

Winter 2017

CAREER GUIDE for RESIDENTS



Featuring:

- Finding a job that fits
- Understanding nocturnists
- Taking communication skills seriously
- Negotiating an Employment Contract
- Fixing the system to fight burnout
- A shift in hospital-physician affiliations
- Millennials, the same doctors in a changed environment

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2017 Winter Career Guide for Residents

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2017 Winter Career Guide for Residents

Annals of Internal Medicine, January 17, 2017 • *ACP Hospitalist* and *ACP Internist*, January 2017.

Finding a job that fits

By Charlotte Huff

Earlier in his career, hospitalist David H. T. Kim, MD, used to tell physician applicants that his facility was “a swell place, and we all love each other.” Over time, though, Dr. Kim—now section chief for hospital medicine at Loma Linda University Medical Center in Loma Linda, Calif.—decided it was important not to gloss over collegial or departmental stressors.

Now, Dr. Kim invites applicants to attend a regular staff meeting. “If the guy who has got a big mouth or the lady who is frustrated with work hours expresses it, then [you’re] going to know the true reality of how it is [to work here] and how [people] work through and resolve those problems,” he said. This is more effective, he noted, than “getting a hand-picked set of individuals to sit down and have a nice dinner at a restaurant far away from the hospital.”



Image by Thinkstock.

When hospitalists vet a prospective job at a new facility, they can relatively easily gauge compensation, workload and other tangible benchmarks. But a growing body of research supports the idea that, to thrive in a new role, hospitalists also should scrutinize more subtle cultural and work-life dynamics before signing on.

Myriad factors might make or break the optimal job fit; these include the degree of collegiality among coworkers, the level of hospitalist autonomy, and the facility's attitudes toward patient care or medical errors.

Some of these elements can be difficult to evaluate amid the swirl of the interviewing process, but it is in a hospitalist's best interest to try, said Tosha Wetterneck, MD, FACP, a hospitalist at the University of Wisconsin at Madison. Dr. Wetterneck coauthored a study, published in the January 2012 *Journal of General Internal Medicine*, in which 29.9% of 816 hospitalists surveyed reported symptoms of burnout.

“We know that hospital medicine jobs can be very long hours, really hard and intense work,” she said. “So you want to create jobs that are sustainable for the long haul.”

Barriers to finding a fit

Physicians weighed down by loan debt and perhaps family obligations can become focused on the financial aspects of a potential job, said Dan Whitlock, MD, MBA, a consulting physician for Physician Wellness Services. “The monetary compensation part of it is something that really glitters in the sunlight and is very much an attractor,” he said.

But physicians should not skimp on exploring other job needs, and neither should physician leaders. If both sides don't determine whether the hire will work, “it really makes the organization vulnerable to losing these people,” Dr. Whitlock said.

A recent job fit analysis, based on the survey of 816 hospitalists mentioned earlier, found that only 21% reported they had achieved an optimal job fit. In cases of a poor fit, newly hired hospitalists—those on the job fewer than 2 years—were more likely to consider leaving that job than try to change things to improve their lot, according to the findings, which were published in the February 2013 *Journal of Hospital Medicine*.

One difficulty in finding a job fit is that administrators and doctors might bring different perspectives to the table, Dr. Whitlock said. He cited findings from a 2012 survey, conducted by Physician Wellness Services with recruiting firm Cejka Search, looking at how doctors and administrators ranked their organizations. Doctors gave their facilities an average score of 7.6 on a scale of 1 to 10 in regard to patient-centered care, while administrators provided a higher average score of 8.6.

Culturally, the 2 groups are trained to think very differently, Dr. Whitlock said, using patient-centered care perceptions as one example. “Physicians get very angry when they can't do absolutely the best for their patient, while the administrators are thinking about the resources of the organizations as a whole,” he said. “The net of it is that you come out with the administrators thinking that they're doing a better job than they really are, as ranked by the physicians.”

