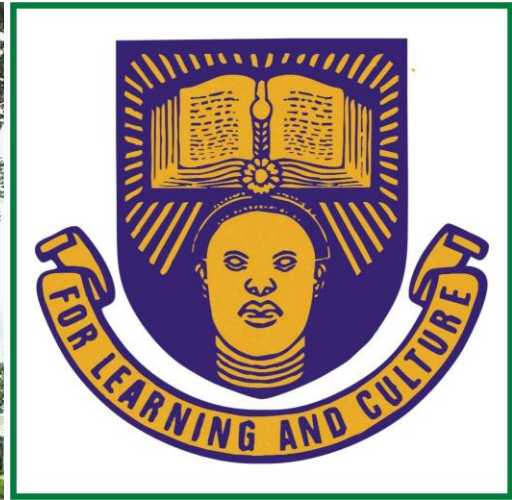




Echoes From Ife



A Key Note Speech Delivered by Professor Joseph Balogun at the Plenary Session of the First CMUL and 8th OAU Physical Therapy Alumni Conference held at Embassy Suites Baltimore, Maryland on July 8-9, 2016 on the Occasion to Celebrate the 30th Year Anniversary of a 5-Year Academic Experience at Obafemi Awolowo University, Ile-Ife, Nigeria: 1986-1991

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1. Glossary of Terms

An understanding of the following operational terms and semantics is needed for comprehension of some concepts contained in this presentation.

- **Echoes** in physical terms are sound or series of sounds caused by the reflection of sound waves from a surface back to the listener and the sounds reverberates loudly. In this presentation, echoes signify my inner voice and loud memories of events at Ife
- **Ife** (Yoruba: Ifè, also Ilé-Ifè) is an ancient Yoruba city located in the South-western region of Nigeria about 218 km (135 mi) northeast of Lagos.
- **Program assessment** is a process in the academy to provide a program with feedback on its performance with the intent to improve the effectiveness and efficiency of the faculty and program and most importantly, improve student learning. It is not an evaluation of individual students, faculty or staff and it is not synonymous with the accreditation visits by regional or professional bodies.
- **Assessment of Student Learning.** Student learning assessment plan includes the following direct and indirect measures:
 - Direct measures include the use of standardized test results; such as ATI end-of-course examinations, HESI exit exam, and NCLEX-RN Exam.
 - Indirect measures include student exit survey, alumni and employers' surveys.
- **Teaching Effectiveness.** Faculty uses formal and informal assessments in the classroom to improve their instruction. The department chair and peers evaluate the classroom teaching effectiveness of the faculty. In addition,

students are encouraged to complete course evaluations for each instructor at the end of the semester through an online format in the University Cougar Connect portal. These evaluations are reviewed by the respective faculty and the department chair at the end of the year with the sole purpose to improve faculty performance. Results from the students, peers, and chair evaluations are used to improve the faculty teaching effectiveness within the department.

- **Department Effectiveness** is evaluated using the key performance indicators (KPIs) such as the number of students enrolled, retention and graduation rates, the number of graduates produced, class size, the number of students participating in service learning and faculty scholarship productivity.
- **Tenure** is the fundamental right to due process that faculty members have and cannot be contractually fired without presenting evidence that he/she is incompetent or behaves unprofessionally or that an academic department or program needs to be closed if the university is in serious financial difficulty. Tenure is attained after a probation period of 5-6 years on the job and following demonstration of acceptable performance after a rigorous peer review process in the teaching, scholarship and service domains. Tenure is a common practice in the USA. The term confirmation is used in Nigeria, but the process for confirmation is less rigorous and the probation period for confirmation in Nigeria is only 2-3 years of employment.
- **Physical Therapy**, a term coined in the USA is referred to as **Physiotherapy** in the UK, Nigeria and many countries around the world. Both terms were used interchangeably in this presentation. **Physical Therapy** was used when referring to the USA and **Physiotherapy** was used when referring to Nigeria.
- The term **Lecturer** is used in Nigeria to describe a university teacher of all ranks. The equivalent term in the USA is the word **Faculty**, which is used for

both part-time and full-time university teaching personnel. Both terms were used interchangeably in this presentation.

Introduction

Thank you very much Dr. Ayoola for your generous welcome and kind words. First, I'd like to convey the expressions of love and best wishes from our colleagues in Nigeria. As many of you are aware, I was invited last year to deliver the third Christopher Ajao's inaugural lecture at the 55th Annual Conference of the Nigeria Society of Physiotherapy (NSP) held at my home State capital, Lokoja. The last time that I was in Nigeria was over a decade ago. A lot has changed in our motherland; a mixed bag of good, bad and the ugly. Having tasted Nigerian hospitality a new, I promised to visit the home land more often. During the conference, I observed positive energies and gargantuan enthusiasm among the NSP members that I did not experience during the 1980s. I was impressed by the large number of our colleagues in the academy who have completed their terminal degrees and now engaged in productive research in our universities.

Second, I'd like us to formally recognize the demise of our colleagues who departed this world since we last met over a year ago. I hereby recognize Professor Vincent Nwuga, Professor Gabriel Odia and my classmate, beauty and charm, Dr. Bridget Birabi. The trio has one thing in common. They served two terms as President of the Nigeria Society of Physiotherapy (NSP) during their illustrious careers. In addition, we must also recognize and mourn the departure of several other physiotherapist colleagues in Nigeria. Their good deeds are eternal and we pray that the Lord continue to comfort their nuclear families. Please, rise and let us observe a minute of deference.

Interregnum

May their souls rests in perfect peace, Amen.

A Watershed Moment

It gives me great pleasure to address this esteemed body of physiotherapists of Nigerian descent who happened to receive their entry-level physiotherapy education in Nigeria. For the past eight years, I have always looked forward to attending the annual conference of the Obafemi Awolowo University (OAU) PT Alumni Association. This year's conference is special because it marks the first time that physiotherapists who graduated from the College of Medicine, University of Lagos (CMUL) and OAU will be meeting under the same roof.

This gathering is the first for the CMUL (“Akokites”) PT Alumni in the USA and the 8th for the OAU (Great Ife) PT Alumni. Getting the two associations to meet in one location is an ingenious idea that took several years of courtship for the marriage we are witnessing this morning to be consummated.

At the OAU PT Alumni Association conference held last year in Florida, there were genuine concerns and doubts expressed about this marriage. I am glad that you are able to rise above your individual or group interests and plunged today into an unknown future with vigor to achieve great things for our country and profession. I am sure that all the fears that were expressed last year are not completely gone, but like in any marriage, we need to listen to the concerns of one partner, buckle down and do the hard yards to make the amalgamation work for us all.

Today will be recorded in the annals of Diaspora physiotherapist alumni relations as a watershed moment. As an Advisory Board member of the OAU PT Alumni Association, Professor Victor Obajuluwa and I are ordained by God to formally bless this marriage. What we are witnessing did not happen by chance. Many individuals have worked very hard behind the scene to make this occasion possible. I'd like to formally recognize the efforts of the CMUL team: Dr. Ayodele Ayoola (Interim President), our indefatigable “ambassador” Dr. Emmanuel John

(Interim Secretary), Charles Agbonghae (Interim Treasurer), Rasheed Alade (Interim Assistant Secretary), and Dr. Olumide Aderoba; as well as the OAU team: Dr. Abayomi Kuforiji (President), Dr. Akinloye Olokungbemi (Vice-President), Dr. Dare Aina (General Secretary), Dr. Abayomi Olawoye (Financial Secretary), and Mrs. Olutoyin Ayoola (Treasurer). Please let us all rise and formally welcome the “Akokites” on board.

Interregnum

I am going to use this auspicious occasion to formally invite our University of Ibadan (UI) physiotherapy graduates living in the USA to join our “big tent.” As many of you know, UI is the first university to be established in Nigeria. As a UI alumnus myself, Jesus’ parable the “first will be last and the last, first” (Matt. 19:30, Mark 10:31 and Luke 13:30) readily comes to my mind. The relevance of this parable on this occasion is that it does not matter when we come to salvation (by joining the big tent) or how hard the founding members have worked compared to others, the message of our mission is the same—to carry the flag and contribute to the development of our alma mater in Nigeria. It is never too late; our big tent can accommodate all of us.

How ‘bout them Akokites?

Several of you present here this morning were “JAMBite”; at different periods between 1986 and 1991. For the uninitiated to the lexicon used in Nigerian universities, “JAMBite” is the street name for first-year university students. I was privileged during my 5-years stint in Nigeria as a faculty member at OAU, to meet several of the “Akokites” in the hall. From 1989 to 1991, I served as an external examiner and as a member of the National University Commission (NUC) panel

constituted to accredit the CMUL physiotherapy education program. But my knowledge of CMUL goes further than my association with the institution in the 1980's.

Historically speaking, there has always been a strong bond between the students and faculty from the three first generation physiotherapy education program in Nigeria: UI, CMUL, and OAU. The debut curriculum of the physiotherapy programs at UI and CMUL were designed to promote interdisciplinary education and to provide clinical experience in the hospital and community settings. During the early years of physiotherapy education in Nigeria, final year UI students spend one week of their community posting experience at CMUL. This unique experience allows the physiotherapist students from UI to interact in the classroom and clinical settings with their counterparts at the CMUL.

This unique collaborative learning experience was developed under the aegis of both Dr. Abayomi Oshin (at UI) and the late Professor Gabriel Odia (CMUL). During the Lagos posting, UI students receive lectures in basic biostatistics and community physiotherapy from Professor Odia. They also attend orthopedic ward rounds with medical students and residents from CMUL and receive lectures on the management of fracture from the late Professor Jaja. Students also observe Professor Jaja perform routine and complex surgical procedures at the Orthopedic Theater of the University Teaching Hospital at Idi-Araba. Professor Jaja was a gregarious, down-to-earth, and a non-condescending orthopedic surgeon who values the critical roles of physiotherapy in health care. In my view, he is one of the heroes of our profession who deserved to be recognized posthumously. The implementation of intra-and-inter professional education experiences described in this presentation was indeed novel and visionary ideas at the time. Now that the

housekeeping formalities have been taken care of, I'd like to deliver my keynote speech.

Purpose and Scope of the Key Note Speech

From 1984 to 1986, I was employed as an Assistant Professor of Physical Therapy at Russell Sage College (RSC), Troy, New York. This month marks the 30th year anniversary of the best professional career decision that I made by resigning my appointment at RSC in 1986 to join the faculty at OAU. My presentation this year will take on a less academic tone but a personal celebration. I intend on going down the Memory lane to recapture the high points of my academic experience at OAU from 1986 to 1991. Fasten your belts as I take you on a ride into your past!

Over the years, a number of my colleagues and students have asked me the following questions pertaining to the “OAU experience”:

- Where did you receive your physical therapy education?
- Why did you decide to be an educator?
- Why did you go back to Nigeria to teach?
- How did you decide on what university to go to teach in Nigeria?
- What is the language of instruction in Nigeria universities?
- Are the roles of faculty in Nigeria different from the United States?
- What are the similarities and differences between physiotherapy education in Nigeria and the USA?
- What type of research did you engage in Nigeria?
- What factors influenced your research in Nigeria?
- Did you have a productive research experience in Nigeria?

I have decided to use this 30th anniversary of my 5-years employment at OAU to answer the above interesting and intriguing questions. I consider this occasion most appropriate because many of the individuals in the hall today are

living witness to the events at OAU. My presentation this morning will not only be directed toward individuals in this hall but also to several of my colleagues and students around the world. Thirty years is a long time and I praise the Almighty for allowing me to stand in front of you this morning to reminisce about my OAU experience.

Nigerian Nation

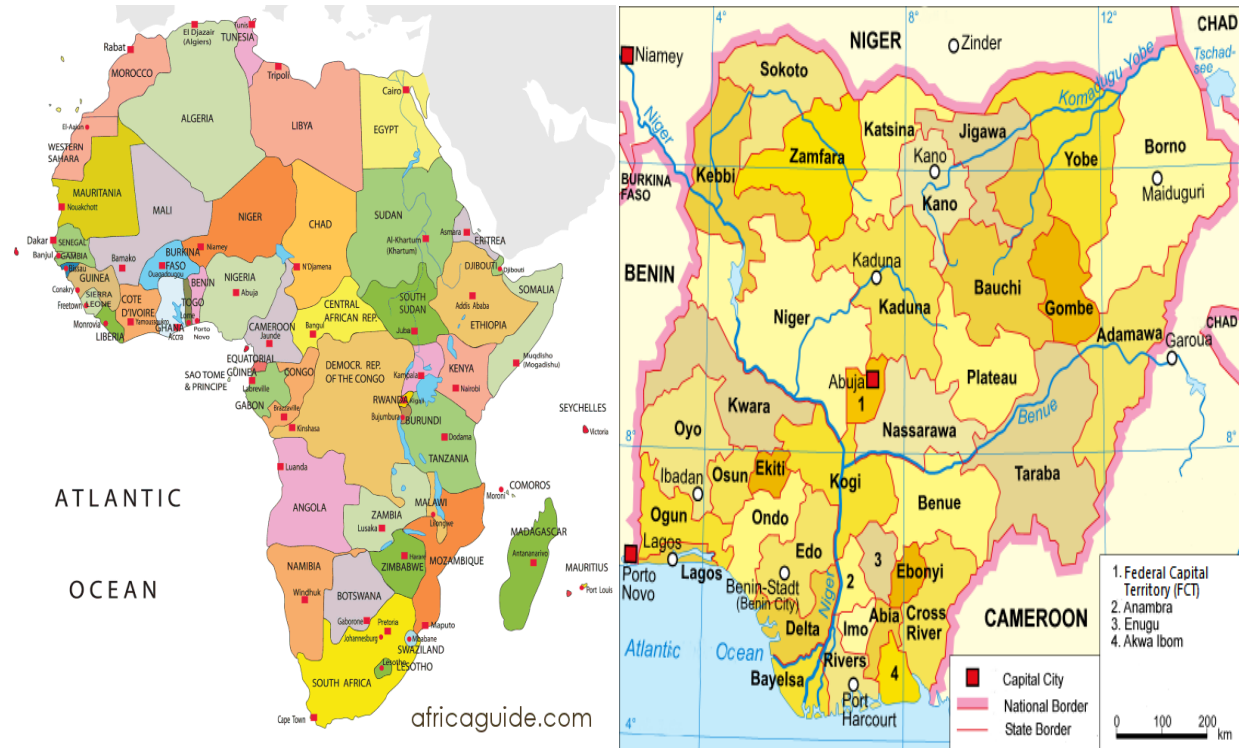
I'd like to share a conversation that ensued between a classmate and I while in graduate school in 1980.

