

CAREER GUIDE for RESIDENTS



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- Launching mentorship programs
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2018 Fall Career Guide for Residents

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Creating an impactful CV

By Tanja Getter

What makes a physician's CV stand out? One that is short and sweet. On average, physician recruiters take 30 seconds to glance at an initial CV. Yes, 30 seconds! Which is why the first page of your CV is valuable real estate. Short and sweet is a relief for some, but for others it can cause stress on what needs to be included. Specifically, there are three key areas of focus when it comes to a physician's curriculum vitae: 1) who you are, 2) where you were trained, and 3) what your interests and hobbies are.

First and foremost, you want to include who you are and your contact information. Include the information at which you are most easily reached. This will most likely be your home address, a cell phone number, and an email address you check on a daily basis. Using an email address other than your residency email is the best option since that email may terminate once you graduate. Be professional. Email addresses, such as smilingchicken@email.com, funksquid@email.com, and clownsrcool@email.com do not give the impression you want to a future employer.

Next up, your education. Employers want to know where you completed residency and/or fellowship, where you went to medical school, and where you received your undergraduate degree. It is important to place these in reverse chronological order, with the most recent education listed first. Your CV is essentially viewed as a timeline (no comma needed) so you will want to include the dates for everything.

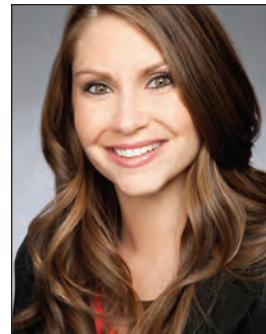
By including the start date and the end date (both month and the year), this will make it very clear to the employer when you did what. Address any gaps in time at the outset. Include a brief summary in your cover letter where you were during these times and be honest. Remember, short and sweet. You want to get straight to the point.

There is no need to list every single task that you have done throughout your training. The name of the program and/or university and the location and the timeframe you were there is really all you need. However, if you decide to start listing additional details, use bullet points to keep it as easy to read as possible.

Now, the last category to include is your interests and hobbies, which may come as a surprise to many physicians. In most situations you will be finding a new place to call home. These employers spend a lot of time and money recruiting the right physician for their opportunities and want to make sure that the physician stays there for the long haul. Your interests and hobbies say a lot about who you are and why you would be interested in their location. If you enjoy outdoor sports, such as boating and fishing, you will most likely want to be located somewhere near water. Knowing these details helps paint a picture of who are and helps get conversations started with potential employers.

Tanja Getter

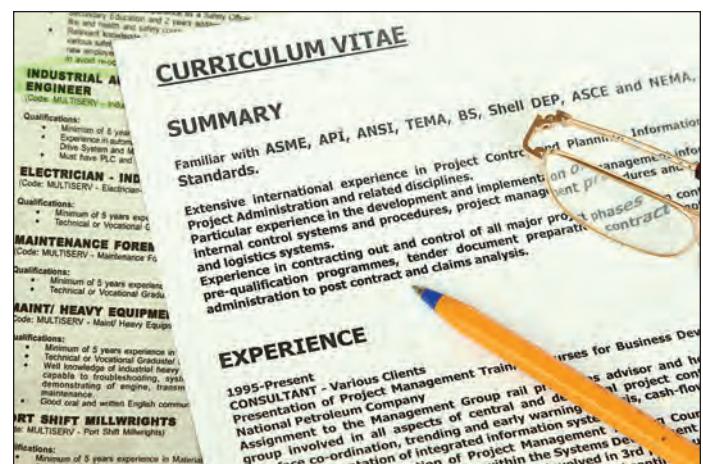
Director of Residency Education Team
Community Health Systems



Tanja Getter educates Medical Residents on Career Planning and helps them become successful in finding the right opportunity. Through presentations on such topics as negotiating contracts and interviewing basics and by conducting CV writing workshops, residents receive beneficial information regardless of where they practice. In addition, as Ms. Getter has traveled cross-country she has had the opportunity to introduce Residents to over 100 CHS hospitals and hundreds of physician opportunities. Over the years, she has built countless relationships and helped many physicians find the perfect fit.



Community Health Systems, Inc. is one of the nation's leading operators of general acute care hospitals. The organization's affiliates own, operate or lease 119 hospitals in 20 states with approximately 20,000 licensed beds. Affiliated hospitals are dedicated to providing quality healthcare for local residents and contribute to the economic development of their communities. Based on the unique needs of each community served, these hospitals offer a wide range of diagnostic, medical and surgical services in inpatient and outpatient settings. ■



Launching mentorship programs

By Mollie Durkin

Hospital medicine leaders are building formal mentorship programs, from relatively traditional systems to new twists on such cornerstones as visiting professorships and networking.

Mentorship undoubtedly cultivates careers, but hospital medicine groups face unique challenges in formalizing the process.

First, hospital medicine is a young specialty, with a large proportion of academic hospitalists holding the rank of clinical instructor or assistant professor, said Ethan U. Cumbler, MD, FACP, a professor of medicine and associate director of the hospital medicine division at the University of Colorado School of Medicine in Aurora. "There's not that many senior professors of medicine to go around to mentor a very large group of junior faculty," he said.

Another challenge is that, rather than focusing on the basic science of other medical specialties, hospital medicine deals with broader areas: innovation, quality improvement (QI), patient care, and clinical education, said Dr. Cumbler. "One of the things that those basic science researchers have spent decades developing is a more formal structure for mentorship in order to allow people to be successful in obtaining federally funded grants," he said. "We're creating our own structure."

Indeed, despite these challenges, hospital medicine leaders have successfully built their own iterations of formal mentorship programs, from relatively traditional systems to new twists on such cornerstones as visiting professorships and networking.

Finding what works

During a session at Hospital Medicine 2017 in May, hospital medicine group leaders offered specific examples of how they made mentorship a part of faculty development at their institutions.

About 120 hospitalists (both academic and nonacademic) across three sites participate in the mentorship program at the Duke University Health System in North Carolina, said ACP Member David Gallagher, MD, chief of the hospital medicine service and associate chief medical officer.

The program consists of an initiation phase, where mentoring relationships are assigned, and a cultivation phase, where pairs meet regularly, Dr. Gallagher said. To assign relationships, program administrators email all new hires to ask about their interests and what they are seeking guidance on, from clinical education to living in the area. After assignment, pairs meet about three to five times per year, with the mentor reviewing the mentee's career goals, strengths, and opportunities, using the institution's relevant educational materials.

The program kicked off in 2009, and Duke's Professional Development Institute helped the division set up a working platform and provided administrative support, Dr. Gallagher explained. "Those folks are vital for this. They help with



monitoring the meetings that are occurring ... Setting the next meeting is absolutely key; otherwise, it'll never happen," he said. If a pair fails to meet for about six months, he or the medical director will reach out to see if the relationship is working out and, if it isn't, assign a new mentor.

Prior to the program's initiation, the hospital medicine group was a clinical service only, and the physicians had very little academic productivity, said Dr. Gallagher. "As the years have gone by, publications, presentations, posters, etc. really increased on a fairly steady basis every year," from zero in 2009-2010 to 84 in 2015-2016, he said. "Some of this is related to the mentorship program, and much of it is also related to the individuals who joined."

The University of Texas Health Sciences Center in San Antonio has also grown with a formal mentorship program. At the outset, the 38-member division of general and hospital medicine had only three professors and eight associate professors, said division chief Luci Leykum, MD, MBA, MSc, FACP. Junior physicians

weren't shy about taking on leadership roles (e.g., associate program director), but there weren't many senior faculty to provide specific guidance, she said.

So in 2013, the group began the process of creating a faculty development program to build its mentorship capacity and help junior faculty succeed in leadership roles. Dr. Leykum worked with a career coach to create a peer mentoring program, which includes both individual and group activities.

The individual component features a three-part series of self-assessments: a survey about career goals, an executive summary about personal qualifications and objectives, and an open-ended feedback form. "One of the things that's so important in terms of people's professional development and in mentorship is giving them the ability to reflect on their own work and on their own careers, and giving them a framework and a structure to do that successfully," Dr. Leykum noted.

Physicians receive one-on-one peer mentoring, as well as feedback from others they worked with regarding specific skills (e.g., appropriate use of email, managing conflict). Dr. Leykum offered an example of how a colleague suggested that one physician had room for improvement in delegating tasks. "This gave feedback that I or their mentors wouldn't have otherwise known in terms of potential issues ... These are relatively junior people; they don't even recognize that they can delegate, necessarily," she said.

Junior faculty also participate in leadership interviews, in which mentees are encouraged to learn more about their potential career focuses, for example, graduate medical education (GME). "Interested in GME? Let's go speak with the vice dean for GME and talk to them about their career path, what key decisions they made, and how those might relate to what you're doing right now," Dr. Leykum said.

The group component consists of monthly onsite meetings and workshops about such topics as providing feedback, delegating, motivating people, and improving meetings, for junior faculty only. "Even I didn't attend any of these sessions," she said. "It was really meant to be a safe and open space for them to talk about these issues."

The division now has 60 to 70 physician faculty members, including 10 professors and 15 associate professors. Feedback about the mentorship program has been positive, but Dr. Leykum said that seeing the junior physicians develop has been most meaningful to her. "They saw each other as resources for solving problems so that when they spoke to me, it wasn't 'Here's this problem, how do I solve it?' she said. "It actually became, 'Here's this problem. Here are the solutions that I'm envisioning. This is the one that I think is going to be most effective. Do you have any thoughts on that?'"

With three peer cohorts having completed the program, more junior physicians are starting the process, which poses some problems, Dr. Leykum said. "We recognize that we need a more vertical peer mentoring and not just people on the same level, so we're in the process of restructuring this," she said.

Now, in addition to its peer mentorship components, the program comprises six vertical mentoring groups, each with two professors, three to five associate professors, and the remainder assistant professors, said Dr. Leykum. "They're going to discuss the same topics, just in a slightly different format, in terms of navigating your career," she said.

Novel approaches

Both traditional and newer mentorship programs target junior faculty, but physicians often crave mentoring relationships even earlier in their careers.

By the end of his internship year at Stanford University School of Medicine, ACP Member Andre Kumar, MD, knew he was interested in hospital medicine but had no access to a formal curriculum or mentorship process for residents who want to become hospitalists. The following year, he teamed up with another resident to create the Stanford Hospitalist Advanced Practice & Education (SHAPE) program.

SHAPE participants must complete certain hospital medicine-focused requirements before the end of their third year of residency. In addition to completing certain clinical rotations (e.g., medicine consult, critical care, ultrasound diagnostics), each resident is matched with three hospitalist mentors and must fulfill certain nonclinical responsibilities, such as attending 10 hospitalist lectures and presenting a project at an academic conference or submitting it to a journal.