Since doctors and administrators are practically speaking a different language at times, it's incumbent upon the interviewing hospitalist to be direct about what aspects of work and hospital culture matter the most, Dr. Whitlock said. Dig past the jargon and surface talk to determine if both parties are culturally in sync, he said. Ask for specific examples. And whenever feasible, fade into the background and observe.

Capturing collegiality

To get a better sense of collegiality, watch the changing of shifts to see how clinicians interact. Hang out near the nurses' station. Meet a doctor or nurse for coffee off the clock, and ideally off campus.

One difficulty for prospective hires is that they are frequently accompanied by another physician or an administrator, which can stymie frank discussions, said Mary Bylone, RN, MSN, a member of the board of directors at the American Association of Critical-Care Nurses.

Try to break away, she advised. Leaders at the hospital might say they practice team-based care, but a bit of shadowing on medical rounds will paint a better picture, she said.

"They can see the interaction right there," said Ms. Bylone, who also is a regional vice president for patient care services at Hartford HealthCare in Hartford, Conn. "Does the nurse feel valued? Are they contributing? Or are they just treated like, 'When I want to know, I'll ask you.'"

Ask if the doctors ever get together with the nurses or other clinicians for meals or events outside of campus, an indication of respect and collegiality across the unit, Ms. Bylone said. "I've been at places where we had the ICU staff picnic and the docs came," she said. "I've been at other places and we invited them—you did it because it was obligatory—and you were actually hoping they wouldn't show up."

Patient-centered care?

Similarly, any claim of a commitment to patient-centered care is just jargon unless hospitalists can determine whether actions back up the words, Ms. Bylone said. Ask a hospital clinician about the facility's priorities, she suggested. "Staff will tell you that straight out," she said. "They will say whether the organization is more focused on how many dollars you're spending versus making sure you give good care to patients."

A warning sign is when clinicians discuss patients or medical issues with an edge of cynicism or demeaning humor, Dr. Whitlock said. If you encounter this, try to discern if the cynical attitude pervades the organization or if that particular person is just under stress.

Attending a morbidity and mortality conference also might help provide a window into how honest the facility is about problems, Dr. Whitlock and other clinicians said. Ideally, hospital leaders approach error as a learning experience rather than a blame game, so they can sort through what happened and develop preventive strategies, they said.

Another approach: Ask what sorts of processes and systems the hospital has incorporated to guard against errors, Dr. Kim said. Or delve into a particular pressure point, such as, "How do you guys do the [patient] handoffs where you are changing shifts, or weeks of doing shifts?"

Seemingly small details add up to a larger safety profile, Ms. Bylone said. For example, she said, are quality results and patient satisfaction data posted in an easily visible location? Do the nurses respond promptly when asked about the most pressing safety focus?

Pursuing growth

To shield against burnout, hospitalists should search for positions that are supportive in the short term and provide opportunities to grow professionally over the years, experts advised.

Drs. Whitlock and Wetterneck stressed the importance of mentorship, particularly for younger hospitalists. During the interview process, ask if the organization will assign a doctor whom an incoming hospitalist can call confidentially with questions or ask for advice, they said.

Also, watch for signs of mission creep, and try to clarify scope of practice prior to accepting a position, Dr. Kim said. Are the hospitalists sometimes in charge of the chest pain center or asked to cover the ICU overnight while the pulmonologist is on vacation? Are you comfortable with an expansion in workload, and does it align with your skill strengths?

Consider the demographics of the hospital staff, as that might play into the work-life balancing act, Dr. Kim said. If a lot of the hospitalists have young children, they might be more sympathetic to last-minute shift changes when ear infections or child care emergencies arise, he said.

In terms of staving off long-term burnout, the match between the job and meaningful work matters significantly, according to research published in the May 25, 2009, *Archives of Internal Medicine*. The definition of meaningful work varied among the 465 faculty members interviewed. Two-thirds of the faculty found the most meaning in patient care, while smaller percentages cited research, education or administrative activities.

