THE ASSOCIATION OF RESIDENT DOCTORS
BABCOCK UNIVERSITY TEACHING HOSPITAL OGUN STATE

THE ARD BUTH NEWSLETTER

La Première !

The Journey to MO

Exclusive Interview With Dr Olufemi Adebawojo

AGẸSINKÓLÈ: A Nigerian Story

Death & the Doctor

BUTH ARD News Update

PHOTO DUMP: ARD WEEK '21"

CONTENT

FROM THE PRESIDENT

Ajibola Emmanuel D.
President, ARD BUTH 2020-2022

It gladdens my heart to witness and be a part of history as the Association of Resident Doctors Babcock University Teaching Hospital takes another giant innovative stride to produce its first Newsletter/E-Bulletin. The main purpose of this is to showcase the many talents of her members while giving the association a voice and portraying her image on a global scale.

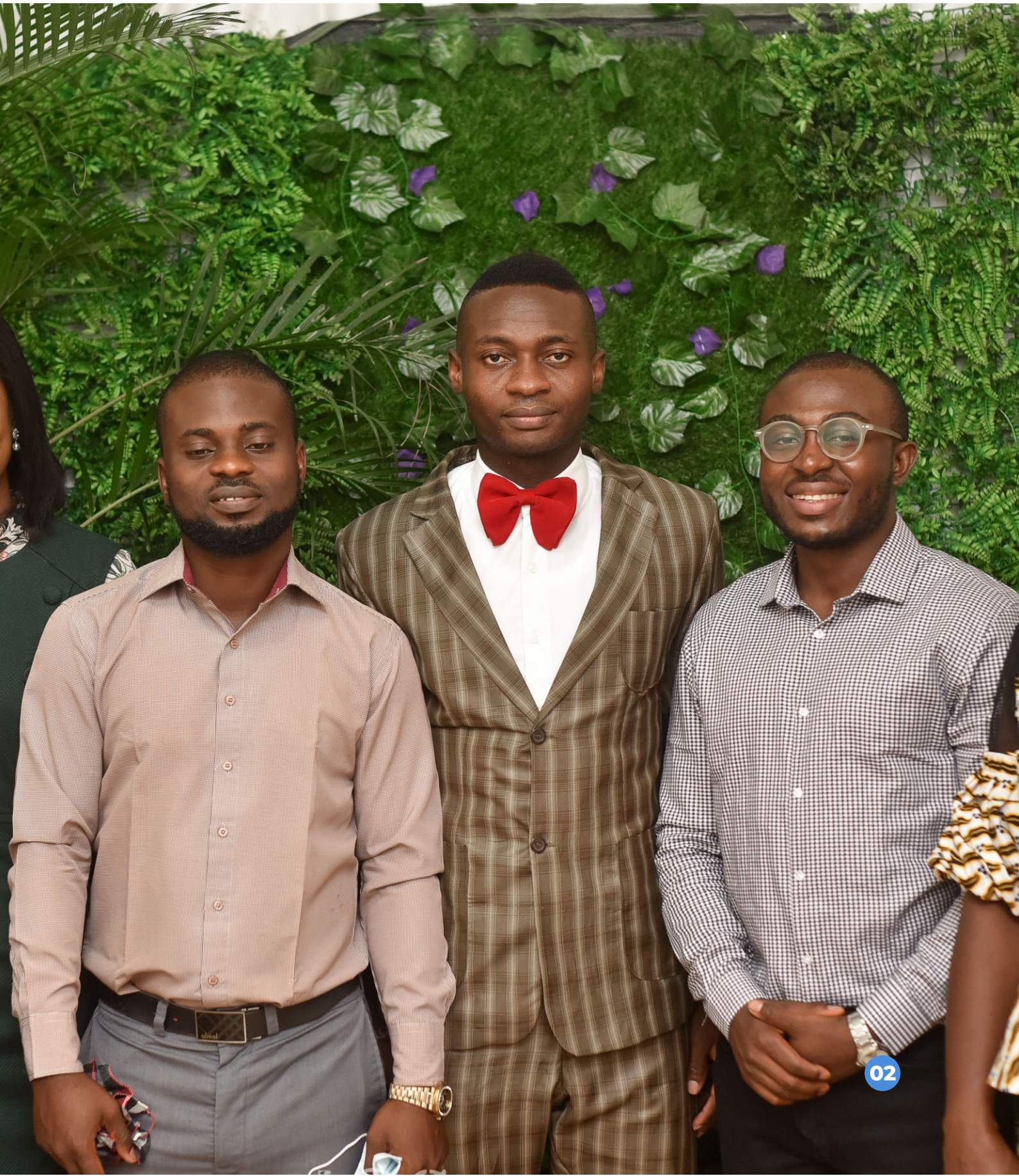
Since its inception in 2020, my administration as President has focused on consolidating the labours of predecessors from the pioneer leadership in 2014/15 consisting of well-spirited, motivated, and innovative men and women. We determined to achieve this by building a solid functional structure for the association, creating an atmosphere of ownership and a sense of belonging for its members.

In a bid to focus on the welfare of members, we have closely worked with the BUTH management, under the able and exemplary leadership and fatherly guidance of Prof. Franklin Ani, who recently handed the arduous responsibility to Prof. Barnabas Mandong. The President/Vice Chancellor of Babcock University, Prof. Tayo has also given immense support and it is obvious we have reaped the fruits of their unflinching support. We experienced improvements in remunerations, in manpower through the employment of more residents, got provided with a space for the Resident doctors lounge, the quality of our call foods stepped up significantly, call rooms were renovated, and a safe, healthy workplace was constantly ensured, to mention just a few. We can't thank our management enough.

The best gifts received during these two tenures are the gift of good men and women, in form of leaders and executives of this great association. They have been extremely wonderful and supportive. The tireless work they consistently put in is why ARD BUTH has become a force to reckon with. Through perils, painful persistent work, sleepless nights, selfless sacrifices, endless duty, and only through pure grit have we come this far. I must thank every member of this great association, past, present, and even the expected. You all have made the burden of responsibility lighter and the yoke of leadership easier as we traversed the last 2 years in office. In the same vein, I extend gratitude to our sister associations in BU represented as Medical students, Nurses, Lab Scientists, Health informatics, the Administrative staff, and all well-spirited individuals making Babcock a great haven of peace and godly duty. We have indeed come a long way as an association and even though we are not where we want to be yet, we are not where we used to be.

This e-newsletter was conceived as a way to showcase and express the beautiful talents doctors are blessed with, while we publish the progress made by the association to the world at large; this is the least we aspire to be. It is our hope that through this platform, we can

regularly reach out to a large community of alumni, members, well-wishers, friends, sister associations, and the global stage through value-adding and innovative content with a special focus on brimming issues. I hope you enjoy every segment of this noble work.
Enjoy your read!



