

THE IHS PRIMARY CARE PROVIDER

A journal for health professionals working with American Indians and Alaska Natives



February 2002

Volume 27, Number 2

1998 IHS Domestic Violence Policies and Procedures Survey Summary Report

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In October 1998 an IHS Domestic Violence Survey was mailed to all IHS sites listed in the 1996 IHS Interim Directory. All hospitals and clinics were surveyed regarding activities related to domestic violence (DV): screening; policies and procedures (P&P); committees; staff training; and state and tribal mandatory reporting requirements.

The survey examined the effect of administrative and legal requirements on screening for DV in Indian Health Service hospitals and clinics. This report summarizes the results of the survey. A more detailed report of the results of this survey has been published elsewhere.¹

All 223 clinics and hospitals listed in the Directory were targeted. One hundred forty-two responses comprise the data for analysis. Responses were analyzed in Epi-Info, Version 6.

Results

The following are the characteristics of the responding facilities:

- 76% were clinics, 24% hospitals
- 84% reservation/rural, 16% urban
- 66% IHS-administered, 34% tribally-administered
- 29% have DV committees
- 61% did not know or could not say how many victims of DV were seen in a typical month
- 62% screen for DV
- 64% have P&P for DV
- A facility was more likely to screen if it had P&P for DV
- JCAHO was cited most often as the most important factor influencing the development of DV P&P

- Less than half the sites with P&P report any evaluation of the use of the P&P
- Hospitals were more likely to have P&P than clinics
- IHS-administered sites were more likely to have P&P than tribally-administered sites
- 41% of facilities in a total of 18 states report mandates for physicians to report DV
- 23% of facilities report 31 different tribes mandate reporting of DV

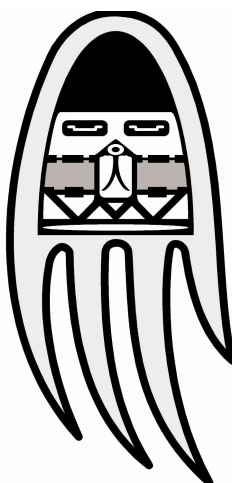
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- Knowledge regarding state and tribal laws is uneven among facilities from a given state or reservation. Some facilities report knowledge of these requirements, while others in the same state or reservation are unaware of these laws.
- No state or tribe required mandatory reporting for baseline or surveillance measures. All mandatory reporting was to legal or social service agencies
- At least one topic of DV training in the past year was mandatory for physicians in 23% of facilities, and mandatory for nurses in 28% facilities
- This survey has no way to verify whether or not the P&P are implemented
- Questions about the fine points of screening, intervention, and staff education simply had too few responses for meaningful analysis.

Recommendations

More than 70% of IHS sites have DV P&P. This satisfies the Government Performance and Results Act requirement at that time that >70% of sites would have DV P&P by the end of FY'99. A recent national survey of health maintenance organizations (HMOs) revealed that 28% had policies, protocols, guidelines, or materials for screening for domestic violence. The National Committee for Quality Assurance does not track any indicators related to domestic violence, despite the recommendations of professional organizations and growing evidence of positive outcomes after clinical interventions. What other "vertically integrated" health care organization besides the IHS can boast such a large proportion of sites with domes-



tic violence policies and procedures? We should be proud of this accomplishment. It is a good starting point from which to begin to address DV in the clinical setting. The following are some recommendations to build on these accomplishments.

Build evaluation into the P&P from the start. This would apply to any policies we develop, and many facilities have already started doing this. For instance, some sites review the chart of any identified DV victim, while others review identified cases to assure that appropriate referrals were recommended. At Albuquerque Service Unit, we audit charts every few months to see how often we are administering the screening questionnaire to patients.

Sites without DV P&P should develop them. Formal P&P increase the chances of screening for DV.

Clinics should team up with hospitals. Smaller facilities may lack the time, knowledge, or clerical support to develop P&P. Hospitals can provide these resources to clinics so that appropriate policies can be implemented in the field.

IHS providers, project officers, and those working with tribes should continue to educate tribal leadership, including health boards, regarding the importance of DV. This will become increasingly important as self-governance accelerates, and more tribes administer health programs.

DV screening and treatment must proceed in tandem with staff education. Many studies have documented medical and nursing provider discomfort with and lack of knowledge about this issue. Very practical guides are available for health care teams wishing to institutionalize the health care team response to DV, such as Warshaw and Ganley's *Improving the Health Care Response to DV: A Resource Manual for Health Care Providers* (available at <http://store.yahoo.com/fvpfs-tore/resandtrainm.html>).

Aggregate reporting of DV will enhance the public health function of surveillance, and these efforts should be supported with good data collection.

Clarify your facility's state and tribal reporting requirements. Ask for legal assistance when necessary. DV advocacy groups can be helpful getting answers to these questions, too.

Mandatory reporting of DV is very controversial. Examine the issues involved. These issues are nicely reviewed in an article in JAMA entitled "Laws Mandating Reporting of DV: Do They Promote Patient Well-being?"

Domestic violence affects all aspects of a woman's health. It is a condition suitable for mass screening in the health care setting³. Screening for domestic violence is promoted by the presence of relevant policies and procedures. □

References

1. Clark D. Domestic violence screening, policies, and procedures in Indian Health Service facilities. *J Am Board Fam Pract.* 2001;14:252-8
2. Hyman, Schillinger. Laws mandating reporting of DV: Do they promote patient well-being? *JAMA.* 1995;273:1781-1787
3. Clark D. Screening for domestic violence in IHS hospitals and clinics: why bother? *The IHS Provider.* 2002;27:5-8

ity. It has been used for over a year and has improved patient care and staff satisfaction in many ways.

Improved patient safety has been the overriding benefit that has resulted from using the form. Illegibility, inaccurate medication transcription, and overlooked prescription orders have been reduced significantly. Calling medical providers to inquire about inaccurate transcription of medications, due to errors from frequent recopying, used to be the most common pharmacy intervention, accounting for a third of the interventions recorded by the pharmacy. After instituting the form, transcription queries decreased by over 60%. In the most recent quarter, transcription queries dropped to a distant sixth in the types of interventions recorded by pharmacy. Medical providers make dramatically fewer transcription mistakes when using the form to order chronic medications than before the form was instituted, resulting in less pharmacy intervention.

As IHHC is an outpatient facility, all admissions require the patient to be transferred to another facility. The form has been helpful in this situation by providing a concise clinical resume of a patient's current medications and problems for the accepting facility or provider. This information is essential to provide each patient with the proper continuity and appropriateness of care while at a referral facility. Photocopying each patient's form prior to transfer has saved time in recopying this information, as well as eliminating the problem of incomplete medication and problem lists reaching the receiving facilities or providers.

The time savings generated by the form accrue for both the pharmacy and medical staff. Instead of rewriting the list of chronic medications needed to treat the patient, the medical provider can simply write "Refill chronic meds" on the PCC form for the current visit. In the pharmacy, this notation serves as an order to fill the medications listed in the chronic medication section of the form. The pharmacy staff writes the current date at the top of the first open column and calculates quantities to last until the next follow-up appointment. When filling prescriptions, pharmacy finds the form significantly more efficient than working from the cramped medication section of the PCC form. Legibility is greatly improved and the layout of the form simplifies the filling of multiple medications. Likewise, providers are able to spend less time writing the medications to be refilled, which results in more time for patient care. After using the form extensively for over a year, the pharmacy and medical staff remain enthusiastic about its advantages, and find it hard to imagine not having it to work with.

