# BENJAMIN S. CARSON COLLEGE OF HEALTH AND MEDICAL SCIENCES

## COLLEGE OFFICERS

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| **Prof. Sotunsa, John O.** | **-** | **Provost** |
| **Dr Chilaka, Uzoma** | **-** | **College Secretary** |
| **Mrs Elikwu, Oluyemisi .** | **-** | **Principal Office Manager** |
| **Prof. Adebawo, Olugbenga O.** | **-** | **Dean, Basic Medical Sciences** |
| **Prof. Abbiyesuku, Fayeofori M.** | **-** | **Dean, Basic Clinical Sciences** |
| **Prof. Renner, James K.** | **-** | **Dean, Clinical Sciences** |
| **Prof. Sowunmi, Christiana O.** | **-** | **Dean, Nursing Sciences** |
| **Prof. Akinboye, Dora O.** | **-** | **Dean, Public and Allied Health** |

### A BRIEF HISTORY OF BENJAMIN S. CARSON (SNR) COLLEGE OF HEALTH AND MEDICAL SCIENCES, BABCOCK UNIVERSITY, ILISAN-REMO

The medical ministry is the right hand of the gospel. So, in the Adventist Church, the health work is given great emphasis. However, Nigeria and Africa as a whole continue to suffer from lack of proficient mission minded health workers to serve the people. Many of the best doctors exit the fatherland for safety and safe net. The remnant in the nation had to cope with over work and lack of equipment to work. No wonder, those who can pay for quality health care flee the country to receive proper care. To minimize these diverse challenges, Babcock University established Benjamin S. Carson College of Health and Medical Sciences to nurture doctors that will make the difference in this terrain.

The vision of this medical school was proclaimed by Chief J.S.K. Osibodu (one of the community leaders who champion the provision of land for the University at Ilisan-Remo) in a letter written in 1971 appealing to the institution to start a hospital in the community which in future will become a teaching hospital for the medical students. No wonder, when the draft of the charter for Babcock University, which lacked the medical school due to the reality of the cost implication, was taken to Pa J. O. Famodu (a friend of the University and community leader in Ilisan-Remo) for review by Professors A. A. Alalade and J. A. K. Makinde, the leaders of Adventist Seminary of West Africa (now Babcock University), Pa Famodu insisted on the inclusion of the medical program by faith even if it would take 50 years to see the light of day.

The realization of the vision began in 2002, when Professor Makinde began gathering resource persons to document details of how to actualize the medical school that will train missionaries rather than mercenaries. The Chairman of the first planning committee was Professor M.O. Balogun, a Consultant Cardiologist and the then Provost of the College of Medicine, Obafemi Awolowo University, Ile-Ife. Other members of the committee included Professor O. O. Adebawo (Biochemistry, Olabisi Onabanjo University, Ago-Iwoye), Professor B .J. Olasode (Pathology, Obafemi Awolowo University, Ile-Ife),

Professor A .A. Famodu (Heamatology, University of Benin - of blessed memory), Dr E. O. Asekun-Olarinmoye (Community Medicine, Osun State University, Osogbo), Dr U. O. Usun (Paediatrics, Assistant Inspector General of Police Medical), Professor S .P. Owolabi (Public Health – Babcock University), Dr F. O. Owolabi (Pharmacist), Dr R. A. Togun (Immunologist), Mrs E. Akoma (Renal Nurse), Mr J. Bankole, Mrs E. Alao (Chief Nursing Officer), Mr M. A. Atejioye (Chief Nursing Officer) and the Secretary, Dr J O Sotunsa (Acting Medical Director, Babcock University Medical Centre). The committee worked on the location of the Medical School and Teaching Hospital as well as the prospect of getting adequate staff. The work of the committee was continued under the leadership of Professor Abiodun (former Vice Chancellor, Adekunle Ajasin University, Akungba). The documents provided green light for the application to run medical programme in Babcock University. The application was filed to the National Universities Commission (NUC) and the Medical and Dental Council of Nigeria (MDCN). To God be the Glory, the approval was granted in 2009.

The Benjamin S. Carson College of Health and Medical Sciences belongs to the Seventh-Day Adventist Church. To be part of the denominational institutions required approval by the General Conference of the Church. This was achieved by expending a lot of the faith currency. At the beginning of the drive for church approval, the leadership of Babcock University visited Loma Linda University in 2006 for international collaboration. Following this visit, Dr Lisa Beardsley-Hardy became committed to the medical school and invested so much in its actualization when the best we had at the Teaching Hospital site was the 45-bed building.

Professor Makinde and Mr Olukunle Iyanda (Vice President, Development and Strategy, Babcock University) launched the 32 billion Naira capital campaign in May, 2008 to generate support for the infrastructural development of the medical school. This campaign resulted in the establishment of Babcock Overseas Advancement Team under the leadership of Dr Dele Dada. The team had contributed to the development of this institution. In 2009, Professor Benjamin S. Carson visited Nigeria. By providence, the leadership of Babcock University were able to meet with him in Lagos. The Lord impressed on him to be part of this vision building here in Nigeria and he became committed to the medical school project. He was personally present at the inauguration of the Medical School on the 2nd June, 2012.

The faith currency had been very effective in bringing the resources and personnel needed for the medical school. By providence, Medical Bridges had been sending medical equipment for the development of the Teaching Hospital. This includes the Magnetic Resonance Imaging and the Computerized Tomography machines. There are efforts at collaborating with University of Maryland and University of Kentucky. The maturation of this cooperation will enhance the exchange of ideas and skills of our faculty and students. The faith factor brought the Medical School Implementation committee together under the leadership of Professor I. Okoro, who had to leave all to become the Provost of the College of Medicine in 2010 and handed over in 2020 to Professor B. M. Mandong who handed over to Professor J. O. Sotunsa on 1st of November 2022. The Chief Medical Director, Professor F. Ani, was leading the College of Health Technology in Calabar when the Lord impressed it on his mind to join the team and to make the vision a reality. Under his leadership, the Hospital started residency programme which has produced Fellows in Community Medicine (4), Obstetrics and Gynaecology (2) and Paediatrics (1). He handed over to Professor B. M. Mandong.

Our 326 medical graduates with numerous nurses, medical laboratory scientists, public health workers and scientists are testimonies of the goodness of God and His leading.

We have nothing to fear for the future except as we shall forget the Lord's leading in the past. The vision is still aflame. This Medical College will lighten the darkness of Africa and bring life and hope

to the nook and cranny of our continent. Our Mission, Total Healing of Man, must be accomplished; for failure is not an option.

Professor John. O. Sotunsa

**MISSION STATEMENT OF THE MEDICAL COLLEGE**

To offer high quality medical education to students within a system of demonstrated Christian values and beliefs, that will foster the moulding of Christian physicians, educated to provide whole-person care to individuals, families, and communities.

**OBJECTIVES OF THE COLLEGE**

The objectives of the Benjamin S. Carson College of Health and Medical Sciences include:

1. Creating an environment in which medical doctors and health professionals will acquire the knowledge, skills, values and attitudes appropriate to Christian Health Professionals and scholars.

2. Creating an atmosphere of inquiry and discovering new routes to wholeness through basic and clinical research.

3. Training and producing medical doctors and health physicians with internationally acceptable knowledge of the scientific foundations of medicine, but with a clear orientation towards the health and medical problems in Nigeria, especially in respect of the necessity for the young doctor to assume responsibility for independent actions and decision in many spheres soon after internship.

4. Producing medical doctors and health physicians who in addition to practical skill for handling common health problems, medical emergencies, have a strong inclination to broad community health, preventive medicine, as well as ability to lead a health team and manage, at least, a small health service in this country and be suitable for postgraduate training anywhere in the world.

**REGULATIONS GOVERNING THE DEGREE OF MBBS**

1. Admission requirements: Admission shall be through Unified Tertiary Matriculation Examination (UTME) with a minimum of Five Credits in the core subjects namely: Mathematics, Physics, Chemistry, Biology and English language in not more than one sitting in the Ordinary Level Examination. The candidate must pass the Babcock University Medical School Admission Test (BUMSAT). Candidates are required to write a page letter of intent to study medicine. Candidates seeking admission to study medicine and surgery must have attained the age of 16 as at the time of matriculation.

2. For Direct Entry into Medicine, a higher school certificate or its equivalent or Bachelor of Science degree with second class upper division in life science disciplines such as: Anatomy, Biochemistry, Biology,

Medical Laboratory Science, Microbiology, Nursing, Physiology, Pharmacology, Physiotherapy, Public health and Zoology from Babcock University or any institution recognized by the National Universities Commission can be accepted. All eligible candidates must present their transcript as well as evidence of credit in English language, Mathematics, Biology, Physics and Chemistry in the Ordinary Level examination.

3. Courses of instruction shall be provided leading to the degree of Bachelor of Medicine, Bachelor of Surgery to be denoted by the letter MBBS. A distinction may be awarded to candidates of special merit in any subject. A mark of 70% and above qualifies for a distinction. For a student to obtain a Pass he must score at least 50% in each subject or as determined by the Board of Examiners and must obtain a pass in the Clinical Examinations. Study for the degree shall be on full time basis for six years.

4. Length of Courses and Examinations: The curriculum for the degree of Bachelor of Medicine, Bachelor of Surgery shall be for a period of six (6) years. For Direct Entry candidates it shall be for a period of five (5) years. Candidates may be permitted by Senate to extend the period of study on the grounds of absence from the school or from the relevant courses of instruction owing to ill-health or for other reasons as may be approved.

5. In order to proceed to 200 level of MBBS, a candidate must pass all core courses at 100 level on one and the same occasion. The score expected of such a candidate shall not be less than 50% or a C (letter grade). There will be no resit or carryover at the end of 100 level courses. Candidates who fall short of the requirement shall be advised to pursue a course in one of the natural sciences. After successfully passing the 100 level examinations, the examination for the degree of Bachelor of Medicine, Bachelor of Surgery shall be in four parts. The school shall place strong emphasis on continuous assessment to ensure that students demonstrate excellence throughout the entire period of their study.

6. At the commencement of the 200 level for MBBS, all medical students shall take part in the White Coat Ceremony which marks the commitment to medical training and life of medical mission. The date of the program shall be determined by the College Board. For Nursing, there will be the Capping Ceremony.

7. Eligibility for examination: Students must be fully registered and cleared financially to be eligible to sit for any examination. Class attendance is compulsory for all students. A minimum of 75% attendance for lectures, practical sessions, seminars, hall worship, chapel seminars, midweek prayer meeting, Friday sundown worship, Sabbath worship and other special religious gatherings shall apply. Students who refuse to make the required attendance should not be allowed to sit for that examination.

8. Examination and academic misconduct: Babcock University has a zero tolerance for any form of academic dishonesty. Morally and Spiritually, the institution is committed to scholastic integrity. Consequently, both students and staff are required to maintain high, ethical Christian levels of honesty. Transparent honest behaviour is expected of every student in all spheres of life. Academic dishonesty issues include such practices as plagiarism, unauthorized use of notes or textbooks (hard or digital copies) in quizzes and examinations, copying or spying on the test paper of another (formal or take-home), talking to another student during examinations. Such academic matters would automatically result in a failing grade for the examination, and suspension, or outright dismissal from the University. Academic dishonesty issues are referred to Senate Panel on Examination and Academic Misconduct (SPEAM) who investigates and makes recommendations to Senate. Penalties for examination and academic misconduct are spelt out in the general students' handbook and in other regulations as published from time to time.

9. Procedure for handling academic dishonesty: When a teacher or examination invigilator suspects academic dishonesty in some form, such as cheating or plagiarism, the lecturer must first confront the student with the dishonesty and document the confrontation before witnesses, if available. Then the case should be referred to Senate Panel on Examination and Academic Misconduct (SPEAM)who would notify the department promptly. A student may appeal Senate's decision either for leniency or misjudgement.

10. Missed examination: Any student who missed an examination due to ill-health or any genuine emergency or who falls ill during an examination should report in writing to the Provost (through the Dean, HOD, and Lecturer of the affected Course/s), attaching evidence of hospitalization certified by Babcock University Teaching Hospital or other relevant and verifiable evidence of the emergency. He/she should be excused from writing the examination and would be allowed to write the missed examination at an appropriate time. The missed examination will not be counted for or against the candidate in anyway. However, if a student, in spite of his/her illness, writes the examination, whatever grade he/she scores will remain recorded for him/her. Where a candidate misses the main examination due to ill health and other emergencies duly certified by the HOD and Dean, the candidate shall write the resit examination as a first attempt. Where a student has attempted a part of the examination (main), and could not complete the remaining examination, the resit examination shall be taken as a first attempt. If the candidate fails in any of the subject(s) taken at the resit examination, the Board of Examiners may apply the doctrine of necessity to approve the conduct of a resit examination at the expense of the candidate rather than say the candidate should wait for when the examination would be available.
11. Voluntary Withdrawal: Students may withdraw voluntarily from the university at any time upon completion of the official withdrawal form obtainable from the office of the Registrar. Such students may retain the records and grades for all the courses completed. Students who have withdrawn voluntarily from the university may apply to the Registrar for re-admission not later than two (2) years after the withdrawal. Policies on residency apply upon readmission.
12. Withdrawal for Disciplinary Reasons: Students who are asked to withdraw for disciplinary reasons may only be re-admitted into the university with the permission of the university Senate on conditions to be clearly spelt out in the letter of re-admission.
13. Withdrawal on Health Grounds: A student may request or be asked to withdraw from the university on health grounds upon due certification of a university-approved Medical Officer. The student's readmission into the university is conditional upon production of a valid medical certificate of a clean bill of health duly signed by a university approved Medical Officer.
14. Grievance Procedure: Any student who believes his or her academic rights have been infringed upon, should do the following to address his/her concern;
    a. Present the case to the teacher concerned within five working days
    b. If necessary discuss the problem with the Head of Department who is required to attend to the complaint within two working days.
    c. If agreement is not reached at the level of the Head of Department, the complaint is submitted to the Dean who is required to resolve it within two working days.
    d. However, if the situation persists, a written request for a review is sent to the grievance committee through the HOD, Dean and the Provost.
    e. If this involves remarking of script, a fee is charged for the remarking. Evidence of payment of the fee must be attached to the letter asking for remarking of the script. If the student's grievance is upheld after an external examiner has remarked the script, the grade awarded by the external examiner will be credited to the student and the lecturer will be given a letter of reprimand and to refund the fee to the student. However, if the student grievance is not sustained, the student will be given a letter of reprimand and the original grade retained. (See the undergraduate bulletin for further instruction)

15. Peer reviewed article: Every student must present at least one peer reviewed article before induction.

2. **MBBS PART I (1st MBBS )EXAMINATION:**

The subjects of the Part I examination shall be:

i. Anatomy
ii. Biochemistry
iii. Physiology

a. The Part I examination shall be held after 18 months of pre-clinical instructions and the re-sit examination will be six weeks after the first examination.

b. Qualification for Part I MBBS examination requires at least 75%attendance at lectures, practical and tutorial sessions in each of the three subjects: Anatomy, Biochemistry and Physiology including Chapel Seminar and Worship Centres activities.

c. Candidates who fail one or two of the subjects of the Part I examination will be required to re-sit the examination six-weeks after the release of the result of the main examination.

d. Candidates who, at first attempt score less than 49% in ALL THRRE subjects of the Part 1 examination shall be required to repeat the year

e. Candidates who score less than 40% in ALL THREE subjects in Part 1 examination shall be required to withdraw from the MBBS Course

f. Candidates who fail a re-sit may be allowed to repeat the whole year. However, a class shall be repeated only once.

g. Candidates who fail in not more than two subjects after a repeat examination shall be allowed to re-sit the subjects for the last time. He /she shall be advised to withdraw from the programme if unsuccessful in any of the subjects of the resit examination. Where the candidate fails the three (3) subjects after repeating, the candidate shall be advised to withdraw from the programme.

h. Candidates who have not completed the requirements for the Part I examination must petition the Senate and may be allowed to join the in-coming class and repeat the continuous assessment.

i. Continuous Assessment (CA) from the main examination shall not be used for the re-sit examination.

j. No candidate shall be admitted to the Part II of the MBBS Programme unless he/she has passed in all subjects of the Part 1 examination.

3. **MBBS PART II (2nd MBBS ) EXAMINATION:**

a. The subjects of the Part II Examination shall be: Pharmacology and Pathology. Pathology consists of four course components- Chemical Pathology; Haematology & Immunology; Anatomical Pathology; and Medical Microbiology & Parasitology.

b. No candidate shall be admitted to the Part II Examination unless he/she has passed in all subjects of the Part I examination (Pre-clinical Examination).

c. The Part II examination shall be held after 28 weeks of instruction in Pathology and Pharmacology

d. Candidates attempting the Part II Examination for the first time shall present themselves for examination in both subjects after attending at least 75% of all lectures, practicals and tutorial sessions in both subjects.

e. A candidate who fails to achieve 75% attendance in any of the subjects (Pathology & Pharmacology) shall be disqualified from sitting for that subject in the main examinations in July and the re-sit in September of the same year.
f. The components of the performance for the year shall be assessed out of a one hundred percent thus: Thirty (30) percent shall be allotted to continuous assessments and seventy (70) percent shall be allotted to the Part II Examination.
**The Part II Examination shall comprise of:**
**Pathology:** Single best option (MCQ) 15%; Essay questions 15%; Practical/ Objective Structured Practical/Pictorial Examination (OSPE) 30%; and Oral examinations 10%. Continues assessment = 30%
**Pharmacology:** MCQ 20%; Essay questions 30%; Practical/ Objective Structured Practical/Pictorial Examination (OSPE) 10%; and Oral examinations 10%. Continues assessment = 30%
g. A pass in Pathology requires an aggregate of fifty (50) percent or more, of the four course components of Pathology and a score of forty (40) percent or more in each of the four course components of Pathology. A pass in Pharmacology requires a score of fifty (50) percent or more.
h. The components of the performance for the re-sit examination shall be assessed out of 100% thus.
**Pathology:** MCQ 25%, Essay 25%, Practical Objective Structured Practical/Pictorial exam (OSPE) 40%, Orals 10%
**Clinical Pharmacology:** MCQ 30%, Essay 45%, Practical Objective Structured Practical/Pictorial Exam (OSPE) 15%, Oral 10%
i. Candidates who fail in any subject(s) at the main examination can proceed to their clinical posting, but also submit themselves in 6 weeks for re-sit in the subject(s) which they failed.
j. Candidates who fail in any subject(s) at the re-sit examination shall be deemed to have failed the entire examination for the Part II Examination and shall be required, after appropriate courses of instruction to present themselves for re-examination in the entire Part II Examination in the following year.
k. Each candidate is allowed a maximum of four attempts, (first main examination, re-sit/, second main examination, and re-sit) at the examinations after which he/she will be advised to withdraw from the programme.

**Note:** Any candidate disqualified from one examination stands disqualified from all examinations

<u>Re-Sit Examination in MBBS Part II Examination:</u>
a. Candidates who fail either Pathology or Pharmacology – shall be allowed to re-sit examination 6 weeks after the main examination
b. If Candidate fails the re-sit of any of the subjects, he/she repeats the year.
c. Each candidate is allowed a maximum of four attempts after which he/she will be withdrawn from the programme.

## 4. MBBS PART III (3rd MBBS) EXAMINATION:

a. The subjects to be examined shall be Paediatrics, Obstetrics and Gynaecology.
b. Condition for eligibility for this exam includes the following:

i. Candidates must have passed all subjects in the Part II MBBS exam.

ii. Candidates must show evidence of payment/financial clearance

iii. Must have had 75% attendance in each of the academic activities (lectures) and clinical postings.

c. Candidates who fail to satisfy the Examiners in one or both subjects shall re-sit the failed subject/s 6 weeks from the date of the release of the results

d. Candidates who fail the re-sit examination shall be allowed to repeat the subject(s) failed the following year.

e. No candidate shall proceed to the next stage stage of the Programme unless he/she has passed the required subjects in the previous stage of the programme

f. Exemptions and permissions to be absent form the part III MBBS examination shall be granted two (2) weeks before the commencement of the examination. Permission may giver on short notice for health reasons and bereavement and upon the discretion of the Dean, SCS. If no permission is given and a candidate abstains from the examination such candidate is deemed to have been absent from the examination. This absence shall be counted against the candidate as an attempt at the exam and a failure.'

g. Candidates who obtain permission to be absent from the Part III examination shall still have four attempts at the examination starting from the next re-sit examination.

h. Any candidate who does not pass the Part III MBBS examination after four (4) attempts may appeal to the University Senate in order to continue writing the examination.

i. For the main exam, the scores shall be distributed as follows:

a. Theory – 30% (Essay – 10%, MCQ – 20%), Clinicals – 35% and Viva – 5%.

b. For the resit exam, the scores shall be distributed as follows:

c. Theory – 40% (Essay – 15%, MCQ – 25%), Clinicals – 50% and Viva – 10%

## 5. MBBS PART IV (4th MBBS) EXAMINATION:

a. The subjects to be examined shall be Internal Medicine, Surgery and Community Medicine.

b. Condition for eligibility for this exam includes the following:

i. Candidates must have passed all subjects in the Part III MBBS exam.

ii.Candidates must show evidence of payment/financial clearance

iii.Candidates must have had 75% attendance in each of the academic activities (lectures) and clinical postings.

c. Those who fail to satisfy the examiners in any of the three subjects shall re-sit the examination 6 weeks following the release of the results

d. Any candidate who fails the re-sit examination shall be required to repeat the year.
e. Exemptions and permissions to be absent from the part IV MBBS examination shall be granted two (2) weeks before the commencement of the examination . Permission may be given on short notice for health reasons and bereavement and upon the discretion of the Dean, SCS. If no permission is given and a candidate abstains from the examination such candidate is deemed to have been absent from the examination. This absence shall be counted against the candidate as an attempt at the examination and a failure.'
f. Candidates who obtain permission to be absent from the Part IV examination shall still have four attempts at the examination starting from the next resit exam.' Any candidate who does not pass the Part IV MBBS examination after four (4) attempts may appeal to the University Senate in order to continue the programme.

g. Any candidate who is unable to complete the MBBS programme at the end of the 10th year of study shall pray the Senate in order to continue the programme.

**MBBS EVALUATION SYSTEM**

Continuous assessment (CA) is a periodic test taken at the end of each posting or an equivalent programme. Due to the intensiveness, uniqueness and integrated nature of the medical curriculum, a weighting is given to CA. The CA shall constitute 30% of the final professional examination. A minimum of 75% attendance is required for all academic, clinical and religious activities in the medical school to qualify a candidate to sit for examinations.

The performance of medical students during the programme is based on two types of examination:

(a) Continuous assessment
(b) Final or professional examination
In either case the examination may be in the form of theory, practical, clinical, and viva voce or a combination of some of these.
(c ) During re-sit, the aggregate score will be scored over the actual scores and scaled to 100.

**SCHOOL EVALUATION SYSTEM**

Continuous assessment (CA) is a periodic test taken at the end of each posting or an equivalent programme. Due to the intensiveness, uniqueness and integrated nature of the medical curriculum, a weighting is given to CA. The CA shall constitute 30% of the final professional examination. A minimum of 75% attendance is required for all academic and clinical activities in the Department to qualify a candidate to sit for examinations.

EXTERNAL EXAMINERS

External examiners shall be invited to participate in the conduct and moderate in all aspects of the professional examinations and should be changed every two years.

