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# **Native American Health Service Resident Rotation Orientation Handbook**

Education and Volunteers Abroad Committee  
American Academy of Dermatology

Chinle Service Unit  
Indian Health Services

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*As the blue bird sings at dawn, I breathe in the cool, clean air to nourish my spirit. As I stand toward East to offer my corn pollen, I ask Mother Earth and Father Sky to rejuvenate my spiritual, physical, and mental health. Through the blessing of harmony and balance from the holy people, I shall walk in beauty of love and happiness. This blessing shall always restore unity of my family and community. Hózhóógo Naashá.*

Navajo Blessing Prayer by Johnson Dennison, Medicine Man  
Office of Native Medicine, Chinle Service Unit

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### **General information**

Congratulations on being selected to participate in the Native American Health Service Rotation! The American Academy of Dermatology provides funding for four US dermatology residents in their second or third year of residency to participate in a rural health elective for one to two weeks in Chinle, Arizona.

This program is jointly sponsored by the Education & Volunteer Abroad Committee (EVAC) of the American Academy of Dermatology, and the Chinle Service Unit of the Indian Health Service. The project supports EVAC's mission of providing education and clinical service to developing countries, or regions in developed countries with insufficient access to specialized dermatologic care. This handbook will help you prepare for your upcoming rotation.

The main goal of the rotation is for dermatology residents to work with patients and primary care physicians in Chinle, Tsaile, and Pinon, in the Navajo Nation. Depending on if they are spending one or two weeks in Chinle, residents will receive a \$1,500–\$2000 stipend to cover transportation, lodging, meals, and incidentals, and will be responsible for making all logistical arrangements. As a condition of this grant, residents will be required to fulfill the following:

### **Before rotation**

1. Download and review the [Orientation Handbook](#)
2. Submit completed release & W9 forms to the AAD upon receiving award letter.
3. Finalize exact dates of rotation with the Chinle Coordinator, Gail Ratko ([gail.ratko@ihs.gov](mailto:gail.ratko@ihs.gov)) and inform the AAD ([camille.introcaso@gmail.com](mailto:camille.introcaso@gmail.com), [jmueller@aad.org](mailto:jmueller@aad.org)) within 2 weeks of receiving award letter. This allows patients to be scheduled in advance, and allows us to offer the grant to a different applicant if there are any issues in scheduling.
4. Send completed Indian Health Services paperwork to Janet Blacksheep ([Janet.Blacksheep@ihs.gov](mailto:Janet.Blacksheep@ihs.gov))
5. Initiate the fingerprinting process as soon as you receive the information from Indian Health Services in order to have fingerprint clearance well in advance of your rotation.

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6. Finalize travel plans and inform the Chinle Coordinator ([gail.ratko@ins.gov](mailto:gail.ratko@ins.gov)), the Chinle Health Systems Specialist ([Janet.Blacksheep@ihs.gov](mailto:Janet.Blacksheep@ihs.gov)), and the AAD ([camille.introcaso@gmail.com](mailto:camille.introcaso@gmail.com), [jmueller@aad.org](mailto:jmueller@aad.org))

7. Complete orientation phone call with AAD Program Director, Dr. Camille Introcaso, 2-4 weeks prior to the rotation.

The stipend will be mailed about 4 weeks prior to the rotation.

### **During rotation**

1. Biopsy and case log: Maintain a log of all biopsies and an anonymous list of cases. Record the contact information for all primary care doctors you worked with in order to follow up results.

2. Continuing medical education lecture to a primary care audience: Give a 45–60-minute presentation on basic dermatology during Grand Rounds at Chinle Service Unit during the week (This will likely take place Thursday at noon conference).

3. When appropriate, please take photos of the facilities, other providers, and consenting patients in order to share the work you've done with other interested residents, members of the AAD, and the donors who fund the grant program. Include yourself in photos when possible.