The process of developing the program began with a needs assessment, which found that 22 out of 111 categorical residents were interested in hospital medicine and that mentorship was the top issue the residents wanted to address, said Dr. Kumar.

However, the first year of the program was challenging because residents weren't meeting with their mentors on a regular basis, he said. "We didn't really give them a specific timeline of when they could meet, didn't really discuss what should be brought up at the meetings, and as a result, some of the meetings didn't happen, and when they did occur, there wasn't a specific agenda to them," Dr. Kumar said.

The following year, the program established quarterly mentorship meetings with specific agendas to guide them, he said. Residents are assigned three mentors, each with a specific niche, and may select one main mentor to follow their progress through these quarterly meetings. "We wanted to give the residents a tasting of the different flavors that can occur in hospital medicine because the roles are expanding so much," said Dr. Kumar.

Now a clinical instructor at Stanford, Dr. Kumar said his own mentors, who were savvy in QI, education, and research, were a "perfect pairing" because of his interest in academic medicine. "I've been fortunate enough to stay on as one of the hospitalists at Stanford," Dr. Kumar said. "Had it not been for that mentorship and the guidance of how to secure a job, how to be a competitive applicant—especially in the competitive marketplace that is academic hospital medicine nowadays—I don't think I would've been able to achieve that."

In similar fashion, the Visiting Professorship in Hospital Medicine Program supports early-career hospitalists by tailoring the concept of the visiting professor to the specialty of hospital medicine, said Dr. Cumbler, who founded the program about five years ago at the University of Colorado School of Medicine. The reciprocal visiting professorship was designed with two goals in mind: spreading innovation and addressing an identified gap in mentoring relationships, he said.

One challenge faced by the University of Colorado's academic hospitalists going up for promotion is that they need to demonstrate a national reputation with three letters of recommendation from external institutions, said Dr. Cumbler. "For

many of our faculty, that was a challenge," he said. "We also know that there is a well-documented deficit of mentorship within hospital medicine for junior faculty."

A traditional visiting professor would typically be a professor of medicine who, having completed his or her terminal promotion, comes to present basic science research at another institution, noted Dr. Cumbler. "We flipped that on its head and said, 'The visiting professor should be someone who would be capable of getting maximal benefit from the exposure of the visit to the external academic medical center,'" he said.

Usually, the program's visiting professors are physicians at the late assistant or early associate professor level within one to two years of promotion, Dr. Cumbler said. "I see this as meeting mutual needs: The junior faculty need to be able to get mentor-

ship and get advice from someone with a new perspective from an external institution; the visiting professor needs to be able to share their innovation and make connections for people to know about their reputation nationally," he said.

The program continues to expand to more institutions, and the Society of Hospital Medicine has adopted it to support its national expansion, Dr. Cumbler said. "What I envision over time is instead of a series of independent reciprocal relationships, that we're actually creating a more tightly integrated network of academic hospital medicine groups actively sharing innovations and building to a true national community," he said. ■

From the September ACP Hospitalist, copyright © 2016 by the American College of Physicians

Sponsorship for women hospitalists

It's clear that junior faculty need mentors, but some may need them more than others. In particular, female physicians have long been a target for career development, with the American Medical Women's Association and the Academic Women's Network at Washington University School of Medicine in St. Louis both offering mentorship programs designed specifically for women.

The Society of General Internal Medicine (SGIM)'s Career Advising Program (CAP) is also focused on women in academic medicine but is designed around the idea that they are "over-mentored and under-sponsored" and instead would benefit from senior leaders who are willing to spotlight their contributions and open doors of professional opportunity, said Amy S. Gottlieb, MD, FACP, chief faculty development officer at Baystate Health and associate dean for faculty affairs at University of Massachusetts Medical School (UMMS)-Baystate in Springfield, Mass.

In 2013, she launched the national program (available only to SGIM members), which matches female junior faculty (assistant professors, instructors, or fellows desiring academic career advancement) with senior advisors (associate professors or professors), who take on a sponsorship role by guiding advisees toward career-boosting opportunities. "We know now from the business literature that this kind of activity happens informally all the time for men," said Dr. Gottlieb, also a professor of medicine and obstetrics and gynecology at UMMS-Baystate.

CAP pairs are expected to participate for two years, with a minimum of biannual contact through email or phone and at least one in-person meeting. So far, about 250 members in five cohorts have participated in the program, said Brita Roy, MD, MPH, MHS, co-chair of SGIM's Women and Medicine Task Force.

Program administrators formally survey participants upon enrollment before conducting midterm and final assessments at the end of the two-year program, said Dr. Roy, an assistant professor of medicine at the Yale University School of Medicine and the director of population health for Yale Medicine in New Haven, Conn.

In the surveys, the first cohort to move completely through the program reported enhanced confidence in professional self-advocacy and improved curriculum vitae (CV) design. The second cohort reported the same, and in addition, more of this group achieved promotion to the next academic rank and found expanded training or job opportunities.

"One advisee actually emailed me separately, outside of the survey, just to say that her advisor was extraordinarily helpful to her, especially in preparing to go up for promotion, and she did successfully achieve promotion to the next level," Dr. Roy said. Another advisee reported that she was invited by her advisor to present her research at the advisor's home institution, Dr. Gottlieb added. "That's exactly what the program set out to do because the opportunity is so CV-worthy and promotion-worthy, and that's sponsorship," she said.

One of the program's biggest challenges is that the advisee applicants typically outnumber the available advisors, so the program is currently limited in numbers and must prioritize applicants by seniority (i.e., not currently enrolling senior residents, as it did in its first year), Dr. Roy said. "The other issue that sometimes comes up is the advisor is very busy ... and not able to respond in a timely manner," she said. To address this issue, CAP leadership implemented an online forum last spring so that all participants can seek and give advice in real time, Dr. Roy said.

Appropriately matching individuals with a shared career focus across different institutions nationally is only possible through "person power" and can't be done with a computer program, said Dr. Gottlieb. "I think that the biggest lesson learned, which is also a necessary challenge, is that the pairing of the individuals is so critical, and it's not something that can be phoned in," she said.

Dr. Gottlieb said she hopes to see other medical societies and institutions invest in similarly transparent and structured sponsorship programming to support the advancement of women in academic medicine. "I believe systems-based change is the way that we in academic medicine are going to get to equity and inclusion and diversity," she said. "It's not just going to happen with good intentions." ■

Beating burnout

By Stacey Butterfield

Lecturing physicians about not burning out is a delicate task, Jennifer Ramsey, MD, noted at the start of a Hospital Medicine 2018 talk on preventing, recognizing, and recovering from burnout.

"I did not want to come up here and be a cheerleader and say, 'Let's just practice gratitude and we'll all be OK,'" said Dr. Ramsey, who is a critical care specialist at Cleveland Clinic in Ohio. "You can teach a canary in a coal mine to meditate, but he's still going to die."



To keep hospitalists from getting to levels of burnout that dire, interventions are needed on all levels, from individual clinicians to national organizations. "There are so many people and different parts to this—in addition to physicians, also part of this are the technology vendors, the regulators, the payers, the accreditation agencies, the policymakers, the patients themselves," said Dr. Ramsey. "All have a piece to play in how to solve this problem."

She and other speakers at the conference offered their ideas about what some of those pieces might be in a series of talks covering burnout solutions ranging from gratitude journals (which are actually supported by research) to flash mobs and scheduling systems.

From causes to solutions

The factors that have been identified in research on occupational burnout generally may sound familiar to many physicians, Dr. Ramsey said. They include unrealistic workload, loss of

control, lack of appropriate rewards, loss of a sense of positive connection with others in the workplace, perceived lack of fairness, and conflict between values.

She also offered some physician-specific burnout research, from the 2018 Medscape National Physician Burnout & Depression Report. "If we ask physicians what contributes to our burnout, we answered too many bureaucratic tasks and spending too many hours at work," she said.

The good news is that a number of efforts are underway to combat these challenges, including the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience.

"The National Academy of Medicine absolutely recognizes that most of the contributing factors to burnout are external," she said.

However, physicians can take some steps to reduce the internal impact including scheduling time for recovery, maintaining a sense of humor, and even feeling gratitude. "Earlier I teased about meditation, but one study showed meditation had an effect equivalent to using a [selective serotonin reuptake inhibitor]," Dr. Ramsey said.

Hospital medicine programs can also take steps to fight burnout. "Develop good bosses and then hold bosses accountable for physicians' emotional well-being, in addition to the financial and quality measures," Dr. Ramsey recommended, citing a study in the April 2015 Mayo Clinic

Proceedings that analyzed the impact of health care leadership on physicians. "For every one-point increase in the measure of leadership, there was a decrease of 3.3% in burnout."

Her own hospital has assigned a leader to work specifically on the issue, by creating an office of caregiver experience.

Hospitalist programs may also be able to increase physicians' sense of control and community, she suggested. "Can we protect 20% of our time to devote to work that we're passionate about? ... Or if we're not going to have doctors' lounges, can we physicians have some space with computers and free food and seats where we can run into each other and talk?"

Physicians could also be encouraged to take more time off work. "Our paycheck might be decreased if we don't take our vacation time—pretty neat," said Dr. Ramsey. "Maybe we should think about which carrot to dangle. It may be a simple solution for leaders to say 'I'll just give you more money,' but maybe what's more needed or more appreciated is flexibility or protected time."

One such experiment at the Stanford School of Medicine created a "time bank" to recognize faculty for time spent on tasks like committee membership. "The reward was anything from having a meal delivered to the physician's home to dry cleaning services, housecleaning services, or having somebody help write a grant," said Dr. Ramsey. Female faculty members were the biggest users of the time bank, and twice as many of them reported feeling supported at work after the pilot, according to a perspective published in the New England Journal of Medicine on Jan. 25.

"On the organizational level, lots of little really cool pilot programs [are] going on around the nation," said Dr. Ramsey.

A program of pilots

At least one hospital medicine program has implemented a lot of these programs. At the conference, Patrick Kneeland, MD, executive medical director for patient and provider experience at UCHealth, described the University of Colorado division of hospital medicine's organizational approach.

In 2013, the group's leaders began researching solutions to burnout, including conducting an initial culture survey of the staff. "As soon as you start measuring something, you're actually signaling that it's important," said Dr. Kneeland. "Say, 'We actually want to know, how are you doing with things like work/life balance? How are you doing with professional development? How are you doing with your sense of collegiality?' All of the sudden you're changing the conversation."

The survey was repeated every year to measure the effects of the interventions, which have been implemented gradually since 2014. An early one was the creation of "above and beyond" awards. Winners are nominated by their colleagues and receive a \$5 coffee gift card and recognition in an all-staff email. "At first, it was met with some skepticism ... but it really took off," said Dr. Kneeland.

His colleague Read Pierce, MD, noted that although the program seemed popular (with more than 200 awardees to date), most winners never picked up their coffee cards. "When we asked them why, they're like, 'It's not about the coffee card. I want the validation of hearing my peers say you were awesome.'"