GENERAL SUMMARY

Candidates who cannot provide Valid reasons for being absent from any examination shall be deemed to have failed.

Candidates shall be required to satisfy the school with regards to period approved for the practical course work as may be defined in the syllabus.

The list of successful candidates for the degree shall be published with their matriculation numbers. Those who pass with distinction in any subject shall be so indicated. It is only candidates who have passed all the required examination shall be allowed to be inducted into the medical profession by the Medical and Dental Council of Nigeria.

Any of these regulations may from time to time be altered by the senate on the recommendation of the College Academic Board.

## 1.0 BASIC MEDICAL SCIENCES YEAR 2

The courses to be taught at the basic medical sciences should include Anatomy, Physiology and Medical Biochemistry.

In the case of human anatomy, practical must involve dissection of cadavers. The examination of dissected specimens will take a much larger instruction time with supplementary lectures. The practical classes in Physiology and Medical Biochemistry will have to involve some basic minimum equipment and the acquisition of sufficient skills for performing simple tests and analysis on tissues and body fluids as well as whole animal and human experiments as a basis of appreciating measurement of normal human function in order to appreciate abnormal function in the latter parts of the course.

## 2.1. ANATOMY (ANAT)

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| ANAT 223 | Gross Anatomy I | 3 Units |
| ANAT 224 | Histology and Histochemistry | 3 Units |
| ANAT 225 | Embryology | 3 Units |
| ANAT 226 | Gross Anatomy II | 3 Units |
| ANAT 227 | Gross Anatomy III (Including Neuroanatomy) | 3 Units |
| ANAT 228 | Genetics | 2 Unit |
| Total | | 17 Units |

**COURSE DESCRIPTION**

General Anatomy-Anatomical Terminologies, General Characteristics of bones, muscles, fascia, joints, anatomical relations.

**ANAT 223 Gross Anatomy I 3 Units**

Superior Extremity (Upper Limb)

Pectoral Region, Cubital Fossa, Carpal Tunnel, Hand, Nerves, Injuries, Shoulders, Elbow and Wrist Joints and Osteology of pectoral girdle and free limb-bones, Vascular anastomosis and lymphatic drainage of the breast and upper limb, Nerve supply.

Inferior Extremity (Lower Limb)

The femoral triangle, the gluteal region, the thigh, the leg, the foot, hip, knee, ankle and mid tarsal joints, vascular anastomosis, venous return, lymphatic drainage, osteology, comparisons between upper and lower limbs.

**ANAT 224 Histology and Histochemistry 3 Units**

Advanced study of cell, cell theory and basic tissues. Relevant techniques in histology, tissue processing and sectioning and preservation of museum specimens. General Histology, the cell, epithelia, connective tissue-loose and special (cartilage, bone) muscles –smooth, striated and cardiac. Basic principles and applications of histochemical techniques for tissue analysis with emphasis on enzyme, protein, lipid, carbohydrate as well as immunochemistry.

Cardiovascular System: Blood vessels, lymphoid tissue (Immune system)

Respiratory System: Nose, Pharynx, tracheo-bronchial tree, lungs and pleura

Gastrointestinal System: oral cavity, esophagus, stomach, intestines, livers and pancreas.
Urogenital System: Kidney, ureter, bladder, urethra, ovary, uterus, fallopian tube, vagina, testis, epididymis, vas deferens, seminal vesicles and prostate.
Endocrine Glands: Pancreas, pituitary, adrenal, thyroid, parathyroid, APUD.
Nervous and Integumetary: Meninges, cerebrum, basal ganglia, cerebellum, brainstem, spinal cord, skin, eye, ear, olfactory apparatus.

**ANAT 225 Embryology 3 Units**

General Embryology: Gametogenesis, Fertilisation, Cleavage, Blastocyst, Germ Layers, Foetal membranes, Implantation. Abnormalities of Membranes, Abnormal chromosome behaviour and basic cytogenetic terminologies. Ossification, limb bud formation. General concepts in development-Induction, Determination and Differentiation, apoptosis as well as molecular basis of development.
Cardiovascular System: Blood Vessels, Cardiogenic Cells, Heart Tubes, subdivisions, septum formation, Truncus arteriosus, Aortic Arches, major arterial and venous channels, Congenital Abnormalities
Respiratory and Gastrointestinal System: Nasal Cavity, Oral Cavity, Tracheo-Oesophageal tract, Rotation of stomach, rotation of gut, mesenteries, liver and pancreas, Histogenesis of epithelial cells and glands. Cleft palate, Fistulae, Urogenital System: Origin of Primordial Cells, Derivations from coelomic epithelium, Mesonephric, Paramesonephric ducts, partitioning of Cloacae. The Urogenital sinus. Indeterminate sex, imperforate anus and vagina, Branchial Arches and Glands: Components of arches and their derivatives. Pituitary, Thyroid, Thymus, parathyroid, Tonsil. Tongue-Lingual, Thyroglossal Cysts. Nervous and integumentary systems: brain vesicles, Derivation and Organization of cellular layers of Central Nervous system, peripheral Nerves, Eye, Ear, Skin, Spina Bifida, Encephaloceles, etc

**ANAT 226 Gross Anatomy II 3 Units**

Thorax
Intercostal spaces, typical and atypical lung, various subdivisions of the mediastinum, Diaphragm, Autonomic nervous system. Osteology of the ribs and thoracic vertebrae.
Abdomen, Pelvis and perineum
Anterior abdominal wall, Inguinal canal, Scrotum, Peritineum, Stomach, Small and large intestines, posterior Abdominal wall and associated structures, Rectum, Prostate, Urinary bladder, Uterus, Pelvic Floor, Lumbosacral plexus, general organisation of blood vessels and nerve supply and lymphatic drainage of the region, perineal pouches, Ischiorectal fossa and anal canal. Osteology of the lumbar vertebrae and pelvis.
*Emphasis on anthropometry, osteology and anatomical variations shall be made .*

**ANAT 227 Gross anatomy III 3 Units**

General features of the skull and mandible, external surface of the base of the skull, calvaria internal surface of the skull, cranial fossae, hypophysis cerebri, cervical vertebrae, bones of the skull, interior of the cranium mandible, scalp temple and face. Topography of Scalp and Face, Nerve supply and blood supply to the face, side of the neck, anterior and posterior triangles of the neck, Dural Venus Sinuses, Thyroid and Parathyroid blood vessels and nerves of the neck (cervical plexus, blood vessels and nerves of the back including sub-occipital triangle Cranial Cavity, meninges, venous sinuses hypophysis cerebri, cranial nerves. Nasal cavities, paranasel, sinuses. Oral cavities, tongue, palate, tonsils, pharynx. Deep dissection of the neck including thyroid and parathyroid glands. Muscles of the back of the neck blood vessels and nerves of the back including sub-occipital triangle cervical nerves III, IV,VII Cranial nerve deep dissection of blood vessels and nerves of neck, paracervical region, orbit and lacrimal apparatus orbit and extra ocular muscles, Blood vessels and nerves of the orbit. Study of the nervous system with emphasis on the clinical application of the motor, sensory and autonomic controls of the nervous system. Brain and spinal cord. Reflex arc. Cerebrum, cerebellum, midbrain, pons, medulla oblongata. Ascending and descending tracts of the brain and spinal cord. Limbic system, olfactory pathways, visual pathways and auditory pathways. C.S.F. Ventricles of the brain. Autonomic nervous system.

**ANAT 228 Genetics 2 Units**

Basic Genetics and Cytogenetics – Genetic principles, variation in gene expression in man. Patterns of inheritance, autosomal or sex-linked. Cytogenetics including classification of human chromosomes and methods of preparation of human chromosomes. Genetics in development, gene regulation, molecular biology and human genomics.

**2.2 MEDICAL BIOCHEMISTRY (MBCH) 11 Units Lecture 6 Units Practical**

| | | |
|---|---|---|
| BCHM 213 | 3Units | Introduction to Biochemistry |
| BCHM 214 | 3Units | Chemistry of Biological Molecules |
| BCHM 215 | 3Units | Metabolism |
| BCHM 216 | 3Units | Nutrition and Nutritional Biochemistry |
| BCHM 217 | 3Units | Special Topics in Biochemistry |
| BCHM 218 | 2 Units | Biochemistry of bioactive Compounds |
| Total | 17 units | |

**COURSE DESCRIPTION**

**BCHM 213 Introduction to Biochemistry 2 Units**

Acid-base chemistry. Elementary Thermodynamics. Chemical Kinetics and Orders of Reaction. Organic Reactions.

**BCHM 214 Chemistry of Biological Molecules 3 Units**

Structural organisation of biopolymers. Structure properties and functions of carbohydrates. Structure, properties and function of nucleic acids and proteins. Structure and biological function of nucleic acids and genetic engineering. Lipids and membrane structure, membrane component and their organization, purification methods and amino acids sequence determination from complementary DNA (cDNA) and reconstitution from erythrocytes, membrane signals and protein kinase C; Mitochondrial structure, function, biogenesis and apoptosis

**BCHM 215 Metabolism of Biological Molecules and Bioenergetics 3Units**

Biochemical catalysis of enzymes including coenzymes. Central metabolic pathways. Biosynthetic pathways. Generation of metabolic energy. Regulation of metabolic processes, mechanism of enzymatic reactions, biochemical mechanism of intra and inter cellular communications and prevention of human diseases. Carbohydrate metabolism; hexose monophosephat shunt, inter-conversion of monosaccharides, glucose tolerance tests, diabetes mellitus, hypoglycaemic disorders, metabolic syndrome, carcinogenesis, role of minerals in metabolism and vitamins in metabolism; Protein and amino-acid metabolism, lipid metabolism; interrelationship between amino acid and other micronutrients, chemoprevention,one carbon metabolic pathway relationship of cobalamine and folate to purine and pyrimidine metabolism. Biocatalysts, enzyme kinetics and nomenclature, enzymes and isoenzymes in clinical diagnosis.

**BCHM 216 Nutrition and Nutritional Biochemistry 3Units**

The course in nutrition is aimed at exposing medical students to the pivotal role of adequate and appropriate nutrition in virtually all health conditions, and how in particular, traditional beliefs, customs and habits in developing countries like Nigeria affect the growth and development of children. The course would serve to bridge the biochemistry course in basic nutrition with exposure to nutrition in pediatrics, medicine and surgery by emphasizing the pathophysiological aspects, major classes of foods and their functions; carbohydrates, fats, protein, vitamins, minerals, trace elements, dietary fiber. Daily food required and recommended intakes, protein calorie malnutrition, biochemical changes in kwashiorkor and marasmus. Role of protein deficiency in growth and development, consequences of over nutrition – obesity, overweight

and consequences, dietary fiber and disease. Food processing,preservative and adverse effects; Diet and dental disease; Nutrition and cancer, methods for the assessment of nutrition status.
Nutritional requirements and nutritional disorders. Biochemical functions of trace elements. Lipo-soluble vitamins. Hydro soluble vitamins. Coenzyme structure and functions.

**BCHM 217 Special Topics in Biochemistry 3Units**

Endocrinology: Endocrinology-structure, function and molecular mechanism of action of steroid, thyroid and polypeptide hormones. Hormonal deficiency diseases and their detection. Methods of hormone assay.
In-Born Errors of Metabolism: Molecular basis of metabolic diseases. Biochemistry derangement in G-6-PD deficiency, sickle cell anemia, glycogen storage diseases, etc.
Xenobiotics and Forensic Biochemistry: Metabolism of foreign compounds. Principles of drug metabolism, drug activation and detoxification, regulatory factors in drug metabolism, Induction of microsomal enzymes and drug resistance. Molecular and cellular mechanisms of toxicity and carcinogenesis, pharmacokinetics and drug distribution and pharmacogenetics. Medico-legal blood, urine and sweat test. Recent developments in forensic techniques.
Immunochemistry: Molecular basis of immune reactions. Structure and function of immunoglobulin. Antigen – Antibody interactions. Immunological laboratory methods. Physical properties, structure and function of nucleic acids, genetic manipulation, mutagenesis.
Oncology: Nature of malignant tumours, incidence, epidemiology and aetiology of human cancer, phenotypic characteristics of transformed malignant cell; molecular basis of the phenotypic derangement of the cancer cell; some future prospects for preventing and curing cancer, techniques in cell and tissue culture.
Neurochemistry: The neuron: Structure, Composition and Metabolism. Neurohormonal Regulatory Mechanisms. Metabolic Antagonism in Neurochemistry.

**BCHM 218 Biochemistry of Bioactive Compounds 2 U**nits

Bioactive glycolipids. Diterpenoids, limonoids, antimalarial natural products, antioxidant plant constituents, anti HIV aromatic compounds from higher plants, flavonoids, antitumor drugs and bioactive texoids

## 2.3 PHYSIOLOGY (PHGY)

| | | | |
|---|---|---|---|
| PHGY 205 | General Principles of Physiology, Blood and Body Fluids | 2Units | |
| PHGY 207 | Cardiovascular and Respiratory | | 3Units |
| PHGY 208 | Gastro-intestinal Physiology, Nutrition and Metabolism | | 3Units |
| PHGY 209 | Renal Physiology | 2Units | |
| PHGY 210 | Endocrinology and Reproduction | 2Units | |
| PHGY 212 | Nerves, Muscles and CNS | 3Units | |
| PHGY 214 | Special senses. | 2Units | |
| Total | | 17Units | |

## COURSE DESCRIPTION

**PHGY 205 General principles 2Units**

Introduction and History of Physiology. Structure and function of cell membranes with emphasis on transport across cell membrane. Biophysical principles. Osmosis, diffusion, active transport. Homeostasis and control systems. Blood and body fluids: fluids of blood cellular components, blood groups, hemoglobin, haemopoiesis. Body fluids and electrolytes: their measurement and regulation. Advanced techniques inphysiological research involving handling of experimental data, planning and reporting of physiological experiments; Practical demonstrations in physiological experiments in vivo and in vitro techniques in physiological research.

**PHGY 207 Cardiovascular and Respiratory 3 Units**

Organization and structure of aorta and large arteries and arterioles – as resistance vessels, capillaries as sites of tissue fluid exchange. Heart-properties and function of cardiac muscle. Regulation of heart rate and cardiac output. Baroreceptors and control of arterial blood pressure. Regional circulation: heart, brain, haemorrhage, exercise, posture, altitude.
The respiratory tracts: structure and function. Pulmonary gas exchange, mechanics of respiration, compliance, surfactant, lung volumes and capacities, uptake and delivery of respiratory gases with reference to $O_2$ and $CO_2$ transport. Pulmonary functions tests. Response to hypoxia, high altitude, exercises etc. artificial respiration, chemical and neutral control of respiration.

**PHGY 208 Gastro-intestinal Physiology, Nutrition and Metabolism 3Units**
Gastrointestinal tract, innervations and visceral sensations of the Gut, mobility and secretions, gastrointestinal hormones, pancreatic and biliary secretions, its adaptability to absorption of carbohydrates, protein, nucleic acids, fat, water, mineral etc, liver function tests.
Principles of nutrition, vitamins and minerals, energy metabolism and metabolic rate, calorie deficiency states.

**PHGY 209 Renal Physiology 2 Units**
The Nephron, urine formation, Urinalysis, urinary concentration, ADH and Osmolality, Acids Base Balance, micturition, Endocrine function of the kidney

**PHGY 210 Endocrinology and Reproduction 2Units**
Physiology of the male and female reproductive systems and neuro-endocrine involvement in reproduction; puberty; menstrual cycle including ovulation; menopause; andropause and other endocrine organs. Physiology of coitus, pregnancy, human reproduction, lactation and contraception. Physiology of the pancreas, adrenal glands, pituitary, thyroid glands and parathyroid glands. Effects of hypophysectomy, syndromes and diseases of hyper/hypo-functioning of pituitary and adrenal cortex. Diabetes mellitus. Assessment of male infertility, sperm counts, pregnancy tests, determination of ovulation time, contraception. Mechanisms for integration of organ systems. Emphasis on hormonal factors in the inter-relationships of the organisms. Historical advances in the field of endocrinology. Hormone estimation and mechanism of hormone action. Gonadotropic hormones and prolactin, malignancy and hormones, Clinical and biochemical features arising from defective gonadal development, biochemistry of hormones, endocrine function testing – current trends, endocrine aspects of common tumours and their markers.

**PHGY 212 Nerves, Muscles and CNS 3Units**
Sympathetic and parasympathetic pathways, role in the various systems-especially cardiovascular respiratory and gastrointestinal. Excitable tissue and nervous system: structure and classification of muscles, excitation and contraction. Theories and principles involved in muscle contraction, resting membrane and action potentials, generation of impulse in excitable tissues, nerves and neuromuscular transmission. Simple reflex and spinal reflexes. Spinal cord – ascending, descending pathways receptors. Thalamus -sensory and motor cortex. Control of posture and movement. The reticular activating system, sleep, neural centers regulating visceral functions. Neurophysiologic basis of instinctive behaviour, conditioned reflexes, learning, temperature regulation. Theories of neurotransmitter release in peripheral cholinergic and sympathetic neurons. Biochemical studies and critical evaluation of evidence. Feedback mechanisms in transmitter release including the role of presynaptic and postsynaptic adrenoceptors and peripheral synapses. Clinical physiology of pain Counter irritation and the gate theory of pain. Direct and indirect cortical control systems. Neurology of breathing. Somesthesia

**PHGY 214 Special Senses 1Unit**
*Physiology of special organs and senses including the ear, eyes, nose, taste and touch.*

## SCHOOL OF BASIC CLINICAL SCIENCES

**Professor Fayefori Mpakaboari Abbiyesuku**
**DEAN**

## DEPARTMENT OF ANATOMIC PATHOLOGY AND FORENSIC MEDICINE

Head of Department: Dr. SOLAJA Taiwo
Administrative Assistant: HASSAN Olayemi

| ACADEMIC STAFF PROFILE | | | | | |
|---|---|---|---|---|---|
| **S/N** | **NAME** | **RANK** | **QUALIFICATION** | **SPECIALIZATION** | **EMPLOYMENT STATUS** |
| 1. | MANDONG Barnabas M. | Professor/ Consultant | MBBS 1986<br>FMCPath 1994 | Histopathologist | Full Time |
| 2 | SOLAJA Taiwo O. | HOD/Lecturer 1/Consultant | MBChS 2005<br>FWACP (Lab. Med) 2012 | Histopathologist | Full Time |
| 3 | NWADIOKU John I. | Lecturer 1/Consultant | MBBS. 2009<br>Msc 2019<br>FMCPath. 2020<br>FWACP (Lab.Med) | Histopathologist | Full Time |

| RESIDENT DOCTOR | | | | | |
|---|---|---|---|---|---|
| 1 | OKEBALAMA Victor C. | Resident | MBBS 2016 | Histopathology Junior Resident | Full Time |
| **MEDICAL LABORATORY SCIENTIST** | | | | | |
| **S/N** | **NAME** | **RANK** | **QUALIFICATION** | **SPECIALIZATION** | **EMPLOYMENT STATUS** |
| 1 | KOKU Oluwarotimi | Senior Principal Laboratory Technologist | BSc Unilag 2002 AMLSCN Vom 2009 | Histo-Scientist | Full Time |
| **ADMINISTRATIVE STAFF** | | | | | |
| **S/N** | **NAME** | **RANK** | **QUALIFICATION** | **SPECIALIZATION** | **EMPLOYMENT STATUS** |
| 1 | HASSAN Olayemi | Administrative Secretary | B.Sc, Banking and Finance, OOU, Ago-iwoye, 2014. | Secretary | Fixed sum Contract |

## DEPARTMENT OF CHEMICAL PATHOLOGY

**Head of Department:** Dr. Modupe Akinrele KUTI
**Secretary:** Mrs. Oluwaseefunmi FEMI-OGUNDELE

### ACADEMIC STAFF WITH RANKS

| S/N | NAME | RANK / DESIGNATION | QUALIFICATION | AREA OF SPECIALIZATION | EMPLOYMENT STATUS |
|---|---|---|---|---|---|
| 1. | ABBIYESUKU Fayeofori M. | Professor / Consultant | MBBS (Ibadan) 1979, FMC Path.(1991) | Endocrinology | Contract |
| 2. | KUTI Modupe A. | Senior Lecturer/ Consultant | MBBS (Ibadan) 1994, FWACP (2004). | Lipids/ Cardiovascular Risk Assessment/ Quality Management | Visiting |
| 3. | NWOBI Nnenna L. | Senior Lecturer | BSc (Uni. Of Uyo) 1998, PGD In Education (Imo State Uni, Owerri) 2008, MSc (Uni. Of Ibadan) 2009, Ph.D (Ibadan) 2018. | Chemical Pathology (sub specialty: Toxicology/ Micro Nutrition Metabolism) | Full Time |
| 4. | SOYINKA Oluwatosin O. | Lecturer 1 | BSc (Uni. of Ibadan) 1990, MSc (Uni. 0f | Toxicology and Nutrition | Visiting |

| | | | | | |
|---|---|---|---|---|---|
| | | | Ibadan) 1998, MPhil (Uni. 0f Ibadan) 2007, Ph.D (Olabisi Onabanjo University, OOU), 2018 | | |
| 5. | BAMIDELE Olabisi T. | Lecturer 1 / Consultant | BSc (Babcock University) 2004, MBBS (Ilorin) 2011, FWACP (Lab. Med) 2020 | Metabolic Medicine | Full Time |
| 6. | OLAYANJU Olatunde A. | Lecturer 1 / Consultant | MBBS (Ibadan) 2006, MSc (Ibadan) 2013; FMC Path.(2020), PhD (UCT) 2020 | Immunology of Metabolic Diseases | Full Time |

## TECHNICAL STAFF

| S/N | NAME | RANK | QUALIFICATION | SPECIALIZATION | EMPLOYMENT STATUS |
|---|---|---|---|---|---|
| 1. | ADEWOLE Omolara O. | Principal Medical Laboratory Technologist | BMLS 2008 (LAUTECH) Ogbomoso, Oyo state | Chemical Pathology | Full Time |
| 2. | KING Roseline E. | Principal Laboratory Technologist | BMLS 2008 (Ambrose Ali Uni.) Edo state. | Chemical Pathology | Full Time |

## ADMINISTRATIVE STAFF

| S/N | NAME | RANK | QUALIFICATION | EMPLOYMENT STATUS |
|---|---|---|---|---|
| 1. | FEMI-OGUNDELE Oluwaseefunmi O. | Administrative Assistant | Diploma in Social work (Ogun) 2017, Diploma in Computer Science (Niger) 2010, Diploma in Information Systems Management (DISM) Aptech Worldwide (Lagos) 2004. | Contract |

## DEPARTMENT OF HAEMATOLOGY

**Head of Department:** Dr. ADEDIRAN Adewumi
**Administrative Assistant:** Miss AYEGBAYO Adeola

**ACADEMIC STAFF WITH RANKS**

| S/N | NAME | RANK | QUALIFICATION | SPECIALIZATION | EMPLOYMENT STATUS |
|---|---|---|---|---|---|
| 1 | Dr. Adediran Adewumi | Associate Professor/ Consultant Haematologist | MB,BS 1982 FMCPath 2007 | Haemato-oncology | Full Time |
| 2 | Dr. TAMUNOMIEBI Thompson Wakama | Associate Professor/ Consultant Haematologist | MBBS (1985) FMCPath(1998) | Blood transfusion | Full Time |
| 3 | Dr. OYELESE Adesola Temitope | Lecturer1/ Consultant Haematologist | MB,Ch.B(OAU,2005) FMCPath 2014 | Blood transfusion | Full Time |