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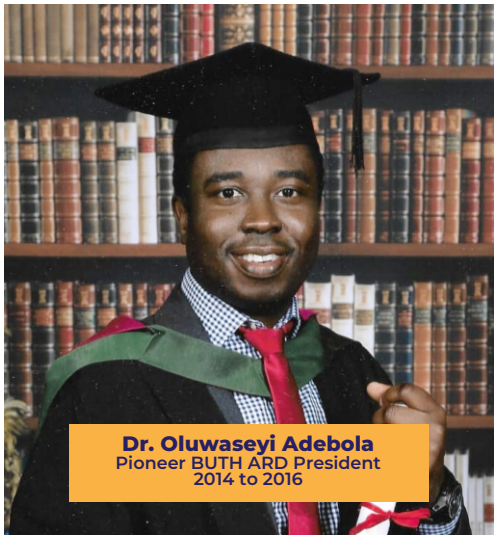
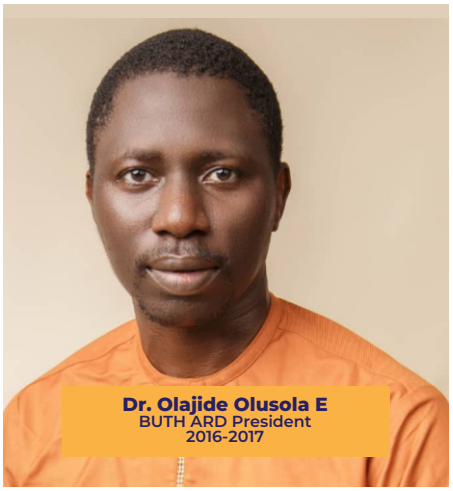
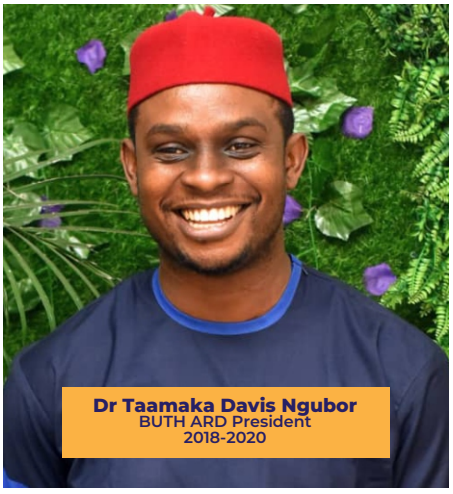


Dr. Oluwaseyi Adebola
Pioneer BUTH ARD President
2014 to 2016

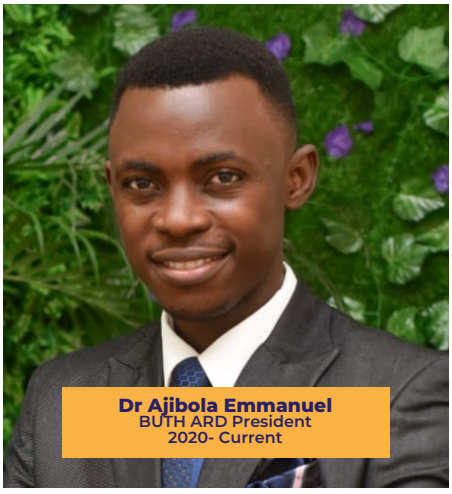


Dr. Olajide Olusola E
BUTH ARD President
2016-2017

Dr. Yahaya, Oluwasegun Peter
BUTH ARD President
2017-2018

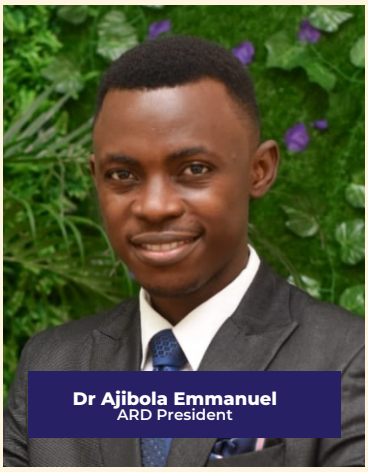


Dr Taamaka Davis Ngubor
BUTH ARD President
2018-2020



Dr Ajibola Emmanuel
BUTH ARD President
2020- Current

BUTH ARD EXECUTIVES '22

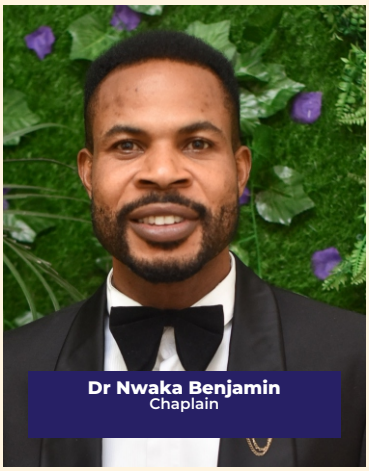

Dr Ajibola Emmanuel
ARD President

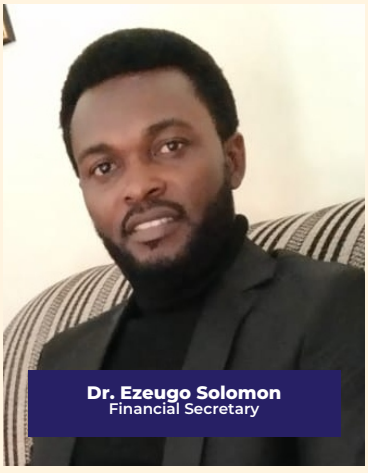

Dr Remilekun Sotola
Vice president


Dr Onyekwere Jideofor
Secretary

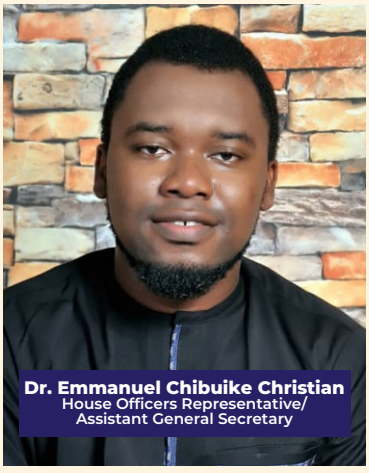

Dr. Eguzoro Onyedikachi
Director of Welfare


Dr. Ayeni Ayodeji
Editor-in-chief /
Academic Coordinator


Dr Nwaka Benjamin
Chaplain


Dr. Ezeugo Solomon
Financial Secretary


Dr. Bitto Sharon
Public Relations Officer


Dr. Emmanuel Chibuike Christian
House Officers Representative/
Assistant General Secretary

FROM THE EDITOR'S DESK

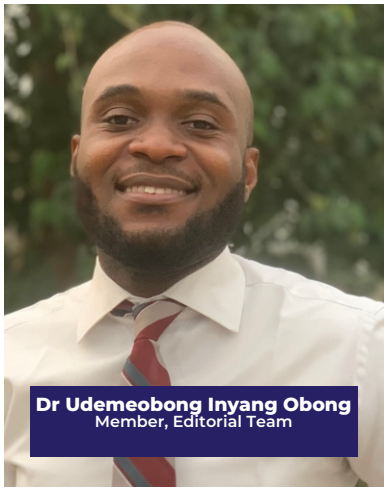
Voila! Our much anticipated maiden BUTH ARD Newsletter is finally here. We have brought to you the journey of our dear BUTH ARD over the past months, current issues, infotaining articles by members, and other awesome pieces you deserve. This edition is called La Première! First of many to come. Our goal is to provide a medium for members, alums, and friends to consistently connect with ARD activities and share with others.