### **After rotation**

1. Send presentation, anonymized case logs, any photos you are willing to share, and one-page report by email to the Chinle Coordinator ([gail.rako@ihs.gov](mailto:gail.rako@ihs.gov)), the AAD ([Camille.introcaso@gmail.com](mailto:Camille.introcaso@gmail.com) , [jmueller@aad.org](mailto:jmueller@aad.org)). Ideally the report would contain information about a patient or patient(s) who made an impact on you during the rotation that you would be comfortable sharing with a wider audience.

2. Follow up with primary care providers 2–4 weeks after your rotation to discuss treatment plans for patients based on biopsy and lab results.

We are pleased that you have decided to be a part of this wonderful experience!

## **Background**

### **The Navajo people**

The Navajo Nation, or Diné (“the People”), is the second largest federally recognized tribe in the United States. There are about 298,000 Navajo nationwide, with over 234,606 people living on the 27,000 square mile Navajo reservation. The reservation encompasses a large part of northern Arizona, southern Utah, and western New Mexico. It is located in an area called the Four Corners, where the borders of Utah, Colorado, Arizona, and New Mexico meet.



Map from [www.navajobusiness.com](http://www.navajobusiness.com)

### **The Navajo language**

The Diné traditionally speak Navajo, a tonal language where sounds change their meaning depending on pitch. In the 1800s and early 1900s, government- and church-sponsored campaigns attempted to forcibly assimilate Navajo children by taking them away from their families to “educate” them in missionary schools, where speaking their native language merited gagging by literally washing their mouths out with soap. Ironically, despite these sanctioned efforts to eliminate Navajo, the language became a critical part of the World War II effort, along with fifteen other Native American tongues, to communicate classified information and avoid Japanese and German interception. While it is still the most spoken native language in the United States, many Navajo youth and adults in their 30s do not necessarily speak fluently.

When working in the clinic, you will encounter elderly patients (“Grandmas” and “Grandpas”) who only speak Navajo. Staff will interpret for you. As these patients may not know how to write their name in English, you will need to thumbprint them for any biopsy consents.

### **Chinle**

Chinle is a census-designated place of 29,788 people per the 2005 census count, located in the middle of the Four Corners region of Arizona, Colorado, Utah, and New Mexico. It is 92%

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Native American, with about 44% of the total population under the age of 18. About 44% of the population lives below the poverty line; 53% of children under the age of 18 live in poverty.

### **Canyon de Chelly**

Chinle is located at Canyon de Chelly (pronounced “du shay”). The English name of the canyon is a transliteration from the Navajo word Tsegi (SAY-ih). It is a federal National Monument, and is considered a spiritual home for the Navajo.

The Visitors’ Center of the National Park Service, located near the entrance to the canyon, is an ideal place to start exploring the area. It has a wealth of printed information and videos, and rangers hold frequent free hikes and talks.

Major Anasazi ruins are accessible by guided tours either via all-wheel drive or horseback. These include the Antelope Lodge in Canyon del Muerto, and the White House in Canyon de Chelly. These are not Navajo ruins but rather archeological remnants of ancient Pueblo people who preceded the Navajo.

### **Time**

The Navajo reservation is in the Mountain Time Zone and obeys daylight savings time. Note that the rest of Arizona does not follow daylight savings time and therefore Chinle is one hour ahead of the rest of the state during the summer.

### **Weather**

Chinle gets all four seasons, with temperatures reaching the 90s F in the summer and plummeting to the 30s F in the winter (colder with the wind chill). The wind can be strong as well, and because the area averages only about eight inches of rain annually, Chinle is quite dusty and dry. During the summer, the cottonwood trees shed their seeds wreaking havoc on people with allergies.

### **Travel logistics**

The most efficient way to start your journey is to fly into Albuquerque International Sunport, New Mexico, as it is the closest major airport. Chinle is a four hour road trip from Albuquerque, and it is highly advisable to complete this drive during daylight hours. The highways are paved, but there are no lights, and you risk hitting free-range livestock, wild animals, or stray dogs.

Therefore, instead of flying into Albuquerque and driving out to Chinle in one day, we recommend you stay in a hotel the night you land in Albuquerque. By staying in the city for one night, you will build in time in case your flight gets delayed, and you will be rested for the long drive the next morning.