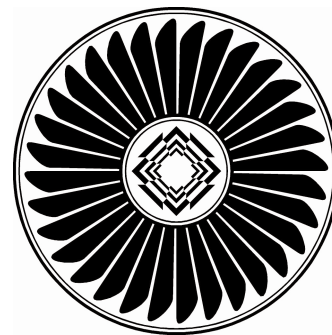
The form needs high visibility to insure routine use. It was agreed to keep it as the top sheet of the PCC section of the medical record so that it can immediately be seen upon opening the chart. In order to remain relevant, it is important that both the problem list and chronic medication sections of the form be continuously updated. This process is much simpler than the coding required to update the computer-generated health summary. Pharmacy reviews each PCC and double checks that all drug and dosage changes are recorded in the chronic medication section of the form. IHHC has the advan-

tage of having no after-hours services where medication dosage changes might not get recorded on the form. The medical staff insures that the problem list section of the form is accurate. The advantages of using the form are such that the time spent keeping it updated is small compared to the efficiency gained from using it.

Implementation of the form was very smooth. The medical staff strongly favored the form from both the standpoints of a more accurate problem list and decreased time spent recopying medication orders. Their buy-in was essential for successful implementation.

No outside printing is necessary to generate the form. It was created using word-processing software and is printed on 67-pound paper stock. This paper is sturdier than regular 8½ x 11 paper but still works in a photocopier. Medical records or any clinical staff member can insert the form into a patient's chart. Discontinued medications or dosage changes require that a new order be written on the form, and that the non-current order be crossed out. We have found that using a blue highlighter to draw through a changed or discontinued medication makes the current therapy, i.e. those lines without a blue highlight, more obvious.

This combination problem list/chronic medication order sheet should only be a temporary solution to the problems it was designed to solve. With the implementation of customizable PCCs and eventually a completely electronic medical record, this form may become obsolete. Until that time, its use provides considerable benefit in many clinical areas, including information sharing, patient care, and risk management. □



Project Making Medicine: Specialized Training in the Treatment of Physically and Sexually Abused Native American Children

The Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center, through funding from the Department of Health and Human Services (DHHS) Office of Child Abuse and Neglect and the Indian Health Service, offers a training program to provide specialized training to IHS and tribal mental health professionals in the treatment of child physical and sexual abuse.

Project Making Medicine involves training IHS and tribal mental health professionals in a “training of trainers” model. The purpose of the training is to increase the number of mental health providers available to serve child victims. Upon acceptance into the training program, each professional will receive forty hours of training in treatment of child physical and sexual abuse, forty hours of training in clinical supervision and consultation, phone consultation, and one on-site visit (on-site training activity). The training requires at a minimum a 12-month training commitment and two-year follow-up. Each licensed professional (with the support of their agency) selected for training commits to implementing similar services including providing specialized treatment, training, consultation, and clinical supervision in the treatment of Native American children who are victims of physical and sexual abuse at their local site.

The training is specific to Native American populations and their unique characteristics. Consulting and Core Faculty include traditional Native Healers and Child Clinical and Counseling Psychologists who have expertise in treatment and prevention of child maltreatment in Native American communities.

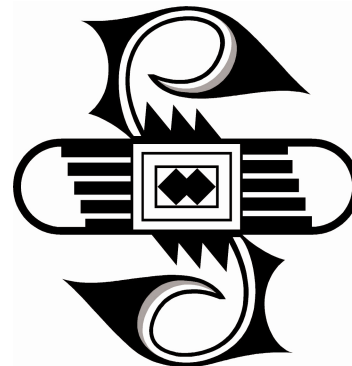
Funding is available for mental health professionals to be trained over a three-year period (2000-2003) from the twelve IHS Areas. Each year up to 14-18 professionals from four IHS Areas are selected to participate in the training. This year’s recruitment will target the following IHS Areas: Nashville, Phoenix, Navajo, and Albuquerque. Applicants from other IHS Areas will be placed on an alternates list. Tribal mental health professionals are eligible for travel expenses, while IHS employees must request funds from their service unit or Area Office. Licensed psychologists, psychiatrists, social workers, and professional counselors are encouraged to apply. Certified alcohol and drug counselors who work with adolescents may also be considered.

Each applicant should submit the following to the address

listed at the bottom of this page no later than March 1, 2002:

- a letter of intent with a statement of commitment as outlined above;
- a letter of commitment from their administrative supervisor stating the applicant is permitted to participate in the training for the duration of training and is supported in the requirements as outlined above;
- a letter of support from their tribal or IHS governing entity stating the applicant is permitted to participate in the training for the duration of training, supporting the requirements as outlined above, and committing to sponsor a Project Making Medicine on-site training activity (sponsorship is limited to local facilitating and organization; not travel expenses);
- a copy of licensure; and
- a *curriculum vitae*.

For additional information, please contact Dolores Subia BigFoot, PhD, or Lorena J. Burris, PhD at (405) 271-8858; or e-mail dee-bigfoot@ouhsc.edu or lorena-burris@ouhsc.edu. The mailing address for applications is Center on Child Abuse and Neglect, CHO 3B3406, P.O. Box 26901, Oklahoma City, Oklahoma 73190. □



Internet Site Combines Clinical Performance Indicators with CME

Internet-based tools to improve Indian Health Service (IHS) physician productivity and provide training are no longer a wish for the future. Providers at several IHS sites now have the ability to utilize the "anywhere, anytime" convenience of the Internet to monitor selected clinical performance indicators, and to obtain continuing medical education (CME) credits at the same time, as part of the new "WebEpi" project.

Clinical Performance Indicators

Cereplex, a small company specializing in web-based epidemiology activities, has worked with IHS Headquarters, the IHS Clinical Support Center, the Phoenix Area IHS, and several participating IHS service units to provide these new tools to IHS providers as part of the WebEpi Project. Using cleaned, filtered Resource and Patient Management System (RPMS) data retrieved from participating sites, and database management tools (SQL Server) to process the data, a user-friendly web interface (incorporating the most recent maximum security methods available) enables providers at participating service units to log in and access a variety of patient care indicators.

The clinical performance indicators currently available can be grouped into three subject areas. First, there are 12 infectious disease indicators available (for example, the percent of women seen for first prenatal visit who are screened within 30 days for syphilis; and the percent of women age 15-

19 who have been screened for Chlamydia in the last six months). Seven GPRA-mandated indicators are provided (for example, the percent of children age 24-35 months who have completed the recommended American Advisory Committee on Immunization Practices (ACIP) immunization series; and the percent of adults over 64 who have received a pneumococcal vaccine). Finally, 12 diabetes-related indicators are available (for example, the percentage of diabetic patients with good blood pressure control, defined as having two of their last three blood pressures recorded at $< 135/80$; and the percentage of diabetic patients with Hb_{A1c} recorded at $< 7.0\%$).

Indicators are provided for a time period specified by the user, and are based on the group of patients seen during that period by the participating physician. Results can be viewed by any month, quarter, or year (data are available beginning January 2000). Furthermore, indicators can be viewed not only by the requesting provider, but also can be categorized by clinic or by service unit. Individual providers can compare their performance to their (anonymous) colleagues' results, or they can compare theirs to the average results for a different participating clinic. Clinical directors can compare performances of their clinic's providers, compare their clinic's performance to that of other clinics, or compare their service unit performance to the performance of other service units. Administration of user access and profiles (by a designated clinic representative) is provided via a set of restricted tools on the website. Because the included indicators summarize data for large sets of patients, minor inaccuracies in the patient data utilized from each site will not unduly affect conclusions drawn from the indicators.

This service is currently in use in six service units, and will be available at ten service units by April 2002. The goal is that by providing the opportunity to make comparisons among and between providers and clinics, this will assist providers and clinical directors to improve clinical care.