I appreciate the editorial team's effort and time and all who have contributed to making this a reality. We would love your feedback, as we want to make subsequent editions much more enjoyable. Happy reading!

Dr Ayodeji Akinwunmi Ayeni
BUTH ARD Editor-in-Chief

Dr Marion Itohan Ogunmola
Member, Editorial Team

Dr Segun Odejayi
Member, Editorial Team



Dr Udemeobong Inyang Obong
Member, Editorial Team

BUTH ARD
NEWS UPDATE I

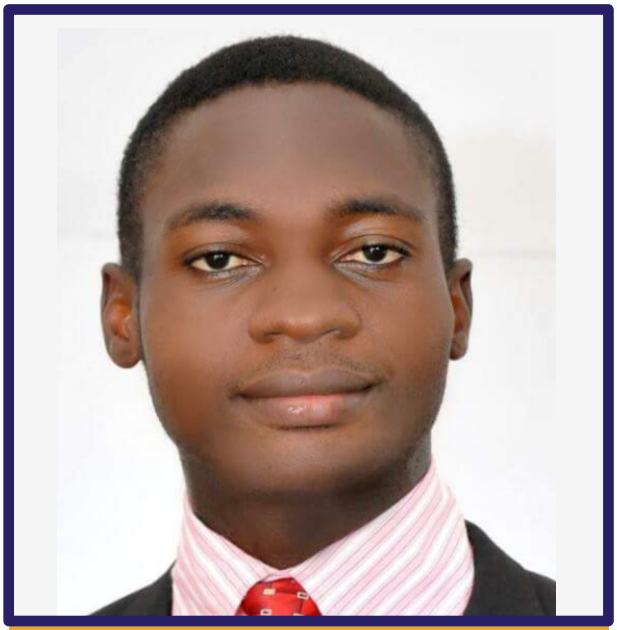
The 2021/2022 session of ARD administration commenced shortly after the swearing-in ceremony of the newly elected ARD executives during the Dinner night of the association which held on the second week of December, 2021.

Representation of ARD BUTH at the State NMA.

some executive members of the ARD in the persons of the President - Dr. Ajibola Emmanuel and the Secretary - Dr. Onyekwere Jideofor as well as Dr. Omotosho who holds an official position in NMA have been actively taking part in the activities of the NMA to protect the interest of the ARD, BUTH at the state level.

The NMA State Executive council meeting was held on 09/03/2022 and the ARD, BUTH was duly represented by the President and the General Secretary. The ordinary General Meeting of NMA, Ogun State was also held on 28th April, 2022 during which the issue of Doctors exodus to greener pastures and it's looming disaster was discussed . The ARD BUTH and the BUTH Consultants were also well represented at the meeting.

To ensure continual representation of the ARD BUTH and BUTH Consultants at the state level, some memebers of the ARD, BUTH in the person of Dr. Omotosho and Dr. Okebalama vied for the posts of the NMA Treasurer and Assistant General Secretary respectively and both emerged successfully in the NMA, Ogun State election which was held on 05/08/2022.



DR JIDEOFOR RANSOMED ONYEKWERE
ARD Secretary

The General Meetings

The first Ordinary General Meeting (OGM) of the ARD was held on 30/03 /2022 during which issues on the decisions of the 2021 AGM, outcome of the University Congregation and update from the congregation, the increment of NMA dues and the treatment of A & E calls were discussed.

The Production of NMA ID Card

There was 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 the members of ARD. This task was completed few months afterwards by the NMA, Ogun State and the Identification Cards were handed over to the representatives of the various Teaching

Hospitals under the state NMA including BUTH

Acquisition of the ARD Lounge:

After countless unrelenting attempts of the ARD executives, in approaching the hospital management for a befitting lounge for their members, the old Radiology building was finally granted as the new ARD lounge.

ARD Welfare

The Director of welfare, Dr. Eguzoro Onyedikachi under the auspices of other ARD executives had met with the relevant authorities concerning the menu served to the medical and health workers on call which led to the improvement in the quality of call meal and the introduction of fish and meat in place of tofu as accepted by the majority. Meal tickets have also been introduced.

Urgent Meeting of ARD with the Director of Clinical Services (DCS)

An urgent meeting of the ARD and the DCS represented by the deputy DCS, Dr. Oyedele held on 29/04/2022 during some crucial matters were discussed such as: reviewed cost of medical services, rules guiding treatment of BUTH staff and medical students, step ladder principle in prescription of antibiotics among others.

That same day, the Deputy Director of Human Resources, Jones Umuokoro (PhD) announced that the University management has decided to take the responsibility of paying the annual practicing fee for all the interested medical doctors in BUTH.

The ARD Constitution Review:

The ARD Constitution Review Committee under the leadership the ARD Director of Welfare emeritus, Dr. Okebalama Victor have been having series of meetings with his team (Drs Abugu, Onyekwere and Obong) to ensure an appropriate, standard, flawless and practicable reviewed version of the ARD Constitution for a better and more effective application in the affairs of the association.

Selection of a New Financial Secretary

Following the successful completion of the residency programme of the then Financial Secretary of ARD, Dr. Nwankpa Chimaobi, the ARD executives in accordance with the constitution selected Dr. Ezeugo Solomon of Family Medicine as the new Financial Secretary of the association.

Joyful Events/Ceremonies of ARD Members

On 28/12/2021, the family of Dr. Adeniyi of department of Surgery welcomed a bouncing baby boy. On the same day, the wife of Dr. Daini Adetola of Radiology department whose abdomen was conspicuously uniformly enlarged during the ARD Dinner night brought forth a bouncing baby girl named Marvel Adetola. It was a double celebration in the house.

The following day, 29/12/2021, Dr. Ezeugo Solomon of Family Medicine got wedded with his lovely wife, Lilian Ezeugo adding an extra bout of joy the ARD house.

On April, 2022, the family of the ARD Welfare Director, Dr. Eguzoro Onyedikachi welcomed another bouncing baby boy named Chigozirim Brian Eguzoro whose dedication ceremony took place on 14/05/2022 and was graced by a good number of ARD members.

to be continued on page 19...