### **Car rental**

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A subcompact car is suitable for driving between rotation sites, but you may wish to rent a four-wheel drive to explore local areas accessible only via rocky pitted dirt roads. In the winter, the roads will not necessarily be cleared of snow and ice, and an all-wheel drive may be safer.

Renting satellite radio is not necessary. You can hook your own MP3 player to the car stereo, or listen to country music on local radio if you are a fan. The Hopi-run station KUYI 88.1 FM broadcasts traditional and contemporary Indian music, with other mainstream selections.

GPS is also not necessary for the drive from Albuquerque to Chinle, or even for local driving; in fact, guiding by GPS can be misleading. For instance, Google's wireless GPS service mismarks Thunderbird Lodge, one of the main hotels in Chinle; it is off by several miles in the wrong direction, and leads you down an unpaved road to a private compound with a "No Trespassing" sign. Unlike convoluted city driving, rural towns on the reservation are typically connected by straight roads. "Getting lost" usually means you just have to head back to where you came from. For peace of mind, however, you can use a Rand McNally or AAA Indian Country map.

### **Driving directions to Chinle from Albuquerque**

(1) From the Albuquerque airport rental car area, take I-25 N through downtown to I-40 West heading in the direction of Grant/Gallup/Flagstaff/Los Angeles. The exit for I-40 will be on the right off I-25 N.

(2) Drive approximately 140 miles straight on I-40 West from Albuquerque to Gallup, New Mexico.

(3) Take Exit 20, Route 491 North and turn right as you leave the exit ramp. You will be entering Gallup and have a chance to refuel and eat.

(4) Drive approximately five miles on Route 491 North in the left lane. You will be leaving Gallup.

(5) Take Route 264 West which branches off the left lane from Route 491 North. Stay alert as it is easy to miss.

(6) Drive Route 264 West through a town called Ganado, which is home to the Hubbell Trading Post, a National Historic Site.

(7) Leaving Ganado, turn right onto US 191 North, just past a Chevron gas station.

(8) Take US 191 North all the way to Chinle. US 191 and Indian Route 7 are the two main roads which form a T intersection in downtown Chinle, with US 191 being the crossbar of the T. Not only will you see signs for Chinle, but also you'll note that buildings and businesses are marked Chinle, so you are guaranteed not to overshoot the town.

The Chinle Comprehensive Health Care Facility ("Chinle Hospital") will be located on the left as you enter Chinle from the south on US 191 North. Turn left onto Hospital Road, the first paved

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road on the left and marked by a large blue sign that says “Chinle Hospital.” The hospital complex is at the top of the hill and like any hospital, has many signs directing drivers.

If you are downtown already, drive to the hospital by heading back towards the direction of Ganado. Hospital Road will be on your right.

It is important to always obey the speed limit, not only because you risk hitting free-range livestock and stray dogs, but also because the Navajo police affirmatively ticket speeders.

### **Housing**

When you make schedule your visit with the rotation administrator in Chinle, you can ask if hospital housing is available. Hospital housing is not guaranteed, but may intermittently be available. Hospital housing consists of two bedroom co-ed houses in downtown Chinle shared with other residents and medical students, although you will have a private bedroom. Each house has a fully-equipped kitchen with utensils, clean bedding and towels, free local phone, but no TV or internet.

Do not bring children or pets while using hospital housing. You can invite an adult companion, but both and your guest may be sharing a single bed in a small room. If you arrive on a weekend, go to Chinle Hospital to pick up your key and a map to your house from the Operator’s Office. Enter through the Emergency Room and ask security to direct you.

It is likely that you will not be able to use the hospital housing. In that case, three hotels are located within Chinle: the Holiday Inn (928-674-5000), the Best Western (928-674-5874), or Thunderbird Lodge (1-800-679-2473). The Best Western is centrally located downtown near the intersection of Indian Route 7 and US 191. The Holiday Inn is further along Indian Route 7 before you hit the Visitors’ Center, and Thunderbird Lodge is technically in the canyon, still along Indian Route 7. These hotels are big enough landmarks in town that you will find them easily, particularly because they are located all along Indian Route 7. If you get lost, call the hotel and staff will direct you.