Web-based CME

In addition to performance indicators, the WebEpi project also gives providers the opportunity to obtain CME credit through this same web interface. In partnership with the IHS Clinical Support Center, we provide a large number of mini-CME lessons on the web. Each lesson contains text, graphics, references, and links to relevant websites on a given topic (topics are generally related to the performance indicators available). Most lessons take just a brief time to complete, are



designed to provide condensed, useful information, and are packaged in a format to maximize convenience for a busy provider.

Existing topics are varied, with new ones regularly being added. Examples of lessons currently available are the following: "Adding Problems to the Problem List," "Screening for Cervical Cancer," and "Pneumococcal Vaccination Recommendations." Upon completion of a lesson, the user can take a short test and receive CME credit (typically 1/4 CME hour per lesson). All CME lessons are sponsored by the IHS Clinical Support Center. The website will automatically report credits obtained to the IHS CSC after at least one hour of credit is accumulated by the user. The user also has the opportunity to print a CME certificate.

Both functions of the WebEpi application -- CME les-

sons and performance indicators -- can be implemented at any IHS facility. The web-based utilities are designed to give providers additional tools to improve their clinical care by providing access to epidemiological data about their patients, and by providing up-to-date lessons on topics associated with those data.

In designing and refining these tools, Cereplex has worked closely with key IHS personnel, including Dr. John Saari (establishing web-based CME), Dr. James Cheek (infectious disease indicators), Dr. Charlton Wilson (diabetes indicators), and Dr. Richard Olson (GPRA indicators). Interested readers can try a demo of the utility by visiting www.webepi.org. For further information about participating in WebEpi, please contact Cereplex at info@cereplex.com or by telephone at (703) 716-0751. □

PHS Physician Mentoring Program

The Physician Professional Advisory Committee (PPAC) to the Surgeon General has initiated a voluntary mentoring program for Public Health Service physicians. Initially this program will be limited to Commissioned Officers but the goal is to expand it to Civil Service PHS physicians in the future. The goal of the program is to promote professional growth and career development. Recently commissioned junior physicians ("protégés") with a grade of 0-3 or 0-4 and a call to active duty within the last 2-4 years can be matched with more

senior physicians ("mentors") by agency, geographic area, or discipline. The mentors will have over five years experience in the PHS and will be at the grade of 0-5 or above. A description of the program and a mentor or protégé application is available at www2.IHS.gov/ppac/Mentoring_Intro_page.htm. Information and applications can also be obtained from CAPT Dean Effler, 401 Buster Rd., Toppenish, Washington 98948; telephone (509) 865-2102, ext. 224; or by e-mail at usphsmentor@prodigy.net. □



The 6th Annual Elders Issue

The May 2002 issue of THE IHS PROVIDER, to be published on the occasion of National Older Americans Month, will be the sixth annual issue dedicated to our elders. Indian Health Service, tribal, and Urban Program professionals are encouraged to submit articles for this issue on elders and their

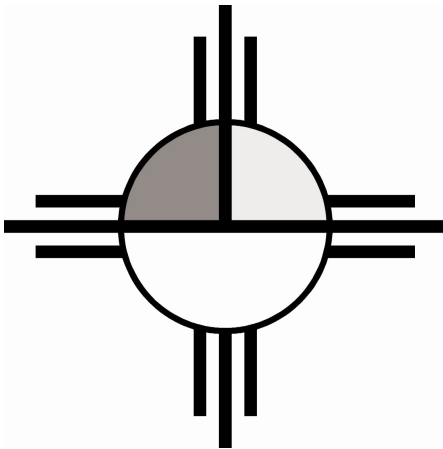
health and health care. We are also interested in articles written by Indian elders themselves giving their perspective on health and health care issues. Inquiries or submissions can be addressed to the attention of the editor at the address on the back page of this issue. □

The Perinatologist Corner: Case-based, Online CME Available on Maternity Issues

Dr. Neil Murphy, the OB/GYN Chief Clinical Consultant and Maternal Child Health I/T/U (Indian Health Service/tribal/urban program) Website Coordinator, is pleased to announce that evidence-based, online continuing professional education on common, pregnancy-related issues is now available. Called "The Perinatologist Corner," this CE is targeted toward family physicians, OB/GYNs, nurse practitioners, nurse midwives, and nurses, although it is available to all health professionals.

This new CE offering corresponds to the arrival of a perinatologist to the I/T/U system. George Gilson, MD, who is board certified in Maternal Fetal Medicine, has recently joined the medical staff at the Alaska Native Medical Center.

A perinatologist is a physician who has taken a subspecialty fellowship in the care of high-risk pregnancy. Dr. Gilson joins us from the University of New Mexico where he was active with research and teaching. Dr. Gilson has also been active in health care for American Indians and Alaska Natives through his on-site work in Pawnee, Oklahoma and Chinle, Arizona. He has also provided perinatology consultation at Gallup Indian Medical Center, and served as a member of the ACOG Committee on American Indian Affairs. He has extensive field experience working with the indigenous Mayan population in Guatemala.



The advantage of this online system is its reliance on the latest evidence-based materials including:

- The Cochrane Library online
- The Agency for Healthcare Research and Quality (AHRQ) online, evidence-based reviews
- The National Guidelines Clearinghouse online update materials, including the US Preventive Services Task Force Guidelines
- The ACOG/IHS reference text, *Obstetrics, Gynecology, and Neonatology Postgraduate Course* online
- UpToDate online
- ACOG Practice Bulletins and Committee Opinions online

In addition, the latest paper-based materials are also referenced:

- *Obstetrics: Normal and Problem Pregnancies*. Gabbe SG, Neibyl JR, Simpson JL (Eds.) 4th Edition, 2002
- *Williams Obstetrics*, Cunningham GF, et al (Eds.) 21st Edition, 2001
- ACOG Practice Bulletins and Committee Opinions

There are three modules currently available online. One new module will be added each month. The current modules include:

- Varicella (Chickenpox) in pregnancy
- Screening and management of HIV in pregnancy
- Triple test screening and second trimester prenatal diagnosis

What other modules would you like to see?

Please inform Dr. George Gilson or Dr. Neil Murphy about other modules you would like to see developed. This is really important to us, as we would like to be able to respond to your true educational needs and address issues that are pertinent to your practice. Your feedback is likewise always welcome and helpful for developing future materials.

Using the modules

The process is simple. First, read the materials provided, which include the objectives, the case-based scenarios, background material, links to on-line references, and paper-based references. Complete the post-test and evaluation, which reflect back to the case-based scenarios. After this, you will receive feedback from Dr. Murphy and/or Dr. Gilson, MD.


You will then receive one hour of AMA Category 1 credit for each module completed. The IHS Clinical Support Center is the accredited sponsor.

This new CE offering is available through the IHS web site, <http://www.ihs.gov/>. The Maternal Child Health web page can be found on the Medical Programs page at http://www.ihs.gov/MedicalPrograms/Medical_index.asp. You will find a link to the Perinatology Corner on the Maternal Child Health main page at <http://www.ihs.gov/MedicalPrograms/MaternalChildHealth/MaternalChild.asp>.

Alternatively, you can just go directly to the Perinatology Corner at <http://www.ihs.gov/MedicalPrograms/MaternalChildHealth/MaternalChild/MCHpericnr.asp>.

The process can be completed online, or the questions can be downloaded and faxed to Neil Murphy, MD at (907) 729-7073. The answer sheet can also be mailed to Neil Murphy, MD at 4315 Diplomacy Drive, ANC-WH, Anchorage, Alaska 99508. If you have any questions, contact Neil Murphy, MD at (907) 729-3154 (voice-mail available); or e-mail him at nmurphy@anmc.org or George Gilson at ggilson@anmc.org.