INDEX OF PUBLICATIONS

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MYTHS ABOUT THE EYES

Dr Olushola Olajide

Sitting too close to the television may damage the eyes

After telling the mother of an 8 year old that the child will need to use glasses for optimum vision, she began to scold the child immediately. I have warned you several times about sitting too close to the television, see what you have caused she said. Many parents are of the same opinion that sitting too close to the television or holding books too close may damage the eyes. This is not true. Individuals typically hold books or watch television at a distance comfortable for them so if someone is holding books too close to the eyes or always sitting too close to the television, that may be a sign of myopia, advise the person to see an eye doctor.

Reading for prolonged periods in dim light can be harmful to the eyes

During my secondary school days, I was enjoying a novel I was reading so much that I wasn't ready to stop at night. As usual, there was no electricity so I lit a candle and continued reading my novel. A neighbor came in and the way she shouted when she saw me reading with a candle I could have sworn a scorpion stung her. She scolded me for reading with a light that will spoil my eyes (I wonder what that means) and told my mum. "Don't you know reading with dim light spoils the eye?". Since that day, my mum barred me from reading with a candle or lantern. Reading in dim light does not harm the eyes.

Too young to use glasses

Each time I hear people make this statement -

"the child is too young to use glasses", my first instinct is to ask, what age is old enough to use glasses? The answers I get are always diverse: a blank look, "I don't know", "a little older" are some answers I get. A mother once opined, using glasses at this early age will make the eyes worse and sunken. Glasses don't make the eyes worse. Glasses affects sight not the eye. A newborn child can use glasses if indicated, so if your child is advised to use glasses, please allow him or her to get the glasses. Using it won't harm the eyes in anyway, however not using it early enough may make the child develop amblyopia and have impaired vision for life.

Glasses correct refractive errors

On several occasions, I have been asked by people, young and old, male and female - "will

these glasses correct my eyes so I won't have to use glasses again after some time?" Probably you have erroneously assumed that your glasses will soon cure your eyes and you won't have to wear them anymore.
Glasses don't cure refractive error, refractive errors may change over time and a person using glasses before may no longer require glasses after sometime, not because the glasses have cured the refractive error.

DEATH AND THE DOCTOR

Dr Marion Ogunmola

"When faced with death, many patients are afraid, our role is to try to relieve that fear, whether by intervening to delay death, or by easing their passing. But we cannot ever prevent death, we simply delay it." Introduction to emergencies, Oxford Handbook of Clinical Medicine, 9th edition

Most doctors remember the time their first or most special patient died. Nothing in medical school adequately prepares a doctor for this. It is that moment when the fragility of life hits, and your helplessness in preventing death becomes evident.

When I think of my first introduction to the feeling of watching a patient die, two memories come to mind as fresh as though they happened yesterday, even now, 6 years after. Mr. A was being worked up for a renal transplant. His work-up sheet was completely filled. His renal transplant date was soon to be communicated to him. My colleague and I went to chat with him in the dialysis room. He was undergoing dialysis and eating. We turned to leave, and then it happened. Mr. A vomited a large amount of blood; and he became unresponsive. I stood, petrified, as the nurses ran around to revive him. The thought that filled my head was, 'J ust like that? I was just talking to him'. Despite everything, Mr. A was pronounced dead. The second memory is a bit more personal; the patient had become a friend of mine. He had been through so much. He died on my call, almost as dramatic as Mr. A did. I remember struggling to hold back tears when I informed the team the next day that we had lost him.

There were many more over the years. Every health care staff has a 'Mr. A' who they cannot forget in a hurry. We all deal with this in different ways. Some become indifferent (occasionally heartless) towards the dying, and others avoid forming a deep connection with their patients. While others bottle up the negative emotions until it begins to choke them.

I believe that every one of us must accept that death is part of the cycle of life. You should do your best for your patients, but you must accept that sometimes, your best is not enough. Even then, be satisfied that you have done your best. It is okay to mourn, so allow yourself the space and time to do so when you can. Talk to someone if you need to; chances are that your colleagues would understand because they have walked this road numerous times. Talk to God also. But never stop giving your best to your patients; there is great satisfaction in knowing that you did.

AN EXCLUSIVE INTERVIEW
WITH DR OLUFEMI ADEBAWOJO

ARD Editorial Board: Can you tell me a little about yourself?

Dr Adebawojo: I am Olufemi ADEBAWOJO. I was one of the first batches of resident doctors who started working at Babcock University Teaching Hospital in 2014. I completed my residency training in 2021. Before then, I studied medicine at Olabisi Onabanjo University. I graduated in 2011. My internship was at Lagos University Teaching Hospital, LUTH, Idi-araba, in 2011/2012. I had my service year in Enugu state in 2012/2013. Afterwards, I worked in a private hospital for 3 to 4 months; before coming to BUTH from 2014 until early this year.

ARD Editorial Board: How did you decide that you wanted to specialize in Obstetrics and Gynaecology (O and G)? I know that choosing a speciality can be difficult, so how did you make up your mind?

Dr. Adebawojo: I wanted something that had a bit of surgery. This is what pushed me towards Obs and Gynae. It has a bit of medicine, surgery, and community medicine. It is a small area but very diverse. You can focus on the community medicine part of obstetric and Gynaecology. This includes infectious diseases e.g HIV in pregnancy, decreasing maternal mortality, and preventing cervical cancer. You can choose to focus on the surgery aspect. For example, subspecializing as a gynae-oncologist or advance laparoscopy and be involved in advance treating conditions like endometriosis. The medicine part is basically the fertility aspect of Obs and Gynae.

There are other subspecialties such as fetal medicine, maternal medicine. Maternal medicine is a growing field which involves treating medical conditions in pregnancy. Asides from managing medical conditions like diabetes in pregnancy, maternal medicine involves caring for pregnant women with rheumatological disorders (like Psoriasis and SLE).

One can also decide to branch into basic medical sciences like embryology (if you are interested in fertility) or anatomy (if you are interested in being a surgeon). I think this diversity is the same with other specialties too.

Besides the diversity of the specialty, I found Obs and Gynae interesting as a medical student. The textbooks we used in school were quite small (Ten Teachers) and easy to read. I also liked some of my lecturers back in school. Basically, these are what tilted me into O and G.

ARD Editorial Board: Obs and Gynae is a fascinating field. I didn't know it was so diverse. In your opinion, what are some of the most important factors to consider when choosing a speciality?

Dr. Adebawojo: Well, it has to do with your interest and what you want in life. If you want a bit of family life balance, you may not go for specialties where you probably have to do many calls when you get to the top.
Some people are satisfied with having a work family balance and being able to take care of their families. It really doesn't matter what specialty they do. Others are a bit more specific about what they do because that is what gives them joy. So, one should put this into consideration as well.
Also, you should consider if you want to stay back in the country or travel overseas. Not to discourage anyone, but there are some specialties that one may find challenging to get a placement for residency training outside the country. This should also be a factor when choosing your preferred residency in addition to your interest.

