For more than 50 years, medical students have been given the opportunity to put practice diagnostic and clinical skills in a rural setting under the one-on-one guidance of a preceptor. The Rural Preceptorship was born out of the need for increased health care in rural parts of Kansas and continues to be a valuable partnership between the University of Kansas School of Medicine and practicing physicians in Kansas.

All KU fourth-year medical students are required to complete a four-week rural preceptorship. Rural preceptorships are offered in the following primary care departments: Internal Medicine, Pediatrics, General Surgery, OB/GYN and Family and Community Medicine. Created by Franklin D. Murphy in the 1940s, the program has proven to be a significant aspect of a medical student’s experience.

Within the last 50 years, more than 6,000 medical students have worked in dozens of Kansas communities and every story seems to read the same: “My experience was invaluable and my preceptor was amazing.” Practicing physicians continue to be the thriving force for the program’s success and medical students continue to experience the value of small communities and the need for experienced physicians in these areas.

For Terry Huyhn, his experience with Stephen Grillot, MD, Kingman, Kan. was, “one of the best months I’ve had during medical school.” Huyhn explains, “In rural Kansas, medicine is much more personalized. Furthermore, one of the greatest benefits of primary medicine, is that it is always there to welcome you with open arms. As a health care provider, you know everybody in the community on a personal basis, from the school nurse and police officer to the oil field engineers.”

As a student in the final phases of medical school, the thought of spending a month in a rural community can be somewhat overwhelming. Colin Ruff completed his rural preceptorship with Dr. Gerald Marcell, Carbondale, Kan., and advises students who have not yet completed the rural rotation to “give it [the rural preceptorship] a chance and try not to have any preconceived notions about the experience.”

Kelly Martinez would agree and admits that she was “pleasantly surprised” at how much she enjoyed the atmosphere of the clinic that she worked in.
Nursing Initiatives

It was illustrated in the previous issue of *Kansas Connections* that the implications of a nursing shortage may have tremendous effects on health care in Kansas. It is important to note that colleges and universities have stepped up the effort to address the shortage in a proactive way. Pratt Community College is one such institution.

Pratt Community College (PCC) Nursing and Allied Health is expanding, and with funding assistance from the Kansas Department of Commerce for Development, PCC will offer the first state-wide online LPN-to-RN program. The first class will start June 2006. In addition, PCC is also offering the first online activities director training course in the state, along with a nurse’s aide online course and concurrent online offerings.

With the additional programs and courses available online, as well as a satellite nursing program in Winfield, Kan., PCC is one of many colleges addressing the impending nursing shortage in Kansas. We commend the efforts of everyone involved in this initiative.

Match Day

Match Day has come and gone, and with it, the anticipation of the biggest day in a medical student’s career – the day fourth-year medical students discover where they will begin their residency. With the long process of selecting a residency program behind them, many were relieved to learn where they would be spending the next few years of their lives.

For KU School of Medicine – Kansas City and Wichita campus medical students, specialties chosen covered all areas of care. Among those specialties matched, 84 students will train in primary care (family medicine, internal medicine, pediatrics, and med/peds); 15 students were matched in obstetrics and gynecology; 17 will be begin their residency in general surgery; 10 were placed in anesthesiology; nine students will train in emergency medicine; and five students each were matched in orthopedic surgery, neurology, and preliminary surgery.

Locum Tenens Thank You

When rural physicians are in need of a little time off, they know they can turn to the Kansas Locum Tenens Program for temporary coverage of their practice. The program continues to serve communities and physicians in rural Kansas seeking time away, as well as provide residents and faculty the opportunity to experience rural health care in settings throughout the

CONTINUED ON BACK COVER
Modern health care requires that providers manage increasingly detailed and complex information about patients that seek care. The individual patient health record is the primary document in which information is held, and despite the advances in computerized information technology, the majority of records are recorded on paper, rather than in computers.

It has been difficult for many providers to abandon those paper records for the institution of electronic versions, as the challenges and related costs have been too overwhelming for many providers to manage. This factor contributes to the amplified focus on health information technology, in addition to many other factors. Increasing and rapidly rising health care costs, patient safety issues, complex and costly administrative processes and access issues, all address the need for the implementation of EHRs.

In a concept paper addressing health information technology in Kansas, the Health Care Cost Containment Commission (H4C), electronic health record work group, reports that the Kansas Foundation for Medical Care (KFMC) is aligning with Centers for Medicare and Medicaid Services to advance health information technology and health information exchange by focusing on interested providers.

A recent provider survey conducted by KFMC, showed that 13 percent of primary care physician practices in Kansas have fully integrated EHRs. A concurrent survey of Kansas hospitals showed that about 45 percent have either an operational physician office EHR system, or are in the planning stages of adoption/implementation.

Randy Thomas, vice-president of implementation services, Healthlink, Inc., provided an insight into health information technology for hospital staff and administrators at the Kansas Hospital Association Rural Health Pre-Symposium. According to Thomas’s presentation, government representatives are seeking to facilitate collaboration to achieve an IT-enabled, connected health care delivery system by 2014, but do not seek to mandate this initiative. “There is a lot of energy on this topic,” states Thomas. “However, it is certain that action is occurring quicker at the state level.”

The creation of the Health Care Cost Containment Commission (H4C) by Governor Kathleen Sebelius has addressed this collaborative need. The commission was created to develop strategies and recommendations for improving health care safety and quality, while securing medical information and restraining the rise of health care costs. The commission has an increased interest in beginning a collaborative function in the adoption of health information technology and health information exchange.

According to the H4C, electronic health record work group, the time to begin the process of adoption is now. Access to information is as critical to the consumer/patient as it is to the payer and provider. All stakeholders have access to critical data in other areas of their personal and professional lives and expect access to information to assure health care quality, safety, and cost effectiveness.

Cheyenne County Clinic, St. Francis, Kan., recognized the need for electronic health records and has begun the process of incorporating the technology within the clinic. Mary Beth Miller, MD, Cheyenne County Clinic, indicates that “the recognition that this is a step all medical providers need to be making to provide for most efficient, highest quality, and

Moving from paper health care records can be expensive and time consuming, but the benefits are many.
safest medical care to offer to their patients,” was one of the reasons the clinic chose to begin implementation.

For other providers interested in beginning the process, Thomas provided several suggestions. Assessing which electronic health record path is the best for the organization is a good place to begin. “Begin this effort,” Thomas states, “by critically evaluating your care delivery process. Identify the areas that can deliver the biggest bang-for-your-buck and consider both the cultural and political issues surrounding the implementation.”

There are numerous advantages to utilizing an electronic health record system, as EHRs have the ability to improve care for patients. In an article in Family Practice Management, Kenneth Adler, MD, indicates that EHRs “improve communication, access to data, and documentation.” The quality of service is improved through the ability to directly e-fax prescriptions to pharmacies, type patient education instructions, print handouts for point of care, and, if desired, the ability to provide copies of clinical notes to patients and/or consultants at the conclusion of a patient visit.

EHRs improve care and service by organizing clinical information and making all pertinent information conveniently available. The implementation of EHRs may increase patient satisfaction by reducing the incidence of lost documents and forms. It may help providers meet applicable legal and regulatory requirements. In fact, an EMR system can be an integral part of an effective compliance program when it is designed and used in accordance with applicable regulatory requirements, including HIPAA.

The electronic medical record system that Cheyenne County Clinic adopted was partially funded through a diabetes grant that the clinic applied for and was awarded. The EMR is helping the clinic track the data needed for the grant. As a result, the clinic chose the eMD system to meet the organization’s current needs.

The clinic staff has wireless notebooks that accompany them from exam room to room. According to Miller, the system provides printed patient education, faxed or printed prescriptions, computerized notes, referral letters, inter-office notes, flow-sheets to track data, and templates for exams, common procedures, etc.

While the functionality of EHRs has increased, they are still expensive. Among the challenges of adoption of electronic health records within health care organizations, the significant financial commitment for health care providers can be overwhelming, especially for those in rural communities.

When EMRs are implemented, however, they have the ability to pay for themselves in reduced costs and enhanced revenue. The cost savings over time should in-turn cover the initial cost of implementation.

Providers must consider the reduced transcription costs, savings in paper-chart-related costs, improved staff efficiency, enhanced coding capabilities, etc., when considering overall costs of EHRs. An effective EHR system may even improve productivity and savings in certain situations, by reducing adverse drug events, decreasing billing errors, and improving the capture of charges.