<http://www.ihs.gov/MedicalPrograms/MaternalChildHealth/MaternalChild/MCHpericnr.asp>




Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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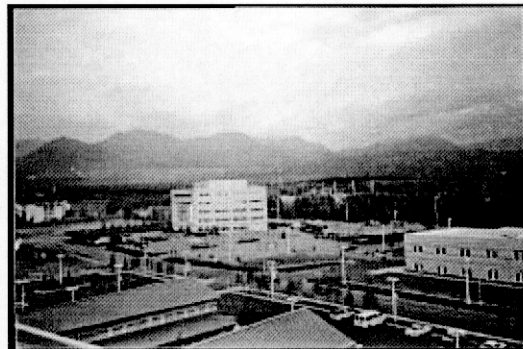
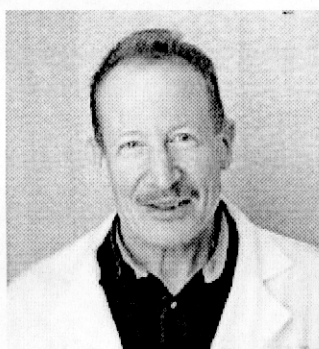
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Introducing Dr. Gilson




This service is brought to you by Dr. George Gilson, Alaska Native Medical Center.
View a [brief bio](#) of Dr. Gilson.

C.M.E. Modules available

- [Varicella](#) (chickenpox) in pregnancy
- [H.I.V. infection](#) in pregnancy
- [Triple-marker testing](#) in the second trimester

Do you have other questions about pregnancy that you would like to see the Perinatologist Corner address? We really want to know. Please contact Neil Murphy, MD with your topics, questions, or issues at nmurphy@anmc.org.

Search Our Site For: 



**4th Annual Conference
Working Together for Diabetes Prevention
In American Indian Communities**

“Using Harmony in Food Wisdom and Active Lifestyle”

April 4-5, 2002

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Keynote Speaker

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RMCHCS Wellness Institute and Diabetes Management Program***

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing education activity for up to 9 3/4 hours of Category 1 credit toward the physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit he or she actually spent in the educational activity.

This Category 1 credit is accepted by the American Academy of Physician Assistants and the American College of Nurse Midwives. The Indian Health Service Clinical Support Center is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation, and designates this activity for 11.7 contact hours for nurses.

Conference Overview:

This conference will emphasize the use of motivational techniques to make diabetes prevention an achievable goal for patients. Day one will highlight the results of the Diabetes Prevention Project (DPP) including an examination of the Lifestyle Balance curriculum; DPP principal investigator William Knowler, M.D. is the keynote speaker on April 4. Day two will focus on the prevention of diabetes complications with emphasis on motivational factors to help patients effectively control their diabetes.

Objectives – As a result of participating in this conference, participants will be able to:

1. Describe the metformin and lifestyle treatments used to prevent diabetes in the Diabetes Prevention Program.
2. Use motivational techniques for the maintenance of preventative lifestyle habits.
3. Recognize common barriers in diabetes prevention.





Audience: Diabetes Health Care Workers including Health Care Professionals and Allied Health Care Providers.

Diabetes Expo: The Diabetes Expo will feature fitness demonstrations, the latest in diabetes education, poster sessions, exhibits, southwest arts and crafts, and more. Exhibitors should call Lavern Mraz for more information.

Registration Fee (Covers registration materials, breaks, continental breakfast, lunches):

Pre-registration (by March 15, 2002): \$75 Late and on-site registration (after March 15, 2002): \$100

Exhibitor Fees: Commercial booths \$500 Local artisan fee \$25 Educational booths: free

Lodging: A block of rooms has been reserved at the Holiday Inn: \$54 single with hot breakfast; Doubles \$59 with hot breakfast. Call 505-722-2201 or 1-800-532-2211 and reference the Diabetes Prevention conference.

REGISTRATION

To register: Send the completed registration form and payment to Alison Kozeliski, RMCHCS Wellness Institute, 1901 Red Rock Drive, Gallup, NM 87301 (505) 863-7137, fax (505) 726-2081. **Make checks payable to RMCHCS Wellness Institute.**

For conference information, contact Lavern Mraz at Southwest Diabetes Prevention Center, 214 E. Nizhoni Blvd, Gallup, NM 87301 (505) 863-0166 or (888) 590-6372, lmraz@salud.unm.edu

Name Title

Organization

Address

City State Zip Phone Email

Please total your cost & enclose a personal check, money order, cashier's check, or purchase order payable to:
RMCHCS Wellness Institute

		BEFORE MAR.15	AFTER MAR.15
Registration Fee		\$75.00	\$100.00
Exhibit fee (circle)	Commercial booth	\$500	
	Local artisan	\$ 25	
	Educational	free	

TOTAL ENCLOSED \$ _____

Note: To register for the partner conference "Diabetes, the Dysmetabolic Syndrome, and Atherosclerosis: Focus on Prevention" taking place on Saturday, April 6, 2002, Holiday Inn, Gallup NM, contact Shawna Tucker at the UNM Office of Continuing Medical Education (505) 272-6568. The partner conference is for licensed health professionals.



Basic Grant Writing, Funding Sources, and Research Design

This three-day course will provide an overview of grant writing, identification of funding sources, and research design. It will be held September 10-12, 2002 in Oklahoma City, Oklahoma. IHS, tribal and urban program dentists and dental hygienists are eligible. The course director is Patrick Blahut, DDS, MPH; the instructors will be Jean Layton, PhD; Kathy Phipps, DrPH; and Nancy Reifel, DDS, MPH.

With a maximum enrollment of 36, this is a competitive opportunity. However, there is no tuition for this workshop, and **funding is available for travel costs**, up to \$1,000, for selected participants. Twenty-four CDE hours will be awarded.

For more information, contact Dr. Blahut by telephone at (301) 443-1106 or by e-mail at pblahut@hqe.ihs.gov. To apply for this workshop, complete the form below and return it to Dr. Blahut.

LEARNING OUTCOMES: After completing this course you will be able to:

- Understand basic survey methods and fundamentals of research design.
- Understand how to work in Indian communities to enhance collaboration and partnerships between researchers and community members.
- Understand how to manage basic data and analysis processes.
- Describe three general uses for data from the evaluation of research.
- Describe three general evaluation schemes.
- Understand the ethical issues involved in research, including IRBs, tribal health boards, and consent forms.
- Know about further training opportunities and collaboration with other agencies and organizations.
- Research potential funding sources.
- Write a grant proposal.
- Critique a grant proposal.

Application

Participants will be chosen for this workshop based on evidence of intent to follow the workshop with an actual award application, as reflected in the response to the question below. In order to be considered for enrollment in this workshop, your response must be returned to Dr. Blahut via e-mail at pblahut@hqe.ihs.gov; or by fax at (301) 594-6610) before 26 April, 2002. **Be brief** in your response; two to three paragraphs maximum should suffice to provide the information requested.

Name of applicant: _____

Contact information

Address: _____

Telephone numbers: _____

E-mail address: _____

Question:

The "anticipated learning outcomes" describe in detail the information to be presented at this workshop. Briefly describe your plans to use this information from this workshop. Summarize general plans you have to be involved in research, demonstration projects, preventive initiatives, or grant applications in the next few years. List any specific areas of interest, or plans for specific interventions, programs, or funding proposals.

MEETINGS OF INTEREST □

14th Annual Southwest Regional Behavioral Health Conference

March 11-14, 2002; Albuquerque, New Mexico

The 14th Annual Southwest Regional Behavioral Health Conference (SWRBHC), entitled "Complex Issues, Multiple Solutions," sponsored by the New Mexico Department of Health, Behavioral Health Services Division, will be held March 11-14, 2002 at the Sheraton Old Town Hotel in Albuquerque, NM.

