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Navajo-Phoenix Area Joint Initiative on Clinical Coaching and Internship Programs: Journey of the JETs

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In August 2008, the Phoenix and Navajo Area Nurse Educators and Nurse Executives came together in an effort to implement a program focusing on clinical coaching (precepting) and building a standardized nursing internship program within the two Areas of the Indian Health Service (IHS). "JETs" is an acronym used to describe this proactive group that stands for the "Journey to Excellence Team." This article will illustrate this journey in an effort to promote nursing recruitment, retention, and excellence in nursing using an evidence-based approach.

The Vermont Nurse In Partnership, Inc. (VNIP) is a not-for-profit nurse leadership coalition that supports a standardized approach and model used for "transition to practice" programs. This coalition represents over 300 nurse leaders throughout the country and world-wide.[1] The VNIP framework builds a foundation for preceptor development that supports new graduates and newly hired nurses in the health care organization. This project's standardized approach to preceptor development is the impetus for our joint initiative and has been adopted in various Indian Health Service organizations.

In August 2004, the IHS New Nurse Graduate Task Force convened in Albuquerque consisting of many educators throughout IHS in a first effort to implement an evidence-based preceptor/intern program. This program would provide a standardized orientation and internship for the transition of new nurse graduates into clinical practice. In attendance were nurse educators and executives representing Anchorage Medical Center, Phoenix, Navajo and other Areas such as Aberdeen, Cass Lake and Oklahoma. An action plan was developed to focus on an ITU-wide (IHS/Tribal/Urban programs) standardized preceptor development program. Preceptors would be educated and prepared for their role, and I/T/U programs would support the role of the preceptor. The first step in this process was to hold a "train the trainer" course to educate the nursing staff that would be teaching preceptor development courses in their Area. I/T/U nurse educators would then develop and teach the course to potential nurse preceptors within their own facilities and support preceptor development in other areas as well. The overall goal was to implement this program I/T/U-wide by the end of 2005. The first Phoenix Area "train the trainer" course took place in November 2004 with only a few preceptor workshops being implemented at Phoenix Indian Medical Center (PIMC), Whiteriver, and Hopi Health Care Center. For various reasons, the momentum soon disintegrated, leaving facilities to flourish or flounder on their own.

The lessons learned in this first endeavor are many and have a very familiar tone when compared to other program initiatives. The most notable rationale for the lack of success may be attributed to the failure to educate frontline managers and staff about the importance of this program. In many sites,

In this Issue...

this program was unveiled without education, and the expectation was placed on the manager to follow a program manual; this made little sense and was confusing to follow without the proper education. Educators simply did not have the time or resources to properly educate managers and staff. Executives and managers experiencing a major staffing crunch wanted their nurses on the floor. There was no "buy-in" for a program for which the benefits could not immediately be seen, felt, and measured. In addition, the concept of providing the preceptor "time" to precept was perceived negatively by managers and executives alike. Questions were posed as to how to cover the floor on a unit already short of staff when the preceptor is pulled from the staffing mix.

No matter the rational for the lack of success, there stands a vast amount of literature that provides the support for such a program. The following scholarly journals provide adequate evidence to support a preceptor/intern program in all organizations:

- Crimlisk, et al[2] reported a 96% retention rate after two years following an orientation for newly graduated nurses. A direct link was found between creating positive organizational climate and improved predictor scores of job satisfaction, retention, and commitment of employees.[3]
- The VNIP program experiences less than 10% loss of new graduates during the first year of employment.[1]
- Managers have a significant effect on nurse satisfaction and organizational commitment.[4] Nurse Managers also need to experience a sound orientation in their role in order to lead by example and promote the value of orientation.
- Preceptorship promotes retention, job satisfaction, professionalism, and development of new clinical skills.[1,5-7] Ten years of research shows that new graduates meet basic entry level expectations only 35% of the time.[8]

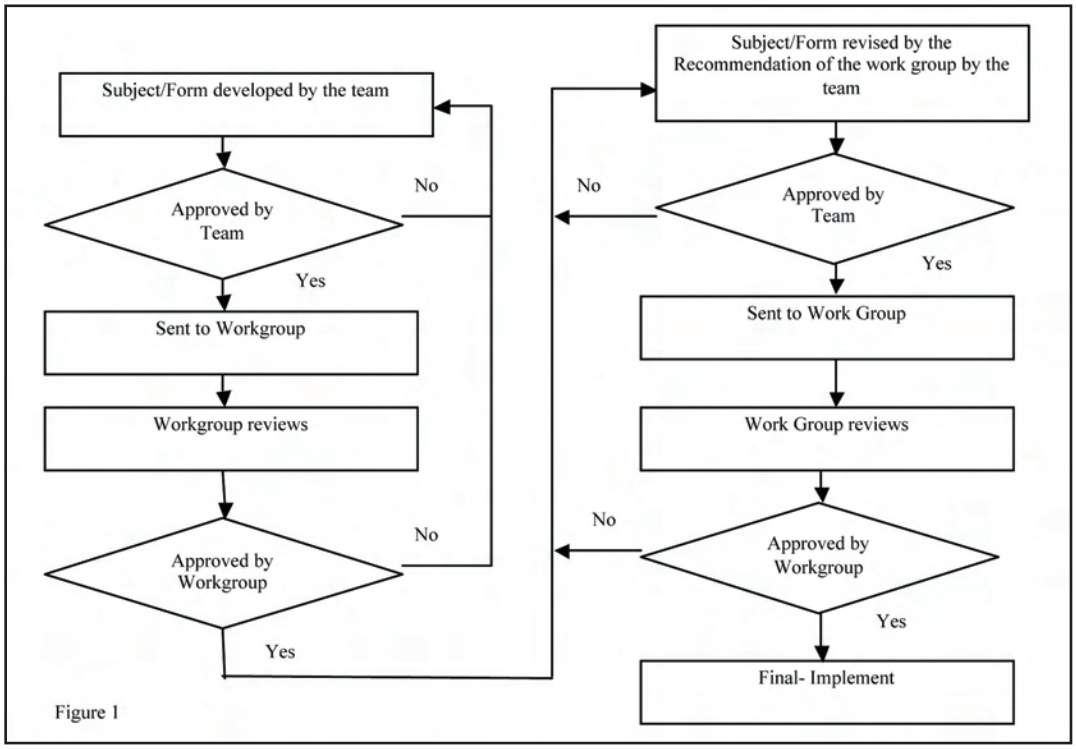
With del Bueno's research[8] revealing the critical need for support and development after graduation, we can no longer place our patients at risk by not providing a supportive environment in which our nurses can learn clinical reasoning and thrive. We can no longer accept our programs as they are and lose another nurse to "burn out" due to lack of support as they transition into our complex, high technology, high intensity work settings. By the end of this decade our nation will need more than 1 million nurses to meet the growing health care demands and replace those nurses retiring.[9] The impact of this nursing shortage will be much greater in isolation/hardship areas throughout the Indian Health Service and will have a significant impact on those patients who are the most disadvantaged.

The alarming trend in health care is what provided the impetus to join with the Navajo Area to support efforts and resources in building a standardized approach to a nursing preceptor and internship program. The JETs are leading the way in implementing a program encompassing the Phoenix and Navajo Areas by August 2009. This joint initiative was realized during a preceptor workshop held in August 2008 in which the two Areas decided to build upon each others interest, motivation, and drive to see this program succeed. The vision of success encompasses the implementation of an IHS-wide standardized program building on to and strengthening current programs through a joint effort to share resources with other Areas. In this effort, we have chosen to collaborate and join a coalition with Susan Boyer, Director of the VNIP as we continue our journey to excellence. The standardized approach and evidence-based program that VNIP provides has been the foundation upon which Navajo Area built their successful program. Douglas Accountius, Mercedes Beckerhoff, and associates from Northern Navajo Medical Center have been using this program since August 2007 and are measuring past and current successes to support future programs. Recently, Accountius has authored a detailed description of the program implemented at Northern Navajo Medical Center that can be accessed in the October 2008 issue of *The IHS Provider*. This program is a blueprint which other agencies can use to implement in their own organizations. The emphasis is placed on using the evidence-based VNIP model that supports a nurturing environment in which the new graduate or new-hire nurse is able to transition, learn, and have competence validated. The groundwork has been laid through the use of the VNIP model and is ready for use.

During the August 2008 conference, S. Boyer and D. Accountius went over what the VNIP program entailed. It was explained how this program is a standardized orientation that validates the new nurses competencies and allows for the customized development of an internship. The internship and orientation that result are based upon a foundation of preceptor development and support.

The JETs established a work plan with seven functions to guide the implementation process. Workgroups for each function were established to carry out the tasks of each function to include administrative work, marketing, networking, intern/orientation development, training, data collection, and process relevant issues. Each workgroup met, chose a chair and planned how they would accomplish the tasks assigned to them. A basic decision-making flowchart (Figure 1) was developed by the entire group.

Figure 1. Decision-making flowchart



An overview of each group follows with the specific tasks and basic timelines designated.

Administrative: The administrative workgroup was tasked to finalize a standardized competency form, unit-specific competencies, and other essential forms. This group is also responsible for recruiting staff nurses as preceptors who will help to finalize a formal coaching plan. Protocols to support the intern process as well as policies and position descriptions would also be developed for use. Table 1 shows the timeline for its tasks.

Table 1. Administrative Workgroup Tasks and Timeline

Tasks	Timeline
Finalize standardized competency forms	9/30/08
Finalize unit specific competencies	9/30/08
Recruit staff nurses to help	9/6/08
Finalize coaching plans	9/30/08
Protocols to support the process	9/30/08
Clinical coach/intern forms	9/30/08
Standardize position description for preceptors	9/30/08
Union relationship	8/30/08

Marketing: The marketing workgroup was tasked with publicizing and marketing the efforts of the JETs initiative through presenting information on an Area leadership level as well as through a poster campaign promoting the Joint Initiative. Articles will be written to market and publish the efforts. The first article was published recently in the October 2008 *IHS Provider*, with this article being the second in a series promoting the *Journey of the JETs*. A poster campaign is currently under development and will soon be distributed throughout the Navajo and Phoenix Areas. Table 2 depicts the tasks and timelines for this group.

Table 2. Marketing Workgroup Tasks and Timeline

Tasks	Timeline
Develop pictures, poster presentation	9/15/08
Use 4 directions to develop poster program	1/31/09
Take pictures of interns and coaches- get signed releases	9/15/08
Service units to send photos	9/15/08
Article publications:	
Internship Change at NNMC	9/30/08
Journey of the JET's	11/30/08
Title to be determined	1/31/09

Networking: The networking group was tasked to meet with the Area Nurse Consultants to get buy-in at an Area level. A networking forum was developed for all members from both Areas to join together to share work and continue the momentum in implementing the programs in both Areas. The

first network meeting will be taking place as this article is being written and will continue the fourth Wednesday of each month by WebEx and teleconference. A distribution list was established during the August 2008 workshop to promote communication among members and to continue meeting work plan deadlines for implementation. Future plans include establishing a web site in which resources and an online forum can be supported. See Table 3 for the tasks and timelines for the Networking group.

Table 3. Networking Workgroup Tasks and Timeline

Proposal to leadership	Sept 2008
Meet with Carol Dahozy	Oct 2008
Regular meetings	Oct 2008
Phoenix meets as NNLC	Oct 2008
Web-page to post NAV/PHX	To Be Completed (TBC)
Reply all cyber communications	TBC
Monthly meetings	Est. Oct 2008

The *Intern/Orientation* workgroup tasks included setting up a standard internship process consisting of a 10 week program for new nurses and individualized programs for experience nurses. Various facilities would then pilot this program in selected nursing units. The group was also tasked to obtain Human Resource (HR) data regarding financial impact and the cost of losing versus retaining nurses in the Indian Health Service. Table 4 displays the tasks for this group.

Table 4. Intern/Orientation Workgroup Tasks and Timeline

Pilot Programs	Sept 2008 - Ongoing
Service units start dates established	Sept 2008 - Ongoing
Establish process that travelers go straight to evaluation process	TBC
Develop process for new grads to go into specialties	TBC
Develop GS4 to GS 11 process with HR	TBC
Develop budgetary cost for process	TBC
Develop data collection process with HR	TBC

Training: The training workgroup was responsible for establishing a master list of each service unit's key educators and schedules of preceptor workshops to be offered. The workgroup would identify teaching materials and resources to support workshops and to seek sponsorship and continuing education credits through the Clinical Support Center. The Joint Initiative recognized the need to support resources and to offer educator support in order to promote quality education. An effort to continue offering preceptor workshops is vital to the program success and will require continued support by educators, as well as executives in both Areas. See table 5.

Table 5. Training Workgroup Tasks and Timeline

Create master schedule of Preceptor training	Sept 2008 – ongoing
List of service units, dates, numbers, clinical coaches and contacts for classes, and number of seats available	Aug 2008 - ongoing
Disseminate pre-assignments by class coordinators at least three weeks in advance of classes	Aug 2008 - ongoing
Do pre-assignments and other readings	Aug 2008
Identifying resources- inclusion of teaching materials	Sept 2008
Gurus Resources	
Submit workshop and pre-assignments for approved contact hours (CH)	Sept 2008

Data Collection: The Data Collection workgroup responsibilities include collecting data from each of the service units to provide information to integrate into future programs and to evaluate the success of the Joint Initiative. The *Work Quality Index* is one tool adopted for the use of gathering information from as many facilities as possible. This information will be extrapolated into a final report to be published early 2009. Facilities are encouraged to participate in this survey to help measure each Area's baseline for improvement and success. See Table 6.

Table 6. Data Collection Workgroup Tasks and Timelines

Integrate knowledge- utilize Survey Monkey (Work Quality Index Survey)	TBC
Finalize data collection from each service unit	Dec 2008
Finalize and complete report of vacancy, turnover & retention rates	Dec 2008
Collect data and send out a final report	Jan 2009
Final report from pilots	Jan 2009
Address IRB requirements	Sept 2008

Process Issues: This workgroup was designed to offer up issues to the collaborative group in an attempt to make decisions by consensus so that there remains a sense of ownership between all members. Issues can be submitted to the group through the distribution list for review and comments.

The goal of this Joint Initiative is to fully implement a

clinical coaching (preceptor) and Nurse Intern program by August 2009. With this task at hand, there is much work that must be completed to see this goal through. Leadership at the highest level must understand the importance of such an endeavor in supporting nursing programs within all IHS facilities. The most important product of this work will be to standardize the process to transition new nurses as well as new hire nurses into the Indian Health Service. This transition will no doubt impact the recruitment and retention of future nurses and support programs in meeting the IHS mission and vision.

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This is a page for sharing "what works" as seen in the published literature, as well as what is being done at sites that care for American Indian/Alaskan Native children. If you have any suggestions, comments, or questions, please contact Steve Holve, MD, Chief Clinical Consultant in Pediatrics at sholve@tcimc.ihs.gov.

IHS Child Health Notes

Quote of the month

"Our capability to prevent and treat disease seems to exceed our willingness to apply our interventions."

C. Everett Koop,
MD, Former Surgeon General

Article of Interest

Effectiveness of maternal influenza immunization in mothers and infants. *N Engl J Med*. 2008 Sep 17.

The current influenza vaccine is not licensed for use in infants < 6 months of age. Unfortunately; this age group is at highest risk for morbidity and mortality from influenza infections. Researchers looked at immunizing mothers in the third trimester of pregnancy as a way to transfer immunity to infants at birth.

Some 340 women participated in a randomized, controlled trial and were followed for 24 weeks after birth. Women who were vaccinated for influenza had 36% fewer febrile respiratory illnesses themselves. Their infants had 29% fewer febrile respiratory illnesses than those of unvaccinated mothers. More striking was the 63% reduction of laboratory confirmed influenza in infants born to mothers who had been vaccinated. These numbers suggest that for each 100 mothers vaccinated seven maternal febrile illnesses and 14 newborn illnesses will be prevented.

Editorial Comment

Few interventions in medicine are this cheap and effective. Even though vaccination of pregnant women has been a recommendation of the CDC for several years, the number of pregnant women vaccinated has been low. The quote from Dr. Koop above highlights the fact that we often fail to use treatments of known benefit.

Our challenge is to make sure that this intervention is available to as many patients as possible. Prenatal clinics should consider standing orders for administration of flu vaccine. Obstetric wards should also consider the use of standard orders for flu shots at discharge for mothers who were not vaccinated during pregnancy. This strategy will not result in transplacental protection of the infant but can decrease mother-child transmission.