Another intervention focused specifically on awe. "We decided that there are so many cool things going on in our environment every day. And how often are we recognizing those things?" said Dr. Kneeland. Since 2017, the first five minutes of every faculty meeting have started with a story. "People brought all kinds of incredible stories to the table," he said. "It spread somewhat organically to some other leadership meetings in our group and external to our group as well."

Multiple interventions have focused on closer communication between leaders and front-line staff, including leadership rounds and flash mobs. The latter is a novel method to gather all staff and quickly analyze recent events on the wards. "If all of the sudden we're experiencing twice the normal volume, for example, we might have a flash mob to dissect what's going on with our workflow, how are people doing?" explained Dr. Kneeland.

Other changes encouraged clinicians to support each other, for example, the 2016 creation of a faculty coaching program

for new hires: "Anything from practical questions, like 'My login's not working' or 'How do I page [interventional radiology]?' all the way through to 'I just need to debrief this thing that happened today,'" said Dr. Kneeland.

The division's annual review was also revamped, more leadership roles were created, policies on use of CME funding were revised, and a parental leave task force was formed (resulting in a formal leave program and breastfeeding space). Scheduling was redesigned in 2016. "We landed on something that was appropriate for our group in terms of a balance...but that conversation goes on forever. This is actually an ongoing dialogue," Dr. Kneeland noted.

The culture surveys have showed ongoing progress toward the program's goals. Only 33% of clinicians reported feeling burned out in 2017, compared to 44% in 2014, despite increases in patient volume. "We were a little bit surprised," Dr. Kneeland said. "As the pressures seemed to be intensifying, as the complexity was growing, we actually reduced burnout."

Staff turnover also dropped, from 13.2% in 2009 to 2013 to 6.6% in 2014 to 2017. "We actually went back and calculated the savings from that, and a conservative estimate is about \$500,000, so we're really proud of that," he said.

Most of the interventions were low- to no-cost, Dr. Pierce noted. "This was actually an incredibly lean process financially," he said. However, the program leaders are looking at a more expensive change for 2018: increasing the equity of salaries and shifts. "That's going to be a really expensive, seven-figure kind of investment, but we've made the case for why it's going to matter," said Dr. Pierce.

Schedule burnout

Shift designs matter quite a lot in burnout prevention, agreed the speakers in a panel discussion on how schedules impact hospitalists' lives and burnout.

"My opinion is that the more you can introduce flexibility into your schedule, the more you feel in control of your schedule and your work life," said John R. Nelson, MD, FACP, medical director at Overlake Hospital in Bellevue, Wash., and a hospitalist practice management consultant.

Although seven-on/seven-off remains the most popular hospitalist schedule, it doesn't support such flexibility, Dr. Nelson asserted.

"When you decide when to take your camping trip with your family this summer, you get out a calendar and you say,...'OK, there's a week in July that I'm off, let's go then,'" he said. "If you have a flexible schedule, you can turn that around, and instead of the first thing on your calendar being the weeks that you work, the first thing you put on your calendar can be 'Here's a camping trip I'd like to take ... Here's a Wednesday I want to be off, because my son's soccer tournament is that day.'"

Flexible schedules are also helpful for academic programs, added Eric Howell, MD, division director of the collaborative inpatient medicine service at Johns Hopkins Bayview Medical Center in Baltimore. "Faculty have to teach, go to class, do research projects. If they had seven-on/seven-off, half their life they wouldn't be able to do that Thursday group," for example, he said.

The problem with flexible schedules is that they're much more complicated for administrators, countered Meredith Wold, PA-C, advanced practice clinician supervisor for hospital medicine and critical care at Regions Hospital in St. Paul, Minn. "When we make schedules twice a year, that's a very daunting task, so the rigidity that comes with being able to extrapolate your schedule out months in advance is a benefit from a supervisor and an administration standpoint," she said.

Software systems can help with the more complex schedules, Dr. Nelson suggested. "That may be a very worthwhile investment if it's in the interest of well-being and career longevity of providers," he said.

Physician and administrative preferences also conflict when it comes to shift length, Dr. Howell noted. "What I hear from my clinicians is that they really like 12-hour shifts, because they can do fewer shifts with longer hours, but from an administrative point of view, the 12-hour shift has a decreasing value at the end of the day," he said.

It's preferable to have at least some physician shifts scheduled for only 10 hours, Dr. Howell added. "That's short enough so that people don't get totally fatigued and long enough so that they can get a lot of work done in 10 hours. Usually we find that 8-hour shifts are just 10-hour shifts anyway, so people feel like they are being cheated."

Clinicians can also get upset if they feel like their shift length is unnecessarily rigid, according to Dr. Nelson. "It's always kind of felt clunky to me that so many groups will specify right in the contract exactly how long your daytime shift is, for example, 7 a.m. to 7 p.m. in very many groups," he said. "You should leave at 5 if it's not busy and you're performing well. There should be no reason why anybody thinks it's good management to have you stay."

"I don't like clock punching either, but one thing to recognize is that it's a team sport," Dr. Howell responded. "The fast people leave early and the plodders stay late, and there's always a problem sooner or later, and guess who's in house when there's a problem?...You don't want to punish the plodders for being in-house, and you don't necessarily want to punish the people who leave early, but there has to be a way for them to be able to work together as a team."

Full schedule autonomy might not work for every clinician and some counseling might be required, agreed Dr. Nelson, but he stuck to his support for flexible day shifts, offering another example of the potential advantages.

"If you tell your group 'We start work at 7 a.m., but we want early discharge orders, so somebody has to come in at 6:30,' there's going to be a riot," he said. "Reframe that and say 'We want early discharges; I don't care how you achieve that.'" With that instruction, some physicians may prepare their discharges the night before and others may come to work early, he said.

Variable start and end times fit into Dr. Nelson's overall perspective on physician burnout. "I think rigidity over long periods of time becomes stressful in anything you're talking about. Any variable in our lives, if it's always the same, it becomes distressing," he said.

Dr. Howell was not entirely convinced ("I think some people like monotony, to be honest," he said), but the two hospitalist leaders did manage to agree on a final key piece of advice for preventing clinician burnout. "Being able to be flexible to meet the needs of the most people, depending on the culture of your program, is important," Dr. Howell concluded. ■

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The Letter

Lauren Pischel, MD

It took a month for the letter to find me and a month and a half for me to open it. Mr. M wrote it the day after she died and addressed it to the main hospital. After three crossed-off addresses and one large "Internal Medicine" in red ink, someone who bureaucratically knew me found it and was kind enough to alert me via a nondescript e-mail. I picked the letter up, saw the shaky blue print and same last name, and thought back to Mrs. M.

I met her on my second day in the intensive care unit. She arrived on a stretcher, blood coming out of two new chest tubes and blood pressure low enough to cool her skin and slow her thoughts. I knew she would die. I said it when I talked to my resident. A well-respected liver attending told the team the next day that chest tubes are the kiss of death. One brash, young night intensivist compared liver patients to submarines: yellow and bound to sink.

But, slowly, I began to believe she would make it. She always sat up in bed. She looked different from other liver patients, skin not yellow, belly only slightly distended, hands not flapping like birds' wings. She just looked so good. "God, my hair is disgusting. What I wouldn't give to go to a salon," she said after I asked what concerned her most.

With daily explanation, she and her husband slowly realized the catch: The chest tubes could not come out because of the output, but the chest tubes were infected. The chest tubes were needed, and they would probably kill her.

Was I that honest with them? I wanted to be. On the telephone one day after another setback, Mr. M asked, "What should I do? Should I be making funeral arrangements?" The cold part of my heart and the practical part of me said yes. I paused. I could not yet wield the knife of honesty, so I let the hope in me speak: "I don't think quite yet."

After a month of taking care of her every day, waking her up, and ritually checking her belly and tapping on her lungs for fluid, I left the intensive care unit. Shortly thereafter, she left the realm of consciousness.

So now, the letter. For a month and a half, the letter sat on my couch as spring pushed life out onto trees. There was always a reason not to open it: I didn't have enough emotional strength. I didn't have enough time. I needed to save my energy for my patients who were still alive. But really, I knew it would just hurt again. I could walk away. I could file her away nicely in my mind under the category "haunting patient" and write up a case report to deal with it.

I flitted about my apartment on the second day of my vacation. I held the letter, then tidied up. The urgency of the hospital was gone; so was the necessity of efficiency. I opened the letter, tearing across the stationery. The lines stuck to me. "She lived her life exactly the way she wanted it to be. She was her own person, and no one could tell her otherwise." Then, "The thing I remember most about you is kindness."

It felt like a corset tightened around my chest. Emotions welled up behind my eyes. I reached for my phone to check Instagram to try to self-soothe and then for the Swiffer to try to clean, but the pressure would not go away. I opened her chart in Epic to find the telephone number and then checked my e-mail.

Should I call him? It seemed the old ideal of a doctor—the old country doctor who made house calls and birthed all the kids in the town would call Mr. M. But a doctor now? If it was right to call, could I stand the hurt? What would I say? My script of being a doctor with practiced beginnings, middles, and ends taught to me in medical school did not apply here. There was no chapter on how to call a grieving spouse months late. I stood stripped down to my human self calling with condolences. I could not hide behind a computer or lab values or document this as a telephone encounter. How much emotion did I have to give today and throughout the course of my career to come?

I called from my cell phone, my number unblocked for the first time. It rang and rang till the message clicked. "Hi, Mr. M. This is Dr. Pischel—Lauren. I'm just calling because I got your letter. I just want to say it was such a pleasure and an honor taking care of your wife. You can call me back at this phone number if you would like. It's my cell phone."

Maybe if I were older, more experienced, she would be one of many. I am not yet experienced. I won't ever forget her name.

Lauren Pischel, MD
Yale Internal Medicine; New Haven, Connecticut

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From the July 17, 2018 Annals of Internal Medicine,
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Present people, not diseases

By Omar S. Darwish, MS, DO, ACP Member

As a hospitalist at an academic center, every morning I listen to my residents present their new admissions. After the age and sex of the patient, more often than not, I am given a list of past medical problems before hearing the patient's chief symptom or the reason for admission. I look around to see if medical students or other residents are paying attention, and often I see in their faces that they are not. When I ask presenters why they tell me the list of past medical problems, most of them say it is because they want their audience to have a good idea of who the patient is.

So who are these patients? Are they just a list of medical problems? My answer is simple: They are people. People with families, jobs, and hobbies.

Therefore, "A 54-year-old mother of 5 children who currently works at a local grocery store presents with 2 days of diarrhea" is more interesting than "A 54-year-old female with a past history of hypertension, diabetes, hypothyroidism presents with 2 days of diarrhea."

