# ONE YEAR

# ORIENTATION PACKET

An orientation packet for the "seasoned" dental officer

## *CONGRATULATIONS!*

*You made it through your first year! By now you have learned a great deal about your community and your dental program. This packet will concentrate on issues that you probably haven't needed up to now and/or are of a more complicated nature.*

*If things have gone as expected, you have kept in contact with your sponsor throughout this year. Many new dental officers form lasting friendships with their sponsors, and we hope you stay in touch. This packet completes the information for the first year orientation.*

*Please add these pages in your orientation notebook following the three month packet.*

## BUDGET

*One of the more puzzling aspects of managing an IHS or Tribal dental program is the budget. This can be especially confusing for the "rookie" dental officer. Fortunately, most first year dentists will not be in the position to be managing a dental program budget. If you do find yourself placed in that position, you can obtain help from your Administrative Officer or Finance Officer at the Service Unit, and from the Area Dental Officer. No specific references to for budget management are given because the computerized administrative systems used by the IHS are undergoing rapid change, and anything published in this manual will soon be out of date. General information about budget formulation can be obtained in the Oral Health Program Guide.*

## CAREER DEVELOPMENT

*Even though you are just starting your career in the IHS, it is not too soon to be thinking about planning your career. It is up to each dentist to seek out opportunities that facilitate personal growth and mold his/her career in a given direction. Specific career tracks within the IHS Dental Program have been developed, and it is in your best interest to decide which of these tracks you wish to pursue. The IHS provides many opportunities for dentists to further their careers. Learn more about:*

____ AGPR programs
____ awards
____ career pathways
____ continuing dental education (CDE)
____ CVs
____ IHS Dental Listserver
____ long term training
____ OPF

**ADVANCED GENERAL PRACTICE RESIDENCY (AGPR)** The Indian Health Service (IHS) currently has three AGPR programs for dentists in the service. Applicants compete for positions after they have completed two years of service. The AGPR is accredited by the ADA, and graduates of the program can take the Federal Services General Practice Board. Commissioned Corps graduates from any AGPR program are eligible for MRB, and those who pass the Board are also eligible for specialty pay.

**AWARDS** There are a number of awards that you may be eligible to receive as an Indian Health Service dentist.

Commissioned Corps awards are accompanied by a ribbon or medal which may be worn on your uniform. There are three types of awards, Honor, Unit, and Service, with a number of individual awards in each group. The Unit Award is given to a group of officers working as a "unit" within PHS. The other two types are given to individual officers either for excellent performance (honor award) or for recognition of a unique service (service award). Since awards are considered by promotion boards, it is critical that all of the awards you have received are documented in your Official Personnel File (OPF) in Rockville. Ribbons and medals are to be worn in a particular order. For details of how to place these on the uniform see CCPM Pamphlet 61. If you have prior military service, some of your medals or ribbons may be worn on your PHS uniform. CCPM Pamphlet No.61, Information on Uniforms, also details how these ribbons should be displayed.

Civil Service dentists are eligible for cash awards through the PAS/PAR system as well as for Agency-wide and Area level awards. For more detailed information, speak with your supervisor or Service Unit awards coordinator.

**CAREER PATHWAYS** The career tracks identified for IHS dental officers are:

clinical management
administration
clinical specialty practice

At this point, you may not know which of these tracks you would like to pursue. A good career goal is to decide on the pathway you wish to follow. You can then look for training opportunities and assignments which support this decision. **(O)**

**CONTINUING DENTAL EDUCATION** A number of continuing education courses which are approved by the American Dental Association are given by IHS each year. These should normally suffice for licensure requirements for most states. Schedules are made for the fiscal year and are generally available in September for the upcoming fiscal year. Your supervisor should be able to provide you with a current list of the courses offered.

There are a number of courses which are held on a recurring (yearly) basis. These include the Dental Challenges courses, general courses in each of the specialties, and the Dental Update course (every two years).

You should review the available courses with your supervisor and select the appropriate course(s) based on your individual needs and the needs of the clinic. If none of the available courses is appropriate to your needs, discuss this with your supervisor. If there are a number of officers with the same needs a new course may be added, or there may be a private course that is more appropriate that you may attend.

Local funding for continuing education will determine the limits of availability for continuing education. **(O, P, CE)**

**CV's** (for career development) The curriculum vitae is useful not only for applying for a job but also for periodic updating of the official personnel file (OPF) in the Division of Commissioned Personnel (DCP). The CV is utilized when the officer is considered for promotion.