Recent literature on American Indian/Alaskan Native Health

Michael L. Bartholomew, MD

Naimi TS, Cobb N, Boyd D, et al. Alcohol-attributable deaths and years of potential life lost among American Indians and Alaska Natives -- United States, 2001-2005. *MMWR*. 2008 Aug 29;57(34);938-941.
http://www.ncbi.nlm.nih.gov/pubmed/18756193?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

Excessive alcohol consumption is both a pervasive problem and the leading cause of preventable death in both the general US population and the American Indian and Alaska Native (AI/AN) population. This study is the first to estimate the average annual number of alcohol-attributable deaths and years of potential life lost among AI/ANs. By using death certificate data and the CDC Alcohol-Related Disease Impact (ARDI) software, estimates of alcohol-attributable deaths and years of life lost were generated by analyzing multiple data sources including the Behavioral Risk Factor Surveillance System from 2001 - 2005.

Among AI/ANs, 1,514 alcohol-attributable deaths occurred annually from 2001 - 2005, accounting for 11.7% of all AI/AN deaths. For the general US population, alcohol-attributable deaths accounted for 3.3% of total deaths. Acute causes, such as motor vehicle crashes, accounted for nearly 51% of these deaths, while 49% were attributed to chronic causes (alcoholic liver disease). Similarly, 60% of years of potential life lost were attributed to acute causes and nearly 40% were related to chronic conditions. Men accounted for more alcohol-attributable deaths in all age groups and nearly 7% of these deaths were in persons aged <20 years. Within the Indian Health Service (IHS) regions, the northern plains had the greatest number of alcohol-attributable deaths followed by the southwest, and the Pacific coast. Additionally, the age adjusted alcohol-attributable death rates were highest in the northern plains, Alaska, and the southwest.

AI/AN age adjusted alcohol-attributed death rates were higher than the general US population (55 per 100,000 for AI/AN versus nearly 27 per 100,000 for general US population). The average number of years of life lost per alcohol-attributable death was 36.3 years for AI/ANs and 29.9 years for the general US population.

Estimating the years of life lost and the alcohol attributable mortality rate in AI/ANs demonstrates the effect of excessive alcohol consumption within our population. The authors conclude that effective population based interventions to reduce excessive alcohol consumption should be implemented and regional differences in alcohol-attributable deaths be explored.

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The Chief Clinical Consultant's Newsletter (Volume 33, No. 10, October 2008) is available on the Internet at http://www.ihs.gov/MedicalPrograms/MCH/M/OBGYN01.cfm. *We wanted to make our readers aware of this resource, and encourage those who are interested to use it on a regular basis. You may also subscribe to a listserv to receive reminders about this service. If you have any questions, please contact Dr. Neil Murphy, Chief Clinical Consultant in Obstetrics and Gynecology, at* nmurphy@scf.cc.

OB/GYN Chief Clinical Consultant's Corner Digest

Abstract of the Month

Diabetes mellitus and birth defects

Objective: The purpose of this study was to examine associations between diabetes mellitus and 39 birth defects.

Study Design: This was a multicenter case-control study of mothers of infants who were born with (n = 13,030) and without (n = 4895) birth defects in the National Birth Defects Prevention Study (1997-2003).

Results: Pregestational diabetes mellitus (PGDM) was associated significantly with noncardiac defects (isolated, 7/23 defects; multiples, 13/23 defects) and cardiac defects (isolated, 11/16 defects; multiples, 8/16 defects). Adjusted odds ratios for PGDM and all isolated and multiple defects were 3.17 (95% CI, 2.20-4.99) and 8.62 (95% CI, 5.27-14.10), respectively. Gestational diabetes mellitus (GDM) was associated with fewer noncardiac defects (isolated, 3/23 defects; multiples, 3/23 defects) and cardiac defects (isolated, 3/16 defects; multiples, 2/16 defects). Odds ratios between GDM and all isolated and multiple defects were 1.42 (95% CI, 1.17-1.73) and 1.50 (95% CI, 1.13-2.00), respectively. These associations were limited generally to offspring of women with prepregnancy body mass index >/=25 kg/m^2.

Conclusion: PGDM was associated with a wide range of birth defects; GDM was associated with a limited group of birth defects.

Correa A, Gilboa SM, Besser LM, et al. Diabetes mellitus and birth defects. *Am J Obstet Gynecol*. 2008 Sep;199(3):237.e1-9. Epub 2008 Jul 31. *http://www.ncbi.nlm.nih.gov/pubmed/18674752*

Editorial comment

The National Birth Defects Prevention Study is a population-based case-control study utilizing data from ten US birth defect surveillance systems. The authors of this paper used data from this national surveillance program to examine the associations of pregestational diabetes mellitus (PGDM) and gestational diabetes (GDM) with a broad range of birth defects. The association of maternal obesity/BMI with birth defects was also assessed.

Some 4895 controls and 13,030 cases were included in the final analysis. The prevalence of PGDM was 0.5% in the control subjects and 2.2% for the case subjects; the rates for GDM were 3.7% (controls) and 5.1% (cases). For those with PGDM, the association of diabetes with both isolated and multiple birth defects persisted, irrespective of BMI. In the setting of PGDM, the odds of an isolated anomaly increased by a factor of 3.2 and of multiple anomalies by 8.6. For those with gestational diabetes, an increased risk was noted only for those with a pre-pregnancy BMI >25 kg/m2 (GDM odds ratio isolated defects = 1.4, multiple defects = 1.5).

The authors noted that PGDM was associated with approximately 50% of the birth defect categories that were analyzed. Particular associations were noted with central nervous system defects, limb deficiencies, renal agenesis, hypospadias, orofacial clefts, and heart defects.

Notably, this study does not include information on the degree of glucose control achieved by the mothers of the control and case infants. It is well-known that the risk of fetal anomalies increases with increasing glucose levels and that A1C levels early in pregnancy (during organogenesis) correlate with risks of both miscarriage and fetal anomaly. This study is important because it quantifies the increased risk for those with PGDM and also confirms that GDM in the setting of maternal obesity is associated with a modest increase in risk as well. This information highlights the need to identify pre-conceptually women with potential glucose control problems and assist them in achieving optimal control prior to pregnancy. Many women who have glucose intolerance or GDM in one pregnancy will go on to have PGDM with a subsequent pregnancy; these women merit special attention during pregnancy and also vigorous postpartum follow-up. In pregnancy many women are motivated to make dramatic lifestyle changes for the health of their baby; success in maintaining these changes after delivery is less common. Yet the postpartum period is a unique opportunity as this is also the

pre-conceptual period for any subsequent pregnancy. Our efforts must combine the use of medical therapies, when necessary, with sustained lifestyle modification to reduce the risk of diabetes to both maternal health and to the health of future pregnancies.

Other efforts at preventing birth defects through targeted intervention have met with varying success. Folic acid fortification of food has resulted in a 20 - 30% decrease in the rates of neural tube defects (spina bifida and anencephaly) in the US.[1] Efforts to decrease rates of fetal alcohol spectrum disorders (FASD) have not been as clearly successful. For FASD, the data are limited and increased rates of diagnosis (likely due to heightened awareness amongst pediatric health care providers) have obscured any clear decrease in overall incidence.[2] FASD interventions have relied primarily on public health messaging about the dangers of alcohol. Actual resources for women to address alcoholism and binge drinking have not been as forthcoming. As the rates of diabetes and obesity continue to increase dramatically nationally, positive and truly effective public health messaging about the importance of optimal glucose control and achieving a healthy body weight prior to pregnancy merits careful attention. These population-based efforts must be paired with individual systems of support that improve access to medical care for women with diabetes and pre-diabetes and develop living environments that foster healthy food choices and exercise. These interventions are vital to both child health and maternal health.

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2. Centers for Disease Control. Tracking Fetal Alcohol Syndrome. Fetal Alcohol Spectrum Disorders. *http://www.cdc.gov/ncbddd/fas/fassurv.htm*

Resources from the March of Dimes:
For Health Care Professionals: *http://www.marchofdimes.com/professionals/14332_1197.asp*
For Patients: Gestational Diabetes: *http://www.marchofdimes.com/pnhec/188_1025.asp*
For Patients: Pre-existing Diabetes: *http://www.marchofdimes.com/pnhec/188_1064.asp*

From your colleagues

Jean Howe, CCC, Ob/Gyn

"Many Voices into One Song"

Planning continues for the First International Meeting on Indigenous Women's Health; Third International Meeting on Indigenous Child Health, to be held in March 2009 in Albuquerque. For those of us working in the field of women's health care and serving primarily American Indian and Alaska Native women, this represents the next in a series of biennial meetings and follows on the heels of the highly successful August 2007 conference. This meeting is happening a mere 18 months after that conference because we were given the opportunity to partner with both our Canadian colleagues working in the fields of First Nations, Inuit, and Métis women's health care and with our Pediatric colleagues from both countries. Many wonderful speakers, panel discussions, and breakout sessions are planned addressing issues from across the spectrum of indigenous women's health and child health in both countries. Each site will also be given the opportunity to present their projects and successes in a poster session planned for the first evening of the conference. Please do join us for this exciting event! Women's Health, March 4 - 6, 2009; Children's Health March 6 - 8, 2009; the 6th is an overlap day with both groups participating.

Sheila Warren

Headquarters

Joint Commission Resources is challenging your hospital to increase health care worker vaccination against the flu. Did you know that the current national average of health care workers who get vaccinated against the flu is only 42 percent? We cannot continue to vaccinate only a small percentage of caregivers against the flu when we know that according to the Centers for Disease Control and Prevention (CDC), in recent years, flu infections have been documented in hospitals, and health care workers have been frequently implicated as the source of these infections.

In the name of patient safety, JCR is issuing a challenge to all hospitals to do a better job of vaccinating their doctors, nurses, and ancillary workers against the flu. Hospitals that achieve a vaccination rate of 43 percent or more will be recognized for their dedication to helping keep their employees healthy and helping to protect their patients.

The Flu Vaccination Challenge begins September 1, 2008 and continues through the flu season to May 2009. Please take two minutes to register your hospital, note your current rate of vaccination, your goal, and challenges. Resources include a one page handout of seven Myths and Realities about the Flu. Go to *www.FluVaccinationChallenge.com*.

Hot Topics

Obstetrics

Electronic Fetal Monitoring: Update on Definitions and Interpretation

In April 2008, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine partnered to sponsor a

two-day workshop to revisit nomenclature, interpretation, and research recommendations for intrapartum electronic fetal heart rate monitoring.

Participants included obstetric experts and representatives from relevant stakeholder groups and organizations. This article provides a summary of the discussions at the workshop.

This includes a discussion of terminology and nomenclature for the description of fetal heart tracings and uterine contractions for use in clinical practice and research. A three-tier system for fetal heart rate tracing interpretation is also described. Lastly, prioritized topics for future research are provided.

Macones GA, Hankins GD, Spong CY, et al. The 2008 National Institute of Child Health and Human Development Workshop Report on Electronic Fetal Monitoring: Update on Definitions, Interpretation, and Research Guidelines. *Obstet Gynecol*. 2008 Sep;112(3):661-6. *http://www.ncbi.nlm.nih.gov/pubmed/18757666.*

Bariatric surgery linked to improved perinatal outcomes

Objective: To compare the perinatal outcomes of women who delivered before with women who delivered after bariatric surgery.

Methods: A retrospective study was undertaken to compare perinatal outcomes of women who delivered before with women who delivered after bariatric surgery in a tertiary medical center between 1988 and 2006. A multivariate logistic regression model was constructed to control for confounders.

Results: During the study period, 301 deliveries preceded bariatric surgery and 507 followed surgery. A significant reduction in rates of diabetes mellitus (17.3% vs 11.0; P=0.009), hypertensive disorders (23.6% vs 11.2%; P<0.001), and fetal macrosomia (7.6% vs 3.2%; P=0.004) were noted after bariatric surgery. Bariatric surgery was found to be independently associated with a reduction in diabetes mellitus (OR 0.42, 95% CI 0.26-0.67; P<0.001), hypertensive disorders (OR 0.38, 95% CI 0.25-0.59; P<0.001), and fetal macrosomia (OR 0.45, 95% CI 0.21-0.94; P=0.033).

Conclusion: A decrease in maternal complications, such as diabetes mellitus and hypertensive disorders, as well as a decrease in the rate of fetal macrosomia is achieved following bariatric surgery.

Weintraub AY, Levy A, Levi I, et al. Effect of bariatric surgery on pregnancy outcome. *Int J Gynaecol Obstet*. 2008 Sep 1. [Epub ahead of print]
http://www.ncbi.nlm.nih.gov/pubmed/18768177

Gynecology

Methicillin-resistant Staphylococcus aureus as a common cause of vulvar abscesses

Objective: To estimate the incidence of methicillin-resistant *Staphylococcus aureus* (MRSA) among women with vulvar abscesses and to describe clinical factors associated with inpatient compared with outpatient treatment.

Methods: We reviewed all women with a vulvar abscess who were treated with incision and drainage between October 2006 to March 2008. We reviewed the abscess cultures and evaluated clinical and laboratory variables associated with inpatient compared with outpatient treatment.

Results: During the 80-week study period, 162 women were treated for a vulvar abscess. Methicillin-resistant *S. aureus* was isolated from 85 of 133 (64%) cultured vulvar abscesses. No presenting signs or symptoms were more common among patients with MRSA abscesses. Women with a MRSA vulvar abscess were not more likely to require inpatient admission or experience treatment complications. Inpatient treatment occurred in 64 of 162 (40%) patients and was predicted by medical comorbidities: diabetes (45.3%, odds ratio [OR] 2.29, 95% confidence interval [CI] 1.12-4.72), hypertension (34.4%, OR 2.33, 95% CI 1.06-5.13), initial serum glucose greater than 200 (37.5%, OR 3.32, 95% CI 1.48-7.51), and signs of worse infection, i.e., larger abscesses (mean 5.2 cm) (P<.001) and elevated white blood cell count of at least 12,000/mm3 (45.3%, OR 3.04, 95% CI 1.44-6.43).

Conclusion: Methicillin-resistant *S. aureus* was the most common organism isolated from vulvar abscesses. Inpatient treatment is more common in women with medical comorbidities, larger abscesses, and signs of systemic illness. An antibiotic regimen with activity against MRSA, such as trimethoprim-sulfamethoxazole, should be considered in similar populations with vulvar abscesses.

Thurman AR, Satterfield TM, Soper DE. Methicillin-resistant *Staphylococcus aureus* as a common cause of vulvar abscesses. *Obstet Gynecol*. 2008 Sep;112(3):538-44. *http://www.ncbi.nlm.nih.gov/pubmed/18757650*

Child Health

Ibuprofen more effective than acetaminophen for treating fever in children

Objective: To investigate whether paracetamol (acetaminophen) plus ibuprofen are superior to either drug alone for increasing time without fever and the relief of fever associated discomfort in febrile children managed at home.

Design: Individually randomised, blinded, three arm trial.

Setting: Primary care and households in England.

Participants: Children aged between 6 months and 6 years with axillary temperatures of at least 37.8 degrees C and up to 41.0 degrees C.

Intervention: Advice on physical measures to reduce temperature and the provision of, and advice to give, paracetamol plus ibuprofen, paracetamol alone, or ibuprofen alone.

Main Outcome Measures: Primary outcomes were the time without fever (<37.2 degrees C) in the first four hours after the first dose was given and the proportion of children reported as being normal on the discomfort scale at 48 hours.

Secondary outcomes were time to first occurrence of normal temperature (fever clearance), time without fever over 24 hours, fever associated symptoms, and adverse effects.

Results: On an intention to treat basis, paracetamol plus ibuprofen were superior to paracetamol for less time with fever in the first four hours (adjusted difference 55 minutes, 95% confidence interval 33 to 77; P<0.001) and may have been as good as ibuprofen (16 minutes, -7 to 39; P=0.2). For less time with fever over 24 hours, paracetamol plus ibuprofen were superior to paracetamol (4.4 hours, 2.4 to 6.3; P<0.001) and to ibuprofen (2.5 hours, 0.6 to 4.4; P=0.008). Combined therapy cleared fever 23 minutes (2 to 45; P=0.025) faster than paracetamol alone but no faster than ibuprofen alone (-3 minutes, 18 to -24; P=0.8). No benefit was found for discomfort or other symptoms, although power was low for these outcomes. Adverse effects did not differ between groups.

Conclusion: Parents, nurses, pharmacists, and doctors wanting to use medicines to supplement physical measures to maximise the time that children spend without fever should use ibuprofen first and consider the relative benefits and risks of using paracetamol plus ibuprofen over 24 hours.

