Biography

Professor Edwin N. Elechi: X-raying his days as a Trainer, a Mentor, and a Researcher

Okonta KE

Kelechi Emmanuel Okonta, *Cardiothoracic Surgery Unit, Department of Surgery, College of Health Sciences, University of Port Harcourt and University of Port Harcourt Teaching Hospital Rivers State, Nigeria; okontakelechi@yahoo.com; +2348037201256*

Article history: Received 23 September 2024, Reviewed 20 October 2024, Accepted for publication 9 December 2024

Summary

Professor Edwin M. Elechi was a medical doctor who subsequently specialised in Surgery. He was from Rivers State, Nigeria, and had his primary, secondary, and medical education in Nigeria. He had his specialist training in the USA and Canada and worked briefly there. He was appointed a lecturer and an Honorary Consultant Surgeon at the University of Port Harcourt and the University of Port Harcourt Teaching Hospital respectively. He rose to a professor and was the head of the department of surgery, and the dean of the Graduate School at the same university. He was an accomplished Trainer, Mentor, and Researcher, and in addition, he was a sound clinician, administrator, and traditional ruler.

How to cite this article:

Okonta KE. Professor Edwin N. Elechi: X-raying his days as a Trainer, a Mentor, and a Researcher. The Nigerian Health Journal 2024; 24(4):1842 - 1847.
https://doi.org/10.60787/tnhj.v24i4.979

Print ISSN: 0189-9287 Online ISSN: 2992-345X

Introduction

Prof Edwin N. Elechi was born on the 7th of November 1942, in Omofo Rundele Rivers State, Nigeria, and he died on the 7th of December 2012, after suffering a cerebrovascular accident on the 13th of August 2005. He had his primary education at St. John's School Ndele from 1947 to 1954, and his secondary education was at both the prestigious Western Ahoada County High School, Ahoada, Nigeria, and Hope Waddell Training Institute, Calabar, Nigeria from 1957 to 1964. He studied medicine at the University of Ibadan from 1965 to 1970. He sub-specialized and became a Fellow in Thoracic and Cardiovascular Surgery at Detroit, Michigan from July 1978 to June 1979, he later trained in Alberta, Canada. Edwin N. Elechi was appointed Lecturer/Honorary Consultant at the College of Health Sciences, University of Port Harcourt, and the University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria, in 1982. He rose through the ranks to the position of Professor of Surgery in September 1995. He became the first of Ikwerre ethnic extraction to become a professor of Surgery and indeed in any medical field.

Prof Elechi may have influenced the author into specialising in Cardiothoracic Surgery. Let me relate this story that many people may not know: While in the junior surgery posting in the medical school, the author observed the then Dr. Elechi, a cardiothoracic-trained surgeon in the USA and Canada, doing an abdominal surgery for a liver tumour. He was then inspired to specialize in cardiothoracic surgery because of the boldness and composure of Dr Elechi throughout the surgery. Although a chest surgeon, he had to take up abdominal surgery on an elderly woman with a liver tumour. Many of the surgeons in his time, feared taking up the case for fear of losing the woman via hemorrhaging, but Dr. Elechi took up the case and in fact, attempted to excise the tumour which was at the dome of the right lobe. He was a bold surgeon as was the late Professor RS Jamabo. During the surgery, he kept urging the residents, who were assisting him to be bold (Personal communication). The Author had another close encounter with Prof Elechi (Figure 1)- *While on a ward round during the Intermediate Surgery Posting (The second core surgery posting done after part II MBBS Examination), he was teaching us 'Dysphagia'. He talked about oesophageal cancer and achalasia, and yet there was another cause of dysphagia that he wanted to remember. He stopped and thought and groaned in pain as he could not, at that moment, remember it. He reassured us and told us that we should be patient and that he would remember the name. We followed him and worked at the clinic for the day. He eventually could not remember the name that day. We finished our posting in his unit and moved on to another unit. Then one day, we were called to be told that Prof Elechi wanted to see us. When we met him, he happily announced that it was Scleroderma! It was Scleroderma that he was trying to remember all along (Memoir).*