**COMMISSIONED CORPS JOB VACANCIES DATABASE** This is a database containing vacancies for PHS officers. It is designed to match qualified officers to positions that interest them. It is accessible through the DCP and Commissioned Corps websites.

**OFFICIAL PERSONNEL FOLDER (OPF)** This is a file kept in Rockville which contains an officer's records and reports of his/her service in the PHS Commissioned Corps. It is used to document career development and also records specific abilities, training, and accomplishments of an officer. This is the file which is examined by promotion boards, and can be used for other reasons as well, such as determining eligibility of dependents.

Any documents, such as current CVs or letters of appreciation, that you would like to have added to your OPF should be sent to:

Attention: File Room
Division of Commissioned Personnel
Room 4-35, Parklawn Building
Rockville, MD 20857

**LONG TERM TRAINING OPPORTUNITIES** Long term training positions are sponsored every year. These include general practice residencies, specialty training, MPH programs and public health residencies, although not all of these are available every year. Either the IHS, an Area, or a Service Unit can sponsor long term training, although there have not been any nationally-sponsored positions in recent years. Depending upon who is paying for the training, application may be limited. For example, if the Oklahoma Area was funding the training, they might stipulate in the announcement

that dental officers from the Oklahoma Area would be given top consideration. Announcements are distributed requesting applications and explaining the terms of the training along with eligibility requirements.

## IMPORTANT LEGISLATION

*Several acts of Congress have particularly impacted the IHS. No matter which type of a clinic you work in, it is a good bet that these laws have affected your program. This section briefly summarizes some of the more important legislative events. You are encouraged to find out more about the laws that influence your program.*

**Snyder Act** The Snyder Act of 1921 (25 USC 13) was the first piece of legislation to give formal authorization of the United States Government to provide health care to Native American people. Under the guidance of this Act, the Secretary of the Interior was given authority to spend funds aimed at "relief of distress and conservation of the health of Indians." The Snyder Act remains the primary statement of the Federal government's obligation to care for the health of Indian people. The Snyder Act was expanded in 1976 by the Indian Health Care Improvement Act (P.L. 94-437).

**Transfer Act** Congressional legislation P.L. 83-568, the Transfer Act of 1954, transferred the Indian Health service from the Bureau of Indian Affairs in the Department of Interior to the Public Health Service in the Department of Health, Education, and Welfare, now the Department of Health and Human Services. The Transfer Act made specific reference to the maintenance and operation of hospitals and health facilities.

**Public Law 85-151 (42 USC 2005)** passed in 1957, authorized financial assistance to build community hospitals to provide care to Indians. Funds were allocated to locations that could demonstrate construction was more effective than direct Federal construction of hospitals.

**Public Law 86-121 (42 USC 2004a)** passed in 1959, detailed the IHS's responsibilities regarding provision of sanitation facilities and services. This gave the IHS certain authority regarding water systems and sewage and waste disposal.

**Indian Self-determination and Education Assistance Act** Public Law 93-638 was signed into law on January 4, 1975. This legislation directed the IHS to give full give full administrative responsibility for all or parts of the IHS program to the Tribal entities served by that program. Tribes were given the authority to assume the operation of all or part of a program through contracts with the Federal government. This Act also authorized the IHS to make grants to Tribes for the planning, development and facility construction of health programs.

Programs that are administered by Tribes are often referred to as "638" programs because of the authorizing legislation, P.L. 94-638. You may also hear people refer to a program

or part of a program being "638ed". This means that the Tribe(s) is taking over administration of this function.

**Indian Health Care Amendments of 1992** Public Law 102-573 amended Title III of P.L. 93-638 to extend the authority of the Indian Health Service to enter into Self Governance compacts and annual funding agreements with Tribes. This gave authority for the IHS to compact with 30 Tribes as a demonstration project. Tribes are empowered to plan, conduct, consolidate and administer IHS programs. They are authorized to redesign programs, activities, functions or services and reallocate their funds to fit the unique needs of their program. This legislation allows Tribes to take a portion of administrative funding from IHS Headquarters and Area Offices.

**Indian Health Care Improvement Act** Public Law 94-437 was signed into law on September 30, 1976. This Act defined the scope of the Indian Health Program, and set the goals for Indian health:

1) To ensure that the health status of Indian People is brought to the highest possible level,

and

2) To achieve the maximum participation of Indian people in Indian health programs.