As a hospitalist, I believe one of my goals each day is to make sure my residents stay engaged

and interested in their patients and in their colleagues' presentations. Thus, I think there are at least 3 reasons why residents should present their patients as people, not past medical problems.

Reason #1. *If you set the tone in your mind and for your audience that this patient is a person and not a disease, you provide better care.* For example, if a celebrity were to be admitted to your service, naturally you would do your best taking care of him. You would control his pain, communicate well, and make sure he was getting everything he needed. Because you would already know a lot about him, you would feel as if you really knew him as a person. So, why not get to know your patients and make them all famous? This does not mean you need to spend hours with them. Simple questions regarding their occupations, hobbies, and family can help you create a better connection. Furthermore, when you ask them questions that are not medical, your patients may become more comfortable with you, which tends to lead to a more accurate history. So, instead of focusing on all the past medical problems a patient has, you should focus on who they are first.

Reason #2. *A good presentation keeps the listeners listening and increases the engagement of residents in the diagnosis and management process during rounds.* Most often, when an intern is presenting, the other interns are not listening,

thinking instead about their own presentations. How can you blame them? Every presentation sounds the same when it focuses on a list of past medical problems. I myself end up remembering my patients based on their medical problems and not based on who they are. Rounds get boring and monotonous, so what better way to engage your colleagues than to present your patients in an exciting way. I have noticed that the audience gets quite excited when the presenter says there is no medical history. So, let us all assume from the beginning that all these patients do not have a medical history.



Reason #3. *Less focus on previous history helps avoid the "past medical history trap."* There are many clinical reasoning errors, but this is a common one—a resident blames a current problem on a past medical problem. For example, if a resident presents a 54-year-old woman with a history of COPD who has been short of breath for 2 days, the audience more often than not would say that this patient has a COPD exacerbation. Past medical problems can overwhelm and cloud beginning learners' assessment of patients. At the outset of a presentation, it's better to focus on the elements of the chief symptom, rather than on past medical problems.

In addition to these 3 reasons, patients are becoming more complicated and carrying many medical problems. To define them as a "complicated medical history" or by some or all of their medical problems dehumanizes them, which I believe leads to poor care and disgruntled residents. So, let us all stop treating our patients like diseases and start treating them like people. ■

Dr. Darwish is an assistant professor and hospitalist at the University of California, Irvine.

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SENTARA RMH MEDICAL CENTER OUTPATIENT INTERNAL MEDICINE JOB IN HARRISONBURG, VIRGINIA

Sentara RMH Medical Center in Harrisonburg, Virginia, is searching for a motivated **BC/BE Internist** to join a dedicated and collegial team of providers, full support team of nurses, referral specialists and care coordinators to treat a diverse patient population. This is an employed position to join our loyal medical group of 150+ employed physicians and Advanced Care Providers, in a warm and welcoming community located in the heart of Virginia's Shenandoah Valley.

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WHAT WE NEED:

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- Established and busy, outpatient-only, hospital-employed practice
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No J1 visa waiver sponsorships available

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TO JOIN OUR TEAM, SUBMIT YOUR CV TO: JIBHR@jibei.com

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Interested candidates should address their C.V. to:

Terri Smith | tsmith@sjrhc.org
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US Citizenship required or candidates must have proper authorization to work in the US. Physician applicants should be BC/BE. Education Debt Reduction Program funding may be authorized for the health professional education that was required of the position. Possible recruitment bonus. EEO Employer.

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A unique opportunity to practice the highest quality medicine in a collegial and conducive environment free of bureaucracy

At JIB MEDICAL you practice medicine in a very physician-friendly environment, where our main concern is quality patient care and quality of life/work balance for you. We do not use RVU's, performance measures or other such bureaucratic assessments. We are non-profit and self-funded. Our only concern is quality care of patients. We have a wealth of ancillary support to ensure patient engagement, compliance and adherence. Academic-based leadership.

- We are expanding our gynecology and pediatrics. We require a Family Physician with extensive experience in both areas, primarily for well-patient exams and programs.
- Current Family Medicine Board Certification required.
- All patients are insured and are participants in the benefit plan.
- Excellent compensation with incredible benefits that significantly enhance value and income.
- Stable opportunity – we've been here for over 60 years!
- Physicians will contribute to building exciting and innovative new approaches to medical care, similar to a patient-centered medical home but entirely under our control.
- Full-time, 40 hours per week, five days per week, including some Saturdays.

We offer a competitive base up to \$200,000 plus over \$10,000 in reimbursement of FICA taxes, and a comprehensive benefits package including 10% of your salary for our employer contribution to your 401K without matching; as well as free health, dental, life and vision insurance; paid holidays, vacation and CME, malpractice coverage and much else.

Located in Fresh Meadows, Queens, NY, minutes from Manhattan. We provide free on-site parking or accessible by public transportation.

JIB Medical is open Monday thru Saturday; our physicians are required to work some Saturdays.

QUALIFICATIONS:

Current New York State Medical License Registration. Current D.E.A. Registration. Diplomat American Board of Family Medicine & current recertification required.

We are seeking exemplary clinical skills, an academically based approach to practicing medicine, and a strong interest in delivering high-quality, team-based outpatient care.

TO JOIN OUR TEAM, SUBMIT YOUR CV TO: JIBHR@jibe.com



Chief of Geriatrics UT Health San Antonio

UT Health San Antonio (UTHSA) seeks outstanding candidates for Chief of the Division of Geriatrics, Gerontology and Palliative Medicine in the Department of Medicine. UT Health San Antonio is a national leader in aging research. The Barshop Institute for Longevity and Aging Studies, housing both a Nathan Shock Center of Excellence in the Basic Biology of Aging and Claude D. Pepper Older Americans Independence Center, is among the top five organizations funded by the Division of Aging Biology of the National Institute on Aging. The newly established Biggs Institute for Alzheimer's and Neurodegenerative Diseases provides additional infrastructure and faculty expertise in diseases affecting older people. The Division is closely integrated with the Audie L. Murphy Memorial VA Hospital, including its GRECC and GEC service lines. The Division sponsors a Geriatrics fellowship and a large Palliative Medicine fellowship program. The Department of Medicine has established strengths in NIH funded research across several programs including Nephrology, Diabetes and Hem-Oncology and mitochondrial based research.

Candidates should have excellent leadership, clinical, teaching, organizational and motivational skills and an established research program. This is an exciting opportunity for an energetic, forward-thinking Geriatrician or Palliative Physician to lead the growth of clinical, educational and research programs within an established academic Division of Geriatrics. Resources will be available for the new Chief to build on existing strengths and achieve national prominence for the division.

UTHSA offers a competitive salary, a comprehensive insurance package, and a generous retirement plan. For more information, visit our website at <http://uthscsa.edu/hr/benefits.asp>

Interested applicants should apply at <https://uthscsa.taleo.net/careersection/ex/jobdetail.ftl?job=18000463> and click "Apply Online" to apply. Applicants should include a letter of interest, curriculum vitae, and three reference letters.



All faculty appointments are designated as security sensitive positions. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer, including protected veterans and persons with disabilities.



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Faculty/Research

Texas

Texas Tech University Health Sciences El Paso. Paul L. Foster School of Medicine, Department of Internal Medicine Transmountain Faculty Positions. Texas Tech University Health Sciences Center El Paso's Paul L. Foster School of Medicine (PLFSOM) is seeking to hire Internal Medicine trained core faculty physicians in the following sub-specialties: Hematology/Oncology, Endocrinology, Gastroenterology, Geriatrics, Academic Hospitalist and Interventional Cardiology, and inaugural Residency Program Director. The Transmountain location is a unique collaboration between PLFSOM and The Hospitals of Providence, the market leader in in-patient acute care, to create a major new clinical and educational site in west El Paso. These positions represent a unique opportunity to build a new medical school department, train medical students, create a new Internal Medicine residency program, and establish new clinical programs. The ideal candidate is currently an M.D./D.O., board certified by the American Board of Internal Medicine, successful completion of an ACGME accredited fellowship program, licensed in Texas, or eligible for licensure in the State of Texas, with a strong interest in academic medicine; and in particular building programs from the ground up. Interested candidates may contact: Dan Schuller, M.D. Professor and Chair, Department of Internal Medicine-Transmountain, Texas Tech University Health Sciences Center El Paso, Dan.schuller@ttuhsc.edu, (915)215-8407. More information on TTUHSC El Paso may be found at <http://elpaso.ttuhs.edu/> TTUHSC El Paso is an EEO/AA employer. The Texas Tech University System and its components will not discriminate in our employment practices based on an applicant's race, ethnicity, color, religion, sex, national origin, age, disability, genetic information or status as a protected veteran.

W-38399

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Hospitalist

National

Apogee Physicians Nationwide Hospitalist Opportunities. Apogee Physicians is the nation's largest, entirely physician-owned and operated, Hospitalist group. Founded in 2002, Apogee has grown to 750 physicians and nurse practitioners in 26 states. We are committed to creating the best opportunity for the best Hospitalists. Apogee has established programs in; Alabama, Arkansas, Arizona, Delaware, Georgia, Iowa, Illinois, Indiana, Kentucky, Louisiana, Michigan, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and Wisconsin. Please send your CV to Mica Sylvain at mica@apogeephysicians.com or call 208-292-4088. Visit www.apogeephysicians.com. W-38385

Annals of Internal Medicine invites you to send us your best photos.

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ICU Hospitalist/Nocturnist -CHA Everett Hospital

Cambridge Health Alliance (CHA) is a well-respected, nationally recognized and award-winning public healthcare system, which receives recognition for clinical and academic innovations. Our system is comprised of three hospital campuses in Cambridge, Somerville and Everett with additional outpatient clinic locations throughout Boston's Metro North Region. CHA is an academic affiliate of both Harvard Medical School (HMS) and Tufts University School of Medicine. We are a clinical affiliate of Beth Israel Deaconess Medical Center. CHA is recruiting for an ICU Hospitalist/Nocturnist to cover Everett Hospital.

- Position requires PM shifts (7p-7a) plus weekend day shifts
- Work collaboratively with CHA's intensivist MDs to round on inpatients within the CHA Everett Hospital ICU
- Cross coverage of med/surg inpatient unit included as part of clinical responsibility (10% of total FTE)
- Applicants should be comfortable with procedures including central lines, vent management, intubation, etc.
- Internal training and maintenance program exists to assist in certification of these skills competencies
- Academic appointment is available commensurate with medical school criteria

Applicants should be trained and Board Certified in Internal Medicine or Family Medicine and possess excellent clinical and communication skills plus a demonstrated commitment to CHA's multicultural, underserved patient population.

At CHA we have a supportive and collegial clinical environment, strong leadership, infrastructure. CHA has a fully integrated electronic medical record system (Epic) throughout our inpatient units and outpatient clinics and competitive salary/benefits package. We offer a competitive, guaranteed base salary and comprehensive benefits package.