Classmate: Good morning
Me: Morning, Judith (fictitious name)
Classmate: How are you today?
Me: I am fine, thank you
Classmate: Where are you from?
Me: Nigeria
Classmate: Where is that, in India?
Me; No, in Africa
Classmate: Where in Africa?
Me: West Africa
Classmate: Thanks for the useful information
Me: You are welcome.

For individuals like Judith, who are geographically challenged, a map of Africa and Nigeria, illustrated next page, will be very helpful in reinforcing the information that provided in my responses.

An overview of Nigeria is necessary here for those who have in the past inquisitively asked me very basic questions about my ancestry. Nigeria is the largest and most populous nation on the African continent; she gained

independence from Great Britain in 1960. Nigeria population in 1960 was 45.2 million people but has dramatically increased to 178.5 million in 2014 (estimated census data).

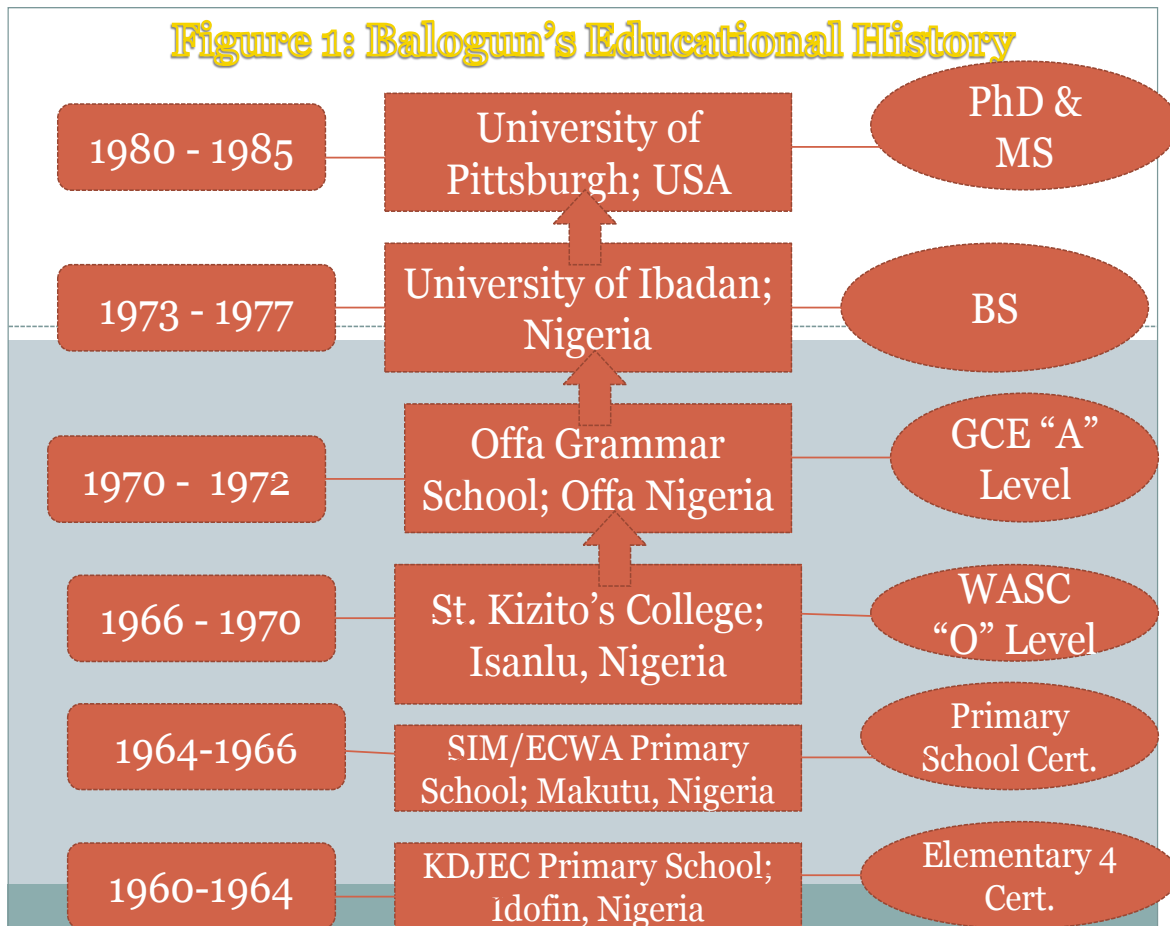


Nigeria is endowed with 394 different ethnic languages, but English is the official language of instruction in secondary schools and universities. Three dominant languages, Hausa, Yoruba and Igbo, are widely spoken by over 50% of the population. The first university education in Nigeria was initiated, in 1948, at the University College in Ibadan and was affiliated with the University of London. As a British colony, Nigeria's education system is patterned along the reins of the British mode.

<http://wenr.wes.org/2004/09/wenr-septemberoctober-2004-education-in-nigeria/>

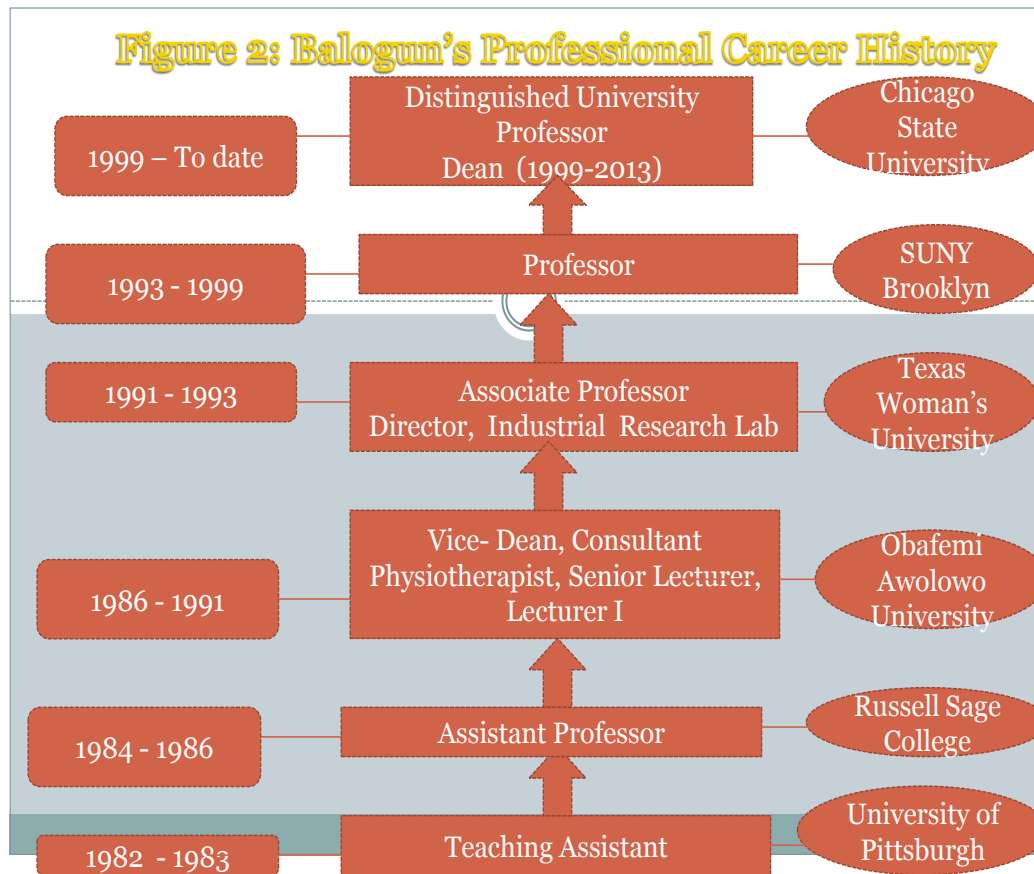
My Educational Journey

It is not the intention today to delve into my life story. However, for brevity and clarity, my educational and professional profiles are summarized in Figures 1 and 2. A brief discussion of my educational journey is relevant for you to understand how I decided on going to OAU. I obtained my Bachelor of Science degree in physiotherapy from the UI, in 1977.



It was during my final year in College that I decided on an academic career and I was lucky to receive a Federal Government of Nigeria Postgraduate Scholarship award two years after graduating from UI. The decision to come to the USA was an easy one to make since the only country offering doctoral program in physical therapy at the time was USA. I was concurrently admitted to New York

University and the University of Pittsburgh. I was attracted to Pittsburgh because of the clinical focus of the postgraduate program.



I arrived in the USA in August 1980, with a J-1 student visa issued by the University of Pittsburgh. I enrolled in the orthopedic and sports physical therapy track and completed my Master's and doctorate degrees in record time. The J-1 student visa has a two year home residency requirement with an option for a waiver. I decided not to apply for a waiver and made up my mind to return to Nigeria to contribute to the development of a country that gave me so much; a free ride undergraduate and postgraduate education to the doctoral level.

To actualize my professional decision, I took a trip to Nigeria in July 1985 in search of a faculty appointment at a university; and to assess the resources on the ground that will support my research agenda.

Why OAU, Ile-Ife?

After the decision to return to Nigeria, next came the decision on which university to apply for employment. There were three universities with a physiotherapy education program to consider: UI, CMUL, and OAU. UI, where I earned my undergraduate degree, was off my consideration list very quickly. I was of the opinion at the time that my teachers, all of whom were still actively employed in the department, will not relate to me as a “colleague” but as a student. As a country boy (aka as Ara oke in Nigeria), CMUL was too urbane for me.



University of Ibadan and CMUL campus

I immediately set my eyes on OAU, because of two important contacts I’d at the institution. First, a childhood friend of mine, Dr. (now Professor) Bamidele Solomon, who obtained his doctoral degree in Chemical Engineering from Kansas State University, was on the faculty at OAU. He wanted me to join him at OAU. My second solid contact was the late Professor Vincent Nwuga whom I met as an undergraduate student at UI in 1976. Professor Nwuga was the pioneer Head of the Department of Medical Rehabilitation. He served as my referee when I applied to Postgraduate School. His wife, Gladys Osula, was the supervisor of my undergraduate capstone (unbelievably called “dissertation”) project at UI.

I was informed by Professor Nwuga during my trip to the OAU campus, in 1985, that the Department of Medical Rehabilitation has been granted approval by the University Senate to establish the first postgraduate program in physiotherapy in Africa. I was elated about the prospect of joining the OAU Lecturers in physiotherapy to contribute to the development of the newly approved postgraduate program. I immediately communicated my desire to Professor Nwuga who was also excited about my decision. He made me submit a formal employment application and a copy of my curriculum vitae. Professor Nwuga regularly kept me updated on the status of my application as it went through the different layers of administration.

During my visit, I found out that OAU was organized into 13 Faculties and 2 Colleges (Postgraduate College and the College of Health Sciences); and it offers programs in Humanities, Arts, Natural Sciences, Social Sciences, Health Sciences, Engineering, and Technology. Over 95% of the students live on campus. Male undergraduate students are housed at Fajuyi, Awolowo, or Angola Halls; women reside at Moremi, and Mozambique Halls and postgraduate students at Muritala Muhammed Hall. The first African and Nigeria's only Nobel Laureate, Wole Soyinka, was employed at OAU as Professor of Comparative Literature from 1975 to 1999. In 2014, OAU was ranked by the National Universities Commission (NUC) and by Shanghai University world rankings as the most productive university in Nigeria.

I found my trip to the OAU campus enlightening and a clear reaffirmation of my decision to relocate back to Nigeria. I was, however, very concerned about the dearth of infrastructures on the ground needed to support my burgeoning research.