The conference offers general sessions and 32 workshops on educational and clinical approaches to prevention and treatment in both mental health and substance abuse. Presentations will include: Natay's *Reality Check*, the Navajo rapper's inspiring story of his life as a former gang member, and the native traditions that turned his life around; David Powell on *Integrating Spirituality into Therapy*; Clayton Small discussing *All My Relations*, about strategies for mobilizing Native American/Alaskan Native communities; Michael Johnson on *Slipping Through the Cracks: Young Adults and Criminal Behavior*, on ways to understand and work with resistant young adults ages 18 - 24; H. Westley Clark (invited) on *Treating Co-Occurring Disorders*. Other workshops include Colin Ross on *Trauma and Comorbidity*; Charles Figley on *Compassion Fatigue*; Carlton Erickson on *The Neurobiology of Drug Dependence*; Jerry Shulman on *Relapse Prevention*; a panel of experts on *Overdose Prevention*; ethics for prevention specialists; ethics for treatment professionals; clinical supervision; disaster mental health intervention models; and much more. Twenty-two CEUs are approved for counselors (NBCC Provider #5462); additional applications for credits for alcohol & drug abuse counselors, alcohol and drug abuse prevention professionals, emergency medical technicians, mental health counselors, nurses, physicians, psychologists, and social workers are pending. The \$295 Early Bird Special Rate covers all sessions, materials, opening reception, continental breakfasts, breaks and lunches.

For more information please contact Marian Greher or Theo Johnson at telephone (505) 856- 1717; fax (505) 856-1490; e-mail swrsac2@att.net; or visit the website at www.health.state.nm.us.

Diabetes Prevention Conference and Expo April 4-5, 2002; Gallup, New Mexico

This meeting is sponsored by the Southwest Diabetes Prevention Research Center, the Gallup Indian Medical Center Diabetes Program, the RMCHCS Wellness Institute and Diabetes Management Program, the Navajo Area IHS, the Navajo Nation Special Diabetes Program, and the IHS Clinical Support Center (the accredited sponsor). The target audience is diabetes health care workers, health care professionals, and allied health care providers. Day one will highlight the results of the Diabetes Prevention Project, including an examination

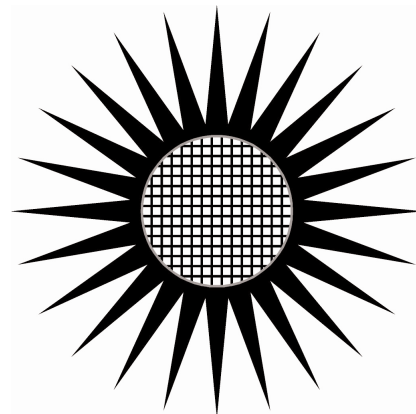
of the Lifestyle Balance curriculum; DPP principal investigator William Knowler, MD will be the keynote speaker on April 4. The conference will emphasize the use of motivational techniques to make diabetes prevention an achievable goal for patients. Day two will focus on the prevention of diabetes complications, with emphasis on motivational factors to help patients effectively control their diabetes. The Diabetes Expo will feature fitness demonstrations, the latest in diabetes education, and more.

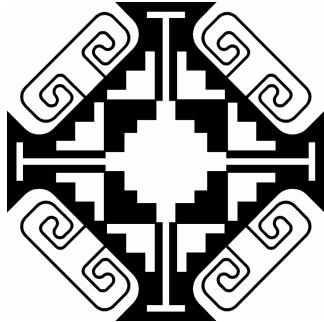
The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The IHS Clinical Support Center designates this continuing education activity for up to 9¾ hours of Category 1 credit toward the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit he or she actually spent in the educational activity. This Category 1 credit is accepted by the American Academy of Physician Assistants and the American College of Nurse Midwives.

The Indian Health Service Clinical Support Center is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation, and designates this activity for 11.7 contact hours for nurses.

This conference is complemented by a partner conference taking place April 6; see below for more information.

There is a registration fee of \$75; \$100 after March 15 or on site. Exhibitors are invited to the Diabetes Expo; call for exhibit fees. For more information contact Rebecca Gray at GMC; telephone (505) 722-1464.





Diabetes, the Dysmetabolic Syndrome, and Atherosclerosis 2002: Focus on Preventive Therapy April 6, 2002; Gallup, New Mexico

This meeting is sponsored by the University of New Mexico Office of Continuing Medical Education, the Gallup Indian Medical Center, the Navajo Area Indian Health Service, the Navajo Nation Special Diabetes Project, the RMCHCS Wellness Institute and Diabetes Management Program, and the Southwest Diabetes Prevention Research Center. The target audience is licensed health professionals.

Featured speakers and topics include "Pathophysiology and Progression to Type 2 DM" and "Overview of Glycemic Therapies" by Patrick Boyle, MD; "The Dysmetabolic Syndrome" and "Lipid Therapy in DM and DMS" by Thomas A. Hughes, MD; "Diabetes, Endothelial Function and Vascular Disease" by Jonathan Abrams, MD; "Anti-Hypertensive Therapy in Diabetes" by Norman Kaplan, MD; "Diabetes, DMS, and Atherosclerosis in Native America" and "Treating Coronary Disease & CHF in Diabetics" by James Galloway, MD; and "Renal Diseases in Type 2 DM" by Andrew Narva, MD.

For more information contact Shawna at the UNM Office of Continuing Medical Education; telephone (505) 272-6568.

Education for Physicians on End-of-Life Care April 5-7, 2002, Santa Fe, New Mexico; October 8-10, 2002; New Orleans, Louisiana

EPEC is Education for Physicians on End-of-Life Care. The goal of the EPEC Project is to educate all U.S. physicians about the essential clinical competencies required to provide quality end-of-life care. At the heart of the Project is the *EPEC Curriculum*. It provides physicians and other members of the interdisciplinary team with basic knowledge and skills needed to appropriately care for dying patients.

EPEC is now offering a 2 1/2 day program specifically

designed for physicians and other members of the health care team to become EPEC trainers. Approaches to teaching the full *EPEC Curriculum* will be demonstrated, and the issues in the curriculum will be discussed so that you will be able to fulfill your obligation to implement EPEC in your organization or community. Each attendee will receive the two-volume Curriculum (Trainers Guide and Participant's Handbook).

Courses will be held December 7-9, 2001 in New York; April 5-7, 2002 in Santa Fe; and October 8-10, 2002 in New Orleans. The Cost of the conference is \$500. For more information call (312) 503-3732, or go to the EPEC website at www.epec.net. EPEC is supported by Northwestern University Medical School and the Robert Wood Johnson Foundation.

Colposcopy: Basic and Refresher Workshops April 8-11, 2002 (Basic) and April 9-11, 2002 (Refresher); Albuquerque, New Mexico

The Indian Health Service Epidemiology Program announces its 2002 Basic and Refresher Colposcopy Workshops in Albuquerque, NM. The basic course will run from 7:30 am on April 8 until 1:30 pm on April 11. The refresher course will run from 1:30 pm on April 9 until 1:30 pm on April 11.

The Basic Colposcopy Workshop forms the foundation of a colposcopy training curriculum that also includes a supervised preceptorship at the service unit. The Refresher Colposcopy Workshop is a review and update of colposcopy and management of lower genital tract neoplasia. It is ideal for colposcopists still in their preceptorships and those practicing colposcopists who don't have the opportunity to see a large volume of high grade dysplasia or cancer in their practices.

Both target IHS, tribal and urban program providers. Tuition is \$500 for the Basic workshop and \$250 for the Refresher workshop. For more information or application materials, please contact Roberta Paisano, IHS National Epidemiology Program, 5300 Homestead Road NE, Albuquerque, NM 87110; phone: (505) 248-4132; e-mail roberta.paisano@mail.ihs.gov.