**TECHNICAL STAFF**

| S/N | NAME | RANK | QUALIFICATION | SPECIALIZATION | EMPLOYMENT STATUS |
|---|---|---|---|---|---|
| *1* | ADEYEMO Oluwatosin | Medical Laboratory Technologist II | B.Sc Haematology, (2009) | HAEMATOLOGY | FULL - TIME |
| *2* | ADEYEMI Adebayo A. | Senior Laboratory Scientist | MSc (Haematology, 2011) MLS (1997) | HAEMATOLOGY | FULL - TIME |

**ADMINISTRATIVE STAFF**

| S/N | NAME | RANK | QUALIFICATION | EMPLOYEMENT STATUS |
|---|---|---|---|---|
| 1 | AYEGBAYO Adeola | Departmental Secretary | B.A Linguistics (2018) | Fixed Sum |

## DEPARTMENT OF MEDICAL MICROBIOLOGY

Head of Department: Prof. ELIKWU, Charles
Administrative Secretary: ALADENIKA, Adeleke

**ACADEMIC STAFF WITH RANKS**

| S/N | NAME | RANK | QUALIFICATION | SPECIALIZATION | EMPLOYMENT STATUS |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 1 | ELIKWU, Charles John | Professor/ Consultant | FMCPath, (2012),M.Sc., (2006),MBBS (1995) | Clinical Virology | Full - Time |
| 2 | OKANGBA, Chika Celen | Associate Professor | Ph.D.,(2017),M.Sc.1998 B.Sc.,(1995) | Medical Parasitology | Full – Time |
| 3 | OTAIGBE, Idemudia | Lecturer I / Consultant | MBBS 2000, MSc 2006 PGD 2008,MWACP 2011,MSc 2012 FMCPath 2020 | Clinical Microbiology | Full - Time |
| 4 | OLUWOLE, Temitayo | Lecturer I / Consultant | MBBS 2010,MSc 2018 DTM&H 2019 FWACP 2021 | Clinical Microbiology | Full - Time |
| 5 | SHONEKAN, Opeoluwa | Lecturer I | DVM 1979,M.Sc 1985 | Molecular Biology of Trypanosomatids | Full – Time on Contract |
| 6 | NWADIKE, Victor | Lecturer I | MBBS (2005)MSc, (2018) FMCPath, (2012), | Medical Bacteriology | Visiting |
| 7 | BABATUNDE Tayo | Lecturer II | B.Sc. 1994,MBBS 2004, M.Sc 2008 | Medical Parasitology and Bacteriology | Visiting |

**RESIDENT DOCTORS**

| S/N | NAME | RANK | QUALIFICATION | EMPLOYMENT STATUS |
|---|---|---|---|---|
| 8. | OSINOWO, Adekunle | Junior Registrar | BSc. (2003), MBBS (2017) | Regular |
| 9. | OKUNBOR, Hilary | Medical Officer | MBBS 2014 | Regular |

**INFECTION CONTROL NURSES**

| | | | | |
|---|---|---|---|---|
| 10 | BELLO, Goodness | Infection Control Practitioner | BSc 2019<br>Registered Nurse 1998<br>Registered Midwife 2000 | Regular |
| 11 | FAMUJIMI Celinah | Infection Control Practitioner | BSc 2006<br>Registered Nurse 1894<br>Registered Midwife 1987 | Regular |

**TECHNICIAN AND ADMINISTRATIVE STAFF**

| S/N | NAME | RANK | QUALIFICATION | EMPLOYENT STATUS |
|---|---|---|---|---|
| 12 | OMEONU, Azubuike | Principal Technologist | B.Sc 2012 | Full - Time |
| 13 | AKEREDOLU, Bolanle | Assistant Chief Technologist. | Ph.D 2021<br>M.Sc. 2011<br>PGD 2006 | Full - Time |

| | | | | |
|---|---|---|---|---|
| 14 | OPABOLA, Tolulope | Medical LaboratoryTechnologist | MSc. 2022, B.Tech 2009 | Full - Time |
| 15 | SADARE, Aminat Oluwadamilola | Senior Medical Laboratory Scientist | M.Sc. 2015, BMLS 2010 | Regular |
| 16 | OYEDELE, Temiloluwa | Principal Medical Laboratory Scientist | BMLS 2019 | Regular |
| 17 | OKE, Joel | Medical Laboratory Scientist | BMLS 2018 | Regular |
| 18 | OGUNLEYE, Ayomide | Medical Laboratory Scientist | BMLS 2019 | Contract |
| 19 | OJEBODE, Iyanu | Medical Laboratory Scientist | BMLS 2018 | Contract |
| 20 | BELLO, Saheed | Laboratory Assistance | B. Sc 2014 | Contract |
| 21 | ALADENIKA,Adeleke | Secretary | B. Eng 2018 | Contract |

## DEPARTMENT OF ANATOMIC PATHOLOGY AND FORENSIC MEDICINE

Head of Department: Dr. SOLAJA Taiwo
Administrative Assistant: HASSAN Olayemi

| ACADEMIC STAFF PROFILE | | | | | |
|---|---|---|---|---|---|
| **S/N** | **NAME** | **RANK** | **QUALIFICATION** | **SPECIALIZATION** | **EMPLOYMENT STATUS** |
| 1. | MANDONG Barnabas M. | Professor/ Consultant | MBBS 1986 FMCPath 1994 | Histopathologist | Full Time |
| 2 | SOLAJA Taiwo O. | HOD/Lecturer 1/Consultant | MBChS 2005 FWACP (Lab. Med) 2012 | Histopathologist | Full Time |
| 3 | NWADIOKU John I. | Lecturer 1/Consultant | MBBS. 2009 Msc 2019 FMCPath. 2020 FWACP (Lab.Med) | Histopathologist | Full Time |
| **RESIDENT DOCTOR** | | | | | |
| 1 | OKEBALAMA Victor C. | Resident | MBBS 2016 | Histopathology Junior Resident | Full Time |
| **MEDICAL LABORATORY SCIENTIST** | | | | | |
| **S/N** | **NAME** | **RANK** | **QUALIFICATION** | **SPECIALIZATION** | **EMPLOYMENT STATUS** |
| 1 | KOKU Oluwarotimi | Senior Principal Laboratory Technologist | BSc Unilag 2002 AMLSCN Vom 2009 | Histo-Scientist | Full Time |
| **ADMINISTRATIVE STAFF** | | | | | |
| **S/N** | **NAME** | **RANK** | **QUALIFICATION** | **SPECIALIZATION** | **EMPLOYMENT STATUS** |
| 1 | HASSAN Olayemi | Administrative Secretary | B.Sc, Banking and Finance, OOU, Ago-iwoye, 2014. | Secretary | Fixed sum Contract |

## DEPARTMENT OF PHARMACOLOGY

Head of Department: Prof. WALKER Oladapo
Administrative Assistant: Mrs ADELEYE Victoria Udo

## ACADEMIC STAFF WITH RANK

| S/N | NAME | RANK | QUALIFICATION | SPECIALIZATION | EMPLOYMENT STATUS |
|---|---|---|---|---|---|
| 1 | WALKER Oladapo | Professor | MBBS (1975, Uni. Ibadan)<br>FMCP (1983, Uni. Ibadan)<br>FWACP (1985, Uni. Ibadan)<br>PHD (1987, Karolinska Institute Stockholm, Sweden) | Clinical Pharmacology | Full-Time |
| 2 | FUNWEI Roland Ibenipere | Lecturer I | B.Sc (2009, Uni. of Port Harcourt)<br>M.Sc (2012, Uni. of Ibadan)<br>PhD (2019, Uni. of Ibadan) | Chemotherapy of Tropical Diseases (Malaria, HIV, TB, and COVID-19 | Full-Time |
| 3 | UYAIABASI Gabriel Noblefather | Lecturer I | B.Sc (2009, Uni. of Lagos)<br>M.Sc (2012, Uni. of Lagos) | Basic Pharmacology<br><br>Ethnopharmacology Toxicology<br><br>Chemotherapy of Tropical Diseases/Malaria, Genomics and Pharmacokinetics | Full-Time |
| 4 | KALE Temitope Funmi | Assistant Lecturer | B.Sc (2010, Olabisi Onanbanjo Uni.)<br>M.Sc (2014, University of Lagos) | Toxicology, Ethnopharmacology and Neuropharmacology | Full-Time |
| 5 | AWODELE Olufunsho | Professor | B.Pharm (1999, Ahmadu Bello Uni.)<br>M.Sc (2004, Uni. 0f Lagos)<br>MPH (2006, Uni. of Ilorin) | Toxicology | Adjunct |

| | | | | | |
|---|---|---|---|---|---|
| | | | Ph.D (2009, Uni. of Lagos)<br>FPC Pharm (2009, West African Postgraduate College of Pharmacy) | | |
| 6 | AKINYEDE Akinwumi Akinyinka | Associate Professor | MB.ChB (1989, Obafemi Awolowo Uni.)<br>M.Sc (1995, Uni. of Lagos)<br>Ph.D (2011, Uni. of Lagos) | Clinical Pharmacoepidemiology/Clinical Pharmacology Antimicrobial Therapy | Adjunct |
| 7 | OGUNJIMI Opeoluwa Luqman | Senior Lecturer | MB.ChB (2008, Olabisi Onabanjo Uni.)<br><br>FMCP (Neuro)<br><br>FWACP (Neuro) (2017)<br>M.Sc (2018, Uni. of Ibadan) | Clinical Pharmacology | Adjunct |

**TECHNICAL STAFF**

| S/N | NAME | RANK | QUALIFICATION | AREA OF SPECIALIZATION | EMPLOYMENT STATUS |
|---|---|---|---|---|---|
| 1 | OBIANUO Chineta Sussan | Principal Laboratory Technologist | OND (2005, University of Nigeria)<br><br>HND (2007, University of Nigeria)<br><br>AIST (2008)<br><br>PGD (2010, Nnamdi Azikiwe Uni.)<br><br>M.Sc (2019, Nnamdi Azikiwe Uni.) | Ethnopharmacology and Neuropharmacology | Full-Time |

| | | | | | |
|---|---|---|---|---|---|
| 2 | AGADA Omowunmi Funmi | Laboratory Instructor | B.Sc (2013, Olabisi Onabanjo Uni.) | Ethnopharmacology and Neuropharmacology | Full-Time |
| 3 | NWAOGWU GWU Rejoice Odiwonma | Laboratory Assistant | SSCE | - | Full-Time |

**ADMINISTRATIVE STAFF**

| S/N | NAME | RANK | QUALIFICATION | EMPLOYMENT STATUS |
|---|---|---|---|---|
| 1 | ADELEYE Victoria Udo | Administrative Assistant | B.Sc (2011, Babcock University)<br>MPH (2019, Babcock University) | Fixed-Sum |

## 3.0 LABORATORY MEDICINE YEAR 3

The practice of medicine is both an art and a science. The art of medicine is at the bedside, its science lies in the laboratory but a physician is only as good as his pathology. Laboratory medicine (Pathology is what distinguishes scientific or modern medicine from traditional or natural medicine. The aim of the course in laboratory medicine in the medical School should therefore be to lay a sound and solid scientific foundation for clinical practice whether at the primary, secondary or tertiary health care delivery level. Unless this foundation is well laid, the end-product will be defective and the legitimate expectation of a health care delivery system unattainable.

**Departmental Objectives**

The course in laboratory medicine (Histopathology), Morbid Anatomy, Haematology, Chemical pathology (Clinical Chemistry), Bacteriology, Mycology, Parasitology, Virology and Immunology is designed to introduce the student to the following areas:

The concept of disease, its causes, pathogenesis manifestation and possible outcome. The study of altered physiology, anatomy and biochemistry. The investigations of states of altered physiology. The application of the results of laboratory investigations to health care delivery.

**COURSE OBJECTIVES**

At the end of the course in Laboratory medicine, the student should be able to:

(a) demonstrate adequate knowledge of the pathological basis of disease
(b) demonstrate adequate knowledge of the pathophysiology of common diseases
(c) select relevant tests for the confirmation of common disease conditions
(d) Perform simple side-room laboratory tests to aid the correct interpretation of the clinical features of illnesses.
(e) Suggest, where appropriate, the correct management of disease states on the basis of laboratory findings
(f) Correctly collect and preserve specimens for appropriate investigations
(g) Perform an autopsy and preserve specimen for toxicology and histology

(h) Recognize basic tissue alternations in inflammation and neoplasia

**3.1. Medical Microbiology (MBIO) Year 3/4 10 Units**

| | | |
|---|---|---|
| MBIO 301 | 2Units | Bacteriology |
| MBIO 302 | 1Unit | Virology |
| MBIO 303 | 1Unit | Mycology |
| MBIO 306 | 2units | Applied medical microbiology |
| MBIO 307 | 1Unit | Medical Entomology |

**3.2 Chemical Pathology (CHEM) Year 3/4 6 Units**

| | | |
|---|---|---|
| CHEM 301 | 4 Units | Clinical Chemistry |
| CHEM 302 | 2 Units | Laboratory Analysis |

3.3 **Haematology (HEMA) Year 3/4 2 Units**

| | | |
|---|---|---|
| HEMA 301 | 2 Units | General Haematology and Blood Transfusion |

**3.4 Immunology (IMMN) Year 3/4 2 Units**

| | | |
|---|---|---|
| IMMN 301 | 2 Units | Basic Immunology |

**3.5 MORBID ANATOMY, HISTOPATHOLOGY AND FORENSIC MEDICINE YEAR 3/4**

| | | |
|---|---|---|
| PATH 301 | 3 Units | General Pathology |
| PATH 302 | 3 Units | Systemic Pathology |
| PATH 303 | 2 Units | Histopathology |
| PATH 304 | 2 Units | Forensic Medicine |

**10 Units**

**COURSE DESCRIPTION**

Introduction to forensic medicine-history, definition. Medico-legal system-medical examination/coroner. Nigeria Medical Council. Medical Defense Unions. Legal issues relevant to reproductive health sexual offences – Rape, Defilement (below 16years) incest; abortion and miscarriage. The doctor's duty at the science of death-natural, un-natural. Signs of death, estimation of the time of death. Circumstances and treatment of poisoning including investigations of death due to poisoning. Some local poisons. Wounds-bruises, abrasions, lacerations, incisions, cut-throat and stab wounds. Injuries in road traffic accidents. Firearms and firearm wounds. Asphyxia –crash asphyxia, hanging, strangulations, suffocation. Drowning, burns, electrocution, deaths from lightning. Consent, professional secrecy, medical negligence. Writing a medico- legal report; the doctor in court; the coroner and his duties. Alcohol abuse.

**4.1 MICROBIOLOGY (MBIO)**

The course in medical microbiology consist of six parts. At the end of the medical microbiology course, the student should be able to apply the knowledge of medical microbiology that is bacteriology, virology, medical parasitology, medical mycology, medical helminthology and medical entomology to the practice of human medicine.

**MBIO 301 Bacteriology 2 Units**

Infectious diseases. Nature and classification of bacteria of medical importance. Mechanisms of pathogenicity and virulence microbial metabolism and multiplication. Exotoxin-producing bacteria. The process of bacterial destruction (sterilization and disinfections). The normal flora of the human body-descriptin and identification of the following organisms. Salmonelatyphi, Shigellaspp. Mycobacterium spp. Brucella spp. Spirochetes, Listeria. Yersinia spp. Vibrios. Campyulobacteriumspp. Enterobacteriace.

Ancient etobacteriumspp. Pseudomonas spp. Actinomyces and Nocardia, Chlamydia, Mycoplasms, Rickettsia spp.
It will include handling, collection and transportation of clinical specimens, culture from food, water, blood, urine, stool, sputum, spinal fluid and other body fluids as well as antimicrobial sensitivity testing, resistance, serodiagnosis and bioassay, control of nosocomial infections.

**PRACTICAL BACTERIOLOGY**
Students will be expected to be able to list all the basic safety procedures in the microbiology laboratory. Demonstrate ability to prepare film and stain with Grams reaction. Ziehl-Neelsen reaction, negative staining reaction and spore staining reaction. Demonstrate ability to prepare wet mounts to show pus cells shape of bacterial motility, demonstrate ability to use the light microscope. Demonstrate ability to inoculate agar plates with different specimen. Describe colonial appearance ability to inoculate agar plates in specific manners such as Demonstrate ability to count bacteria in water, milk or food, clothing e.g. Hospital blankets, linen and urine, demonstrate bacterial flora of the skin, mouth, hair, teeth, gingival crevices, perform and interpret sensitivity test using disks impregnated with antibiotics, demonstrate ability to perform sterilizing efficiency test for 'Dettol' (Chlorohexyphenol), boiler and autoclaves, 'Savlon'(centrimide) and hibitane (chlorohexidine), demonstrate ability to perform slide agglutination tests for staphylococci, salmonella spp and E. Coli.

**MBIO 302 Virology 2 Units**
The development and cultivation of medically important viruses. Basic properties; and classification of viruses, systemic differences against viruses. Description and identification of the following viruses: influenza virus, polio viruses. Small pox virus, Herps virus, Hepatitis, Mumps and Ebstein-Ban viruses. Small pox virus. Herpes virus. Hepatitis. Mumps and Ebstein-Ban viruses. Description, identification pathogenesis, clinical picture, laboratory diagnosis, prevention and control of Human Immunodeficiency Virus (HIV) Pre and post screening counseling. Assay of viruses, viral nucleic acid replication, inhibition of viral replication; viral interferon, significances of incomplete and defective interfering particles, tumour virology, viral immunology, techniques of viral diagnosis. Practical virology: Students will be expected to recognize and interpret the following serological test for the identification of viruses. Complement fixation test (CFT), Neutralisation test (NT) and Haemagglutination test (HAT) demonstrate ability to recording book forming viruses demonstrate ability to recognize the effects of virus in experimental animals

**MBIO 303 Mycology 2 Units**
Development of medical mycology, nature and classification of medically important fungi. Description and identification of the following fungi: Microsporiumspp, epidemophytonspp. Trichophyton spp. Candida albicans, Cryptococcus neoformans. Histoplasma spp. Cuteneous, subcutenousand systemic mycoses and their treatment. Pathogenesis, serology, epidemiology of poisonous mushrooms, production and effect of mycotoxins. Chemotherapy.

**PRACTICAL MYCOLOGY**
Students will be expected to demonstrate ability to perform skin scrapings for the diagnosis of superficial dermatomycoses, demonstrate ability to recognize different morphological types of fungi under the microscope. Recognize colonial morphology of the fungi on sabourands agar. Isolation, identification and serology of fungi.

**MBIO 304 Medical Parasitology 2Units**
Different types of parasites: Classifications, properties, structure and life cycle, including the identification of various stages of the following protozoa; plasmodium spp. Toxoplasma gondii, entamoebahistolytica and gingivitis, opportunistic pathogenic amoeba, non-pathogenic amoebae Giardia intentianalis, Trichomonas spp. Balanticium Coli. Trypanosomnaspp. Leishmaniaspp. Sarcoptesscabie, malaria, Leishmaniasis. Microsporidiosiscyclosporasis. Zoonoses. The importance of ticks, lice, flies, mites and true bugs.

**PRACTICAL PARASITOLOGY**

Students will be expected to demonstrate ability to perform thin and thick films. Demonstrate ability to perform staining with Giemsa, Wright's Field's and Leishman's Stains. Demonstrate ability to recognize Plasmodium spp and Trypanosoma spp. in stained smear given a properly working light microscope. Demonstrate ability to prepare wet 'mounts and identify Trophozoites, Cysts, Giadia, Trichomonas, and E. coli.

**MBIO 305 Medical Helminthology 1Unit**

Development of edical helminthology, classification of Helminths general properties of Helminths, Description and identificaitn of the following Helminthis Schistosoma spp (masoni, haematobium and japonicum), Paragonimusspp. Fasciolopsisbuski, Taeniaspp. (saginata and Sodium) Echinococcusgranulosus, Ascarislumbricoides, strongyloidesstercoralis, Ancylostomaduedonate, Necatoramericanus, EnterobiusvermicularisTrichuristrichuraOnchocercavolvuvlus, Wucherariabancrofti, Loaloa, Brugaimalayi, Dracunculusmedinensis, Acanthocheilonemaspp, Trichinella spirals.

**PRACTICAL HELMINTHOLOGY**

Students will be expected to demonstrate the ability to prepare wet mounts from stool with saline and iodine. Demonstrate ability to prepare thin and thick films for the identifications of microfilaria. Demonstrate ability to prepare wet mounts for urine. Demonstrate ability to recognize helminthes from tissue biopsy.

**MBIO 306 Applied Medical Microbiology 2Units**

Central Nervous system: Causative agents and laboratory diagnosis of meningitis. Aetiology of encephalitis. Respiratory tract, aetiological agents of upper and lower respiratory tract infections. Gastrointestinal tract. Etiological agent of infective endocarditic and rheumatic carditis. The role of blood culture in diagnosis of pyrexia of unknown origin (PUO) skin: Aetiological agents of superficial dermatomycoses and pyoderma cellulites and myiasis. Musculoskeletal system: aetiological agents of osteomyelitis, deep mycosis, abscesses, wound infections and pyomyositis. Pathophysiology of tetanus. Aetiological agents of eye infections. General principles of antibiotic and chemotherapy, modes of bacterial resistance to antibiotics. Virus vaccines. Prophylactic immunisation. Transmission and control of infective agents including sexually transmitted infections, hospital infections and universal infection prevention measures.

**MBIO 307 Medical entomology 1 Units**

**CHEMICAL PATHOLOGY Year 3/4 6Units**

The course in Chemical Pathology shall be taught in three parts, namely, clinical chemistry, human nutrition and immunology. The course in clinical chemistry is designed to highlight to the student the central role which abnormalities of biochemical functions of cells, tissues and organs play in the diagnosis, management and prognosis of disease states and how these abnormalities of biochemical functions may be recognized by measurements of components of biological fluids, blood, urine, cerebrospinal fluid, secretions, excretions, tissues or organs.