Please visit www.CHAproviders.org to learn more and apply through our secure candidate portal. CVs may be sent directly to Lauren Anastasia, Manager, CHA Provider Recruitment via email at LAnastasia@challiance.org. CHA's Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax at (617) 665-3553.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

HOSPITALIST OPPORTUNITY AVAILABLE JOIN THE HEALTHCARE TEAM AT BERKSHIRE HEALTH SYSTEMS!

Berkshire Health Systems is currently seeking a BC/BE Internal Medicine physician to join our comprehensive Hospitalist Department. Previous Hospitalist experience is preferred. Our Hospitalist Department is currently working 10 hour shifts on a 7 on / 7 off block shift schedule with a closed ICU/CCU and has a full spectrum of Specialties to support the team.

Berkshire Health Systems offers a competitive salary and benefits package, including relocation assistance.

INTERESTED CANDIDATES ARE INVITED TO CONTACT:

Liz Mahan
Physician Recruitment Specialist
Berkshire Health Systems
725 North St.
Pittsfield, MA 01201
(413) 395-7866

Applications accepted online at www.berkshirehealthsystems.org



MA HOSPITALIST

Beth Israel Deaconess Hospital Medicine is looking for Hospitalists. We staff at Beth Israel Deaconess Hospitals in Boston, Plymouth, Milton & Needham. Opening available at BID-Plymouth Hospital.

Please apply at: www.hmfphysicians.org
Joseph Li, MD • pjcurley@bidmc.harvard.edu • 617-754-4677

EEO/A/A/M/F/Vet/Disability



Beth Israel Deaconess Hospital
Plymouth

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AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC.
Beth Israel Deaconess Medical Center
Associated Physicians of Harvard Medical Faculty Practitioners at BIDMC, Inc.



Join our Hospital Medicine Team!

Mercy Hospital in beautiful Portland, Maine has provided **compassionate care** as well as **clinical excellence** to the community for 100 years.

We have openings for full-time and per diem Hospitalists to join our dynamic team! We seek physicians who are advocates for their patients' care, strong collaborators, and capable of building positive relationships with patients, physician extenders, nurses, and specialists.

- Very Competitive Pay
- Work/Life Balance
- Satisfying and Challenging Practice
- Family-friendly Shifts
- Great Team and Backup Support

Contact our recruiter, Sarah, today: hildebrands@emhs.org, 207.879.3804



Mercy Hospital is a member of EMHS, an integrated statewide health delivery system. EMHS offers a broad range of providers and services, including nine hospitals, primary care and specialty physician practices, long-term care, home health and hospice agencies, and ground and air emergency transport.

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Join our Critical Care Team as an ICU Hospitalist!

Mercy Hospital in beautiful Portland, Maine has provided **compassionate care** as well as **clinical excellence** to the community for 100 years.

We are looking for an **ICU Hospitalist** physician who will admit and manage patients to our 7 bed critical care unit, working alongside Chest Medicine Associates, the pulmonary critical care and sleep practice providing specialty care to all of Portland. The perfect candidate will be proficient with central lines, arterial lines, CPAP/BiPAP, intubation and vent management, and well-experienced in the care of critically ill patients. MD or DO, BC/BE in Internal Medicine or Family Medicine required.

- Very Competitive Pay
- Work/Life Balance
- Satisfying and Challenging Practice
- Family-friendly Shifts (7 on, 7 off days/nights)
- Great Team and Backup Support

Contact our recruiter, Sarah, today: hildebrands@emhs.org, 207.879.3804



Mercy Hospital is a member of EMHS, an integrated statewide health delivery system. EMHS offers a broad range of providers and services, including nine hospitals, primary care and specialty physician practices, long-term care, home health and hospice agencies, and ground and air emergency transport.



Bassett Healthcare Network
Bassett Medical Center

HOSPITALIST

BASSETT HEALTHCARE NETWORK, a progressive health care network in Central New York and major teaching affiliate of Columbia University, is seeking a BC/BE Hospitalist to serve our patient population in Cooperstown, NY.

PERTINENT HIGHLIGHTS INCLUDE:

- Schedule allows flexibility to pursue outside interests and activities
- No ICU responsibilities
- Family-friendly environment with a cohesive and collegial work relationships
- Group employed model with competitive salary
- Comprehensive benefit package, including but not limited to medical, dental, CME, relocation assistance and paid malpractice insurance
- Academic affiliation with Columbia University

Bassett Healthcare Network is an integrated health care system that provides care and services to people living in an eight county region covering 5,600 square miles in Central New York. The organization includes six corporately affiliated hospitals, as well as skilled nursing facilities, community and school-based health centers, and health partners in related fields.

Nestled in the foothills of the Adirondack and Catskill Mountains, Bassett Medical Center is located in Cooperstown, New York, a beautiful resort village on Otsego Lake. Home to the National Baseball Hall of Fame and Museum, the Glimmerglass Opera Company, and the Fenimore Art Museum, the area also boasts many cultural and four season recreational advantages including theater, music, museums, golf, sailing, hiking, and skiing.

FOR CONFIDENTIAL CONSIDERATION, PLEASE CONTACT:

Joelle Holk, Medical Staff Recruiter
phone: 607-547-6982 | email: Joelle.Holk@bassett.org or
visit our web-site at www.experiencebassett.org

EEO Employer

UPSTATE

MEDICAL UNIVERSITY

Academic Hospitalist

The Department of Medicine at SUNY Upstate Medical University is seeking full-time faculty to expand their established hospitalist program. If you enjoy mixing patient care with a broad array of teaching opportunities, or you're an excellent clinician looking for a change, consider joining our group. Qualified applicants must be eligible for licensure in New York State, and be board certified/board eligible in general internal medicine.

Responsibilities will include ward attending and medical consultation on surgical service and in the Emergency Department, process improvement activities, and teaching. Call schedule is one week on and one off. Clinical and Health Outcomes research are encouraged. Appointments will be at the Instructor, Assistant or Associate Professor level in the Clinician-Educator track. The beautiful Central New York - Finger Lakes region offers excellent schools, affordable housing, numerous recreational and cultural activities and beautiful seasonal weather.

We offer a competitive salary and excellent benefits package.

Send letter of interest, curriculum vitae, and list of three references to: Vincent Frechette, MD, Division Chief, c/o Deborah Shelby, SUNY Upstate Medical University, Department of Medicine, 550 Harrison Street, Suite I Syracuse NY 13202 or email to shelbyd@upstate.edu

Upstate Medical University is an AA/EEO/ADA employer committed to excellence through diversity.

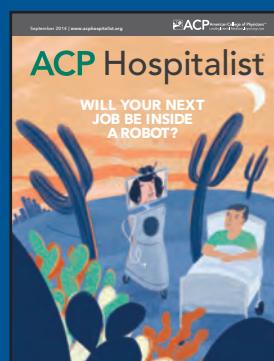
DAY HOSPITALISTS AND NOCTURNISTS

White Plains Hospital, a leading Magnet designated hospital in Westchester, 25 miles from Manhattan, NY, is seeking full time and per diem Day Hospitalists and Nocturnists for our expanding Adult Hospitalist Program.

Hospitalists/Nocturnists will have a 7on/7off or 5on/5off schedule, closed ICU, with full sub specialty back up. Procedures are optional.

We offer an exceptional comp/benefits package and phenomenal work environment.

Please submit your CV for consideration to Sharon O. Alfonso
Email: careers@wphospital.org
Phone: 914-681-2768



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Post Acute Hospitalist Opportunity

At Reading Hospital Rehabilitation at Wyomissing, located 60 miles NW of Philadelphia!

Flexible day shift schedule with minimal night call, 1:7 weeks from home!

Candidates must be BC/BE in Internal Medicine



About the facility:

- ◆ 174,000-square-foot, three-story, free-standing rehabilitation hospital
- ◆ 62-bed Rehabilitation Center, including an 11-bed secured Brain Injury Unit
- ◆ 50-bed Transitional Care Center for skilled care
- ◆ State-of-the-art equipment using robotic technology and telemedicine
- ◆ Aquatic therapy pool and outdoor therapy garden
- ◆ On-site pharmacy, laboratory and radiological services

What We Offer:

- ◆ Competitive compensation packages including obtainable incentives
- ◆ Comprehensive benefits including health, dental, eye; professional liability, disability insurance and retirement
- ◆ Up to \$100K in educational loan assistance
- ◆ \$5K in CME money
- ◆ Occurrence-based malpractice insurance, including tail coverage
- ◆ Relocation assistance

A unique opportunity for Hospitalists to practice in an atypical rehabilitation hospital that offers an appealing lifestyle and complex cases, similar to a medical-surgical unit.

Quoted as being "a rehab on steroids", the atmosphere for Post Acute Hospitalists at Tower Health is NOT like working in a nursing home!

Responsibilities include coordinating all aspects of care for the Transitional Sub-Acute patients and provide co-management services for the Acute Rehabilitation patients:

- Admit and manage the clinical care of Adult Medicine Service patients on a sub-acute unit.
- Comprehensive medical consults with sub-specialists on acute rehab patients.
- Coordination of care with primary care physician.
- Discharge planning, including ensuring appropriate follow-up.
- Coordination/co-management of care with physiatrist.
- Discuss of end of life preferences.
- Participate in quality improvement activities.
- Inpatient attending for Internal Medicine Residents.
- Collaboration with CRNP providers.



Reading Hospital Rehabilitation at Wyomissing is the only hospital in the region to be accredited by both the Commission on Accreditation of Rehabilitation Facilities (CARF) and The Joint Commission.

For additional information, contact:

Carrie E. Moore, MBA
Medical Staff Recruiter

carrie.moore@towerhealth.org

www.towerhealth.org

www.careers.towerhealth.org



Penn Medicine Clinician, Department of Emergency Medicine, Observation Unit



Penn Medicine

The Observation Unit in the Department of Emergency Medicine, Perelman School of Medicine at the University of Pennsylvania is seeking candidates for a Penn Medicine Clinician position.

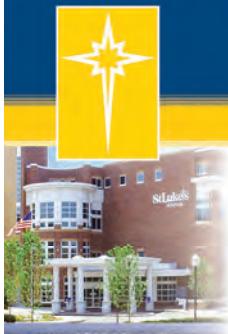
We are seeking candidates for a Penn Medicine Clinician (PMC) position. This position will provide Observational care in the Emergency Department Observation Unit at the Hospital of the University of Pennsylvania (HUP) and provide bedside teaching to Advanced Practice Providers and residents. This position will report to the Director of the Observation Unit. S/he will be responsible for the clinical oversight and management of the observation services in the 27 bed unit. Provide observation services as required and fulfills all medico-administrative duties associated with membership on each hospital medical staff of which PMC is a member. Continuation is dependent upon performance and department need. The ideal candidate is BC/BE, EM/IM/FP with experience in Observation Medicine or Hospitalist Medicine. Knowledge of Center for Medicare Services, observation care management, and regulatory and quality standards are required. Two years of observation care management preferred.