On its own merit, OAU has an excellent national image and reputation that attracted me to the institution. The university was founded in 1962 as the University of Ife but the name was changed, in 1987, by the Federal Military

Government in honor of the late Chief Obafemi Awolowo. The university has about 13,000 acres (53 km²) of land and an eye-catching landscape campus occupying 5,000 acres (20 km²) of the land. OAU prides itself as the most beautiful university campus in Africa.

Travails

Following the submission of a job application during my visit to Nigeria, I was later interviewed at the Nigerian Consulate Office in New York City by OAU administrators visiting the USA to recruit Lecturers. Professor Ladipo, a cardiologist, was the College of Health Sciences' representative on the interview panel. He took special interest in my training in cardiac rehabilitation and asked a lot of question in that area of clinical practice. I left the interview feeling very confident that I performed well.

A month later, I received a letter sent via Express Mail offering me an employment as a Lecturer I. I accepted the job offer immediately, resigned my appointment at RSC and started planning for my return to Nigeria. I purchased several basic research instruments (Caltrac® and Calcount® accelerometers, and electronic blood pressure monitors) that I planned to use for my initial research agenda. I subscribed to two top journals in physical therapy and purchased a brand new Peugeot 505 car. In addition, I bought home utilities that will make my stay in Nigeria fairly comfortable.

Two months after receiving the letter of job offer, OAU sent me another letter stating that I will be responsible for the cost of my airline ticket from the USA and the expenses incurred from transporting my luggage back to Ile-Ife. The letter, however, stated that I will be reimbursed for all my moving expenses when I submit appropriate receipts on arrival in Nigeria. Apart from the fact that this

expectation was a last minute development, it broke with the OAU's own tradition of making payment before resumption of employment.

This sudden development caused an unanticipated economic burden that tempted me to turn down the employment offer. I was placed in a quagmire because I'd already resigned my employment at RSC and depleted my savings buying things for the home-coming. After praying about the situation, I gathered the inner strength to move on despite the setback.

The Home Coming

As the days drew near for me to return to Nigeria in July of 1986, I became jittery and wondered whether I made the right professional decision. For several days before my departure, I became restless and could not sleep. On the planned day of departure for Nigeria, I traveled from Troy, New York to New York City where I boarded a Nigeria Airways flight to Lagos. I was met at Muritala Mohammed airport, by my childhood friend, Dr. Bamidele Solomon, who came all the way from Ile-Ife to welcome me back home. He came to the airport in the company of a physics postgraduate student from Isanlu. At the airport, almost every custom-worker demanded money or asked for the gift that I brought them from the USA; even though I have never met them before.

We passed through several security checkpoints at the airport, within Lagos metropolis and as we drove to Ile-Ife. We arrived at Ile-Ife late in the night; I was exhausted and emotionally drained from the long journey. I spent the night and another day with my friend's family recuperating from my exhaustion. We departed for my home town, Idofin, the following morning which was a Sunday.

My home-coming was planned to be a surprise to my family. The only person who was apprised of my arrival date was Dr. Solomon who came to the airport to pick me up. Unbeknownst to me, I later found out that the news had

reached Idofin that I was at Ile-Ife. On Sunday, we set out for Idofin very early in the morning. Dr. Solomon drove his Honda Accord car and three of his family members travelled with me in my newly acquired Peugeot 505 car.

On arrival at Idofin around 9 am, we drove straight to my home church; the Evangelical Church of West Africa. Everyone in the village was ecstatic and happy for my father who was expectedly very proud of my accomplishments. I was warmly received by the congregation and an impromptu thanksgiving ceremony was arranged in my honor. During the church service, several people spoke very highly of my late mother and wished she was around to partake in the celebration. Their profoundly warm comments brought me to tears. Dr. Solomon and I returned to Ile- Ife the next day. I stayed in his home for a couple of days, before I moved on campus into the University Guest Conference Center apartment that I was temporarily assigned before a permanent accommodation was located.

During my visit to Idofin, my dad warned me not to venture out at night at Ile-Ife. He reminded me that Ile-Ife is the City of 201 or 401 deities and that the traditional worshippers celebrate one of these deities with animals and human beings every day of the year. According to my dad, the festivals involve both priestly activities in the palace of the Oni of Ife and theatrical dramatizations throughout Ife metropolitan villages.

Despite the warning from my dad, one of the first surprising things to me was the ubiquitous rituals within Ile-Ife town and on OAU campus. At strategic locations on the campus, "akara", cola nut, sacrificed chicken or goat, are left on the main roads. I was told by my colleagues that some Lecturers take their promotion to full professor and campaign to win election to become a Dean very seriously. For their ambitions to happen in a miraculous way, some Lecturers consult with the native doctors (Babalawos) who initiates the rituals. I was surprised at the twisted believe system that such Lecturers held so dearly.

On resumption of duty, I only received a portion of the relocation expenses due to foreign exchange rate differences.

Department of Medical Rehabilitation

Medical Rehabilitation was one of the five academic programs in the College of Health Sciences. The other four programs were: Medicine, Dentistry, Nursing, and Environmental Health. The Departments of Medical Rehabilitation and Obstetrics and Gynecology occupy the same floor within the College multi-story buildings.

My work experience at OAU was made worthwhile and productive because of the support that I received from my colleagues and the doggedness of the students in the Department of Medical Rehabilitation. When I arrived at OAU, there were only four Lecturers employed in the department: Dr. Vincent Nwuga, Professor, and Head of Department; Mr. (now Professor) Mathew Olaogun, Lecturer I; Dr. (now Professor) Victor Obajuluwa, Lecturer II; and Mr. (now Dr.) Oladehinde Abereoje, Assistant Lecturer. Mr. Olaogun was the Coordinator of the Bachelor of Medical Rehabilitation (BMR) program. Mr. Olaogun left OAU in 1989 to become the Principal of the newly established School of Physiotherapy at Kano. He returned to the faculty some years later. Dr. Obajuluwa became the Coordinator of the BMR program following Mr. Olaogun departure in 1989.

On my first day at work, we held a departmental meeting in Professor Nwuga's office and I was appointed the Coordinator of the newly established postgraduate program in physiotherapy. In this role, I was responsible for the daily operation of the postgraduate program including development of class schedules; program assessment, enforcement of academic regulations and policies; and

publication of the Department of Medical Rehabilitation Postgraduate Student Handbook.



Part of OAU College of Health Sciences Building

I settled down rather quickly to the hallowed halls in the South-end of the basement of the College of Health Sciences building. My office was directly adjacent to the Dental School. It was a prime real estate location within the College.

The Department of Medical Rehabilitation has one dedicated (35x25 ft) classroom, an Electrotherapy Room, a Gymnasium (30x35ft) equipped with parallel bars, mats, pulley systems, and 8 Staff/Faculty offices. We later converted two of the staff offices to a Research Laboratory and a Departmental Library.

Re-Integration

My re-integration into the Nigeria society went rather smoothly than I expected. To my surprise, I was given nicknames by some of my students, colleagues and junior staff. I was called, “Dr. Balo”, “Se-se-de” (new arrival), “Andrew” and “Americana” which was coined by a colleague, Dr. Friday Okonofua (now Professor and Vice- Chancellor of Ondo State University of Medical Sciences). In Nigeria, the name, “Andrew” takes a whole different meaning; it denotes a professional who emigrates from Nigeria.

I arrived in Nigeria at the age of 31, as an idealist but a pragmatic young man wearing a jerry-curl which later metamorphosis into an Afro. My hair style often leads to the embarrassing question from people meeting me for the first time: “What country are you from?”

As the incident of armed robbery within Ile-Ife township and environ peaked, a colleague convinced me to cut my Afro to avoid the embarrassing question about my nationality and to enable me “blend in with the masses.” I quickly obliged when reminded that foreign nationals are the prime target of armed robbers because of the perception that they “are loaded” with American dollars which were then in high demand in Nigeria.

My re-integration into the OAU community was made seamless by the love and affection extended to me by Professor Ekundayo and Mrs. Egun Balogun. I will forever be appreciative of their kind gesture for allowing me to keep my possessions in their garage for over a year. I was later allocated a three bedroom duplex at Modakeke village at the outskirts of the university campus.

As I settled down to work, it was not the steep mountain that I regularly confronted that was of major concern. It was the unexpected pebble in my shoes that was agonizing and difficult to discard. The source of the pebble in my shoes emanated from the behavior and negative attitudes of the junior staff in my

department. We had three secretaries (Williams, Betty, and Sunday), a technician (Ayo) and a messenger (Babatunde) employed in the Department of Medical Rehabilitation. They were often perturbed and offended when I assign them a work task. They complained that I expect perfection, work too hard and take my job too seriously.

I was told by one of my postgraduate students, that Betty calls me names such as “Andrew” and “Se-se-de.” On one occasion, within my hearing distance, Betty jokingly told one of her peers (Sunday), “stop worrying about Dr. Balogun jare, he will soon be familiar with our system here in “Naija.” I give him six more months and he will cool down from “all this work, work business.” Betty’s prophecy never came into fruition because throughout my stay at OAU, I was true to myself and worked very hard.

Apart from my office, my next favorite spot on campus that I regularly visit was the “Bukateria”; a location where local delicacies are prepared, and music played loudly, Nigerian style. Dr. Friday Okonofua and I regularly have our lunch at B6. My favorite menu was pounded yam (Iyan), spinach with melon (Egusi) or “Ewedu or Okra” soup.

Except for occasional weekend trips to Lagos and Benin City at the behest of my friend, Dr. Okonofua, I was very focused on my academic work and was determined to make a mark for myself in physiotherapy. I was not married when I arrived at Ife. I meet my wife through Dr. Okonofua, who boasted when I first met him that he has a wife for me. Within a week of our discussion of the wife issue, he introduced me to Tutu. We both "hit it off the park" when we met.

One day, Dr. Victor Obajuluwa came to my office and asked me if I was dating Tutu. When I told him “Yes” he smiled and told me “she is a very nice girl you know, I know her parents very well” he remarked and left my office. I later learnt that Mrs. Obajuluwa did her National Youth Service as a school teacher at

Ikare, working for Tutu's mother. Victor was then working at the General Hospital in Ikare as a physiotherapist. Both Dr. Victor and Mrs. Obajuluwa provided me with the encouragement to take seriously my relationship with Tutu.

In 1988, OAU and several universities in Nigeria were closed down following violent demonstration by students as the aftermath of government removal of fuel subsidy (Aluede et. al., 2005). Tutu and her sister, Titi a medical student in my College, left Ile-Ife to be with their parents at Ugbe-Ikare. I decided to make a surprise visit from Ile-Ife to Ikare to see Tutu and her family. Dr. Victor and Mrs. Obajuluwa and Dr. Solomon went with me on the trip. When we got to Tutu's parent residence in Ugbe-Akoko, only her mother was home. The rest of the family had gone to the farm, we were politely informed. Her mother provided us a young girl to escort us to the farm to meet Tutu, her dad and sister, Titi. They very surprised and embarrassed when they saw us. My father-in-law, Chief Festus Olotu was at the time, a retired Principal of Victory College, Ikare and a farmer. He has a large farm at the outskirts of Ugbe-Ikare.

It was refreshing to observe Tutu got her hands dirty inside "mother-earth" planting corn. I was impressed with her farming skills. My father was a farmer and I grew up in the farm myself. We left the farm after staying for about 45 minutes and my father-in-law took us home and the family made us a delicious meal. We left Ugbe-Ikare that evening and returned to Ile-Ife. The Obajuluwa match-making skills should be respected, for their points-of-view weighed very heavily in my decision to marry my wife. Till today, Tutu occasionally showed off her knowledge of farming to impress me.

Tutu and I dated for two and half years before we tied the knot on December 23, 1989. During our wedding at St. Anglican Church at Ikare, Dr. Okonofua was the jubilant MC at the reception ceremony. A year later when Tutu became

pregnant, Dr. Okonofua also became the obvious obstetrician and he subsequently gave birth to my son on January 23, 1991.

Faculty Research Collaboration

During the first department meeting, I was told by Professor Nwuga of the date and venue for the next College of Health Sciences' faculty meeting. On the day of the meeting, I went in company of Professor Nwuga and the other Lecturers in my department. At the meeting, Professor Nwuga introduced me to the Dean and the College faculty. I was warmly received after his introduction.

After the meeting, Dr. Friday Okonofua, a gynecologist and Dr. (now Professor) Ade Ajayi, a cardiologist, came to greet me and welcomed me to the university. The three of us discussed at length outside the meeting hall and we instantaneously became friends. We were in our early thirties and shared similar work ethics and excitement about research. We immediately discussed areas of possible research collaborations. As the days go by, we became the "three young guns" in the College of Health Sciences because of our muscular political views. Within the faculty ranks, there was general malaise and dissatisfaction with the leadership and direction of our College. Under the leadership of the incumbent dean at the time, mediocrity was tolerated and excellence was no longer rewarded. The perception of the majority of the faculty was that you have to be a "son of the soil" or have a special relationship with the Dean to be recognized.

My first research collaboration at OAU was with Dr. Okonofua, who had collected survey data on female university athletes who attended the National University Games at Ibadan. He shared both the questionnaire and data collected with me. I volunteered to analyze the data and brought my expertise as an exercise physiologist to classify the athletes into "contact and non-contact sports"

participants. Dr. Okonofua got a kick from my use of the term "contact and non-contact sports" and for several weeks was using the term in every social discussion. In retrospect, I should have classified the athletes into aerobic and anaerobic sports; that is a better physiologic description of the exercise that the athletes engaged.