**CHEM 301 Clinical Chemistry 4 Units**

Request for laboratory investigations, collection and preservation of specimen for investigations; reference range and determination of reference range; Role of clinical chemistry laboratory in clinical diagnosis – emphasis on practical application and general concepts. Anticoagulants/protein precipitation. Changes in blood, urine, CSF and other specimens on keeping. Common biochemical tests and their diagnosis application.Traditional and S.I Units; homeostasis in clinical chemistry. Acid –base balance; Definition and causes of hypernatraemia and hyponatreamia; Definition and causes of Hyperkalaemia and Hypokalaemia. Investigation of water and electrolyte imbalance, calcium and phosphate disorders; parathyroid hormone,

calcitonin and cholecalciferol. Definition and causes of hyper and hypocalcaemia. Definition and causes of rickets, osteomalcia and osteporosis. Blood glucose homeostasis; glucose tolerance tests- performance and interpretation; diabetes mellitus; formation of free fatty acid, ketone bodies and lactate; plasma lipids, cholesterol triglycerides phospholipids and non-esterifies fatty acids.
Plasma lipoprotreins and causes of hyper and hypoliporoteinaaemia. Concept of risk factors for diseases and significance in prevention; plasma protein – reference values, separatin of fractions and variations in health and disease. Paraproteinaemias; Bence-jones proteinuria and significance; Plasma enzymes – Transaminases, alkaline and acid phosphatases, creatine kinase, lactic dehydrogenases and their uses indiagnosis and management of diseases; Definition, causes and consequence of some common inborn errors of metabolism; Galactosaemia, lactose intolerance, albinism, amino aciduria, phenylketonuria, definitions, causes and consequence of Azotemia, uraemia, Creatinine clearance; Tests of hepatic function; jaundice; hepatocellular, haemplytic and obstructive. Functions of the hypothalamus and anterior pituitary. Thyroid functions and investigation of thyroid disorders. Assessment of gonadal function in men and women; Diagnosis of pregnancy, assessment of fetal and placental integrity; Biochemical diagnosis of cancer. Tests of gastrointestinal functions: ***genatrics, paediatrics, tumor marker, uric acid metabolism***

**CHEM 302 Chemical Pathology Practical/Laboratory Analysis 2Units**
Demonstrations: Specimen collection – different types of samples, tubes, sample identification, separation of plasma or serum, collection and preservation of urine specimens. Determination of blood gases and blood PH. Determination of glucose. Glucose estimation in blood by the ferricyanide reduction method (a non-specific method) and strip test for glucose in blood (semi quantitative method). Plotting of oral glucose tolerance test curves for a normal patient and a diabetic patient. ***Multisticks are recommended for this aspects***
Urinalysis: determinurine. Demonstration: determination of serum enzymes; Radioimmunoassay of hormones in blood, estimation of 17 – oxosteroid in urine, biochemical analysis of cerebrospinal fluid (CFS), methods of vitamin analysis in blood, estimation of immunoglobulin. Agglutination/Agglutination inhibition tests; immunoelectrophoresis and gel immunodiffusion technique. Rossette tests for cellular immunity appraisal and exercise interpretation of laboratory results.***Instruments for these should be bought for main Laboratory and used by the students when necessary.***
Sources of errors in laboratory measurements; fundamentals in the interpretation of laboratory results; the concept of reference values in clinical biochemistry; quality assurance in laboratory practice; urinalysis in clinical diagnosis; tolerance tests and clearance tests in chemical pathology. ***These topics should not only for practical classes but also for tutorials and lectures.***

**HEMA 301 Haematology and Blood Transfusion 2 Units**
Biology and Blood Cells (including development and physiology of haemopoetic cell). Genetic control of Hemoglobin synthesis, abnormal Hemoglobin structure and function. Clinical syndromes associated with abnormal haemoglobins. Genetic counselling. Antenatal diagnosis of haemoglobinopathies.
Anaemias: Definitions and classification of anaemic. Clinical aspects of anaemias, diagnosis of anaemias, anaemias of infection, deficiency anaemia, haemolytic anaemias and anaemias associated with systemic diseases.
Leukaemias: Definition and classification, acute and chronic leukaemias, diagnosis and management.
Haemetologicla Solid Turmors: Hodgkins lymphoma, Non-Hodgkin's lymphoma, Burkitts lymphoma, definition, presentation, diagnosis and management.
Monoclonal Gammopathies, e.g. Myelomatosis, Waldestrom's disease.
Platelets: Inherited and acquired disorders including purpura, thrombosis etc
Blood groups: Red cell antigens and antibodies, and their interaction, presentation of red blood cells, indications for blood transfusion and management of blood transfusion reactions. Rhesus incompathibility, Haemolytic diseases of newborn, blood transfusion and HIV.
Practical Haemotology

Princciples of haemoglobin and haemotocrit estimation. Blood films and staining principles of WBC and platelet counts. Film of SS and SC Patients. Film of iron-deficiency anaemia. E.S.R estimation. Tests for thrombin time, PT, PTTK estimation of fibrin degradation products. Hemoglobinelectrophorests and sickling tests.

**IMMN 301 Basic Immunology 2 Units**

Innate Immunity – factors affecting E.G. age. Species anatomical factors (skin, membranes) etc. Nutrition, hormones, acquired immune-active and passive. Factors affecting acquired immunity, antigens and their determinants, lymphoproliferative organs and their function in the immune responses, structure and functions of immunoglobulin, biosynthesis of immunoglobulin, the thymus and its role in the immune response, deficiencies in cell Mediated immunity including immunodeficiency states e.g. HIV, vaccine research prospects. Immunoglobulinopathies. Nature and consequences of antigen/antibody reactions, principles of fractionation procedure. Pre and post screening counselling. Hypersensitivity – immediate and delayed anaphylaxis, immune, tolerance. Tissue and organ transplantation. Complements and major jistocompatibility (HLA) system, immunosuppression, malnutrition and immunity. Immunity and bacterial infections. Immunity and viral infection. Immunity and protozoal and helminth infestations. Immunity and fungal infections. Vaccination and immunization. Autoimmunity, host preservation of self (Host surveillance). Examples of autoimmune diseases, possible mechanisms involved in Pathogenesis. Immunohaematology – ABO system, Rhesus incompatibility, Immunity and malignancies, tumor antigens.

**PATH 301 General Pathology 3Units**

Introduction – Ancient traditional and modern concepts of disease and their causes. The normal cell and cellular basis of disease. Tissues and cellular injury. Reaction to cellular injury-inflammation. Healing and repair. Disturbances of cell growth-cellular adaptation and neoplasia. Cystogenetics and genetic disorders. Pigmentary disturbances. Calcification and amyloidosis. Disorders of nutrition.

**PATH 302 Systemic Pathology 3Units**

In this part of the course the principles of general pathology shall be applied to individual organs. Emphasis shall be on those diseases commonly encountered or peculiar to the environment. Thus in addition to global disease adequate covered in all standard text books of pathology, the following should be specially emphasized.

Cardiovascular system: Hypertensive heart disease and heart failure, cardiomyopathies-congestive; restrictive (EMF)

RESPIRATORY: Tuberculosis. Renal: Nephropathy associated with malaria and other infestations and infections. Lympho-reticular: Malignant Lymphomas (Non-Hodgkins and Hodgkins. Lymphoma: Burkitt) Idiopathic Tropical Splenomegaly Syndrome (ITSS). Gastrointetinal tract: Cancers of the mouth, oesophagus and stomach, intestinal lymphomas. Liver: Hepatitides – Hepatitis viruses, yellow fever, Lassa fever, cirrhosis, primary liver cell carcinoma. Nervous system: infections-meningitis, trypanosomiasis. Female reproductive tract: Pelvic inflammatory disease. Cancer-cervical, trophoblastic, ovarian. Ophthalmic: inflammatory disease – pyogenic trachoma, onchocerciasis . Nutritional: protein- calorie malnutrition: Skin: Inflammatory –Leprosy. Tumors- Kaposi Sarcoma. Bones: Tumors of the Jaw.

**PATH 303 Histopathology 2 Units**

Practical in Histopathology and Morbid Anatomy

Attendance at post mortem sessions shall be compulsory. Each student shall attend a minimum of twenty autopsies, assist in five and write up five. At the end of the post-mortem clerking, each student should know how a coroner's autopsy differs from the routine hospital autopsy. Practical in histopathology shall be organized to illustrate the applications of theoretical knowledge to histopathological diagnosis. At the end of the course the student shall be able to recognize tissue changes that denote acute and chronic inflammation, granulomatus inflammation, benign and malignant tumors. Exercises in experimental pathology should ideally form part of the practical in histopathology.

**PATH 304 Forensic Medicine 2 Units**

**INTRODUCTION**

Forensic or legal medicine is that teaches the laws concerning medical practice. In Nigeria, any registered medical practitioner is liable to be called upon without notice to take decision of grave importance within the province of legal medicine. For this and the additional fact that no matter the branch of medicine or surgery the graduate enters, he or she will always have to face medicolegal problems, it is imperative that due weight be attached to the subject in the undergraduate curriculum. It is recommended that undergraduate receive a minimum of 60 hours medico legal instruction during their clinical years. This should consist of 30-40 lectures and demonstration including attendance at coroner's autopsies.

**COURSE DESCRIPTION**

At the completion of the course in forensic medicine the student

(a) should know the legal responsibility of correct death certification
(b) should know the deaths that should be referred to the coroner
(c) should be able to write medico legal reports for the coroner and courts that can be understood by non-medical people and are devoid of ambiguities
(d) should know these responsibility under the various drugs and human tissues acts
(e) should be able to conduct a medico legal examination in cases of alleged assaults and of sexual offences
(f) should understand confidentiality and medical ethics

**3.6 PHARMACOLOGY (PHAR) YEAR 3/4 10 units Lecture 5 Units Practical**

| | | |
|---|---|---|
| PHAR 301 | 3 Units | General Pharmacology |
| PHAR 302 | 3 Units | Systemic Pharmacology |
| PHAR 303 | 3 Units | Antimicrobial, antifungal, antiviral and antiprotozoal |
| PHAR 304 | 3 Units | Drugs acting on the CNS and Mental Disorders |
| PHAR 305 | 3 Units | Special topics |
| **Total** | **15 Units** | |

**VISION STATEMENT**

To become a Department of Pharmacology known for innovation and research, where young up and coming students and researchers would come together to generate, cross-fertilize and nurture their ideas into world recognizable products.

**MISSION STATEMENT**

Produce world class researchers (and graduates) who will be agents of change for the country and the world in the area of health securities. This would be achieved by close mentoring of our graduates and strict internal controls.

**Aims and objectives of the MB.BS Pharmacology course**

a. To introduce Medical students to the principles of drug treatment in disease states
b. To impart knowledge on the understanding of properties of drugs and the mechanisms by which they produce their affects in diseased conditions
c. To enable Medical students at the end of the course to be Competent to select drug(s) rationally for any ailment diagnosed on a scientific basis

**PHAR 301 General Pharmacology 3Units**

Scope of Pharmacology: origin and sources of drugs, routes of administration of drugs, Pharmacokinetics, absorption of drugs, excretion of drugs, biotransformation of drugs, structure activity relationship, man

Compliance, individual variations, presence of other drug, genetic effects, tolerance and tachphamlaxis, effects of diseases, drug toxicity, adverse drug reactions, drug dependence, drug interaction.

**PHAR 302 Systemic Pharmacology 3Units**

Neurohumoral Transmission Drugs on Neuroeffector Sites: Autacoids

Review of neurohumoral transmission, transmission, transmitters in the central and peripheral nervous system, cholinergic and adrenergic receptors, cholinergic stimulants and blocking agents; autocoids – histamine – histamine receptors and histamine antagonists, 5 hydroxy tryptamine, renin–angiotensin, kinins, plasma kinin, bradykinin-kallikrein, substance P, Prostaglandins, Leukotrienes, cyclic nucleotides and other mediators.

Drugs acting on the Alimentary: Vomiting – antiemetics, constipation, purgatives, antacids, anticholinergics, H2 receptor antagonists – ulcer healing drugs, gastrointestinal hormones, - pentagastrin – secretion, non-specific, antidiarrheal drugs, lactose, lipid disorders, cholestyramine, pancreatin cholecystokinin

Drugs acting on the respiratory system: Oxygen therapies, bronchodilator drugs, asthma, status asthmaticus, cough suppressants, mucolytic agents, and respiratory stimulants.

Drugs acting on blood and blood-forming organs, anaemia, iron, deficiency and other hypochromic anaemias, megaloblastic anaemias, iron cobalamins, folates, anticoagulants, heparin, coumarin, indandiones, fibrinolysis, fibrinolysin, thrombus, platelet aggregation inhibitors, blood lipid lowering drugs.

Drugs acting on the cardiovascular system: heart failure and its drug management, anti-angina drugs, ischaemic heart disease and its drug management, antiarrhythmic drugs, hypertension and its drug management, vasodilators.

Drugs acting on the urinary system: diuretics, alteration of urinary PH, urinary tract infections, renal failure, immunity, immune-suppressive agents.

**PHAR 303 Antimicrobial, antifungal and antiviral drugs & drugs against human protozoa disease**

Microbes in man, mode of action of antimicrobial drugs, sulphonamides, penicillin, cephalosporin, aminoglycoside, lincomycin, peptide antibiotics, drugs treatment of tuberculosis, miscellaneous, antibiotics, vancomycin, spectinomycin, fusidic acid, other synthetic, antimicrobial drugs, nalidixic acid, nitrofurantoin, drug treatment of leprosy, antifungal agents, antiviral agents, methimazole, idoxuridine, cytarabine, adentinearabinoside, interferons, humoral immunoglobulin, malaria, trypanosomiasis, leishmaniasis, amoebiasis, amoebic liver abscess, giardiasis, trichomoniasis, ancylostomiasis, ascariasis, trichiasis, strongyloidiasis, enterobiasis, trichinosis, filariasis, loasis, onchocerciasis, dracontiasis, schistosomiasis, fasciolosisis, clonorchiasis, paragonimiasis, taeniasis, cysticercosis, hydatid disease, dyphllothriasis, tape worm

Anti-retroviral therapy, reverse transcriptase inhibitors (RTI) including nucleoside and non-nucleoside reverse transcriptase inhibitors (NNRTI), nucleoside analogues, protease inhibitors (PI) and hydroxyl urea with special emphasis on retroviral therapy in pregnancy, labour and the new-born.

**PHAR 304 Drug acting on the central nervous system 3Units**

Special situations of drug action entry of drugs in C.N.S. non-narcotic analgesics, opiate receptors, narcotic analgesics, narcotic antagonist and partial agonists, antipyretic agents, sleep, barbiturates and non-barbiturate agents, alcohols, review of general and local anaesthetic drugs, anaesthesia in persons already taking drugs, neuromuscular blocking agents, central nervous system stimulants, anticonvulsant drugs, epilepsies, principles of antiepileptic treatment, review of different groups of antiepileptic drugs, status epilepticus. Epilepsy and special situations, pregnancy, contraception, anaesthesia, surgery, miscellaneous anticonvulsant drugs. Treatment of Parkinsonism, levodopa, decarboxylase inhibitors, bromocriptine,

amantadine, anticholinergics, anti-histaminic, phenothiazines. Drug therapy of spasticity, dantrolene, baclofen, interneuronal blockers. Drugs in myasthenia gravis.

Drugs in mental disorders. Psychoses, depression, anxiety, neuroleptics- phenothiazines, butyrophenones, dihydroindoles, dibenzodiazepines, rauwolfia, alkaloids, anxiolytics, benzodiazepines, antidepressants with sedative properties, thymoleptics, tricyclics, Cyclic, monoamine oxidase inhibitors (hydrazine and non-hydrazine) amino acid precursors of transmitter amines, amines, tetrahydroiseoquinoline derivatives, lithium, psychostimulants, psychodysleptics.

**PHAR 305 Special Topics 3Units**

Drug treatment of joint diseases: inflammatory arthropathy and degenerative joint diseases, metabolic disposition arthropathy, analgesics, non-steroidal anti-inflammatory drugs (NSAID) corticosteroids long-term: antirheumatic agents, gold salts, d-penicillamine, chloroquine, immunosuppressive agents, levamisole, gout, colchicine and democalcine, phenylbutazone, indomethacin, probenecid, etebenecid, allopurinol

Pharmacology of Endocrine System: Mechanism of action of hormones, CNS, hypothalamus – adenohypophysis – endocrine glands, anterior and posterior pituitary hormones, thyroid hormones and antithyroid drugs, parathyroid hormones, calcitonin, diabetes mellitus, insulin, oral hypoglycaemics, adrenocortical hormones, glucocorticoids, mineralocorticoids, hyperaldosteronism, sex – hormones, oestrogens, androgens, progestogens, antagonists to hormones, Pharmacologic methods of family planning
Drugs in Obstetrics and Gynaecology: Drugs in pregnancy, drugs affecting uterine motility, ergotamine, oxytocin, prostaglandins.

Drugs acting on the skin, general aspects of the dermal Pharmacokinetics, forms of topical application and systemic administration in dermal conditions, topical antifungal and steroid preparations and adverse effects.

Chemotherapy of Malignant disease

**Practical classes/demonstration**

A reasonable number of practical classes and demonstration should be organized to make the students understand the nature of drug action.

## SCHOOL OF CLINICAL SCIENCES

**Professor James Kweku Renner**
**DEAN**

## DEPARTMENT OF INTERNAL MEDICINE

**Head of Department:** Prof. JEMILOHUN Abiodun Christopher

**Administrative Assistant:** Mrs. OJO Olamide I.

## MEMBERS OF FACULTY

| S/N | NAME | RANK | QUALIFICATION | SPECIALIZATION | EMPLOYMENT STATUS |
|---|---|---|---|---|---|
| 1 | WALKER Oladapo | Professor | MBBS 1975, FMCP 1983, FWACP 1985, D. Phil 1987, Cert. in Epid: 1989 | Consultant Clinical Pharmacologist | Leave of absence |
| 2 | JEMILOHUN Abiodun Christopher | Professor | MBBS 2000 FWACP 2010 | Consultant Gastroenterologist | Full time |
| 3 | IDOWU Akolade Olukorede | Senior Lecturer | MBChB 2005, FMCP 2017 | Consultant Endocrinologist | Leave of absence |
| 4 | OGUNKOYA Omotola, John | Senior Lecturer | MBChB. 1999, FMCP 2015 | Consultant Pulmonologist | Full time |
| 5 | OGUNTONA Akintayo Segun | Associate Professor | MBchB 1994, FWACP 2004 | Consultant Rheumatologist | Adjunct |

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|---|---|---|---|---|---|
| 6 | SOYINKA Folashade | Lecturer I | M.BBS 1998, FMCP 2008,MBA 2015, | Consultant Nephrologist | Adjunct |
| 7 | OKWUDISHU Oluyemisi | Lecturer I | MBBS 2005, FWACP 2021 | Consultant Endocrinologist | Full time |
| 8 | IJAOLA Esther Opeyemi | Lecturer I | MBBS 2009, FWACP 2022 | Consultant Cardiologist | Full time |
| 9 | OYEBISI Olayanju Oyekunle | Lecturer I | MBBS 2003, FMCP 2016 | Consultant Nephrologist | Adjunct |
| 1 | OGUNJIMI Luqman | Lecturer I | MBChB 2008, FWACP 2017 | Consultant Neurologist | Adjunct |
| 11. | FASESAN Oluwatoyin Adetutu | Lecturer 1 | MBChB 2001 FMC.Psych 2013 | Consultant Psychiatrist | Full time |
| 12. | IMISHUE Onome | Lecturer 1 | MBBS 2000, FMCPsych 2015 | Consultant Psychiatrist | Full time |
| 13. | LADELE Akindele | Lecturer 1 | MBBS 1995, FMC 2005 | Consultant Family Physician | Full time |
| 14. | AFOLABI David | Lecturer 1 | MBBS 2003, FWACP 2013 | Consultant Family Physician | Full time |

**NON-ACADEMIC STAFF (RESIDENTS)**

| S/N | NAME | RANK | QUALIFICATION | EMPLOYMENT STATUS |
|---|---|---|---|---|
| 1. | UKA Aaron | Senior Registrar Internal medicine | MBBS (2012) | Residency |
| 2. | NWOGBE Igwebuike | Registrar Internal medicine | MBBS (2012) | Residency |
| 3. | NTA Opeoluwa Boco | Registrar Internal medicine | M.D(2018) | Residency |
| 4. | DALUMO Joy Deborah | Registrar Internal medicine | MBChB (2020) | Residency |
| 5. | ADENEKAN-OKONJI Oluwadamilola Opeyemi | Registrar Internal medicine | M.D (2019) | Residency |

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|---|---|---|---|---|
| 6. | ABE Akintunde Eyitayo | Registrar Internal medicine | MBBS (2020) | Residency |
| 7. | OLAREWAJU Oluwatofunmi | Medical Officer | MBBS (2018) | Medical Officer |
| 8. | OSONUGA Opeyemi Ogooluwa | Medical officer | MBBS (2019) | Medical Officer |
| 9. | WORLU Chiyememma Claire | Medical Officer | MBBS (2018) | Medical Officer |
| 10. | MAYOWA Odunayo K | Medical Officer Psychiatry | MBBS (2018) | Medical Officer |
| 11. | ONOJOBI Oluwatosin Onosanya | Medical Officer Psychiatry | MBChB (2019) | Medical Officer |
| 12. | DEKO DEBORAH O | Registrar Family medicine | MBChB (2014) | Residency |
| 13. | CHUKWUMA Ogechukwu Joseph | Registrar Family medicine | MBBS (2014) | Residency |
| 14. | OPADOTUN Oluwafemi | Registrar Family medicine | MBBS (2010) | Residency |
| 15. | EGUZORO Onyedikachi, Chinonyerem | Registrar Family medicine | MBBS (2013) | Residency |
| 16. | SHOKUNBI Oluwarotimi | Medical Officer Family medicine | MBBS (2009) | Medical Officer |
| 17. | EZEUGO Solomon, Chimezie | Medical Officer Family medicine | MBBS (2017) | Medical Officer |
| 18. | OLASEINDE Oludolapo O. | Registrar Family medicine | MBBS (2017) | Residency |
| 19. | OLUBUSUYI Victoria T. | Registrar Family medicine | MBBS (2018) | Residency |
| 20. | NWAMARACHI Imo | Medical Officer Family medicine | MBBS (2019) | Medical Officer |
| 21. | MMEREMIKWU Amarachi V. | Registrar Family medicine | MBBS (2017) | Residency |

## ALLIED STAFF

| S/N | NAME | RANK | QUALIFICATIONS | EMPLOY MENT STATUS |
|---|---|---|---|---|
| 2. | AWOKOYA Eunice | Principal Clinical Psychologist | BSc. Psychology, 2010<br>MSc. Psychology, 2017 | Full-time |
| 3. | NWAKA Promisen E | Chief Clinical Psychologist | BA Theology 2006<br>M.Sc Clinical Psychology 2009<br>PhD Clinical Psychology 2020 | Full-time |
| 4. | ODUBIYI Temitope | Clinical Psychologist | BSc. Psychology, 2015<br>MSc. Clinical Psychology, 2021 | Full-time |
| 5. | EMERUWA George | Principal Medical Physiologist | BSc. Physiology, 2010 | Full time |
| 6. | UNUAYEFE Obaro E. | Electrophysiologist Technologist | B.Tech Science Laboratory Technology 2019 | Full time |
| 7. | YINUSA Esther Tolulope | Echocardiographer | BSc Physiology, 2019 | Full time |
| 8. | OJO Olamide I. | Admin Assistant (Internal Medicine) | BSc. Economics, 2008 | Fixed sum Contract |
| 9. | JEREMIAH Henry C. | Admin Assistant (Family Medicine) | BSc. Mass Communication, 2017 | Fixed sum Contract |

## DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Head of Department: Dr. AKADRI Adebayo
Administrative Assistant: Miss CHRISTOPHER Joy

### ACADEMIC STAFF WITH RANK

| S/N | NAME | RANK | QUALIFICATION | SPECIALIZATIO N | EMPLOY MENT STATUS |
|---|---|---|---|---|---|
| 1. | ANI Franklin Iyang | Professor/ Honorary Consultant | MBBS (Lag, 1979)<br>MRCOG(UK,1984),<br>M.O&G(L'pool,1993<br>FRCOG (UK,1997) | OBS & GYNAE | Regular |