Implementing an EHR system is a significant project, and there will be challenges, regardless of how well planned. However, a successful implementation can benefit nearly every aspect of the health care provider’s operations, making it well worth the while. ☺

Electronic Health Records CONTINUED FROM PAGE 3

“ The recognition that this is a step all providers need to be making to provide for most efficient, highest quality, and safest medical care to offer to their patients, was one of the reasons we chose to begin implementation. Mary Beth Miller, MD, Cheyenne County Clinic”
A Journey Through Kansas:
A Closer look at the North Central

Kansas became a state on Jan. 29, 1861, and was the 34th state admitted into the Union. Ranked 15th in total area, the state encompasses 82,282 square miles of land, culture, and tradition. According to 2000 census data, the estimated population density for the state is approximately 32.9 people per square mile, providing ample opportunity for the cultivation of great leaders, great neighbors, and rich culture.

From dinosaur bones, moon rocks, great works of art to great fishing and hunting, the state has contributed to the country in a vast way. North central Kansas is the highlight of this six-part series and has proven to encompass a plethora of interesting places and people. With more sights and scenes to mention in one story, it’s certain that a visit to the area is necessary to fully grasp all that this region of the state has to offer.

Abilene, Kansas, may have only 6,456 residents, but the contribution that this town has made to the culture and tradition in the state, as well as the country, far exceed the town’s small size. Dwight D. Eisenhower, the 34th president of the United States, grew up in Abilene. His dedication to the country in this role reminds Kansans that even small roots grow into large trees. In an effort to celebrate the life of Eisenhower, the town has created the Eisenhower Museum Complex.

This complex comprises several buildings, including a museum, a presidential research library, the Eisenhower family home, and the Place of Mediation—a non-denominational chapel where President and Mrs. Eisenhower are buried. The museum complex provides education and personal information and serves as a journey through Eisenhower’s life.

In addition to the Eisenhower Museum Complex, Abilene is known as the Greyhound Capital of the nation. In celebration of this title, the Greyhound Hall of Fame was established. The museum introduces families to the history and excitement surrounding the dog-racing sport.

Visitors to this area can also board the Abilene and Valley Railroad Excursion train for a one-and-a-half hour, 10-mile round-trip, from historic Abilene to Enterprise, Kan. through the Smoky Hill River Valley. The trip consists of a ride in a restored, 100-year old coach/diner, or open-air observation car pulled by a 1945 diesel-electric locomotive. If interested, visitors may transfer to the Silver Flyer Railbus in Enterprise for an additional 12-mile ride to Woodbine, Kan. This trip goes over the highest remaining wooden trestle bridge in Kansas and once in Woodbine takes the highway for a drive home. Visitors can feel certain that their way home will be filled with sites of historic stone churches and homes in the German, Swedish, and English communities in the area.

Not far from Abilene, to the north and east, visitors will find Chapman, Kan., home to 1,252 residents and the Kansas Auto Racing Museum. The museum is located at the base of the Flint Hills of central Kansas and is one of Kansas’ newest attractions.

The Kansas Auto Racing Museum Web site indicates that the museum is home to the first NASCAR and NHRA trophy. The museum also features restored race cars from seven different eras, video Play Stations, rare film footage, photographs, and a private viewing theatre for race film highlights throughout the midwest.

In Solomon, Kan., Paul Muller, a retired farmer and resident, contributes to the beauty of the area with his garden attraction entitled “God’s Garden.” The garden features six acres of land with thousands of lush annuals and perennials and 80 varieties of roses.

In one of the largest towns in north central Kansas, a visitor might find more than taller buildings and additional driving lanes. “You won’t believe
what you see!” is exclaimed on the Rolling Hills Wildlife Adventure Web site, located six miles west of Salina. With 85 species and more than 300 animals spread out over 60 acres of land, visitors shouldn’t be surprised to encounter a rare white camel or rhino, a curious orangutan, or an ornery aardvark.

Ellis, Kan., a small community in north central Kansas, is home to Mary Jo Walz, a resident who feels the best about the small town is the friendly, safe, family-oriented community living. “It takes a village to raise a child, and I believe that is Ellis’ strongest asset.” The city was, after all, the boyhood home of Walter P. Chrysler, founder of the Chrysler Corporation. Walz considers the town “safe and comfortable” with an outstanding school system strongly supported by the community.

Posted on this city’s Web site, the phrase “expect the unexpected,” is declared of Lucas, Kan. Lucas is a farming community for nearly 450 residents. It is located in Russell county eight miles north of Wilson Lake and is world famous for the Garden of Eden, built in the early 1900’s by S. P. Dinsmoor.

The Garden of Eden, sometimes referenced as one of the most bizarre sights in the state, is listed in the National Register of Historic Places. The Garden consists of a stone log cabin home and a mausoleum where Dinsmoor and his first wife are buried.

Dinsmoor began construction on the Garden of Eden and 11-room cabin home in 1907, and in the span of 22 years fashioned 113 tons (2,273 sacks) of cement and tons of limestone into this unique “log” cabin and surrounding sculptures. While the sight seems peculiar, it welcomes more than 10,000 visitors annually.

Not far from Lucas, and bit to the east, Longford, Kan., is home to 89 residents as well as another stone creation. The 50-ton, 15 foot-high, 23 foot long behemoth stone buffalo statue can be seen at the corner of Limestone and 280 Road in Longford. Much like the Garden of Eden, the buffalo is made of concrete, rocks, and stones. The statue was created by rancher Ray O. Smith, who built it with his brother Chester. It was completed in 1978, and dedicated to the role the buffalo played in American history.

In addition to the sculptures, museums and wildlife, Cawker City, Kan., has claimed its world-wide recognition with the world’s largest ball of sisal twine. Farmer Frank Stoeber started the ball of twine in 1953, in an effort to save twine scraps. The ball is now more than 1,327 miles in length and weighs almost nine tons. According to the Cawker City Web site, the ball of twine has become a community project, with a Twine-a-thon each August to add twine and celebrate Stoeber’s legacy.

Cawker City houses an amazing feat as a result of a community effort. According to Linda Clover, this spirit seems to spill over into all facets of the community. Clover states, “North central Kansas, Cawker City in particular, has lots of fresh air and friendly, helpful people. Everyone knows their neighbors in the small communities, so we know when someone is in need of help.”

The Brown Grand Theatre in Concordia, Kan., serves as a tourist attraction and performing arts/community center for Concordia and North Central Kansas. Restored to its original 1907 splendor, the 650-seat theatre has two balconies, eight box seats, and features a grand drape, which is a reproduction of a Horace Vernet painting.

According to the Kansas State Historical Society, visitors can almost hear the thundering of horse hooves and the creak of wagons as Pony Express riders and hundreds of pioneers made a stop at historic Hollenberg Pony Express Station in Hanover, Kan. The Pony Express station was in service from April 1860 to November 1861, and is ranked among the most remarkable feats to come out of the 1860 American West. The site is designated a National Historic Landmark and serves as part of Hanover’s rich culture and history.

Local shops, museums, art, and agriculture make up much of north central Kansas, and while the number of Wal-Marts and McDonalds may be scarce, the contributions that this area continues to make to the state and country are insurmountable. North central Kansas has a rich history and continues to contribute great leaders, strong culture, and even better neighbors and great communities.
The mission of the Kansas Recruitment Center (KRC) is to assist Kansas’ rural communities in recruiting and retaining physicians and other health care providers.

KRC works with hospitals, private physician practices, community health centers, and other organizations that are recruiting for physicians, nurses, physician assistants or other health care professionals.

KRC is also a health care career service for physicians, physician assistants, nurses, nurse practitioners and other allied health professionals. KRC assists candidates in finding a community and practice or career opportunity that meets their requirements. Services are provided to candidates at no charge. Candidates should refer to a position by number when they are calling about a specific opening.

For more information, contact the University of Kansas Medical Center, Rural Health Education and Services at 316-293-3456 or 1-888-503-4221 or visit the web site at http://ruralhealth.kumc.edu.

