

BOOK REVIEW

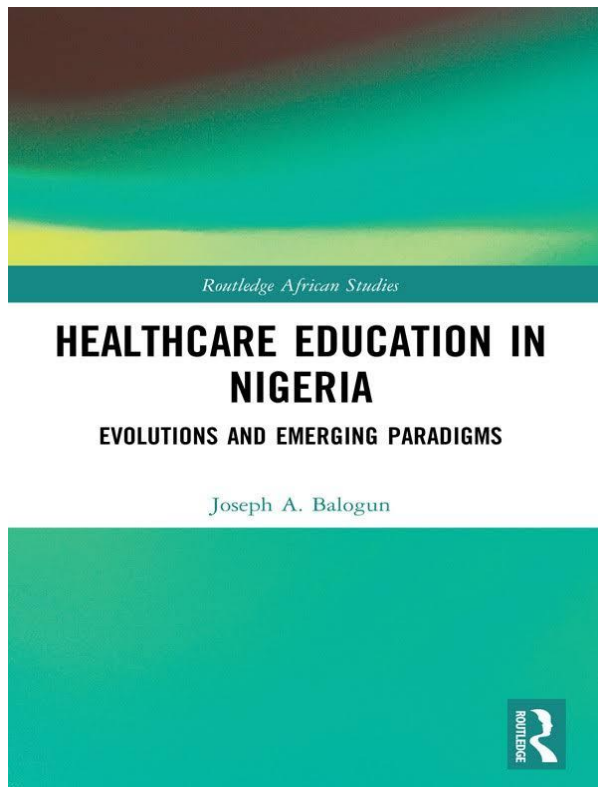
Healthcare education in Nigeria: Evolutions and emerging paradigms

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In this 253-page, 10-chapter book, titled “Healthcare Education in Nigeria: evolutions and emerging paradigms”¹, Professor Joseph A. Balogun presents a chronicle of healthcare education (HCE) in Nigeria, the contributions of key educators of the healthcare profession, as well as challenges and recommendations for improving Nigerian HCE. Prof. Balogun, who himself is a healthcare educator of over forty years and a distinguished University Professor at the Chicago State University (CSU), USA; presents an easy to read, experiential, and authentic account of advancements in HCE in Nigeria. The book was

published as a hard-cover and an e-book by Routledge, Taylor and Francis Group, which makes it accessible to readers all over the world.

Joseph Balogun begins this book with a brief description of global healthcare education (HCE); he traces the history of HCE from the curious enquiry of the Greek era; to the apprenticeship model that was favoured in the 9th to the 11th century; and finally to the modern science-oriented training of healthcare professionals (HCPs). He then focused on the teaching strategy of HCPs, where he opines that teacher-centred teaching should give way to student-centred learning. He also describes e-learning techniques as a viable tool to enhancing HCE in Nigeria, but laments the failure of many Nigerian institutions to take advantage of this model of teaching.

In Chapter 3, the author discusses the concept of professionalism and how an inadequate teaching of professional skills has impacted negatively on the ethical conduct of HCPs. He concludes the Chapter by documenting that apart from including professionalism in the curriculum of HCE, role modelling would play a major role in entrenching these principles. The author then describes a typical Nigerian organizational structure for an academic programme, and emphasised the need for training support for departmental chairs/heads of departments to enable them accomplish their enormous roles and responsibilities.

The discussion then shifts to a systematic chronicling of the history of different healthcare disciplines in Nigeria; starting with the entrance of medicine and dentistry in 1862, though short-lived, and its re-emergence in 1934; to the

establishment of Physiotherapy in 1945. The author then describes the developmental milestones and the milieu of HCE in Nigeria. A major paradigm shift in HCE in

Nigeria was the development of a more science/research centred medical education that was pioneered at Obafemi Awolowo University (OAU) in the early 1970s. The OAU curricula was designed for HCPs to first complete a BSc degree in Health Sciences before proceeding to the clinical aspects of the training programme. During this period, OAU also commenced degree programmes in Nursing, Environmental Health, Medical Rehabilitation, Medical Laboratory Technology, Nutrition, Dietetics, and Dental Therapy/Hygiene, thus producing a cohort of HCPs with excellent scientific background.

The author then provides a succinct description of Nigerian healthcare academics who drove HCE in different fields. The contributions of nineteen (19) pioneer health care academics, who were educated in the United Kingdom and United States, and returned to Nigeria to establish different field of healthcare professions were described. The discussion then moves to the changing ambiance of HCE in the last ten years. This era ushered in the transition from the award of Bachelors' degrees of some healthcare disciplines to the award of professional doctorate degrees such as the Doctor of Pharmacy (PharmD) degree.² In Nigeria, these degrees, including PharmD, are the first professional degrees and a prerequisite for licensing to practice the profession^{2,3}. There was also a stronger emergence of higher degrees in Nursing. The author however opines that the paucity of academics in these fields may retard the growth of these programmes.

The major challenges in Nigerian HCE system were highlighted to include paucity of specialists/academics, brain drain, underfunding, frequent strikes, misconduct, academic rivalry etc. Anchoring on his experiences of the Nigerian HCE, the author used formative and summative systems evaluation to assess HCE curricula/programmes in Nigeria. These evaluations were used as a basis for recommendations to reform the Nigerian HCE. A major recommendation is multidisciplinary educational approach. The final chapter of this book highlights the profile of leading Nigerian

academics in diaspora as well as their contributions to HCE in their resident countries and their continued support to HCE in Nigeria.

This book takes the reader through a journey of the different phases, the developmental milestones, the challenges, and finally the recommendations for reform of HCE in Nigeria. I believe the account of HCE in Nigeria depicted in this book would have been more robust if the contributions of basic medical sciences and pure sciences were included. As indicated in this book, science is the basis of medicine; also, a multi-/interdisciplinary approach to HCE is a major driver of excellence. Although this book describes the excellent contributions of pioneer health care educators residing in Nigeria; the inclusion of the contributions of current elite healthcare academics living in Nigeria to HCE would have added to the wholeness of this book. There are several healthcare academics, with world class achievements, who have contributed tremendously to HCE in Nigeria. I believe they are worthy of mention.

In my opinion, this book provides a succinct account of HCE in Nigeria, which is a first of its kind. It would be greatly beneficial to academics, students, policymakers, administrators, healthcare professionals, and lay persons.

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