

TRANSFORMATIONAL LEADERSHIP IN MEDICAL EDUCATION

GUEST LECTURE DELIVERED IN HONOUR OF THE LATE



PROFESSOR (ALABO) RAPHAEL S. ORUAMABO

DELIVERED BY

**PROFESSOR OLUGBENRO OSINOWO, MD, FRCSEd, FWACS, FICS,
FNACP (HON), FNPA (HON), FICA, MESVS, DIP. RUSSIAN LANG., KSM
BAYELSA MEDICAL UNIVERSITY, YENAGOA**



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TRANSFORMATIONAL LEADERSHIP IN MEDICAL EDUCATION

1. Prof. Allen A. Agih (Vice-Chancellor of NDU), Prof. Jonnah Akekere (Deputy Vice-Chancellor, Administration), Prof. Tonbarapagha Kingdom (Deputy Vice-Chancellor, Academic), Prof. Euphemia Kunle-Olowu (Provost, College of Health Sciences, Mr. Benjamin Joffa (Registrar), Dr. Biokuromoye Fyneman (University Librarian), Dr. Boloumboye Yallah (Bursar), Mr. Bedford Frank Okodi (College Secretary, CHS), Deans of Faculty, Heads of Academic Departments, Professors and Lecturers, Directors, Administrative Officers, Family members of our former Provost (Prof. Alabo Raphael S. Oruamabo, Distinguished guests, Students, Past graduates from the CHS, Esteemed Ladies and Gentlemen. I feel highly honoured to be invited to this occasion as the guest lecturer for this **Day of Tributes** to our late distinguished former Provost and leader (Prof. Alabo Raphael S. Oruamabo). I am also ever so excited each time I have the opportunity to return to this unique College of Health Sciences (CHS, NDU). This is the very Arena where our various victories were recorded, where hundreds of students over the years had their destinies shaped for good. This, is the place where young men and women were transformed into Nurses, Medical Laboratory Scientists, Physicians and Surgeons. This is where our past leaders made giant strides. It is the same place where the new sets of leaders are making their own giant strides.

2. We are gathered here today, to honour one of our leaders, a fallen hero, Prof. (Alabo) Raphael S. Oruamabo who left giant footsteps in the golden sands of time. Who is this man? Prof. Oruamabo was born on April 22nd, 1942 at the General Hospital



Degema, near Abonnema in present-day Akuku Toru Local Government Area of Rivers State. He was the first child of Pastor Robert Amakiri Oruamabo and Mrs Beatrice Ihuoma Benjamin Oruamabo (nee Bob-Manuel) both of blessed memory. The family originated from Abonnema. Abonnema, originally known as Nyemoni, is a large town in the Kalabari Kingdom that was founded in 1882. Its territory was discovered by an expedition of eleven war canoe chieftaincy houses from the Kalabari city-state. I was privileged to visit Abonnema twice in the past ... Once, for the burial of a Mr. Bob-Manuel and secondly for the book presentation by Hon. Justice Georgewill, after which, we were entertained in the house of Prof. (Alabo) Raphael S. Oruamabo

Prof. (Alabo) Raphael S. Oruamabo.



Abonnema (Nyemoni)

3. DEFINITION OF TRANSFORMATIONAL LEADERSHIP

According to David Needle^{ref}, transformational leadership is a management philosophy that encourages and inspires employees to innovate and develop new ways to grow and improve the



path to a company's future success. Using this method, executives give trusted employees the independence to make decisions and support new problem-solving approaches. Throughout this lecture, I shall exemplify each stated point with the historical perspectives and encounters in this same College of Health Sciences and the man, a true transformational leader, late Prof. (Alabo) Raphael S. Oruamabo in whose honour today's "**Day of Tributes**" has been convened.

