

The Distinguished Nigerian Physicians of Tomorrow

President: 'Lanrewaju Jimoh
Vice President: Ujuka Obi-Eyisi
Secretary: Yetunde Ibrahim
Historian: Steven Ovu

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DNPT-NIMSA (Nigerian Medical Students Association) Conference in Abuja on July 16-18, 2009

Meeting 1: Thursday July 16, 4pm:

Topic: State of Medical Education in Nigeria

Findings: There are 32 medical schools in Nigeria with 6yrs of education

Education Timeline in Nigeria:

- ✚ Yr 1: Pre-Med classes (physics, chemistry and biology)
- ✚ Yr 2 & 3: Basic sciences (MBBS 1 exam is taken at the end of the 3rd yr)
- ✚ Yr 4: Clinical begins, junior posting (2 months), MBBS 2 exam due at the end of yr 4 (mostly path and pharm).
- ✚ Yr 5: Optho, anesth, Ortho, child psych, elective postings.
- ✚ Yr 6: Med & Surg (senior posting), MBBS 3 is due at the end.
 - Yr 1 →Doctors (65% success rate)
 - Tuition in public medical schools is only 30,000 naira/year.

Education Timeline in the United States:

4 yr first degree

Medical College Aptitude test- out of 45 (Physical sciences, Biological sciences, Verbal, Essay)

4 yr medical school:

- ✚ 2 yrs of basic sciences
- ✚ USMLE- Step 1
- ✚ 2 yrs of clinical medicine
- ✚ USMLE- Step 2 and 3

Education Timeline in Ireland:

- A levels
- Entrance exam out of 600
- ✚ Yr 1 & 2: Basic sciences
- ✚ Yr 3: ½ basic/clinical sciences
- ✚ Yr 4: Clinicals [psych, peds, Ob/Gyn, Public health]
- ✚ Yr 5: Clinicals [Med & Surg]
 - Intern year → Senior House Officer (SHO) → Registrars (Post Graduation Education)

Fun facts: There are 5 medical schools in Ireland; there are 4million people, 5 yrs medical school. Tuition is £25,000 for internationals and free for Irish citizens.

To create a network of Nigerian Physician leaders, who are willing to give back to Nigeria

To mobilize and create the change that Nigeria's healthcare sector has been seeking

To work in conjunction with ANPA to create a large network of healthcare professionals of Nigerian heritage in America

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Resolution

- Curriculum is super-cramped and there is very little time for involvement in other academic or non-academic endeavors
- There is a high burn-out rate among students
- There is very little input from the students on how their curriculum is designed
- Some medical schools have not revised their curriculum in years
- Clinical assignments are seen as mere checklist of stuff to be completed
- No evaluation of Professors by students, no way of ensuring accountability between faculty and students.

Opportunities for Intervention

1. ANPA has written a letter to pledge our commitment to improving medical education in Nigeria
2. We plan to partner with local organizations on faculty development initiatives. (Teachers training teachers).
3. DNPT could help with finding e-learning links and free medical/clinical content on the web. The links were requested by our Nigeria based members.
4. Our book drive was well received and we plan to repeat it as many times as possible.
5. We plan to include them in our future mission trips, they want more mission trip experience

Meeting 2: Friday July 17, 10am:

Topic: Presentation on how to spend a hypothetical \$100m in Nigeria's healthcare

Presentation 1: University of Ibadan- Primary care is a main focus and where they plan to spend the bulk of the money with a special focus on improving infant care (ages 1-5).

Presentation 2: University of Benin-Primary care was main focus as well. They also proposed funding the infant care initiative in a more robust manner. The initiative centers on providing all immunizations and nutrition to all children from age 0-5.

Presentation 3: University of Ilorin:- Primary care was again a focus underlining the importance of reviving the defunct primary care system in the country. They also suggested spending a good percentage of the money on medical education and training.

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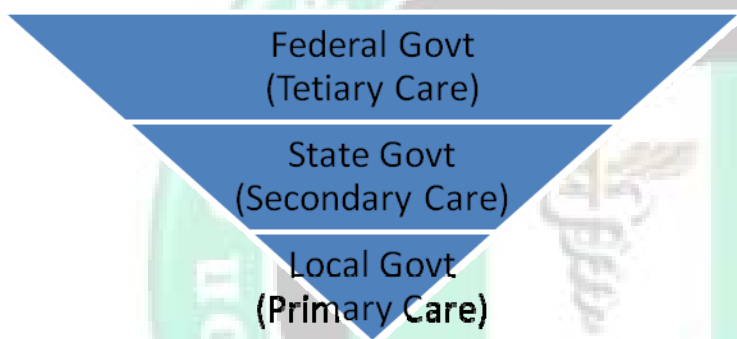
The problem with primary care in Nigeria is a result of an upside-down thinking of the people who set up Nigeria's healthcare system structure years ago and a lack of revision of outdated policies by

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subsequent leaders. The Local Govt. is the least funded tier and also has the least level of accountability or transparency in governance.



Meeting 3: Friday July 17, 6.30pm:

Topic: Where can we intervene as DNPT-ANPA and how can we help you.

Actionable items and initiatives on the table for next year:

- DNPT would work with ANPA's education committee chair, Dr. Ogunyemi on local faculty development initiatives. ANPA will be working with Nigerian medical faculty on improving educator's skills and resources. We hope to encourage better student-faculty relationship and allow more medical student input in curriculum design and student affairs generally.
- Book drive 2 will commence this fall.
- We plan on finding free online sources of medical knowledge and posting links on our website. We can develop a helpful collection of resources for them. As time goes on we could possibly provide article finding resources for our colleagues who don't have access to many international medical journals.
- We would keep an open line of communication that will encourage exchange of further ideas.

Meeting 4: Saturday July 18, 3pm:

Topic: Bridging the Gap permanently:

Resolution from DNPT:

We will adjust our constitution to be more inclusive of our home-based colleagues.

We would strive to ensure NiMSA representation in our annual conferences.

We plan on involving our NiMSA colleagues in future mission trips. We have 2 ANPA sponsored mission trips coming up before the end of the year.

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A DNPT executive board member or ambassador will be hosted by 1 out of the 32 medical students association annually in Nigeria. Our Nigerian Liaison will be reaching out to all the presidents of the respective medical schools every year.

Our membership form now has a box for MBBS in the question on what degree expected. This is the equivalent of MD in all commonwealth countries including Nigeria. Hitherto, Nigerian based DNPT members had to check the 'other' box.

Resolution from NiMSA:

NiMSA President, Hameed Oguntade pledged to spread the DNPT message across the country. The general consensus among our colleagues at home was that DNPT should continue to spread its message outside of the bureaucratic constraints and politics of NiMSA. We believe reaching out to the local leaders in the 32 Nigerian medical schools will be the best way to ensure a strong local presence for DNPT.

Book presentation at the Closing dinner on Saturday July 18, 9pm

DNPT President 'Lanrewaju Jimoh went up to the podium accompanied by UIMSA President David Fayankinnu, University of Benin MSA President Lanre Peters and Luqman Lawal representing the University of Ilorin MSA. The books were presented and a 5 minute speech followed. It was well received and we hope to get the video clip on the website in the coming weeks. Please see pictures on website.

Thank you all very much for your unwavering support,

Olayimoh

'Lanrewaju Y Jimoh.
DNPT President
August 8th, 2009

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