We quickly wrote the paper on "Exercise and menstrual function in Nigerian university women" and submitted it for publication and it was accepted with only minor revisions. It appeared in print in the 1990 issue of the African Journal of Medicine and Medical Sciences; 19:185-190. This project was the beginning of many follow-up research collaborations with Dr. Okonofua. Before I left Ife, we published together about 8 papers within 5 years.

Dr. Ajayi and I also collaborated on a project in which we use the Caltrac accelerometers that I brought with me from the USA to quantify energy expenditure of patients with myocardial infarction. The research was published in the International Journal of Cardiology.

Within a month, I quickly established a research agenda by initiating several interdisciplinary research projects with my colleagues in the Departments of Medical Rehabilitation, Obstetrics, and Gynecology, Medicine, and Pediatrics. One of my research collaborators is in the audience and it is indeed appropriate for me to give him a special recognition for cooperation as we implemented many of the projects together. Please, Professor Victor Obajuluwa stand up for recognition.

Furthermore, several of my research collaborators at OAU are not in the hall today and they deserve special commendation. They are Professor Matthew Olaogun (Physiotherapist); Professor Friday Okonofua (Gynecologist); Professor Ade Ajayi (Cardiologist), Professor Michael Balogun, (Cardiologist); and Professor Adeodu (Pediatrician).

Unique Features of the OAU Physiotherapy Education

Throughout the country, the entry-level professional education in physiotherapy, at the time of my employment at OAU, was a baccalaureate degree. The Bachelor of Medical Rehabilitation (BMR) curriculum at OAU has two-degree options: physiotherapy and occupational therapy. The occupational therapy degree option did not admit students until almost two decades later.

OAU was one of the first generation universities in Nigeria to offer the “course system” and the College of Health Sciences embraced the interdisciplinary education philosophy. The foundation and clinical courses offered in the BMR curriculum were taught by the physicians in the College. I still have fun memories of my colleagues in the Basic and Clinical Science departments within the College. Particularly, I remember the “larger than life” Head of the Department of Anatomy, late Dr. Caxton Martins and Mr. (now Dr.) Nwoha, a physiotherapist and a colleague from UI. Anatomy is one of the “killer” (pre-requisite) courses that BMR students must pass before they proceed to the clinical year.

The OAU physiotherapy curriculum was patterned after the North American course unit system of education. From the inception of the OAU program in 1977 to 1991 when I left immigrated to the USA, enrollment was very low; it ranges between 2 to 15 students. The small class size maintained allowed a closer interaction between the faculty and students. I know pretty well every student in my Department. The faculty maintained close supervision of students in the clinical setting. In my first year, the Department only graduated two students. The annual enrollment in the undergraduate program later grew to between 10-15 students.

When I arrived on campus in 1986, only one student (Mrs. Mabogunje) was enrolled in the newly established postgraduate program. The following year, Major (now retired Lt. Col.) Ohali and Major (now retired Lt. Col.) Mogbo were

admitted. By the third year, enrollment in the postgraduate program increased to five students: Adetoyeje Oyeyemi, Oluyemisi Kuye, Felix Faniran, Olugesin Akande and another tall male student. His name I cannot remember now but one distinguishing aura about him was that he contested and won an election as a counselor in his district. He died a year later under a mysterious circumstance.

The strengths of the BMR curriculum at OAU were the numbers of clinical hours required in the curriculum and the level of close supervision provided to students during their clinical experience. Unlike in the USA, the academic faculty was responsible for both didactic and clinical education of the students. Both undergraduate and postgraduate students received their clinical education at the Obafemi Awolowo University Teaching Hospital complex (OAUTHC) under the supervision of the faculty members, assisted by the senior physiotherapists employed in the hospital.

The didactic education of the physiotherapy education occurs on the main campus from 3-6 pm Monday to Friday. Clinical education is provided in the hospital 5 days of the week from 9 am to 1 pm for two years. Students rotate through the major clinical specialties and have patients assigned to them in the senior year.

Another unique strength of the OAU physiotherapy education is the requirement that mandated all undergraduate students to engage in independent research under the mentorship of a faculty member. This degree requirement at the undergraduate level is a common practice in all Nigerian universities. This is not an academic requirement at many universities in the USA. For example, the introduction, by fiat, of a “Senior Thesis” (culminating capstone) project requirement for undergraduate students at my current university caused a raucous between the faculty and the President. The dust surrounding this controversial issue, six years later, is yet to settle at my university. This issue is not the focus of

my presentation today. If you want to know more about an academic issue that is common practice in Nigeria but controversial in an American university, you can read more about it at <http://csufacultyvoice.blogspot.com/>

The institution that I am currently employed has been in existence for 150 years. On the other hand, the first university education in Nigeria is only 68 years. It is comforting to know that Nigeria education system, which is often underrated, have some unique academy culture that is not commonplace in many universities in the western world. Examples are: undergraduate student's participation in independent inquiry, interdisciplinary education philosophy and oversee of examination and thesis/dissertation defense by appointed external Professors to the university.

Lecturers' Roles in the Academy

The defined role of a Lecturer in Nigeria is very similar to that of a faculty in the USA. However, faculty performance expectations at OAU were less clearly defined compared to the USA, where promotion and tenure guidelines are published at each institution. Lecturers are evaluated for "confirmation of appointment" (the equivalent of tenure in the USA, but less formal and less rigorous), and for promotion into the different academic ranks: Assistant Lecturer, Lecturer II, Lecturer I, Senior Lecturer, Reader (Associate Professor) and full Professor.

Teaching

The teaching workload of a physiotherapist educator at OAU is relatively lower than the workload for a US faculty member. This point of view is based on my full-time work experience in four different universities in the USA. In Nigeria,

teaching is less valued when a faculty is being considered for promotion. When I was employed at OAU, the university does not have a formal process to assess the teaching effectiveness of Lecturers. In the USA, faculty teaching effectiveness is assessed through a survey of students at the end of the course, and through scheduled classroom visit by the department chair and peers.

My teaching style, particularly in the clinical setting, was a source of tension between me and students. My teaching philosophy was at variant with my Head of Department and most of my colleagues. I challenge my students to think critically “outside the box” and not to consume information “hook line and sinker.” I discourage rote memorization of facts but expect my students to think in rational ways and to apply their knowledge in unfamiliar situations. Both in the classroom and clinical settings, I constantly pose the “why” question, and prod students to explain the mechanism of action for the modalities or treatments that they may be administering. For many students, the critical thinking learning strategy that I use made them uncomfortable because it challenges their intellectual curiosity and capacity to think independently.

Teaching at OAU was fun and I have very positive memories of my experience. The students were discerning and enthusiastic about their future in the profession of physiotherapy. I enjoyed my classroom teaching on the main campus, but I had the most fun during my clinical teaching on Mondays and Fridays at the OAUTHC, where I was appointed in 1989 after I was promoted to Senior Lecturer rank, as a Consultant Physiotherapist. I taught the following undergraduate courses:

- MRH 3002: Introduction to Medical Rehabilitation
- MRH 3004: Research in Physical Therapy
- MRH 3007: Theory and Practice of Manual Therapy
- MRH 3008: Electrotherapy

I also taught the following postgraduate courses:

- MRH 627: Cardiopulmonary Physical Therapy
- MRH 624: Theory and Practice of Manipulative Therapy
- MRH 625: Research Methods in Physical Therapy
- MRH 628: Seminar Topics in Physical Therapy

Teaching in the classroom at the time was very old fashion. The use of technology to enhance student learning was still in its infancy; PowerPoint slide presentation was not in existence. Lecturers copiously use the chalk to write on the Blackboard. When we go “high-tech”, we wrote on a transparency paper and project the image on a white screen!

Service

Service within the Department, College and at University levels were expectations for promotion and confirmation. The clinical expertise that I brought to the Department of Medical Rehabilitation was in Orthopedic and Cardiopulmonary Physical Therapy. I taught and clinically practiced peripheral joint mobilization using Kaltenborn techniques; and McKenzie and Maitland’s approach to the treatment of lumbosacral dysfunction. As a Consultant Physiotherapist at OAUTHC, I treated patients that were referred to me by physicians and physiotherapists. Furthermore, I conducted ward rounds with the students to evaluate and treat patients referred to me by other medical consultants at the hospital.

I served on the following College and University Committees during my 5-years employment at OAU:

- Admission Committee, Department of Medical Rehabilitation.
- Curriculum Committee (Chair), Department of Medical Rehabilitation.
- College of Health Sciences, Faculty Research Committee

- College of Health Sciences, Committee on Use of Humans and Animals in Experimental Research.
- Appointment and Promotion Committee.

At the national level, I served in 1990 as an External Examiner at the CMUL; after my promotion to Senior Lecturer. I also served as a member of the NUC Accreditation Team assigned to the UI, CMUL, and University of Nigeria (UNN), Nsukka. It was during one of my trips to CMUL on January 20, 1991, that my son was born. Unbeknownst to me, I stopped over on campus after driving from Lagos and my neighbor, Mr. Titus Ogunniyi, walked to my office to share the spectacular news. I immediately drove home to meet my bundle of joy!

Mentoring

At OAU, Lecturers were not involved in the registration of students for courses. This task was done centrally at the university level. Lecturers are however required to supervise the capstone (independent inquiry) project of undergraduate students, and the thesis/dissertation of postgraduate students. It was at OAU that I perfected the skills on how to mentor students' research project. Every year, I designed several projects and actively involved my students in the data collection and statistical analysis processes.

During my 5-years employment at OAU, I supervised the “dissertation” projects of over 20 undergraduate students. I also supervised or co-supervised the Master's thesis of 8 students (Appendix 1). The majority of the projects that I supervised matured into publication in peer-reviewed journals. If you are one of the students whom I supervised his/her “dissertation” project -as it is referred to at OAU or Master's thesis - please stand up for recognition.

Scholarship

While teaching, mentoring and service roles were not of critical importance in tenure (confirmation) and promotion decisions, publication in peer-refereed journals was highly valued in Nigeria. Unfortunately, the assessment of publication was primarily based on the number's game rather than the quality of the publications and impact of the body of work. To be promoted to Reader (Associate Professor) or Professor, the publication of the candidate was typically sent out to at least three external assessors; in many cases the assessors are from outside the country.

By 1986 when I arrived at OAU, there was only one Professor of Physiotherapy in the entire African continent and he was my Head of Department. He told me that I needed a minimum of 35 publications to be considered for promotion to a full Professor. OAU at the time does not have a published tenure and promotion guidelines; as is the case in most USA universities. Tenure and promotion decisions were subjective in nature and influenced by the whims and caprices of the Head of Department, College Dean, College Promotion Committee members and the University Senate.

As a Senior Lecturer at OAU, I had 45 publications in print and several other manuscripts sent out for publications. I was very confident of my chances of becoming a full-Professor in a couple of years. That personal academic goal did not materialize at OAU before I left Nigeria in December 1991.

My research agenda was influenced by the following factors:

- The limited research infrastructures at my disposal,
- The paucity of local normative data in musculoskeletal, cardiopulmonary and bariatric physiotherapy practice,
- The *esprit de corps* comradeship that I developed with the physician colleagues within the Medical School, and the

- **Research interests of my postgraduate students.**

When I arrived at OAU in 1986, I had several research projects that I commenced at RSC. When I departed in December 1991, I also took with me several uncompleted projects that I later completed at Texas Women's University (TWU). In all, there were 49 published manuscripts that I either finished or commenced at OAU in just 5 years (Appendix 2). That means I published an average of 10 manuscripts per year at OAU.

To date, I have published over 100 full manuscripts in peer referenced journals. An analysis of my publication profile revealed that about 35% of my entire scholarship productivity were conceived and/or implemented at OAU. In a nutshell, I was more scholarly productive at OAU than in any of the other four universities (RSC, TWU, SUNY, and CSU) that I have been employed during my entire career; a gig that is beginning to wind down.

The Scientific Impacts of my Scholarship at OAU

Aside from the numerical count of the number of publications, my scholarship at OAU had a more scientific impact than my work at other institutions. This thesis can be empirically validated by the citation metrics on ResearchGate®; an online social network platform designed to enhance collaboration amongst scientists and researchers around the world. As of July 1, 2016, my RG score was 33.21; which ranked in the 90th percentile of all ResearchGate® members. The RG score is a novel method of gauging the scientific impact of a researcher. The score considers all the publications of the researchers and turns them into “a source of reputation.” In the last 31 weeks, my work has been viewed by 5,414 researchers all over the world. As of July 7, 2016 publications have been cited 991 times.

https://www.researchgate.net/profile/Joseph_Balogun/reputation

A review of my publications on ResearchGate® revealed that about 35% of the download of my publications were researched work initiated or completed at OAU (Appendix 2). Most significantly, the two all-time download of my publication (584 and 447 times) were research projects that were serendipitously conceived and implemented at OAU.