4. Transformational leaders are *passionate about their work and the company's mission*, while also *helping all employees succeed*. Another key trait is their *ability to identify business processes that no longer work and focus on streamlining or changing them as needed*. During his tenure as Provost of the College of Health Sciences of Niger Delta University (NDU) in Bayelsa State from 2006 to 2012, he led the College to achieve Full Accreditation Status of its M.B., B.S Programme from both the National Universities Commission (NUC) and the Medical and Dental Council of Nigeria (MDCN). The College (CHS) was established by the late Governor of Bayelsa State, H.E. Dniepreye. Alamesigha. The CHS was in its seventh year of existence at the time that Prof. Oruamabo became the 3rd Provost. Prior to his arrival on the seat of the Provost, there had been two Provosts before him. The CHS had no accreditation for the MB, BS programme. Based on this fact, the students in the pioneer class were transferred to three other Universities in Benin, Calabar and Port Harcourt. The majority of the pioneer students (48) were sent to Uniben at a cost of 80 million Naira per session.
5. While transformational leaders are often admired, *they don't seek out praise or adulation because their focus is on doing what's best for their organization*. Risk taking is calculated -- based on gathering intelligence from team members, the leader's own instincts and experience. Decisions are made with an eye toward the organization's values, vision and objectives. Prof. Oruamabo never took a decision without considering the specific objective(s). His main objective was to carefully plan for the success of CHS as a Medical School producing Doctors and other healthcare personnel.
6. **Why is transformational leadership important?**
There are many kinds of leadership styles. While some may benefit the individual leader or offer short-term results, transformational leadership inspires actions and habits designed to help an organization over long time periods. This approach has gained popularity because it can be the proverbial win-win, helping both the leader and organization succeed. The approach that Prof. Oruamabo chose in his leadership role was not based on gaining popularity but he focused on the CHS main objective of producing doctors who could hold their own anywhere in the world. For example, rather than focus on tactics or short-term issues, a transformational leader gives priority to understanding what motivates individual employees and helps them focus on the company's long-term vision. Prof. Oruamabo challenges his employees under him with tasks that would be beneficial to both them as individuals and also the institution (CHS) in the long term.
7. These leaders also aren't afraid to be challenged or consider constructive criticism. As a result, employees are empowered to share their ideas and offer constructive criticism of new directives. Leaders will also take risks and encourage suggestions from others *so everyone has input into the team's accomplishments*. Rather than a rigid leadership approach, transformational leaders practice *team building and encourage coaching. Building confidence in employees' ability to succeed and learn from failures better prepares organizations for sudden changes, such as a reorganization or downsizing*.
8. Transformational Leaders need to learn how to *build a team that works well together by focusing on three key factors*.

Transactional vs. transformational leadership

Different managers may deploy different management styles depending on the situation and the needs



of the organization. There are times when a more transactional approach is needed to make sure important short-term goals are met and operations are running smoothly. However, the transformational approach encourages business innovation, new ideas and longer-term objectives.

Transactional leadership

Transactional leadership uses structure and clear guidance to determine and communicate an employee's performance requirements. It also employs a system of rewards and punishments, depending on the results. This transactional leadership approach tends to favour short-term planning and results. While it is a more top-down approach than others, ideally, employees are given the resources they need to do their jobs effectively, and goals are mutually agreed to. So-called SMART -- *specific, measurable, achievable, relevant and time-bound* -- goals are set for employees. Transactional leaders also practice management by exception, not getting involved if things run as expected. But negative results, such as missed sales goals or production delays, attract prompt attention.

Transformational leadership

While transformational leaders are responsive to issues and concerns as they arise, they are more proactive in encouraging new ideas and approaches on an ongoing basis. They focus on long-term or aspirational goals that are harder to quantify. However, the transformational leader puts more traditional, quantifiable goals -- such as a sales quota or positive customer feedback -- into the bigger picture.