A Team Approach to Diabetes in Native Americans April 9-11, 2002; July 9-11, 2002; and September 10-12, 2002; Claremore, Oklahoma

These diabetes workshops are offered by the Claremore Indian Hospital Model Site Diabetes Program and are designed for physicians, nurses, pharmacists, dietitians, and certified health educators who want to obtain continuing education units and enhance their knowledge about type 2 diabetes education. They are sponsored by the Claremore Indian Hospital and IHS Clinical Support Center (the accredited sponsor). Early registration is required due to limited enrollment; there are no registration fees. For more information, contact Eileen Wall, Diabetes Coordinator, at (918) 342-6446; or e-mail at Frances.Wall@mail.ihs.gov.

2002 Public Health Professional Conference

April 21-24, 2002; Atlanta, Georgia

This year's conference will be held at the Sheraton Atlanta Hotel in Atlanta, Georgia and is sponsored by the Commissioned Officers Association of the U.S. Public Health Service. The IHS Clinical Support Center is the accredited sponsor of the meeting.

Health professionals from all categories are invited to participate. The meeting will address topics of current concern to all public health professionals and will be presented in General, Mini- General and Paper Sessions, as well as discipline-specific tracks. This conference also provides sessions addressing personnel issues that you can't find at other professional conferences

The agenda has been planned based on the theme, "*Leading the Public Health Response to Disease and Disaster: Global Vision, National Action.*" Sessions are scheduled from Monday, April 22 through Wednesday, April 24, and have been coordinated by the Scientific Program Planning Committee and Category Coordinators. The sessions on Wednesday, April 24 are structured as discipline-specific tracks. The Division of Commissioned Personnel, Program Support Center, is offering several personnel sessions on Sunday, April 21, including a Basic Officer Training Course (BOTC). The BOTC continues on Thursday and Friday, April 25 and 26, and a PHS Retirement Seminar will be held at that time as well.

Additional information about the conference can be found on COA's website at <http://www.coausphs.org>, or through COA's Conference Coordinator, Laurie Johnson, at telephone (252) 726-9202; e-mail lauriej@ec.rr.com. The COA's website includes the full agenda, online forms for abstract submission, online registration forms, travel information, and more. Click on the "professional conference" button on the home page.

Advances in Indian Health

May 1-3, 2002; Albuquerque, New Mexico

The 3rd Annual Advances in Indian Health Conference is offered for primary care physicians, nurses, and physician assistants who work with American Indian and Alaskan Native populations at Federal, tribal and urban sites. Medical students and residents who are interested in serving these populations are also welcome.

Both new and experienced attendees will learn about advances in clinical care specifically relevant to American Indian populations, with an emphasis on southwestern tribes. Opportunities to learn from experienced career clinicians who are experts in American Indian and Alaska Native health care will be emphasized. Indian Health Service Chief Clinical Consultants and disease control program directors will be available for consultation and program development.

The meeting will be held at the Sheraton Old Town Hotel, 800 Rio Grande Blvd. NW, Albuquerque, NM 87104; telephone (505) 883-6300; fax (505) 842-9863. The special con-

ference room rate is \$89.00 single or double occupancy, plus tax. The deadline for this rate is March 31, 2002.

A Registration Form is posted on the UNM CME web site at <http://hsc.unm.edu/cme>. The conference brochure will be available in February 2002. To be on our mailing list, please call the Office of Continuing Medical Education at (505) 272-3942. The brochure will also be available, in February, on the UNM CME website. For additional information please contact Kathy Breckenridge, University of New Mexico Office of Continuing Medical Education, at (505) 272-3942 or Julie Lucero, Albuquerque Indian Health Service at (505) 248-4016.

Acute Coronary Syndrome Symposium

May 17, 2002; Flagstaff, Arizona

The Native American Cardiology Program is pleased to announce the initiation of its latest Cardiovascular Continuing Medical Education Program with its offering of the Indian Health Service's Acute Coronary Syndrome Symposium, to be held at the Flagstaff Medical Center in beautiful Flagstaff, Arizona on Friday, May 17, 2002. The full-day conference will include seminars on topics from ECG interpretation to the use of the latest medical interventions in cardiology.

There is no charge for clinicians working in the Indian health system but we do request prior registration to hold your seat; please call (928) 214-3920.

The IHS Physician Assistant and Advanced Practice Nurse Annual CE Seminar

June 3-7, 2002; Scottsdale, Arizona

Designed for physician assistants, nurse practitioners, nurse midwives, and pharmacist practitioners working for Indian health programs, this three-day CE seminar will provide



an opportunity to network with peers/colleagues on issues of common concern, update knowledge of current health care trends and issues, develop new skills to improve patient care, and receive continuing education credit. The program will offer 20 hours of discipline specific continuing education designed to meet the needs of those providing primary care to American Indians and Alaska Natives. The seminar will be held at the Chaparral Suites Hotel, 5001 North Scottsdale Road, Scottsdale, AZ 85258; telephone (480) 949- 1414. The agenda will include plenary and concurrent workshop sessions on a variety of clinical topics. The complete agenda and registration forms will be available by mid-April. A business meeting for all Advanced Practice Nurses will be held Monday, June 3rd through the morning of Tuesday, June 4th. The Physician Assistants' business meeting will tentatively be held Thursday evening, June 6th. A registration fee of \$250 will apply for those registrants employed by compacting tribes or those in the private sector. For more information, contact CDR Dora Bradley at the IHS Clinical Support Center, telephone (602) 364-7777; or email theodora.bradley@mail.ihs.gov.

Summer Geriatric Institute June 13-15, 2002; Albuquerque, New Mexico

The New Mexico Geriatric Education Center (NMGEC) announces their annual Summer Geriatric Institute. This year's meeting will present a comprehensive interdisciplinary view of the challenges of physical disability in older adults.

Topics will include Frailty, Falls/Injuries, Arthritis/Joint Pain, Urinary Problems, and Neurologic/Sensory Impairment. The focus of the NMGEC is on providing geriatric/gerontologic education to health care providers, especially those caring for the American Indian population.

Registration fees are as follows: MD/DO/PhD, \$245; PharmD, \$195; Nurses, and others, \$175; Students are admitted for free but still need to register. This activity is co-sponsored by the IHS Elder Care Initiative.

For more information, contact Darlene Franklin, Associate Director, New Mexico Geriatric Education Center, Department of Family and Community Medicine, University of New Mexico Health Sciences Center, 1836 Lomas Blvd. NE, 2nd Fl., Albuquerque, New Mexico 87131-6086; telephone (505) 277-0911; fax (505) 277-9897; website <http://hsc.unm.edu/gec>.

The 3rd Annual American Indian Kidney Conference 2002 July 9 - 11, 2002; Oklahoma City, Oklahoma

The 3rd Annual American Indian Kidney Conference will be held July 9, 10, and 11 in Oklahoma City at the Clarion Meridan Hotel and Conference Center. This three-day conference will provide timely information on the prevention and treatment of kidney diseases for patients, para-professionals, and professionals.

For additional information, contact Jo Ann Holland at (580) 353-0350, ext. 560.

POSITION VACANCIES □

Editor's note: As a service to our readers, THE IHS PROVIDER will publish notices of clinical positions available. Indian health program employers should send brief announcements on an organizational letterhead to: Editor, THE IHS PROVIDER, The IHS Clinical Support Center, Two Renaissance Square, Suite 780, 40 North Central Avenue, Phoenix, Arizona 85004. Submissions will be run for two months, but may be renewed as many times as necessary. Tribal organizations that have taken their tribal "shares" of the CSC budget will need to reimburse CSC for the expense of this service. The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.