ARD Editorial Board: Would you say that entry into residency was a bit turbulent for you? Some doctors have had to write primaries so many times. Was this your experience? And which college is preferable- National or West Africa?

Dr. Adebawojo: That's a bit difficult to answer- which college to go for? If you are staying back in Nigeria, I think both colleges are the same. West Africa college covers West African countries, which means you can work in other West African countries too. Depending on your field, the certificate from the West Africa College, may be more valuable abroad, especially in other West African countries and the United Kingdom. This is not to say that the National College certificate is not beneficial too. If you present a fellowship certificate in any country, I believe your years of experience will still be counted.
For primaries, I think each speciality would have its own materials; this depends on the faculty secretary also. I wrote West Africa the first time and failed. The next time, I wrote Nationals and West Africa. I passed West Africa, but I didn't pass Nationals examination.

ARD Editorial Board: What advice would you give doctors struggling with passing primaries and other residency exam?

Dr. Adebawojo: You just need to get the materials and study. When I passed the West Africa primaries, I think there was a book that the college secretary was using. I went through all the questions at the back of the book. You just need to get information on the materials used and then study.

ARD Editorial Board: How were you able to balance residency and family? I know training in Babcock is not as intense as in other teaching hospitals, however, I am sure there were times that you had to work extra hard. How were you able to balance it with family?

Dr. Adebawojo: As you said, Babcock is not a busy place, so I really didn't have that challenge of balancing family with work. I didn't have that challenge because I didn't get married until 11 months before the end of residency. Hence, there was really nothing to balance as such.
The only challenge I had was having to sleep in the hospital a minimum of twice weekly. This was because resident doctors were not many in my department. Work may not be busy at those times, but you just have to sleep in the hospital. That's the discouraging aspect.

ARD Editorial Board: Apart from having to sleep in more often, what other challenges would you say you had during residency?

Dr. Adebawojo: I really can't think of anything right now, to be honest. The other challenge, which I don't suppose still exists, is we spent a long time in the residency program, more than we should have. This was because we were the first set of resident doctors. We all passed our exams in one

sitting, but we still spent an average of 7 years in residency. It would have been shorter if the trainers and trainees had some experience in the post-graduate training program. But this is to be expected. I had that at the back of my mind when starting my residency training because things were just taking shape at Babcock. I don't expect those coming in now to have the same challenge. Once they clear their exams, they can finish in the required time.

ARD Editorial Board: How would you describe your residency training in one word?

Dr. Adebawojo: Good. I had excellent trainers.

ARD Editorial Board: Now that you've had a chance to practice outside the country, can you compare what practising in Nigeria and overseas is like? What was the transition like?

Dr. Adebawojo: As expected, the transition is difficult. I feel like those who travelled earlier don't get to stress the fact that the change can sometimes be difficult and stressful. This is because one has to blend into the culture, the workspace, and the work environment.
It is kind of challenging to get the hang of their history-taking. When you start working, you realize that there is a way they take their history that, even though it is the same, they may only use 5 or 10 minutes to clerk the patient. Basically, one thing is that the patient's records are electronic. Before they see the patients, they have gone through the past medical history on the intranet. Hence, they only need to ask the patients a few more questions to get a more comprehensive write-up. Unlike back at home, we have to ask the patient every aspect of their past medical history. In addition, they carry out a lot of investigations because these investigations are available. However, I will say that their history and physical examination are somewhat detailed, as this is expected. The challenge is trying to sift out what is important to ask and what is not. Because there are several patients to see, you must be able to ask important questions.
Concerning specialties, what you can transfer in terms of skills differs. For physicians generally, you can import your skills. This means that, as a consultant back at home, you can get a job as a locum consultant in the UK if you meet the requirements. It is not the same for a surgical-related field. You can't transfer your skills. They want to see that you have the ability to do those surgical procedures.

Specifically, in Obs and Gynae, the procedures are basically the same. If you have worked in a busy hospital back at home, I believe you would be comfortable with doing surgeries.
Furthermore, one must learn the basic terminologies used to explain medical terms to patients. Moreover, there are differences in their process of doing things. For example, in Nigeria, a patient with a missed miscarriage gets misoprostol and is allowed home. But, in my Trust, you can't prescribe misoprostol like that. Written consent must be obtained from the patient; samples for FBC and group and save must be taken; and the patient would be observed directly using the medication and will wait for 30 minutes before allowed home. The management is the same, but the processes are different. The treatment for an abnormal lie at term is Caesarean Section, just like in Nigeria.

Lastly, for Obstetrics, they are a bit more conservative in their management from what I have experienced. For pregnancies we would have terminated in Nigeria, delivery tends to be delayed to as near term as possible. In summary, concerning Obs and Gynae, the surgical aspect is basically the same. As for taking decisions on patients' management, the processes and

guidelines are different. There are a few situations where decisions taken back at home would be considered wrong here in the UK.

Lastly, and more importantly, one thing that differentiates the practice in the UK from that back at home is the issue of clinical governance and audit. In Nigeria, if there is a bad outcome, it would probably just be discussed at reviews. But here, there are statutory reasons why you should fill an incident form: undiagnosed breech, PPH of more than 1.5litres, third-degree tear, failed vacuum, and forceps delivery. And most likely, it would be investigated, and you would probably be asked to write a statement. So they probe things that does not necessarily have a bad outcome, not to talk of serious clinical event like fresh stillbirth.
These processes bring about a better audit or clinical governance. If an incident happens, a thorough investigation is carried out, not to sack any one; but to find out what errors occurred; or what was missing in the care. Could it be because the doctor-on-duty didn't pick it up early? Could it be because he wasn't trained to pick it up? (then the doctor is sent for more training), or there were not enough midwives on duty? (They think of increasing the number of midwives on duty). So if a proper investigation of the incidences that occur is done, I think it would greatly help improve our practice in Nigeria. I feel that's the main difference. The difference in our processes which I mentioned earlier, should be expected because we are practicing in different environments. That's not even a problem. This doesn't mean their own protocols or guidelines are better than ours. It is just that we are working in different environments.

Here, even with an ultrasound diagnosis of ectopic pregnancy, one can allow the patient home to return the next day. A patient with a small ectopic pregnancy and only one HCG assay result may not recieve Methotrexate even if she meets the criteria. They would want the woman to have at least 3 HCG values with at least 2 consultants agreeing on methotrexate treatment. (This happened here, and the patient was sent home to return the next day for a review with another consultant). Such can happen here because there are prompt ambulance services, and the people have good health-seeking behaviours. Back at home, we won't send a woman with an ultrasound diagnosis of ectopic pregnancy home.
Though I still feel that what stands out is the issue of clinical governance and audits. We don't check what we do in Nigeria. We end up making the same mistakes over and over again because we don't investigate.