Transformational leaders also encourage actions that help the team and company achieve organizational goals and their vision of success, motivating employees by appealing to their own self-interest. *This is developed by letting employees be part of the decision-making process, which leads to more buy-in of agreed-upon goals.* For example, a manager and employee might agree that response time to customer service inquiries has to be 10% faster to ensure greater customer satisfaction. But rather than simply following a management edict, the employee understands that meeting this goal is a sign of accomplishment for them and better for the company. Where a transactional leader may react to negative results punitively -- e.g., a missed sales quota leads to lower commission or reassignment of sales prospects -- the transformational leader strives to fix the problem by more direct involvement -- e.g., joint sales calls to better understand the challenges the salesperson is facing or offering additional resources and training.

9. Transformational leadership characteristics

Transformational leaders have a set of distinct characteristics that, in a best-case scenario, build on and play off one another to create the most effective leadership approach. Those characteristics include the following:

Transformational leaders have a number of characteristics, including adaptability and the ability to embrace change.

10. Embracing change. Transformational leaders embrace change and anticipate the effect it will have on an organization so they are prepared to handle challenges.

Emotional intelligence. A willingness to collaborate, empathy and emotional intelligence are key traits of transformational leaders. In practice, they are self-motivated, resilient, and able to build trust and respect from those around them.

Adaptability. Transformational leaders in information technology (IT) have the capacity to deal with fast-paced industry change and deploy complex technologies. They also recognize the implications of how these changes will affect other technologies, anticipating problems before they arise.

Inspirational team player. Transformational leaders focus on the well-being of employees and the company instead of taking a me-first approach. When the team succeeds, they celebrate as a team and



give credit where credit is due.

Encouraging participation and communication. Transformational leaders take in ideas from all around them -- without judgment or knee-jerk reactions. They're able to communicate openly and honestly with employees, which, in turn, builds long-lasting trust.

Learn how Ford and Wayfair built trust with their employees by using **Slack** to enable communication between employees and executives.

Transformational leadership advantages and disadvantages

Getting employees to consistently meet and exceed goals is a key aspiration of leadership.

Transactional leadership accomplishes this with rewards and punishments, while transformational leadership is more about inspirational motivation.



Qualities of a transformational Leader.



Transformational Leadership Style: How to Inspire and motivate. (2024)Chioma Ugochukwu: Simply Psychology.org.



11. Advantages of transformational leadership

- These leaders have a less heavy-handed management approach, where employees are freer to experiment and suggest new ideas and approaches.
- Employees are encouraged to focus on what's good for the organization rather than their own self-interests.
- More new ideas and approaches come from the people doing the work, dealing directly with customers and production issues.
- Employees have a personal interest in the organization's goals, leading to greater commitment and effort in the workplace.
- An effective transformational leader unites the organization in a common cause.

Disadvantages of transformational leadership

- The transformational leader's inspiring, big-picture vision is not always paired with detailed directions of how to get there. If the vision is too grand or aggressive, employees can burn out or get discouraged trying to achieve it.
- By definition, a transformational leader brings change to an organization, but in some cases, that change can be too disruptive. Leaders must focus on the benefit to the organization, not change for the sake of change. There is always a risk that some employees won't agree with the transformational leader's vision. It doesn't mean they won't do their jobs, but it could be in a less-than-optimal way.

A key part of being a transformational leader is keeping enthusiasm levels high and engaging with employees. This is best accomplished with ongoing proactive communication and encouragement, which can be time-consuming.

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Steve Jobs

The late Apple co-founder and chief executive officer (CEO) was often referred to as a genius and visionary and inspired a wave of innovative product development during two tenures at Apple. In Apple's formative years, he inspired -- and demanded -- teams to create the most consumer-friendly hardware and software designs. His return to Apple more than a decade later was highlighted by products such as the iPod, iPhone and the iPad. He effectively communicated his vision that products meet high-quality standards and be consumer-friendly.

Satya Nadella

When Satya Nadella took over as CEO of Microsoft in 2014, he transformed the company. What was once a slow-moving tech giant focused on keeping its dominant position in the industry is a far nimbler and more open supplier that moved quickly to make its software available on all platforms, including that of its competitors.