The Indian Health Care Improvement Act addressed the backlog of unmet health care needs within the Indian population, both in reservation and urban settings. This Act officially detailed many of the programs that the IHS was already providing. It also established a number of new programs to focus on issues such as Indian health manpower, alcohol abuse, eligibility of IHS facilities for Medicaid and Medicare reimbursements, and services for urban Indians.

**Government Performance Results Act of 1993 (GPRA)** The purposes of this Act are to do the following:
(1) improve the confidence of the American people in the capability of the Federal Government by systematically holding Federal agencies accountable for achieving program results;
(2) initiate program performance reform by setting program goals, measuring program performance against those goals, and reporting publicly on their progress;
(3) improve Federal program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction;
(4) help Federal managers improve service delivery, by requiring that they plan for meeting program objectives and by providing them with information about program results and service quality;
(5) improve congressional decision making by providing more objective information on achieving statutory objectives, and on the relative effectiveness and efficiency of Federal programs and spending.

To meet these ends, the IHS Dental Program annually collects data on various indicators of quality and reports the results to Congress. The GPRA Oral Health Indicators for FY' 2001 are as follows:

Indictor 11: Reduce dental decay rates by improving water fluoridation compliance in FY 2001 by 5% over FY 2000 levels for Areas participating in IHS/CDC Fluoridation Surveillance Demonstration project.

Indicator 12: Improve oral health status by assuring that at least 27% of the AI/AN population obtain access to dental services during FY 2001.

Indicator 13: Reduce children's dental decay by assuring that the percentage of AI/AN children 6-8 and 14-15 years who have received protective dental sealants on permanent molar teeth in FY 2001 is increased by 3% over the FY 2000 level.

The proposed GPRA Oral Health Indicators for FY' 2002 are as follows:

Indicator 11: During FY 2002, increase the proportion of AI/AN population receiving optimally fluoridated water by 10% over the FY 2001 levels for all IHS Areas.

Indicator 12: During FY 2002, increase the proportion of the AI/AN population who obtain access to dental services by 1% over the FY 2001 level.

Indicator 13: During FY 2002, increase the percentage of AI/AN children 6-8 and 14-15 years who have received protective dental sealants on permanent molar teeth by 1% over the FY 2001 level.

Indicator 14: During FY 2002, increase the proportion of the AI/AN population diagnosed with diabetes who obtain access to dental services by 2% over the FY 2001 level.

## PHS/IHS COMMITTEES

*As you have learned by now, the IHS is full of committees. Some of these are of particular importance because they affect operations at all sites. These committees may be of interest to you.*

**DENTAL ASSISTANTS ADVISORY COUNCIL (DAAC)** This committee is comprised of dental assistants from throughout the IHS, with each area having a representative on the council. The purpose of the Dental Assistants Advisory Council is to provide dental assistants with a committee that addresses issues that are of common interest to most dental programs.

**DENTAL HYGIENE COALITION** The Indian Health Service (IHS) Dental Hygienists' Coalition shall consist of all hygienists serving American Indian and Alaska Native people. The purpose of the coalition is to: 1) advance the art and science of dental hygiene; 2) increase access to health care for American Indian and Alaska Natives (AI/AN) by promoting community public health concepts; and 3) ensure quality health care for AI/AN people. The hygienists' Coalition executive committee consists of an elected representative from the Commissioned Corps, Civil Service, Tribal programs and the chairperson from each of the four committees 1)Recruitment and Retention 2)Mentoring 3)Career Development and 4)Continuing Dental Education.

**DENTAL PROFESSIONAL ADVISORY COMMITTEE (DePAC)** The Dental Professional Advisory Committee provides advice to the Surgeon General and the Chief Professional Officer on Professional and personnel issues related to the Dental Category. It is comprised of officers from various components of the PHS, including IHS, NHSC, BOP, Coast Guard, and CDC. The DePAC focuses on improving the Public Health Service dental workforce. This is accomplished by examining issues concerning awards/recognition, communications, promotions, retention/recruitment, clinical issues and overall career development.