Hay AD, Costelloe C, Redmond NM, et al. Paracetamol plus ibuprofen for the treatment of fever in children (PITCH): randomised controlled trial. *BMJ*. 2008 Sep 2;337:a1302. doi: 10.1136/bmj.a1302. *http://www.ncbi.nlm.nih.gov/pubmed/18765450*

Chronic disease and Illness

Incidence and Risk Factors for Stroke in American Indians; The Strong Heart Study

Background: There are few published data on the incidence of fatal and nonfatal stroke in American Indians. The aims of this observational study were to determine the incidence of stroke and to elucidate stroke risk factors among American Indians.

Methods and Results: This report is based on 4549 participants aged 45 to 74 years at enrollment in the Strong Heart Study, the largest longitudinal, population-based study of cardiovascular disease and its risk factors in a diverse group of American Indians. At baseline examination in 1989 to 1992, 42 participants (age- and sex-adjusted prevalence proportion 1132/100 000, adjusted to the age and sex distribution of the US adult population in 1990) had prevalent stroke. Through December 2004, 306 (6.8%) of 4507 participants without prior stroke suffered a first stroke at a mean age of 66.5 years. The age- and sex-adjusted incidence was 679/100 000 person-years. Nonhemorrhagic cerebral infarction occurred in 86% of participants with incident strokes; 14% had hemorrhagic stroke. The overall age-adjusted 30-day case-fatality rate from first stroke was 18%, with a 1-year case-fatality rate of 32%. Age, diastolic blood pressure, fasting glucose, hemoglobin A1c, smoking, albuminuria, hypertension, prehypertension, and diabetes mellitus were risk factors for incident stroke.

Conclusions: Compared with US white and black populations, American Indians have a higher incidence of stroke. The case-fatality rate for first stroke is also higher in American Indians than in the US white or black population in the same age range. Our findings suggest that blood pressure and glucose control and smoking avoidance may be important avenues for stroke prevention in this population.

Zhang Y, Galloway JM, Welty TK, et al. Incidence and Risk Factors for Stroke in American Indians. The Strong Heart Study. *Circulation*. 2008 Sep 22. [Epub ahead of print] *http://www.ncbi.nlm.nih.gov/pubmed/18809797*

Features

ACOG American College of Obstetricians and Gynecologists

ACOG Committee Opinion No. 415: Depot Medroxyprogesterone Acetate and Bone Effects

Abstract: Although depot medroxyprogesterone acetate (DMPA) is associated with bone mineral density (BMD) loss during use, current evidence suggests that partial or full recovery of BMD occurs at the spine and at least partial recovery occurs at the hip after discontinuation of DMPA. Given the efficacy of DMPA, particularly for populations such as adolescents for whom contraceptive adherence can be challenging or for those who feel they could not comply with a daily contraceptive method or a method that must be used with each act of intercourse, the possible adverse effects of DMPA must be balanced against the significant personal and public health impact of unintended pregnancy. Concerns regarding the effect of DMPA on BMD should neither prevent practitioners from prescribing DMPA nor limit its use to two consecutive years. Practitioners should not perform BMD monitoring solely in response to DMPA use because any observed short-term loss in BMD associated with DMPA use may be recovered and is unlikely to place a woman at risk of fracture during use or in later years.

American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 415: depot medroxyprogesterone acetate and bone effects. *Obstet Gynecol*. 2008 Sep;112(3):727-30. *http://www.ncbi.nlm.nih.gov/pubmed/18757687*

ACOG Committee Opinion No. 418: Prenatal and Perinatal Human Immunodeficiency Virus Testing: Expanded Recommendations

Abstract: Early identification and treatment of all pregnant women with human immunodeficiency virus (HIV) is the best way to prevent neonatal disease and improve the woman's health. Human immunodeficiency virus screening is recommended for all pregnant women after they are notified that they will be tested for HIV infection as part of the routine panel of prenatal blood tests unless they decline the test (i.e., opt-out screening). Repeat testing in the third trimester, or

rapid HIV testing at labor and delivery as indicated or both also are recommended as additional strategies to further reduce the rate of perinatal HIV transmission. The American College of Obstetricians and Gynecologists makes the following recommendations: obstetrician-gynecologists should follow opt-out prenatal HIV screening where legally possible; repeat conventional or rapid HIV testing in the third trimester is recommended for women in areas with high HIV prevalence, women known to be at high risk for acquiring HIV infection, and women who declined testing earlier in pregnancy; rapid HIV testing should be used in labor for women with undocumented HIV status following opt-out screening; and if a rapid HIV test result in labor is positive, immediate initiation of antiretroviral prophylaxis should be recommended without waiting for the results of the confirmatory test.

ACOG Committee Opinion No. 418: prenatal and perinatal human immunodeficiency virus testing: expanded recommendations. *Obstet Gynecol*. 2008 Sep;112(3):739-42. *http://www.ncbi.nlm.nih.gov/pubmed/18757690*

Ask a Librarian

Diane Cooper, MSLS/NIH

BMJ Clinical Evidence Adds Medical Conditions

Clinical Evidence added 50 more conditions for a total of 250. The resource offers summaries of conditions with treatment options. It's quick, brief, and easy to use.

- Includes evidence-based research sourced from over 10,000 peer-reviewed references and covers over 570 clinical questions and 3000+ interventions
- Provides background information with references
- Sends alerts from monthly updates and new reviews
- Offers drug safety alerts
- Contains emerging research information
- Links to practice guidelines, site tools and EBM resources

To access Clinical Evidence from the HSRL website go to: Research Tools > Databases > Clinical Evidence.

If you have questions about accessing or using Clinical Evidence, contact me at *cooperd@mail.nih.gov* or telephone (301) 594-2449.

Behavioral Health Insights

Peter Stuart, IHS Psychiatry Consultant

Antipsychotics – The Old versus the New - What Should I Use?

A number of recent reports suggest that the differences in efficacy and side effect burden between the old "typical" antipsychotics and the new "atypical" antipsychotics are not as significant as once proposed. The CATIE (Clinical Antipsychotic Trials in Intervention Effectiveness) trial compared four of the new agents to an old agent, perphenazine, and found that there was no substantial advantage of the newer agents over perphenazine in the treatment of schizophrenia. This came as quite a surprise to many who assumed the newer agents would outperform perphenazine. A large VA funded study came out shortly thereafter comparing olanzapine and haloperidol; again there was little overall advantage to the use of either medication. More recently the Cost Utility of the Latest Antipsychotic Drugs in Schizophrenia Study (CUtLASS 1) also found little clinical difference even for clinical concerns such as extrapyramidal symptoms between the older agent(s) and the atypicals used. Finally, just out in September in the *American Journal of Psychiatry*, findings from the Treatment of Early-Onset Schizophrenia Spectrum Disorders (TEOSS) Study suggest similar outcomes in youth when newer agents were compared to molindone; an older though infrequently used antipsychotic.

Of particular interest and import for the aforementioned studies – all of them received no industry funding. Recent reports of increased death rates in elderly patients taking risperidone and other atypicals as well as older agents, and the now well documented metabolic issues and clinically detrimental weight gain with many of the atypicals only add to concerns. On the other hand, despite the black box warnings for increased rates of death in elderly populations using the newer atypicals, first generation antipsychotics may actually have associated rates of death that are even higher than the atypicals.

As Dr. Jeffrey Lieberman, the lead investigator of the CATIE trials was quoted as saying, the second generation antipsychotics or atypicals represent an "incremental" improvement over first generation drugs, not game-changing medications. Clozapine remains the gold standard for the treatment of schizophrenia of all the antipsychotics. It was, however, excluded from the first arms of these studies as it is replete with side effects and serious, unpredictable toxicity and as such is not as commonly used except for treatment of refractory psychosis.

So where does this leave primary care practitioners in busy practices – particularly when using these medications for off-label uses such as managing aggressive behavior in patients with dementia? Judged solely by prescriptive volume, the atypicals remain the first choice for most providers. While the reduction in the occurrence of tardive dyskinesia remains only partially proven, it is a particularly troubling and disfiguring consequence and a strong reason to continue first line use of atypicals – though the bulk of the evidence now suggests that otherwise efficacy and total side effect burdens are similar compared to many first generation antipsychotics.

Some suggested rules are as follows:

Rule #1 – consider your patient's particular risks – is the main risk obesity and diabetes (try aripiprazole or ziprasidone), or sedation (try aripiprazole, ziprasidone or risperidone), or sensitivity/risk of tardive dyskinesia and EPS (elderly, those

with histories of brain injury or dysfunction) (try quetiapine).

Rule #2 – choose your antipsychotic based on its side effect profile. In our populations that often means starting with one that has a benign metabolic profile and limited EPS symptoms – aripiprazole remains a good starting point. Quetiapine in small amounts particularly for the elderly (25-75 mg daily) is helpful for situations in which some sedation is needed.

Rule #3 – if using any of the atypicals, get a good metabolic baseline including lipid status and watch your patient's weight. These effects are not specifically dose dependent, and the weight gain can be quite rapid. Nutritional counseling at the outset is suggested.

Rule #4 – the old standby, haloperidol, remains a good option in the ICU setting for the management of acute delerium and agitation. Its distribution, metabolism, and pharmacological effects are well understood, and, used thoughtfully, it remains the gold standard. IV use, while not included in its FDA indication, appears to reduce its EPS profile. Caution is indicated for IV use – EKG monitoring for torsades is recommended along with repletion of potassium and magnesium levels if indicated. See the article "Postoperative Delerium" by Fricchione, et al in a recent issue of *AJP* for an excellent review. Psychotic agitation in the ER is better managed with one of the newer atypical agents available in IM formulation (olanzapine, aripiprazole) due to their lower propensity to induce EPS symptoms particularly in young males. Liquid formulations (risperidone) and disintegrating tablets (risperidone and olanzapine) are also available.

Rule #5 – always document counseling your patient and/or their guardian/family members for any off-label uses. The risks of use are significant – but often there are few alternate options. Chronic use should be regularly reviewed and attempts made to discontinue use where appropriate.

Rule #6 – consult your local psychiatrist.

References are available in the on-line edition at *http://www.ihs.gov/MedicalPrograms/MCH/M/ob.cfm*.

Midwives Corner

Lisa Allee, Four Corners Regional Health Care Facility, Red Mesa, Arizona

The conflict and compromises between how we want to practice midwifery and how we do practice midwifery in the hospital setting.

Hunter's qualitative research from the United Kingdom gives voice to something I would guess many midwives have experienced consciously or unconsciously when working in the hospital setting. She looked at the emotional work of midwives and found that rather than it being located in the midwife-patient relationships as found in other studies, it was generated by the conflict between a strong belief in the "with woman" ideology of the midwifery model and the pressures within a hospital setting to adhere to the ideology of "with institution," which frequently means providing care in prescribed ways rather than in ways that are individualized to the woman being cared for. This incongruency between how midwives truly want to practice and how they are pressured to practice in institutions creates emotional work. She found that midwives working in community-based practices, however, had very little of this conflict. Hunter makes suggestions for dealing with this conflict in the hospital-based setting. First and foremost she suggests the prime importance of explicitly recognizing this conflict and recognizing it as a universal issue rather than what is done currently, which is interpreting it as a personal dilemma which often leads to guilt and self-blame -- the individual midwife feels she is failing her patients instead of recognizing this as a system problem. She suggests short-term strategies of acknowledging the with-woman model of care ideals and the current realities of practice and providing education and support about the dilemmas that can arise. Then she discusses more long term strategies such as moving normal births to community-based midwifery with birth occurring either at home or in midwifery-led birth centers. She also discusses recognizing the hospital-based midwife as an expert in abnormal *midwifery* skilled in managing technology, caring for women with complications, and still providing midwifery-model based care.

Hunter B. Conflicting ideologies as a source of emotion work in midwifery. Midwifery. 2004 Sept;20(3):261-72. *http://www.ncbi.nlm.nih.gov/pubmed/15337282*

Annual Four Corners CNM Meeting

The annual meeting of the Four Corners Certified Nurse Midwives was held in conjunction with the Navajo Area Women's Health Provider Meeting in Chinle, Arizona. Certified Nurse Midwives from Chinle, Fort Defiance, Gallup, Shiprock, Kayenta, and Tsaile were present. Several topics were presented including promotion of breastfeeding on the Navajo Nation and support for pending legislation at the Navajo Nation Council aimed at eliminating barriers for breastfeeding at the workplace. Discussion took place as to the action by area CNMs to counteract the advertising pressure from formula companies and their affect on the feeding practices of newborns. The Four Corners chapter re-affirmed the close relationship between midwifery and the Navajo Area Indian Health Service. The midwives discussed the Centering Pregnancy Program for group prenatal care. Several sites noted preparations for starting programs at the service units starting in 2009. The group discussed several barriers and solutions for starting a Centering Pregnancy Program to include; space issues, scheduling of care conferences, maintaining cultural relevance, and provider concerns.

Attendees at the meeting were fortunate to earn CME credits by attending a presentation by Monique Lin, MD,

perinatologist from the Phoenix Perinatal Associates. The topic of Dr. Lin's presentation concerned current information regarding several aspects of preterm labor management.

Highlights:

- Magnesium Sulfate may be losing favor as a primary tocolytic. (*Obstet Gynecol*. 2006 Oct;108(4):986-9)
- Magnesium Sulfate may reduce the risk of cerebral palsy in fetuses at risk for preterm birth. (*N Engl J Med*. 2008 Aug 28;359(9):895-905)
- Phoenix Perinatal Associates recommends continued use of Magnesium Sulfate for maternal transport. This statement in no way suggests that this method of care is uniform for all cases consulted by the Phoenix Perinatal Associates. The author advises interpretation and consultation for each individual case.
- Antepartum Progesterone for preterm labor
  - o 17 hydroxyprogesterone caproate has been shown to reduce preterm birth for those at risk for preterm delivery
  - o The ideal formulation and delivery of medication is unknown
  - o Availability may be an issue in the NAIHS

Office of Women's Health, CDC

Emergency Planning Tips If You're Pregnant or Have Young Children

This CDC website has resources to help pregnant women and families with young children plan for an emergency or disaster. Resources include what to do:

- If you are asked to evacuate;
- If you have to stay in a shelter or place other than your home;
- During and just after a disaster; or
- If you are recovering from a disaster

There is also a list of preparedness/disaster resources and a link to the ACNM "Emergency Childbirth" section. *http://www.cdc.gov/Features/Emergencies/Pregnancy-Infants.html*

Electronic Media and Youth Violence: A CDC Issue Brief for Educators and Caregivers

Electronic Media and Youth Violence: A CDC Issue Brief for Educators and Caregivers focuses on the phenomena of electronic aggression. Electronic aggression is defined as any kind of harassment or bullying that occurs through e-mail, chat rooms, instant messaging, websites, blogs, or text messaging. The brief summarizes what is known about young people and electronic aggression, provides strategies for addressing the issue with young people, and discusses the implications for school staff, education policy makers, and parents and caregivers.*http://www.cdc.gov/ncipc/dvp/YVP/electronic_aggression.htm*

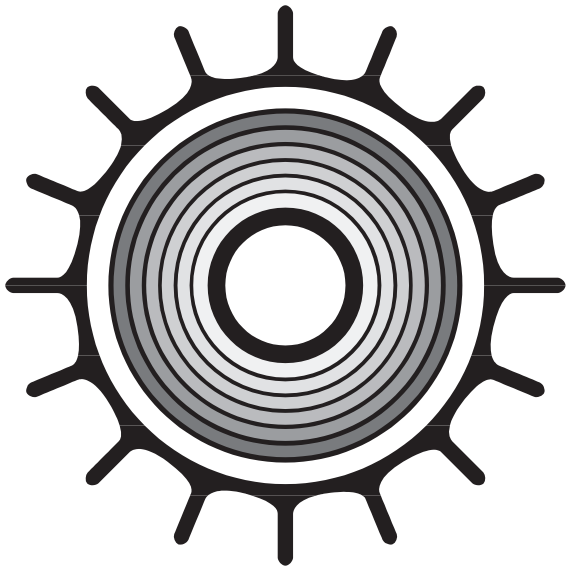
Women's Health Headlines

Carolyn Aoyama, HQE

Differentiation among Types of Intimate Partner Violence: Research Update and Implications for Interventions

A growing body of empirical research has demonstrated that intimate partner violence is not a unitary phenomenon and that types of domestic violence can be differentiated with respect to partner dynamics, context, and consequences. Four patterns of violence are described: Coercive Controlling Violence, Violent Resistance, Situational Couple Violence, and Separation-Instigated Violence. The controversial matter of gender symmetry and asymmetry in intimate partner violence is discussed in terms of sampling differences and methodological limitations. Implications of differentiation among types of domestic violence include the need for improved screening measures and procedures in civil, family, and criminal court and the possibility of better decision making, appropriate sanctions, and more effective treatment programs tailored to the characteristics of different types of partner violence. In family court, reliable differentiation should provide the basis for determining what safeguards are necessary and what types of parenting plans are appropriate to ensure healthy outcomes for children and parent–child relationships.