NORTH CENTRAL

KRC.0204.1305.01
Hematologist/Oncologist – new cancer center approved by the Commission on Cancer, American College of Surgeons; current staff: 3 physicians and 1 mid-level; patient population is adult thru geriatric; facility amenities include chemotherapy room w/window wall, counseling room, wig room

KRC.0204.1305.02
Gastroenterologist – 26-physician multi-specialty clinic; currently 10 specialties; additional services include full service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby

KRC.0204.1305.03
Pulmonary Medicine/Critical Care – 26-physician multi-specialty clinic; currently 10 specialties; additional services include full-service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby

KRC.0204.1305.04
Invasive and Interventional Cardiologist – 26-physician multi-specialty clinic; currently 10 specialties; additional services include a full service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby

KRC.0204.1305.05
Internist – 26-physician multi-specialty clinic; currently 10 specialties; additional services include a full service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby

KRC.0204.1305.06
Nephrologist – 26-physician multi-specialty clinic; currently 10 specialties; additional services include a full service lab, nuclear medicine, echo and vascular testing, ultrasound, and full x-ray unit; full-service acute facility and surgery hospital nearby

KRC.0604.1804.01
Family Physician – group practice, 25-bed CAH, acute medical, skilled nursing unit, 24-hour emergency, IP & OP surgery, OB, very active rehab department

KRC.0729.0701.02
General Surgeon – group practice affiliated with a regional medical center that serves a population of 60K; the medical center’s state-of-the-art technologies include a full laparoscopic system, family birthing rooms, well-equipped intensive care unit, ER, Level II nursery, fixed site MRI and CT; salary: $200,000-$250,000, great benefits, good school system, community college, park/ zoo, strong community pride; H1-B Visa opportunity

KRC.0729.0701.03
Orthopedist – group practice affiliated with a regional medical center that serves a population of 60K; the medical center’s state-of-the-art technologies include a full laparoscopic system, family birthing rooms, well-equipped intensive care unit, ER, Level II nursery, fixed site MRI and CT; competitive salary, great benefits, good school system, community college, park/zoo, strong community pride; H1-B Visa opportunity

KRC.0729.0701.06
Internist – two-campus regional medical center that serves a population of 60K; the medical center’s state-of-the-art technologies include a full laparoscopic system, family birthing rooms, well-equipped intensive care unit, ER, Level II nursery, fixed site MRI

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and CT; competitive salary, great benefits, good school system, community college, park/zoo, strong community pride; H1-B and J1 Visa opportunity

KRC.1013.1801.01  
**Family Physician** – hospital-employed; 25-bed CAH currently undergoing extensive renovation; current staff: 3 family practitioners, 1 surgeon, 1 mid-level; additional hospital facilities include a 30-bed long-term care unit and an outreach clinic that is staffed 3.5 days per week; hospital services include OB, a full lab, diagnostic imaging, physical therapy

KRC.1013.1801.03  
**General Surgeon** – hospital-employed, 25-bed CAH with new surgical addition in progress; current staff: 3 family practitioners, 1 surgeon, 1 mid-level; additional hospital facilities include a 30-bed long-term care unit and an outreach clinic that is staffed 3.5 days per week; hospital services include OB, a full lab, diagnostic imaging, physical therapy; H1B and J1 Visa opportunity

KRC.1204.0306.01  
**Family Physician** – OB required, prefer ability to do c-section; 25-bed CAH plus 3 satellite facilities; current medical staff: 5 physicians and 2 mid-level practitioners; hospital services include: general surgery, cardiac rehab, cardio pulmonary, radiology, OB, 10 specialties; full benefits

KRC.1204.1908.01  
**Physical Therapist** – outpatient physical therapy clinic, primarily treating lymphedema patients, training is available for this specialty; additional caseload includes ortho and neuro; current staff: 5 PTs and 2 PTAs; no evenings, call, or weekends; experienced therapists as well as new graduates are encouraged to apply; H1-B Visa opportunity

KRC.1204.1908.02  
**Physical Therapist Assistant** – outpatient physical therapy clinic, primarily treating lymphedema patients, training is available for this specialty; additional caseload includes ortho and neuro; current staff: 5 PTs and 2 PTAs; no evenings, call, or weekends; experienced therapists as well as new graduates are encouraged to apply

KRC.0605.0806.01  
**Family Physician** – 25-bed CAH; hospital services include: on-site CT, mobile MRI and ultrasound, lab, x-ray, scopes, swing unit, urology clinic, cardiac clinic; salary: $145,000-$155,000 and potential for production bonus; full benefits

KRC.0805.1909.01C  
**Internist** – to join a group of office-based internists sharing hospitalist duties, position entails hospitalist work only; current staff: 4 Internal Medicine Physicians, 3 Family Practitioners, 1 Pediatrician, and 1 Neurologist; call coverage is 1:5; the nearby hospital is a Level 2 facility with 250 beds; salary: $120,000-$160,000 plus incentive with a 1 year contract plus renewal; benefits

KRC.1105.1911.01  
**Family Physician** – with OB for a 25-bed CAH and rural health clinic; the hospital does obstetrics and the family practitioners may perform c-sections; general surgeon, 2 family practitioners, and 2 nurse practitioners on staff; currently, call coverage is 1:4 and they locum tenens ER coverage 1 weekend/month; full service hospital including OB, ER, lab, radiology, specialty care, and long term care; Salary Range: $140,000-$160,000; full benefits

KRC.0729.0701.07  
**Family Physician** – without OB for a two-campus, 99-bed regional acute care hospital; state of the art technologies include a full laparoscopic system, family birthing rooms, a well-equipped intensive care unit, an emergency room, a Level II nursery, a fixed site MRI and CT equipment; current offerings include: physical, occupational, and speech rehabilitation, cardio-respiratory, laboratory, skilled nursing care, respite care, ACR approved mammography, and home health and hospice care; salary: $130,000 plus production incentive and signing bonus with a contract duration of 2 years; full benefits; H-1B and J-1 visa opportunity

KRC.0206.1001.01C  
**Family Physician** – without OB or surgery for a 12-bed CAH; rural health clinic attached to hospital; 83 staff members at hospital, including PA; call time is 1:2 and non-call time is completely off for practitioner; hospital services include acute care, swing bed, emergency room, physical therapy, cardiac rehab, ADA certified, and outpatient clinics for cardiac and orthopedics; salary: $135,000-$160,000 w/ 3 year contract; full benefits

**NORTHEAST**

KRC.0305.1401.01  
**Medical Technologist** – 24-bed CAH; experienced and new graduates encouraged to apply; hospital services include inpatient, outpatient, swing bed, OB; salary: $37,000-$52,000 depending on experience; full benefits

KRC.0305.1401.02  
**Family Physician** – with OB for a 24-bed CAH; also 2 satellite clinics; currently 2 physicians and 2 mid-levels on staff; call is 1:5; hospital services include inpatient, outpatient, swing bed, surgery, rehab, OB; salary: $125,000-$175,000 with a 3 year contract

KRC.0305.1401.03  
**Physical Therapist** – 24-bed CAH; experienced and new graduates encouraged to apply; hospital services include inpatient, outpatient, swing bed, OB; salary: $41,600-$60,000 depending on experience; full benefits

KRC.0305.1401.04  
**Occupational Therapist** – 24-bed CAH; experienced and new graduates encouraged to apply; hospital services include inpatient, outpatient, swing bed, OB; salary: $39,500-$56,000 depending on experience; full benefits

KRC.0505.1311.01  
**Family Physician** – group practice located next to a 28-bed CAH; prefer OB but not required; currently 3 physicians and 1 mid-level on staff; call is 25%; salary and benefits are not predetermined as this is considered an independent practice; H1B opportunity

KRC.0505.2304.01  
**Internist** – solo practice; busy hospital and outpatient practice; currently 1 physician and 1.5 mid-levels on staff; 2 hospitals nearby and many specialty services throughout the local area; specialties include

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radiology, urology, OB/GYN, general surgery, CV, orthopedics, cardiology, ENT, nephrology, and a neurology; salary: $110,000-$140,000 with a 1 year contract; full benefits

KRC 1005.1312.01
Internist – needed for future ICU in a 39-bed hospital; the hospital offers 24-hour emergency department, and support services, including radiology, laboratory, respiratory therapy, physical therapy, bone densitometer, aquatic therapy pool, new MRI, occupational and speech therapy, and social services; until the ICU is complete, the physician, if desired, may practice in the ICU located in another facility; option of being hospital employed and then becoming an independent provider; currently, call coverage is 1:8; salary is negotiable and competitive; full benefits; H-1B opportunity

KRC 1005.1312.02C
Med/Peds – needed for future ICU in a 39-bed hospital; the hospital offers 24-hour emergency department, and support services, including radiology, laboratory, respiratory therapy, physical therapy, bone densitometer, aquatic therapy pool, new MRI, occupational and speech therapy, and social services; until the ICU is complete, the physician, if desired, may practice in the ICU located in another facility; option of being hospital employed and then becoming an independent provider; currently, call coverage is 1:8; salary is negotiable and competitive; full benefits; H-1B opportunity

KRC 1105.1403.01
Family Physician – without OB for integrated rural health system including CAH, rural health clinic, home health, and pharmacy; hospital services include acute care, inpatient, outpatient, swing bed, emergency room, and a health clinic; currently 1 PTA on staff; director of PT must be team oriented, self motivated, and have strong intercommunication skills; diverse patient caseload; must be licensed physical therapist; prefer experience; salary is negotiable, competitive, and depends on experience; benefits