Candidates who have strong clinical and leadership potential combined with a strong desire to be part of an outstanding, highly motivated and highly productive group of healthcare providers are urged to apply. Hospitalists or internal medicine trained physicians are encouraged to apply. Penn Medicine is comprised of three hospital emergency departments and observation units (Hospital of the University of Pennsylvania- HUP; Penn-Presbyterian Medical Center-PPMC; and Pennsylvania Hospital-PAH) with a combined annual emergency department census of 145,000 visits. Each site has a unique, diverse, highly acute patient population consisting of local and referral patients. Penn Medicine is a world-class academic institution with superb clinical facilities and programs, one of the top ten medical schools in the nation, and a rich and collegial research environment.

The Department of Emergency Medicine has a 4 year, highly successful, academically oriented residency program with 44 residents, multiple fellowships, and several nationally acclaimed research programs housed within its Center for Resuscitation Science and the Center for Emergency Care Policy Research. There are over 90 faculty and numerous clinical support staff across the three sites and there are close academic affiliations and programmatic alliances with the Children's Hospital of Philadelphia and the Philadelphia Veterans Affairs Medical Center.

We seek candidates who embrace and reflect diversity in the broadest sense. The University of Pennsylvania is an EOE. Minorities/ Women/ Individuals with disabilities/ Protected Veterans are encouraged to apply.

Apply online at: <https://jobs.hr.upenn.edu/postings/36994>



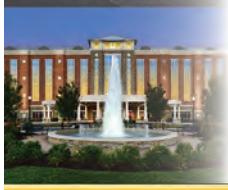
A Place to Practice. A Place to Call Home.

Hospitalist Opportunities in Eastern PA – Starting Bonus and Loan Repayment

We have day positions at our Miners Campus in beautiful Schuylkill County and at our newest hospital in Monroe County set in the Pocono Mountains. Both campuses offer you an opportunity to make a difference in a Rural Health Community yet live in your choice of family friendly, thriving suburban areas. In addition, you'll have access to our network's state of the art technology and Network Specialty Support Resources. We also have opportunities at our Quakertown campus, where a replacement hospital will open in 2019.

We offer:

- Starting bonus and up to \$100,000 in loan repayment
- 7 on/7 off schedules
- Additional stipend for nights
- Attractive base compensation with incentive
- Excellent benefits, including malpractice, moving expenses, CME
- Moonlighting Opportunities within the Network



SLUHN is a non-profit network comprised of physicians and 10 hospitals, providing care in eastern Pennsylvania and western NJ. We employ more than 800 physicians and 200 advanced practitioners. St. Luke's currently has more than 220 physicians enrolled in internship, residency and fellowship programs and is a regional campus for the Temple/St. Luke's School of Medicine. Visit www.slhn.org.

Our campuses offer easy access to major cities like NYC and Philadelphia. Cost of living is low coupled with minimal congestion; choose among a variety of charming urban, semi-urban and rural communities your family will enjoy calling home.

For more information visit www.discoverlehighvalley.com

Please email your CV to Drea Rosko at physicianrecruitment@slhn.org

St Luke's
UNIVERSITY HEALTH NETWORK
www.slhn.org

My Health. My Hospital.



Penn State Health

Hospitalist Opportunities with Penn State Health

Penn State Health is a multi-hospital health system serving patients and communities across central Pennsylvania. We are seeking Hospitalists interested in joining the Penn State Health family in various settings within our system.

What We're Offering:

- Community Setting Hospitalist opportunities (Lancaster and Berks County positions)
- We'll foster your passion for patient care and cultivate a collaborative environment rich with diversity
- Commitment to patient safety in a team approach model
- Experienced hospitalist colleagues and collaborative leadership
- Salary commensurate with qualifications
- Relocation Assistance

What We're Seeking:

- Completion of an accredited training program
- Ability to acquire license in the State of Pennsylvania
- Must be able to obtain valid federal and state narcotics certificates.
- Current American Heart Association BLS and ACLS certification required.
- BE/BC in Family Medicine or Internal Medicine (position dependent)

No J1 visa waiver sponsorships available

What the Area Offers:

Penn State Health is located in Central Pennsylvania. Our local neighborhoods boast a reasonable cost of living whether you prefer a more suburban setting or thriving city rich in theater, arts, and culture. Our surrounding communities are rich in history and offer an abundant range of outdoor activities, arts, and diverse experiences. **We're conveniently located within a short distance to major cities such as Philadelphia, Pittsburgh, NYC, Baltimore, and Washington DC.**

For more information, please contact:

Heather Peffley, PHR FASPR Physician Recruiter,
Penn State Health heppfley@pennstatehealth.psu.edu

Penn State Health is committed to affirmative action, equal opportunity and the diversity of its workforce.
Equal Opportunity Employer M/F/Minorities/Women/Protected Veterans/Disabled.



HOSPITALIST REGIONAL MEDICAL DIRECTOR OPPORTUNITIES IN EASTERN PA STARTING BONUS AND LOAN REPAYMENT

St. Luke's University Health Network (SLUHN) is interviewing for Hospitalist Regional Medical Director Candidates for our growing 10-hospital network. This is an opportunity to lead a dynamic group of physicians at several campuses, engage them as a team and work to assure consistent high quality. All campuses have a closed ICU, strong advanced practitioner assistance and all specialty back up, in addition to an opportunity for upward mobility within the Network.

We offer:

- Starting bonus and up to \$100,000 in loan repayment
- Medical Director stipend
- 7 on/7 off schedules
- Attractive base compensation with incentive
- Excellent benefits, including malpractice, moving expenses, CME
- Moonlighting opportunities within the Network

SLUHN is a non-profit network comprised of physicians and 10 hospitals, providing care in eastern Pennsylvania and western NJ. We employ more than 800 physician and 200 advanced practitioners. St. Luke's currently has more than 220 physicians enrolled in internship, residency and fellowship programs and is a regional campus for the Temple/St. Luke's School of Medicine. Visit www.sluhn.org.

Our campuses offer easy access to major cities like NYC and Philadelphia. Cost of living is low coupled with minimal congestion; choose among a variety of charming urban, semi-urban and rural communities your family will enjoy calling home.

For more information visit
www.discoverlehighvalley.com

Please email your CV to Drea Rosko at
physicianrecruitment@sluhn.org



My Health. My Hospital.

MED-PEDS HOSPITALIST OPPORTUNITY Upstate, South Carolina

Award-winning Downtown, Gorgeous Lakes and Mountains, Ideal Climate

Greenville Health System (GHS), the largest healthcare provider in South Carolina, seeks BC/BE Medicine-Pediatrics Physician interested in opportunities as a Med-Peds Hospitalist at Greer Memorial Hospital in Greer, SC. Located minutes from downtown Greenville, Greer Memorial Hospital is an 80-bed community hospital that offers expanded medical services to accommodate the growing healthcare needs of those in the community. It is a Magnet-recognized hospital, reflecting a level of nursing professionalism that translates to better satisfaction for both patients and staff, and better care for patients.

Details Include:

- Group comprised of career Med-Peds Hospitalists with low turnover and one physician assistant
- Community hospital with growing academic atmosphere: opportunities to teach residents/medical students with an academic appointment; learn more about our affiliated GHS Med-Peds residency program at: <https://hsc.ghs.org/medpeds>
- 8-bed ICU with opportunity to manage critically ill patients and perform procedures
- 6-bed pediatric unit with plan to expand: Greer campus Family Medicine residency set for 2020 and Med-Peds and Family Medicine collaborating to grow pediatric unit
- Baby-friendly Level I Nursery, 25 minutes away from the GHS Neonatal Intensive Care Unit
- Supportive subspecialists: Cardiology, Nephrology and Orthopedic Surgery through weekdays; Gastroenterology, Hem/Onc and General Surgery available 7 days; adding Pulmonary/Critical Care late 2018
- Competitive salary plus incentives and sign on bonuses
- Premium pay & flexible schedule for Nocturnist or Semi-Nocturnist
- EPIC Electronic Medical Record system implemented July 2016
- Multiple moonlighting opportunities: additional shifts paid at a premium throughout our many facilities
- Ideal candidates are comfortable managing critically ill patients and are trained in IM procedures

GHS employs over 15,000 people, including 1,110+ physicians on staff. Our academic health system includes clinically excellent facilities with 1,518 beds on 7 campuses. Additionally, we host 16 residency and fellowship programs, a Level I trauma center, a research facility and one of the nation's newest medical schools: University of South Carolina School of Medicine Greenville.

Upstate South Carolina is a beautiful place to live and work and the GHS catchment area is 1.3 million people. Greenville is located on the I-85 corridor between Atlanta and Charlotte, and is one of the fastest growing areas in the country. Ideally situated near beautiful mountains, beaches and lakes, we enjoy a diverse and thriving economy, excellent quality of life and wonderful cultural and educational opportunities.

Public Service Loan Forgiveness (PSLF) Program Qualified Employer

Please submit a letter of interest and CV to Hannah Sandberg, In-House Physician Recruiter, at: hsandberg@ghs.org. Phone: 864-797-6164.



GREENVILLE
HEALTH SYSTEM




DIVISION HEAD OF HOSPITAL MEDICINE

The Department of Medicine within the Henry Ford Medical Group (HFMG) is seeking a clinical physician leader to serve as Division Head for the Division of Hospital Medicine. Located in southeast Michigan, the Henry Ford Medical Group is part of the Henry Ford Health System (HFHS), one of the nation's largest integrated healthcare systems, with a very robust clinical, academic, and research focus.

The Division of Hospital Medicine is comprised of 50 faculty physicians who cover over 220 beds in three hospitals, including an academic teaching service at Henry Ford Hospital, with more than 65,000 patient encounters annually. In collaboration with other System leaders, the Division Head is responsible for:

- Providing strong divisional leadership
- Developing and coordinating long-range plans for the Division
- Maintaining the highest standards of medical care and commitment to medical education in a leading Internal Medicine residency program
- Ensuring a highly-functioning, financially sound, integrated system-wide Division
- Maintaining a clinical identity, while devoting his/her abilities to the proper management, function and efficiency of the Division
- Staff development, as well as recruitment of and retaining high-level staff
- Acts as a liaison to other local hospitals and physicians by maintaining relationships that are helpful and collaborative
- Encouraging all physicians of the importance of community outreach and exemplary communication with referring physicians
- Able to establish ambitious goals and lead all involved in a comprehensive program to achieve those goals

The successful candidate is expected to have a medical degree (MD/DO) with board certification by the American Board of Internal Medicine (Internal Medicine with a Focused Practice in Hospital Medicine preferred). He/she must be qualified to be licensed to practice medicine in the State of Michigan and should have scholarly credentials appropriate to be proposed for a faculty appointment at Wayne State University School of Medicine.