### **Phone service**

Cell phone reception can be spotty depending on where you are in the canyon and which service provider you have. In downtown Chinle, however, you should have no significant problems making calls no matter what company you use.

### **Internet**

You can access the internet and check email using the hospital’s computers.

Other businesses in town, such as Thunderbird Lodge restaurant, Junction Restaurant, Burger King, and Church’s Chicken, may have free Wi-Fi.

All three hotels provide internet connections for their guests.



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## **Laundromats**

Silver Coin laundry is located next to a video store and across from the Best Western. Laundromats are also located in the convenience store at the Shell gas station next to the A&W, and in the Tseyí shopping center.

## **Food**

Bashas' Diné Market: Bashas' is an Arizona-based grocery store chain with a branch in the Tseyí Shopping Center at the intersection of 191 and Route 7. It is a typical American grocery store with a deli selling hot foods (roisserie and fried chicken, enchiladas, burritos, macaroni and cheese), cold salads, local food like Navajo tacos and Navajo posole (hominy with meat stew), and drinks like sodas and Icees. Fruit tends to be expensive and sometimes not the best quality. You can also get sheep branding liquid here if you need it.

Fast food: Chinle has several national fast food chains including A&W's, Church's Chicken, Subway, and Burger King. Pizza Edge, a locally-owned restaurant, is in the Tseyí Shopping Center.

Thunderbird Lodge restaurant: This is a cafeteria-style restaurant on the grounds of Thunderbird Lodge which is open from 6:30 am to 7:30 pm daily. Food choices range from traditional and southern American standards like chipped beef and biscuits, to local food like frybread, green chili stew, and posole.

Garcia's: Located at the Holiday Inn, this is the nicest restaurant in Chinle. Prices are surprisingly not much higher than elsewhere given the quality. Garcia's defies stereotypes of sanitized hotel restaurants with its Navajo lamb sandwiches which are better than the ones sold out of the food stands. Stay away from the hot roast beef open-faced sandwiches with gravy – dry as shoe leather.

Junction restaurant: Located in the Best Western, this restaurant features an assortment of local food as well as American standards. Their prices are the same as Garcia's,

Changing Woman Coffee: This is a café near the entry to Canyon de Chelly, and at the bend of the road before you turn into the driveway leading to Thunderbird Lodge. They have good coffee, play eclectic music, and have both indoor and outdoor seating. The proprietor also leads tours of the canyon, and so frequently the café is closed at unpredictable hours.

King Dragon: This is a Chinese restaurant located in the Tseyí shopping center which seems relatively popular with locals.

Outdoor food stalls: Chinle has several enterprising locals who sell homemade food out of their trucks. There are several food vendors at the flea market next door to the Silver Coin Laundry and diagonally across the street from the Best Western. One stall sells breakfast burritos in the early morning; the other stalls which open a few hours later sell native local foods as well as Mexican food. In addition, there are two or three vendors along Hospital Road. Depending on

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whom you visit, you can get burritos and Spam biscuit sandwiches in the morning, or Navajo burgers in the afternoon. You can spot these people since they'll have a little table set up and signs.

Hospital cafeteria: Chinle Hospital's cafeteria provides breakfast, lunch, and dinner for a reasonable price. On certain days, traditional food like blue corn mush is offered. There is no cafeteria at Pinon or Tsaile, so you will need to bring your lunch on the days you work there.

### **Bank**

Wells Fargo is located in the Tseyí shopping center. There are also ATMs scattered throughout town, and you can get cash back with your debit card from the grocery store.

### **Flea market**

Every day, vendors selling clothes, bootleg CDs, jewelry, second-hand items, bales of hay, and food, set up shop in the lot next door to the Silver Coin laundromat, diagonally across from the Best Western. The biggest flea market happens on Friday, when the location shifts to a large field near the Wells Fargo Bank, along US 190 away from the hospital complex.

### **Activities**

Local events are advertised on signs and neon-bright poster board at major intersections. Keep your eyes peeled and you may be lucky enough to catch Bingo or someone offering homemade BBQ chicken delivery.

