place more faith in traditional birth attendants than in trained gynecologists or midwives. We perpetuate it when we buy "miracle herbs" from roadside vendors or medications from unlicensed pharmacists and chemists. It continues when we attribute diseases like stroke to spiritual forces, rather than recognizing them as complications of cardiovascular conditions. And it becomes more pronounced when we seek out traditional bone setters for orthopedic problems instead of consulting certified professionals.

As Nigerians, we are hesitant to fully embrace modern medical practices such as vaccination and prescribed medications. The widespread culture of self-medication—especially with vulnerable populations like children under five and the elderly—remains one of our most dangerous tendencies. An average Nigerian often plays the role of an unlicensed doctor, confidently prescribing "strong medications" for ailments such as malaria and typhoid.

But not all headaches are caused by malaria—what if it's a brain tumor? Not all coughs warrant antibiotics like Ciprofloxacin—what if it's bronchopneumonia or pleural effusion? And not every illness requires an overload of intravenous fluids—what if it's heart failure?

It is not out of place to have faith in divine healing, but even the scripture reminds us that faith without works is dead. Trusting in God is vital, but it must be accompanied by seeking proper medical care and following a doctor's advice. Life can be enjoyed without resorting to harmful substances like drugs, alcohol, or cigarettes. We can live fulfilling, healthy lives without reckless behavior.

While the government must step in with robust policies and ensure their enforcement, much of the responsibility lies in our hands. Abortion, though illegal in Nigeria, is often carried out by unqualified individuals, leading to high rates of mortality and morbidity without any accountability.

To overcome these deficiencies and live longer, healthier lives, we must start by curbing our excesses and seeking the right care at the right time.

## DEARTH OF NIGERIAN MEDICAL POSTGRADUATE TRAINEES: THE 'JAPA' DILEMMA AND HEALTHCARE IMPLICATIONS

Medical postgraduate training, also popularly known as residency training, is a standardized and well-structured program designed to train doctors to become specialists in a medical field after completing their preliminary undergraduate medical training. The old Hippocratic Oath underpins the master-apprentice training in the art of medicine; however, modern postgraduate training has undergone an evolutionary change, which can be traced back to the twentieth century, when doctors began to be classified into different fields such as surgery, ophthalmology, and others. Historically, the development of modern surgical postgraduate training in North America is attributed to the legendary surgeon William Halsted. Postgraduate training is peculiar to different countries around the world. For instance, the United Kingdom has specialty training that follows two compulsory years of foundational training. Nigerian postgraduate training took a new shape with the establishment of the West African College of Surgeons in 1973. Prior to that time, postgraduate training had been a multilateral program involving Nigeria, the UK, and the USA.

The president of the National Postgraduate Medical College of Nigeria (NPMCN) reportedly raised an alarm about the shortage of postgraduate trainees in Nigeria, with about 16,000 Nigerian doctors said to have emigrated from the country. The recommended doctor-patient ratio is 1:600; however, the Nigerian statistics show a concerning ratio of 1:9,083. The Nigerian Association of Resident Doctors (NARD) reported that 85% of Nigerian doctors planned to migrate for greener pastures.

A study identified several push factors contributing to this recent surge of the 'japa' syndrome, with low remuneration, insecurity, and difficult working conditions topping the list. It is of utmost importance and urgency for the Nigerian government to find a lasting solution to the mass exodus of Nigerian doctors.

With Nigerian resident doctors forming 40% of the bulk of practicing doctors, 900 of them reportedly left this group within nine months in 2023. The brain drain of Nigerian doctors further puts a strain on the healthcare system, as the few remaining hands are left to grapple with the challenges of stress, burnout, and job dissatisfaction. The correlation between the scarcity of Nigerian medical postgraduate trainees and burnout will significantly impact healthcare delivery, as studies indicate that such doctors are at greater risk of committing medical errors. These medical errors will, in turn, worsen the mortality and morbidity statistics in the country.