Review of applications will begin immediately and continue until the position is filled.

Please submit your letter of interest and CV to Dr. Kimberly Baker-Genaw, Vice Chair of Medicine, in c/o Scott Johnson, Senior Physician Recruiter, at sjohns10@hfhs.org.



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Hospital Medicine Physician Opportunity with Fairfield Hospital Medicine



Fairfield Medical Center

401 North Ewing Street
Lancaster, Ohio 43130

Practice Model: Employed
Status: Full-time (7 On/7 Off)

Opportunity Highlights: Fairfield Medical Center seeks a Hospital Medicine Physician to join an established, progressive, 20 physician employed team providing hospital medicine in the Center. We offer a flexible schedule of 7 on/7 off promoting an excellent work life balance and physicians typically have a census of 15-20 patients per shift. Lancaster is conveniently located 30 minutes southeast of Columbus, Ohio and offers new schools and great neighborhoods.

Recruitment Package: Competitive compensation and benefits package provided (medical, dental, vision, 401K, CME)

About Fairfield Medical Center: Fairfield Medical Center is a 222-bed independent community hospital located in the third fastest-growing county in Ohio, and is the largest employer in Fairfield County. Outside of the Columbus Metro area, we are the largest inpatient healthcare facility in the region, which extends south to the Ohio River.

Fairfield Medical makes a difference for everyone by creating exceptional care and experiences from the heart...Always.

For more information, please contact Physician Recruiter Amy Sampson-Swinehart at 740-687-8071 or at amys@fmhealth.org



The Ohio State University Wexner Medical Center

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OSUWMC Division of Hospital Medicine is dedicated to the health and well-being of our patients, team members, and the OSUWMC community. We are currently seeking exceptional individuals to join our highly regarded team. We focus on improving the lives of our patients and faculty by providing personalized, patient-centered, evidence-based medical care of the highest quality. Our clinical practice meets rigorous standards of scholarship, and we are devoted to serving as expert educators and mentors to the next generation of physicians.

Preferred candidates are BC/BE in Internal Medicine or Internal Medicine-Pediatrics, have work experience or residency training at an academic medical center, and possess excellent inpatient, teamwork, and clinical skills.

We are an Equal Opportunity/Affirmative Action Employer. Qualified women, minorities, Vietnam-era and disabled Veterans, and individuals with disabilities are encouraged to apply. This is not a J-1 opportunity.

Practice Locations:

- University Hospital • University Hospital East
- James Cancer Hospital & Solove Research Institute
- Richard M. Ross Heart Hospital
- Dodd Rehabilitation Hospital
- OSU Harding Hospital
- Nationwide Children's Hospital (Med-Peds)

We are interviewing competitive applicants!

Forward your letter of interest and CV:

- Natasha Durham, DASPR
- <http://go.osu.edu/hospitalmedicine>
- hospitalmedicine@osumc.edu
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Hospitalists

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- 220 bed hospital
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Lawrence Hospitalist Physicians provides adult inpatient care for Lawrence Memorial Hospital, a 175-bed not-for-profit community-owned hospital with excellent specialist support.

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11 full-time Board Certified physicians and 6 advanced practice providers.

7 days on/7 days off, night coverage every 10 weeks.

Highly competitive salary with signing bonus.

Benefits include: incentive bonus, health insurance, retirement plan, reimbursed medical and professional expenses, malpractice insurance, and CME allowance.

Physician applicants require Board-Certification or Board-Eligibility in Internal Medicine or Family Practice with hospitalist experience, and U.S. citizenship or permanent residence.

For more information about this position, contact:

Dr. Marc Scarbrough at **(785) 505-3350**
or email: marc.scarbrough@lmh.org

Lawrence Hospitalist Physicians does not discriminate on the basis of race, religion, age, ethnicity, culture, sex, sexual orientation, gender identity or expression, national origin, or physical disability.

Washington University School of Medicine is seeking full-time hospitalists, nocturnists and oncology hospitalists for our expanding program at Barnes-Jewish Hospital and Barnes-Jewish West County Hospital. MD/DO, internal medicine board certification or eligibility, and eligibility for licensure in the state of Missouri required.

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- Comprehensive liability insurance (*no tail required*)
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Barnes-Jewish Hospital is a 1,300-bed Level-I trauma center serving the St. Louis metropolitan and outlying areas. It is ranked as one of the nation's top 12 hospitals by *US News & World Report*.

This position is not J-1 eligible. All qualified applicants will receive consideration for employment without regard to sex, race, ethnicity, protected veteran, or disability status.

Interested candidates should apply: facultyopportunities.wustl.edu
Select "Internal Medicine" and see "Hospitalist".



Physician-Led Medicine in Montana Internal Medicine/Family Medicine Hospitalist



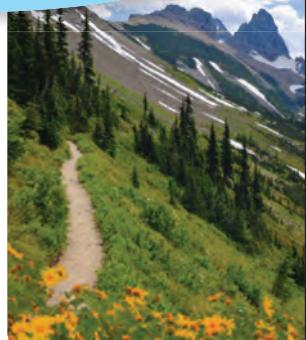
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Contact: Rochelle Woods
1-888-554-5922
physicianrecruiter@billingsclinic.org
billingsclinic.com



Billings Clinic is nationally recognized for clinical excellence and is a proud member of the **Mayo Clinic Care Network**. Located in Billings, Montana - this friendly college community is a great place to raise a family near the majestic Rocky Mountains. Exciting outdoor recreation close to home. 300 days of sunshine! #1 in Montana





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ADVENTIST HEALTH PORTLAND

Adventist Health Portland seeks a Board Certified internal medicine or family medicine physician to join the Admission and Management team at Adventist Health Portland in Portland, Oregon. Current residents planning to take the boards right after residency are also welcome to apply. The qualified candidate will join a stable group practice of 18 Hospitalists who provide comprehensive inpatient care to all medical patients in the hospital. We have an open ICU and are looking for candidates excited about critical care and being the primary attendings for most medical ICU patients. The Pulmonary/critical care service is highly involved in the ICU and is available for assistance 24/7. The hospitalist candidate must be interested in procedures, occasional night shifts, and working 12-16 shifts per month. Our scheduling is not a set 7on/7off and offers some flexibility for physician preference.

The mission of those who serve at Adventist Health Portland is living God's love by inspiring health, wholeness and hope. Located in the magnificent Pacific Northwest, the Portland area offers a high quality of life, gorgeous scenery, a vibrant downtown, and year-round outdoor activities.

For more information and to submit CV for consideration, visit PhyJobs@ah.org. All inquiries will be kept in confidence. This is not an H1B or J1 eligible opportunity.

Candidates are strongly encouraged to submit a cover letter with the CV and application.

Opportunities for Internal Medicine Physicians in the Southwest

San Juan Regional Medical Center in Farmington, New Mexico is recruiting Internal Medicine Physicians to the Four Corners area

What makes this opportunity so special?

- Compensation of \$240,000–\$250,000 base salary
- Productivity bonus incentive with no cap
- General Internal Medicine-Primary Care out-patient practice
- No call, no weekends, no holidays
- Lucrative benefit package, including retirement
- Sign on and relocation
- Student loan repayment
- Quality work/life balance

San Juan Regional Medical Center is a non-profit and community governed facility. Farmington offers a temperate four-season climate near the Rocky Mountains with world-class snow skiing, fly fishing, golf, hiking and water sports. Easy access to world renowned Santa Fe Opera, cultural sites, National Parks and monuments. Farmington's strong sense of community and vibrant Southwest culture make it a great place to pursue a work-life balance.



SAN JUAN REGIONAL MEDICAL CENTER

Interested candidates should address their C.V. to:

Terri Smith | tsmith@sjrmc.net
888.282.6591 or 505.609.6011
sanjuanregional.com | sjrmcdocs.com



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Seeking Hospitalist in Santa Fe, New Mexico

Presbyterian Healthcare Services (PHS) is New Mexico's largest, private, nonprofit, healthcare system based in Albuquerque. Presbyterian Medical Group employs over 800 providers, representing over 50 specialties. We have openings in the following specialties for BE/BC physicians:

We are excited to announce that we will be opening a medical center in Santa Fe. Located at 7,000 feet in the southern Rocky Mountains, Santa Fe is the capitol of New Mexico and is one of the greatest destination cities of the world.

The Presbyterian Hospitalist Program seeks a BE/BC Internal Medicine trained physician to join our newest 30 bed Medical Center in Santa Fe which opens October 2018. This is an ideal opportunity for the outdoor enthusiast as there is immediate access to skiing, mountain biking, hiking, river rafting, rock climbing and other sports along with a regional airport that allows easy access and weekend getaways.

Presbyterian Healthcare Services is based in Albuquerque with five rural locations in New Mexico. These opportunities offer a competitive salary; paid malpractice (occurrence-type); relocation; CME allowance; 403(b) w/match; 457(b); health, life, AD&D, disability insurance; dental; vision; pre-tax health and child care spending accounts. EOE.

**For more information in Albuquerque contact: Tammy Duran;
Tel: 505-923-5567 or e-mail: tduran2@phs.org Fax: 505-923-5007**

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NORTHERN CALIFORNIA

Sutter Medical Group is hiring Hospitalists for the following locations: Sacramento, Roseville, Auburn and Davis. Base salary, sign on bonus, relocation assistance, great benefits, and flexible schedule!

SEND CV TO: develops@sutterhealth.org



Sunrise Medical Associates is looking for full time /part time Hospitalists to join our ambitious team in the Los Angeles and Inland Empire areas. Successful candidates will demonstrate skills in inpatient medicine and teamwork and be an MD or DO BE/BC in IM/FP. Great Incentives available. Please send CV to smamedoffice@gmail.com or fax to 951-339-8461 for consideration. (Multiple positions available)

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Sacramento offers a wide variety of activities to enjoy, including fine dining, shopping, biking, boating, river rafting, skiing and cultural events.

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DEPARTMENT OF FAMILY MEDICINE DIVISION OF GERIATRIC MEDICINE AND GERONTOLOGY

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DIVISION OF GERIATRIC MEDICINE & GERONTOLOGY. The Departments of Family Medicine and Internal Medicine are seeking candidates for a full-time faculty position in the Division of Geriatric Medicine and Gerontology at the University of California, Irvine. The position will be offered in the Health Sciences Clinical Series at the Assistant Professor, Associate Professor, or Professor level. This on-going recruitment is for clinicians in an ambulatory practice. Level and salary are commensurate with background and experience.

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REQUIREMENTS: Board certification in Family Medicine or Internal Medicine and board eligibility/board certification in Geriatric Medicine; excellent clinical skills; interest in clinical teaching; eligibility for UC Irvine Medical Center medical staff privileges; desire to work in an interdisciplinary team.