One of the publications was a case report on the management of chronic pelvic inflammatory disease with shortwave diathermy. I collaborated on this study with a friend who happens to be a gynecologist. The story behind the referral of this patient for physiotherapy deserves a mention here. The gynecologist treating this patient was in my office when the patient arrived on campus for her appointment. Dr. Okonofua told me that he'd treated this patient without success by using antibiotics and analgesics and she is now despondent. When I informed Dr. Okonofua, that "short wave diathermy" is a treatment of choice; he was in awe and busted into laughter. He asked me rather sarcastically, and said, "Physical Therapy, are you joking or you are out of your mind"? He could not see the relevance of physiotherapy in the management of a pelvic inflammatory disease that was resistant to antibiotic therapy.

Time will not allow me to discuss in details the ensuing conversation between Dr. Okonofua and me; and how I was able to finally convince him to give physiotherapy a "trial." The patient responded to six sessions of cross-fire technique shortwave diathermy and her pain was completely relieved after 10 sessions of treatment; the patient was still pain-free 6 months post-follow-up. We presented our findings at a Clinical Symposium sponsored by the Department of Gynecology at OAU in 1987. The presentation of this case study enhanced the stature and credibility of physiotherapy within our faculty at OAU. The study was subsequently published in the most cited physiotherapy journal in the world,

Physical Therapy; the journal of the American Physical Therapy Association. 68(10):1541-5, 1988. It has been cited 12 times in the extant literature and read on ResearchGate® by 582 scientists around the world. The rest they say is history!

The second publication was the study that I implemented in collaboration with my undergraduate student (Charles Akomolofe), and Professor Adisa Amusa, Head of the Department of Physical Education at UI, was a quantitative study in which we evaluated the effects of testing posture and elbow position on grip strength. This study required low technology (a dynamometer) to implement, but the finding that emerged had profound clinical implications. It brought to focus the need to develop standard testing protocol during grip strength testing. The study was published in the Archives of Physical Medicine and Rehabilitation, 1991: 72:280-283. This publication currently has been cited in the literature 120 times and has 446 reads on ResearchGate®.

The research studies that my colleagues and I implemented at OAU were not only clinical or laboratory-based, but we ventured into the communities: schools, churches, mosques and markets. We engaged in the following epidemiological field studies:

1. Influence of parental socio-economic status on casual blood pressures of Nigerian school children (Balogun JA, Obajuluwa VA, Olaogun MO, Abereje OK, **Oyeyemi AY**, Adeodu OO, Balogun MO. *International Journal of Cardiology*, 1990; 29:63-69).
2. Blood pressure changes during pregnancy in Nigerian women (Okonofua FE, Balogun JA, Amiengheme NA, O'Brien P.M.S. *International Journal of Cardiology*, 1992; 37:373-379)
3. Anthropometric indices of male and female Nigerians, of different age groups (Balogun JA, **Oladipo VA**, **Olawoye AG**. *African Journal of Medicine and Medical Sciences*, 1994; 23(3):279-286)
4. Anthropometric determinants of resting blood pressure and heart rate of Nigerian school children (Balogun JA, Obajuluwa VA, Abereje OK, Olaogun MO, **Oyeyemi AY**, Balogun MO, Adeodu OO. *Annals of Tropical Pediatrics*, 1990; 10:425-431),
5. Pattern of road traffic accident cases in a Nigerian University Teaching Hospital between 1987-1990. (Balogun JA, Abereje OK. *Journal of Tropical Medicine and Hygiene*, 1992; 95:23-29)

6. Determinant of single limb stance balance performance (Balogun JA, Ajayi LO, Olawale F. *African Journal of Medical Sciences*, 1997; 26: 153-157)
7. Age related changes in balance performance (Balogun JA, Akindele KA, Nihinlola JO, Marzouk DK. *Disability and Rehabilitation*, 1994; 16:58-62).
8. Spinal flexibility of male Nigerians: Some age-related normative data (Balogun JA, Songonuga SO. *Physiotherapy Theory and Practice*, 1990; 6:139-149).
9. Grip strength as a function of age, weight, and height and quotelet index (Balogun JA, Akinloye AA, Adenlola SA. *Physiotherapy Theory and Practice*, 1991; 7:111-119).
10. Do they really affect limbs muscle strength? (Balogun JA, Onigbinde AT. Hand and leg dominance. *Physiotherapy Theory and Practice*, 1992; 8:86-89).
11. Isometric back strength in different age groups. (Balogun JA, Olawoye AG, Oladipo VA. *International Disability Studies*, 1991; 13:87-90).
12. Grip strength normative data for the Harpenden® dynamometer (Balogun JA, Adenlola SA, Akinloye AA. *Journal of Orthopedic and Sports Physical Therapy*, 1991; 14:155-160).
13. Isometric back strength of low back pain patients and healthy controls (Balogun JA, Oladipo VA, Olawoye AG. *International Journal of Rehabilitation Research*, 1991; 14:313-321).
14. Symptom-limited, self-paced walking in the assessment of cardiovascular disease in patients with and without heart failure: The predictive value of clinical, anthropometric, echocardiographic and ergonomic parameters (Ajayi AA, Balogun JA. *International Journal of Cardiology*, 1991; 33:233-240).
15. Exercise and menstrual function in Nigerian university women (Okonofua FE, Balogun JA, Ayangade SO, Fawole JO. *African Journal of Medicine and Medical Sciences*, 1990; 19:185-190).
16. An appraisal of body image among Nigerian university students. (Balogun JA, Okonofua FE, Balogun AO. *Perceptual and Motor Skills*, 1992; 75:832-834).

 Names highlighted in red were undergraduate student and green were postgraduate student co-investigators

Several of the postgraduate and undergraduate students who participated in these epidemiological studies are in the audience today. Please rise for recognition: Drs. Olawoye, Oladipo, Adenlola, Akinloye, Onigbinde, Songonuga, Nihinlola, Akindele and Oyeleye.

Other clinical or laboratory-based studies that were also published in peer referenced journals are the following:

1. Effects of wobble board exercise training program on static balance performance and strength of lower extremity muscles (Balogun JA, Adesinasi CO, Marzouk DF. *Physiotherapy Canada*, 1992; 44:23-30).

2. Spinal mobility and muscular strength: Effects of supine and prone-lying back extension exercise training (Balogun JA, Olokungbemi AA, Kuforiji AR. *Archives of Physical Medicine and Rehabilitation*, 1992; 73:745-751).
3. Intra tester reliability of measuring back extension mobility with tape measure (Balogun JA, Kuforiji AR, Olokungbemi AA. *European Journal of Physical Medicine and Rehabilitation*, 1991; 5:119-122).
4. Intra tester reliability and validity of the Takei Kiki Kogyo® Hand grip dynamometer (Balogun JA, Onigbinde TA. *Journal of Physical Therapy Science*, 1991; 3:55-60).
5. Predictors of the elbow flexor, knee extensors and knee flexor isometric muscle strength in males, age 18-28 years: A preliminary report (Balogun JA, Onigbinde AT. *Journal of Physical Therapy Science*, 1991; 3:7-12).
6. Grip Strength: Effects of testing posture and elbow position (Balogun JA, Akomolofe CT, Amusa LO. *Archives of Physical Medicine and Rehabilitation*, 1991; 72:280-283).
7. Reproducibility and criterion-related validity of the modified sphygmomanometer for isometric testing of grip strength (Balogun JA, Akomolafe CT, Amusa LO. *Physiotherapy Canada*, 1990; 42:290-295).
8. Effects of 6-week exercise training on the cardiovascular responses during head-down inversion (Balogun JA, Oyeyemi AY, Ajayi AA. *Journal of Physical Therapy Science*, 1993; 5:1-10).
9. Effects of arm position and treatment duration on the cardiovascular responses of healthy subjects during head-down inversion (Balogun JA, Isi JA, Ajayi AA. *Journal of Physical Therapy Science*, 1992; 4:1-11).
10. High Voltage electrical stimulation in the augmentation of muscle strength: Effects of pulse frequency (Balogun JA, Onilari OO, Akeju OA, Marzouk DK. *Archives of Physical Medicine and Rehabilitation*, 1993; 74:910-916).
11. Cardiovascular responses during histamine iontophoresis therapy (Balogun JA, Adeniyi EA, Akala EO. *Australian Journal of Physiotherapy*, 1991; 37:105-110).
12. Zinc iontophoresis in the management of bacterial colonized wounds: A case report. (Balogun JA, Abidoeye AB, Akala EO. *Physiotherapy Canada*, 1990; 47:147-151).

The following postgraduate and undergraduate students who participated in the clinical and laboratory-based studies please rise to be recognized: Drs. Abidoeye, Adeniyi, Kuforiji, Olokungbemi, Adesinasi, Onilari, Akeju, Isi, Oyeyemi, Akomolafe, and Onigbinde.

Many of the research projects that I implemented in collaboration with my students and colleagues at OAU, decades ago, have been replicated or the methodology refined by several of my students (Drs. Ade Oyeyemi, University of Maiduguri, Drs. Rufus Adedeji, Michael Egwu, Ayodele Onigbinde and Gabriel Omoniyi Ayeni), and colleagues (Dr. Babatunde Adegoke at UI, Professor Dele

Amosun at the University of West Cape in South Africa and Professor Mathew Olaogun at OAU).

You probably would have observed that all the undergraduate students whom I mentored were all males. This is because over 90% of the students enrolled in the OAU physiotherapy program at the time were males. In Nigeria, physiotherapy is a male dominated profession. This is in contrast to the demographic profile of the profession in developed countries of the world. In Canada, Australia, New Zealand, UK and the United States, 65-80% of physiotherapists are females.

Infrastructures and Conditions of Service

It is insightful to put in national context the OAU program which was launched in 1977 by the late Professor Vincent Nwuga. The first university-based physiotherapy education program in Nigeria was launched in 1966. In the 1980s, all the five universities offering physiotherapy - UI, CMUL, OAU, UNN and School of Physiotherapy located at Kano - were all owned by the Federal Government. During that era, OAU does not have a functioning Medical Library; and internet resource is non-existent. My subscription to two reputable journals, before my departure from the USA in 1986, kept me up-to-date on the developments in my discipline.

The Fax and Telex machines were the most sophisticated mode of online communication in 1980s. At the time, we marveled at what both machines deliver and never imagined that anything more revolutionary technologically will take hold within a decade. Micro-computing infrastructure was just being introduced into Nigeria and only a few Lecturers have a computer. In my College, only Professor Kayode Adetugbo has a Mac® computer. Most Lecturers use the IBM mainframe at the Computer Center for their statistical analysis needs. The working

condition within the university system at the time was pitiful; morale was at an all-time low.

The Structural Adjustment Program (SAP) negotiated with the International Monetary Fund and World Bank by General Bademosi Babangida military administration mandated Nigeria to devalue its currency (Naira), and reduce spending on education, health, social services and development. In effect, Nigeria was forced to lower the standard of living of its citizen through aggressive debt repayment. The pursuit of draconian economic policies was the priority of the Babangida administration. As the SAP policies were implemented in secrecy by the oligarchs, inflation took off and the economy collapsed. Labor and Trade Unions, including the Academic Staff Union of Universities (ASUU), and university students took to the streets leading to chaos and massive unrest throughout the country.

In response, General Babangida administration turned Nigeria into a military state; critics were murdered execution style (Dele Giwa) or they were arbitrarily arrested and locked up for months without trial. Those arrested include educator and social critic Tai Solarin; ASSU President and stalwarts, Dr. Jega, OAU Professor Olorode and Dr. Fasina; and human right activists Fela Ransome-Kuti, Beko Ransome-Kuti, Tunji Braithwaite, and Gani Fawehinmi. Due to the draconian economic situation and personal safety concerns in Nigeria, there was a mass exodus of professionals to developed countries. For me, it was the death of Dr. Ige, a Neurosurgeon in my College that was the last straw that cemented my decision to leave Nigeria in December 1991.

Time and space will not permit me to delve into details of when and how I made the decision to leave. Unfortunately, it is only in Nigeria that military despots like Babangida and his henchmen are free and have the timidity and ambition to rule Nigeria under a democratic system of government. In civilized nations of the

world, he and his cronies will be behind bars charged for corruption and cruelty to humanity.

Two decades after my departure from OAU, ASSU negotiated an improved condition of service contract with the Federal Government. For a while, the contract slightly improved the infrastructures within the university as well as the working condition of the lecturers, but the gains were not sustained and are now wiped out by inflation.

I resigned my appointment when I left OAU in December 1991. To my surprise, a decade later, during a visit to the campus with my family, my name was still on the door of my office. My daughter could not help herself but wanted to know if I still held an appointment at the university.

.....And 30 Years Later, Assessment of what has Changed?

By 1986, when I returned to Nigeria, there were seven Federal Government owned universities, including OAU, and 8 State Government funded universities (Ogunnu, 2016). As of 2015, Nigeria has 40 Federal Government owned universities, 40 State Government owned and 61 Private funded universities. Of the 141 universities in the country, only 12 offer physiotherapy education programs. Eight of the 12 physiotherapy programs have students enrolled and have awarded BPT degree; two of the education programs have enrolled students but yet to graduate the first cohort of students, and the remaining two programs are yet to admit students, but still in the planning stages (Appendix 3).