Kelly JB, Johnson MP. Differentiation among Types of Intimate Partner Violence: Research Update and Implications for Interventions. *Family Court Review*. Vol. 46 No. 3, July 2008 476-499.



Conference Purpose:

The IHIMC and its antecedent conferences are designed to present and demonstrate the value of Health Information Technology tools that support health care delivery in Indian Country. IHIMC provides a forum for clinical and technical leadership to learn and understand the direction and vital role that information technology plays in the delivery and promotion of quality health care to American Indian and Alaska Native people in Federal (IHS), Tribal and Urban settings (I/T/U).

Who Should Attend?

Everyone interested in the use of IT to improve the health status of American Indian and Alaska Native People.

Hotel Information:

Hyatt Regency Phoenix
122 North 2nd Street
Phoenix, AZ 85004
(602) 252-1234
http://www.phoenix.hyatt.com/

A limited number of government rate rooms at $122 are available on a first-come basis until **November 21, 2008**. Ask for the *"IHIM Conference"*

You're Invited!

"Managing Health Information Technology to Improve Performance and Outcomes"

2008 Indian Health Information Management Conference

December 15-19, 2008
Phoenix, Arizona

We are pleased to announce our five keynote speakers:

Mike Carleton
Chief Information Officer,
U.S. Department of Health & Human Services
"Opening Remarks"

J. Marc Overhage, MD, PhD
Director of Medical Informatics and Research Scientist,
Regenstrief Institute, Inc. & Regenstrief Professor of Medical Informatics, Indiana University School of Medicine
"Managing Health Information Technology to Improve Performance and Outcomes"

Claire Pomeroy, MD, MBA
Vice Chancellor for Human Health Sciences, UC Davis
and Dean, UC Davis School of Medicine
"Increasing Clinical Quality and Access to Care through Health Information Technology"

Julie Boughn, MS, MBA
Chief Information Officer, Centers for Medicare & Medicaid Services (CMS)
"The Role of IT Within the Centers for Medicare and Medicaid Services"

Bob Wells
Humorist, World Humor Organization
"Laugh As Though Your Life Depended on It!"

Register Now at

http://www.ihs.gov/CIO/IHIMC/

to enjoy the **technical presentations**, **poster sessions**, **hands on labs**, **Cyber Café**, **exhibitors**, **fitness activities** and **networking opportunities** before November 28, 2008.

There is no registration fee.

Tips for PubMed Searching

Diane Cooper, MSLS, AHIP, Biomedical Information Consultant, National Institutes of Health, Bethesda, Maryland

Tip 2: Using the limits tab

In a previous issue of *The IHS Provider* (September 2008), we covered how to conduct a basic literature search using PubMed and how to view the results. In this issue we will show how to use "limits" for your search. Remember, it is important that you enter PubMed via the online HSR Library link. Doing so ensures you have access to added features of PubMed that are only available to IHS staff.

You may limit the results of a search in several ways. Click the Limits tab under the main search box to see the limits screen:

Choose appropriate limits from the pull-down menus. For example, if you are interested in early-onset cancers in women, you could choose **Adult 19 - 44** from the **Ages** menu, **Human** from the **Human or Animal** menu, and **Female** from the **Gender** menu. Likewise you can select from a variety of **article types** (e.g., clinical trial, review, editorial, etc.), **languages**, subsets (subject-based journal collections), **date**, and in what **field** your keyword(s) should appear.

Once you have selected your **limits**, make sure your keywords are visible in the search box, and click Go. PubMed automatically applies your limits to everything else you search in this session unless you take the limits off. Either un-check the box next to the word Limits or go back into the Limits menu to release/modify your limits from search to search. Note: setting limits in a search will remove "in process" citations from your search, because these articles have not yet been indexed. To capture in process citations, take off your limits and run your search as before, but add **AND in process[sb]** to the end of your search.

Next month will be **PubMed Tip 3: Combining searches using History**

Call for Applications
IHS Injury Prevention Specialist Class of 2009
Program Development Fellowship

What is the Program Development Fellowship (PDF)?
The PDF is a 12-month advanced learning experience for individuals promoting injury prevention in American Indian/Alaska Native communities. A college degree is not required.

What will participants gain from the PDF?

- Enhanced skills in program planning and implementation:
  - Building and maintaining successful coalitions
  - Promoting community involvement
  - Organizing local injury data and evaluating programs
  - Using marketing and advocacy skills
  - Finding new sources of funding, grant writing
- The latest information on "best practices" for prevention of intentional and unintentional injuries
- Success stories in the prevention of injuries from motor vehicle crashes, violence, falls, and fires
- Improved effectiveness and satisfaction in your injury prevention work
- Individualized learning experiences (e.g., using GPS devices, conducting surveys)
- Completion of a project that will help reduce injuries in your community

What is the PDF curriculum?

- Four courses at different sites, each 4-1/2 days long:
  - **Injury prevention program planning:** Rockville, MD, May 4-8, 2009
  - **Program implementation and evaluation**. University of Utah, July or August 2009
  - **Injury prevention field work.** Phoenix, October 2009
  - **Social marketing, advocacy, and presentation skills:** Albuquerque, February 2010
- Completion of a project that will have an impact on injuries in your community
- At-home learning activities (such as attending a coalition meeting)
- A presentation session at the end of the Fellowship in May or June 2010
- Computer training for beginners to advanced users
- Faculty and local mentors to assist you throughout the year

Who should apply?
Persons who have:

- Worked at least 12 months in the area of injury prevention;
- Attended the one-week IHS injury prevention introductory course (Level 1 or equivalent);
- Demonstrated a commitment to community injury prevention.
- Knowledge of, or willingness to learn, use of the Internet.

Ideal applicants include directors of tribal injury prevention programs, tribal health authority and health care staff, CHRs, nurses, firefighters, police, health educators, community coalition members, environmental health specialists, previous IHS IP Fellowship graduates, and others working for tribes in injury prevention.
The application is online at www.ihs.gov/MedicalPrograms/InjuryPrevention - click on "News and events."
Applications must be received by **December 12, 2008**. Acceptances will be announced by January 15, 2009.

For questions, please contact your IHS Area Injury Prevention Specialist (listed by state at www.ihs.gov/MedicalPrograms/InjuryPrevention, click on "Contacts") or Nancy Bill, IP Program Manager (Nancy.Bill2@ihs.gov).

10/01/08

MEETINGS OF INTEREST

Available EHR Courses

EHR is the Indian Health Service's Electronic Health Record software that is based on the Resource and Patient Management System (RPMS) clinical information system. For more information about any of these courses described below, please visit the EHR website at *http://www.ihs.gov/CIO/EHR/index.cfm?module=rpms_ehr_training*. To see registration information for any of these courses, go to *http://www.ihs.gov/Cio/RPMS/index.cfm?module=Training&option=index*.

Childhood Obesity/Diabetes Prevention in Indian Country: Making Physical Activity Count!

December 2 - 4, 2008; San Diego, California

The target audience for this national conference includes health care providers, diabetes educators, school nurses, nutritionists, coaches, physical education teachers, fitness program directors, and other individuals involved in community or school based physical activity for Indian children and youth. Faculty for the conference includes a cross section of experts who will address successful physical activity interventions, technology in measuring physical activity outcomes, and selected programs that are successfully addressing childhood obesity and diabetes in Indian country. CME/CEUs will be available. Those interested in proposing a presentation or a poster on their success in addressing physical activity with American Indian children and youth are especially encouraged to apply.

The conference will be held at the Town and Country Resort and Convention Center. Supporters of this conference include the Indian Health Service, Bureau of Indian Education (BIA), Active Living Research Center at San Diego State University, LIFESCAN, and the University of Arizona. The IHS Clinical Support Center is the accredited sponsor. To learn more about the conference, to register for the conference and/or to propose a paper or poster, visit *http://nartc.fcm.arizona.edu/conference*. Alternatively you can also call Ms. Pandora Hughes at the Native American Research and Training Center at (520) 621-5075 for additional information.

2008 IHS Indian Health Information Management Conference

December 15 - 19, 2008; Phoenix, Arizona

The purpose of the IHIMC and its antecedent conferences is to provide for the demonstration and discussion of information technology tools, as the IHS IT community supports health care delivery in Indian Country. The theme this year is "Managing Health Information Technology to Improve Performance and Outcomes." IHIMC is a forum for technical leadership, direction, and support in the promotion of quality health care through collaboration and active participation in the development of policy and national standards of care regarding the health of American Indian/Alaska Native people in Federal (IHS), tribal and urban settings (I/T/U). Enjoy keynote presenters, six conference tracks, poster sessions, technical exhibitors, fitness activities, and a cyber café at this year's conference. For more information, go to *http://www.ihs.gov/cio/ihimc/*.

The 2009 Meeting of the National Councils for Indian Health

February 8 - 13, 2009; San Diego, California

The National Councils (Clinical Directors, Chief Executive Officers, Chief Medical Officers, Oral Health, Pharmacy, and Nurse Consultants) for Indian health will hold their 2009 annual meeting February 8 - 13, 2009 in San Diego, California. Engage in thought-provoking and innovative discussions about current Indian Health Service/Tribal/Urban program issues; identify practical strategies to address these health care issues; cultivate leadership skills to enhance health care delivery and services; share ideas through networking and collaboration, and receive accredited continuing education. The focus this year will be "*Partnership for Change*." Indian health program Chief Executive Officers, clinico-administrators, and interested health care providers are invited to attend. The meeting will be held at the Bahia Resort Hotel, 998 West Mission Bay Drive, San Diego, California 92109. Please make your hotel room reservations by January 12, 2009 by calling 1-800-576-4229. Be sure to ask for the "Indian Health Service" group rate. For on-line registration and the most current conference agenda, please visit the Clinical Support Center web page at *http://www.csc.ihs.gov*. The IHS Clinical Support Center is the accredited sponsor for this meeting. For more information, contact Gigi Holmes or CDR Dora Bradley at (602) 364-7777; or e-mail *gigi.holmes@ihs.gov*.

Sexual Assault Nurse Examiner (SANE) Training Workshop

April 13 - 17, 2009; Oklahoma City, Oklahoma

The Sexual Assault Nurse Examiner (SANE) workshop is an intensive five-day course to familiarize health care providers with all aspects of the forensic and health care processes for sexual assault victims. This course emphasizes victim advocacy and the overall importance of being a member of the interdisciplinary Sexual Assault Response Team (SART) in the investigative, health care, and prosecution processes. Lead faculty for this course will be Linda Ledray, PhD, RN, a certified SANE trainer and Director of the Sexual Assault Resource Service (SARS) of Hennepin County Medical Center in Minneapolis, Minnesota. Dr. Ledray is a nationally

recognized expert and pioneer in the area of forensic nursing. This course is open to I/T/U health care professionals, including nurses, advanced practice nurses, physician assistants, and physicians.

Please make your room reservation early by calling the Crowne Plaza Hotel at (405) 848-4811 or 1-800-2-CROWNE. Be sure to mention the "IHS-SANE Training" to secure the rate of $83.00 + tax (single occupancy) per night. The deadline for making room reservations is March 23, 2009. Any reservation request received after this date will be accepted on a space availability basis only.

For more information about the event, contact LCDR Lisa Palucci at the IHS Clinical Support Center, (602) 364-7740, e-mail *lisa.palucci@ihs.gov*; or visit the CSC website at *http://www.csc.ihs.gov*.

Advances in Indian Health Conference
April 21 – 24, 2009; Albuquerque, New Mexico

Save the Dates! The 2009 "Advances in Indian Health Conference" will be April 21 - 24, 2009 in Albuquerque, New Mexico. "Advances" is Indian health's conference for primary care providers and nurses. Get up to 28 hours of CME/CE credit learning about clinical topics of special interest to I/T/U providers, including the option to focus on diabetes training. To see the 2008 brochure, go to *http://hsc.unm.edu/cme/2008Web/AdvancesIndianHealth/AIH2008Index.shtml*, or you can contact the course director, Dr. Ann Bullock at *annbull@nc-cherokee.com* for more information.

2009 Nurse Leaders in Native Care (NLiNC) Conference
June 15 - 19, 2009; Phoenix, Arizona

The theme of this year's conference is "Linking Yesterday, Today, and Tomorrow through Leadership, Teamwork, and Evidence-Based Practice." IHS, tribal, and urban nurses are encouraged to attend the '09 NLiNC Conference to be held at the Sheraton Crescent Hotel, 2620 W. Dunlap Avenue, Phoenix, Arizona 85021. Please make your room reservations by May 31, 2009 by calling toll-free 1-800-423-4126 or (602)-943-8200, and ask for the "2009 Nurse Leaders in Native Care Conference" to secure the special rate of $89 + tax single or double occupancy per night. Reservations may also be made on-line at: *http://www.starwoodmeeting.com/Book/2009NurseLeaders.*

The IHS Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. For more information, please contact LCDR Lisa Palucci, MSN, RN, Nurse Educator/Lead Nurse Planner, IHS Clinical Support Center, Office of Continuing Education, at *lisa.palucci@ihs.gov*, or (602) 364-7740. You can also visit the NNLC website for additional information at *http://www.ihs.gov/MedicalPrograms/nnlc/nnlc_conferences.asp*

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 as attachments by e-mail to john.saari@ihs.gov. Please include an e-mail address in the item so that there is a contact for the announcement. If there is more than one position, please combine them into one announcement per location. Submissions will be run for four months and then will be dropped, without notification, 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 ($100 for four months). The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.

Family Medicine, Internal Medicine, Emergency Medicine Physicians

Sells Service Unit; Sells, Arizona

The Sells Service Unit (SSU) in southern Arizona is recruiting for board certified/board eligible family medicine, internal medicine, and emergency medicine physicians to join our experienced medical staff. The Sells Service Unit is the primary source of health care for approximately 24,000 people of the Tohono O'odham Nation. The service unit consists of a Joint Commission accredited 34-bed hospital in Sells and three health centers: San Xavier Health Center, located in Tucson, Arizona, the Santa Rosa Health Center, located in Santa Rosa, Arizona, and the San Simon Health Center located in San Simon, Arizona with a combined caseload of approximately 100,000 outpatient visits annually. Clinical services include family medicine, pediatrics, internal medicine, prenatal and women's health care, dental, optometry, ophthalmology, podiatry, physical therapy, nutrition and dietetics, social work services, and diabetes self-management education.

Sixty miles east of the Sells Hospital by paved highway lies Tucson, Arizona's second largest metropolitan area, and home to nearly 750,000. Tucson, or "The Old Pueblo," is one of the oldest continuously inhabited sites in North America, steeped in a rich heritage of Indian and Spanish influence. It affords all of southern Arizona's limitless entertainment, recreation, shopping, and cultural opportunities. The area is a favored tourist and retirement center, boasting sunbelt attributes and low humidity, with effortless access to Old Mexico, pine forests, snow sports, and endless sightseeing opportunities . . . all within a setting of natural splendor.

We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. Commuter van pool from Tucson is available for a monthly fee. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 383-7211 or by e-mail at *Peter.Ziegler@ihs.gov*.

Tribal Data Coordinator (Level II)

The United South & Eastern Tribes, Inc. (USET)

United South and Eastern Tribes, Inc. is a non-profit, inter-tribal organization that collectively represents its member tribes at the regional and national level. USET has grown to include twenty-five federally recognized tribes in the southern and eastern parts of the United States from northern Maine to Florida and as far west as east Texas. USET is dedicated to promoting Indian leadership, improving the quality of life for American Indians, and protecting Indian rights and natural resources on tribal lands. Although its guiding principle is unity, USET plays a major role in the self-determination of all its member tribes by working to improve the capabilities of tribal governments.

We are recruiting to fill the Tribal Data Coordinator (Level II) position vacancy in the tribal health program support department. Qualifications for this vacancy require a minimum of an Associate Degree in a related discipline (e.g., computer science, statistics, math, biological sciences, education) from an accredited college or university, with relevant job experience. Documented three years experience in a paid position related to the use of health systems in the collection and analysis of health data will be considered in lieu of a degree. The Tribal Data Coordinator position also requires at least two years of RPMS experience as a user.

So if you have at least two years of RPMS experience, this could be a great opportunity for you. The Tribal Data Coordinator provides RPMS software training to USET member tribes. He/she also works on data quality improvement initiatives and provides data collection and analysis.

We offer flexible schedules and a competitive salary and benefit package. Hiring preference will be given to American Indians/Alaska Natives. If you are interested, you can get additional information about USET and the job announcement at our web site, *www.usetinc.org*, or you can contact Tammy Neptune at (615) 872-7900 or e-mail *tneptune@USETInc.org*.