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Additional information regarding available positions can be obtained by contacting:

Jessica de la Cruz, MBA

Department of Family Medicine • University of California Irvine
101 The City Drive • Bldg. 200, Suite 835 • Orange, CA 92868
Email: jessimd1@uci.edu

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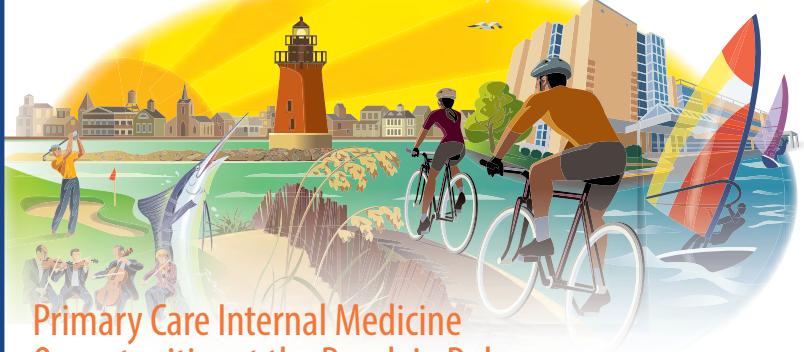
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- California Training Facility – Soledad
- Kern Valley State Prison – Delano*
- North Kern State Prison – Delano*
- Pelican Bay State Prison – Crescent City
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Hospital is located in Lewes, a short drive from major East Coast destinations.

Beebe has excellent opportunities for Internal Medicine physicians with Beebe Medical Group and with private practice.

- Board Certified and Board Eligible Primary Care Internal Medicine Physicians.
- Beebe Medical Group is a busy, multi-specialty aligned practice consisting of numerous satellite facilities throughout south coastal Delaware.
- Beebe Medical Group offers competitive compensation with incentives and generous benefits packages

About Beebe Healthcare:

- High patient satisfaction and quality of care ■ Cardiac surgery, interventional cardiology, cancer center with radiation, 256-slice CT, 3.0T MRI, PET CT Scan, 3D mammography, and hyperbaric chambers ■ 400+ providers on staff; 48,000+ Emergency Department visits ■ Margaret H. Rollins School of Nursing on site

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- Relaxed community where recreational opportunities include water sports, outdoor life, golf and cycling ■ Cultural offerings range from beach life and festivals to theater, fine art and superb dining ■ Praised for the quality of our beaches and boardwalks (*National Geographic, Parents Magazine, Travel & Leisure*) ■ Private, charter and public school options ■ Low taxes and no sales tax

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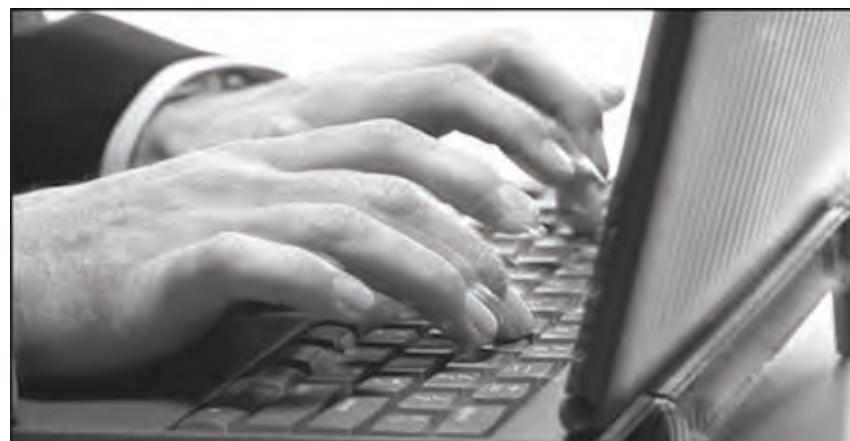
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FOR MORE INFORMATION:
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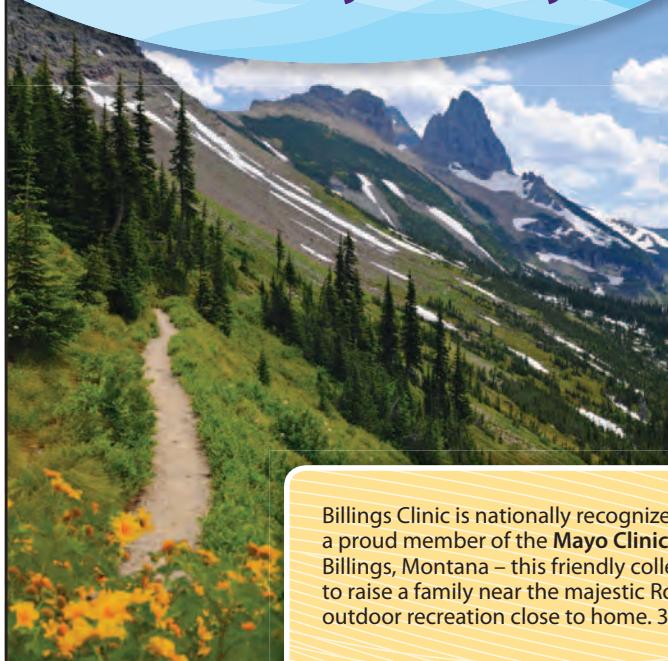
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Full Time Internal Medicine Primary Care Physician for Large Public Health and Hospital System in Silicon Valley

Better Health for All

Santa Clara Valley Medical Center (SCVMC), a large public teaching hospital, affiliated with Stanford University School of Medicine, in San Jose CA, is seeking a full-time BC/BE internal medicine physician to join our dynamic primary care practice in our Division of Primary Care in the Department of Medicine.

We offer the unparalleled opportunity to gain the long-term personal and professional satisfaction of serving our patients and our diverse community, while teaching the next generation of health care providers, in one of the best places to live in the United States.

About the organization

Santa Clara Valley Health and Hospital System (SCVHHS) is the second-largest County-owned health and hospital system in California and is committed to improving the health of the 1.8 million people of Santa Clara County. As an integrated health care system, SCVHHS includes a 574-bed central hospital (SCVMC), a large primary care network comprised of nine health centers throughout the County (including our newest center in downtown San Jose, which opened in 2016), a broad-range of specialty services in our Valley Specialty Center, a large behavioral health department, public health, EMS, and Valley Health Plan.

SCVMC itself hosts five residency training programs and partners with Stanford University Medical Center for the training of residents and fellows in many Stanford-based specialties. SCVMC also features a Level 1 Trauma Center, Burn Center, Primary Stroke Center, and a CARF-accredited Rehabilitation Center. Owing to its geographic location and specialty offerings, SCVHHS not only serves the County, but also the larger region.

Providers in our health system also have the unique opportunity to use our integrated electronic health record (Epic), which brings together system-wide patient information. Recently, the Health Information Management Systems Society (HIMSS) recognized SCVMC for achieving its highest level of success (Stage 7), based on our continuous innovation and optimization of our inpatient and outpatient EHR.

About the community

SCVMC is located in San Jose, California in the heart of Silicon Valley, offering a diverse choice of cultural, recreational, and lifestyle opportunities. Our physicians live in a range of communities, including urban (e.g., San Francisco), university (e.g., Palo Alto), high tech (e.g., many cities of Silicon Valley), mountain (e.g., Los Gatos), beach (e.g., Santa Cruz), and rural/agricultural (e.g., Gilroy). Situated in one of the most desirable regions of the country - only 45 minutes from the Monterey Bay and three hours from the Sierra Nevada - our physicians enjoy a very high quality of life.

About the Division of Primary Care in the Department of Medicine The Division of Primary Care in Department of Medicine with 55 internal medicine primary care physicians provides primary care services at eight health centers, from Sunnyvale to Gilroy. Internal medicine primary care physicians who join our department are pleased to find a very collegial work environment with robust specialty and ancillary support, and the opportunity to teach internal medicine residents from our large internal medicine residency training program.

About compensation and benefits

We offer competitive compensation, generous comprehensive benefit package (including 53 days of leave per year), paid malpractice, vibrant professional environment, opportunity for career growth, and the opportunity to serve a multicultural patient population

SCVMC is an Equal Opportunity employer.

If you are interested in joining a practice with unparalleled personal and professional advantages, then please submit your letter of interest and CV to MD.Recruitment@hhs.sccgov.org

HOSPITALIST OPPORTUNITY AVAILABLE JOIN THE HEALTHCARE TEAM AT BERKSHIRE HEALTH SYSTEMS!

Berkshire Health Systems is currently seeking a BC/BE Internal Medicine physician to join our comprehensive Hospitalist Department. Previous Hospitalist experience is preferred. Our Hospitalist Department is currently working 10 hour shifts on a 7 on / 7 off block shift schedule with a closed ICU/CCU and has a full spectrum of Specialties to support the team.

Berkshire Health Systems offers a competitive salary and benefits package, including relocation assistance.

Interested candidates are invited to contact:

Liz Mahan
Physician Recruitment Specialist
Berkshire Health Systems
725 North St.
Pittsfield, MA 01201
(413) 395-7866 | emahan@bhs1.org
Applications accepted online at
www.berkshirehealthsystems.org



IM RESIDENCY PROGRAM DIRECTOR Phoenix, Arizona

The Creighton University Arizona Health Education Alliance (the "Alliance"), a collaboration between Creighton University (School of Medicine), Maricopa Integrated Health System (MIHS) and Dignity-St Joseph's Hospital and Medical Center (SJHMC) is seeking a highly qualified, experienced IM Residency Program Director to lead the upcoming merger of two excellent, fully ACGME accredited IM residency programs from MIHS and SJHMC that will become a single Creighton sponsored IM program. Both current programs have produced scores of residents over many decades that have gone on to successfully practice in the state of Arizona, attend highly sought after fellowships and become exceptional clinician educators.

Minimum qualifications for the position include active ABIM certification, AZ medical license, five (5) year minimum experience in an academic GME program and be able to be appointed at least at the level of Associate Professor of Medicine at the Creighton University School of Medicine. The Alliance seeks candidates whose experience has prepared them to not only be able to teach the core competencies of the ACGME but help the Alliance achieve excellence in educating IM residents to be facile in emerging areas of training. These include incorporation of clinical informatics into patient care, promotion of safety, quality and developing more contemporary models of patient care including population health management and team based care.

Creighton, MIHS and SJHMC have individually demonstrated proven expertise in operating health systems and highly successful ACGME residency programs. The Alliance is a collaboration of these institutions in Phoenix, Arizona that seeks to be at the forefront of medical education, research and training a new generation of physicians, nurses, and allied health professional all of whom will improve the health outcomes of our community, state and nation.

For consideration please email CV to: practice@dmgaz.org



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Please visit our web site for more information on positions in Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming as well as the Cherokee Nation, Veterans Affairs, Indian Health Service and Saipan.

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