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|---|---|---|---|---|---|
| 2. | SOTUNSA John O. | Professor/ Honorary Consultant | BA(Andrews, 1991), MBChB(Ife,2002), FWACS92013), MBA(2013), MPH(2014) | OBS & GYNAE | Regular |
| 3. | IMARALU John O. | Professor/ Honorary Consultant | MBChB(Ife,2002) MPH(Ife,2015) FWACS(2013) FMCOG(2015) FMAS(2015) DMAS(2015) | OBS & GYNAE | Regular |
| 4 | AKADRI Adebayo A. | Associate Professor/ Honorary Consultant | MBBS(Ib,2001) FWACS(2014) | OBS & GYNAE | Regular |
| 5 | GRILLO O Elizabeth | Lecturer I/ Honorary Consultant | MBBS (Unilag 2007) FMCOG(2021) | OBS & GYNAE | Regular |

**NON ACADEMIC STAFF (RESIDENTS)**

| S/N | NAME | RANK | QUALIFICATION | EMPLOYMENT STATUS |
|---|---|---|---|---|
| 1. | ADELOWO O.O | Senior Registrar | MBBS(2011) | Residency |
| 2. | ODUGBEMI O. | Senior Registrar | MBBS(2011) | Residency |
| 3. | SOTOLA A. | Senior Registrar | MBBS (2012) | Residency |
| 4. | NATHANIEL M. | Junior Registrar | MBBCH(2019) | Residency |
| 5. | ALILI E. | Junior Registrar | MBBCH(2018) | Residency |
| 6. | ABAYA J. | Junior Registrar | MBBCH(2019) | Residency |
| 7 | Elejere T. | Junior Registrar | MBBS(2013) | Residency |

**1. ADMINISTRATIVE STAFF**

| S/N | NAME | RANK | QUALIFICATION | EMPLOYMENT STATUS |
|---|---|---|---|---|
| **1.** | CHRISTOPHER JOY | Administrative Assistant | BSC (2018) | Fixed sum |

## DEPARTMENT OF PAEDIATRICS

**Head of Department:-** **DR ADEKOYA Adesola O.**

**Administrative Assistant:** **ODEGBO Wahab O.**

**ACADEMIC STAFF WITH RANKS**

| SN | NAME | RANK | ACADEMIC QUALIFICATIONS | SPECIALIZATION | EMPLOYM STATUS |
|---|---|---|---|---|---|
| **1.** | ADEKOYA Adesola | Senior Lecturer/HOD | MBChB 2004<br>FWACP 2017 | Endocrinology | Full time |
| **2.** | RENNER James Kweku | Professor | MBBS 1973<br>FMC Paed. 1985 | Respiratology & Nutrition | Full time |
| **3.** | ABOLURIN Olufunmilola Olubisi | Senior Lecturer | MBChB 2007<br>FMC Paed 2015<br>FWACP 2017 | Gastroenterology | Full time |
| **4.** | AYENI Victor | Lecturer I | MBBS 2005<br>MSc Neonatology 2019<br>FWACP 2021 | Neonatology/Neurology | Full time |
| **5.** | AJAYI Fisayo Grace | Lecturer I | MBBS 2010 | Neurology | Full time |
| **6.** | OYEBANJI Adedayo Hakeem | Lecturer I | MBBS 1999<br>FWACP 2018 | Cardiology | Full time |
| **7.** | AGAJA Oyinkansola Tolulope | Lecturer I | MBChB 2010<br>FWACP 2013 | Cardiology | Full time |
| **8.** | OGUNLESI Tinuade Adetutu | Professor | MBChB 1994<br>FWACP 2005<br>FRCPCH<br>MPH 2010 | Neonatology | Adjunct |
| **9.** | ADEBOLA Mukhtar Babajide | Adjunct Consultant/Lecturer I | MBChB 2000<br>FWACP 2016 | Haematology/ Oncology | Adjunct |
| **10.** | ANOBA Sulaiman | Adjunct Consultant/Lecturer I | MBBS 2000<br>FMC Paed 2012<br>FIPNA 2015 | Nephrology | Adjunct |

**LIST OF NON-ACADEMIC STAFF (RESIDENT DOCTORS)**

| SN | NAME | ACADEMIC QUALIFICATION | FULL REGISTRATION | DATE OF RESUMPTION | POSITION |
|---|---|---|---|---|---|
| **1.** | AJIBOLA Emmanuel | MBChB 2013 | 57224 | Nov 2017 | Senior Registrar |
| **2.** | ONI Taiwo | MBBS 2013 | 54501 | Nov 2017 | Senior Registrar |
| **3.** | EZIGBO Chinwendu F. | MBBS 2012 | 66399 | July 2019 | Senior Registrar |
| **4.** | ADELODUN Oladunmade A. | MBBS 2017 | 84209 | June 2021 | Junior Registrar |
| **5.** | BITTO Msoo | MBBS 2018 | 84896 | July 2021 | Junior Registrar |
| **6.** | UGOCHUKWU Christian C. | MBBS 2017 | 87475 | November 2021 | Junior Registrar |
| **7.** | EZEUKWU Ogechukwu | MBBS 2017 | 85130 | June 2022 | Junior Registrar |
| **8.** | BABALOLA Folayemi M. | MBBS 2018 | 88075 | August 2022 | Junior Registrar |
| **9.** | OLAWOYE John O. | MBBS 2019 | 90953 | August 2022 | Junior Registrar |
| **10.** | OBAYA Fisayo | MBBS 2019 | 92669 | January 2023 | Junior Registrar |

**ADMINISTRATIVE ASSISTANT**

| SN | NAME | ACADEMIC QUALIFICATIONS | RANK | POSITION |
|---|---|---|---|---|
| 1 | ODEGBO Wahab O. | BSW Social Work 2018 | Administrative Assistant | Fixed Sum Contract |

## DEPARTMENT OF SURGERY

**Head of Department:** Dr SALAMI, Omotayo

**Administrative Assistant:** Mrs. KURANGA, Bukola Grace

### ACADEMIC STAFF WITH RANK

| S/N | NAME | RANK | QUALIFICATION | SPECIALIZATION | EMPLOYEMENT STATUS |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 1 | OKORO Iheanyichukwu O. | Professor of Surgery/Consultant | MBBS (Uni. Ibadan) (1979) FMCS (1987), FWACS (ABU, Zaria)1990 FICS (2002) | General Surgeon | Full Time |
| 2 | ONUOHA Clement E. | Professor of Surgery/Consultant | MBBS (1979) Uni. Lag. FWACS (2004), Pg. Dip. Emerg. Medicine (2011) .FICS (2014) | General & Paediatric Surgeon | Full Time |
| 3 | OYEDELE Titus A. | Associate Prof. /Consultant | B.D.S. (2004) Uni. Ibadan FWACS (2014) | Paediatric Dentistry | Full Time |
| 4 | JAGUN Omodele O. | Associate Prof. / Consultant | M.B.Ch.B (2000) OOU, FMCOPH (2011) | Ophthalmologist | Full Time |
| 5 | OGO Chidiebere N. | Senior Lecturer/ Consultant | MBBS, (1995) Uni. Nig FWACS (007) | Urologist | Adjunct |
| 6 | AKINOLA Moses A. | Senior Lecturer /Consultant | MBBS (1998) Uni. Ibadan, FMCOR (2009) | ENT Surgeon | Full Time |
| 7 | SALAMI Omotayo F. | Senior Lecturer/ Consultant | M.B.CH.B (2000), FMCA (2015) | Anaesthesia | Full Time |
| 8 | ADETAYO Adekunle M. | Senior Lecturer / | B.ChB (2005) Ife, FWACS (2015) | Maxillofacial Surgeon | Full Time |
| 9 | MORGAN Eghosa | Senior Lecturer/ Consultant | MBBS (2006), AAU, FWACS Neurosurg (2017) FMCS Neurosurg (2017) | Neurosurgeon | Full Time |
| 10 | BETIKU Anthony O. | Senior Lecturer / Consultant. | MBBS (2002) Uni. Ibadan, FWACS (2014), FMCOph (2014) | Ophthalmologist | Full Time |
| 11 | OGUNTADE Florence A | Lecturer 1 /Consultant | B.sc (1982) Uni. Lag, M.B.Ch.B (1990) OOU, FMCA (2007) OOUTH | Anaesthesia | Full Time |
| 12 | THOMPSON Mary U. | Lecturer 1/ Consultant | MBBS. (1981) Uni Lag, FWACS (1993), FICS (2008) MSC (2002). | Radiologist | Full Time |
| 13 | AKINDIPE Jabez A. | Lecturer 1/Consultant | MBBS (1997), Uni. Ibadan FWACS (2014) | Plastic & Burns Surgeon | Adjunct |
| 14 | ELEMILE Peter O. | Lecturer I/ Consultant | MBBS.(2010) Uni. Ibadan FWACS (2021) | General Surgery | Full Time |
| 15 | OGUNDELE, Ibukunolu O | Lecturer I/ | MBBS.(2006) Uni. Ilorin FWACS (2018) | Paediatric Surgeon | Adjunct |
| 16 | EKWUAZI Hyginus O. | Lecturer I/ Consultant | MBBS (2009) I.U Okada, FWACS (2022) | Urologist | Full Time |
| 17 | AGWULONU Ifeanyi C. | Lecturer I/ | MBBS (2008) Uni Port FMCA (2022) | Orthopedic Surgeon | Full Time |

| | | | | | |
|---|---|---|---|---|---|
| 18 | AKERELE Johnbull M. | Lecturer I/ | MBBS, (2008) AAU Ekpoma FWACS (2021) | Cardiothoracic Surgeon | Full Time |
| 19 | OLATUNJI Oluwole F. | Lecturer 1 /Consultant | MBBS (2008) LAU Ogbomoso FWACS (2022) | Anaesthesia | Full Time |
| | | | | | |
| 1 | Kuranga Bukola Grace | Secretary | B.Ed. (2018) Babcock | - | Fixed sum contract |

**RESIDENTS**

| S/N | NAME | RANK | QUALIFICATION | EMPLOYMENT STATUS |
|---|---|---|---|---|
| 1 | OJELABI Sunday | Junior Registrar | MBBS (2002) | Full Time |
| 2 | AYENI Ayodeji | Junior Registrar | MB.ChB (2017) | Full Time |
| 3 | ODEJAYI Segun | Junior Registrar | M.D (2017) | Full Time |
| 4 | ADEFEMISOYE Gbadega | Junior Registrar | MB.ChB (2018) | Full Time |
| 5 | EIOGHAE Osaze | Junior Registrar | MBBS (2019) | Full Time |
| 6 | OKAH Queen | Medical Officer | MBBS (2017) | Full Time |
| 7 | OGBU-OFOHA Nnamidi | Medical Officer | MBBS (2018) | Full Time |
| 8 | NJOKU Alvan | Medical Officer | MBBS(2017) | Full time |
| 9 | BOWOADE Peter | Medical Officer | MB.ChB (2018) | Full time |
| 10 | ADENUGA Kehinde Morayo | Junior Registrar | MB.Ch.B (2014) | Full Time |
| 11 | FADARE Samson | Junior Registrar | MBBS (2012) | Full Time |
| 12 | OLAYINKA Bukola | Junior Resident | MBBS (2014) | Full Time |
| 13 | OLAJIDE Olusola | Senior Registrar | MBBS (2011) | Full Time |
| 14 | FINGESI Ubong | Junior Registrar | MB.BCH (2015) | Full Time |
| 15 | GOWIN Merry | Junior Registrar | MBBS (2014) | Full Time |
| 16 | ALAO Oluwaseyi | Medical Officer | MD (2018) | Full Time |
| 17 | AGOBE D.T | Junior Registrar | MBBS (1994) | Full Time |
| 18 | OLAJIDE Olawale E. | Junior Registrar | MBBS (2018) | Full Time |
| 19 | AKPAN Hannah E. | Junior Registrar | MBBS (2018) | Full Time |
| 20 | DAINI Adetola O. | Junior Registrar | MBBS (2014) | Full Time |
| 21 | OGUNIRAN Solomon | Junior Registrar | MBBS (2009) | Full Time |
| 22 | ISUAJAH C. | Junior Registrar | MBBS (2014) | Full Time |
| 23 | OJO Samuel | Junior Registrar | MD (2017) | Full Time |
| 24 | OBONG Udemeobong | Medical Officer | MBBS (2018) | Full Time |
| 25 | OYEWUNMI Oluwasenu | Medical Officer | MBBS (2019) | Full Time |

## 4.0 CLINICAL COURSES YEAR 5/6

**P**reamble – the clinical disciplines in the Medical curriculum depend for their success on a sound preclinical footing. It is therefore assumed that students would have been thoroughly groomed in the basic Medical sciences before embarking on the clinical postings. This assumes that only candidates who have unequivocally satisfied the examiners in the first professional examination would proceed to the clinical posting.

| | |
|---|---|
| Introduction to Clinical Medicine MEDI 301, 302 | 2 Units |
| Medicine Phase I, MEDI 401 – 407 | 7 Units |
| Medicine Phase II MEDI 508 - 513 | 14 Units |
| **Total** | **23 Units** |

| | | |
|---|---|---|
| YEAR 3 | INTRODUCTION TO CLINICAL MEDICINE | 2 Units |
| MEDI 301 | Introduction to Medicine I | 1 Unit |
| MEDI 302 | Introduction to Clinical Medicine II | 1 Unit |

| | | | |
|---|---|---|---|
| YEAR 4 | CLINICAL MEDICINE | PHASE I | 7 Units |
| MEDI 401 | Cardiology I | | 1 Unit |
| MEDI 402 | Respiratory Medicine I | | 1 Unit |
| MEDI 403 | Gastroenterology | | 1 Unit |
| MEDI 404 | Haematology (Clinical) | | 1 Unit |
| MEDI 405 | Metabolic and Endocrine Medicine | | 1 Unit |
| MEDI 406 | Neurology 1 | | 1 Unit |
| MEDI 407 | Nephrology 1 | | 1 Unit |

| | | | |
|---|---|---|---|
| YEAR 5 | CLINICAL MEDICINE | PHASE II | 16 UNITS |
| MEDI 508 | Cardiology II | | 1 Unit |
| MEDI 509 | Respiratory Medicine II | | 1 Unit |
| MEDI 511 | Gastroenterology II | | 1 Unit |
| MEDI 512 | Nephrology II | | 1 Unit |
| MEDI 513 | Rheumatology | | 1 Unit |
| MEDI 514 | Clinical Immunology | | 1 Unit |
| MEDI 515 | Tropical Medicine and Infection | | 2 Units |
| MEDI 516 | Special Topics & Neurology II | | 2 Units |
| MEDI 517 | Psychiatry | | 2 Units |
| MEDI 518 | Dermatovenerology | | 1 Unit |
| MEDI 521 | Medical Ethics & Jurisprudence | | 1 Unit |
| MEDI 522 | Traditional Medicine | | 1 Unit |
| MEDI 523 | Rural Posting (With Community Medicine) | | 1 Unit |

YEAR 2 **INTRODUCTION TO CLINICAL MEDICINE** 2 Units

**MEDI 301 Introduction to Clinical Medicine I** **1 Unit**

Course of lecture on basic clinical skills and simple clinical disorders (5 hours a week). Demonstration on how to elicit basic physical signs. Emphasis on technique and general approach to

the patient. Tutorials on elementary clinical medicine with emphasis on applied basic medical sciences, (including basic principles of Radiology).

**MEDI 302 Introduction to Clinical Medicine II 1 Unit**

Introduction to various health workers and their various functions, with clear emphasis on where the medical student fits in. Introduction to basic side-room tests on urine, stool, sputum and blood. Basic therapeutic principles as applied to common disorders.

**YEAR 4 MEDICINE PHASE 1 7 Units**

Students are by now expected to be well versed in basic clinical skills. Thus this period (referred to sometimes as Junior Medical Posting) should be devoted to in- depth lectures, ward (bed-side) teaching, and tutorials. Students should be able to clerk patients fully. Suggested subjects are to be covered by lectures/tutorials.

**MEDI 401 Cardiology 1 1 Unit**

Relatively basic cardiovascular diseases: heart failure (diagnosis and management), rheumatic heart disease, infective endocarditic, blood pressure (mechanisms, treatment, prevention), pericarditis (constrictive pericarditis), pericardial effusion, cardiac tamponade, disorders of cardiac rhythm – introduction to ECG.

**MEDI 402 Respiratory Medicine 1 1 Unit**

Pneumonia (pneumococcal, staphylococcal, H. Influenzea), tuberculosis, airways disease (asthma, alveolitis etc.), some common complications of chest diseases e.g. pleural effusion, emphysema, emphysema, pulmonary fibrosis, pleurisy etc.

**MEDI 403 Gastroenterology 1 1 Unit**

Oesophagitis, gastro-enteritis (acute chronic), peptic ulcer disease (with complications), cholecystitis, pancreatitis (acute and chronic), jaundice (causes, management, types of), hepatitis: acute infective (type A), chronic (type B), non A, masses, gastrointestinal haemorrhage, abdominal pain, malabsorption syndromes and GIT infections e.g. dysentery (see under infections).

**MEDI 404 Clinical Haematology 1 Unit**

Anaemia (all types, causes, investigations, management), splenomegaly (causes e.g. leukaemias TSS etc.), the leukaemias, Hodgkins disease, myeloproliferative disorders, haemoglobinopathies.

**MEDI 405 Metabolic and Endocrine Medicine 1 Unit**

Hypothalambio – pituitary – adrenal – adrenal- thyroid axis, disorders of the hypothalamus, disorders of the pituitary gland, disorders of the thyroid, disorders of calcium metabolism, fluid and electrolyte balance, diabetes mellitus, inborn errors of metabolism, gout and Wilson's disease.

**MEDI 406 Neurology 1 1 Unit**

Basic concepts, coma (causes, management), meningitis (CSM, H. influenza, Tuberculosis, pnemococcal), cerebrovascular accident (including stroke), the cranial nerves and cord Compression.

**MEDI 407 Nephrology 1 (Genitourinary Medicine) 1 Unit**

Urinary tract infection, pyelonephritis, glomerulonephritis, acute and chronic renal failure, the nephritic syndrome and infections e.g. schistosomiasis (see under infections)

**YEAR 5 CLINICAL MEDICINES PHASE II 14 Units**

The student has by now acquired a fair amount of basic knowledge of most of the Common systemic disorders. The objective of this posting is to consolidate his/her knowledge. Accordingly emphasis should be directed towards encouraging him to go into greater details and to acquire more clinical skills. She/he should also be able to discuss his/her Patients intelligently. Additional topics to be covered during this posting should include:

**MEDI 508 Cardiovascular System 11 1 Unit**

The peculiar added heart sounds such as: Murmurs of valvular heart disease; systolic murmurs (AI, AS) etc. Austin-flint murmur, machinery murmur; pericardial friction rub; opening snap of MS etc., the more subtle signs of subactue infective endocarditis, petechial splinter haemorrhages, Osler's nodes, clubbing, Roth's sports etc., the cardiomyopathics (congested, including peripartum cardiac failure, restrictive endomyocardial fibrosis, obstructive).

**MEDI 509 Respiratory System 11 1 Unit**

Carcinoma of the lungs, cryptogenic fibrosingalveolitis, the pneumoconioses.

**MEDI 511 Gastroenterology 11 1 Unit**

Differential diagnosis of peptic ulcer, disease, cholecystitis and pancreatitis leading to a consideraton of diagnostic procedure of help, e.g. laboratory tests, cholecystogram, endoscopic retrograde cholangiopancreatography (ERCP) chronic active hepatitis, primary billary cirrhosis, Crohn's disease and ulcerative colitis.

**MEDI 512 Nephrology 11 1 Unit**

Immune -complex-mediated kidney disease (e.g. quartan malaria nephropathy), obstructive uropathy.

**MEDI 513 Rheumatology 1 Unit**

The sero-negative arthritides the sero-positive arthritides, rheumatoid arthritis, Sjogren's syndrome ankylosing spondylitis, enteropathicarthropathy, osteroarthritis (degenerative joint disease). The connective tissue disorders: systemic lupus erythemtosus, systemic sclerosis (scleroderma), mixed connective tissue disease, dermatomyositis/polymyositis, giant cell arteritis, lessons on rehabilitation.

**MEDI 514 Clinical Immunology 1 Unit**

Students would have been exposed to basic immunology and immunopathology during laboratory Medicine postings. The objective here is therefore to expose them to clinical aspects of immunology. Topics to be covered: The host response to infection, immunology of infections, schistosomasis, hepathosplenic hyperactive malarial splenomegaly (previously known as tropical splenomegaly syndrome, TSS) quartan malaria nephropathy (QMN), hepatitis, virus infections, tumour and transplanantation immunology, the HLA system, tumour immunology, autoimmunity and autommune disease, consolidation of basic immunologic techniques in diagnosis of disease e.g. widal, bacterial antigens, Hepatitis B surface antigen (HBS Ag), alpha fetoprotein, cellulose acetate electrophoresis etc introduction to monoclonal antibodies and hybridoma technology.

**MEDI 515 Tropical Medicine and Infections 2 Units**

Pyrexia of unknown origin (PUO), Malaria, Pneumococcal infection, Streptococcal infections, H, influenza infection, Meningococcal infection, Typhoid fever, Cholera, Tetanus, Tuberculosis, Leprosy (see under dermatology), Spirochaete infections, Fungal infection, Amoebiasis, Schistosomiasis, Trypanosomiasis, Leishmaniasis, Filariasis, Guinea Worm infestation, Rabies, Septicaemia.

**MEDI 516 Special Topics and Neurology 11 2 Units**

This is the final Medicine posting. The objective should be to consolidate what the Medicine and psychiatry student had already learnt in the previous postings, but additional topics should also be covered. Neurology Autonomic neuropathy, Peripheral neuropathy, Viral infections of CNS, Cerebral abscess, Demyelinating disease, Epilepsy, Cord Compression, Brain tumours, subacute combined degeneration etc.

HIV-AIDS including epidemiology, Pathogenesis, features-primary, asymptomatic or symptomatic infections; diagnosis, opportunistic infections such as tuberculosis and candidiasis, prevention, management and control.

Sexually Transmitted Infections: include epidemiology, Pathogenesis, features, diagnosis, prevention, treatment and control of- gonorrhoea, chancroids, Chlamydia, syphilis, trichomonas, Gardnerella, candida, herpes genitalis, human papilloma virus, pelvic inflammatory disease and pubic lice. Syndromic management of STIs contact management. Etiologic management of STIs.

**MEDI 617 Psychiatry 2 Units**

COURSE OBJECTIVES INCLUDE:

a) To make the student aware of the possible interplay between biological and psychosocial factors in the aetiology, precipitation and maintenance of human illness as well as the effect of other factors particularly cultural attitudes, norms, and belief systems.
b) To let the student acquire the technique of interviewing patients and grasp the fundamental ideas of psychiatric examination.
c) To help the student recognize the importance of differential diagnosis in the practice of psychiatry.
d) To review the various aspects of psychiatry clearly but concisely with emphasis on the current state of the art.
e) To introduce the student to the international nomenclature of psychiatry as contained in Chapter V of the International Classification of Diseases (I.C.D.); using whichever revision is current.