Those who knew Prof Elechi had stated in many fora that Prof Elechi did not play politics with brotherhood. What does it mean to play politics with brotherhood or even friendship? It is a typical situation that is evident in our days. People consider you a brother because of the political support they will gain from you. Once the political support has been gained and consolidated, they quickly revert to an official status. No wonder politics is a leveler, and those who practice this kind of politics are weak and should be fully identified and punished by denying them what they seek to gain by being snitches. With Prof Elechi, one would know where he stood at all times. There was no window dressing to curry favors, no praise-singing to win a vote. For him, black is black, and white is white. Now, here is the message: He did not suffer fools gladly! (Personal communication)

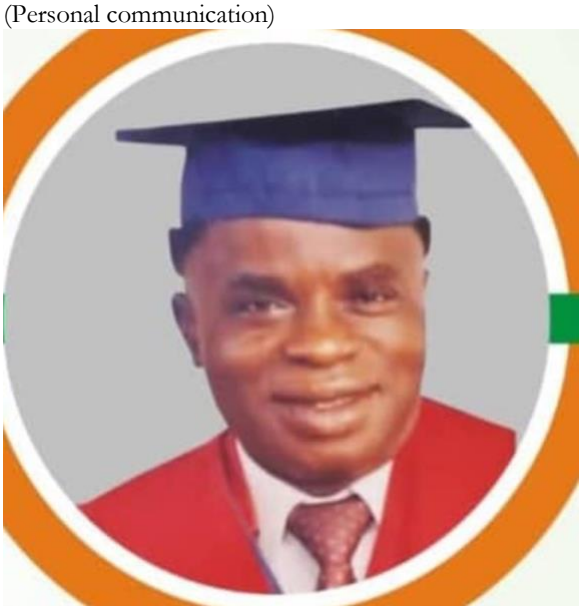

Figure 1: Picture of Prof Edwin Elechi

As a Trainer

Training is teaching or developing in oneself or others, any skills, knowledge or fitness relating to specific useful competencies. Training improves one's capacity, productivity and performance[1]. Of

Print ISSN: 0189-9287 Online ISSN: 2992-345X

course, a trainer is someone who having been well-equipped with the required knowledge or skills, trains others. In the same vein, Prof Elechi after gaining his specialist training in the USA and Canada, developed the skill of surgery and thus was appointable in the University of Port Harcourt to train others.

Part of his biography reads:

Eze (Prof) Edwin N. Elechi was appointed Lecturer/Consultant at the College of Health Sciences, University of Port Harcourt, and University of Port Harcourt Teaching Hospital in 1982. He and his colleagues worked tirelessly to popularise the College and Teaching Hospital as the foundation consultants. He with other lecturers insisted that the first batch of clinical students be made to complete clinical training at the University of Port Harcourt Teaching Hospital and not be distributed to other Medical Schools. Their efforts paid off with the graduation of their first batch of medical students in record time. They also worked very hard to establish the Residency Training program at the University of Port Harcourt Teaching Hospital.

Qualities of a good medical trainer

Often, when trainers gather together, there is a debate on what constitutes a good trainer. The Descriptors for Effective Clinical Teachers have classified the qualities of a good trainer into three main areas [2]. To properly X-ray Prof Elechi's days as a trainer, please permit me to align some of these attributes of an effective medical trainer.

1. ***Teaching skills—****the trainer should be someone with the capacity to impart knowledge, be able to practice evidence-based medicine, be accessible, and accept both positive and negative feedback. 2.* ***The personality-*** *The trainer must be enthusiastic, respectable, sincere, confident, humanitarian, and compassionate.3.* ***The attitude—****The attitude of a trainer should be that of a health advocate, a good role model, encouraging, nonjudgmental, aware of learners' growth, well-groomed, and appropriately dressed.*[2]

Prof Elechi met most of the criteria for an effective clinical trainer as listed above. Furthermore, he was a trainer who could go to any legal means to impart knowledge as he demonstrated to us as students.