Family Practice Physician Taos, New Mexico

The Taos/Picuris Indian Health Center in Taos, New Mexico is recruiting for an experienced Family Practitioner. The applicant should have at least three years of experience, and will be the supervisor of a small medical staff consisting of three medical providers and one dentist. The Taos and

Picuris tribes have requested to become their own service unit, separating from the Santa Fe Service Unit. If this is approved, this will become a Clinical Director position. Please call (505) 758-4224 for more information.

Nurses: Clinical Staff Nurse, Medical, Surgical, and Pediatric Phoenix Indian Medical Center; Phoenix, Arizona

Interested in a career that is challenging and want to add a new dimension to your nursing practice? Then we would like **you** to join our team. The Phoenix Indian Medical Center (PIMC), a 127-bed community-based hospital, is seeking experienced registered nurses (grades 0-3/0-4/0-5) who are competent in all aspects of patient care and who want more for their career. PIMC provides a wide range of primary care and specialty care services. The nurses work 12- hour shifts -- days, nights, weekends, and holidays. As a Federal facility, we offer excellent employment benefits. Salary is based on education and years of experience. Visit HospitalSoup.com for more information. Contact Jeannette M. Yazzie, RN, BSN,

Nursing Management and Program Analyst, Phoenix Indian Medical Center, 4212 N. 16th Street, Phoenix, Arizona 85016; telephone (602) 263-1582; fax (602) 263-1666; e-mail jeannette.yazzie@pimc.ihs.gov.

Clinical Staff Nurse, Float Pool Phoenix Area Indian Health Service

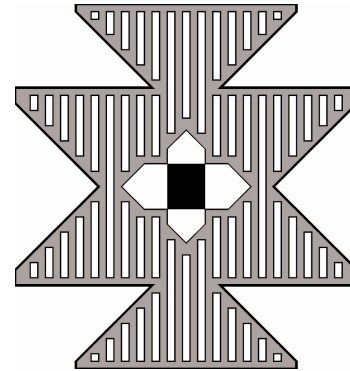
The Phoenix Indian Medical Center (PIMC), a 127-bed community based hospital, is seeking experienced registered nurses who are competent in all aspects of patient care and want more for their career. The float pool staffs are full time, permanent Indian Health Service employees, working 80 hours per two-week pay period. Nursing assignment is scheduled and based on the employees' experience and competency; therefore assignments are mainly to the Medical, Surgical, Pediatric, Ambulatory Care, and possibly ER units. Nurses' work 12-hour shifts -- days, nights, weekends and holidays. Visit HospitalSoup.com for more information. Contact Jeannette M. Yazzie, RN, BSN, Nursing Management and Program Analyst, Phoenix Indian Medical Center, 4212 N. 16th Street, Phoenix, Arizona 85016; telephone (602) 263-1582; fax (602) 263-1666; e-mail jeannette.yazzie@pimc.ihs.gov.

Orthopaedic Surgeon Tuba City Indian Medical Center, Tuba City, Arizona

We are looking for qualified and enthusiastic board eligible orthopaedic surgeons interested in working and living in northern Arizona. This position can be created to fit your timetable and lifestyle: Commissioned Corps officer, full-time/part-time employment, office non-surgical practice, contract employment, or locum tenens. Tuba City Indian Medical Center is a 72 bed acute care Level II trauma center located in northern Arizona at 5000 feet above sea level on the arid Kaibeto Plateau. There are a myriad activities available including bicycling, canyoning, rafting, rock climbing, and snow skiing among the numerous canyons and peaks. To name a few nearby attractions are the Grand Canyon, Bryce and Zion Canyons, the Colorado River and the San Francisco Mountains. You can work with an excellent medical staff, your children can play in safe neighborhoods, and your family will enjoy the great community spirit. Competitive salary with benefits, include moving allowance and loan repayment options, are offered. Interested? Direct your questions about this unusual and very rewarding job opportunity to Vivian K. Chang at (928) 283 2406, or send your CV to PO Box 600, Tuba City, Arizona 86045; or e-mail vchang@tcimc.ihs.gov.

Registered Nurse San Diego American Indian Health Center, San Diego, California

This is a full time, ambulatory care position with benefits in a nonprofit primary care clinic in the Hillcrest area. The work hours are Monday through Friday, 8 to 5. You must be



committed to work with under served patients and a team player. IHS loan repayment program available. Native Americans are encouraged to apply. Hourly rate \$20 plus. Please fax your resume to (619) 234-0206.

Clinical Child Psychiatrist Chinle Comprehensive Health Care Facility, Chinle, Arizona

The Chinle Comprehensive Health Care Facility, a 60-bed IHS hospital located approximately three hours east of Flagstaff, is seeking a Clinical Child Psychiatrist. Applicant should enjoy working with children and enjoy living in a rural setting. Housing available. Travel and relocation expenses paid.

Please send CV and/or inquiries to Lori Smith at (928) 674-7020; email lorraine.smith@chinle.ihs.gov; or by mail to P.O. Box Drawer PH, Chinle, Arizona 86503.

Dentist Chinle Comprehensive Health Care Facility, Chinle, Arizona

A dentist (Dental Officer; GS-680-11/12) is needed to work in the hospital and clinics of the Chinle Service Unit. The incumbent must have a degree in dental surgery (DDS) or dental medicine (DMD) from a school approved by the Council on Dental Education, American Dental Association (ADA). Must have a current license to practice dentistry in a state, the District of Columbia, or Puerto Rico. Travel and relocation expenses paid for eligible employees. The ideal candidate should enjoy living in a rural setting.

Please send CV and/or inquiries to Lori Smith at (928) 674-7020; email lorraine.smith@chinle.ihs.gov; or by mail to P.O. Box Drawer PH, Chinle, Arizona 86503.

Emergency Room Nurse
Chinle Comprehensive Health Care Facility, Chinle, Arizona

Due to expansion in our Emergency Room, the Chinle Comprehensive Health Care Facility, a 60-bed IHS hospital located approximately three hours east of Flagstaff, is seeking several experienced ER nurses. Must have a current unrestricted license and at least 52 weeks of emergency room experience. Twelve hours shifts. If you enjoy rural settings, Chinle may be the ideal place for you. Housing available. Travel and relocation expenses paid.

Please send CV and/or inquiries to Lori Smith at (928) 674-7020; email lorraine.smith@chinle.ihs.gov; or by mail to P.O. Box Drawer PH, Chinle, Arizona 86503.

Maternal-Child Nurse
Chinle Comprehensive Health Care Facility, Chinle, Arizona

The Chinle Comprehensive Health Care Facility, a 60-bed IHS hospital located approximately three hours east of Flagstaff, is seeking several experienced nurses to work in the Labor and Delivery, post-partum, and nursery areas. Must have a current unrestricted license and at least 52 weeks of related experience. You will work with both midwives and obstetricians. Twelve hours shifts. Housing available. Travel and relocation expenses paid.

Please send CV and/or inquiries to Lori Smith at (928) 674-7020; email lorraine.smith@chinle.ihs.gov; or by mail to P.O. Box Drawer PH, Chinle, Arizona 86503.

Pharmacist
Chinle Comprehensive Health Care Facility, Chinle, Arizona

The Chinle Comprehensive Health Care Facility, a 60-bed IHS hospital located approximately three hours east of Flagstaff, is seeking a Clinical Pharmacist. Applicant must have at least a four-year degree in pharmacy recognized by the American Council of Pharmaceutical Education. The pharmacist provides services in both the inpatient and outpatient setting. If you enjoy rural settings, Chinle may be the ideal place for you. Housing available. Travel and relocation expenses paid.

Please send CV and/or inquiries to Lori Smith at (928) 674-7020; email lorraine.smith@chinle.ihs.gov; or by mail to P.O. Box Drawer PH, Chinle, Arizona 86503.