KRC 1105.1403.02
Physical Therapy Director – for integrated rural health system including CAH, rural health clinic, home health, and pharmacy; hospital services include acute care, inpatient, swing bed, emergency room, and a health clinic; currently 1 PT on staff; director of PT must be team oriented, self motivated, and have strong intercommunication skills; diverse patient caseload; must be licensed physical therapist; prefer experience; salary is negotiable, competitive, and depends on experience; benefits

KRC 1105.1912.01
Physical Therapist Assistant – for a 25-bed CAH; responsibilities include acute care, outpatient, and home health; new graduates and experienced therapists encouraged to apply; must be a graduate of an accredited school and be certified or eligible; currently 3 PTAs, 4 Restorative Aides, and 3 contract PTs on staff; salary range: $29,000-$32,500 depending on experience; full benefits

KRC 1105.0309.01
Occupational Therapist – for a 25-bed CAH with an outpatient clinic and six satellite clinics; responsibilities include: receive, interpret, and carry out physician referrals in regards to occupational therapy techniques and services; direct patient participation in selected tasks to restore, reinforce, and enhance performance, and work as an interdisciplinary team member when working with rehabilitation patients; currently 1 OT Director, 1 PRN OTR, and 1 COTA on staff; experienced and new graduates encouraged to apply; must be registered or registry eligible; salary is negotiable and depends on experience; full benefits

KRC 1205.0704.01C
Internist – for private practice in building attached to hospital; this internist would join 3 other internists, all of which are in private practices, in seeing a quickly growing patient population and to share call; clinic office space, practice management services, and a start-up loan to cover initial business expenses are available to the right physician; call is 1:4; family practice physicians perform ER coverage; net income guarantee of $160,000 (negotiable depending on training and experience); benefits

KRC 0405.0805.01
Family Physician – with OB for a Certified Rural Health Clinic attached to a 12-bed CAH; currently 3 FPs and 2 NPs on staff; call is 1:5 ER rotation; hospital services include acute care, skilled nursing, 24 hour ER, and an outpatient clinic; salary: $120,000-$150,000 with a 1 year contract with multiple 1 year extensions; full benefits; open to Bridging Program participant

KRC 0603.0801.01
Orthopedist – 2 positions available for group practice, 190+ bed state-of-the-art medical center with an in-clinic MRI and wellness facility, currently 90 physicians on active medical staff, salary negotiable, 5 weeks vacation, benefits, excellent school systems, university, vo-tech, museums, recreation commission, aquatic park, performing arts center

KRC 0603.0801.05
Plastic Surgeon – 190+ bed state-of-the-art medical center with new wellness facility, currently 90 physicians on active medical staff, salary negotiable, 5 weeks vacation, benefits, excellent public and parochial schools, university, vo-tech, museums, recreation commission, aquatic park, performing arts center

KRC 0603.0801.12
Cardiologist – 190+ bed state-of-the-art medical center with new wellness facility, currently 90 physicians on active medical staff, salary negotiable, 5 weeks vacation, benefits, excellent school systems, university, vo-tech, museums, recreation commission, aquatic park, performing arts center

KRC 0603.0801.18
Gastroenterologist – 190+ bed state-of-the-art medical center with new wellness facility, currently 90 physicians on active medical staff, salary negotiable, full benefits, excellent public and parochial schools, university, vo-tech, museums, aquatic parks, performing arts center, recreation commission; H1-B and J1 Visa opportunity

KRC 0603.0801.19
Nephrologist – 190+ bed state-of-the-art medical center with new wellness facility, currently 90 physicians on active medical staff, salary negotiable, full benefits, excellent public and parochial schools, university, \( \textit{CONTINUED} \)
vo-tech, museums, aquatic parks, performing arts center, recreation commission; H1B Visa and J1 Visa opportunity

**KRC.0505.0703.01**
**Family Physician** – with OB, prefer c-section certified; 25-bed CAH; currently 3 physicians and 1 mid-level; call is 1:4 as secondary to ARNP (primary ER call); full service hospital including med/surg acute care, obstetrics/nursery, ER, outpatient, surgery/recovery, diagnostic imaging, lab, physical therapy, respiratory therapy, inpatient pharmacy, ambulance, specialty clinic, primary care clinic; salary includes base plus productivity incentive, approximately $150,000+ depending on OB and procedures with a 3 year contract; full benefits; H1B Visa opportunity

**KRC.0505.1203.02**
**Registered Nurse** – rural health clinic attached to a 20-bed CAH (acute care and swing bed); three 12 hour shifts (paid for 40 hours); salary $18.00-$22.00/hour; full benefits

**KRC.0805.1402.01C**
**Family Physician** – position for a rural health clinic located next to a 20 bed CAH; currently 1 physician and 2 mid-levels on staff; call is 1:4 to 1:6; hospital services include lab, x-ray, CT, physical therapy and respiratory therapy; salary is negotiable; benefits

**KRC.0805.0101.05**
**Respiratory Therapist** – 25-bed CAH that includes a 2 physician hospital-based clinic and a 68-bed long term care facility; hospital services include acute care, swing bed, OB, diagnostic, lab, respiratory, specialty clinic, ER, and ICU; staff includes 2 full time therapists and 3 prn therapists; there is a daily average of 15 patients; rotating call; open to experienced therapists and new graduates and CRTT or RRT

**KRC.0905.1803.02**
**Nurse Practitioner** – 5 month contract with possibility of becoming a permanent position; 25-bed CAH with 2 satellite clinics; currently 2 physicians and 1 mid-level on staff; $40.00 per hour with a very flexible schedule

**KRC.0905.1803.03**
**Physician Assistant** – 5 month contract with possibility of becoming a permanent position; 25-bed CAH with 2 satellite clinics; currently 2 physicians and 1 mid-level on staff; $40.00 per hour with a very flexible schedule

**KRC.0805.1402.02C**
**Internist** – for a rural health clinic connected to a 20-bed CAH; currently 1 physician and 2 mid-levels on staff; call coverage is 1:4 to 1:6; hospital services include lab, x-ray, CT, physical therapy, and respiratory therapy; salary is negotiable with a range of $140,000-$160,000; full benefits

**KRC.0110.1805.01**
**General Surgeon** – to join medical staff; new hospital is to be complete by 2007; currently 4 physicians and 3 mid-levels on staff; call is for weekdays only and will rotate with six other providers; salary is negotiable; benefits

**KRC.0110.1203.03**
**Pharmacist** – unique Pharmacist/Owner position available in affiliation with Healthcare Foundation; Foundation will make provisions to start a pharmacy, with the exception of pharmaceutical inventory; guaranteed negotiated income for three years; new graduates and experienced pharmacists encouraged to apply; must hold or be eligible for Kansas licensure; DEA requirements must also be met

**KRC.1205.0801.21**
**General Surgeon** – for a 190+ bed, state of the art medical center and wellness facility; currently 90 physicians on staff; call time is 1:3; salary is negotiable; benefits

**KRC.0603.0801.22**
**Hematologist/Oncologist** – for cancer center that is an affiliation of a 190+ bed, state-of-the-art medical center and wellness facility; due to growth; currently 90 physicians on staff; salary is negotiable; full benefits; H-1B and J-1 opportunity

**KRC.0306.0807.01C**
**Psychiatric Director** – for progressive outpatient community mental health center; looking for board eligible or certified general psychiatrist to work in center and 5 branch locations; caseload will be approximately 25% youth and 75% adult cases; call will rotate with 2 other center psychiatrists; center provides outpatient services for adults, children, and substance abusers, screening and referral services available 24-7, case management services, community support services for SPMI adults, Respite Center services, and alternative school for SED youth; salary base is $144,000 but depends on experience; excellent benefits

**SOUTH CENTRAL**

**KRC.0304.1102.01**
**Family Physician** – w/o OB; hospital-employed; 24-bed CAH; hospital services include: inpatient, outpatient, physical therapy, CT, radiology, lab, surgical, specialty clinic and 2 mid-levels on staff; salary: $140,000-$150,000

**KRC.1104.1309.01**
**Family Physician** – multi-specialty clinic, currently 15 specialties and 24 physicians on staff among 4 satellite clinics, excellent benefits, competitive salary with possible production bonus; 60 miles from major metro area

**KRC.1104.1309.03**
**Urologist** – multi-specialty clinic, currently 15 specialties and 24 physicians on staff among 4 satellite clinics, excellent benefits, competitive salary with possible production bonus; 60 miles from major metro area