As a Mentor

According to the Cambridge Dictionary, a mentor is a person who gives a younger or less-experienced person help and advice over time, especially at work or school. So, to be a mentor, one is highly encouraged to have an advantage of experience and age. For the mentor-mentee relationship to be successful, there is a need to create a synergy between the mentor's experience and the mentee's strength. In the act of mentoring, there are different approaches. However, mentorship could be active or passive. In active mentorship, the act is intentional and has a tact while in passive mentorship, it is quasi-in action.

Let us look at the characteristics of mentors and mentorship then.

First of all, there are basic demographic patterns of mentors we used to know in our days: Mentorship was assumed to have taken place in retrospect because there were no volunteer mentors then. Furthermore, the mentors were those at the advanced age of life who were nearing the end of their careers or had retired. This is because they were people considered to have a wealth of knowledge, they were supposed to have time and carriage as mentors who would be able to pass on their wealth of knowledge to the next generation. This demographic pattern is merely for historical documentation and does not have any iota of science. I say so because it should not discourage younger people who have got strong zeal to mentor their juniors.

It was in full realisation of these certain characteristics of a mentor that we conducted a multi-center *survey of House officers' choice of medical specialties in Nigeria: preferences and determining factor.*[3] This study concluded that "*most House Officers preferred specialising in clinical areas like Obstetrics and Surgery while choosing less of community and internal medicine. The reasons for choosing a particular specialty were personal likeness, independence of practice, and the presence of role models in the specialty"* [3]. Yes, the presence of a role model is such a big deal for prospective doctors in heightening their interest in a particular field.

Mentor-mentee relationship to work

For a Mentor-mentee relationship to work, the following qualities are expected of a mentor: A mentor should be a good listener, empathetic, and not too rigid, value diversity of perspectives, be knowledgeable, be able to give constructive feedback, be honest, successful in career, and willing/able to devote time to developing others. The mentee is expected to show eagerness to learn, enthusiasm, patience, and the ability to obey instructions. He was very blunt when he talked. He would not beat around the bush or pacify anyone's ego. Indeed, he would take no prisoners whenever he was delivering his point. It was quite humorous to those listening to him, and who were not the

Print ISSN: 0189-9287 Online ISSN: 2992-345X

victims of his caution. However, it would not come out as funny if you were at the receiving end of his caution.

Prof Elechi often adopted unpopular positions, some of which may be known to us. For instance, he was the only *Eze Professor* I have seen. He adopted his traditional title with his academic title of professor, or rather he enjoyed being called *Eze* before the Professor title. Initially, we thought it was weird and archaic. But when you see the way, he carried himself with some air of accomplishment that would make anyone think otherwise. And the singular act of bringing forth his Eze title endeared him to his people. They were happy to consider him for the *Ezeship*, or rather kingship.

As a Researcher

Research is a systematic investigation into, and study of materials and sources to establish facts and reach new conclusions. His research work spanned a period of over 3 decades, from 1979 to 1999. His inaugural lecture with the title: **Surgical Decisions, Their Outcomes, and Relevance to Our National Development[4].** From the title, we all know he was a pan-Nigerian man. To prove this statement of having a general view about the country, he recommended that the Nigerian workers borrow a leaf from the Surgeons to serve the nation selflessly. Furthermore, he stated that the country should be regarded as a patient and that all actions should be geared toward making her great for the good of all Nigerians. Finally, he stated that we should, in whatever position we find ourselves, make sacrifices and be courageous enough to make relevant and appropriate decisions to ensure the survival of Nigeria.

For his other research, it would be nice to broadly classify them into that of Cardiothoracic surgical aspects and General surgical aspects. He did not publish any work on open heart surgery or its complications. Most of his research were on; General Thoracic surgery, General surgery, and Paediatric surgery.