My account in this presentation was focused so far on my experience at OAU 30 years ago. My discussion does not reflect the situation at OAU today. Many things have improved but some operations and practices have not changed or had gotten worse. For example, nationwide, the frequency of university closure following students' unrest and industrial action by Trade Unions and other

professional organizations has increased dramatically. At OAU, the number of students enrolled has increased astronomically, without a similar increase in physical and human resources.

My colleagues and I recently investigated the spectrum of students enrollment related outcomes in physiotherapy education programs in Nigeria and Ghana. We found that there are 116 full-time physiotherapist educators in Nigeria teaching the 2,038 students enrolled in the entry-level BPT degree program. The Student-Core Faculty Ratio (SCFR) varied widely among the different universities; value ranges from 2.5 at a private University to 66.3 at one of the Federal Government owned universities.

The mean data for the undergraduate program SCFR in all the Nigerian universities is 17.6. In Ghana, there are only 12 full-time (core) physiotherapist educators employed in the two universities to teach the 162 students enrolled in the 4-years entry-level BS degree program in physiotherapy. The mean SCFR for the two universities in Ghana is 13.5 and is much lower than the mean of 17.6 reported for Nigeria.

The findings from our study, which we are submitting for publication, are disconcerting because it has a profound negative implication for the future of our profession. Physiotherapy is a profession that emphasizes “hands-on” competence which can only be honed through close supervision in the clinical setting. The above goals cannot be met today in several of the Nigerian universities because of their class size as reflected by the SCFR.

This unacceptable situation suggests that several of our universities may be producing half-baked practitioners who will potentially provide physiotherapy services within our health care system. The rationale thing to do is to ensure that increased student enrollment is matched by corresponding level of physical resources and increased number of Lecturers to teach the students.

The obvious question is what role does the NUC and the Medical Rehabilitation Therapists Board (MRTB) play in allowing this deplorable scenario to occur? The accreditation regulatory unit within the NUC and MRTB must urgently step in to stop this insanity before fatal consequences emerged. Universities with SCFR greater than 16, must be sanctioned and provide a grace period to hire more faculty to bring their SCFR down to 16.

The good news is that our universities have a pool of qualified physiotherapists with doctoral degrees that are readily available in the country. Professor Arinola Sanya from UI recently stated that 22 clinical physiotherapists employed at UCH “have specialized Master’s degrees in physiotherapy while 4 clinical physiotherapists have Ph.D. degrees in physiotherapy! At the Aminu Kano Teaching Hospital, Kano, six of the clinical staff has Master’s degrees, and three of them are females! It is no longer fashionable to work as a clinical physiotherapist with a chronic first degree even when there is no plan to change to academics. At the Lagos University Teaching Hospital, 90 percent of the clinical staff has postgraduate degrees of either Master’s or Ph.D.”

To assess how much progress has been made pertaining to information dissemination and administrative operations, I administered an open-ended question survey to my colleagues at four universities in Nigeria and one university in Ghana. The intent is to discern any plausible national and regional differences in the information sought.

The responses from the survey revealed that progress has been made in the operations of the universities in Nigeria since my employment at OAU 30 years ago. Pertinent information relating to the promotion of Lecturers and the policies and procedures guiding students’ success are now published and widely disseminated.

All the respondent to the survey, associated "program assessment" with the accreditation-based evaluation done by external bodies and the professional association and regulatory boards such as the NUC MRTB, Nigerian Medical and Dental Council. While these external bodies are operational in the USA, program assessment is an ongoing process that occurs at the department level and it includes assessment of students learning, teaching effectiveness and department effectiveness.

It appears that program assessment as defined above is currently not practiced in Nigeria and Ghana universities. Similarly, objective assessment of faculty teaching effectiveness which is routine in the USA, is still a practice that is not widely embraced in the five universities surveyed.

Figure 3: Components of Program Assessment



In Nigeria, assessment of faculty performance in the scholarship domain is still based on a numbers game, rather than judging the quality and contributions of the Lecturer's publications to knowledge. Instead of the numerical count of a candidate's publication, the H-index is the recommended metric because it provides a robust (quality with quantity) measure of the impact of a researcher's work. It is

based on the researcher's most cited publications and the number of times they have been referenced by other authors. The H-index serves as an alternative to more traditional journal impact factor metrics used in the evaluation of the impact of the work of a particular researcher (Hirsch JE, 2005).

The criteria for promotion to full professor in Nigerian universities have also evolved to include assessment of performance in the teaching and service domains. Promotion to full professor is still biased and fraught with politics and varying machinations such as purposely sending the dossier of Lecturers to a dead external assessor. In the USA, on average, it takes the university a year to process tenure or promotion application. In Nigeria, it takes 3-7 years to conclude promotion application.

Based on the responses obtained from the purposive sampling of the Lecturers, we concluded that there are no discernible differences in the operations of the universities in Ghana and Nigeria. The findings from our qualitative survey study should be considered exploratory with limited external validity. Therefore, the findings cannot be generalized to all the universities in Nigeria and Ghana. Samples of the responses from the survey are presented in Appendix 3.

Echoes

I'd like to reminisce on some of my most enchanting experiences at OAU. Yes, there were lots of interesting stories to share, but due to space and time constraints, I'll only recall seven of the top echoes reverberating through my mind today. What is the symbolism of seven echoes? On the seventh day, Sabbath, God rested (Genesis 2:2). Here we go!

Echo #1 was my unplanned entrails into university administration. Until I arrived at OAU, I was never interested in campus politics and never sought an

administrative position in the academy. That change for me at OAU. In Nigerian universities, the Deans and Vice-Deans are democratically elected by their peers for a designated number of years. Typically, a second-term in office is allowed. Only full-Professors are qualified to contest for Deanship; a Senior Lecturer, and Reader/Associate Professor can contest for Vice-Deanship. The candidates are required to formally apply for the position and campaign for it, American style.

In 1990, the Dean of the College of Health Sciences during a Faculty meeting called for nomination for the vacant positions of Dean and Vice-Dean. He concluded his announcement with an off-the-cuff remark that “only Medics need to apply for the Dean and Vice-Dean positions.” The Dean who made this insensitive statement passed away about a year ago, and his name, in infamy, will remain unmentioned here. The positions of Dean and Vice-Dean in the College of Health Sciences were considered the “birthright” of the physician (“Medics”). I found the Dean’s comment repulsive and decided immediately that I’d challenge the status quo ante within the College.

The incumbent administrator for our College was an establishment (“son of the soil”) Dean with a dismal record of achievement during his tenure. Therefore, he was highly vulnerable to be defeated. I formed an alliance with Dr. Friday Okonofua and Dr. Ade Ajayi to sponsor a progressive and pragmatic candidate to contest against the incumbent Dean. We recruited Professor Kayode Adetugbo and campaigned very hard for him and he won the election convincingly.

After Professor Adetugbo’s election as Dean, I launched my own campaign for the Vice-Deanship of the College of Health Sciences. As a newly promoted Senior Lecturer, I was *prima facie qualified* to contest for the Vice-Deanship. The nucleus of my campaign team was Dr. Okonofua, Dr. Obajuluwa and Mr. Abereoje. Dr. Okonofua was my contact and advocate among the “Medics.” He was pressurized by some of his “Medic” colleagues not to support my campaign.

To his credit, he was resolute and told his colleagues that I was better qualified than the opposing candidate and his support of my candidacy was based on merit.

I meticulously reviewed our College Faculty Directory and used the list as the “voters” register for the election. Based on my assessment, I projected that if I won 90% of the vote for the “Non-Medics” and garnered 20% of the votes for the “Medics”, I have an excellent chance of winning the election. After going through the Faculty Directory list with Mr. Abereoje, he looked directly into my eyes with some pride and bellowed “Proffy” we can win this thing.” I was only a Senior Lecturer at the time and not a full Professor, but to my embarrassment Mr. Abereoje calls me “Proffy” (an acronym for full Professor in Nigeria). We mapped-out strategies to recruit more devotees to our course and assigned who should contact each faculty based on our personal relationships. We worked very hard and on Election Day, we prevailed. I served as Vice-Dean of the College of Health Sciences for over a year before I departed for the USA in December 1991.

My winning the election for the position of Vice-Dean in a College that comprised of physicians and other health disciplines was seen by many as cracking the glass ceiling for “Non-Medic” faculty. I had the full confidence of the Dean, Professor Adetugbo; he was a visionary and principled leader. He delegated to me the routine daily administration of the College and actively involved me in policy development affecting the five programs in the College. I represented him on several University-wide Committees and Advisory Boards. He also assigned me to Chair the Transportation Committee and the College Induction Ceremony Planning Committee.

A week after assuming duty as the Vice-Dean, several Medical, and Nursing and Physiotherapy students came to my office to complain about the “unreliability of the vehicles” used to convey them to the clinical site at the OAUTHC. All of the vehicles were old and not road worthy. I discussed the student complaints with

Professor Adetugbo and he immediately allocated funds to refurbish two of the dilapidated vehicles. The students were very appreciative and complementary of the speed with which their concern was addressed. Throughout my tenure, I maintained an open door policy and did my very best to respond with dispatch to complaints brought to my attention by students.

My tenure also has its own controversy. As Chair of the College Induction Ceremony Planning Committee, many of the “Medic” faculty complained to Professor Adetugbo of the “extraordinary” role that I assumed during the medical students’ induction ceremony held at Oduduwa Hall. Overall, my tenure as Vice-Dean was indeed consequential both temporally and substantively. It raised the confidence of all “Non-Medic” Lecturers within our College; and elevated the image of physiotherapy profession in Nigeria. My experience as Vice-Dean at OAU adequately prepared me for the various administrative roles since my arrival in the USA in 1991. I have served as Department Chair for 6 years, Associate Dean for three years and Dean for 13 years.

Echo #2 was OAU PT students’ discomfort with Lecturers expressing publicly their differing opinions. This case was based on my observation during a colloquium sponsored by the Department of Physiotherapy at OAUTHC. I was barely three weeks at OAU and not fully in-tuned with the academic culture in Nigeria. The audience at the colloquium was primarily BMR and postgraduate students, faculty and physiotherapists in the hospital. Professor Nwuga, a guru in the management of low back pain, was the presenter at the colloquium. Following the presentation, I asked Professor Nwuga to discuss the plausible mechanism of action responsible for the effectiveness of the manipulative therapy techniques that he eloquently presented. He, surprisingly, responded that my question was a “theoretical academic exercise” and neither he nor his patient is interested in the

mechanism of action of how manipulation therapy exerts its salutary effect; the bottom line, he opined, “was that my patients treated with manipulative therapy got better than conventional physical therapy methods.”

I was shell-shocked by Professor Nwuga’s response because his opinion was totally at odds with my training as a bench-scientist. I was taught during my postgraduate education in orthopedic and sports physical therapy and exercise physiologist to always explore the mechanism of action of an effective treatment. To Professor Nwuga, I probably sounded patronizing when I referenced both the “gate theory” conceptualized by Melzack and Wells and the “endorphin” theory as possible mechanisms to explain the modulation of pain associated with manual therapy. I followed up by asking Professor Nwuga, if he had an alternative explanation or theory?

For a minute the room was pin-drop silent, and many of the BMR and postgraduate students turned to me surprised of the ambient schism between me (asking for a rationale explanation for why manipulation was effective) and Professor Nwuga’s dogmatic response that he does not care to know why. His position reminded me of the Chiropractic treatment philosophy which during that era was widely maligned by the Orthodox Medicine. It was an uncomfortable experience for the students watching a newly hired Lecturer I quizzed a Professor so intensely. In the USA, it is a common practice for faculty members to argue publicly in colloquium; it is considered a useful learning experience for students to discern differing points-of-view amongst their mentors. After the colloquium, I was quickly reminded by one of my colleagues that Professors in Nigeria are “given absolute reverence and you have to be careful in your line of questioning and not appear to know it all.”

Echo #3 was the use of computers for data analysis and my mentoring style. Unlike today that the computer has occupied every facet of our life, in the 1980s, computer use in everyday life and in the classroom was non-existent. The use of the SPSS statistical software for data analysis was through the punched computer cards machine interfaced with the IBM computer mainframe. The statistical analysis can only be done after consulting with a staff at the Computer Center.

Drs. Kuforiji, Adesinasi, Olokungbemi, and Oyewole, all my mentees in the audience today, can share their experience on the numerous trips that they had to make to the Computer Center with stacks of computer cards in their hands to correct the errors in their SPSS outputs.

Many of the students whom I mentored were usually frustrated with the detailed comments that I provide on their work. All of my students were required to rewrite their independent study paper or thesis several times before my final approval. A postgraduate student, following several revisions of his thesis, once asked me the question: “Sir, why are you such a perfectionist”? I responded by alluding to a well know quote: “I am a proud imperfectionist. Perfection is impossible, so by default perfection is for losers.” The student shook his head at my response and walked away. He came back a month later to thank me for the defense of his thesis because it went so smoothly. I told him to express his gratitude or blame to my mentor, Professor Robert Robertson at the University of Pittsburgh, for his creation. The seriousness with which I take my mentoring role was my labor of love. It was great pain and convulsion at the time, but see how well you all turned out.