The majority of Nigerian postgraduate trainees eventually become specialists who take the lead in patient care in the country. For instance, in 2021, a newspaper reported that there were only 97 Nigerian neurosurgeons available to cater to the neurosurgical needs of a whopping figure of 200 million Nigerians. Given the dearth of resident doctors, we face a predictable danger in the future.

**Dr. Ajimotokan Oluwafemi Elijah**



O great Physician Heal thyself! The echoes of a warning or a taunt?

But a backhand comment follows; He who wants to lead must serve,

The physician is held to a high standard; he or she must never fall or be found wanting,

But even when wrung dry, O physician heal thyself, o but only after you have offered one more service.

O great Physician Heal thyself! An encouragement or a taunt?

The Lord pities the patient but who, o physician will pity you?

The pleas for empathy and understanding, the demand for courtesy, etiquette and professionalism,

But who, dear physician will lend you a helping hand or a gentle greeting.

O great Physician Heal thyself! A warning, an encouragement, a reminder,

That thou o physician are nothing but human,

Deserving of humane and just treatment, as well as pardon and understanding,

That you are held on a pedestal, but, dear physician, you can climb down and take a break,

For you are loved, wanted, honoured, respected, but above all, o great Physician,

You are worthy; of peace, of joy and of healing.

Yea, I know, there is no rhyme... But dear colleagues does your life rhyme?

**Dr. AL-Hassan Mariam Ebere**

*Radiology Resident*

*BUTH*

# PHYSICIAN HEAL THYSELF



# THE AGONY OF DOCTORS

*Authored by*

**Dr. Onyekwere Jidefor Ransomed**

The life of a doctor is a busy one  
His sacrifice is equal to none  
He spends years in medical school  
And studies hard to scare through

Even after years of graduation  
He writes series of examination  
That usher him into residency  
With recurrent financial exigency

At the point of specialization  
He is still far from self-actualization  
As he continues to read and treat  
To be academically sound and fit

When others are partying and rejoicing  
Doctors are reading and memorizing  
When others are at home eating and refreshing  
Doctors are at work treating and researching

Despite the great work demand  
He receives unduly low dividend  
Others are busy amassing wealth  
Doctors are busy canvassing health

When he comes to a congregation  
He receives no special consideration  
But when emergencies arise  
He will then be recognized

When a friend or relative is infected  
Doctor is the first to be contacted  
But during celebration and festivities  
He is esteemed to be busy with activities

As he arrives to the filling station  
He is paid no special attention  
When he delays and patient expires  
He will be blamed and criticized

When a doctor goes to the market  
He pays his seller from his pocket  
Even the engineer that repairs his car  
Demands from him a pretty cash

When a patient suddenly presents with ailment  
They expect him to treat without payment  
When he charges according to his deed  
He is thought to be influenced by greed

A doctor has no time of his own  
At anytime he can be called on phone  
He abandons his personal engagement  
And rushes to the scene of accident

When he is weary and drained  
He is esteemed as being trained  
Until he dies from exhaustion  
Bringing his plans to a frustration

After working tirelessly to save a patient  
People still don't see him as efficient  
They think it is the prayer of their pastor  
Neglecting the effort of the doctor

In the time of medical distress  
When everyone has gone to rest  
Doctors are called for emergency  
To arrive as a matter of urgency

He wakes at the dead hour of the night  
He drives with the speed of light  
Putting his own life in danger  
To save the life of a stranger

When a doctor saves from dying  
He is not really seen to be trying  
When a patient dies of fatal sickness  
It is seen as doctor's recklessness

Doctors work round the clock  
As if they are rugged truck  
Exposing themselves to health hazards  
Even the scourge of HIV and SARS

Armed security men guard the politicians  
But none cares for the safety of Physicians  
At night doctors hardly take a nap  
Only to wake up to a kidnap.

The great carer of the wounded  
Have been agonizingly stranded  
The protector of the vulnerable  
Are daily rendered miserable.

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