A well-known quotation attributed to the famous Viennese surgeon Theodor Billroth: "*Whoever attempts to operate upon the heart, will fail. He will lose the respect of his colleagues". Theodore Billroth from Germany had gone so far as to declare, "The surgeon who operates on the heart will lose the respect of his colleagues.*"[5]. To put the breakthrough in context, one should know that in 1896, the standard textbook "*Surgery of the Chest"-cum: "Surgery of the heart probably reached the limit set by nature; no new methods and no discovery can overcome the natural difficulties that attend a wound of the heart.*

One of his types of research considered in this review was case series. This was considered because of the many complications associated with the surgery in those patients, especially during the early days [6] The reported most common complications following pancreatic surgery are pancreatic fistula haemorrhage, pancreatitis, Porto-mesenteric venous thrombosis, delayed gastric emptying, and anastomotic strictures [6,7]. These are complications that could cause any Surgeon to lose his or her respect if not well-guarded. Prof Elechi presented his experience with this condition in *twenty-two patients who were treated for 25 occurrences of pancreatic pseudocysts. The male-to-female ratio was 3:1, and the average age was 39 years. Alcoholism was the most common cause of the preceding episode of pancreatitis. The pseudocyst rarely develops from end-stage chronic pancreatitis. Our preferred treatment for the majority of pancreatic pseudocysts is external sump drainage, if there is no obstruction of the distal part of the pancreatic duct. This treatment method led to a 100 percent survival rate, and neither a pancreatic-cutaneous fistula nor a pancreatic abscess occurred in any patients*. There was 100 percent survival without any complications!

The other research that is dear to me is chest injuries with traumatic diaphragmatic injuries. Generally, one of the associations of chest trauma that leads to various complications is the traumatic diaphragmatic Injury (TDI). The source of the problem is the ability to make a diagnosis and effect treatment [8]. Prof Elechi worked with Hibbert in 1979 on traumatic Diaphragmatic hernias.

The highlighted challenge with TDI as stated by Professor Elechi's work about 50 years ago?[9] 1. Traumatic diaphragmatic injury was not common 2. TDI was common around middle age and common in males 3. The diagnosis and the conundrums of diagnosis 4. Plain chest radiograph is important but experience has shown that modification of this method is still the sine qua non. 5. Thoracotomy was not the major treatment choice. Again, *for three years, that is, from January 1975 through December 1977, the authors saw six cases of traumatic left diaphragmatic hernias, all of whom survived. All were males aged 17 to 56 years, with an average age of 30 years. Four (67 percent) of the cases resulted from blunt abdominal trauma while two (33 percent) were due to stab wounds of the left lower chest. Admitting chest x-ray findings were diagnostic for all acute hernias due to blunt trauma and for all hernias presenting with a delayed interval. Digital exploration of all penetrating*

Print ISSN: 0189-9287 Online ISSN: 2992-345X

lower chest wounds is recommended by some authors if exploratory laparotomy is not contemplated. Their preferred approach for the repair of the hernias includes (1) laparotomy for all acute cases, (2) thoracotomy for delayed cases, and (3) separate abdominal thoracic incisions whenever a combined approach is considered necessary. The repair should be carried out in two layers with non-absorbable sutures.

The assessment of the work done at the University of Port Harcourt Hospital 40 years afterward [8], still showed that TDI is a relatively rare condition, and there is a high tendency for it to be missed if thorough clinical assessment and imaging review were not carried out. *The evaluation period was from January 2013 to December 2019. Fourteen (4.3%) of the 326 chest trauma patients had TDI with 57.1% from penetrating causes and 42.9% from blunt causes. The causes of the TDI were gunshot injuries (42.9%), road traffic crashes (35.7%), stab injuries (14.3%), and domestic accidents (7.1%). The preoperative method of diagnosis was mainly by massive haemothorax necessitating open thoracotomy (42.9%) and mixed clinical evaluation, chest radiograph, and upper gastrointestinal contrast studies (35.7%), and the drainage of intestinal content following the insertion of a chest tube to initially drain haemothorax (21.4%) and other modality of diagnoses (7.1%). The operative finding was mainly intestinal content in the chest (50%) and only diaphragmatic injury (35.7%). The major complication after surgery was empyema thoracis (14.3%) and mortality (14.3%).* Penetrating injury of the chest was the major factor responsible for the TDI, and even with bowel perforation and acute TDI, thoracotomy offered an effective surgical approach for all the patients.