**GENERAL OUTLINE OF COURSE CONTENT**

Historical and Theoretical Trends in Psychiatry Contribution of the following:

Hippocrates; Paracelsus, Philippe, Pinal Rush, Karl Wernicke, Emil Kraepline, Eugen Bleuler, Antom Nesmer, ean Martin Charcot, Sigmund Freud, Pierre Janaet, Alfred Adler, Carl G. Jung, Martin Roth, Adeoye Lambo, Amechi Anumonye.

Biopsychosocial Approach to Human Medicine: Summary of general living systems, theory and its application to psychiatry and general Medicine, maintenance of steady states, adjustment processes. Biopsychosocial adaptation- predisposing and precipitating factors for mental disorders.

Biological Foundations for Human Behaviour (Review) Review of the anatomy and physiology of the CNS, the Limbic system and the emotions. Neurochemistry and Behaviour. Biogenic amines. Neutron-transmitters, polypeptides, physiology of sleep. Genetics and psychiatry. Biological rhythms in psychiatry. (Mostly dealt with under anatomy). Aspects of clinical neurology and neuropathology, aphasias, temporal lobe epilepsy, psychiatric sequelae of head injury. Degenerative conditions.

Review of Life Cycle and Personality Development: Structure of personality. Dynamic concepts. Infancy, Childhood, Adolescence, Adulthood and Maturity.

Adaptive Processes and Mental Mechanism: Need for adaptive mechanisms, Language and Communication. Perception and thought, conceptual development. Uses of fantasy. Mental mechanisms- Anxiety, depression, identification, reaction, formation, compensation, rationalization, substitution, symbolization, fixation, dissociation, projection, sublimation, idealization, aggression, repression, regression (Basic concepts of all these include)

Psychopathology: psychiatric symptoms as psychological reactions. Disturbances of activity. Disorders of perception. Disorders of thinking. Disturbances of affect and orientation.

Sociology and Psychiatry Introduction. Trends in Sociology. Sociological perspectives. Basic formulations. Social structure, Socialization and Personality change Social Control and deviance.

Social competence. Social (community) responses to mental disorder. Use of treatment facilities – conventional and traditional (i.e. traditional healers and syncretic religious groups) Sociocultural correlates of mental disorder. Social class and mental disorder. Marital status and mental disorder. Life stress and mental disorder. Family and psychiatry.

Psychiatric Examination (Introduction) Chief Complaints. History of present illnesses. Family history, past medical and psychiatric history. Mental state examination. Physical examination. Laboratory studies. Items of phenomenology. Diagnostic formulation and recommendations.

Nomenclature and Classification of Mental Disorders: Mental disorders of the international classification of diseases (ICD) – 9. The current Diagnostic and Statistical Manual (DSM-IVTR,2000) of the American Psychiatric Association.

Organic Mental Disorders This include Delirium and Dementia

Substance Abuse Disorders: Primary degenerative disorders (Dementias) as due to senility. Substance-induced dementias. Alcohol, barbiturates, opioids amphetamines. Phencyclidine. Cannabis, hallucinogens. Acute brain syndromes (delirium). Diagnosis and treatment, social implications. Psychological theories of addiction. Cocaine, Heroin. Psychiatric sequels of head injury.

Schizophrenic Disorders Biological substrates of schizophrenic disorders. Phenomenology and diagnosis. Typology. Methods of treatment.

Paranoid Disorders Paranoid disorder. Paraphrenia. Differential diagnosis management.

Affective Disorders Biological substrates of affective disorders; Biochemistry. Classification and diagnosis. Management of affective disorders- Mania, hypomania, endogenous depression, manic depressive psychosis. Special problems of treatment. Special features of presentation and diagnosis of depressive illness in the African. Somatization of symptoms and masked depression. Suicide and attempted suicide- epidemiology and psychosocial implication.

Anxiety Disorder Phobic disorders (phobic anxiety) Generalized anxiety, agoraphobia with panic attacks. Obsessive Compulsive disorder, Neurotic (reactive) depression. Hypochondriasis. Diagnosis and treatment of anxiety disorders.

Dissociative and Somatoform disorders Hysterical neurosis (conversion disorders). Somatization disorder psychogenic amnesia and fugue. Multiple personality depersonalization disorder. Hysterical dissociation.

Sexual Education: Common sexual behaviours, masturbation, sexual intercourse- penile/vaginal sex, oral sex (fellatio- when performed on the man and cunnillingus – when performed on the woman). Anal sex. Anal/Rectal and prostrate stimulation.

Psychosexual Disorders Gender identity disorders. Frigidity. Homosexuality, Lesbianism, Bisexuality and Heterosexuality, Trans sexuality, Paraphilias, Fetishism. Transvestism, Zoophilia. Paedophilia, Sadomasochism. Indecent exposure and exhibitionism. Erectile dysfunction, rape, defilement and incest. Personality disorders. Pederasty (sodomy).

Psycho physiological Disorders Peptic Ulcer. Essential hypertension. Bronchial asthma. Graves disease. Rheumatoid arthritis. Ulcerative colitis. Psychobiological contribution to human disease.

Child and Adolescent Psychiatry Examination of the Child. Adjustment reactions of infancy. Adjustment reactions of childhood. Hyperkinetic reaction. Adjustment problems of adolescence. Conduct disorders (Delinquency). Neurosis. Psychosis. Infantile autism, Enuresis. Encopresis, Sleep walking. Developmental disorders. The brain fag Syndrome. Problem of privileged Youths

Psychological Testing Usefulness and type of tests. Indications and contraindications. Descriptive tests. Projective tests. Personality tests.

Social and Community Psychiatry Definitions and interrelationships. History. Legislation. Central concepts. Planning social Psychiatry. Community mental health systems. Central concepts. Working with the Community. Planning mental illness in pregnancy and the puerperium.

Psycho-Pharmacology Basic science of psycho-Pharmacology, Antipsychotic agents antidepressant agents, Ant anxiety agents, Side effects of psychoactive drugs, Lithium salts.

Electro-Convulsive Therapy and other Physical Therapies E. C. T. Historical development indications. Mechanisms of action; methods of application. Psychosurgery (Prefrontal Lobectomy) Abreaction. Modified insulin Coma, narcosis. Aversion therapy (Chemical and Electrical)
Psychotherapy Individual, group psychotherapy, Psychoanalysis. Psychodrama. Dynamic Psychotherapy, Hypnosis. Relaxation training, Biofeedback, Behaviour therapy.
Forensic Psychiatry The psychiatrist in court. Privilege Communication. Involuntary Commitments. Hospitalization and law. Competency and Civil Rights.
Habeas Corpus. Rights to treatment. Malpractice. Criminal responsibility, Competence to stand trial. The MCN Aughton Rule. Asylum or prison; mental Hospital.
Research in Psychiatry Method in behavioural research. Research tools. Current Research Topic. Biostatistics.

**MEDI 618 Dermato-venereology 1 Unit**

Objectives: At the end of their training medical students should:

a) Know the basic embryology, anatomy, physiology and functions of the skin and its appendages.
b) Know the normal and abnormal flora of the skin and the mucosa.
c) Understand the pharmacokinetics and absorption of drugs through the skin and the mucosa.
d) Understand the rationale for topical, systemic, physical, surgical and psychotherapy.
   Be acquainted with and know how to use drugs, commonly used in common skin conditions.
e) Furthermore he/she should be able to diagnose and, to where possible manage effectively the following general dermatological conditions: Tinea capitis, corporis, pedicures, Pityriasis versicolor, Pityriasis Rosea, Superficial candidiasis, Impetigo, furuncle, carbuncle, folliculitis, erysipelas, Sarcopsisbarbae, Scabies, pediculosis, uncomplicated leg ulcers, Buruli Ulcer, Contact eczema/dermatitis, microbial eczema, irritant dermatitis, dyshidrotic eczema atopic eczema, seborrheic eczema, acne vulgaris, Erythema multiforme, Exanthema, erythematosus, Quincke's oedema urticaria, prurigo simplex, Neurodermatitis vitiligo, Urticaria, Pediculosis pubis, capitis and corporis
   Lichen planus, Psoriasis, Measles, Chicken pox, viral warts, molluscum contagiosa, herpes simplex, and herpes zoster.
f) He/She should be able to recognize, diagnose and treat the following commonly encountered dermatological problems in the tropics: Leprosy and reactions, Onchocerciasis, Filariasis, Dracunculiasis, Deep fungal infections of the skin, Nutritional disorders of the skin.
g) He/She should be able to diagnose the following conditions: Contact dermatitis, Drug reaction, Inhalative and nutritive allergic reactions, connective tissue diseases, SLE, scleroderma.
h) Be able to recognize, diagnose correctly and treat the following common sexually transmitted diseases: Gonorrhoea and non-gonococcal urethritis, Uncomplicated syphilis, Trichomoniasis, Chancroid, Lymphogranuloma Venereum, granuloma Inguinale and Candida vaginalis.
i) Be able to recognize the relationship between external manifestation and Common internal disorders.
k) Be able to manage skin disease on Community basis
l) Be able to recognize its limitations and refer cases promptly to specialist attention with adequate information on patients.
m) Be able to recognize and refer promptly clinical manifestations of AIDS
n) Be able to perform simple dermatological investigations such as: Taking of skin scraping, Staining slide for fungus identification, Planning of scraping and swabs from the skin for culture, Skin snip for filarial diagnosis, Read slides for fungal infection and other Common parasitic infections of the skin. Take urethral and vaginal swabs correctly for Microscopic and culture examination. Take skin biopsies correctly and preserve for histopathology.
o) Formal lectures shall be given to students on the following main subjects: Embryology and anatomy of the skin and its appendages. Physiology of the skin, appendages Histochemistry of skin. Superficial and deep fungal infection, bacterial infection of the skin including parasitic

infection of the skin. Papulo-squamous skin disease. Connective tissue diseases. Common sebaceous gland diseases, Common non-infectious diseases of the hair, dermatitis, contact eczema toxic dermatitis, dyshidrotic leprosy. Viral infection of the skin, sexually transmitted diseases (including AIDS) pigmentary skin disorders, external manifestation of systemic diseases.

**MEDI 621 Medical Ethics and Jurisprudence 1Unit**

History and Philosophy of Medical Ethics Case Studies. Presentation of real cases from NMC files. Relationship between Religion and Medical ethics influence of Socio-Cultural values on medical ethics. Ethical issues involved in Primary Care, Relationship between the doctor and his Patients. Relationship between the doctor and his colleagues. Relationships between the doctor and the medical team, Business connections and contracts, Nigeria Medical and Dental Council, Medical ethics of the examination and care of Women. Ethical issues involved in contraception, sterilization and infertility. Ethical issued involved in sex change and test tube babies. Elements of informed consent in medical practice. Elements of informed consent in Research Medical ethics and relation to the dead and the dying.

Guiding Principles on Medical Ethics and human Rights: Including history and philosophy; case studies from files of Medical and Dental Council; relationship between religion, socio-cultural values and medical ethics.

Respect for Persons: Including respect of personal integrity (use of chaperons). Conscientious, moral or religious beliefs of persons; own beliefs; treating Patients as persons not as cases. Extended family; polygamy (polygamy and Polyandry), widow inheritance and structural adjustment programmess.

Health Care of Vulnerable and Disadvantaged Groups: Including children; adolescents; women; the elderly; refugees; ethnic minorities; asylum seekers; indigenous peoples and immigrants.

Confidentiality. Requests by third parties: Including pre-employment medical reports; court orders to disclose confidential medical information. Parents Rights to Information; Counselling (Knowledge and Techniques); Informed Consent to Medical Interventions. Medical Emergencies. Ethical Attendance upon persons held in detention. Competence to practice. Relationship with health professional colleagues, other health workers and traditional healers/birth attendants. Responsibility to the Community. Health promotion and preventive Medicine. Transplantation. Medical Research.

The Six Human Rights Instruments Related to "The Right to Health".

International Convention on Economic, Social and cultural Rights. International Convention on Civil and Political Rights. International convention on the elimination of all forms of racial discrimination. Convention on the elimination of all forms of discrimination against women. Convention against torture and other cruel, inhuman or degrading treatment of punishment. Convention on the rights of the child.

**MEDI 622 Traditional Medicine 1Unit**

This should embody history of Medicine, including such topics as the traditional barber surgeons. Topics in ethnopharmacy and homeopathy should also be taught here.

**MEDI 623 Rural Posting 1Unit**

Rural care is the backbone of primary health care. It should last a minimum of eight (8) weeks, and relevant departments (Community Medicine, Medicine, Surgery, Paediatrics and Gynaecology) are involved and will be undertaken in a particular LGA away from the teaching hospital selected by the school.

## 4.1 PAEDIATRICS

**COURSE DESCRIPTION**

The course is aimed at equipping the students in their Paediatric training to acquire the necessary skills to appraise patients' clinical conditions in a systematic and logical way based on history,

physical examination and appropriate investigations. This presumes grounding on epidemiology of common diseases and a strong background of basic sciences of anatomy, biochemistry and physiology. In addition, the knowledge of pathological sciences of microbiology, virology, haematology, chemical pathology, morbid anatomy, and histopathology is essential. A background of Pharmacology is also necessary.

**COURSE AIMS AND OBJECTIVES.**

1. To introduce the students to the global principles and practice of Paediatrics and Child Health with emphasis on practice in the Tropics
2. To equip the students with the cognitive knowledge, technical skills and clinical judgement to enable them achieve some measure of competence in the practice of Paediatrics
3. To enable the students, have a good working relationship with all those involved in health care delivery with respect to maternal and child health, and to appreciate the need for this team work.

At the end of the course, the student should be able to utilize the skills and the attitude he has acquired to perform the following: take and record a good history, carry out a thorough physical examination of a child, demonstrate common abnormal physical signs and interpret them, carry out simple side laboratory tests, recognise childhood disease with particular reference to those prevalent in the Nigerian environment, formulate a reasonable diagnosis based on history and physical examination, confirm his diagnosis by selecting appropriate investigations, have a sound knowledge of therapeutics in order to enable them treat their patient, manage common paediatric emergencies and know when and to appreciate their limit and when to timely refer to the appropriate experts.

**COURSE CONTENT**

**The course code: PAE 400 to 510 depending on the levels viz Introductory, Junior and Senior. What is taught is graded depending on the level of the student and what needs to be emphasized.**

INTRODUCTION TO PAEDIATRICS
What Paediatrics is all about
Historical perspectives of Paediatrics
Global trends in the morbidity and mortality of children
Basic Clinical Skills in Paediatrics
Basic therapeutic Skills in Paediatrics
An overview of Basic Developmental Paediatrics
An overview of morbidities and mortalities in Paediatrics and Survival strategy

**PAE 500 Introduction to Paediatrics 2 Units**

**Lectures/Tutorials:** The aim is to provide the students with basic knowledge of the discipline for general practice. These lectures cover a wide range of selected topics in paediatrics to include general principles and practice of paediatrics, preventive paediatrics, growth and development (from infancy to adolescence) and pathological states in paediatrics in all systems.

**Clinical Paediatrics:** The art of clerking in children is taught in the outpatient clinics, the inpatient and the children emergency wards. A student is expected to clerk at least three neonates and six post neonatal patients per posting. Instructions in diagnostic and therapeutic skills and clinical procedures i.e. venipuncture, setting up of intravenous infusions, performance of lumbar punctures, resuscitation of patients in respiratory or cardiac failure, bone marrow aspiration, exchange of blood transfusions. Each student is expected to perform simple laboratory procedures like CSF dip stick examination for glucose, protein and microscopy, urine and stool microscopy and chemistry. Students attend radiology conference to enable them to appreciate the relationship between clinical diagnosis and

radiologic findings. The student on ward round day, should present the patient he/she clerked to the Consultant and follow up the patient's progress till discharge. He/she is also expected to write a discharge summary.

**PAE501 Nutrition, Growth and Development 2 Units**

Attendance at the Nutrition clinic is compulsory for instruction on the nutritional needs of normal children and those with disorders like protein-energy-malnutrition, marasmus, micro-nutrient deficiencies. Technical skills of anthropometry are taught and instructions on the use and value of the growth charts and on factors affecting growth and development, failure to thrive babies and causes, puberty, Adolescence and its problem. **Rights of the Child**: Initiation of sexual activity, sexual violence and abuse. Harmful practices – Female Genital Mutilation, forced early marriage and puberty initiation rites. Convention on the rights of the child. National Policy on Adolescent Health. Peculiar problem of the girl child.

**HIV/AIDS:** Neonatal infection; primary, asymptomatic or symptomatic infections; paediatric dermatology; prevention and control.

**PAE 502 Child Health and Primary care 2 Units**

Students should visit child Health clinics and are instructed on the care of healthy infants. They also must pay visit to the under-five clinics (NPI). There they are also expected to individually perform such function as: immunization procedure, assessment of nutritional status of children, anthropometry, and giving nutritional advice to mother's assessment of status of children. Seminars are conducted on environmental and social factors related to child health. Students are also introduced to prevention and management of physical and mental handicap in children. Others include: Poisons and accidents, kerosene ingestion, household accidents, drug poisoning, bites. Child Health: immunization in general for the Nigerian child, under five clinics (NPI), weaning – normal and abnormal habits.

**PAE 503 Cardiovascular and Respiratory system 2 Units**

Examination of the CVS, Congenital heart diseases, acquired heart diseases. Heart failure in infancy and childhood, acute infections of the respiratory tract and chronic respiratory conditions: bronchial asthma, pulmonary tuberculosis, bronchiectasis, the wheezing child, congenital anomalies of the tract.

**PAE 504 Genitourinary System and Gastro-Intestinal Tract 2 Units**

Acute diarrhoea and vomiting, chronic diarrhoea, fluid and electrolyte imbalance, ORT, jaundice, hepatitis, intestinal parasites, abdominal pain, malabsorption, GIT bleeding. Developmental and structural anomalies of the genitourinary tract. Urinary tract infections. Glomerulonephritis. Nephritic syndrome and renal failure (acute, chronic)

**PAE 505 Endocrine and Metabolic Diseases 1 Unit**

Hypothyroidism and hyperthyroidism, diabetes mellitus and hypoglycaemia, rickets. Precocious puberty and delayed puberty.

**PAE 506 Diseases of the CNS, Muscles and Bones 1 Unit**

Acute infections, meningitis, encephalitis etc. Hydrocephalus: causes, complications. Microcephalus: cause complications. Convulsions in infancy and childhood. Coma and cerebral palsy. Mental sub normality. Pyomyositis and progressive muscle diseases.

**PAE 507 Diseases of the Blood 1 Unit**

Anaemia in infancy and childhood. Haemoglobinopathies. Leukaemia. Bleeding disorders

**PAE 508 Specific Infections and Genetics 1 Unit**

Measles, pertussis, mumps, malaria, tuberculosis, salmonellosis, schistosomiasis. Autosomal recessive inheritance, autosomal dominant inheritance. X-linked dominant inheritance, X-linked inheritance. Chromosomal abnormalities, genetic investigations and counselling.

**PAE 509 Paediatrics oncology 1 Unit**

Burkitt's tumour, nephroblastoma, neuroblastoma, CNS tumours and reticulo-endothelial malignancies.

**PAE 510 Neonatology 1 Unit**

Students should spend some time (7-14 days) in the New-born Unit to acquaint themselves with the problems of the new-born infant – normal and abnormal, and the prevention of these; normal new-born, preterm, small-for-date post term baby, jaundice in the new-born, haemorrhagic disease in new-born, respiratory problems in new-born and neonatal infection: sepsis, meningitis, tetanus

**RECOMMENDED TEXTBOOKS**

1. Diseases of children -Hugh Jolly
2. Paediatrics and Child Health Azubuike and Nkanginieme
3. Diseases of children in the Subtropics and Tropics – Jelliffe

**COURSE REQUIREMENTS**

Each student is encouraged to attend lectures and seminars regularly and punctually. Lectures last between 45 to 60 minutes. 75 % attendance at lectures is the eligibility requirement to write final examination. There could be a waver on the grounds of ill health or any other circumstances beyond the student's control.

Seminars focus on lecture topics or any area of the posting. These take various forms; including group presentation of assigned topics. Students are encouraged to participate.

***Short Prayer***. All lectures take-off with a short prayer either by the lecturer or any of the students

***Logbooks. Each student has a logbook for recording all the lectures attended and signed by the lecturer. It also has entries for clinical procedures watched or carried out, ward round attended, emergency attendance, seminars attended and scores for case presentation.***

***TEACHING /LEARNING METHODS***

The mode of teaching is large by lectures, seminars, outpatient sessions and inpatients session-ward rounds. There is also emergency services engagement, clinical meetings and morbidity and mortality meetings.

In all of these, the academic staff directs the activities and resident doctors are also involved in the training exercise. For the lectures, power point presentation is the approach. The specific titles of the lectures are posted on the notice board for the attention of the students. The students are to clerk patients and present at any of the ward rounds, outpatient or the emergency rounds depending on the venue of activities. Students are on call duty roster and emergency services.

Students come into the department for introductory, Junior and Senior postings. These last for 4,10 and 12 weeks respectively. The content of the exposure varies with increasing emphasis on clinical skills that are geared to arriving at a diagnosis based on the fundamentals of appraising clinical problems.

***COURSE ASSESMENT/EVALUATION***

The formative assessment is principally based on in-course assessments. Each posting except the introductory has a pre, mid and end of course assessment in form of MCQs. Except for the end of course of the senior posting which has 100 questions, all the other MCQs have 50 questions. In addition, for the Senior posting, there is Oral examination, and long case clinical examination. A two-week revision period is available for the senior group prior to the final Professional Examination. The

format of the MCQ is one best answer from a stem with four options. MCQ examination may be computer based.
The final examination, which is the summative examination consists of the In-course, Theory -Papers 1 and 2, Clinical – Slide tests, and OSCE, Oral examination.
The scores allocated to these are as follows: In-course 30%, Theory – Paper1 (MCQ) = 20% Paper2 (Essay) =10%, OSCE = 35%, Orals = 5%; Aggregate = 100
An open marking scheme is adopted for the essay questions. The format of the MCQ is one best answer from a stem with four options. No penalty is applied for wrong answers.
A pass in the examination implies that the candidate has 50 % of the total marks and at least 50% in the clinical segment.
A candidate who scores above 50% overall but less than 50% in the clinical segment is deemed to have failed clinical and therefore failed the examination.
An overall score of 70% and above is a distinction performance.
Any student who fails the final examination the first time resits the examination in 6 weeks from the date the result of the examination is officially published. If the candidate fails the resit, such candidate will repeat the year.
***Course Outline: the detail of each lecturer's course outline is available with the respective lecturer and will be deposited on the College website.***

**Lectures/Seminars/Admission and Mortality Review –** Lectures Are based on course objectives. The lecture schedules and the respective lecturers are published. The format of the lectures is usually by power point presentation and last between45 to 60 minutes. An interactive approach is encouraged. Seminars usually follow lectures and students prepare the topics of the seminar and are guided by the respective lecturer of the topic in question. Resident doctors sometimes participate in the seminars.
The students also attend the monthly admission and review sessions. This session gives the student the opportunity to reconcile clinical problems and their challenges or errors in management of patients. It also helps them to appreciate the pattern of diseases attended to in the department.

**Clinical Ward Rounds**
These are usually Consultant Ward rounds which take place daily. These could be in the inpatient ward or the Children Emergency Ward. The rounds consist of either bed side teaching or case presentations by the students. Each student clerks patients and presents them at the rounds. The presentations are scored.
Students are assigned clinical units and rostered to take calls in their units in the inpatient or children emergency ward.