Diagnostic Radiologic Technologist
Chinle Comprehensive Health Care Facility, Chinle, Arizona

Two radiology technologists (GS-647-5/6/7) needed to perform a variety of routine to complex radiographic procedures. Applicants must have successfully completed an educational program accredited by an organization recognized by the Department of Education and be certified as radiographer. Applicants should enjoy living in a rural setting. Housing is

available. Travel and relocation expenses paid for eligible employees.

Please send CV and/or inquiries to Darlene Yazzie at telephone (928) 674-7020; e-mail darlene.yazzie@chinle.ihs.gov; or by mail at P.O. Box Drawer PH, Chinle, Arizona 86503.

Clinical Social Worker
Chinle Comprehensive Health Care Facility, Chinle, Arizona

The Chinle Comprehensive Health Care Facility, a 60-bed IHS hospital located approximately three hours east of Flagstaff, is seeking a Clinical Social Worker. The incumbent will provide professional medical social work and patient advocacy for the Native American beneficiaries seeking services. Travel and relocation may be paid for eligible employees. Government rental housing is available. The ideal candidate will enjoy living in a rural setting.

Please send CV and/or inquiries to Lori Smith at (928) 674-7020; email lorraine.smith@chinle.ihs.gov; or by mail to P.O. Box Drawer PH, Chinle, Arizona 86503.

Supervisory Clinical Nurse
Chinle Comprehensive Health Care Facility, Chinle, AZ

The Chinle Comprehensive Health Care Facility, a 60-bed IHS hospital located approximately three hours east of Flagstaff, is seeking an experienced manager (GS610-11) for a 24-bed adult medical-surgical unit. Must have a current unrestricted license. Previous experience managing professional and nonprofessional staff is a plus. The ideal candidate will enjoy collaborating with other disciplines and developing staff. Housing is available. Travel and relocation expenses paid.

Please send CV and/or inquiries to Lori Smith at (928) 674-7020; email lorraine.smith@chinle.ihs.gov; or by mail to P.O. Box Drawer PH, Chinle, Arizona 86503.

Emergency Physician
Inpatient Hospitalist
Sells Service Unit, Sells, Arizona

The Sells Service Unit, within the Tucson Area, is seeking a full-time Emergency Physician to staff the Emergency Department at Sells Indian Hospital, a rural 34-bed adult and pediatric inpatient facility. The Emergency Department at Sells is a recently renovated 7-bed facility, with single physician staffing. Fiscal year 2000 census approached 9600 visits. During weekdays, a separate Urgent Care clinic operates, and is independently staffed. A second physician covering the inpatient unit of the hospital is on-site at all times, and also covers all ED obstetric visits beyond 20 weeks gestation. Board eligibility in Emergency Medicine is preferred, but candidates with a primary care board certification and prior ED experience would be considered. ACLS certification or Emergency Medicine board certification is required.

If you are interested joining an energetic staff of over 30 physicians and mid-level providers, including two board certi-

fied Emergency Physicians, providing care to members of the Tohono O'odham Nation, please contact Human Resources at 7900 S. J. Stock Road, Tucson, Arizona 85746; telephone (520) 295-2442); or visit the IHS website for applications and more details.

The Sells Service Unit is also seeking a second Medical Officer to share inpatient hospitalist duties (at a private, tertiary care Tucson hospital) and outpatient continuity care at service unit sites on the Tohono O'odham reservation. Internal Medicine board eligibility and two years post-residency clinical experience is recommended, to include previous clinical experience in managing critically ill inpatients. Previous experience at an IHS clinical site (or tribal managed health site) is highly desirable, although not mandatory.

This is a highly rewarding opportunity in an innovative program combining rural-based primary care and urban tertiary care in promoting and improving the health of our IHS patients. For information contact Human Resources at 7900 S. J. Stock Road, Tucson, Arizona 85746; telephone (520) 295-2442); or visit the IHS website for applications and more details.

Family Practice Physician K'ima:w Medical Center; Hoopa, California

Think you'd like to drive to work along the Trinity River in Northern California, see more shades of green than you ever knew existed in the surrounding hills and mountains, eat lots of salmon, and work in a challenging medical practice?

K'ima:w Medical Center, an entity of the Hoopa Valley Tribe, is seeking two family practice physicians (other primary care specialties considered) to join a JCAHO accredited ambulatory facility. Competitive salary, benefits including \$2,000 per year for continuing education, moving allowance, and loan repayment options are offered. Please submit a *curriculum vitae* to K'ima:w Medical Center Human Resources, P.O. Box 1288, Hoopa, California 95546; or e-mail it to evasmith@pol.net or jmatilton@hotmail.com. For more information or an application, call (530) 625-4261, ext. 222, 247, or

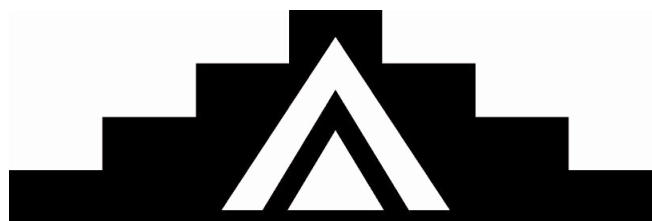
226. Indian preference applies. Applicant selected will be subject to pre-employment and random alcohol and drug testing.

Family Practice Physician Chapa-De Indian Health Program; Woodland, California

Chapa-De Indian Health Program is seeking a BC/BE family practice physician to join our medical staff. Chapa-De is a comprehensive community care system located in beautiful northern California. We provide medical, dental, behavioral health, optometry, and pharmacy services for 18,000 registered patients in a four-county service area. Join our staff of four family physicians, a pediatrician, and a family nurse practitioner. Provide inpatient care at a nearby 100-bed hospital. Enjoy a competitive salary, excellent benefits, and an opportunity for IHS loan repayment. For more information, please contact Darla Clark, Clinical Administrator, at (530) 887-2800; or by e-mail at dccdihp@yahoo.com. CVs can be faxed to (530) 887-2849.

Internal Medicine Physician Phoenix Indian Medical Center; Phoenix, Arizona

With the expansion of our Intensive Care Unit to twelve beds, the Phoenix Indian Medical Center is looking for two additional internal medicine physicians (BC/BE) to join its Internal Medicine Department. The practice utilizes a hospitalist IM model and includes a busy primary care medicine clinic. These additional positions would make a total of eleven general internists in the department. Specialty medical consultants at present include full, part time, or contract pulmonary, cardiology, rheumatology, dermatology, allergy, nephrology, and gastroenterology physician services. One position is available immediately and the other will be available in spring 2002. If interested please send CV to Eric M. Ossowski, MD, Acting Chief, Internal Medicine Department, Phoenix Indian Medical Center, 4212 N. 16th Street, Phoenix, Arizona 85016-5319; fax (602) 263-1593; telephone (602) 263-1537; or e-mail eric.ossowski@pimc.ihs.gov.





Change of Address or Request for New Subscription Form

Name _____ Job Title _____

Address _____

City/State/Zip _____

Worksite: IHS Tribal Urban Indian Other

Service Unit (if applicable) _____ Social Security Number _____

Check One: New Subscription Change of Address

If change of address, please include old address, below, or attach address label.

Old Address _____

THE IHS PRIMARY CARE PROVIDER



THE PROVIDER is published monthly by the Indian Health Service Clinical Support Center (CSC). Telephone: (602) 364-7777; Fax: (602) 364-7788; e-mail: the.provider@phx.ih.s.gov. Previous issues of THE PROVIDER (beginning with the February 1994 issue) can be found at the CSC home page, www.csc.ih.s.gov.

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