Hospital staff organizes several team sports depending on the season, such as ultimate Frisbee or softball. You can jog and mountain bike on the mesa, and hike in the canyon. Trout fishing is possible with a license.

Downtown Chinle has a wellness center open from 6 am to 9 pm on weekdays, 9 am to 4 pm on Saturday. It is closed on Sundays and holidays. There is a sports center and a community center.

A local person provides massage therapy out along US 191 towards Many Farms (the next town). You'll see signs on the right side of the road.

The National Park Service offers campground talks, hikes and cultural activities such as dances and concerts, particularly during the summer tourist season. Several operators offer horseback riding tours into the canyon with Navajo guides. Local arts & crafts can be found at places such as the flea market; the nonprofit Navajo Arts and Crafts Enterprise at the intersection of US 191 and Indian Route 7; the Navajo Glass Art Studio and Gallery on Indian Route 7; and of course hotel gift shops. The Diné College (also called "Na College" by locals) in Tsaile has a museum and offers activities and cultural events as well.

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Numerous other parks and ski areas are within driving distance: the Grand Canyon, Monument Valley, Arches, Bryce, Zion, Lake Powell, Sedona, Mesa Verde, Telluride and Purgatory. You can bring your own camping gear or ask to borrow from other doctors at the hospital.

### **Indian Health Service clinics**

You will work at three sites within the IHS Chinle Service Unit during your rotation: Chinle Comprehensive Health Care Facility, Pinon Health Center, and Tsaile Health Center.

Overall, the Chinle Service Unit provides inpatient and outpatient services for adults and children, with 700 full-time employees serving 34,000 patients.

### **Orientation**

#### **Before your arrival**

All rotators will be required to have a call with the AAD Program Director, Camille Introcaso, who will discuss expectations and answer any questions, 2-4 weeks prior to the rotation. The date and time of this call will be determined by email.

#### **First day**

You will work in Chinle on Monday, the first day of your rotation, and either Tuesday or Wednesday. On your first day, arrive at 8 am for orientation and enter through the Main Entrance. Find the Medical Staff Office where credentialing is managed and where Janet Blacksheep, your main administrative contact, works. After meeting there, you will be directed to visit Human Resources to complete paperwork, check your IDs, and get fingerprinted; Security to get your badge; Medical Records to sign a HIPAA acknowledgement and get your provider code and possibly several other orientation stops. Do not worry if this process is taking a long time, just try to get done with what you can. Clinic generally starts at 10 or 11AM that first Monday morning, and if you need to finish orientation at a later time you can do so.

#### **Chinle Comprehensive Health Care Facility**

Also known as Chinle Hospital, this is a full-service institution with 60 inpatient beds and three urgent care beds. It operates a 24-hour emergency room averaging 25,000 visits annually. Many of the health problems afflicting patients are related to diabetes or alcoholism.

#### **Pinon Health Center**

You will be assigned one day to the Pinon Health Center, about an hour's drive away from Chinle. There is no cafeteria there, so bring your lunch. Again, you will work with a primary care preceptor who will be in the room with you to evaluate the patient. Clinic typically starts at 9 am.

#### **Driving directions to Pinon**

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Drive south on Highway 191 towards Gallup. The road will curve to your left up a plateau. Shortly after reaching the top of the plateau, you will see a green and white sign for Pinon instructing you to turn right onto Indian Route 4, which is the first paved intersection. Drive about 45 miles along Indian Route 4 straight to Pinon. The Health Center is a large green-roofed building which will be on your left.

As of this writing, a significant portion of Indian Route 4 is unpaved or under active construction. Plan ahead since you will not be able to drive fast over the rough road, and at the construction site, you will be forced to wait several minutes for oncoming traffic to clear since it becomes a one-lane road.

### **Tsaile Health Center**

You will be assigned one day to the Tsaile Health Center, about a 30 minute drive away from Chinle along the North Rim of the canyon. There is no cafeteria. Like elsewhere, you will work with a primary care preceptor who will be in the room with you. Clinic will start at 8-9 am, so check with your contacts in Chinle before you go.