The qualities of a good researcher as outlined by Elizabeth George, include:[10]

Curiosity: *They are naturally curious and enjoy exploring new ideas and asking questions.*
Critical thinking: *They can think critically about information, evaluate evidence, and draw logical conclusions.*
Persistence: *They don't give up easily, even when research is challenging or frustrating.*
Attention to detail: *They carefully collect and analyze data, making sure not to overlook important information.*
Ethical behavior: *They treat research participants with respect, maintain confidentiality, and follow ethical guidelines.*
Communication skills: *They can communicate effectively, whether writing manuscripts, presenting at conferences, or seeking funding.*
Open-mindedness: *They are open-minded and free of bias.*
Collaboration: *They work well with others.*
Adaptability: *They can adapt to unexpected challenges.*
Passion: *They are passionate about their work.*

Looking at the qualities as shown above, it will be evident that Prof Elechi met most of the qualities and thus he was a good researcher.

Conclusion

Prof Edwin N. Elechi was an outstanding Surgeon and administrator in whatever office he occupied. He was known for being decisive, bold, and daring and always stood for justice and fairness. His research were mainly on his clinical works. It can be said that "he came, saw, fought and truly conquered".

Declarations

Conflict of interest: The author declares no conflict of interest. No honatarium or any form of payment was given to the author to write this biography. Author was inspired by the pioneering works of Edwin Elechi in cardiothoracic surgery in the university of Port Harcourt where he received his basic medical training.

Funding: The funding for this publication was supported by the Ikwerre Doctors Forum (IDF)

Acknowledgment: Some of contents of this manuscript was presented at the IDF meeting held on the 21st of March 2024 at the Nigerian Medical Association (NMA) House Port Harcourt, Rivers State Nigeria under the chairmanship of Dr Bright Owhorjii. A 50% waiver in article processing charge (APC) was obtained from TNHJ for the publication of this debut manuscript on the biography/history section of the TNHJ

References

1. https://courses.lumenlearning.com/wm-introductiontobusiness/chapter/training-and-professional-development/. Introduction to Business. Module 15: Human Resource Management. Accessed on the 20th of March, 2024.
2. Alsultan, Mohammed. What Makes an Effective Clinical Trainer? Saudi Journal of Kidney Diseases and Transplantation.2011; 22(6):1229-1235, 2011.
3. Okonta KE, Akpayak IC, Amusan EO, Ekpe EE, Adamu YB, Ocheli EO. Multi-center survey of house officers' choice of medical specialties in Nigeria: preferences and determining factors. Pan Afr Med J. 2015; 20:338–346.

Print ISSN: 0189-9287 Online ISSN: 2992-345X

4. Elechi EN: Surgical Decisions, Their Outcomes, and Relevance to Our National Development. Inaugural lecture series of the University of Port Harcourt. No 25. August 1999.
5. Murtra M, The adventure of cardiac surgery., *Eur J Cardio-Thorac Surg.* 2002; 21: 167–180
6. Elechi EN, Callender CO, Leffall LD Jr, Kurtz LH. The treatment of pancreatic pseudocysts by external drainage. Surg Gynecol Obstet. 1979 May;148(5):707
7. Chincarini, M., Zamboni, GA, Pozzi Mucelli, R. Major pancreatic resections: normal postoperative findings and complications. *Insights Imaging.* 2018: **9**, 173–187
8. Okonta KE, Ekwunife CN, Okonta EM, Aghaji MAC. Management of Traumatic Diaphragmatic Injury-A Peep into Bowel Repair via Thoracotomy. J West Afr Coll Surg. 2022 ;12(2):53-57.
9. Hibbert J, Elechi EN, Warner O, Calhoun T, Kurtz LH. Traumatic diaphragmatic hernias: analysis of six cases. J Natl Med Assoc. 1979;71(5):467-72/
10. George E. Top 10 Qualities and Characteristics of a Good Researcher. January https://researcher.life/blog/article/becoming-a-good-researcher-10-must-have-characteristics-for-success/ Accessed on the 9th of December, 2024.

Print ISSN: 0189-9287 Online ISSN: 2992-345X