**Outpatient Clinic**
The outpatient Clinics run daily except Wednesdays and the weekends. Here, the students are exposed to varieties of clinical cases either General or Specialised.
All the Clinics run General Paediatrics in addition to specialised clinics of Nephrology (Monday), Endocrinology and Nutrition (Tuesday), Neonatology and Cardiology (Thursday) and Gastroenterology (Friday).

**Emergency Services**
The children Emergency services run daily all-round the year. The students are rostered to the emergency room and take call alongside with the unit they are posted. They participate in all the activities of patient management as necessary.

**Labour Ward**

Provision is made for assisting at difficult labours; medical students are part of the process which may require resuscitating of the babies.

**Posting to the Federal Medical Center (FMC) Abeokuta**
The students at the Senior 500 Level are posted to FMC Abeokuta for further Clinical exposure. A memorandum of understanding has been entered into between Babcock University and FMC Abeokuta to enhance the clinical exposure of the students. The duration of this posting is for 10 weeks and have been invaluable because of the large array of patients that are available for the students learning.

**Side Laboratory**
The side laboratory of the inpatient ward is available for the students to carryout simple test when indicated. The test that can be done include: - Urinalysis, Haematocrit, Blood film for Malaria Parasites, blood film to check for cellular elements and sickling test. These are carried out with the supervision of a registrar.

**SUPPORT SERVICES**
**MAIN LABORATORY**
Chemical Pathology, Haematology, Medical Microbiology, Histopathology and Imaging
**PHARMACY**
Essential drugs are provided both for all levels of services viz. inpatient, outpatient and emergency services.
**PHYSIOTHERAPY**
Physiotherapy services is available for children who need this service. The common clinical conditions for which the services are provided include: cerebral palsy, tetanus cases and paralytic polio myelitis.
**BIOMEDICAL ENGINEERING DEPARTMENT**
This department is responsible for the maintenance and servicing of the equipment in the department.

## 4.4 OBSTETRICS AND GYNAECOLOGY

OBSTETRICS AND GYNAECOLOGY (OBGY )

| | | |
|---|---|---|
| YEAR 5 | INTRODUCTORY GYNAECOLOGY | |
| OBGY 501 | Introductory Gynaecology | 2 Units |
| | | |
| YEAR 5 | OBTETRICS AND GYNAECOLOGY I | PHASE I |
| OBGY 502 | Reproductive Physiology | 2 Units |
| OBGY 503 | Labour, Puerperium & the Neonate | 2 Units |
| | | |
| YEAR 6 | OBSTETRICS AND GYNAECOLOGY II | PHASE II |
| OBGY 504 | Gynaecology Clinics | 2 Units |
| OBGY 505 | Obstetrics Clinics | 2 Units |
| OBGY 506 | Special Topics and Clinics | 2 Units |
| **TOTAL** | | **12 Units** |

**OBGY 501 Introductory Gynaecology 2 Units**
Anatomy of the female genital tract and the pelvic floor, Puberty, Menstrual cycle, Variations in menstrual cycle, including dysfunctional uterine bleeding. Development of the female genital tract: Sex determination, intersexuality, Congenital abnormalities. Tubo-ovarian infection, acute and chronic. Over-fertility and Family Planning. Infertility – Male and Female Menopause. Utero-vaginal prolapse. Control of micturition: incontinence of urine, genuine stress incontinence, detrusor instability, overflow incontinence. Vesico-vaginal fistula. Retention of urine. Third degree perineal

tear and recto-vaginal fistula. The use of hormones in gynaecological practice. Screening for gynaelogical malignancies. Carcinoma of the cervix. Benign and malignant diseases of the uterus: Uterine fibroid, Adenomyosis, Carcinoma of the endometrium. Trophoblastic diseases: Benign and Malignant. Amenorrhoea – Primary and Secondary. Sexually transmitted diseases. Chronic vulva diseases. Endoscopy in gynaecological practice. Ectopic pregnancy and other acute gynaecologcal emergencies. Principle of pre-operative and post-operative care.

**OBGY 502 Reproductive Physiology and Disorders of Pregnancy 2Units**

Weight gain in pregnancy. Circulatory and respiratory changes in pregnancy. Renal and Alimentary changes in pregnancy. Metabolic changes in pregnancy. Immunology of reproduction. The placenta, amniotic fluid. The physiology of lactation. Anaemia in pregnancy. Aetiology, malaria and Complications, prophylaxis and treatment including blood transfusion. Haemoglobinopathies. Hypertensive Disorders of pregnancy. Pre-eclampsia and Eclampsia, essential hypertension, chronic renal diseases. Diabetes Mellitus. Heart and renal diseases. Chronic renal disease. Thyroid diseases. Acute renal failure in Obstetrics and Gynaecology. Infections – Meningitis, acute Pyelonephritis, tuberculosis, diarrhoeal diseases, Tetanus. Bleeding in early pregnancy. Antepartum Haemorrhage: Placenta praevia, Ante-partum haemorrhage: Abruption placenta; coagulation disorders in Obstetrics. Factors interfering with fetal oxygenation: Maternal and placental; intra-uterine growth retardation: post maturity. Assessment of fetal wellbeing and placental function in pregnancy and labour: identification of the fetus at risk. Abdominal pain in pregnancy.

**OBGY 503 Labour, Puerperium and the Neonate 2Units**

Physiology and conduct of normal labour. Uterine action: normal and abnormal; the use of partogram in early detection of abnormal labour. Trial of labour; Management of prolonged labour. Malpresentation of fetal head: occipito-posterior position, brow, face. Obstructed labour: Causes, diagnosis, principles of management. Rupture of the uterus. Breech delivery: conduct and hazards. Twin pregnancy. Management of twin delivery. The retained second twin. The epidemiology of prematurity and the conduct of premature labour. Induction of Labour. Prevention and treatment of post-partum haemorrhage. The use of ergometrine and other oxytocic agents.

Management of oblique and transverse lies: prolapsed of the cord. Maternal Mortality. Biological and social factors in obstetrics – age, parity, stature, smoking, ethnic factors etc. physiology of puerperium including lactation. Postnatal examination. conduct of labour in the presence of maternal medical disease – Haemoglobinopathhy, Anaemia, heart diseases, diabetes mellitus, chronic chest disease and liver failure. Blood transfusion in obstetrics. Organization of maternity services for a community. Radiology in obstetrics and gynaecology. Operative deliveries – forceps delivery venous delivery, caesarean section. Destructive procedures. Special problem of anaesthesia in obstetrics. Methods of pain relief in labour. Prenatal and post-partum detection of congenital abnormalities of the newborn. The asphyxiated infant, resuscitation and management. Intracranial birth injuries.

**PHASE II**

| | | |
|---|---|---|
| OBGY 504 | Gynaecology Clinics | 2 Units |
| OBGY 505 | Obstetrics Clinics | 2 Units |
| OBGY 506 | Special Topics and Clinics | 2 Units |

SEXUAL HISTORY – Taking: Effective Communication techniques, barriers to effective Communication, Patient – centred interviewing, history taking skills. Patient education: Principles of effective Patient education, Patient motivation and behaviour change. Principles of effective Patient education, Patient motivation and behaviour change. Patient counselling, informed consent, options in counselling, decision – making and managing emotions.

Adolescent Sexual and Reproductive Health: Puberty and abnormalities, adolescent behaviour in Nigeria. Initiation of sexual activity, unplanned pregnancy, sexual violence and abuse. Harmful

traditional practices – female genital mutilation, puberty initiation (including courtship and marriage preparation). Adolescent – friendly services. Consequences of teenage pregnancy.
Safe Motherhood: Include physiology and disorders of pregnancy; Objectives and Conduct of antenatal Care; Normal and abnormal Labours, and care: Pain control in Labour; Maternal Morbidity and Mortality; Resuscitation and Care of the Newborn; Exclusive Breastfeeding; Immunization.
Family Planning: Including History, objectives, benefits and conduct of Family Planning; counselling Technique; choosing a Contraceptive- Effectiveness, safety and other considerations; Traditional and Natural methods; barrier and Hormonal methods; Intrauterine devices; emergency contraception; sterilization; and menstrual regulation. Reproductive health of elderly including menopause.

Abortion and Complications: Include definition of abortion, causes, types, clinical features, diagnosis, Complications and treatment. Medical and surgical methods of abortion. The provisions of Criminal and Penal codes on abortion. The Abortion Law, its defects and consequences. Adoption and fostering. Management of Complications of unsafe abortion. Post abortion care; emergency treatment of incomplete abortion, including use of the MVA, post abortion family planning and linkage with other reproductive health services.
Infertility Management: Including epidemiology, causes and prevention. Investigation and treatment of infertility; frigidity and erectile dysfunction, assisted conception techniques, fostering and adoption.

Sexually Transmitted Infections: Include Epidemiology, Pathogenesis, clinical features, diagnosis prevention and control of gonorrhoea, chancroid, Chlamydia, syphilis, trichomonas, gardnerella, candida, herpes genitals, human papilloma virus, pelvic inflammatory disease and pubic lice. STIs and pregnancy, delivery of the new born. Syndromic and etiologic management of STIs. Contact management.

HIV/AIDS: Include epidemiology, Pathogenesis, clinical features, diagnosis, prevention and control, HIV and pregnancy, prevention of mother-to-child transmission (vertical transmission) and infant feeding. Anti-retroviral therapy, pre and post-test counselling management and care (including home based care).
Screening for Cancers: Epidemiology, causes, features, prevention and treatment of cancers of: vulva, vagina, cervix, uterus, ovary and breast. Self-examination of breasts. Cervical cytology, colposcopy. Visual inspection of acetic acid-smear cervix (VIA) and visual inspection of acetic acid-smeared cervix under magnification (VIAM).

## 4.5 SURGERY (SURG)

## JUNIOR SURGERY POSTING COURSE CURRICULUM

COURSE CODES

| | | |
|---|---|---|
| SURG 401 | Introduction to Clinical Surgery | 2 Units |
| SURG 402 | General Surgery I | 1 Unit |
| SURG 403 | Gastrointestinal Surgery I | 1 Unit |
| SURG 404 | Urology I | 1 Unit |
| SURG 405 | Radiology | 2 Units |

### COURSE OBJECTIVES

This is a sequential follow-up of the previous training in human and medical biology.
The objective is to introduce students to the method of collating the clinical features of Common Surgical problems, utilizing the deductions so obtained to determine relevant Investigatory and Treatment procedures in the management of surgical disease.

The posting lays the foundation of surgical science introducing the basic principles of surgery, as well as General Surgical and Urological Topics

Emphasis is laid on building the skills of History Taking and Clinical Examination

**COURSE DURATION 8 WEEKS**

**COURSE DESCRIPTION**

**SURG 401 Introduction to Clinical Surgery**
Introduction to basic surgical principles. Also includes administrative and information technology concepts. History and general physical examination of the surgical patient. Physical signs in clinical surgery. Pre-operative preparation and post-operative care of patients.

**SURG 402 General Surgery I**
Common General Surgical conditions (Breast Diseases, Diseases of the Thyroid Gland, Hernias). Principles of surgery, Hernias, Skin lesions, tumours and ulcers, tuberculosis, Kaposi, Buruli and wide variety of tropical ulcers. Thyroid disease, goiter, tumour, cyst and infections, and other endocrine abnormalities.

**SURG 403 Gastrointestinal Surgery I**
Introduction to Surgical Gastrointestinal Surgery. Gastrointestinal Pathology with particular reference to diseases due to delay in diagnosis and arrival at hospital. The wide range of conditions associated with hernias, gangrenous bowel, peritonitis, intra-abdominal abscess and fistula.

**SURG 404 Urology I**
Introduction to Urological Surgery. Urological conditions particularly those associated with complications of urethral stricture, upper tract obstruction, hydronephrosis, renal failure and fistula. Schistosomiasis and bladder cancer. Lesions, ulcers, hydrocoele and tumours. Prostatic and testicular lesions and carcinoma.

**SURG 405 Radiology**

| | | |
|---|---|---|
| RADIOLOGY (RADY) | YEAR 4 | 2 Units |
| SURG 406 | Radiologic Anatomy I | 1 Unit |
| SURG 407 | Tutorials in Radiology | 1 Unit |

(a) It is expected that the medical student should be initiated into the role of radiological imaging during the pre-clinical period as part of the teaching of human anatomy. This helps to correlate cadaveric anatomy in the living i.e.
(b) During the Introductory Course at the commencement of the clinical years, students should have lectures on: The principles of X-Ray production and image formation; and an overview to emphasize the usefulness and comprehensive nature of the use of radiology in medicine.

**RADY 406 Radiological Anatomy I 1 Unit**
Normal radiological anatomy of the upper and lower extremities, the thorax, the spine and the pelvic girdle. Appearance of ossification Centers and bone age determination. Radiological anatomy of the skull as seen in the following radiographic projections: Anterioposterior, Lateral, Towne's, Submentovertical (SMV) and Occipitomental.

**RADY 407 Tutorials in Radiology 1 Unit**
It is expected that by the end of the training, the student should have acquired the ability to approach the reading of a chest X-Ray which is the single most basic principle. He should be able to identify gross changes in the lung fields e.g. pneumonias, collapse, fibrosis canon ball secondaries,

pneumothorax, pleural fluid collection, acute pulmonary oedema and the various presentation of tuberculosis; Cardiac contour e.g. right and/or aneurysyms etc., rib fractures, rib changes in rickets and soft tissue changes in the chest wall; Identify not only gross fractures but the not so obvious greensick fractures of childhood which occur most commonly and will come to him as a casually officer; be able to review a plain X-Ray of the abdomen and recognize normal bowel distribution pattern, pneumoperitoneum (in bowel perforation), normal and enlarged liver, spleen and kidney, upper small bowel colonic obstruction, mid-small bowel obstruction, distal small bowel obstruction, distal colonic obstruction, mid-colonic obstruction, proximal colonic obstruction; Identify radio-opaque gall stones or ureteric calculi and bladder stones, parasitic calcifications; recognize degenerative changes in the spine, vertebral collapse, paravertebral abscesses; assess contrast examinations for gross Pathology e.g. barium meal, barium enema, intravenous urography, cholecystography and cholangiography, cystourethrography, arteriography, aortography, hysterosalpingography, the use of ultrasound in radiology, the of Radioisotopes in radiology and radiotherapy in the management of malignant disease.
The student should be taught how to request for radiological investigation and the sequence.

**LECTURE TOPICS**

SURG 401 (GENERAL SURGERY I)
The Development of Surgery
Concept and History of Surgery
Surgical Anatomy, Symptoms and Physical Signs
Surgical Physiology, Symptoms and Physical Signs
Communication Skills in Surgery
Homeostasis: Bodily changes in Trauma and Surgery
Shock: Causes and Management of Circulatory Collapse
Fluid and Electrolyte Balance in Surgical Patients
Principles of Pre-operative preparation of the surgical patient
Wound Healing: Biological and Clinical Features
Blood Transfusion and Disorders of Surgical bleeding
Metabolism and Nutrition in the Surgical patient
Fever in Surgical Patients
Principles of Operative Surgery: Antisepsis, Techniques, Sutures, Drains etc
Surgical Infections and Choice of Antibiotics
Surgical Complications: Principles of Post-operative Management
Trauma: Management of the acutely injured patient
Molecular Biology and Surgery
Use of Computers /Internet in Surgery
Basic Principles of Business Management, Planning and Administration

**SURG 402 General Surgery I**
Principles of surgery, Hernias, Skin lesions, tumours and ulcers, tuberculosis, Kaposi, Buruli and wide variety of tropical ulcers. Thyroid disease, goiter, tumour, cyst and infections, and other endocrine abnormalities.
Surgical Diseases of the Breast
Diseases of the Thyroid gland
Hernias

**SURG 403 Gastrointestinal Surgery I**
Gastrointestinal Pathology with particular reference to diseases due to delay in diagnosis and arrival at hospital. The wide range of conditions associated with hernias, gangrenous bowel, peritonitis, intra-abdominal abscess and fistula.

Surgical Diseases of the Stomach and Duodenum
Hepatobiliary Disorders
Pancreatic Disorders
Surgery of the Spleen

**SURG 404 Urology I**
Urological conditions particularly those associated with complications of urethral stricture, upper tract obstruction, hydronephrosis, renal failure and fistula. Schistosomiasis and bladder cancer. Lesions, ulcers, hydrocoele and tumours. Prostatic and testicular lesions and carcinoma.
Urological Anatomy and Physiology
History and Physical Examination in Urology
Diagnostic Procedures and Instrumentation in Urology
Paediatric Urology
Congenital Anomalies of the Genito-Urinary Tract
Scrotal Swellings
Lower Urinary Tract Symptoms
Upper Urinary Tract Obstruction
Bladder Cancer
Beningn Prostate Enlargement I
Prostate Cancer I
Urethral Stricture Disease
Testicular Tumours
Acute Scrotum
Genito-Urinary Tract Trauma I

**INTERMEDIATE SURGERY POSTING**

**COURSE CODES**

SURG 501 SURGICAL PRINCIPLES
SURG 502 GENERAL SURGERY II
SURG 503 GENERAL (GASTROINTESTINAL) SURGERY II
SURG 504 UROLOGY II

**COURSE OBJECTIVES**
The aims are:

a. To consolidate the knowledge which the student had obtained in the course of the Junior Surgery Posting, and
b. Simultaneously, to enhance their skills in the correlative application of pathology, clinical and investigative diagnosis and the treatment of general disease.

**COURSE DURATION 10 WEEKS**

**COURSE DESCRIPTION**

**SURG 501 Introduction to Clinical Surgery ` 1 Unit**
Basic Surgical Principles. Also includes Administrative and Information Technology concepts

**SURG 502 General Surgery II**
Common General Surgical conditions (Breast Diseases, Diseases of the Thyroid Gland, Hernias)

**SURG 503 Gastrointestinal Surgery II 2 Units**

Surgical Gastrointestinal Surgery

**SURG 504 Urology II** **1 Unit**

Urological Surgery

**LECTURE TOPICS**

**SURG 501 Surgery in General**

Surgical Infections and Choice of Antibiotics
Communication Skills in Surgery
Basic Principles of Business Management, Planning and Administration II

**SURG 502 General Surgery II**

The Thyroid Gland
Surgical Diseases of the Breast
Acute Abdomen

**SURG 503 Gastrointestinal Surgery II**

Intestinal Obstruction
Surgical Diseases of the Stomach and Duodenum
Hepatobiliary Disorders
Pancreatic Disorders
Surgery of the Spleen
The Small Intestine and the Appendix
Surgical Disorders of the Colon, Rectum and Anal Canal

**SURG 504 Urology II**

Genito-Urinary Tract Trauma II
Urinary tract Infection
Surgical Aspects of Urinary Schistosomiasis and Tuberculosis
Urinary Tract Obstruction
Urolithiasis
Genito-Urinary Neoplasm – Prostate, Bladder, Kidney, Testis
Renal Failure
Male Infertility
BPH II
Prostate Cancer II
Hydrocoeles
Genital Infections and Ulcers
Upper Urinary Tract Obstruction
Hydronephrosis
Urinary Fistulas

**SENIOR SURGERY POSTING MAJOR SURGICAL SPECIALTIES**

COURSE CODES

| | | |
|---|---|---|
| SURG 601 | Cardiothoracic/Vascular Surgery | 2 Units |
| SURG 602 | Paediatric Surgery | 2 Units |
| SURG 603 | Neurosurgery | 1 Unit |
| SURG 604 | Ear, Nose & Throat Surgery | 1 Unit |
| SURG 605 | Opthalmology | 1 Unit |
| SURG 606 | Orthopaedic Surgery | 1 Unit |
| SURG 607 | Anaesthesiology | 1 Unit |

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|---|---|---|
| SURG 608 | Anaesthesiology | 1 Unit |
| SURG 609 | Solid Tumours and Other Neoplasms | 1 Unit |
| SURG 610 | Plastic Surgery and Burns | 1 Unit |

COURSE OBJECTIVES
This posting is designed to enable the student to absorb the biological concept as it is applicable to the clinical management of surgical diseases in the sub-specialties of General Surgery, Urology, Orthopaedic Surgery, Paediatric; surgery. Dentistry, 0 Plastic and Reconstructive Surgery, Thoracic and Vascular Surgery as well as in Neurosurgery.

**COURSE DURATION 12 WEEKS**
**SENIOR SURGERY LECTURES**

A. ORTHOPAEDICS:
Bone and joint diseases in particular chronic osteomyelitis, tuberculosis and effects of the haemoglobinopathies. The common bone tumours and the bony changes associated with other infectious disorders, tropical ulcer, histoplasmosis.

- Fractures and dislocations 6 lectures
- Infections of Bones and Joints Bone Tumors 2 lectures
- Congenital disorders of musculo-skeletal system
- Rheumatic disorders of the Muscle-skeletal system
- Amputation and limb substitution
- Replantation of the extremities
- Traumatology and problem of road traffic accidents. Care of the severely injured, management of shock, treatment of fractures.
- Multiple injured patient - at the site
- Removal
- Transit Hospital/ Rehabilitation
- Triage, Blood and Blood Conservation
- The Hand
- Infections of the Musculo skeletal system in tropics

B. PAEDIATRIC SURGERY

- Respiratory Distress
- Congenital Disorders in the new-born and childhood
- Acute Abdomen in children
- Neoplasm in children
- Surgical Care in Sickle Cell Disease
- Early Diagnosis of Congenital Lesions.

C. PLASTIC AND RECONSTRUCTIVE SURGERY
Ulcers, Management of the different degrees of burns, Skin grafts.

- Diagnosis and management of Burns
- Pathological processes of the Epidermis
- Malignant Tumours of Fibrous Tissue
- Cancer of the skin
- Superficial Lumps
- Principles of skin grafting and skin transportation
- Alternatives to skin cover

D. THORACIC AND VASCULAR SURGERY

- Disorder of the Lymphatic system
- Disorders of the Veins
- Pulmonary Embolism
- Surgery of the Arteries
- Aneurysms
- Thrombo-Obliterative disease of the Aorta and its branches.
- Surgical Disorders of the lungs, pleura and chest wall
- Bronchoscopy
- Thoracic Trauma
- Lung Abscess: Bronchiectasis
- The Pleura and Empyema
- Surgical treatment of Pulmonary Tuberculosis
- Tumours of the Respiratory system
- Thoracic outlet syndrome
- Congenital Disorders of the chest wall
- Surgical Disease of the Mediastinum
- Cardiac Surgery
- Cardiac Catheterisation
- Cardio-respiratory arrest: Preventation, Diagnosis and Management
- Congenital Anomalies of the Heart and Great Vessels
- Acquired disorders and Cardiac Valvular Disease
- Cardiac Neoplasms
- Cardiac Pacemakers
- Assisted circulation

The various types of asphyxia and respiratory distress, particularly in small children. Cardiothoracic conditions including vascular surgery.

E. NEURO-SURGERY

The common intracranial disorder, subdural haematoma, cerebral abscess and other causes of raised intracranial pressure, as well as spinal cord lesions.