**KRC.1104.1309.04**
**Orthopedist** – multi-specialty clinic, currently 15 specialties and 24 physicians on staff between 4 satellite clinics, excellent benefits, competitive salary with possible production bonus; 60 miles from major metro area

**KRC.1104.1907.01**
**Family Physician** – group practice, with or w/o OB, currently 2 physicians and 1 NP on staff, 22 bed CAH with clinic next door as well as a satellite clinic, hospital services include: lab, oncology, physical therapy, CT, travel MRI, Dexxa, full-service surgery; salary: $130,000-$140,000

CONTINUED
KRC.0405.0307.01
**Family Physician** – dedicated research facility conducting clinical drug trials; primarily psychiatric populations on outpatient basis and on clinical research unit studies; option for full or part-time; salary varies with full time or part-time status; benefits; H1B Visa opportunity; located in metro area

KRC.0405.0307.02
**Internist** – dedicated research facility conducting clinical drug trials; primarily psychiatric populations on outpatient basis and on clinical research unit studies; option for full or part-time; salary varies with full time or part-time status; benefits; H1B Visa opportunity; located in metro area

KRC.0405.0307.03
**Psychiatrist** – dedicated research facility conducting clinical drug trials; primarily psychiatric populations on outpatient basis and on clinical research unit studies; option for full or part-time; salary varies with full time or part-time status; benefits; H1B Visa for full or part-time; salary varies with full time or part-time status; benefits; H1B Visa opportunity; located in metro area

KRC.0405.0307.04
**Family Physician** – rural health clinic attached to a 25-bed CAH; currently 3 physicians and 1 mid-level on staff; each provider has a nurse and support staff; hospital services include x-ray, physical therapy, CT, home health, mammography, diabetes education, lab, ER; call is 1:4 weekdays and 1:4 weekends, rotating holidays; salary $125,000-$140,000 with a 3 year guarantee then production; benefits

KRC.0405.1204.01
**Family Physician** – rural health clinic with OB; 25-bed CAH; call rotates with groups of 5; hospital services include OB, ICU Level I, general surgery, orthopedics, ENT, urology, CT, lab; salary is negotiable; benefits

KRC.0405.1204.02
**Orthopedist** – group practice, 2 orthopedic surgeons looking for a 3rd partner; additional staff includes 1 mid-level, office manager, 2 radiology techs, 1 orthopedic nurse; office located in a 100+ bed hospital, salary $350,000, benefits; culturally active community, superb schools, lakes with activities available

KRC.0504.1904.03
**Ultrasound/Echo Tech** – group practice, flexible schedule, 4 weeks vacation after 90 days, full benefits

KRC.0603.0102.01
**Family Physician** – with OB; 25-bed CAH; call rotates with groups of 5; hospital services include OB, ICU Level I, general surgery, orthopedics, ENT, urology, CT, lab; salary is negotiable; benefits

KRC.0605.1201.03
**Orthopedist** with Pain Management – office located in hospital, 3 orthopods on staff want to open a pain management clinic, option to work as a solo physician or be hospital-employed, salary is negotiable, benefits, culturally active community, superb schools, lakes with activities available

KRC.0901.1201.04
**Anesthesiologist with Pain Management** – office located in hospital, 3 orthopods on staff want to open a pain management clinic, option to work as a solo physician or be hospital-employed, salary is negotiable, benefits, culturally active community, superb schools, lakes with activities available

KRC.0901.1201.06
**Non-Invasive Cardiologist** – 100+ bed hospital, option to work as an independent practitioner or be hospital-employed, salary is negotiable, benefits, culturally active community, superb schools, quick access to metropolitan areas, beautiful lakes with activities available

KRC.0901.1201.07
**Psychiatrist** – 100+ bed hospital, opening a Geriatric Psychiatric Unit, option to work as an independent practitioner or be hospital-employed, salary negotiable, benefits, culturally active community, minimal traffic, low crime rate, superb schools, quick access to metropolitan areas, beautiful lakes with activities available

KRC.0901.0103.03
**Orthopedist** – multi-specialty group with main clinic and 4 satellite clinics; the clinic also sponsors a surgical outreach clinic and a urological outreach clinic; current staff includes: 6 family practice physicians, 1 pediatrician, 2 internists, 2 general surgeons, 1 urologist; the clinic offers a full spectrum of care such as family medicine including obstetrics, physical exams and sports physicals, on-site laboratory and x-ray, on-site EKG testing and bone density studies, minor surgery, wellness exams and preventative medicine, osteopathic manipulations, physical therapy, diabetic education, cancer center; salary is negotiable; full benefits

KRC.0901.0103.05
**Internist** – multi-specialty group with main clinic and 4 satellite clinics; the clinic also sponsors a surgical outreach clinic and a urological outreach clinic; current staff includes: 6 family practice physicians, 1 pediatrician, 2 internists, 2 general surgeons, 1 urologist; the clinic offers a full spectrum of care such as family medicine including obstetrics, physical exams and sports physicals, on-site laboratory and x-ray, on-site EKG testing and bone density studies, minor surgery, wellness exams and preventative medicine, osteopathic manipulations, physical therapy, diabetic education, cancer center; salary is negotiable; full benefits

KRC.0901.0103.06
**Family Physician** – with OB for a growing multi-specialty group with main clinic and 4 satellite clinics; the clinic also sponsors a surgical outreach clinic and a urological outreach clinic; current staff includes: 6 family practice physicians, 1 pediatrician, 2 internists, 2 general surgeons, 1 urologist; the clinic offers a full spectrum of care such as family medicine including obstetrics, physical exams and sports physicals, on-site laboratory and x-ray, on-site EKG testing and bone density studies, minor surgery, wellness exams and preventative medicine, osteopathic manipulations, physical therapy, diabetic education, cancer center; salary is negotiable; full benefits

**CONTINUED**
KRC.1205.1201.08C
Obstetrician/Gynecologist – with choice of being an independent practitioner or employed by the 109-bed hospital; the medical center has 37 physicians representing over 15 medical specialties; currently 1 OB/GYN and 2 family practitioners that perform OB on staff; salary range: $250,000; relocation and loan repayment available; benefits and vacation offered if employed by the hospital

KRC.1205.1201.09C
Emergency Medicine Physician – position available to join group practice at a 109-bed hospital; the medical center has 37 physicians representing over 15 medical specialties; currently 3 ER physicians forming an LLC; call time will be 1-4; salary range is $98.00/hr; relocation and loan repayment available

KRC.0206.0502.04
Pediatrician – for community health center working w/ the Health Dept. to provide care to the medically underserved; center provides treatment of minor injuries, lab and diagnostic testing, treatment of acute and chronic illness, minor surgical procedures, and women’s early detection exams; current staff of 71 includes 2 full-time physicians, 1 part-time pediatrician, 1 dentist, and 4 mid-levels; salary: $110,000-$120,000; full benefits; H-1B and J-1 Visa opportunity

KRC.0306.1201.11
Nurse Practitioner – for 109-bed acute, intensive and skilled care hospital; undergoing a $20 million dollar expansion; current staff includes 37 physicians representing over 15 medical specialties; this position will focus on express care; schedule consists of 12 hour shifts with another mid-level; salary begins at $70,000 and increases depending on experience; full benefits

KRC.0306.1201.12
Physician Assistant – for 109-bed acute, intensive and skilled care hospital;

KRC.0304.2101.01
Family Physician – federally qualified community health center, 3 satellites; current staff includes 1 physician and 8 mid-levels; no call coverage, no weekends, salary negotiable, benefits; H-1B and J-1 Visa opportunity

KRC.0304.2101.02
Internist – federally qualified community health center, 3 satellites; current staff includes 1 physician and 8 mid-levels; no call coverage, no weekends, salary negotiable, benefits; H-1B and J-1 Visa opportunity

KRC.1004.2302.02
Orthopedist – multi-specialty group affiliated with a 100+ bed medical complex; the complex consists of an acute care, outpatient surgical facility, women’s center, rehab center, transitional care unit, outpatient services; the medical complex has approx. 70 physicians on staff that represent more than 20 specialties; salary is negotiable, benefits; H-1B and J-1 Visa opportunity

KRC.1204.2302.01
Interventional Cardiologist – multi-specialty group affiliated with a 100+ bed medical complex; the complex consists of an acute care, outpatient surgical facility, women’s center, rehab center, transitional care unit, outpatient services; the medical complex has approx. 70 physicians on staff that represent more than 20 specialties; salary is negotiable, benefits; H-1B and J-1 Visa opportunity

KRC.0717.0401.02
Urologist – multi-specialty group, 30 physicians with 11 specialties, large service area with many regional referrals, 3 satellite facilities including urgent care clinic; the local hospital is 100+ beds; salary is negotiable, benefits; H-1B and J-1 Visa opportunity