**NATIONAL ORAL HEALTH COUNCIL (NOHC)** The NOHC is a permanent council of the IHS. The NOHC is composed of all dental staff in IHS, Tribal, and urban dental programs. The Executive Committee of the NOHC is composed on one dentist from each Area, one member from the National Dental Assistant Advisory Council, one member from the IHS Dental Hygiene Coalition, one Area Dental Officer, and one dental specialist. One liaison from Headquarters also participates in Executive Committee meetings.

The NOHC is charged with advocating on behalf of American Indians / Alaska Natives for improved oral health by advising and assisting IHS leadership concerning relevant health issues and policies while promoting integration of oral health into overall health.

**IHS STANDING COMMITTEES** The Indian Health Service Dental Branch routinely has several standing committees. The current committees are as follows:

A. the *Oral Health Promotion/Disease Prevention Committee* - develops and coordinates HP/DP activities on a national level and offers technical support to Areas, service units, and Tribal programs in planning, implementation, and evaluation of HP/DP programs.

B. the *Dental Professional Specialty Group (PSG)* - concerned with improved data collection and analysis. Includes issues pertaining to the dental data reporting system, codes and nomenclature, and development of software related to RPMS **(O, D)**

IHS committees do change over time. To review the most current listing of IHS dental committees, their functions, and membership, please visit the IHS Dental intranet site for up-to-date information.

## COMMISSIONED CORPS PROMOTIONS

Promotions within the commissioned corps are of two types: Permanent and Temporary. You may hold a permanent grade that is lower than or the same as your temporary grade. If these are different, your pay is based on the higher grade. When you become eligible for a promotion, whether it is temporary or permanent, your official personnel folder (OPF) is automatically made available for review by the promotion board at its next meeting. It is your responsibility to make sure that this file accurately reflects your performance, experience, and training.

Currently, the promotions board meets once a year in the late winter to early spring. It is important to make sure that you check the deadline dates for completing your OPF updates during the year preceding your review for a promotion.

In order to be sure that there is a minimum of last minute work to do you should submit information to your file as it is received. For instance you may wish to update your curriculum vitae on a yearly basis such as when your COER is done.

The dates when you will become eligible for a promotion are based on your Training and Experience (T&E) date found on your personnel orders. You should receive a letter from DCP in the early fall (August or September) prior to your promotion eligibility. Do not delay in meeting the deadlines set up by DCP for updating your OPF, as there are normally no extensions.

All commissioned officers must realize that promotions within the Corps are very competitive. In recent years, promotion rates at the higher grades (0-5 and 0-6) have been as low as 20% of those eligible, and promotions from 0-3 to 0-4 are in no way guaranteed. It takes more than just doing a good job in the clinic to be ranked high enough on the promotion list by the promotion board to receive the promotion. At this point in your career, it is definitely not too early to start maximizing your potential for that next promotion. Discuss your annual COER carefully with your supervisor; the COER is still the primary rating factor for junior officers. Consider taking on additional responsibilities in your clinic, and then make sure that those responsibilities are properly reflected in your COER and on your *CV*. If your immediate supervisor is a Civil Servant or Tribal employee, contact your Mentor to discuss other things you can do to maximize your promotion potential. **(O, CO)**

# RESEARCH

*As a dental professionals, you are encouraged to have a commitment to scientific inquiry. Be aware, however, that the IHS has certain standards related to investigations.*

**INFORMED CONSENT IN RESEARCH** Informed consent must be guaranteed for research involving the use of human subjects. Informed consent entails giving the individual:

A. A fair explanation of the procedures to be followed and their purpose.
B. A description of any discomforts or risks that the patient might incur.
C. A description of the expected benefits.
D. Disclosure of alternative procedures.
E. The opportunity to ask any questions about the procedure.
F. Instructions that she/he has the right to discontinue participation in the project at any time.

**INSTITUTIONAL REVIEW BOARD** Each Area has an Institutional Review Board (IRB). The functions and responsibilities of this board are to:

1) Appraise the effect on research upon Tribal organizations and communities and upon the mission of the IHS.
2) Assess the proposals from the standpoint of clinical relevance and epidemiological, technical and statistical soundness.
3) Assure that informed consent and other rights of the individual are upheld, and that the research conforms to ethical standards.
4) Assure approval from all Tribal communities or groups involved.
5) Approve or disapprove of each proposal in a timely manner.
6) Assure IHS drug policies are followed.
7) Review and clear any publications related to investigations.

Some Tribes also have their own IRBs, which necessitates an additional level of clearance before research can be conducted. **(O)**

## Chapter Index