Echo #4 was the unexpected romance that blossomed between two postgraduate students in my class. When I first met both students, they were constantly arguing intensely in class. I was therefore very surprised when I was invited to their

wedding in their second year. I perceived them as “odd couple” at the time, but my impression was patently wrong given that 28 years later, they are still happily married and blessed with children. They have both completed their post-professional DPT degree and are in private practice in the USA doing great things in their community. The take home message from this vignette is that you must never judge a book by its cover.

Echo #5 was my undeserved reputation as a “No Nonsense Examiner.” Many of my students think that I ask too many “critical thinking” questions during my ward rounds in the hospital setting and during dissertation/thesis defense examinations. There was a fairy tale story of a postgraduate student (name protected), who was petrified of my nomination by the Postgraduate School to serve as an examiner on his thesis committee. Rumors had it that this student, a day to his thesis defense, prayed all night that I will be delayed from a trip that I made to the University of Nigeria Teaching Hospital at Enugu where I was invited to conduct a two-day workshop on cardiac rehabilitation. Fortunately or unfortunately, depending on which side you are on, his prayer was not answered. I arrived 15 minutes before the thesis defense examination started. You can see the anxiety and surprise on his face when he saw me. I walked over, hugged him and engaged in some informal conversation to calm him down. After overcoming his fears, he performed just fine and successfully defended his thesis.

The OAU student perception of me as a “no nonsense” examiner was to my surprise also parroted by students in the other universities. CMUL and UI students often commented that “we have been misinformed by your students at OAU. Your questions were very fair” My typical response was: “you see, don’t believe everything you read or hear until you experience it.” I still do not know who pigeon-holed me as a “no nonsense” examiner. Anyone in the audience prepared to

confess who started this rumor? Dr. Kuforiji and Dr. Felix Odusaga are my top suspects.

Echo #6 was a classroom discussion that turned into pandemonium. Barely three weeks on the ground, I presented a lecture on Professionalism (in MRH 3002: Introduction to Medical Rehabilitation course), and alluded to “appropriate attire” as one of the expectations in a clinical environment. I figuratively legislated that students cannot come to the hospital on my clinical days looking like a ragamuffin. A student quickly interjected, “Sir, what is a ragamuffin? The entire class became engulfed in laughter. As I began to explain that a ragamuffin is somebody who is dirty looking and dressed in rags; another student interjected, “Sir, come again.” As I was trying my very best to explain further, the laughter got louder and the classroom turned into pandemonium! Thereafter, the word “ragamuffin” was christened in the lexicon of the BMR student.

Echo #7 was my experience at the NSP Annual Conference held at Port Harcourt, in 1987. To get to the conference, Dr. Obajuluwa offered to transport the team from our department consisting of Professor Nwuga, yours truly, and Adetoyeje Oyeyemi (one of our postgraduate student at the time) to Port-Harcourt in his car. Shortly before the conference, Dr. Obajuluwa took a day off from work to have his aging Peugeot 504 vehicle serviced by a local mechanic. He bought new tires, spark plugs and air filters in preparation for the journey. Having Dr. Obajuluwa behind the wheels was a hideous experience as he drove fast on the narrow and pot-hole engulfed road to Port Harcourt. Glory belongs to the Almighty for bringing us back from Port Harcourt safely.

First generation elder statesmen within the physiotherapy profession are very orthodox and sensitive to any abridgment of the traditional Nigerian cultural

norms. During the annual general meeting at the conference, a debate on the constitution of the NSP ensued. I passionately challenged a point of view held by an elder statesman; the late Mr. HAN Okeke, who was then the NSP President. My passion was misconstrued by the elder statesman who characterized my observation as “youthful exuberance.” He lambasted me and poignantly stated that my views “lacked decorum and informed history of the profession” and proceeded to call me an “American-educated firebrand.” The take home message from that experience is that you must keep your emotion under control when addressing an elder statesman.

There are more vignettes to present but seven was the symbolic number of **Echoes** that I set out to recapture; now that you have them, we must move on! As someone, who loves music, I will be remiss if I failed to capture the vibrant social life on the OAU campus. The most popular artists who performed at sorority events on campus were the late Fela Anikulapo Kuti, late highlife Prince Nico Mbarga of the Sweat Mother fame, King Sunny Ade, Chief Commander Ebenezer Obey, late Sunny Okosun, and Sir Shina Peters. No account of events in a Nigerian university will be complete without reference to the endemic campus closure as a result of violent student demonstration. The incidence of “aluta continua” episode during my 5-years at OAU was surprisingly few when compared to the frequency of campus closures in recent years.

Summative Program Evaluation and Outcomes

For this presentation, I surveyed OAU program graduates to keep up with their career progression since they graduated. I was amazed at the phenomenal accomplishments and would like to share them here. The majority of the undergraduate and postgraduate students enrolled at OAU between 1986 and 1991

have earned Master's, Doctor of Physical Therapy (DPT) or Doctor of Philosophy (Ph.D.) degrees. In addition, many have completed their residency program and obtained an Advanced Board Certification in a Physical Therapy specialty. Time and space will not permit me to discuss in details individual accomplishments, but hereby confirm that the following OAU graduates have obtained advanced degrees or specialty certification since we parted ways. They are:

1. Abayomi Kuforiji, DPT, MBA (President, PT Alumni, USA)
2. Akinloye Olokungbemi, DPT (V. P, PT Alumni, USA)
3. Damilare Adeniyi, DPT (Sec. PT Alumni, USA)
4. Abayomi Olawoye, DPT (Treasurer, PT Alumni, USA)
5. Oladapo Ajayi, DPT
6. Adesoji Adedoyin, PhD (Former HOD, DMR, OAU)
7. Lukman Ganiyu, DPT, OCS through the American Board of Physical Therapy Specialties (ABPTS)
8. Adekunle Onilari, DPT
9. Edewor Nana, DPT
10. Adeleke Adelekan, DPT
11. Clement Adesinasi, DPT
12. Akinsola (Imman) Akinyode, DPT
13. Mukaila Kareem, DPT
14. Adewole Adenlola, DPT
15. Gbenga Falana, DPT
16. Tola Charles Akomolafe, DPT
17. Felix Odusaga, DPT, MBA
18. Ola Abioye, DPT
19. Ayodele Onigbinde, PhD (Senior Lecturer, OAU)
20. Adesola Ojoawo, PhD (Senior Lecturer, OAU)
21. Michael Egwu, PhD (Senior Lecturer, OAU)
22. Ade Oyeyemi, DHSc, GCS through ABPTS (Professor, University of Maiduguri)
23. Major Joseph Isi, MPT, got promoted to Col. before retiring from the army.
24. Major Pascal Mogbo also got promoted to Col. and retired from the army. Turned to the ministry, earned a doctorate degree in divinity. He is the current Chairman for the NPPCN.
25. Major Anthony Ohali, MPT, also got promoted to Col. and retired from the military before his demise.
26. Felix Faniran, MPT, became a Comrade and a National Labor Leader
27. Mrs. Mabogunje, MPT. Her where about unknown
28. Mr. Taiwo Oyewumi, PT (Current President of the NSP)
29. Benedicta Bosede Ohiani-Jegede, DPT (Nee Kafidiya)
30. Eucharia Biokoro, DHSc (PT)
31. Dare Ogundipe. One of the two final year students in 1986 when I arrived at OAU is now Asst Director, at OAUTHC.

32. Olugesin Akande, DPT
33. Oluyemi Akande, DPT
34. Sofoluwa O. Songonuga, DPT
35. And other OAU PT Alumnus with whom I have limited information about their where about since we parted ways in 1991: Abidoeye, Adeniyi, Akeju, Charles Akomolafe, Oladipo, Nihinlola, Akindele, and Oyeleeye

This is an outstanding roll call of achievers and potential leaders who will steer the evolutionary path of our profession into the future. I often pinch myself in awe when I think of what you have collectively accomplished. I am comforted by Sir Shina Peters - Afro Juju Maestro-- words of wisdom in his “Shinamania” Part I album, in which Shina sang: “For sure oh, the young shall grow.” I give glory to God for allowing me to live long enough to see my mentees achieve stupendous things in the academia, clinical practice and even in politics. I am indeed a lucky man. The numerous academic achievements illustrated in this presentation, is indeed God’s miracle in itself when considered against the backdrop of the academic environment in which my fellow Lecturers and I operated to achieve these enviable program outcomes.

A Call to Action

The OAU PT Alumni Association has performed beyond my wildest expectations. Now that the CMUL Alumni has joined the “confederate”, there is strength in number and we must encourage our membership to capitalize on this growth; we cannot afford to rest on your laurels. We now have to start thinking deeply about the future of your Alma mater and the NSP. As individuals committed to the development of physiotherapy profession, we all need to do just a little more than we are currently contributing to our Association and the future of physiotherapy profession in Nigeria will take care of itself.

A lot has changed in your individual and collective lives since we crossed paths at OAU or at CMUL. What has not changed since you graduated are the

enduring values of learning, cultural sensitivity, and service that was the centerpiece of a Nigerian education. We have demonstrated a legacy of excellence and I sincerely believe that the legendary legacy that we have created must be passed on.

For many of us, the USA is our adopted country but our tie and commitment to the homeland is unassailable. I am using this unique occasion to propose that some of us return to the homeland to contribute to national development. I am not calling for a mass exodus to the motherland, Bob Marley style. I am familiar with the challenges associated with heading for an uncertain future. Trust me; I know how difficult that experience could be. I have my scars, from 1986-1991, to show for it.

What I am proposing is that both the CMUL and OAU PT Alumni leadership explored a Visiting Scholar Linkage Program, lasting 2 to 3-month duration, at a host institution in Nigeria. The proposed Linkage Program, if implemented, will provide a vehicle for physiotherapists in Diaspora to impart their knowledge and clinical skills to the next generation of physiotherapists in Nigeria.

Furthermore, you can during the Linkage Program collaborate with the NSP to organize workshops in your clinical specialty. You can also use the opportunity to test the political terrain in Nigeria by looking into getting elected into a State or National offices. A note of caution, politics in Nigeria is definitely not for the faint-hearted. Politics Nigerian style “ain't beanbag”, a slogan made popular by humorist Finley Peter Dunne (1867–1936), from my hometown of Chicago.

The future of both the OAU and CMUL PT Alumni Associations is promising with enormous potential to achieve phenomenal things. For my vision to be realized, it is imperative that you elect into office committed and visionary leaders who can look further than you all individually can see.

Recent Collaborations with the NSP

To God is the glory that Diaspora physiotherapists here in the USA have spent the last one year working collaboratively with the leadership of the NSP. In May 2016, we signed a Memorandum of Understanding (MOU) with the NSP to assist financially and resource-wise to have the Bill before the National Assembly to establish the National Postgraduate Physiotherapy College of Nigeria (NPPCN) became a reality.

We recently assisted the NSP developed a marketing compendium that our colleagues will use to educate the Legislators and Senators in Nigeria. I will be glad to share this document with any interested party. We need everybody's cooperation as we move forward on this legacy project. We need to look beyond the establishment of the NPPCN, but let us focus on the future development of our profession in Nigeria. We have capable men and women who can get the job done, but we need to cooperate with our leadership and set aside personal and philosophical differences.

It is indeed appropriate to recognize Drs. Muoyo Okome, Kamaldeen Sanni, Emmanuel John, Abiodun Akinwuntan, Ganiyu Lukman, Longinus Nwachukwu, Oladehinde Abereje and Professor Victor Obajuluwa for their contributions in moving the NPPCN project forward. We will during this conference provide more detailed information and solicit for your donation. Please give generously because as Jesus said "to whom much is given much is expected;" Luke 12:48. In context, this parable means those of us who are blessed with special talents, a wealth of knowledge, and money should use it well to glorify God and benefit humanity; NSP in this case. Don't for a minute forget where you came from.

Conclusion

Before I close, I'd like to share a recent discussion that I had with another colleague about the unfolding events in our profession in Nigeria. During our discussion, the colleague remarked, "but Prof. you are too patient and accommodating with this unserious people. You know, I don't have the time for their behavior." I chuckled and responded, "That is what ageism does to you." He was surprised at my response and probed me further by asking what I meant. I responded by saying, "I have once walked in your shoes. I probably would have felt the same way 30 years ago."

Except for a few gray hairs, an envy of most of my colleagues, the sexagenarian Balogun standing in front of you today is a more mellowed, reflective, and introspective human benign when compared to the Balogun that arrived at OAU in 1986. The late Muhammad Ali put it best when he eloquently stated that: "A man who views the world the same at fifty as he did at twenty has wasted thirty years of his life." With age, come wisdom, experience, calm, grace, and finesse. Watch out for what ageism can do to you. As physiotherapists, I don't need to remind you about the effects of aging; that is one of your bailiwicks.

OAU occupies a very special place in my heart because it was at Ile-Ife that I met my spouse and gave birth to my first son, Omotade, in January of 1991. Every journey has a beginning and an end. In December 1991, I embarked on my second "missionary journey" to the USA by joining the faculty at TWU as an Associate Professor and Director of the Industrial Research Laboratory. I re-entered the USA on a J-1 (Research Scholar/Professor Category) visa which a year later matured into an Alien Resident Card; and in 1998, I became a United States citizen.