KRC.0305.0702.01
Family Physician – with OB; CAH; current staff: 3 physicians; progressive, energetic practice seeking medical professional interested in satisfying career in family-oriented community; hospital recently remodeled, has state-of-the-art computer system; First Frontier National Community Center of Excellence in Women’s Health; great salary and benefits

KRC.0305.0702.02
Physician Assistant – CAH; current staff: 3 physicians; progressive, energetic practice seeking medical professional interested in CONTINUED

KRC.1204.0104.01
Physician Assistant – hospital-employed, PA for FP w/o OB, hospital consists of 12 acute/swing beds, 35-bed LTC Unit, rural health clinic; hospital services include physical therapy, lab, x-ray, ER, skilled and intermediate swing bed, home health; salary: $70,000, benefits

KRC.1204.0804.01
Registered Nurse – 25-bed acute care setting including swing bed unit and ER; experienced nurses and new graduates encouraged to apply, ASN or BSN acceptable, 12-hour evening shift 3 days a week; salary depends on experience, benefits

KRC.1204.0804.02
Registered Nurse – nursing home unit, experienced nurses and new graduates encouraged to apply, ASN or BSN acceptable, 12-hour evening shift 3 days a week; salary is negotiable, benefits

KRC.1204.0804.03
Extended Care Facility Manager – 48-bed nursing home unit, responsible for supervising staff of approx. 30 employees, must be RN with long-term care experience, long-term care management experience preferred but not required, ASN or BSN acceptable, salary is negotiable, benefits

KRC.1204.0804.04
Lab Tech – 25-bed acute care setting with swing bed unit and ER, first shift, will also cross train into radiology with training provided if needed; salary is negotiable, benefits

KRC.0305.0702.01
Family Physician – with OB; CAH; current staff: 3 physicians; progressive, energetic practice seeking medical professional interested in satisfying career in family-oriented community; hospital recently remodeled, has state-of-the-art computer system; First Frontier National Community Center of Excellence in Women’s Health; great salary and benefits

KRC.0305.0702.02
Physician Assistant – CAH; current staff: 3 physicians; progressive, energetic practice seeking medical professional interested in
satisfying career in family-oriented community; hospital recently remodeled, has state-of-the-art computer system; First Frontier National Community Center of Excellence in Women’s Health; great salary and benefits

KRC.0905.0201.03
**Physical Therapy Manager** – 45-bed county owned, not-for-profit, rural hospital; department treats an average of 5-10 patients per day; minimum of 1 year experience and hold KS licensure, or eligible; hospital services include radiology, lab, obstetrical care, ER, mobile MRI, CT, swing bed, acute care, general surgery, pediatric care, respiratory therapy, ICU, home health, and PT; salary is negotiable

KRC.0905.0201.04
**General Surgeon** – 45-bed county owned, not-for-profit, rural hospital; currently 2 physicians and 1 PA on staff; call coverage is negotiable; hospital services include radiology, lab, obstetrical care, ER, mobile MRI, CT, swing bed, acute care, general surgery, pediatric care, respiratory therapy, ICU, home health, and PT; salary and benefits are negotiable

KRC.1105.0804.05
**Family Physician** – for a 25-bed hospital; patient care is also provided at the clinic and extended care facility; patient caseload includes women’s health, child health, diabetic care, and ER; currently 1 family practitioner, 1 part-time general surgeon, and 1 NP; salary range: $70,000-$95,000; benefits

KRC.1105.0804.06
**Physician Assistant** – position available for a 25-bed hospital; patient care is also provided at the clinic and extended care facility; patient caseload includes women’s health, child health, diabetic care, and ER; currently 1 family practitioner, 1 part-time general surgeon, and 1 NP; salary range: $70,000-$95,000; benefits

KRC.1105.0804.07
**Nurse Practitioner** – position available for a 25-bed hospital; patient care is also provided at the clinic and extended care facility; patient caseload includes women’s health, child health, diabetic care, and ER; currently 1 family practitioner, 1 part-time general surgeon, and 1 NP; salary range: $70,000-$95,000; benefits

KRC.1105.0804.08
**Family Physician** – for a 12-bed CAH and rural health clinic; currently 1 physician and 2 mid-levels on staff; hospital services include acute care, skilled nursing, physical therapy, lab, x-ray, CT, wellness center, and mobile ultrasound/mammography/MRI; call coverage is 1:3 emergency room coverage; salary range: $150,000-$170,000; benefits; H-1B opportunity

KRC.1205.1913.01
**Nurse Practitioner** – for newly renovated, 13-bed CAH; additional facilities include a 44-bed long term care unit, two rural health clinics, county health, and a retail pharmacy; hospital services include 24 hour emergency room, general surgery, full lab, radiology, onsite CT, mobile MRI, and physical therapy; currently 2 physicians and 1 NP on staff; call is 1:4 for ER rotation; salary range: $60,000-$75,000

KRC.1205.1913.02
**Physician Assistant** – for newly renovated, 13-bed CAH; additional facilities include a 44-bed long term care unit, two rural health clinics, county health, and a retail pharmacy; hospital services include 24 hour emergency room, general surgery, full lab, radiology, onsite CT, mobile MRI, and physical therapy; currently 2 physicians and 1 NP on staff; call is 1:4 for ER rotation; salary range: $60,000-$75,000

KRC.0106.0310.01C
**Family Physician** – without OB for 14-bed CAH; will practice at the clinic (open 5 days/week), attend to hospital patients, and provide ER coverage; practitioners rotate coverage 3 times/week in an afternoon clinic in a neighboring town; will assume the role of medical director at 2 nursing facilities in the county and EMS, and function as Health Officer for the County; currently 1 physician and 2 NPs on staff; call coverage is rotated equally with ARNPs; salary: $130,000-$150,000 with a 3-5 year contract; full benefits

KRC.0106.0310.02C
**Internist** – for 14-bed CAH; will practice at the clinic (open 5 days/week), attend to hospital patients, and provide ER coverage; practitioners rotate coverage 3 times/week in an afternoon clinic in a neighboring town; patient caseload is pediatric thru geriatric; will assume the role of medical director at 2 nursing facilities in the county and EMS, and function as Health Officer for the County; currently 1 physician and 2 NPs on staff; call coverage is rotated equally with ARNPs; salary: $130,000-$150,000 with a 3-5 year contract; full benefits

KRC.0306.1308.03
**Family Physician** – with or without OB for 25-bed CAH; salary range is $120,000-$150,000 with a 3 year contract; full benefits; H-1B and J-1 Visa opportunity

KRC.0717.0401.99
**Pulmonologist** – for 28 multi-specialty clinic with 11 specialties; large referral area; 2 satellite facilities including urgent care clinic; local hospital is 100+ bed; share call with 7 internists; salary negotiable; many benefits; H-1B and J-1 Visa opportunity

Candidates looking for job opportunities in Kansas can gain access to those listed by the KRC by logging onto our Web site at http://ruralhealth.kumc.edu.
It is likely that children will have a variety of health care problems during their childhood. It is unlikely, however, that most of these problems will impact the child’s development. This is untrue of a child with a chronic illness. Unlike most children, a child with a chronic illness is faced with numerous challenges within his or her development. These challenges influence all facets of the child’s life – from time spent with family and physical disabilities, to learning within a traditional classroom.

Responding to the needs of a child with chronic health conditions can be challenging. Federal law guarantees all children with special needs a “free and equal education,” however, responding to the needs of a student with a chronic condition can be especially challenging for those in a school setting. Educators continuously wonder about how to keep the student safe at school, the impact of the serious illness on other students, protecting the student’s privacy, keeping the student up academically, maintaining appropriate paper work, etc.

Addressing the needs of a child with illness such as asthma, allergies, diabetes, and epilepsy in the school setting requires a comprehensive, coordinated, and systematic approach. For this reason, Connected Kansas Kids (CKK) was created.

Kathy Davis, MS Ed., pediatric education coordinator for the University of Kansas Medical Center and Kansas City, Kan. school system, and faculty member, University of Kansas School of Medicine, Department of Pediatrics, saw a need for increasing the awareness of chronic illnesses and understanding of how to address the needs of a student who might suffer from one.

Davis reveals, “according to research, 86 percent of educators have no previous training dealing with children with chronic conditions,” stressing the significant impact that could be made if educators had just a little information.

Davis has been integral in addressing the need for knowledge within the school setting for children with chronic illnesses. “It is essential for students with chronic illnesses to have support in all areas of their life. It became apparent early-on that support was necessary for school systems as well,” states Davis. “There is great legislation that says everyone has the right to free and appropriate education, but nothing has been done to prepare school administrators to provide this.”