Dentist

Mid-Level Provider (Lapwai & Kamiah)

Nimiipuu Health, Idaho

Caring People Making a Difference. Nimiipuu Health, an agency of the Nez Perce Tribe, with ambulatory health care facilities in Lapwai and Kamiah located in beautiful Northern Idaho near the confluence of the Snake and Clearwater Rivers, is an area rich in history, natural beauty, and amiable

communities. We provide excellent benefits and opportunity for personal and professional growth. Nimiipuu Health's caring team is looking for individuals making a difference in the health care field and is now accepting applications for the following positions:

Dentist: (Salary/DOE/Part-Time or Full-Time/Lapwai). Requires DDS/DMD degree from an American Dental Association accredited dental school, with two years of experience, preferably in general practice. Must have state licensure in good standing, valid driver's license with insurable record, and pass a background check. Open Until Filled.

Mid-Level Provider: (Salary/DOE/Full-Time/Kamiah or Part-Time/Lapwai). Idaho licensed FNP or PA. Incumbent can obtain Idaho license within one year of appointment. Must have BLS and obtain ACLS within six months of appointment. Must have valid driver's license with insurable record and will be required to pass extensive background check. Open Until Filled

A complete application packet includes a NMPH job application, copy of current credentials, two references, resume or CV, a copy of your tribal identification or Certification of Indian Blood (CIB) if applicable to Nimiipuu Health, PO Drawer 367, Lapwai, ID 83540. For more information call (208) 843-2271 or e-mail *debbieh@nimiipuu.org* or *carmb@nimiipuu.org*. For more information about our community and area, please go to *www.nezperce.org* or *www.zipskinny.com*. Tribal preference applies.

Certified Diabetes Educator
Dietitian
Pediatrician
Chief Medical Officer
Family Practice Physician
Nurse
Medical Technologist

Chief Redstone Health Clinic, Fort Peck Service Unit; Wolf Point, Montana

Fort Peck Service Unit in Wolf Point, Montana is looking for family practice physicians to work at the Chief Redstone Indian Health Service clinic. This unique opportunity allows physicians to care for individuals and families, including newborns, their parents, grandparents, and extended family. Applicants must be culturally conscious and work well within a team environment. The Fort Peck Service Unit is located in the north east corner of Montana along the Missouri river. Fort Peck Service Unit has two primary care clinics, one in the town of Poplar and one in the town of Wolf Point.

Our Medical Staff is composed of five family practice physicians, two internal medicine physicians, one pediatrician, one podiatrist, and four family nurse practitioners/physician assistants. We have a full complement of support services, which include dental, optometry, audiology, psychology, social work, radiology, lab, public health nursing, and very active Diabetes Department. These are ambulatory clinics; however, our providers have privileges in the local community hospital. We have approximately 80,000 patient contacts per year. We work very closely with the private sector. IHS and the private hospital have a cardiac rehabilitation center. By cooperating with IHS, the hospital has been able to get a CT scanner and a mammography unit. The Tribal Health Program has a dialysis unit attached to the Poplar IHS clinic. Customer service is our priority. The IHS has excellent benefits for Civil Service and Commissioned Corps employees. There are loan repayment options, and we are a designated NHSC site. We strive to provide quality care through a strong multidisciplinary team approach; we believe in being closely involved in our population to encourage a healthier community.

There are many opportunities for recreation, as we are a short distance from the Fort Peck Dam and Reservoir. For more information about our area and community please go the website at *http://www.ihs.gov/FacilitiesServices/AreaOffices/Billings/FtPeck/index.asp*. Fort Peck Tribes also can be found on *www.fortpecktribes.org*, and the Fort Peck Community College on www.fpcc.edu. North east Montana offers many amenities one might not expect this far off the beaten path. If you are interested please contact our provider recruiter, CDR Karen Kajiwara-Nelson, MS, CCC-A at (406) 768-3491 or by e-mail at *karen.kajiwara@ihs.gov*. Alternately, you can contact the Billings Area Physician Recruiter, Audrey Jones, at (406) 247-7126 or by e-mail at *audrey.jones@ihs.gov*. We look forward to communicating with you.

Family Practice Physician
Pharmacists

PHS Indian Hospital, Harlem, Montana

The Fort Belknap Service Unit is seeking family practice physicians and pharmacist to join their dedicated staff. The service unit is home to a critical access hospital (CAH) with six inpatient beds, two observation beds, and a 24-hour emergency room, as well as an 8 AM to 5 PM outpatient clinic. The service unit also operates another outpatient clinic 35 miles south of Fort Belknap Agency in Hays. The Fort Belknap CAH outpatient visits average 39,000 per year. The new clinic in Hays, the Eagle Child Health Center, can adequately serve 13,000 per year. The medical staff includes four family practice positions, two physician assistants, and one nurse practitioner, and has implemented the Electronic Health Record in the outpatient clinic. The service unit also has a full-time staffed emergency medical services program. The staff is complemented by contract locum tenens physicians for weekend emergency room coverage.

The medical staff is supported by and works with a staff of nurses, behavior health personnel, physical therapist, lab and x-ray personnel, pharmacists, dentists, administrators,

housekeepers, supply specialists, and contract practitioners to provide the best possible care to patients. The staff works as team to make a difference. Contract (private) hospitals are from 45 to 210 miles from the facility.

There are loan repayment options, excellent benefits, and we are a designated NHSC site. The area is primarily rural, and a friendly small-town atmosphere prevails here. The reservation communities promote various local activities such as rodeos, church socials, and basketball. The tribe also manages its own buffalo herd. Bigger events fill in the calendar as well, such as the Milk River Indian Days, Hays Powwow, and the Chief Joseph Memorial Days, featuring cultural activities and traditional dancing. The Fort Belknap Tribe has hunting and fishing available both on and off the reservation. The Little Rocky Mountains and the Missouri River provides scenic and enjoyable areas for the outdoor-minded. If you are interested in joining our medical team, contact Dr. Dennis Callendar at *Dennis.callendar@ihs.gov* or telephone (406) 353-3195; or contact physician recruiter Audrey Jones, at *Audrey.jones@ihs.gov*; telephone (406) 247-7126.

Family Practice Physician
Emergency Medicine Physician
Nurse Anesthetist
Nurse
PHS Indian Hospital; Browning, Montana

The Blackfeet Service Unit is recruiting for health practitioners who want to join the staff at the PHS Indian Hospital in Browning, Montana. The Blackfeet Service Unit is home to the Blackfeet Community Hospital, a 27-bed hospital, active outpatient clinic, and well-equipped emergency department. Inpatient care includes obstetrics and elective general surgery. We also offer community health nursing, have an active diabetes program, and offer optometry, laboratory, dental, and ENT services along with behavioral and social services and women's health. We are seeking candidates who are committed to improving the health of the local community and being part of a team approach to medicine. The hospital is located 13 miles from Glacier National Park. This area offer spectacular mountains and incredible outdoor activities year round. There are loan repayment options, excellent benefits, and we are a designated NHSC site. If you are interested in joining our team, contact Mr. Timothy Davis at *timothy.davis@ihs.gov* or telephone (406) 338-6365; or contact physician recruiter Audrey Jones, at *Audrey.jones@ihs.gov* or telephone (406) 247-7126. We look forward to hearing from interested candidates.

Family Practice Physician
Nurse Practitioner/Physician Assistant
ER Nurse Specialist
Northern Cheyenne Service Unit; Lame Deer, Montana

The Northern Cheyenne Service Unit is seeking health practitioners to come work with their dedicated staff on the Northern Cheyenne Indian Reservation. The Northern Cheyenne Service Unit consists of a modern outpatient clinic with family practice physicians, a pediatrician and an internist in Lame Deer, Montana. The well-equipped emergency room provides medical services to a high volume of trauma patients. The nearest medical back-up services are located in Billings, Montana and Sheridan, Wyoming. The medical staff enjoys close cooperation with the tribe. The positive interactions with this tight knit people result in high morale and overall retention of its medical staff.

Though more isolated than other service units, the reservation is within close range of three larger towns: Forsyth, Colstrip, and Hardin, all which provide shopping and other services for residents. The rugged hills and pine woods of the reservation provide plenty of outdoor recreation. Other interesting features are the Tongue River Reservoir, the St. Labre Indian School in Ashland, and the Dull Knife College fun.

For additional information, please contact Audrey Jones, Physician Recruiter at *Audrey.jones@ihs.gov*; telephone (406) 247-7126 or Beverly Stiller at *beverly.stiller@ihs.gov*; telephone (406) 477-4402.

Internal Medicine, Family Practice, and ER Physicians
Pharmacists
Dentists
Medical Technologists
ER, OR, OB Nurses
Crow Service Unit; Crow Agency, Montana

The Crow Service Unit is seeking health practitioners to come work with their dedicated staff on the Crow Indian Reservation. The Crow Service Unit consists of a small 24-bed hospital located in Crow Agency and two satellite clinics, Lodge Grass Health Center, located approximately 20 miles south of Crow Agency, and Pryor Health Station, located about 70 miles northwest of Crow Agency.

The hospital is a multidisciplinary facility that includes inpatient, outpatient, urgent care, emergency room, dental, behavioral health, substance abuse, public health nursing, physical therapy, pharmacy, dietary, obstetrics, surgery, and optometry services. Our medical staff includes nine family practice positions, two ER physician positions, one general surgeon, two obstetrician/gynecologists, one podiatrist, one internist/pediatrician, one pediatrician, one radiologist, one nurse midwife, and six mid-level provider positions (NP or PA). Family practice physicians and the internist share the hospitalist responsibilities, and each primary care physician

shares the daytime ER call duties. The staff is complemented by contract *locum tenens* physicians for nighttime, weekend, and holiday coverage. OB call is shared between the obstetrician/gynecologists, the midwife and the FP physicians. The two outlying clinics in Lodge Grass and Pryor are primarily staffed by midlevel providers.

The Crow Tribe is a close, proud people. They maintain their own buffalo herd and proudly display their cultural heritage during events such as the well-known Crow Fair. Other points of cultural interest in the "Tipi Capital of the World" are The Little Big Horn Battlefield National Monument, Chief Plenty Coup State Park, and the Little Big Horn College.

For those who enjoy the outdoors, Red Lodge Mountain Resort offers great skiing. The Big Horn Canyon National Recreation Area offers great fishing, camping, and boating fun. The area offers spectacular mountains and mountain activities, and world class hunting and fishing. Billings, Montana, a city of 100,000, is less than an hour away.

For additional information, please contact Audrey Jones, Physician Recruiter, at *Audrey.jones@ihs.gov*; telephone (406) 247-7126; or Dr. Michael Wilcox at *Michael.wilcox@ihs.gov*; telephone (406) 638-3309.

Obstetrician/Gynecologists

W. W. Hastings Hospital; Tahlequah, Oklahoma

W. W. Hastings Hospital is looking for two obstetrician/gynecologist physicians to come to work in one of America's friendliest small towns. The successful candidate would be joining a group of six obstetrician/gynecologist physicians and seven certified nurse midwives. Call is approximately 1:5 with an excellent CNM staff providing primary in-house coverage. Post call days are schedule time off with no clinic patient responsibilities.

W. W. Hastings hospital is located in Tahlequah, Oklahoma, within commuting distance of Tulsa. It is the home of the Cherokee Nation and is primarily responsible for providing care to tribal members of the Cherokee Nation as well as other federally recognized tribes.

Interested candidates can call (918) 458-3347 for more information or fax a CV to Dr. Gregg Woitte at (918) 458-3315; e-mail *greggory.woitte@ihs.gov*.

Nurse Specialist - Diabetes

Whiteriver Service Unit; Whiteriver, Arizona

The Nurse Specialist (Diabetes) is to establish, develop, coordinate, monitor, and evaluate the clinical diabetic education program. The incumbent is responsible for establishing, providing, facilitating, promoting, and evaluating a comprehensive education program for patients with diabetes, as well as prevention of and education about diabetes. Candidate must provide proof that they have Certified Diabetes Educator (CDE) certification and certification from the National Certification Board for Diabetes Educators.

The Whiteriver Service Unit is located on the White Mountain Apache Indian Reservation. The hospital is a multidisciplinary facility that includes emergency room, urgent care, inpatient, outpatient, dental, social services, physical therapy, optometry, obstetrics, podiatry, dietary, ambulatory surgery, and public health nursing. We are just a short distance from Sunrise Ski Resort which offers great snow skiing. We are surrounded by tall ponderosa pine trees and beautiful mountains where you can experience the four seasons, and great outdoor activities such as mountain biking, hiking, hunting, fishing, camping, and boating. We are just three hours northeast of the Phoenix metropolitan area.

For additional information, please contact CAPT Steve Williams, Director of Diabetes
Self-Management, by e-mail at *stevenj.williams@ihs.gov*; telephone (928) 338-3707.

Other RN vacancy positions include Family Care Unit, Birthing Center, Outpatient, Emergency Room, and Ambulatory Surgery. Please contact Human Resources at (928) 338-3545 for more information.

Physicians

Emergency Medicine PA-Cs

Family Practice PA-Cs/ Family Nurse Practitioners

Rosebud Comprehensive Health Care Facility; Rosebud, South Dakota

The Rosebud Comprehensive Health Care Facility in Rosebud, South Dakota is seeking board eligible/board certified family practice physicians, pediatricians, emergency medicine physicians, an internist, and an ob/gyn with at least five years post-residency experience. We are also in need of ER PA-Cs, family practice PA-Cs, and family nurse practitioners. Rosebud is located in rural south central South Dakota west of the Missouri River on the Rosebud Indian Reservation and is approximately 30 miles from the Nebraska boarder. We are a 35 bed facility that has a 24 hour emergency department, and a busy clinic that offers the following services: family practice, internal medicine, ob/gyn, pediatrics, general surgery, oral surgery, optometry, dentistry, physical therapy, dietary counseling, and behavioral health. Our staff is devoted to providing quality patient care and we have several medical staff members that have been employed here ten or more years. The beautiful Black Hills, Badlands, Custer State Park, Mount Rushmore, and Crazy Horse Memorial are just 2- 3 hours away. South Dakota is an outdoorsman's paradise with plenty of sites for skiing, hiking, hunting, fishing, boating, and horseback riding. Steeped in western folklore, Lakota culture, history, and land of such famous movies as "Dances with Wolves" and "Into the West" there is plenty for the history buff to explore. If you are interested in applying for a position, please contact Dr. Valerie Parker, Clinical Director, at (605) 660-1801 or e-mail her at *valerie.parker@ihs.gov*.

Physician/Medical Director
Physician Assistant or Family Nurse Practitioner
Dentist
Dental Hygienist
SVT Health Center; Homer, Alaska

SVT Health Center has immediate openings for a medical director (MD, DO; OB preferred), family nurse practitioner or physician assistant, dentist, and dental hygienist (21 - 28 hours per week). The ideal candidate for each position will be an outgoing, energetic team player who is compassionate and focused on patient care. The individual will be working in a modern, progressive health center and enjoy a wide variety of patients.

The Health Center is located in southcentral Alaska on scenic Kachemak Bay. There are many outdoor activities available including clam digging, hiking, world-class fishing, kayaking, camping, and boating. The community is an easy 4 hour drive south of Anchorage, at the tip of the Kenai Peninsula.

SVTHC offers competitive salary and a generous benefit package. Candidates may submit an application or resume to Beckie Noble, SVT Health Center, 880 East End Road,, Homer, Alaska 99603; telephone (907) 226-2228; fax (907) 226-2230.

Family Practice Physician
Physician Assistant/Nurse Practitioner
Fort Hall IHS Clinic; Fort Hall, Idaho

The Fort Hall IHS Clinic has openings for a family practice physician and a physician assistant or nurse practitioner. Our facility is an AAAHC-accredited multidisciplinary outpatient clinic with medical, dental, optometry, and mental health services, and an on-site lab and pharmacy. Our medical staff includes five family practice providers who enjoy regular work hours with no night or weekend call. We fully utilize the IHS Electronic Health Record and work in provider-nurse teams with panels of patients.

Fort Hall is located 150 miles north of Salt Lake City and 10 miles north of Pocatello, Idaho, a city of 75,000 that is home to Idaho State University. The clinic is very accessible, as it is only one mile from the Fort Hall exit off of I-15. Recreational activities abound nearby, and Yellowstone National Park, the Tetons, and several world class ski resorts are within 2½ hours driving distance.

Please contact our clinical director, Chris Nield, for more information at *christopher.nield@ihs.gov*; telephone (208)238-5455).