This presentation is a snapshot account of events that transpired at OAU from 1986 to 1991. I beg for forgiveness if I did not include other events that may

be a significant part of your own experience. As a sexagenarian, trying to recall events that occurred three decades ago is a challenge. My wife will be the first to tell you that I am not a good story teller and that I should stick to my day job as an educator.

I'd like to conclude my presentation by answering an embarrassing question that I often get asked by many of my students: "Professor, how do you get all these things done?" My response has always been similar to what Mohammed Ali preached. "I am an ordinary man who worked hard to develop the talent I was given. I believed in myself, and I believe in the goodness of others." Let the virtues of hard work and determination be your take home message from this presentation. As you strategize on the trajectory of your professional career, I recommend that you set daily, weekly, monthly and yearly goals and work hard to achieve them. That is my simple prescription for success; there is no shortcut to success!

Whenever I think of my experience at OAU, it brings back so many profound memories. Some memories are unforgettable, remaining ever vivid and heartwarming! One of the ways that I keep myself sanguine about life is to go down Memory Lane to recall happy times from the past. Photographs are a great memory-prompter; I usually take pictures of happy occasions to stimulate my memories of the past. I believe the images you are about to watch will evoke memories of your OAU experience.

OAU experience (PowerPoint Slide show here).

Thanks for listening to the account of my OAU academic experience. God bless the OAU and CMUL PT Alumni Associations. God bless the NSP; God bless the Federal Republic of Nigeria; and God bless the people and government of our adopted country, the United States of America.

APPENDIX 1: Master's Thesis Supervised at OAU

Faniran O. (1991). Effectiveness of the Expanded Program on Immunization in the prevention of poliomyelitis in Oyo state, Nigeria (Co-Chairman, MSc. Thesis in Physical Therapy).

Fawole O. (1991). Pattern of soccer injuries in Divisions I and II professional soccer in Nigeria (Co-Chairman, MEd. Thesis in Physical Education).

Pungon J. (1991). Cardio respiratory fitness of Nigerian male and female athletes (Co-Chairman, MSc. Thesis in Physiology).

Oyeyemi AY. (1991). Effects of aerobic training on cardiovascular responses during head-down inversion (Chairman, MSc. Thesis in Physical Therapy).

Isi JA. (1990). Cardiovascular responses of healthy subjects during head-down inversion (Chairman, MSc Thesis in Physical Therapy).

Ohali A. (1989). Comparison of ultraviolet radiation and Eusol therapies on infected ulcers (Chairman, MSc. Thesis in Physical Therapy).

Mogbo PO. (1988). Effects of three repetition training intervals on the quadriceps femoris muscle strength (Chairman, MSc. Thesis in Physical Therapy).

Mabogunje EO. (1987). Psychosocial factors affecting low back pain patients (Co-Chairman, MSc. Thesis in Physical Therapy).

APPENDIX 2: Publication Downloads as of July 3, 2016

#	Title of Publication	# of Downloads on ResearchGate	University that Work was Initiated or Concluded
1	Management of chronic pelvic inflammatory disease with shortwave diathermy. A case report. J A Balogun, F E Okonofua. <i>Physical Therapy</i> 11/1988; 68(10):1541-5.	584	OAU
2	Predictors of academic and clinical performance in a baccalaureate physical therapy program. J A Balogun <i>Physical Therapy</i> 03/1988; 68(2):238-42	132	RSC/OAU
3	Evaluation of the content validity, internal consistency and stability of an instrument designed to assess the HIV/AIDS knowledge of university students. J A Balogun, [...], Y Yakut, Education for Health Change in Learning & Practice 11/2010; 23(3):400.	67	CSU
4	Calorimetric validation of the Caltrac accelerometer during level walking. J A Balogun, D A Martin, M A Clendenin <i>Physical Therapy</i> 07/1989; 69(6):501-9.	67	OAU/UF
5	Perception of risk of HIV and sexual risk behaviours among students in the United States, Turkey and South Africa. Adedeji Adefuye, [...], Yavuz Yakut	139	CSU
6	Body art practices among inmates: Implications for transmission of blood borne infections Titilayo C Abiona, [...], Patricia E Sloan <i>American journal of infection control</i> 10/2009; 38(2):121-9. DOI:10.1016/j.ajic.2009.06.006	54	CSU
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Appendix 3: Survey of University Operations in Nigeria and Ghana

Questions and Responses

1. Are the promotion and tenure guidelines in your College and university published for faculty to have access to them?

Respondent #1: Yes, the promotion and tenure guidelines at my university have been published and all Lecturers have access to them.

Respondent #2: Yes, they are published. No tenure system exist in my University

2. Do you have a published handbook for undergraduate and postgraduate students detailing program policies and procedures?

Respondent #1: Yes, we have produced a handbook for undergraduate and postgraduate students on policies and procedures.

Respondent #2: Yes, we have for undergraduate. We are about to commence a postgraduate program but yet to admit students.

3. Do you have a mechanism or procedure for program assessment and how often is this done and by whom?

Respondent #1: We have the mechanism for program assessment by the National Universities Commission, the Nigerian Medical, and Dental Council, the Nursing and Midwifery Council of Nigeria and other professional associations. Each of them has scheduled for carrying out these assessments. For example, the NUC has what they call a resource verification visit before a program starts followed thereafter by the Accreditation of the program. The Nigerian Medical and Dental Council does 4 visits before any institution can graduate a medical doctor or dentist. Thus far, the NUC has done its resource verification and are will be visiting for the accreditation of the basic medical sciences program next month. The NMDC has also done its advisory visit and is waiting to do their second visit very soon. And we are ready for them.

Respondent #3: Yes. Every 5 years by the National University Commission (NUC). The Medical Rehabilitation Therapist Board (MRTB) of Nigeria has also commenced accreditation of PT training programs using a template that differs slightly from that of NUC. Programs that obtain interim rather than full accreditation are revisited by the NUC after 2years.

Respondent #2: Program assessment is done by NUC. Program faculty is also expected to assess their program periodically (every five years)

Respondent #4: Yes, by the NUC. Once in 5 years.

4. Do you have a mechanism for assessing faculty teaching effectiveness? Is this procedure adopted by the College/University? Is the process published?

Respondent #1: Yes, we have a mechanism for staff evaluation by students. And we also have a mechanism for overall assessment of the University and students. This mechanism was provided by the NUC and we have done and published this first assessment.

Respondent #3: Yes but in its rudimentary stage. Lecturers are to be assessed by students at the end of each course using a questionnaire. The instrument is still undergoing revision and hence not yet published. The College initiated the idea.

Respondent #2: The University has not adopted any mechanism for teachers Assessment and no any publication on this are in place as of now. The university accepts it in principle but this has not been put into effect

Respondent #4: Plan in progress.

5. What is the expectation for promotion to a Professor? Is the expectation published or shared with faculty?

Respondent #3: A minimum score of 70% by the candidate's publications using the guidelines provided by the university. After scaling through the Faculty, College and the University's Appointment and Promotion committees, the publications are sent to one international and 2 local assessors (within the country but outside the University). Positive assessments by the international assessment and one local

assessor are required for promotion. The assessors must be Professors with a minimum of 3years' experience in related field; i.e. PT. The expectations are published. The documents are mostly available in hard copies and the promotion guidelines are provided on a yearly basis.

Respondent #2: The expectation is 80 research publication points, at least 10 years of teaching experience at the university level, 2-3 years in Associate professorship rank, service (clinical duties) and university or community service. Four points are earned for each journal for which the applicant is first to the third author, and 2 points for fourth or more authorship. Final decision is subject to positive external assessment. Overall, every process of promotion cannot be said to be bias free. Publications are not verified and external assessors can delay for many years and the university may not follow up on this. It is a general belief that a process of assessment that is supposed to be confidential is often politicized. Professorial appointment in some university can just be a gift to the favored in my opinion. Too many gifts of authorship and things.

Respondent #4: Not sure.

Respondent #5: Promotions to professor is based on three basic pillars: Research output including mentoring, Teaching and extension services. A cumulative publication of at least 60 is needed.

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- List of Accredited Universities in Nigeria with Websites <http://www.myschoolgist.com.ng/ng/list-of-accredited-universities-in-nigeria-with-contact-websites/>

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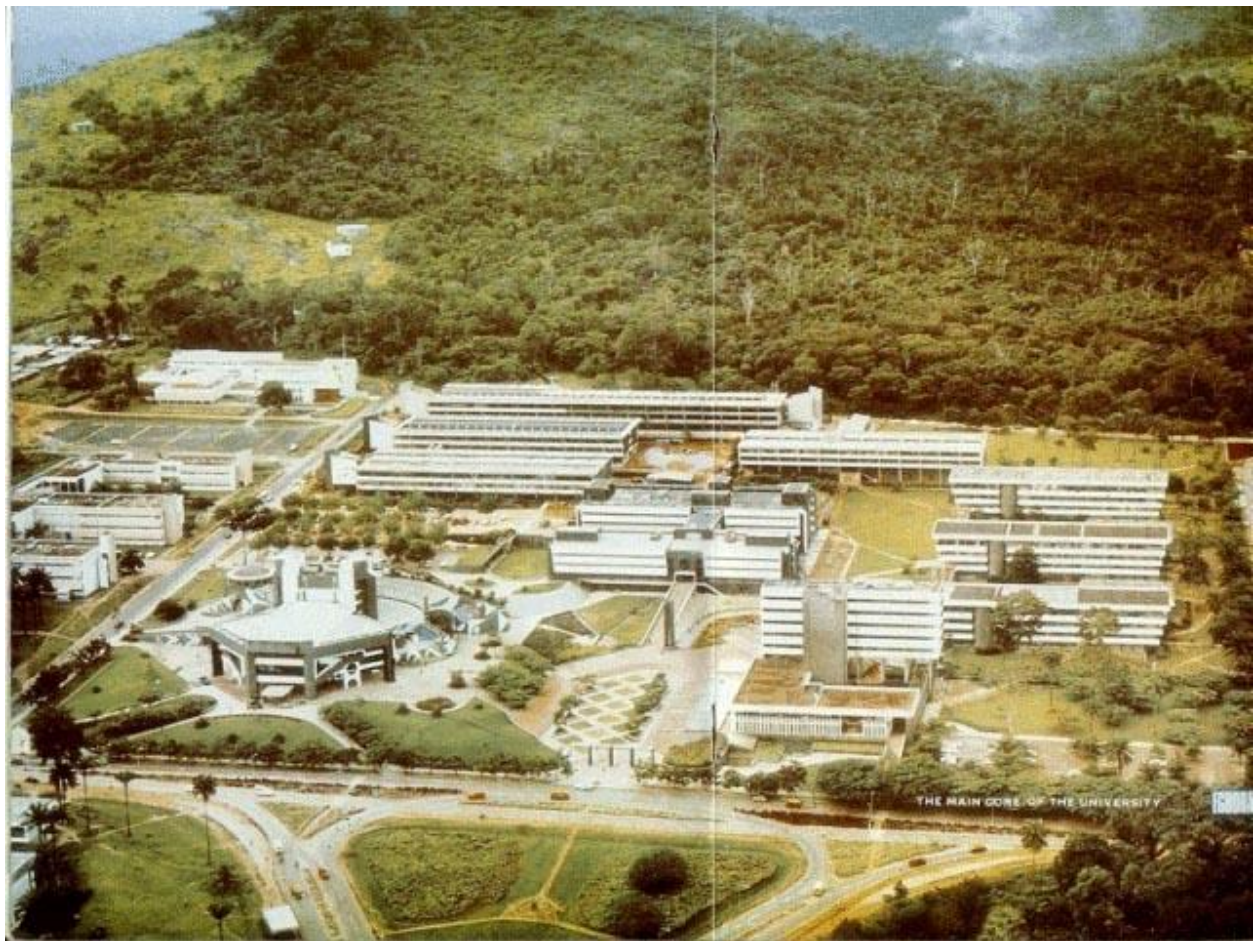
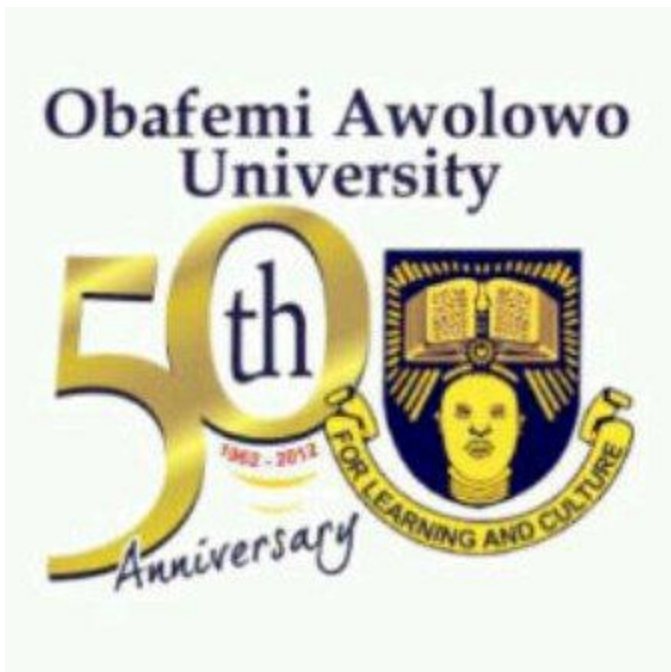
















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