ARD Editorial Board: Do you have any advice for those in residency or those interested in residency training? Those who are worried about the examinations - Part 1 and Part 2? These examinations can be overwhelming.

Dr. Adebawojo: I don't know what to say because, to the glory of God, residency training was easy for me. I feel that the work starts on the first day. Just read as often as you can. Don't wait until the examinations are near before you start reading. Just read the cases as you see them. By the end of whichever postings, you should have comfortably read more than half of the topics in that posting. If you consistently read, by the time you are going for the examination, you would be in a comfortable place. I think that was what I did because, towards my exams, I wasn't so serious. Don't wait for the last minutes; just read as you go. Of course, you will still panic before the exams, but not as much. Secondly, you have to meet with your colleagues from other institutions; this really helped me when I was preparing for the exams. Look for your colleagues from other institutions and exchange materials and past questions. Join the examination social media groups to

exchange materials. Babcock is quite a small place, so meeting other examination candidates will be most helpful.

ARD Editorial Board: Thank you for your time and for granting this interview.

AGESINKÓLÉ:
A NIGERIAN STORY

Dr Dare Aderemi

The box office success of AGESINKOLE (THE KING OF THIEVES) shows the shift taking place in the Nigerian movie industry. As at 30th June 2022, the movie is said to have grossed over 300 million naira in the cinema. This is the highest grossing movie in the Nigerian box office in 2022. The screen play, costuming, location, brilliant display of the Yoruba culture among other things, deserve lots of accolades. A lot has been said about the amount of work put into the project. The movie had over 200 men and women cast into various roles. What seem to be the biggest success of the story was the ability of the writers to end the movie in the most brilliant way which has been lacking in Nollywood movies for a while. Big congratulations to Adebayo Tijani, Yinka Laoye, Femi Adebayo, Niyi Akinmolayan, Anthill studios etc. This is a proud moment for the industry.

King of thieves however, is not all about the thrill, this is a Nigerian story that should bring sober reflections. The movie, just like Nigeria, describes a state of banditry, injustice, insecurity, commotion and confusion. Many years ago in junior secondary school, my friends and I will discuss the state of the nation from time to time because we had interest in leadership. Few times we spoke about how insecure the country was (this was long before terrorism and banditry started) and we would say in Yoruba that 'a fi olorun sole' which translates to God is our security. To us 12 year olds, we could tell that Nigeria was insecure. We will say, any attempt to attack the nation will succeed. Our little minds could tell.

Now we find ourselves in a nation beaten and battered by terrorists and bandits. We are just stocking up our arsenal 20 years after little kids knew.

Agesinkole which the writer translates to king of thieves, which translates literally to bandit, tells the tale of a prince who was tricked into committing a crime so he would be denied the throne and he was killed unjustly. He reincarnated and began to haunt the city that wronged him. He spoke about poor thieves that get killed because they stole a tuber of yam while the chiefs commit grievous crimes and get away with it. The story shows how persistent injustice and poverty breeds insecurity and instability. Once the people do not trust the system and know that injustice reign supreme, what will likely follow is commotion, corruption and criminality in various forms.

The movie describes the situation of our dear country - the king was confused, helpless, defenseless and as such, his wife was taken captive

by the bandits. We see this daily now, some of our leaders have experienced the carnage.

Our leaders need to be more creative and responsive to the plight of the nation as the insecurity draws close. Some members of our security outfit have compromised and seem to be autoimmune.

However, all hope is not lost as the present administration is trying to stem the attacks and better secure the nation. We hope just like in the movie, for all our sake, an end comes to terrorism and banditry in our dear nation.

Also, as elections draw close, I hope we get it right this time. Just like in the movie, where the king makers rigged the emergence of a new king, I sincerely hope our electoral umpire (INEC) and politicians will sue for free and fair elections. We do not desire an election that will bring about loss of lives and properties. We hope for once, that we get the desired change the nation badly needs.

BUTH ARD
NEWS UPDATE II

Continued frome page 7

Meeting of ARD and the Team of WHO On Infectious Disease Sensitization:

On 11/05/2022, a team of representatives of WHO met with the ARD and BUTH nurses at the 600 seaters auditorium where a lecture on Infectious Disease Sensitization took place. The infectious diseases that were highlighted include: Acute flaccid paralysis, Measles, Yellow fever, Neonatal tetanus, Cerebrospinal meningitis, Ebola, Guinea worm, Cholera, etc. The WHO team advised that report of any of the aforementioned diseases should be channeled to the surveillance focal person, local DSNO, local PHCC, nearest health facility, state DSNO or the state epidemiologist.

Exam successes of ARD Members:

The ARD, BUTH recorded a lot of successes in the West African and National Membership and Fellowship Examinations as well as International examinations which have taken some of her members offshore.

For instance, in the past fellowship examination, nine members of the ARD namely: Drs: Nwankpa Chimaobi, Omotosho Yejide, Osinaike Abiodun, Ajiboye Oyebimpe, Osibowale Bamikole, Ajayi Fisayo, Bamidele, Adebawojo Olufemi and Adefala Ng zi have been lifted to the status of Fellows/Associate Fellows of the West Africa College of Surgeons (WACS)/ National Postgraduate College of Nigeria (NPCN).

The ARD Vice President, Dr. Sotola Remilekun of the department of Obstetrics and Gynaecology emerged successful in the last concluded membership exam of the

DR JIDEOFOR RANSOMED ONYEKWERE
ARD Secretary

NPCN. Her senior colleague in the same department, Dr. Odugbemi Odutola who was already a member of NPCN was pleased to have a double honour from the two Colleges by emerging successful in the last WACS membership exam.

Other members of ARD who were successful in the last membership exam include: Dr. Opadotun of Family Medicine and Dr. Ogunniran of Radiology.

Send-forth Party for the New Fellows of ARD:

In appreciation of the meritorious services of the outgoing ARD members who have drawn the curtain for their residency programme, the ARD executives deemed it necessary to organize a befitting and remarkable farewell party in their honour which took place on 03/07/2022. The party

was a hybrid one consisting of physical and online zoom connection in order to incorporate those who had travelled overseas.
Dr. Nwankpa Chimaobi and few other Fellows who had left the shores of the country were all connected to the event via zoom while the rest and other ARD members were physically present. The event which was adjudged to be grand and splendidly colourful owed its brilliant success to the resourceful and organizing ingenuity of the ARD HOR, Dr. Chibuike Emmanuel under the auspices of the ARD PRO, Dr. Bitto Sharon.

Tragic Events

To the glory of God, no member of ARD was lost in this present regime. However, some members of ARD have suffered bereavement. For instance, Dr. Deko of Family Medicine was bereaved of her priceless father. The ARD sympathized with her.