Family Physician/Medical Director
The Native American Community Health Center, Inc.; Phoenix, Arizona

The Native American Community Health Center, Inc. (Native Health), centrally located in the heart of Phoenix, Arizona, is currently seeking a skilled and energetic family physician/medical director who would enjoy the opportunity of working with diverse cultures. The family physician/medical director is a key element in providing quality, culturally competent health care services to patients of varied backgrounds and ages within a unique client-focused setting that offers many ancillary services. Native Health offers excellent, competitive benefits and, as an added bonus, an amazing health-based experience within the beautiful culture of Native Americans. Arizona license Preferred. For more information, contact the HR Coordinator, Matilda Duran, by telephone at (602) 279-5262, ext. 3103; or e-mail *mduran@nachci.com*. For more information, check our website at *www.nativehealthphoenix.org*.

Family Medicine Physician
Norton Sound Health Corporation; Nome, Alaska

Practice full spectrum family medicine where others come for vacation: fishing, hunting, hiking, skiing, snowmobiling, dog mushing, and more.

The Gateway to Siberia. The Last Frontier. Nome, Alaska is 150 miles below the Arctic Circle on the coast of the Bering Sea and 120 miles from Russia. It was the home of the 1901 Gold Rush, and still is home to three operating gold dredges, and innumerable amateur miners. There are over 300 miles of roads that lead you through the surrounding country. A drive may take you past large herds of reindeer, moose, bear, fox, otter, and musk ox, or through miles of beautiful tundra and rolling mountains, pristine rivers, lakes, and boiling hot springs.

The Norton Sound Health Corporation is a 638 Alaskan Native run corporation. It provides the health care to the entire region. This encompasses an area about the size of Oregon, and includes 15 surrounding villages. We provide all aspects of family medicine, including deliveries, minor surgery, EGDs, colposcopies, colonoscopies, and exercise treadmills. Our closest referral center is in Anchorage. Our Medical Staff consists of seven board certified family practice physicians, one certified internist, one certified psychiatrist, and several PAs. This allows a very comfortable lifestyle with ample time off for family or personal activities.

Starting salary is very competitive, with ample vacation, paid holidays, two weeks and $6,000 for CME activities, and a generous retirement program with full vesting in five years. In addition to the compensation, student loan repayment is available.

The practice of medicine in Nome, Alaska is not for everyone. But if you are looking for a place where you can still

make a difference; a place where your kids can play in the tundra or walk down to the river to go fishing; a place where everyone knows everyone else, and enjoys it that way, a place where your work week could include a trip to an ancient Eskimo village, giving advice to health aids over the phone, or flying to Russia to medivacs a patient having a heart attack, then maybe you'll know what we mean when we say, "There is no place like Nome."

If you are interested, please contact David Head, MD, by telephone at (907) 443-3311, or (907) 443-3407; PO Box 966, Nome, Alaska 99762; or e-mail at *head@nshcorp.org*.

Family Practice Physician

Central Valley Indian Health, Inc.; Clovis, California

Central Valley Indian Health, Inc. is recruiting for a BC/BE, full-time physician for our Clovis, California clinic. The physician will be in a family practice setting and provide qualified medical care to the Native American population in the Central Valley. The physician must be willing to treat patients of all ages. The physician will be working with an energetic and experienced staff of nurses and medical assistants. Central Valley Indian Health, Inc. also provides an excellent benefits package that consists of a competitive annual salary; group health insurance/life insurance at no cost; 401k profit sharing and retirement; CME reimbursement and leave; 12 major holidays off; personal leave; loan repayment options; and regular hours Monday through Friday 8 am to 5pm (no on-call hours required). For more information or to send your CV, please contact Julie Ramsey, MPH, 20 N. Dewitt Ave., Clovis, California 93612. Telephone (559) 299-2578, ext. 117; fax (559) 299-0245; e-mail *jramsey@cvih.org*.

Family Practice Physician

Tulalip Tribes Health Clinic; Tulalip, Washington

The Tulalip Tribes Health Clinic in Tulalip, Washington, is seeking two family practice physicians to join our Family Practice Outpatient clinic. We are a six physician outpatient clinic which sits on the edge of Tulalip Bay, 12 miles east of Marysville, Washington. Tulalip is known as an ideal area, situated 30 miles north of Seattle, with all types of shopping facilities located on the reservation. Sound Family Medicine is committed to providing excellent, comprehensive, and compassionate medicine to our patients. The Tulalip Tribes offer an excellent compensation package, group health plan, and retirement benefits. For more information, visit us on the web at *employment.tulaliptribes-nsn.gov/tulalip-positions.asp*. Please e-mail letters of interest and resumes to *wpaisano@tulaliptribes-nsn.gov*.

Family Practice Physician

Seattle Indian Health Board; Seattle, Washington

Live, work, and play in beautiful Seattle, Washington. Our clinic is located just south of downtown Seattle, close to a wide variety of sport and cultural events. Enjoy views of the Olympic Mountains across Puget Sound. The Seattle Indian Health Board is recruiting for a full-time family practice physician to join our team. We are a multiservice community health center for urban Indians. Services include medical, dental, mental health, nutrition, inpatient and outpatient substance abuse treatment, onsite pharmacy and lab, and a wide variety of community education services. Enjoy all the amenities a large urban center has to offer physicians. Our practice consists of four physicians and two mid-level providers. The Seattle Indian Health Board is a clinical site for the Swedish Cherry Hill Family Practice Residency program. Physicians have the opportunity to precept residents in both clinical and didactic activities. The Seattle Indian Health Board is part of a call group at Swedish Cherry Hill (just 5 minutes from the clinic). After hour call is 1 in 10. Program development and leadership opportunities are available.

Seattle is a great family town with good schools and a wide variety of great neighborhoods to live in. Enjoy all the benefits the Puget Sound region has to offer: hiking, boating, biking, camping, skiing, the arts, dining, shopping, and much more! Come join our growing clinic in a fantastic location. The Seattle Indian Health Board offers competitive salaries and benefits. For more information please contact Human Resources at (206) 324-9360, ext. 1105 or 1123; contact Maile Robidoux by e-mail at *mailer@sihb.org*; or visit our website at *www.sihb.org*.

Psychiatrist

Psychiatric Nurse Practitioner

Four Corners Regional Health Center; Red Mesa, Arizona

The Four Corners Regional Health Center, located in Red Mesa, Arizona is currently recruiting a psychiatrist. The health center is a six-bed ambulatory care clinic providing ambulatory and inpatient services to Indian beneficiaries in the Red Mesa area. The psychiatrist will provide psychiatric services for mental health patients. The psychiatric nurse practitioner will provide psychiatric nursing services. The incumbents will be responsible for assuring that basic health care needs of psychiatric patients are monitored and will provide medication management and consultation-liaison services. Incumbents will serve as liaison between the mental health program and medical staff as needed. Incumbents will work with patients of all ages, and will provide diagnostic assessments, pharmacotherapy, psychotherapy, and psychoeducation. Relocation benefits are available.

For more information, please contact Michelle Eaglehawk, LISW/LCSW, Director of Behavioral Health Services at (928) 656-5150 or e-mail *Michelle.Eaglehawk@ihs.gov*.

Pediatrician

Fort Defiance Indian Hospital; Fort Defiance, Arizona

Fort Defiance Indian Hospital is recruiting for pediatricians to fill permanent positions for summer 2008 as well as *locum tenens* positions for the remainder of this year. The pediatric service at Fort Defiance has seven physician positions and serves a population of over 30,000 residents of the Navajo Nation, half of which are under 21 years old! Located at the historic community of Fort Defiance just 15 minutes from the capital of the Navajo Nation, the unparalleled beauty of the Colorado Plateau is seen from every window in the hospital. With a new facility just opened in 2002, the working environment and living quarters for staff are the best in the Navajo Area.

The pediatric practice at Fort Defiance is a comprehensive program including ambulatory care and well child care, inpatient care, Level I nursery and high risk stabilization, and emergency room consultation services for pediatrics. As part of a medical staff of 80 active providers and 50 consulting providers, the call is for pediatrics only, as there is a full time ED staff. Pediatrics has the unique opportunity to participate in the health care of residents of the Adolescent Care Unit, the only adolescent inpatient mental health care facility in all of IHS, incorporating western medicine into traditional culture. Our department also participates in adolescent health care, care for special needs children, medical home programs, school based clinics, community wellness activities, and other public health programs in addition to clinical services.

Pediatricians are eligible for IHS loan repayment, and we are a NHSC eligible site for payback and loan repayment. Salaries are competitive with market rates, and there are opportunities for long term positions in the federal Civil Service system or Commissioned Corps of the USPHS. Housing is available as part of the duty assignment.

While located in a rural, "frontier" region, there is a lot that is "freeway close." The recreational and off duty activities in the local area are numerous, especially for those who like wide open spaces, clean air, and fantastic scenery. There are eight National Parks and Monuments within a half day's drive, and world class downhill and cross country skiing, river rafting, fly fishing, organized local hikes and outings from March through October, and great mountain biking. Albuquerque, with its unique culture, an international airport, and a university, is the nearest major city, but is an easy day trip or weekend destination. Most important, there are colleagues and a close knit, family oriented hospital community who enjoy these activities together.

For more information, contact Michael Bartholomew, MD, Chief of Pediatrics, at (928) 729-8720; e-mail *michael.bartholomew@ihs.gov*.

Family Practice Physician

Warm Springs Health and Wellness Center; Warm Springs, Oregon

The Warm Springs Health and Wellness Center has an immediate opening for a board certified/eligible family physician. We have a clinic that we are very proud of. Our facility has been known for innovation and providing high quality care. We have positions for five family physicians, of which one position is open. Our remaining four doctors have a combined 79 years of experience in Warm Springs. This makes us one of the most stable physician staffs in IHS. Our clinic primarily serves the Confederate Tribes of Warm Springs in Central Oregon. We have a moderately busy outpatient practice with our doctors seeing about 16 - 18 patients per day under an open access appointment system. Currently we are a pilot site for the IHS Director's Initiative on Chronic Disease Management. We fully utilize the IHS Electronic Health Record, having been an alpha test site for the program when it was created. We provide hospital care, including obstetrics and a small nursing home practice, at Mountain View Hospital, a community hospital in Madras, Oregon. Our call averages 1 in 5 when fully staffed. For more information, please call our Clinical Director, Miles Rudd, MD, at (541) 553-1196, ext 4626.

Primary Care Physicians (Family Medicine/Internal Medicine)

Santa Fe Indian Hospital; Santa Fe, New Mexico

The Santa Fe Indian Hospital is expanding its primary care department and is currently seeking three to four board certified family physicians and general internists to join its outstanding medical staff. We provide care to a diverse population of nine Pueblo communities in north central New Mexico, as well as an urban population in and around Santa Fe, New Mexico. The current primary care staff of five family physicians, three pediatricians, one internist, and three PA/CNP providers work closely with one another to give full spectrum ambulatory and inpatient services. Three nurse midwives, one OB-Gyn, one general surgeon, one podiatrist, one psychiatrist, and one psychologist are also on site.

Family physicians and general internists at the Santa Fe Indian Hospital all have continuity clinics, and are collectively responsible for covering a moderately busy urgent care and same day clinic seven days a week. They also participate in a rotating hospitalist schedule. When fully staffed, these providers will take one in eight night call and will work approximately two federal holidays per year. In our "work hard, play hard" approach to scheduling, hospitalist weeks are followed by scheduled long weekends off, with scheduled days off during the week in compensation for other weekend shifts.

This is an opportunity for experienced primary care physicians to have the best of two worlds: providing care to a fantastic community of patients *and* living in one of the country's most spectacular settings. Santa Fe has long been

recognized as a world-class destination for the arts and southwestern culture, with nearly unlimited outdoor activities in the immediate area. As a consequence, our staff tends to be very stable, with very little turnover. Ideal candidates are those with previous experience in IHS or tribal programs who are looking for a long-term commitment. For more information, please contact Dr. Bret Smoker, Clinical Director, at (505) 946-9279 (e-mail at *bret.smoker@ihs.gov*), or Dr. Lucy Boulanger, Chief of Staff, at (505) 946-9273 (e-mail at *lucy.boulanger@ihs.gov*).

Chief Pharmacist
Staff Pharmacist
Zuni Comprehensive Healthcare Center; Zuni, New Mexico

The ZCHCC, within the Indian Health Service, is located on the Zuni Indian Reservation in beautiful western New Mexico. ZCHCC is a critical access hospital with an inpatient unit consisting of 30 plus beds, labor and delivery suites, emergency department, and a large outpatient clinic. The center serves the Zuni and Navajo Tribes. Housing and moving expenses available for eligible applicants. The Zuni are a Pueblo people with rich culture, customs, and traditions. Applicants may contact Cordy Tsadiasi at (505) 782-7516 or CDR David Bates at (505) 782-7517.

Psychiatrist
SouthEast Alaska Regional Health Consortium; Sitka, Alaska

Cross cultural psychiatry in beautiful southeastern Alaska. Positions available in Sitka for BE/BC psychiatrist in our innovative Native Alaskan Tribal Health Consortium with a state-of-the-art EHR in the coming year. Join a team of committed professionals. Inpatient, general outpatient, telepsychiatric, C/L, and child/adolescent work available. Excellent salary and benefit pkg. Loan repayment option. Live, hike, and kayak among snow capped mountains, an island studded coastline, whales, and bald eagles. CV and questions to *tina.lee@searhc.org* or (907) 966-8611. Visit us at *www.searhc.org*.

Family Practice Physician
Sonoma County Indian Health Project; Santa Rosa, California

The Sonoma County Indian Health Project (SCIHP) in Santa Rosa, California is seeking a full-time BC/BE Family Practice Physician to join our team. SCIHP is a comprehensive community care clinic located in the northern Californian wine country. Candidates must currently hold a California Physician/Surgeon license. Inpatient care at the hospital is required. For the right candidate, we offer a competitive salary, excellent benefits, and an opportunity for loan repayment. For more information, please contact Bob Orr at (707) 521-4654; or by e-mail at *Bob.Orr@crihb.net*.

Family Practice Physician/Medical Director
American Indian Health and Family Services of Southeastern Michigan; Dearborn, Michigan

American Indian Health and Family Services of Southeastern Michigan (*Minobinmaadziwin*) (AIHFS) is a non-profit ambulatory health center, founded 1978. AIHFS provides quality, culturally integrated, medical and preventative dental care in addition to comprehensive diabetes prevention and treatment. All of AIHFS programs integrate traditional Native American healing and spiritual practices with contemporary western medicine in both treatment and prevention.

AIHFS is seeking a full time primary care and family practice physician/medical director. This involves the delivery of family oriented medical care services as well as general professional guidance of primary care staff. The incumbent will also function as the Medical Director, who will collaborate with fellow physicians and the Executive Director on administrative operations of the medical, dental, and behavioral health services.

Please send a cover letter (include the position that you are applying for, a summary of your interests and qualifications for position), minimum salary requirement, resume, and a list of three professional references with contact information to American Indian Health and Family Services of Southeastern Michigan, Inc., Attn: Jerilyn Church, Executive Director, P.O. Box 810, Dearborn, Michigan; fax: (313) 846-0150 or e-mail *humanresources@aihfs.org*.

Pediatrician
Nooksack Community Clinic; Everson, Washington

The Nooksack Community Clinic in Everson, Washington is seeking an experienced pediatrician to take over the successful practice of a retiring physician. The clinic provides outpatient care to approximately 2,000 members of the Nooksack Indian Tribe and their families. The position includes some administrative/supervisory duties as well as part-time direct patient care. We are seeking a dedicated, experienced pediatrician with a special interest in child advocacy and complex psychosocial issues. This is a full time position with a competitive salary and benefits. There are no on-call, no inpatient duties, and no obstetrics. We currently are staffed with one family practitioner, one internist, one pediatrician, and one nurse practitioner. Additionally we have three mental health counselors, a state-of-the-art four-chair dental clinic, a nutritionist, a diabetic nurse educator, and an exercise counselor. We provide high quality care in an environment that prides itself on treating our patients like family.

The clinic is located in a very desirable semi-rural area of

Northwest Washington, renown for its scenic beauty, quality of life, and year 'round outdoor recreation. The beautiful city of Bellingham is 20 minutes away. Vancouver, Canada is less than 90 minutes away, and Seattle is approximately a two-hour drive away. St. Joseph Hospital in nearby Bellingham offers a wide range of specialist and inpatient services, an excellent hospitalist program, as well as emergency care, lab, and imaging services, all easily accessible for our patients.

For further information, please send your CV or contact Dr. MaryEllen Shields at *nooksackclinic@gmail.com*, or write c/o Nooksack Community Health Center, PO Box 647, Everson, Washington 98247; telephone (360) 966-2106; fax (360) 966-2304.