### **Driving directions to Tsaile**

Drive along Indian Route 7, passing the Holiday Inn on the left. You will drive up a gentle slope and pass the Visitors' Center on your right. At the bend in the road where the Visitors' Center is located is a road on the left which leads across a bridge. This intersection is marked by a brown and white sign pointing you to the Diné College in Tsaile. Turn left onto this road and drive for 26 miles until you reach the Tsaile Health Center which will be on the right. (You will have passed the entryway into Diné College.)

### **Clinic logistics**

The IHS uses an electronic medical record system similar to the VA's, so you may be familiar with its format. However, patient records have not completely migrated into the EMR and therefore you will be both using paper charts and looking online for the complete patient history.

Booking people into your dermatology clinic needs to be done three months ahead, because you will need to be supervised by a primary care doctor who needs to be pulled from his or her clinic. Your preceptor will be in the room with you as you examine the patient, writing any electronic notes and ordering medications via the EMR. Your preceptor will also sign off on your paper note. Therefore you will be working as a team with your preceptor, and over the course of the clinic, you and your attending will develop your own division of labor. Use this opportunity to teach the primary care physician about how you evaluate skin lesions, so talk through your exam.

### **Native medicine**

The Chinle Service Unit has an Office of Native Medicine with local healers. Depending on the patients and their disease, you can recommend that they also use these services which are free.

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To refer people, your preceptor will need to complete a form which will be forwarded to the team. There are two hogans on site in which ceremonies can be held, as well as gender-specific sweat lodges located down the road from the hospital complex.

Note that you should not assume that all Navajo patients who are coming to Chinle to see a dermatologist want or appreciate a suggestion to see a medicine man. As they are part of the Indian Health Service, the medicine men who work out of the Chinle Service Unit provide their prayers and ceremonies for free, but it can be quite expensive to see medicine men who work in the community, and some patients may not be able to afford it.

### **Supplies**

The clinics are relatively well-stocked, but it is helpful to bring the following supplies if your program is willing to donate materials:

Aluminum chloride: You can ask for Monsel's paste, but a bottle of aluminum chloride makes things easy and convenient. Otherwise, the primary care physicians use silver nitrate sticks for hemostasis.

Cantharidin or Canthacur PS (podophyllin 5% and salicylic acid 30%): The clinic does not have this on formulary, and you will regret not having a small bottle when you are struggling to LN2 a four-year-old with warts all over his fingers. We are currently investigating whether the pharmacy will stock this.

Sutures: The clinic has 4.0 nylon sutures with PS2 needles, which are not the best when you are working in delicate areas. You'll be happy if you are equipped with more variety.

Heat cautery: There are no hyfrecators in the clinic rooms. Although you will not be performing surgery, at times it is helpful to have some sort of cautery to stop bleeders that can't be controlled with aluminum chloride.

KOH with DMSO: The OB/GYN department has KOH solution to examine their vaginal wet mounts for candidiasis, but it does not contain dimethyl sulfoxide (DMSO), which accelerates the process of dissolving keratin and makes your life easier.

### **Pharmacy**

Previous rotators have worked closely with pharmacy staff to stock the formulary with necessary dermatologic medicines. Nevertheless, you may discover that certain items have been overlooked, and therefore will need to special order these medications. The pharmacy is willing to help you with that, but will typically call you to ask whether other items currently stocked can suffice. If you believe the medication you are prescribing is in the patient's best interest, feel free to share your views with the pharmacy staff. Be conscious, of course, of cost and your justification for using it. Patients will have to wait up to six weeks for special orders to arrive.

### **Clinic attire**

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You do not have to wear a white coat –many providers chose not to. Business casual – collared shirts, khakis – is acceptable. No jeans, no sneakers, but no ties either.

### **Biopsies**

The Chinle Service Unit sends biopsies to a dermatopathologist with LabCorps in Phoenix. The primary care providers will receive patients' biopsy reports and then will forward to you. It is critical that you follow up with them to discuss management based on these results.