Tragically, a very important health worker (nurse) in the person of Mrs Ololade Adeola Adebayo has gone to the world beyond. Her sad incident which shook the entire BUTH occurred on Monday, 11/07/2022. A candle light procession involving the entire BUTH staff was held in her honour on 14/07/2022 and the members of ARD were in full participation.

On the following day, a brief church service was organized in her honour front of the hospital mortuary before departure to her hometown for the obsequies. May her gentle soul rest in peace! Amen. The ARD had written a condolence letter to commiserate with the bereaved family.

Commissioning of the New Radiology Building

The new state-of-the-art Radiology building of Babcock University Teaching Hospital, was commissioned on Friday, 29/07/2022 by, Adeniyi Olajide and his entourage. At the commissioning ceremony were many dignitaries including the Babcock University Vice Chancellor, Prof. Ademola Tayo, the Chief Medical Director, Prof. Ani, the Director of Clinical Services, Prof. Sotunsa, the Head of Department of Radiology, Dr. A. O Adebola Yusuf, the consultant Radiologist, Dr. M. U Thompson, the Radiology Residents, Radiographers, Nurses and other staff of the Radiology department.

The team of the Commissioners after performing the commissioning rites, cutting of the ribbon and unveiling of the epigraph on the wall, walked round the ground floor to inspect the various radiological equipment, from the radiography machine, the Magnetic Resonance imaging machine, the ultrasound machines, the mammography machine and then to the new Computed Tomography Suite.

Incorporation of ARD, BUTH to National Association of Resident Doctors (NARD)

In order to ensure active participation of BUTH resident doctors in the national affairs regarding the residency training programme and the health of the nation, the executive members of ARD, BUTH under the leadership of Dr. Ajibola Emmanuel deemed it necessary to identify with the parental national body of ARD called National Association of Resident Doctors (NARD).

After a series of relentless and painstaking engagements, dialogue and commitment to NARD, the ARD BUTH was ultimately incorporated into the National Association of Resident Doctors. This great event took place at the last NARD Annual General Meeting (AGM) which held on the last week of September, 2022 at Umuahia, Ab a State. Hence, ARD, BUTH remains one of the first private health institutions to be incorporated into NARD. This incorporation is with some peculiarities taking into cognisance of its private nature which disallows interruption of labour supply as a means of industrial action.

Emergence of New Servant Leaders in Babcock University

On the 1 st of November, 2022 the Babcock university management welcomed a new set of servant leaders to serve in various capacities within the hospital and the College of Medicine.
The new set of servant leaders and their positions include:

Prof. Barnabas Mandong – Chief Medical Director, BUTH.
Prof. John Sotunsa – Provost, Bencarson (Snr) College of Medicine.
Dr. Oyedele – Director of Clinical Services, BUTH.
Dr. Adetayo – Deputy Director of Clinical Services, BUTH.

The above new set of servant leaders were officially introduced and commissioned for the new assignment by the university Vice Chancellor, Prof. Ademola Tayo who was represented by the Deputy Vice Chancellor. The event took place at the 600-seaters auditorium after the morning devotion. That same week, the new CMD, Prof. Mandong had series of meetings with various categories of BUTH staff including the Resident doctors with the aim of enhancing effective medical service delivery.

THE JOURNEY TO MO

- Anonymous

What better time to narrate my house job chronicle than right now when I can see the finish line, right?

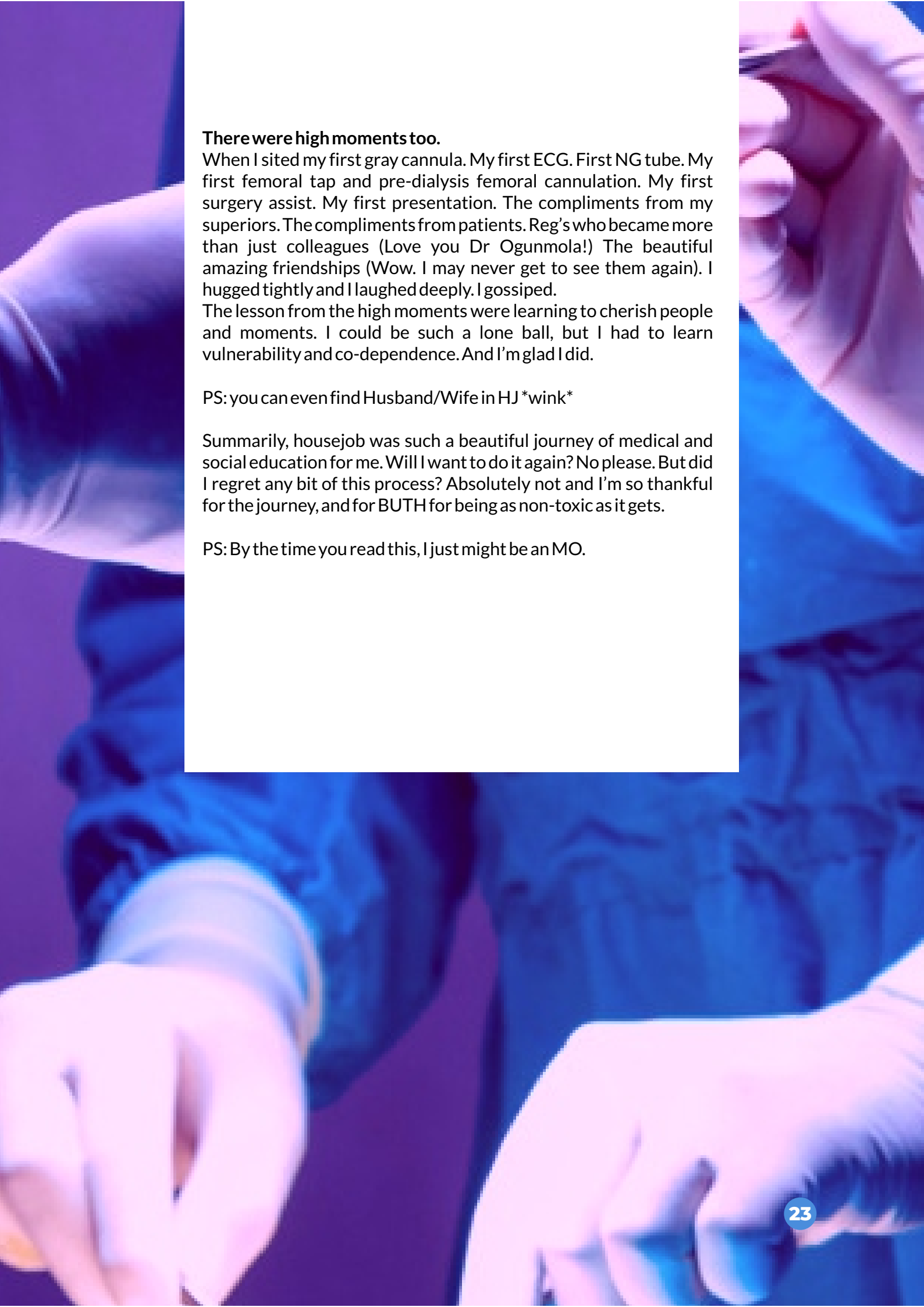
Where to begin?
Thinking about my house job journey this far reminds me of the video where the police woman was screaming "EPP ME EPP ME!! E dey carry me go where I no know ooo". Just kidding.