Nurse Executive

Santa Fe Indian Health Hospital; Santa Fe, New Mexico

The Santa Fe Indian Hospital is recruiting for a quality, experienced nurse executive. The 39-bed Santa Fe Indian Hospital is part of the Santa Fe Service Unit providing services in the clinical areas of general medical and surgical care, operating room, urgent care, progressive care, and preventive health. The purpose of this position is to serve as the top level nurse executive for all aspects of the nursing care delivery. As Director of Nursing (DON) services, manages costs, productivity, responsibility of subordinate staff, and programs, as well as providing leadership and vision for nursing development and advancement within the organizational goals and Agency mission.

The Nurse Executive is a key member of the SFSU Executive Leadership Team and has the opportunity to coordinate clinical services with an outstanding, stable, and experienced Clinical Director and Medical Staff. The SFSU includes the hospital and four ambulatory field clinics primarily serving nine tribes. The SFSU earned 2006 Roadrunner Recognition from Quality New Mexico. The hospital is located in beautiful Santa Fe, New Mexico, filled with cultural and artistic opportunities.

Contact CAPT Jim Lyon, CEO at (505) 946-9204 for additional information.

Director of Nursing

Acoma-Canoncito Laguna Hospital; San Fidel, New Mexico

Acoma-Canoncito Laguna Hospital has an opening for a director of nursing. The Acoma-Cononcito Laguna Service Unit (ACL) serves three tribal groups in the immediate area: the Acoma Pueblo (population 3,500), the Laguna Pueblo (5,500) and the Canoncito Navajos (1,100). The ACL Hospital is located approximately 60 miles west of Albuquerque, New Mexico. The hospital provides general medical, pediatric, and obstetric care with 25 beds. The director of nursing is responsible for planning, organizing, managing, and evaluating all nursing services at ACL. This includes both the inpatient and outpatient areas of the service unit. The director of nursing participates in executive level decision making regarding nursing services and serves as the chief advisor to the chief executive officer (CEO) on nursing issues. Other responsibilities include management of the budget for nursing services. For more information about the area and community, go to *http://home.Abuquerque.ihs.gov/serviceunit/ ACLSU.html*. For details regarding this great employment opportunity, please contact Dr. Martin Kileen at (505) 552-5300; or e-mail *martin.kileen@ihs.gov*.

Primary Care Physician
(Family Practice Physician/General Internist)
Family Practice Physician Assistant/Nurse Practitioner
Kyle Health Center; Kyle, South Dakota

Kyle Health Center, a PHS/IHS outpatient clinic, is recruiting for the position of general internal medicine/family practice physician and a position of family practice physician assistant/nurse practitioner. The clinic is south of Rapid City, South Dakota, and is located in the heart of the Badlands and the Black Hills – an area that is a favorite tourist destination. It is currently staffed with physicians and mid-level practitioners. It provides comprehensive chronic and acute primary and preventive care. In-house services include radiology, laboratory, pharmacy, optometry, podiatry, primary obstetrics/gynecology, diabetic program, and dentistry. There is no call duty for practitioners. We offer competitive salary, federal employee benefits package, CME leave and allowance, and loan repayment. For further information, please contact K.T Tran, MD, MHA, at (605) 455-8244 or 455-8211.

Internist

Northern Navajo Medical Center; Shiprock, New Mexico

The Department of Internal Medicine at Northern Navajo Medical Center (NNMC) invites board-certified or board-eligible internists to interview for an opening in our eight-member department. NNMC is a 75-bed hospital in Shiprock, New Mexico serving Native American patients from the northeastern part of the Navajo Nation and the greater Four Corners area. Clinical services include anesthesia, dentistry, emergency medicine, family practice, general surgery, internal medicine, neurology, OB/Gyn, optometry, orthopedics, ENT, pediatrics, physical therapy, and psychiatry. Vigorous programs in health promotion and disease prevention, as well as public health nursing, complement the inpatient services.

The staff here is very collegial and unusually well trained. A vigorous CME program, interdepartmental rounds, and journal clubs lend a decidedly academic atmosphere to NNMC. Every six weeks, the departments of internal medicine and pediatrics host two medical students from Columbia University's College of Physicians and Surgeons on a primary care rotation. In addition, we have occasional

rotating residents to provide further opportunities for teaching.

There are currently eight internists on staff, with call being about one in every seven weeknights and one in every seven weekends. We typically work four 10-hour days each week. The daily schedule is divided into half-days of continuity clinic, walk-in clinic for established patients, exercise treadmill testing, float for our patients on the ward or new admissions, and administrative time. On call, there are typically between 1 and 4 admissions per night. We also run a very active five-bed intensive care unit, where there is the capability for managing patients in need of mechanical ventilation, invasive cardiopulmonary monitoring, and transvenous pacing. The radiology department provides 24-hour plain film and CT radiography, with MRI available weekly.

The Navajo people suffer a large amount of diabetes, hypertension, and coronary artery disease. There is also a high incidence of rheumatologic disease, tuberculosis, restrictive lung disease from uranium mining, and biliary tract and gastric disorders. There is very little smoking or IVDU among the Navajo population, and HIV is quite rare.

Permanent staff usually live next to the hospital in government-subsidized housing or in the nearby communities of Farmington, New Mexico or Cortez, Coloado, each about 40 minutes from the hospital. Major airlines service airports in Farmington, Cortez, or nearby Durango, Colorado. Albuquerque is approximately 3½ hours away by car.

The great Four Corners area encompasses an unparalleled variety of landscapes and unlimited outdoor recreational activities, including mountain biking, hiking, downhill and cross-country skiing, whitewater rafting, rock climbing, and fly fishing. Mesa Verde, Arches, and Canyonlands National Parks are within a 2 - 3 hour drive of Shiprock, as are Telluride, Durango, and Moab. The Grand Canyon, Capitol Reef National Park, Flagstaff, Taos, and Santa Fe are 4 - 5 hours away.

If interested, please contact Eileen Barrett, MD, telephone (505) 368.7035; e-mail *eileen.barrett@ihs.gov*.

Chief Pharmacist

Deputy Chief Pharmacist

Staff Pharmacists (2)

Hopi Health Center; Polacca, Arizona

The Hopi Health Care Center, PHS Indian Health Service, is located on the Hopi Indian Reservation in beautiful northeastern Arizona. HHCC is a critical access hospital with an inpatient unit consisting of four patient beds plus two labor and delivery suites, emergency room, and a large outpatient clinic. The HHCC serves the Hopi, Navajo and Kiabab/Paiute Tribes. Housing, sign-on bonus and/or moving expenses are available for eligible applicants. The Hopi people are rich in culture, customs, and traditions and live atop the peaceful mesas. Applications are available on-line at www.ihs.gov, or contact Ms. April Tree at the Phoenix Area Office at (602) 364-5227.

Nurse Practitioners

Physician Assistant

Aleutian Pribilof Islands Association (APIA); St. Paul and Unalaska, Alaska

Renown bird watcher's paradise! Provide health care services to whole generations of families. We are recruiting for mid-level providers for both sites, and a Medical Director for St. Paul and a Clinical Director for Unalaska, Alaska.

Duties include primary care, walk-in urgent care, and emergency services; treatment and management of diabetes a plus. Must have the ability to make independent clinical decisions and work in a team setting in collaboration with referral physicians and onsite Community Health Aide/Practitioners. Sub-regional travel to other APIA clinics based on need or request. Graduate of an accredited ANP or FNP, or PA-C program. Requires a registration/license to practice in the State of Alaska. Credentialing process to practice required. Knowledge of related accreditation and certification requirements. Minimum experience 2 - 3 years in a remote clinical setting to include emergency care services and supervisory experience. Indian Health Service experience a plus. Will be credentialed through Alaska Native Tribal health Consortium. Positions available immediately. Work 37.5 hours per week.

Salary DOE + benefits. Contractual two year commitment with relocation and housing allowance. Job description available upon request. Please send resumes with at least three professional references to Nancy Bonin, Personnel Director, via email at *nancyb@apiai.org*.

Family Practice Physician

Dentist

Northeastern Tribal Health Center; Miami, Oklahoma

The Northeastern Tribal Health Center is seeking a full-time Family Practice Dentist and a Family Practice Physician to provide ambulatory health care to eligible Native American beneficiaries. The Health Care Center is located in close proximity to the Grand Lake area, also with thirty minute interstate access to Joplin, Missouri. The facility offers expanded salaries, excellent benefits, loan repayment options, no weekends, and no call. To apply please submit a current resume, certifications, and current state license. Applicants claiming Indian preference must submit proof with their resume. Applicants will be required to pass a pre-employment drug screen and complete a background check. To apply, send requested documents to Northeastern Tribal Health Center, P.O. Box 1498, Miami, Oklahoma 74355, attention: Personnel. The phone number is (918) 542-1655; or fax (918) 540-1685.

Internal Medicine and Family Practice Physicians

Yakama Indian Health Center; Toppenish, Washington

Yakama Indian Health Center in Toppenish, WA will soon have openings for internal medicine and family practice physicians. The current staff includes four family physicians, two pediatricians, one internist, five nurse practitioners, and a physician assistant. The clinic serves the 14,000 American Indians living in the Yakima Valley of south central Washington. Night call is taken at a local private hospital with 24/7 ER coverage. The on-call frequency is about 1 out of 7 nights/weekends. The area is a rural, agricultural one with close proximity to mountains, lakes, and streams that provide an abundance of recreational opportunities. The weather offers considerable sunshine, resulting in the nearest city, Yakima, being dubbed the "Palm Springs of Washington." Yakima is about 16 miles from Toppenish, with a population of 80,000 people. There you can find cultural activities and a college. For further information, please call or clinical director, Danial Hocson, at (509) 865-2102, ext. 240.

Emergency Department Physician/Director

Kayenta Health Center; Kayenta, Arizona

Kayenta is unique in many ways. We are located in the Four Corners area on the Navajo Indian Reservation as part of the Indian Health Service/DHHS. We have challenging assignments, beautiful rock formations, movie nostalgia, ancient ruins, and wonderful clientele to care for. We are within one hundred and fifty miles from the Grand Canyon and one hundred miles from Lake Powell, which offers boating, fishing, water skiing, and camping. World class skiing resorts and winter sports are just a few hours away in Colorado and Utah. Kayenta is a great place to raise a family with stress free living in a small hometown setting.

Working for Kayenta Health Center provides a unique opportunity. Because of our remote location and underserved population, you may be eligible for loan repayment and can be making a real difference in the world.

We are currently recruiting for a BC/BE emergency department physician and director to work in our 24-hour, eight bed facility. This is a great opportunity to join our multi-specialty ten member medical staff and nursing team. This position will be supported by dynamic outpatient clinical services, including dental, optometry, mental health, public heath nursing, pharmacy, radiology, environmental health services, and nutrition.

If interested in this exciting employment opportunity, please contact Stellar Anonye Achampong, MD, Clinical Director, at (928) 697-4001; e-mail *stellar.anonye@ihs.gov*; or send CV to Human Resources/Melissa Stanley, PO Box 368, Kayenta, Arizona 86033; telephone (928) 697-4236.

Multiple Professions

Pit River Health Service, Inc.; Burney, California

Pit River Health Service is an IHS funded rural health clinic under P.L.93-638 in northern California that provides medical, dental, outreach, and behavioral health. We are seeking several professional positions to be filled. We are looking for a Health Director to administer and direct the program to fulfill the Pit River Health Service, Inc.'s primary mission of delivering the highest possible quality of preventative, curative and rehabilitative health care to the Indian people served; a Dental Director to plan and implement the dental program and supervise dental staff; a Public Health Nurse or Registered nurse seeking a PHN license to provide public health nursing and to coordinate and supervise Community Health Services program; a Behavioral Health Director/LCSW as an active member of an interdisciplinary team providing prevention, intervention, and mental health treatment services to clients; and a Registered Dental Assistant.

Burney is located about 50 miles northeast of Redding, California in the Intermountain Area. The Intermountain Area offers plenty of recreational opportunities such as fishing, hiking, camping, boating, and hunting, with a beautiful landscape. Snow skiing is within an hour's drive away. The Intermountain Area is a buyers market for homes, as well. All available positions require a California license and/or certification. To apply for employment opportunities and for more information, please contact John Cunningham; e-mail *johnc@pitriverhealthservice.org*; or telephone (530) 335-5090, ext. 132.

Family Practice Physician
Internal Medicine Physician
Psychiatrist

Winslow Indian Health Care Center; Winslow, Arizona

The Winslow Indian Health Care Center (WIHCC) in northern Arizona is currently looking for primary care physicians in family practice, internal medicine, and psychiatry. We have a staff of 12 physicians, including a surgeon, and nine family nurse practitioners and physician assistants. We offer comprehensive ambulatory and urgent/emergent care to patients at our health center in Winslow, which includes a state-of-the-art, seven-bed Urgent Care Center completed in 2006. WIHCC also operates two field clinics five days a week on the Navajo Reservation, at Leupp and Dilkon. Our FPs and internist also provide inpatient care at the local community hospital, the Little Colorado Medical Center, where the FPs provide obstetrical deliveries with excellent back-up from the local OB-Gyn group. The psychiatrist works as part of a team consisting of one full-time psychiatric nurse practitioner, another (part-time) psychiatrist, and five Navajo counselors, providing primarily outpatient services with occasional hospital consults.

WIHCC offers an awesome mix of professional, cultural, and recreational opportunities. It is located just seven miles from the breathtaking beauty of Navajoland and its people, and 50 miles from Flagstaff – a university town with extensive downhill and cross-country skiing, where several of our employees choose to live. Attractive salary and benefits, as well as a team oriented, supportive work environment are key to our mission to recruit and retain high quality professional staff.

WIHCC became an ISDA 638 contracted site in 2002, and has experienced steady growth and enhancement of programs and opportunities since the transition from a direct IHS program. Please contact Frank Armao, MD, Clinical Director, if you are interested in pursuing an opportunity here, at *frank.armao@wihcc.org*; telephone (928) 289-6233.

Family Practice Physician

Peter Christensen Health Center; Lac du Flambeau, Wisconsin

The Peter Christensen Health Center has an immediate opening for a board certified family practice physician; obstetrics is optional, and call will be 1/6. The facility offers competitive salaries, excellent benefits, and loan repayment options; all within a family oriented work atmosphere.

The Lac du Flambeau Indian Reservation is located in the heart of beautiful northern Wisconsin. The area's lakes, rivers, and woodlands teem with abundant wildlife, making it one of the most popular recreational areas in northern Wisconsin. The area boasts fabulous fishing,
excellent snowmobiling, skiing, hunting, golf, and much more. Four seasons of family fun will attract you; a great practice will keep you.

For specific questions pertaining to the job description, call Randy Samuelson, Clinic Director, at (715) 588-4272. Applications can be obtained by writing to William Wildcat Community Center, Human Resource Department, P.O. Box 67, Lac du Flambeau, Wisconsin 54538, Attn: Tara La Barge, or by calling (715) 588-3303. Applications may also be obtained at *www.lacduflambeautribe.com*.

Primary Care Physician

Zuni Comprehensive Community Health Center; Zuni, New Mexico

The Zuni Comprehensive Community Health Center (Zuni-Ramah Service Unit) has an opening for a full-time primary care physician starting in January 2008. This is a family medicine model hospital and clinic providing the full range of primary care -- including outpatient continuity clinics, urgent care, emergency care, inpatient (pediatrics and adults) and obstetrics -- with community outreach, in a highly collaborative atmosphere. For a small community hospital, we care for a surprisingly broad range of medical issues. Our professional staff includes 14 physicians, one PA, one CNM, a podiatrist, dentists, a psychiatrist, a psychologist, optometrists, physical therapists, and pharmacists. Our patient population consists of Zunis, Navajos, and others living in the surrounding area.

Zuni Pueblo is one of the oldest continuously inhabited Native American villages in the US, estimated to be at least 800 - 900 years old. It is located in the northwestern region of New Mexico, along the Arizona border. It is high desert, ranging from 6000 - 7000 feet elevation and surrounded by beautiful sandstone mesas, canyons, and scattered sage, juniper, and pinon pine trees. Half of our medical staff has been with us for more than seven years, reflecting the high job and lifestyle satisfaction we enjoy in this community.

For more information, contact John Bettler, MD at (505) 782-7453 (voice mail), (505) 782-4431 (to page), or by e-mail at *john.bettler@ihs.gov*. CVs can be faxed to (505) 782-4502, attn: John Bettler.