### **Patient logs, photos and stories**

As a requirement of this rotation, keep a list of patients you have seen in clinic to track biopsies, labs, and follow-up requirements which can be passed on to the next rotator.

Send an anonymized log of cases to the Chinle Medical Education Coordinator, the AAD and the Director of Rotation, so that the program can evaluate the extent of services it is providing, and the types of CME talks residents should give to primary care physicians. This is very important for the continued funding and success of the program. When the opportunity arises, please take photos, including of yourself, with the facilities, other providers, staff, and when appropriate, patients. Sharing photos like these is invaluable for the continued funding of the program. Finally, if there is a patient or patient(s) who make a particular impression on you during the week, please highlight that patient story in the summary report you send to the Program Director at the end of the rotation. These stories are also valuable information to describe the impact of the program to future applicants and stake holders.

### **Clinical scope and expectations**

Patients who are scheduled in your dermatology clinic have typically waited three to four months. They may have struggled with chronic, disfiguring dermatological diseases without ever seeking help. In other cases, they may not have known how to properly use medications, thereby leading to permanent side effects such as irreversible steroid atrophy.

Because visits from a dermatologist are rare in the Chinle Service Unit, the three clinics will attempt to accommodate all patients needing dermatological care by scheduling them tightly – sometimes up to two patients every fifteen minutes. While there can be a high no-show rate because of the weather, you may also have a great show rate. If so, expect to work through lunch and leave late. Bring snacks and drinks to tide you over on busy days.

Although you may feel stressed when patients are backed up five deep, resist the urge to speed through patients as you would if you were at your own residency program. IHS can refer patients to Flagstaff for dermatological care, but it is a four-hour drive away, and therefore many may have never been able to commit the time to make that trip. You are critically positioned not only to treat their disease, but to educate them about how to use their medications properly, as well as about their disease process. Using the computer in the clinic room, take the time to show them pictures of dermatological diseases on the internet.

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In addition, it is important not to rush through gathering data. You must carefully examine the electronic medical record and the paper chart for information about their prior treatment. Because of the way both are organized, it is not always easy to locate the key note that explains how another practitioner managed them before. Most critically, because some patients will have never received previous or consistent dermatological care, it is important to be meticulous about their clinical history. Like in your home clinic, people may respond slowly when questioned, or may not remember all the details; at other times, they may talk about issues peripheral to the main problem. As patients may not offer key clinical information without prompting, feel free to ask direct questions to help. When you are talking, do not be offended if people don't make eye contact, or start speaking in Navajo to their relatives in the room. Slow down and listen.

Know that your patients in Chinle, no matter what their age, may have strong beliefs about native healing ceremonies and herbs, or other aspects in their environment which they believe may be affecting their disease. Do not belittle these ideas. You can provide good medical treatment while at the same time truly appreciating your patients' perspectives. People often use different medical therapies in tandem, and that holds true also for your Navajo patients. In fact, you can demonstrate your respect for their beliefs by writing appropriate doctor's notes for them. For instance, one resident had an elderly patient who presented with tinea manuum, as part of "two feet, one hand" disease. He strongly believed that his hand disease was caused by handling Xerox paper, as well as helping the medicine man weekly stoke fires for ceremonies. The resident gave him a topical antifungal, but also wrote a doctor's note saying that the patient should refrain from touching warm paper fresh from the copier, and from helping the medicine man with activities that do not involve fires.

Demonstrating a facility with native medicine, as well as the terms medicine men use, can help you connect with your patients. Depending on availability, you can try to spend part of one day speaking to a medicine man from the Chinle Service Unit to learn about native medicine. Using this knowledge, and if you are comfortable, you can draw analogies with how you evaluate the skin, with how the medicine men use crystal- or water-gazing to diagnose disease.

At the same time, some patients – even elderly Navajo, whom you may erroneously presume would be open to native medicine – may not want you to refer them to a medicine man, even for a consultation, as they chose to visit you precisely because you are a mainstream dermatologist. They may be insulted if you suggest that they visit the medicine man or use herbs.