- Diagnostic techniques in neurosurgery
- Spontaneous Intracranial Haemorrhage
- Cranio-cerebral Trauma
- Intracranial Infections
- Intracranial Tumours
- Spinal Disc Disorders
- Spinal Infections
- Spinal Trauma
- Peripheral Nerve Injury
- Congenital Disorders in neurosurgery
- Neuro-surgical relief of pain
- Neuro-surgical treatment of Epilepsy.
- Principles of Stereotactic neurosurgery

ANAESTHESIA

- Introduction to anaesthesia including the roles of the anaesthetists in

Resuscitation, operative management, intensive care and pain management

- Pre-operative assessment, Preparation and Pre-medication
- Principles and uses of Anaesthetic Equipment and Breathing Systems.
- Techniques of maintaining the Airway

- Anaesthetic Techniques: General Anaesthesia including Inhalational and Intravenous Methods.
- Anaesthetic Technique: Regional Anaesthesia including Surface. Nerve blocks,
- Spinal, Epidural. etc and pharmacology oflocal Anaesthetic drugs.
- Choice of Anaesthetic method and Technique as influenced by Concurrent. Medical Diseases and Patients Conditions.
- Monitoring during Anaesthesia and patient Transport
- Post Anaesthetic Care, Complications and Management
- Management of Acute and Chronic Pain
- Ambulatory (Day case) Anaesthesia
- Administration of fluids electrolytes and Blood
- Intensive Care Therapy including Nutrition in the Critically ill Patient and Oxygen Therapy.
- Cardiopulmonary Arrest, Resuscitation and Ethical Issues.

**ANAESTHESIOLOGY (ANAE) YEAR 6** **2 Units**

| | | |
|---|---|---|
| SURG 607 | Resuscitation Principles and Practice of Anaesthesia | 1 Unit |
| SURG 608 | Clinicals in Anaesthesia | 1 Unit |

**SURG 607 Resuscitation Principles and Practice 1Unit**

Airway Management: Anatomy of Airway, cause of obstruction, diagnosis of obstruction, consequences of obstruction, methods of securing and maintaining the airway, diagnosis and Management of Respiratory Insufficiency. Clinical features. Laboratory investigations e.g. Spirometry, Blood gases. Management e.g. Oxygen therapy and positive pressure ventilation. Circulatory Insufficiency. Factors affecting cardiac output, blood pressure and venous return. Shock and Cardiac standstill.

Clinical in Anaesthesia Diagnosis and Management of Circulatory Insufficiency

**SURG 608 Clinicals in Anaesthesia 1Unit**

Clinical features of stock and cardiac arrest. Management of airway, ventilation, blood volume replacement, control of infection and monitoring devices. Management of ventilation and external cardiac message and drugs.

The Unconscious Patient: Causes of Coma with particular reference to anaesthesia cardinal principles in the immediate management, management of patient in prolonged Coma, cerebral function monitoring.

OPERATIVE ANAESTHESIOLOGY: Preparation of patient, history and examination of patient, routine and special investigations, pre-medication. Choice of anaesthesia- general regional and local, induction and maintenance of anaesthesia, endotracheal anaesthesia. Interaction of drugs, e.g. inhalation relaxant, spinal epidural field block, nerve blocks. The effect of anaesthesia on some disease states e.g. diabetes hypertension with hypertensive heart disease, sickle cell disease, anaemia. Pre-medication drugs- opiates, anxiolytic and sedatives. General anaesthetic agents: induction agents-thiopentonepropanid, diazepam, ketamine, inhalational agents-esther, halothanae, trichlo-retylene, ethylchoride, adjuvants – muscle relaxants, anthicholinesrases, $NaHCO_3$ adrenaline, calcium gluconate and chloride, vasopressors, osmotic diuretics, local anaesthesia e.g. lignocaine.

OTORHINOLARYNGOLOGY

The Common disorder of the ear, chronic otitis media with discharge, foreign body etc.

- Ear Diseases:
- Applied anatomy and physiology
- History taking and examination in E.N.T.
- Diseases of the external ear
- Otitis media
- Complication of otitis media Haematoma allays
- Ear trauma foreign body, temporal bone fracture
- Deafness and audiology
- Tinnitus
- Vertigo and balance disorders
- Tumours of the ear
- Nasal Diseases:
- Applied anatomy and physiology of the Nose and the paranasal sinuses
Radiographic examination of the Nose and Sinuses
- Nasal Injuries: Foreign bodies. Septal Haematoma; Nasal Fractures.
- Rhinitis and Rhinosinusitis
- Nasal Polyps and Nasal Allergy
- Complication of Rhinos in us it is Epistaxis
- Naso-antral tumours
Throat Diseases (Larynx, Pharynx and Oesophagus)
- Applied anatomy and physiology of the throat
- Radiographic examination of the throat
- Traumatic conditions foreign bodies in the Oesophagus, Larynx and
- Pharynx
- Penetrating neck injuries e.g. gun shot, arrow and stab wounds. ENT
manifestation in HIV/AIDS patient
- Adenoids
- Tonsillitis
- Peritonsillar Abscess (Quinsy)
- Retropharyngeal abscess
- Tonsillectomy and adenoidectomy
- Stridors and Hoarseness
- Tracheostomy
- Respiratory Papillomatosis
- Tumours of the Laryx and Pharynx
OPHTHALMOLOGY
Common Diseases of the Eyes.
- Applied Anatomy and Physiology of the Eye and -Orbit.
- The Red Eye: Conjunctivitis, Corneal Ulcer, Iritis, Choroiditis.
- Eye Injuries: Contusion, Penetrating, Burns (Chemical and Thermal), Foreign
bodies.
- Lesions of the Eyelids: Chalazion, Stye, Trichiasis, Entropion, Ectropion.
- Gradual Loss of Vision: Cataract, Glaucoma
- Sudden loss of vision: Vitreous Hermorshage, Central Retinal Arterial
- Occlusion and Venous Thrombosis, Retinal Detachment.
- Strabismus
- Optic Nerve disorders: Neurities, Papilloedema, Atrophy.
- Errors of Refraction: Myopia, Hypermetropia, Astigmatism and Presbyopia
- Community Eye Care: General Ocular Hygiene, Harmful Traditional Eye
Medication including couching.
- Nutritional Eye Disease: Bit A Deficiency.

During the course of training in Ophthalmology, the student would be expected to acquire skill in the following procedures;
- Visual Acuity testing with Snellen's Chart
- Eye Drops and Eye Ointment application
- Foreign body removal (General and Conjuctival)
- Direct Ophthalmoscopy

BASIC PRACTICAL SKILLS IN SURGERY
- Cut-down, venostomy and camulation
- Setting up I.v. drip and management of I.v. infusions
- Insertion and removal of urinary catheters
- Suturing of Lacerations
- Incision and drainage of superficial abscesses
- Preparation of patients for colonic and ano-rectal operation
- Establishment, management and removal of chest tubes
- Aspiration of fluid from the plelural space
- Aspiration of fluid from the pericardial space
- Application and removal of P.O. P. cast
- Application of temporary splints
- Making an electro cardiographic recording (ECG recording)
- Endo-tracheal intubations
- Aspiration of fluids from joint spaces
- Intra-articular instillation and injections
- Preparation of patient for surgery
- Electromyography
- Tracheal aspiration
- Laryngoscopy
- Cystoscopy
- Tonometry
- Tuberculin test
- Ultrasonography
- Bone marrow aspiration
- IVU
- Gastric intubation lavage
- Gastroscopy
- Liver biopsy
- Abdominal Parecentesis
- Protoscopy
- Bladder Catheterisation
- Renal Biopsy
- Sigmoidoscopy
- Lumbar Puncture
- Peritoneal Haemodialysis
- Excision biopsy of simple lumps

## 4.6 COMMUNITY MEDICINE

The department of Community Medicine deals with problems at the community level. Therefore, there is more emphasis on preventive and health promotion than on lucrative medicines with a continuous interaction between the department and the adopted community.
The major course objectives are:

1. Introduce the students to the concepts of community health and their relevance to the healthcare delivery system in Nigeria.
2. Equip students with knowledge and skills to carry out epidemiological studies to identify the prevalent health problems in the community and determine methods of alleviating this problem.
3. Equip students with knowledge and skills to plan, organize and evaluate appropriate health programmes which include promotive, preventive, curative and rehabilitative health in collaboration with other members of the health team in order to reduce morbidity and mortality in the community and thereby improve the quality of life of the people.
4. To develop in the students the spirit of teamwork in promoting health care in Nigeria.

**Specific Objectives are:**

1. To possess adequate knowledge in the various sub-specialties of community health as stated in the Babcock University undergraduate training curriculum in Community Medicine viz; Epidemiology and Control of Diseases, Family Planning, Environmental Health, Health Policy, Planning and Management, Occupational Health, Bio statistics, Rehabilitative and Social Medicine and Medical Ethics.
2. To possess the ability to assess the magnitude and burden of health problems in various communities in relation to their distribution, determinants and deterrents on the survival and quality of life of the people.
3. To acquire the knowledge of the sources of data for health planning and management including conducting relevant research.
4. To acquire skills to be able to identify the biological, physical, psychological, social and environmental factors in communities which determine the health status and survival of people in the communities.
5. To impact knowledge of understanding the principles of prevention, control, diagnosis and management of diseases and the effective and efficient ways for taking appropriate health action.
6. To acquire the skills to plan, review and evaluate health programmes and make necessary implementation changes.
7. To possess the knowledge and skill required to function as a Medical officer of health in a Local Government Area in any part of Nigeria, West Africa and Sub-Saharan Africa.
8. To pursue post graduate academic training in Public/Community Health Medicine

**COMH 200:**

**a. Introduction to Community Health, Human Ecology/Medical Sociology/History of Medicine (1st Semester, 200L)**

**b. Introduction to Medical Statistics (2nd Semester, 200L)**

a. <u>Course Content for Introduction to Community Health, Human Ecology/Medical Sociology/History of Medicine</u>

1. Sociology of the Family: Family structures and Patterns, Marriage and Family Institutions, functions of the Families; Family structures and health. Male participation in reproductive health issues.
2. Mental health: including prevention and social aspects of mental health, special care, and child care and marriage guidance.
3. Human organizations and system: behaviour and behavioural factors contributing to health; human change processes (biological and psychological) and; moral and cultural obligation of citizens; culture and reproductive health care, human rights- including rights of the child, women and other vulnerable individuals; universal declaration of the human rights; international convention on the elimination of all forms of racial discrimination and sexual

harassment. Convention on the elimination of all forms of discrimination against women. Convention against torture and other cruel, inhuman or degrading treatment or punishment. Convention of the Rights of the child.

4. Ecological Concepts: Components of the environment (physical, biological and social).
5. Man's interaction with environment; adaptation process, balance and change. Human organization and systems.
6. Traditional and modern health systems.
7. Description of human populations.
8. Behavioural concepts in public health.
9. Classification of health behaviour and practices.
10. Change processes.
11. The Community as laboratory
12. History of Medicine

b. Course Content for Introduction to statistics

1. Role of statistics in Human Biology and Medicine.
2. Collection and organization of data and scales of measurements.
3. Presentation of data.
4. Measures of central tendency and location.
5. Measures of variability.
6. Introduction to probability and inductive statistics.
7. Estimating population values.
8. Statistical significance of difference.
9. Association, correlation and regression.
10. Critique of a scientific paper.
11. Planning of health survey.
12. Design and interpretation of clinical trials.

**COMH 300:**

a. **Health Statistics and Demography (1st Semester 300L)**
b. **Research Methods in Public Health Field Activities (2nd Semester, 300L)**

a. Course content for Health Statistics and Demography

1. Sources of population data.
2. Sources of health and vital statistics.
3. Measurements of health and disease.
4. Measurement of fertility and mortality.
5. Standardization of vital rates.
6. Population dynamics, structure and growth.
7. Interaction between medical action, population, health and population growth.

b. Course content for Research Methods in Public Health Field Activities

1. Introduction to research methods
2. Design of medical and public health studies.
3. Planning research topics
4. Study population and Sampling techniques.
5. Questionnaire design and sample questionnaire
6. Review of literature
7. Study design and data collection
8. Data collection, analysis and interpretation.
9. Interpretation of results and statistical tools

**COMH 500: (Block Posting)**

**a. Community Diagnosis**
**b. Field and Laboratory Activities in Community Health**
**c. Integrated Public Health Lectures and Endemic Diseases**
**d. Computer and entrepreneurial studies**

a. Course content for Community Diagnosis
    1. Identify the common problems or diseases, which are troublesome to the people and are easily preventable in the community.
    2. Disclose the hidden problems that are not visible to the community people but are being affected by them.
    3. Find the real problems of the community people which might not have perceived by them as problems.
    4. Access the group of underprivileged people who are unable to use the available facilities due to poverty, prevailing discriminations or other reasons.
    5. Impart knowledge and attitudes to turnover people's problems towards the light of solution.
    6. Work with the community to take ownership of their health and work towards the betterment of the community's health

b. Course content for Field and Laboratory Activities in Community Health
    1. Environmental health services; visits to water treatment works, sewage treatment plants, markets and other food processing factories and abattoirs, refuse disposal systems etc.
    2. Community welfare services; visits to remand homes, homes for motherless and handicapped children, prisons, schools for the deaf etc.
    3. Public Health Laboratories; including testing of water, control of communicable diseases, and visits to the tuberculosis clinic and the infectious disease clinics.
    4. Occupational Health Services; lectures and visits to selected industries.

c. Course content for Integrated Public Health Lectures and Endemic Diseases

1. Epidemiology: Definition and principles of Epidemiology.
    a. Methods and uses of Epidemiology.
    b. Epidemiological studies.
    c. Epidemiological studies and control of Common Communicable diseases.
2. Family Health: concepts, components and objectives of family health.
    a. Measurements in family health.
    b. Health problems of mothers and children.
    c. Practice of family health.
    d. Immunization programmes.
    e. Population Dynamics and family health programmes.
3. Environmental Health:
    a. The Physical environment of man health
    b. Components of environmental sanitation
    c. Water supply and wastes disposal
    d. Housing and health, food hygiene and vector control.
    e. Legislation and Environmental Health.
4. Occupational Health:
    a. History of occupational health.
    b. The working environment.
    c. Common Occupational Health Problems in Nigeria and their control.

d. The health problems of Agricultural workers.
e. National and international regulations relations relating to occupational health.

5. Community Health Nutrition:
   a. Nutrition and health.
   b. Epidemiology and control of common nutritional problems in Nigeria.
   c. Infection and Nutrition.
   d. Nutritional values of Common Nigerian foodstuffs.
   e. Food policy, hygiene and toxicology.
   f. Assessment of nutritional status.
   g. Nutrition education.
6. Community Administration:
   a. History of Health Service Administration.
   b. Concepts, principles and functions of management.
   c. Comparative Analysis of Health care system in different countries Services in Nigeria.
   d. The Health Planning Process.
   e. Evaluation of Health Services.
7. Social Medicine:
   a. History of social medicine.
   b. The underprivileged members of society.
   c. Classification and causes of handicaps.
   d. Programme for the handicapped, social welfare services in Nigeria and other countries.
   e. Sexuality education i.e. courtship, marriage preparation, assertiveness, negotiation skills, responsible parenthood, sexual orientation, roles, values clarification, safe sex practices and family planning methods. Frigidity, erectile dysfunction.
8. Health insurance scheme, administration and population development.
9. International Health:
   a. Origins and Development of international Health.
   b. The World Health Organization.
   c. International Health regulations.
   d. Other Governmental and Non-Governmental Organizations involved with international Health.
10. Medical Ethics:
    a. History and evolution of medical ethics.
    b. International Code of Medical Ethics
    c. Duties of Doctors.
    d. The Nigerian Medical and Dental Council.
    e. Professional Negligence/Responsibility/Confidentiality/Misconduct.
    f. Ethics of Medical Research.
    g. The doctor and the law: Judicial, Coroner's Court.
11. Gender Issues:
    1. Convention on the elimination of all forms of Discrimination against women (CEDAW)
    2. Female genital cutting (FGC)
    3. Puberty and widowhood rite
    4. Male child preference and discrimination against the Girl Child
    5. Forced Early Marriage
    6. Wife inheritance and Hospitality Practices
    7. Violence Against Women and Men
    8. Sexual abuse and women trafficking.

    d. <u>Course content for computer and entrepreneurial studies</u>
       1. Introduction to entrepreneurial studies
       2. New lecture creation

3. Theory and procedure of entrepreneurship
4. Management in new lectures
5. Financial capital and new market lecture
6. Determination and process in new lecture
7. Screening case studies for medical duties, dentists

**COMH 600: Community Medicine and Primary Health Care Posting**
**Course Content**

1. During the period, students will gain experiences in the following areas:
   a. Curative Services.
   b. Environmental Health.
   c. Family Health including family planning.
   d. School Health
   e. Health Education.
   f. Immunization and prevention of common communicable diseases.
   g. Promotion of relevant services.
   h. Data collection and evaluation of Programmes.
   i. Promotion of Nutrition.
   j. Carrying out of specific Community Health Research Projects.
   k. Home Visiting.
   l. Training and supervision of auxiliaries and other health professionals.

## DETAILS OF MBBS TRAINING CURRICULUM AND METHODS OF IMPLEMENTATION

### 2.0 RELIGIOUS COURSES

The religious courses requirement for medical students in this programme consist of 8 courses (19 units). The religious courses will span the entire years of the training.

### 1.1 THEOLOGICAL STUDIES (9 Units)

**BU GEDS 126 Life and Teachings of Christ** 3 Units

The world which Jesus met and worked in. God with Us. Historicity of Jesus Christ. The fullness of Time. Childhood and Youth of Jesus. The Baptism of Jesus. The temptation of Jesus. The Gospel of the kingdom. The Ministry Jesus Christ. The Mission of Jesus Christ. Jesus' Teaching Methods. The Sermon on the Mount. The last days of Christ earthly life. Gethsemane Experience. Jesus' Arrest. Judgement of Jesus. The Crucifixion. Burial and Resurrection. Jesus' Appearances. Seventh-day Adventist Prophetic roots.

**BU-RELM 200 Adventist Roots and Legacy 3 Units**

The historical and prophetic origin of the Seventh-day Adventist Church. Millerite roots, before 1844. The 1844 experiences. The development and organization of the Seventh-day Adventist Church. The era of doctrinal and organizational development (**1844 – 1863).** The era of institutional and lifestyle development (1863ff ). The era of revival, reform, and expansion (**1888 – 1900**). The era of reorganization and Crisis (**1901 - 1910**). The era of worldwide growth (**1910 – 1955**). The challenges and possibilities of maturity (**1955).** The contributions of the pioneers and founders of the Seventh-day Adventist Church. The Pillars of Adventism. Adventists' concepts of holistic education. Healthcare and reforms. Publishing ministries. The prophetic gift in the Seventh-day Adventist Church. Significance of prophetic gift to the Adventist Mission. The purpose of Adventism. Adventist

concept of mission. The origin, exploits and challenges of Seventh-day Adventism in Africa. Contributions of the Seventh-day Adventism in Africa.

**BU RELM 305 God and Human Suffering 3 Units**
The concept of suffering. Biblical worldview on suffering. Forms of evil. Natural and moral evil. Theodicy. Perspectives on suffering. Suffering in the Book of Job. Christians and sickness. Biblical principles of wellbeing. Misunderstood Bible texts on suffering. Dualism. Open theism. Implications of suffering. Values of suffering. Choice and suffering. Suffering and character. Faith and healing. Coping with pain. Theological approaches. God and ultimate restoration

**BU-RELM 417 Biblical Foundation for Health and Health Ministry** 3 Units
Human Nature before the Fall. God's Master-plan for human health. The effects of the Fall on humans. The effects of sin on human health. God's alternative plans for human health. Christian worldview on health and wellness. Understanding God's purpose for our health. Biblical principles for human health. God, the Medical Minister. Prophets and Priests as Medical ministers. Jesus' Healing ministry. Strategies of Jesus' healing ministry. Scope of Jesus' healing ministry. Ministry to the poor and destitute. Principles of Jesus' healing ministry. Contemporary medical ministry. Jesus' healing ministry and Medical ministry. Steps to Christian medical ministry. Challenges of Christian medical ministry. The ultimate goal of God for human health.

**BU-RELM 513 Wholeness for Physicians 3 Units**
The biblical view of the human nature. The God-factor. God's original design for human wholeness. The effects of the Fall. The origin of illnesses. Wholistic human development. Personality Traits. Essentials of Healthy Living. Wholeness for the physician. Passing confidence to the client. The compassionate physician. Faith (Belief) and personal wholeness. Making a case for faith healing. Self-forgiveness. Dealing with loss and grief. Comforting the bereaved. "Physician, heal yourself". No more sickness and death.

**BU-RELM 618 Seminars in Adventist Heritage and Integrative Care 3 Units**
The integration of psycho-social and spiritual care in the clinical setting.

**SPECIAL COURSES**

**BU-COM 219 Introduction to Public Health Data Analysis 3Units**
IBM SPSS Statistic Software: Introduction. Descriptive statistics. Z-score. Correlation. One-sample t-test. Paired sample t-test. Independent sample t-test. Chi-square test. WHO EPI-Info: Overview. Data entry. Basic analysis. Overview of Qualitative Research. In-depth Interviews. Focus Group Discussions. Data collection. Data analysis. Introduction to Atla-ti.

**BU-COM 314 Systematic Review and meta analysis 3 Units**
Introduction to systematic review. Databases. Development of key words. Mining of scientific documents. Literature review - traditional, scoping etc. Research hypotheses. Inclusion and exclusion criteria. Protocols. Methodology. Registration of systematical review - PROSPERO. Systematic review process - PRISMA. PICO. GRADE. Data extraction. Result presentation. Meta analyses. RevMan. Systematic review of qualitative studies and diagnostic studies.

**BU-COM 424 Medical Missions in Developing Countries 2 Units**
Medical mission: definition, components and essentials. History and development of medical mission in Seventh Day Adventist Church and other organizations. Global burden of poverty and factors

influencing health deficit in developing countries. Stakeholders in medical mission. Community engagement and mobilization. Work flow in medical mission. Types of medical mission, their advantages and disadvantages. Advertisement and health promotion for medical mission. Health information management and data science for medical mission. Crowd management and crisis prevention. Fund raising and accountability in medical mission. Non-governmental organization and community development. Reporting in medical mission. Drug management. Equipment and resource management. Lifestyle modification. Health promotion. Transportation in medical mission. Acute and chronic Complication management.

**BU-MDH 505 Digital health in Society/Practice 3 Units**

Digital health: components, advantages and disadvantages. Digital health team. Data ethical and laws governing digital health. Digital health technology and health monitoring devices. Digital health delivery modalities. Consultation – physical versus digital health. Examination in digital health. Wearables for health monitoring. Health record management in digital health. Investigation prescription, result retrieval, interpretation and use. Confidentiality and data security. Drug and treatment management. Second opinion and referrals. Handling complications in digital health. Emergency services and digital health. Chronic diseases and digital health. Digital health and institutional care. Financing digital health care and health insurance. Litigation and liabilities. Patient satisfaction. Research in digital health

**BU-MDH 613 Complementary and Alternative Medicine 3 Units**

Introduction to CAM. Faith healing. Acupuncture. Folk healing. Homeopathy. Aromatherapy. Biofeedback therapy. Use of dietary supplements. CAM for climacteric complaints. CAM for Premenstrual syndrome. CAM for puerperal problems. CAM for pregnancy complaints. CAM for nausea and vomiting. Moxibustion for version of breech. CAM for labour pain relief. Massage therapy to prevent perineal trauma. CAM for cervical ripening. CAM for labour induction. Drawbacks of CAM. Drug-herb interactions.