Primary Care Physicians (Family Practice, Internal Medicine, Med-Peds, Peds)

Psychiatrists

Pharmacists

Nurses

Chinle Service Unit; Chinle, Arizona

Got Hózhó? That's the Navajo word for joy. Here on the Navajo Reservation, there's a great mix of challenging work and quality of life. No rush hour traffic, no long commutes, no stressors of urban life. We walk to work (naanish) and enjoy living in our small, collegial community. Our 60-bed acute care hospital is located in Chinle, Arizona, the heart of the Navajo Nation. At work we see unique pathology, practice evidence-based medicine, and are able to utilize the full scope of our medical training. Together, we enjoy learning in an atmosphere of interdepartmental collaboration, supported by an established network of consulting specialists across the southwest. A comprehensive system of preventive programs and ancillary services allows us to provide the best possible care for our patients. During our time off, many of us explore the beautiful southwest, bike on amazing slick rock, and ski the slopes of the Rocky Mountains. It's a great life – combining challenging and interesting work with the peaceful culture of the Navajo people and the beautiful land of the southwest.

We're looking for highly qualified health care professionals to join our team. If you're interested in learning more about a place where "naanish baa hózhó" (work is joyful), contact Heidi Arnholm, Medical Staff Recruiter, Chinle Service Unit, telephone (970) 882-1550 or (928) 674-7607; e-mail *heidi.arnholm@ihs.gov*.

Family Practice Physician

Family Practice Medical Director

Tanana Chiefs Conference, Chief Andrew Isaac Health Center; Fairbanks, Alaska

We are seeking a board certified family practice physician, preferably with obstetrics skills for a full-time position. We will have openings in the summers of 2007 and 2008.

The facility is a multispecialty clinic providing services in obstetric/gynecology, internal medicine, and family practice. It also includes dental, optometry, pharmacy, behavioral health, community health aides, and other services. Our referral region includes 43 villages in interior Alaska covering an area the size of Texas. Fairbanks has an outstanding school system and university. We offer a very competitive salary with a great benefits package and a loan repayment plan. Commissioned Corps positions are also available. Contact Jim Kohler at (907) 459-3806 or *james.kohler@tananachiefs.org*.

Family Practice Physician

Seattle Indian Health Board; Seattle, Washington

Full Time, Fantastic Benefits! We are recruiting for a family practice physician to join our team at the Seattle Indian Health Board in Seattle, Washington. We are a multiservice community health center for medical, dental, mental health, substance abuse, and community education services. We are looking for a physician who is familiar with health and social issues facing American Indians/Alaska Natives and a desire to promote the delivery of appropriate health services to this population.

Seattle Indian Health Board (SIHB) physicians are responsible for the delivery of quality, culturally sensitive primary medical care to the SIHB's patient population. This position provides general medical care (including diagnosis, treatment, management, and referral) to SIHB patients with acute, chronic, and maintenance health care needs. The physician chosen will also participate in the medical on-call rotation schedule and other responsibilities such as consulting and coordinating care with other practitioners, nursing, pharmacy, laboratory, and outside referral sites. He or she will provide clinic preceptorship of mid-level practitioners and patient care instruction to nurses, pharmacists, and other SIHB clinical staff. The incumbent will precept for residents for the outpatient continuity family practice clinics. In addition to supervising patient care, preceptors engage in didactic activity to enhance resident learning. The physician will also participate in quality assurance, program development, community health education/screening, and related activities. He or she will document all patient care information/treatment in problem-oriented format in the patient's medical records, as well as complete and submit encounter forms and related materials according to established procedure. Finally, the person selected will comply with SIHB policies and procedures, and the AAAHC Standards of Care.

Qualifications include board certification in family medicine and a Washington State medical license. All applicants will be required to complete a background check. Please visit our website at *www.sihb.org* for more information, or you can call Human Resources at (206) 324-9360, ext. 1123.

Primary Care Physicians

USPHS Claremore Comprehensive Indian Health Facility; Claremore, Oklahoma

The USPHS Claremore Comprehensive Indian Health Facility has openings for full-time positions for an emergency medicine physician, a surgeon, an anesthesiologist (or nurse anesthetist), an OB/GYN physician, and an internal medicine physician.

The Claremore hospital is a 50-bed specialty based comprehensive care facility, providing care through nine organized clinical services: community health, dentistry, optometry, emergency medical services, general surgery, internal medicine, obstetrics and gynecology, pediatrics, and radiology. In addition, the hospital has a six-bed intensive and coronary care unit and CAT scan equipment with 24 hour teleradiology support. The facility maintains several academic affiliations, and has a professional staff consisting of 36 staff physicians, approximately 60 contract physicians, five dentists, three nurse practitioners, a physician assistant, an optometrist, and an audiologist.

Claremore is a town of 18,000 just 21 miles northeast of the very metropolitan city of Tulsa, with a US Census county population of 560,431. Tulsa has a major airport with international flights and destinations in most major US cities, and was ranked in the top 10 southern cities in Southern Living magazine and Fodor's Travel Publications as one of its outstanding travel destinations. Tulsa's cost of living is 8 percent below the national average and has a county per capita income 11 percent above the national average. If you prefer rural living, there are many opportunities nearby. The facility is located 10 minutes from a major lake, and only one hour from a lake with over 1,100 miles of shoreline.

For more information, contact Paul Mobley, DO at (918)342-6433, or by e-mail at *paul.mobley@ihs.hhs.gov*. CVs may be faxed to (918) 342-6517, Attn: Paul Mobley, DO.

Family Practice Physician

Hopi Health Care Center; Polacca, Arizona

The Hopi Health Care Center currently has openings for family practice physicians and family nurse practitioner or physician assistants. The Hopi Health Care Center is a small, rural IHS hospital providing full spectrum family practice medical services including ambulatory care, adult/peds inpatient care, low risk obstetrics, and ER care. We currently staff for 12 full time physicians, and four full time FNP/PA positions. Our facility is located in northern Arizona, 90 miles

northeast of Flagstaff and 70 miles north of Winslow, on the Hopi Indian Reservation. Services are provided to both Hopi and Navajo reservation communities. The reservation is located in the heart of the southwest; within a 90 mile radius are abundant mountain areas, lakes, forests, and archeological sites. The Hopi Health Care Center is a new facility established in 2000 with a full ambulatory care center environment including a dental clinic, physical therapy, optometry, and behavioral health services. We are a designated NHSC site, and qualify for the IHS Loan Repayment Program.

For more information, please contact Darren Vicenti, MD, Clinical Director at (928) 737-6141 or *darren.vicenti@ihs.gov*. CVs can be faxed to (928) 737-6001.

Family Practice Physicians
Dentists
Pharmacists
Crownpoint Comprehensive Healthcare Facility; Crownpoint, New Mexico

The Crownpoint IHS facility has openings for two family practitioners with low risk obstetric skills (we will consider candidates without OB skills), two pharmacists, and two general dentists. Our service unit follows a family medicine model for providing full-spectrum care to our patients, with a dynamic medical staff that finds the work here quite rewarding. With a high HPSA rating, we are a NHSC-eligible site for payback and loan repayment.

Crownpoint is a town of about 2,500 people in the Four Corners region of New Mexico. We serve a traditional community of 25,000 Navajo people, many of whom speak only Navajo and live in traditional homes with no running water, electricity, or phone service. Our hospital has a six bed ER, a 17 bed med/peds unit, a labor and delivery/post-partum unit, and a large outpatient clinic. We have a total of 16 dental chairs, optometry, and mental health services, as well as on-site pharmacy, laboratory, radiology, and ultrasonography. Our medical/dental staff is a collegial and supportive group including ten family physicians, two pediatricians, an obstetrician/gynecologist, a psychiatrist, three PAs, three FNPs, four dentists, and a podiatrist. We have a very exciting, full-spectrum medical practice that includes high-risk prenatal care, low-risk labor and delivery, emergency room care with management of trauma and orthopedics, and an interesting inpatient medicine and pediatric service.

As primary care physicians in a rural setting, we manage a wide variety of medical problems. We care for many patients with diabetes and hypertension, but we also see some unusual illnesses such as plague, Hantavirus, and snake bites. There are many opportunities for outpatient and ER procedures including suturing, therapeutic injections, closed reductions of fractures and dislocations, para/thoracentesis, chest tubes, LPs, colposcopy, sigmoidoscopy, and OB ultrasound.

While Crownpoint is small, there is a lot to do in the surrounding area. There are two junior colleges in town where many of us have taken Navajo language, weaving, and history classes. Some have gotten involved with local churches and children's activities. Outdoor activities are plentiful, with downhill and cross-country skiing, camping, and fishing all nearby. There are several excellent mountain biking and hiking trails, as well as Anasazi ruins that are right in Crownpoint. Albuquerque is two hours away and is our nearest large city with an international airport. Other destinations that are within an afternoon's drive include Santa Fe (three hours), Durango and the Rocky Mountains (two hours), Taos (four hours), Southern Utah's Moab and Arches/Canyonlands National Parks (four hours), Flagstaff (three hours) and the Grand Canyon (five hours).

For more information, contact Harry Goldenberg, MD, Clinical Director, at (505)786-5291, ext.46354; e-mail *harry.goldenberg@ihs.gov*; or Lex Vujan at (505) 786-6241; e-mail *Alexander.vujan@ihs.gov*.

Family Practice Physician
Pediatrician
Bristol Bay Area Health Corporation; Dillingham, Alaska

Bristol Bay Area Health Corporation (BBAHC) is a mature tribal compact located in scenic southwestern Alaska. The Bristol Bay Area Service Unit encompasses 44,000 square miles of Alaska country bordering the Bristol Bay region of the state. Over 400 employees provide primary care to 28 villages including two sub-regional villages, and a primary care hospital, Kanakanak, located in Dillingham, Alaska. The Medical Staff consists of nine family physicians, a pediatrician, a nurse midwife, four dentists, a physical therapist and an optometrist, all providing primary care. The patient population consists of Yupik Eskimo, Aleut, and Athabascans who have been residents of the area for hundreds of years. Family physicians provide a broad spectrum of practice including obstetrics, inpatient medicine, emergency care and procedures such as colonoscopy, EGD, flexible sigmoidoscopy, colposcopy, and treadmill services in a very collegial and supportive atmosphere. Our solo pediatrician is allowed to practice full spectrum pediatrics with an extremely interesting patient mix and some very high risk and rare genetic disorders unique to this area. The pediatrician works in a collegial manner with family physicians and is not required to perform any adult medicine or obstetrics, but solely pediatrics.

BBAHC was the first hospital in the country to establish a 638 contract and has an extremely good working relationship with their Board of Directors. Of note, the practice here in Alaska is unique, and air travel to outlying villages is required, since continuity care to the villages is very important to our care here and is uniquely rewarding. BBAHC has an extremely competitive salary and benefits package.

If interested, please contact Arnie Loera, MD, Corporate Medical Director, at (907) 842-9218, Kanakanak Hospital/Bristol Bay Area Health Corporation, PO Box 130, Dillingham, Alaska 99576. You may also contact him by e-mail at *aloera@bbahc.org*. CVs can be faxed to (907) 842-9250, attn: Arnie Loera, MD. You may also view our website for information about our corporation at *www.bbahc.orq*.

Medical Technologist

Tuba City Regional Health Care Corporation; Tuba City, Arizona

The Tuba City Regional Health Care Corporation, a 73-bed hospital with outpatient clinics serving 70,000 residents of northern Arizona, is recruiting for full-time generalist medical technologists. The laboratory has state-of-the-art equipment. We offer competitive salary, based on experience. Relocation benefits are available. New graduates are encouraged to apply for this position. Tuba City is located on the western part of the Navajo reservation approximately 75 miles north of Flagstaff, Arizona, with opportunities for outdoor recreation and cultural experiences with interesting and adventurous people.

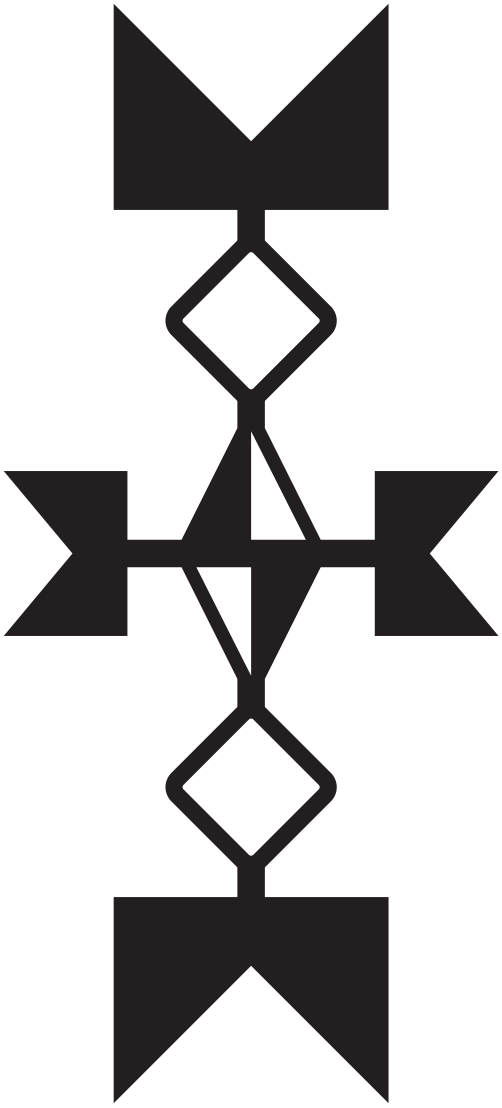
For more information, please contact Minnie Tsingine, Laboratory Supervisor, at (928) 283-2716 or *minnie.tsingine@tchealth.org*. For an application, please contact Human Resources at (928) 283-2041/2432 or *michelle.francis@tchealth.org*.

Family Practice Physician

Gallup Indian Medical Center; Gallup, New Mexico

The Gallup Indian Medical Center has an immediate opening for a family medicine physician. GIMC is one of the largest Indian Health Service sites. The IHS has great benefits packages for both Civil Service and Commissioned Corps providers. We are an NHSC scholarship and an IHS Loan Repayment site as well. The Department of Family Medicine offers the opportunity for full spectrum family medicine care. There are currently nine physicians, two physician assistants, and one pharmacist clinician in the department. Chronic disease management and prevention are the focus for continued development and expansion of this department and program. The hospital has a multi-specialty group, and family medicine physicians have inpatient privileges at GIMC as well as at the community hospital, Rehoboth McKinley Christian Hospital.

Please contact Dr. Alma Alford, Chief of Family Medicine, if you are interested in pursuing an opportunity here. The address is Gallup Indian Medical Center, 516 E. Nizhoni Blvd., P.O. Box 1337, Gallup, New Mexico 87301-1337; telephone (505) 722-1000; fax (505) 726-8740; office number (505) 722-1280 or 722-1775; e-mail *alma.alford@ihs.gov*.



New Policy for Position Vacancies

Through the years, the number of position vacancies published every month has grown, such that now it includes as many as 15 pages per issue. In the past, we tried to contact those who submitted these on a periodic basis, but this is very labor intensive, and many failed to respond to confirm that they, indeed, needed their item to continue.

Our plan to try to alleviate this situation is to run all submitted items for four months, and then remove them from the section. Those who wish to continue their position vacancy announcements may resubmit them at this time, and they will run for another four months. We will not be contacting you, though, so we ask that you keep an eye on your announcements to be sure you know when they are about to expire.

This will assure that all vacancy announcements we publish remain "fresh" and current and eliminate items that are no longer necessary.

It is not our intention to remove items that are still pertinent; we are merely trying to encourage those who submit these to assume the responsibility to keep them up to date. As always, if you have suggestions about how we can make this or any other feature of *The Provider* more useful, we want to hear from you.

Change of Address or Request for New Subscription Form

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THE IHS PRIMARY CARE PROVIDER

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

THE IHS 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.ihs.gov.* Previous issues of THE PROVIDER (beginning with the December 1994 issue) can be found on the CSC Internet home page *(http://www.ihs.gov/PublicInfo/Publications/HealthProvider/Provider.asp).*

Circulation: The PROVIDER (ISSN 1063-4398) is distributed to more than 6,000 health care providers working for the IHS and tribal health programs, to medical schools throughout the country, and to health professionals working with or interested in American Indian and Alaska Native health care. If you would like to receive a copy, send your name, address, professional title, and place of employment to the address listed below.

Publication of articles: Manuscripts, comments, and letters to the editor are welcome. Items submitted for publication should be no longer than 3000 words in length, typed, double-spaced, and conform to manuscript standards. PC-compatible word processor files are preferred. Manuscripts may be received via e-mail.

Authors should submit at least one hard copy with each electronic copy. References should be included. All manuscripts are subject to editorial and peer review. Responsibility for obtaining permission from appropriate tribal authorities and Area Publications Committees to publish manuscripts rests with the author. For those who would like more information, a packet entitled "Information for Authors" is available by contacting the CSC at the address below or on our website at *www.csc.ihs.gov*.

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