Jeff Bezos

The industry Jeff Bezos transformed when he started Amazon is now but a footnote to its mega-success. Amazon's initial success was as an online bookseller. As the company began selling other products, Amazon quickly grew to become the e-commerce giant it is today.

Reshma Saujani

The former CEO and founder of the nonprofit Girls Who Code led a movement to close the gender gap in technology.

Elon Musk

A key transformational leadership trait is establishing a vision an organization can understand and enthusiastically adopt. Elon Musk had a vision for electric vehicles that withstood early struggles and near-bankruptcy. Today, Tesla is one of the most valued companies in the world.



Transformational Leadership in Medical Education

Reed Hastings

The co-founder and co-CEO of Netflix helped change entertainment forever with its namesake service that has established streaming in the industry.

12. Our paths crossed many times

I have shown that Prof. Raphael Oruamabo was a transformational leader. How did our paths cross?

We first met on the plane at the Lagos airport, Ikeja on August 30th 1966 *en route* Moscow, USSR, via Accra, Ghana, haven been recipients of foreign scholarships to study Medicine in the then Soviet Union. We touched down at the Sheremetyevo Airport, Moscow, on September 01, 1966.



Sheremetievo Airport, Moscow, Russia.

We started our one-year mandatory Russian language study at the Moscow State University.



Moscow State

University, Moscow, Russia

At the end of the programme, Oruamabo got admitted to the Leningrad (St. Petersburg) Medical University.



Pavlov Medical University, St. Petersburg, Russia



I attended the First Moscow Medical University to study medicine. In medical school, we kept in close touch as good friends. First Moscow State Medical University (officially I.M. Sechenov First Moscow State Medical University, informally Sechenov





Transformational Leadership in Medical Education

University); Russian: Первый Московский государственный медицинский университет имени И. М. Сеченова) is the oldest medical university in Russia, located faculty of Imperial Moscow University as the first medical First Moscow Medical University, Moscow school in Russia. The institution separated from the Moscow State University and became independent in 1930. The university was renamed after Russian physiologist, Ivan Sechenov, in 1955. It was known as I.M. Sechenov First Moscow Institute of Medicine until 1990, and I.M. Sechenov Moscow Medical Academy from 1990 to 2010. MSMU is located at Devichye Pole, a medical campus, in Moscow. I graduated MD in June 1971.

13. After graduation from the University with MD, I travelled back to Nigeria to start my Internship at the University College Hospital, Ibadan, Oyo State.



University College Hospital, Ibadan.



University College Hospital, Ibadan.

He returned to Nigeria in August 1972 upon graduation with an MD degree. and commenced the pre-registration house job at the University College Hospital (UCH), Ibadan where we met again. At this time, I had just finished my House job bad was a Senior House Officer in the Department of Surgery.

In September of 1974, I left UCH, Ibadan as a Registrar in Surgery to travel to Glasgow, Scotland where I started my postgraduate studies at the Glasgow University on a Western Nigerian Government Postgraduate Scholarship.



Glasgow University, Glasgow, Scotland, UK



14. On completing the one-year internship he was employed as Senior House Officer in Paediatrics on August 1, 1973 in the same hospital (UCH). He left UCH (Ibadan) as a Registrar in June 1976 to the University of Glasgow (Department of Child Health) on a Commonwealth scholarship for postgraduate studies. Prior to his departing for Glasgow, he contacted me and I helped Dr. Oruamabo to secure accommodation at the YCMA in Glasgow.



YCMA House, Glasgow.

I welcomed him to Glasgow on his arrival in June, 1976. He completed the postgraduate professional training programme and worked initially as a Registrar at the Queen Mother's Maternity Unit at the Royal Hospital for Sick Children, and from January 1979 to March 1980 at the Department of Neonatal Medicine of the Royal Maternity Hospital, both in Glasgow, Scotland.

Queen Mother Maternity Hospital, Glasgow.