There are three significant aspects of the Connected Kansas Kids initiative. All aspects are co-sponsored by Kan-Ed, the University of Kansas, Center for Telemedicine and Telehealth of the Kansas University Medical Center (KUMC), and Unified School District 500 of Wyandotte County, Kan.

The first component of CKK began as a Web site, www.connectedkansaskids.com, for children, parents, educators, as well as other interested audiences. The purpose of the Web site is to help make the journey easier for everyone impacted by a chronic illness and encompasses special topics for the child with a chronic illness/special need, parents, brothers and sisters, friends, teachers, school nurses, administrators and anyone else who wants to help.

The Web site provides an avenue for increasing education about specific chronic illnesses of childhood, issues that impact learning, how to make sure that all children’s needs are met at school, and how one can support those involved. According to Davis, there are no other Web sites dedicated to addressing these issues. She receives e-mail from all over the world that thank her for providing such a tool to families dealing with these issues.

The initiative has been very successful, and from the Web site, the second aspect of the Connected Kansas Kids provides the same support. A no cost in-service and staff development program for educators, nurses, and
physicians across the state is offered through Connected Kansas Kids.

The in-service presentations are provided to educators as an opportunity to learn more about issues surrounding children with chronic health conditions. The program started out with ten basic topics/presentations, but as the program gained popularity, educators and administrators had other related questions; the list continued to grow at the demand of the schools. Forty-five presentations are now available via interactive distance learning (IDL), at no cost, and scheduled at the convenience of the group.

In addition to the presentations available through Connected Kansas Kids, the program, in conjunction with Kan-Ed, sponsors live and archived Webcasts for both educators and students. The Webcasts, offered by the University of Kansas Medical Center and broadcast over Kan-ed Live!, are offered on the second and fourth Mondays of the month through May 2006.

The student series offers information on health careers for middle school, high school and community college students. It is designed to help students understand the interdisciplinary nature of medicine. The presentations include information from a variety of University of Kansas Medical Center health care providers in a specific area of medicine or health care, such as orthopedic careers, pulmonology, and rehabilitation. The purpose of the webcasts is to emphasize the team work that is an inherent part of health care and to expose students to the vast array of career opportunities in health care.

Davis states, “unless kids in rural and urban areas have had experience in health care settings, they are more than likely unaware of a variety of subspecialties.” The Webcasts provide exposure to the field. Additionally, “KUMC physicians and providers are elated to have the opportunity to reach students in this facet,” states Davis.

The professional series focuses on some issues of interest for nurses, social workers, psychologists, therapists and educators, surrounding conditions that may impact concentration, attention and learning in school.

Another series will begin in September and will address numerous topics relating to adolescents. Those topics include: smoking cessation, prevention, drug and alcohol issues, obesity, safe-driving, etc. The Webcasts may be viewed at www.kanedlive.org.

Addressing health care from an educational standpoint is difficult. Learning how to handle individual children with various needs is a challenge. However, having a conduit like Connected Kansas Kids helps to reduce the barriers through education and understanding to help identify needs and find solutions.

“The success of the program has been exhilarating and overwhelming,” Davis states. She explains that she now realizes what a great need is out there and how much it will take to address those needs.

Davis is confident that there is a lot more work to do. While the initiative is statewide, she hopes to make it a national effort and expand the program capabilities throughout the country. If there are questions regarding kids’ health issues at school, or you would like more information about Connected Kansas Kids, please contact Kathy Davis, 913-588-6305 or kdavis2@kumc.edu.
Medical students are afforded numerous opportunities throughout their experience in medical school. Experiences such as rural preceptorships not only expose students to rural health care, but provide them with the opportunity to gain better hands-on experience in medicine.

Rural physicians also benefit from experiences such as these and find that the opportunity to teach and mentor medical students in this setting reveals to the students the spectrum of needs and opportunities within a rural community.

Second-and-third year students interested in gaining further exposure to rural health care have an additional opportunity through a University of Kansas Medical Center, Department of Family Medicine-sponsored elective rotation. The Rural Primary Care Practice and Research Program (RPCPRP) involves active clinical training, as well as health promotion and disease prevention research in rural primary care settings in communities throughout the state of Kansas. The program allows students a unique learning environment for advancing their clinical skills.

The program began in 1992, as faculty began incorporating students into research initiatives. In 1999, a more concerted effort was formed as students became more involved in smaller, in-depth research projects. Kansas Physicians Engaged in Prevention Research (KPEPR), a network of physicians throughout the state, was formed in 2001-2002 and provided yet another option for student involvement in research.

While the program was established as a summer program, designed for additional exposure and assistance from medical students, the RPCPRP continues research efforts throughout the year. Students have the opportunity to become integrated in rural practices in the state and have the ability to conduct a substantial amount of research, as they become a part of the community’s health care family. On average, 25-to-30 students participate in the program during the six-week summer program.

According to Allen Greiner, MD, MPH, RPCPRP Director, the program supports formative research and the development and testing of real-world strategies for improving behavioral and preventative health in rural primary care practice settings. Goals for the program include: to provide an exceptional educational experience for medical students; to conduct high quality research on topics of importance in primary care; and to produce information that can lead to improved health care for rural patients.

The program has been integral in accomplishing several research tasks. Among the research projects that students have become involved in include: the ‘KanQuit Rural Smokers’ project; ‘Colorectal Cancer Prevention in Rural Primary Care’ project; the ‘Kansas Primary Care Weighs in Obesity’ project; and the ‘Healthy Living Touch-screen’ project.

The KanQuit program, directed by Ed Ellerbeck, MD, is currently in the research phase. During the summer of 2004, medical students assisted in recruiting 400 smokers throughout Kansas and in the summer of 2005, another 400 smokers joined the study.

Stan McClurg, KUSM second-year medical student, was involved in conducting research for the KanQuit program. He explains that the program looks at different smoking cessation techniques and their effectiveness. “Specifically, it provides eligible smoking volunteers with free Zyban or nicotine patches for a two-year period. Some patients

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were also randomly assigned to receive cessation counseling,” states McClurg.

How does the research impact rural communities? Each project is integral in addressing the real-world needs of patients in rural Kansas. Greiner states, “Very little research is done in real-world settings.” Most studies are completed in a laboratory and do not include additional factors present in most communities. There is great work being done in rural practices, but to ensure that new techniques and programs are effective, they must be created to fit the needs of the real-world. The RPCPRP assists in ensuring that the research being completed addresses those needs.

Each experience is sure to put participating students ahead of their peers in terms of knowledge and practice. This experience provides students with exposure to practicing in rural communities. “It [the experience] creates an understanding of how valuable and enjoyable a rural experience can be,” states Greiner.

McClurg reveals that his experience was very positive. “This opportunity allowed me to see the full realm of medicine, not just a systems-based or class-based approach, but in a full-on, all-encompassing experience.” McClurg’s interest in working in a rural community has also increased as a result of the experience.

“As of now, I can’t imagine practicing anywhere other than a rural community. I really like the opportunity to become involved in the community as more than just a physician.”

For more information regarding RPCPRP, please contact Dr. Allen Greiner, agreiner@kumc.edu, or 913-588-1908.

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KAN-ED
Collaborating Through Technology

Technological capabilities have increased at exponential rates, and the ability to keep up with these capabilities has become increasingly difficult. It seems as if each time a product or service is introduced to increase communication capabilities, it is replaced the next year with a product or service that is faster, safer, and encompasses improved options.

Accessing these technological advances is extremely difficult for health care providers in rural areas of the state. The Kansas Legislature recognized the need for advances in telecommunication technology throughout the state and sought to provide assistance to four major entities within Kansas: higher educational institutions, K-12 schools, libraries, and hospitals.

From this awareness grew a legislative initiative to create and improve broadband connectivity for each constituent group. In 2001, the Kansas Legislature passed a bill authorizing the development of a statewide network known as Kan-Ed.

The purpose of the Kan-Ed program is to expand the collaboration capabilities of each of the four constituent groups within the state. Outlined in the Kan-Ed strategic plan for 2006, it states, broadband connectivity is seen as a way for states to increase the wealth and well-being of their citizens by extending educational opportunities to rural areas, facilitating collaboration efforts, and creating new business opportunities and business models. Hal Gardner, Kan-Ed executive director, indicates that “Kan-Ed seeks to tie groups together in a way that they can do things they’ve never thought about doing.”

Kan-Ed operates a private, statewide network over which constituents (or their Internet service providers) may route traffic for video collaboration and data sharing. Kan-Ed has become a technical backbone for connectivity, as it employs new technology in learning, teaching, researching, collaborating, and conducting day-to-day business.