Be tolerant of people who may suddenly bring up another skin problem as you are drawing your visit to a close. Unlike in your home clinic, where you can schedule your patients for another appointment in a short period of time, patients here may never have another opportunity to see a dermatologist once they leave. Take the time to examine and treat their new problem – it could be more significant than you may initially think. One resident, for instance, was wrapping up a visit with a patient who was focused on his venous stasis dermatitis. At the very last moment, the patient suddenly mentioned that he had broken out in a widespread highly pruritic rash while taking cephalosporins for presumed cellulitis, a rash which quickly began to subside once he finished the course. With this last-minute information, the resident was then able to educate the patient about his likely cephalosporin allergy.

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Again, because of the rarity of dermatology visits, be open to performing minor cosmetic procedures or other services you may not necessarily be willing to do otherwise. For instance, skin tag removals are quick, either via liquid nitrogen freezing or snipping. Think of flexible ways to treat problems to help save patients a four-hour trip to Flagstaff, where the nearest private dermatologist works, or another four-month wait for a rotating resident.

Finally, although you may feel harried, spend the extra few minutes to chat with those patients who may want to learn more about what you are doing. Connecting on a more personal level creates warmth and a lasting good impression about the dermatological services we are providing on the reservation. Remember, people who live in Chinle are just like people living anywhere else: Respect, flexibility and good humor go a long way to crossing cultural boundaries.

### **Knowledge development**

Midweek during your stay, you will be responsible for giving a talk, plus time for questions and answers, on a common dermatological disease. You will be speaking to primary care providers as well as any other rotators who are also working there. This is an important contribution to increasing people's understanding of dermatological disease, particularly since they will be on the frontlines of caring for people's skin when you are not there.

Additionally, you will be required to call your preceptors at Chinle, Tsaile, and Pinon about 2–4 weeks after your rotation to conference with them to discuss biopsies and any interim follow-up. This is also a good time to talk about interesting results and teaching points you've researched.

### **Common dermatologic diseases**

**Actinic prurigo:** This is common among the Navajo in Chinle, not only because of their ethnicity, but also because they live at a high altitude with abundant sunshine. The best treatment is adequate sunblock and sun protection with long sleeves. Topical corticosteroids may be used to control symptoms. The clinic does not carry oral thalidomide, another treatment which some have used. Patients can get Neutrogena sunblock for free from the pharmacy.

**Xerosis:** Xerosis and its complications are widespread problems because of the harsh weather conditions and the strong winds on the mesa. Patients need extensive education on soak and smear techniques with bland petroleum jelly, but some may have access to running water or a bathtub only a few times weekly. The pharmacy does provide Eucerin for free.

**Rosacea:** This is a common problem aggravated by the harsh and extreme weather conditions. Because patients' rosacea may be triggered by harsh weather, good skin protection is important.



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### **Important contact information**

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### **Resources**

Thanks to Melissa Lee MD and Scott McGarvey MD, who wrote Getting to and Working in Chinle, available through the Medical Education Coordinator, and which provided the inspiration for this handbook.

Chinle Indian Health Service recruitment presentation

[http://www.ihs.gov/misc/links\\_gateway/sub\\_categories.cfm?sub\\_cat\\_id=060502](http://www.ihs.gov/misc/links_gateway/sub_categories.cfm?sub_cat_id=060502)

Chinle Comprehensive Health Care Facility blog

[http://chinlehospital.blogspot.com/2009\\_04\\_01\\_archive.html](http://chinlehospital.blogspot.com/2009_04_01_archive.html)

FAQs about the Navajo

<http://navajocentral.org/faq2indx.htm>

Navajo Times

<http://www.navajotimes.com/>

Gallup Independent

<http://www.gallupindependent.com/>

A Locum Tenens' Perspective on Chinle

<http://locumlife.modernmedicine.com/locumlife/Locum+Tenens+Regions+of+Interest+%26+Photo+Essays/A-locum-tenens-adventure-in-Chinle-Arizona/ArticleStandard/Article/detail/516891>

NY Times Travel article

<http://travel.nytimes.com/2009/08/23/travel/23native.html?pagewanted=all>

Four Corners Attractions

<http://www.southeastutah.com/>