Royal Hospital for Sick Children, Glasgow.

15. I returned to Nigeria (UCH, Ibadan) in June, 1977 after having passed my FRCSEd a year earlier (1976). Dr. Oruamabo got his MRCPaed in 1978, returned to Nigeria, and joined the UPTH in 1980.

University of Harcourt, Hospital Port-



Port-Teaching Harcourt.





University of Port-Harcourt, Port-Harcourt, River State

He rose through the ranks and became a Professor at Uniport. He was appointed as the 3rd Provost of the NDU College of Health Sciences in 2006. Prof. Oruamabo was appointed as the third Provost of the College of Health Sciences in 2006, following the students' unrest which lasted for close to six months as a result of the denial of 2005/2006 accreditation of the Faculties of Basic Medical Sciences and Clinical Sciences by both the National Universities Commission (NUC) and the Medical and Dental Council of Nigeria (MDCN).

He held the position Acting Provost till December 2012 when his tenure ended.

16. I was in the UK with my family after a 13-year stint in the Kingdom of Saudi Arabia when I got a job as a Professor of Surgery at the College of Health Sciences, Niger Delta University, Amassoma, Bayelsa State. Our destinies in life with Prof. Raphael S. Oruamabo were about to cross again! I left home in Ibadan at about 11:00 am on January 08, 2008, to make the journey from Ibadan to Amassoma. I had no idea how long the journey would take. We travelled through several states and it was after night fall, at 8:30 pm, that we reached Tombia junction where there was a JTF check point. I asked the soldier on duty where Amassoma was and he said it was still a good distance away. I was tired from the journey and put heads together with my driver. Let's go and look for a hotel. We'll sleep and when we wake up, We'll drive back to Ibadan and tell the people at home that the place did not exist. We agreed and walked towards the car. We had not gone more than 20 paces when I heard the Soldier scream in our direction "Hey, you, going to Amassoma!" We turned round and walked up to the check point. 'Yes, I said. Beside him was a young, girl in a youth Corper's uniform and was carrying a jumbo-sized jute bag (*Ghana must go*) fill with raw food from the way she dragged the '*Ghana must go*'. This Corper says she serves and lives in Amassoma. Carry her, she'll show you the way. I was angry and rather disappointed that my plan to go back to Ibadan in the morning had been disrupted. The car door was opened for her to climb in and drag her Ghana must go in the beck. For a few minutes, no one spoke. When I found my voice I made sure I left her in no doubt how I when she gave me the Jonnah effect. I had planned to go back in the morning, here was I, soon to be in Amassoma. I felt like Jonah who the Lord directed to go to Nineveh but went in the direction of Spain. The big whale carried Jonah and spit him out on the shores of Nineveh! I called Prof. Raphael Oruamabo and told him that "The Eagle had landed." I was put in a hotel for the night.
17. The following morning, The Provost asked the Faculty Officer to take me round the CHS campus. In the afternoon, Prof. Oruamabo got his driver to show me the Teaching Hospital at Okolobiri. It was after this that the work really started. We sat and mapped out our strategies for getting the CHS ready for both the NUC and MDCN accreditations for the MB, BS programme. The following plans were made:



- a. Recruitment of additional staff for the Faculties of Basic Medical Sciences (Pathology) and Clinical Sciences (FCS). Hitherto, the FCS had 9 staff members in all. By December of 2011, the staff strength was 92.
 - b. The NDUTH was prepared for the commencement of Clinical Programmes. There were no classrooms and the first accommodation for lectures took place in the lobby of the offices complex. Later, the lectures were delivered in one of the Laboratory buildings. Prof. Oruamabo arranged for a private loan to build a bungalow that housed two lecture rooms, two toilets and a common room for the students in preparation for the MDCN and NUC MB, BS Part I accreditation. This historical first Lecture rooms now houses the Hospital Library.
 - c. The CHS sailed through the accreditation smoothly and now had to prepare for the commencement of Clinical Studies.
 - d. I was appointed first as the first HOD of the maiden University Department of Surgery and a few months later, Provost appointed me as the third Dean of the Faculty of Clinical Sciences. Apart from these appointments, I was also appointed as Chairman of the College Accreditation Committee, the Housing Committee, The Curriculum and Instruction Committee, The Faculty Board, Examinations Committee, Appointment and Promotions Committee.
 - e. Once we were cleared to start clinical studies, arrangements were made under the direction of the Provost for the conveyance of Clinical students to and from Okolobiri by a dedicated bus. The driver lived in Yenagoa and usually arrived at about 9 am with the bus. He was made to reside in Amassoma and we arranged to have the bus to be at the Provost's car park by 6 am every week day. The students assembled at 6 am and departure was at 7 am. Lectures started daily at 8 am prompt and finished at 4 pm. The commencement of Clinical studies on November 02, 2008 was marked by a breakfast meeting chaired by the then State Commissioner of Health, Dr. Eruani. The then CMD Prof. Euphemia Kunle-Olowu was also very pivotal in the project.
 - f. It was fortuitous that our colleague, Prof. Tarila Tebepa was the MD of the NDDC at the period. I went to his Office in Port-Harcourt to solicit for additional classroom facilities in the blocks now housing Paediatrics, Ophthalmology and seminar rooms/Offices. Thank you Prof. Tebepa for your far-sighted vision.
18. The next task that we focused on was the Clinical Skills Laboratory which was to provide students with a none threatening learning environment where they cannot harm patients. Under the direction of the Provost. I produced a Proposal for the establishment of a clinical skills laboratory at the CHS, NDU. The proposal costing N50,000,000 for the equipment and N9,000,000 for the conversion of an existing ware house to accommodation for a Clinical Skills Laboratory. Prof. Oruamabo endorsed the proposal and passed it the then Vice-Chancellor Prof. Chris Ikporukpo. A week later, the Provost excitedly called me from the Council meeting to say that the proposal had been approved and the Council had awarded the contract. It was too good to be true. We were all very elated. The contractor delivered the equipment and the Laboratory was launched on October 18th, 2010 by the then VC, Prof. Chris Ikporukpo. The Skills Lab enhanced the teaching of Clinical Skills acquisition. The NUC came for accreditation subsequently wrote a letter to all Medical Schools in Nigeria making the creation of Skills Lab compulsory for every Medical School and declared the CHS, NDU as the basic Minimum Standard. Since then, we have had visits from many medical schools in the country. I must mention the contribution of Engr. William Debekeme (a Biomedical engineer) who has worked as the pioneer Curator of the CHS Skills Lab.



Transformational Leadership in Medical Education



The opening ceremony of the Clinical Skills Laboratory (L to R: Prof. Euphenia Kunle Olwu, Prof. Chris Ikporukpo, Prof. Raphael S.



Oruamabo.

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Training of the trainers











Following the accreditation of both the Nigerian Universities Commission and the Medical and Dental Council of Nigeria, the students returned to continue their academic activities, and the College graduated its first set of Medical Doctors in 2012. Prof. Oruamabo was pivotal to the success of the MBBS programme at the Niger Delta University. Together with our other colleagues, the CHS was rehabilitated, and all accreditations by MDCN & NUC were obtained. The first set of students who had been transferred to Uniben were reintegrated to CHS. The 2nd set (23 students) graduated MB, BS in September 2012 and the Benin set (48 students) graduated in March 2013.

The hard work put in at CHS, NDU by Prof. Raphael Oruamabo cannot be forgotten. He was an astute clinician, a very meticulous and focused person. It was sad hearing of his passing away. He will be sorely missed. Adieu, my great friend. You have left your footprints in the sands of time. May the soul of Prof. Raphael Oruamabo, through the mercy of God, rest in perfect peace. May God grant the family the fortitude to bear this great loss.





THANK YOU