Ryan Spaulding, PhD, director, University of Kansas Medical Center, Center for Telemedicine and Telehealth, indicates that there is an interest in privacy and high-speed connectivity for hospitals within the state. “Kan-Ed provides a robust, private network, for these video and data transmission needs.” For hospitals interested in telemedicine, this network provides an avenue for increasing capabilities for health care services.

In addition to providing a technological backbone throughout the state, CONTINUED ON PAGE 19
Sometimes life can offer a slice of excitement; sometimes a slice of pain; for the lucky, life might offer a slice of good fortune. Goodland Regional Medical Center strives to offer just that: a slice of life, a slice of healthy life for that matter.

Goodland Regional Medical Center provides its patients in northwest Kansas and surrounding communities a variety of services for general medical and surgical care for inpatient, outpatient, and emergency room services. When changes in health care delivery and reimbursement levels for the hospital significantly reduced the hospital’s revenue, it became necessary to reach out to the private sector for financial assistance. That is where the Northwest Kansas Area Medical Foundation offered a slice of assistance. Such assistance was needed to enable the hospital to keep pace with the need for new equipment, technology, and medical services on behalf of its patients.

Since 1983, the Northwest Kansas Area Medical Foundation has taken on an ever-expanding role in this regard on behalf of Goodland Regional Medical Center. In cooperation with the board of trustees of the medical center, the foundation’s board attempts to distribute funds for needed equipment and services that will benefit the hospital and its ability to serve.

One of the foundation’s primary means of raising funds is its annual “Slice of Life” Benefit Auction & Golf Tournament. The “Slice of Life” benefit is highlighted by the appearance of special guests from the areas of sports and entertainment.

The event began 17 years ago and comprised a golf tournament only. While the effort was strong, the money raised was not as significant as needed. Brenda McCants, Director of Development and Volunteer Services, offered a slice of creativity and suggested that the event be tied to a celebrity, raising interest and participation for the fundraising event.

Today, with 20+ celebrities participating in the event to support the live and silent auction, provide entertainment, and play in the golf tournament the next day, the event has seen tremendous success.

The event has succeeded in raising more than $90,000 in 2005. The proceeds from the “Slice of Life” event have supported thousands of patients through services, equipment, and scholarship needs. Funding from the medical foundation has provided equipment for nearly every department of Goodland Regional Medical Center at one time or another, while additional funds have provided medical scholarships for both local high school graduates and hospital personnel.

Scholarships are awarded in an effort to support medical initiatives for the hospital. Recruitment of physicians is difficult in rural areas, therefore, the ability to provide financial educational support to persons willing to work in this rural area allows the foundation to “raise their own,” as stated by McCants.

Two scholarships are awarded annually to high school students, ranging in value from $250.00 to $500.00 each. Existing Goodland Regional Medical Center staff also has the opportunity to receive financial support for continuing education to upgrade their professional level, pay-off student loans, and award monies to return to medical school, residency, etc.

McCants states, “We feel that we need to support our youth, current staff, and those interested in practicing in rural Kansas. In order to keep them, we need to make sure we are providing adequate services and medical equipment, hence, need for additional monies.”

The event has experienced a slice of success and continues to raise the additional money necessary to support health care initiatives in northwest Kansas. For more information regarding the “Slice of Life” event, please contact Brenda McCants at bmccants@gmedctr.org or 785-890-6036.
KAN-ED CONTINUED FROM PAGE 17

Kan-Ed also provides grants to help members construct networked video classrooms and connect them to other interactive distance learning (IDL) sites around the state. The Kan-Ed network can also support members who want to develop and/or implement innovative uses of the network.

Kan-Ed provides an excellent infrastructure for video applications due to its high bandwidth, low latency, and quality of services controls. Kan-Ed can serve as a network for the transmission of medical information, correspondence, and interactive video. “Hospital providers, administrators, and staff can hold a meeting through Kan-Ed technology, rather than drive, and, as a result, save money and time involved with travel,” states Spaulding.

Currently, 14 hospitals are connected, and approximately 15 to 20 are in the process of connecting.

Hal Gardner, Kan-Ed executive director

Kan-Ed also serves as a portal for increased communication and providing continued education to members throughout the state. Kan-Ed Live! is another capability of Kan-Ed and is a service provided to Kan-Ed members interested in broadcasting an event through webcast. The webcasts allow members to view the event with real-time feedback and archival options. If the organization is interested, the event may be archived on the Kan-ed Live! web site for later viewing.

Recently Kan-Ed provided incentives to encourage hospitals to connect to the Kan-Ed network. As a result, several community hospitals have begun the process of connecting to the Kan-Ed backbone. Gardner boasts the success of the program and incentives by reporting that “currently 14 hospitals are connected, and approximately 15 to 20 hospitals are in the process of connecting.”

The goal that Gardner envisions for Kan-Ed is to connect every member of a constituent group to the Kan-Ed backbone; in the meantime, the program continues to address the needs of members through the current services. Kan-Ed has just begun to fulfill its potential of offering exceptional value to the state. For more information please visit www.kan-ed.net.

Preceptor CONTINUED FROM PAGE 1

David Larson completed his rural preceptorship with Paul Ullom-Minnich, MD, Moundridge, Kan., and shares the same understanding. Larson would encourage students who have yet to participate in the rural preceptorship program to, “try to learn something from every patient and try to learn about the community.”

Each rural preceptor is invaluable to the learning and experiences given to students that participate in the program. Throughout Kansas, nearly 150 preceptors volunteer their time and knowledge each year. While students anticipate learning more about the field of medicine, preceptors often give more than their knowledge to these students.

Huyhn gained respect for his preceptor and explained that Grillot, “demonstrated that it doesn’t matter what we do, whether it’s orthopedic surgery or hem/oncology or family medicine, all that matters is that we do what we enjoy.”

In addition to their expertise and time, preceptors share their love and compassion for the rural community. Larson commented that “Dr. Paul (Ullom-Minnich) was an excellent mentor. He extends respect and courtesy to all of his patients and strives to practice excellent medicine.” Larson was impressed by his commitment to his patients, family, and community.

Ruff shared the same sentiments about Marcell. “Dr. Marcell is a fantastic person, a great family physician, and an awesome preceptor to work with.”

The preceptorship program seeks to encourage students to continue their medical practice within rural communities. Larson plans to do just that, and says, “The opportunity to have a broad scope of practice and to be part of a community, are a few of the positives associated with rural medicine.”

Martinez completed her rural preceptorship under Thomas Koksal, MD, Garden City, Kan., and explains that her intentions are to work in a disadvantaged area. Although she assumed it would be in an urban setting, she believes that a rural area suffers the same detriment that urban areas do – a lack of people who wish to service such a community due to location.

Martinez explains, “Dr. Koksal, helped me to understand the trials, tribulations, and triumphs a clinic can go through even in a small town setting.”

The value of rural communities to the culture, tradition, and worth in Kansas is insurmountable, as is the need for knowledgeable health care providers who care about these communities. Year after year, students gain an insight that is truly unique to their medical education.

As Ruff concludes, “I now have an appreciation for the work involved with being a rural physician that I did not have before. I saw first hand how important it can be for a physician to be a friend and a good listener to patients, as Dr. Marcell always was.”
state. I would like to take the opportunity to say thank you to residents, faculty, and communities who participate in the program and continue to make the program a success.

**Medical Students Score Success**

The University of Kansas Medical Center announced that students at the KU School of Medicine have surpassed the national average on Step One of the United State Medical Licensing Exam (USMLE) for the third consecutive year. The class of 2008 scored a 98 percent pass rate, compared to the national average of 93 percent. In addition, the KU medical students’ average score of 219 surpassed the national average of 217.

The USMLE is sponsored by the Federation of State Medical Boards (FSMB) of the United States, Inc., and the National Board of Medical Examiners® (NBME®). The USMLE assesses a physician’s ability to apply knowledge, concepts, principles, and to demonstrate fundamental patient-centered skills.

Congratulations to the class of 2008 on achieving such a task, as it is a true testament to the hard work of both students and faculty in preparation of becoming great doctors.

**Publication Schedule**

If you have an idea for an article or would like to contribute a news item to *Kansas Connections*, we welcome your input. Please send information to the KU School of Medicine-Wichita, 1010 N. Kansas, Wichita, KS 67214-3199. Ideas are also welcomed by telephone at 316-293-2649; fax, 316-293-2671; or e-mail, lvalenti@kumc.edu.

Deadline for submission of ideas or articles for the next issue is June 1, 2006. If you know of someone who is not receiving the newsletter but might enjoy reading it, please let us know.