I can still vividly remember my first day of housejob in BUTH. I started with so much anxiety and so many expectations. It was still surreal that someone actually thought I could handle patients in real life. But I was hopeful and decided to trust the process.
So my journey began.

There was the learning.
My first IV line was a flop. My second too, and my third. I remember calling my Reg one night for assistance because I had trouble with yet another IV line. I remember the disappointed look of "ugh! new house officers are such a pain". But that was when I vowed to never miss another line. (And of course I did, but that's beside the point, lol)
But I got better. A whole lot better (some might even say I'm an OG at setting lines.) And that was a major lesson in this journey. It really gets easier and better. I learnt techniques, gained a whole lot of knowledge and gathered skills along the way. And bonus points to my colleagues/ the Reg's who didn't mind teaching and re-teaching until I got it right.

There were mistakes.
I nearly transfused someone with an almost expired blood. A friend diagnosed a baby who was seizing of being jittery and another friend had to buy a whole new chemotherapeutic agent of about 30k or so because it was put in the wrong IV fluid. And this was a major lesson too. I had to learn to be okay with making some mistakes and more importantly, learning from them. I wasn't going to be little miss perfect, I was going to make some wrong calls, have wrong judgement and have slow days. And honestly, that was okay too. I learnt to never make the same mistakes and the ones I did trained my mind to be smarter, more careful and generally wiser in patient care.

There were low moments too- the deaths.
I lost patients. I had to break bad news. We lost a staff I loved.
I cried so much during this past year.
I remember breaking a bad news to a patient along with a registrar and I started crying right in the middle of it. I remember when a dear nurse died and I cried and cried because I felt the pain, deeply. One moment, someone is here, the next moment, they just aren't.
But that in itself was the lesson. It was okay to cry. People weren't always going to get better no matter how much care you invested. I had to trust that God way knew better than I ever thought I did and I had to learn to be content in that.
Someone told me it was going to get better and I was going to grow a tough skin and be immune to the hurt of death. I still haven't gotten there yet.



There were high moments too.
When I sited my first gray cannula. My first ECG. First NG tube. My first femoral tap and pre-dialysis femoral cannulation. My first surgery assist. My first presentation. The compliments from my superiors. The compliments from patients. Reg's who became more than just colleagues (Love you Dr Ogunmola!) The beautiful amazing friendships (Wow. I may never get to see them again). I hugged tightly and I laughed deeply. I gossiped.
The lesson from the high moments were learning to cherish people and moments. I could be such a lone ball, but I had to learn vulnerability and co-dependence. And I'm glad I did.

PS: you can even find Husband/Wife in HJ *wink*

Summarily, housejob was such a beautiful journey of medical and social education for me. Will I want to do it again? No please. But did I regret any bit of this process? Absolutely not and I'm so thankful for the journey, and for BUTH for being as non-toxic as it gets.

PS: By the time you read this, I just might be an MO.

PHOTO DUMP:
ARD WEEK 2021

Opening Ceremony

Opening Ceremony

Opening Ceremony

Opening Ceremony

Opening Ceremony

Opening Ceremony

PHOTO DUMP:
ARD WEEK 2021

Opening Ceremony

Opening Ceremony

Opening Ceremony

Football Match

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Football Match

PHOTO DUMP:
ARD WEEK 2021

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PHOTO DUMP:
ARD WEEK 2021

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PHOTO DUMP:
ARD WEEK 2021

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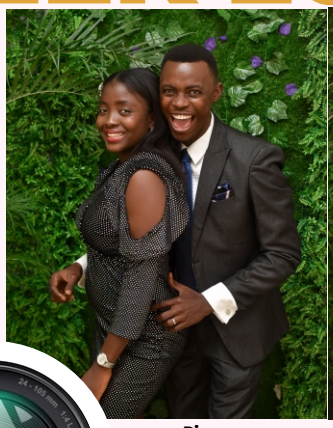

Dinner

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PHOTO DUMP:
ARD WEEK 2021

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Thanksgiving

Thanksgiving

Thanksgiving

INTERESTING FACTS IN MEDICAL HISTORY

Dr Segun Odejayi

In the Middle Ages, men who wanted a boy sometimes had their left testicle removed. This was because people believed that the right testicle made "boy" sperm and the left made "girl" sperm".

–Tobacco smoke enemas were considered a successful treatment for cholera in the 19th century and were recommended as an alternative remedy to opium. The exact procedure varied, and in some instances a pint of boiling, tobacco-infused water was administered into the intestines. It was even reported that “hundreds of lives might have been Spared by the tobacco enema.”

–The name "morphine" is derived from "Morpheus," the Greek God of dreams.

–From about the 16th century to the 20th century, mercury was the primary treatment for syphilis, either eaten or applied to the body.By the 18th century, doctors were aware of mercury poisoning, but they continued using it to treat syphilis—they just limited the dosages used.

–In the early 14th century, the human urine was used for a variety of purposes, including curative treatments and as antiseptic. Romans are said to have used it to whiten their teeth, King Henry VIII’s surgeon recommended that all battle wounds should be washed in urine, and later, it was also used to treat sores caused by the bubonic plague.
–Urine is popularly believed to be sterile, even today, but evidence shows that's not the case.

–Trepanation or trephination, which involves drilling a hole in the skull was one of earliest surgical practices. This was used to treat health problems associated with intracranial diseases, epileptic seizures, migraines and mental disorders by relieving pressure.

−Tuberculosis used to be one of the most common diseases, and doctors didn't know exactly what to do about it. One treatment was called plombage, where they would fill a patient's lungs with lucite balls, causing the lung to collapse.

−Covering an infected wound with maggots sounds like a barbaric treatment right?! This was a common practice centuries ago, maggots were said to consume dead tissues while leaving the healthy parts.

−Tooth-in-the-Eye Surgery - Surgeons put a tooth in a blind person's eye to restore their sight. It sounds crazy, but this one was pioneered in the 1960s, and it actually works! It's called osteo-odonto-keratoprosthesis, and it's still being done today.

−The recommended cure for acute stomach ache in the 1700s was juice pressed from the dung of an ox.

Thankfully, medicine is evolving!
Needless to say, medicine has come a long way and is constantly evolving.

THE ASSOCIATION OF RESIDENT DOCTORS
BABCOCK UNIVERSITY TEACHING HOSPITAL