Overall, 34% met burnout criteria, according to the findings. But those doctors who devoted less than 20% of their time to work they found meaningful were far more vulnerable, with 53.8% classified as burned out compared with 29.9% who had more flexible time to pursue their physician passions.

Even given their importance, however, it can be difficult or awkward to raise issues of cultural fit with a potential employer, experts acknowledged. For example, Dr. Whitlock said, a doctor might be reluctant to bring up certain subjects during the interview process, fearing that the questions might boomerang back. "As a physician if I ask, 'How do you deal with mistakes and errors?,' he pointed out, "it may have the implication that I make a lot of mistakes and I make a lot of errors."

But hospitalists, he added, have the luxury of being bold in their line of questioning and really determining whether a job is right for them.

"You probably have a lot of offers," he said. "Surfacing these questions about the culture of the organization should not raise eyebrows. If it does, I think that's a real red flag." ■

Charlotte Huff is a freelance writer in Fort Worth, Texas.

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Understanding nocturnists

By David Schultz, MD, ACP Member

Another hospitalist recently observed to me that the pool of potential nocturnists was “a weird bunch of people.” Having worked as a nocturnist myself for 5 years, I think the flaw lies not in the physicians but in their management. Most hospitalist programs misunderstand how to attract and keep quality physicians as nocturnists.

Although I'm sure that there are programs out there that do it well, it seems like most programs that hire nocturnists have them working schedules that are unsustainable, with a poor understanding of how to help them thrive in these positions. A nocturnist friend said, “They schedule me as if I were a regular day person doing 1 night at a time, not as a night person who has to do this over and over.” Hospitalist programs fail to see nocturnist positions as something that needs special management.

The end result is disinterest in nocturnist jobs by most hospitalists, so nocturnist positions remain a difficult recruit for most programs. This should indicate to leadership that there's something wrong with both how we structure these jobs and how we treat individuals working them. I have personally found that working nights has enabled me to have flexibility for my family that is enviable compared to just about any other physician specialty, in addition to being professionally and financially rewarding.

Exclusive night-shift work does have special challenges, centered around the ability of an individual to work counter to circadian rhythms, with implications for job satisfaction, health, and the quality of work performed at night. But there is a body of literature regarding best practices for night-shift work in other industries that seems to be mostly ignored by hospitalist programs. I think widespread adoption of a different approach to night shifts could grow the pool of hospitalists attracted to this niche and improve professional satisfaction in hospitalist groups as well as the quality of care delivered.

My (weakly) evidence-based tips for managing nocturnists:

- **Ditch 7-on/7-off.** My own experience working nights (usually 3 to 5 at a time) and literature from other industries suggests we could create more sustainable nocturnist programs by having people working fewer shifts. Some programs appear to already be doing this, according to Society of Hospital Medicine and AMGA surveys, which suggest that some nocturnists are considered full-time at only about 12 shifts per month. In my opinion, the only programs that are probably safe with 7-on/7-off schedules and high numbers of shifts per month are lower volume.
- **Avoid morning meetings.** Think twice before scheduling meetings that nocturnists need to attend in the morning after they've worked the night. An exception to this might be if the nocturnist is about to be off for multiple days and is adjusting back to spending the day awake.
- **Streamline signout.** Although this runs counter to practice at many busy programs, protracted signout processes that keep nocturnists at work after dawn likely contribute to degraded sleep quality. I believe electronic signout should be the norm, except in cases of ongoing clinical urgency.

In our practice, we leave voicemail on routine cases but may call the oncoming hospitalist about a patient just transferred to the ICU who needs attention.

- **Keep shifts shorter.** Avoid scheduling 12-hour night shifts at busy facilities. Longer night shifts probably contribute to worse sleep and performance. In my program, nocturnists work 8 p.m. to 6 a.m. on weeknights. Purely from a sleep quality standpoint, shift turnover at or before dawn is desirable.
- **Promote nonclinical roles.** Nocturnists should participate in nonclinical roles within hospitalist groups to help keep them integrated into group/local medical culture, including committee membership, schedule management, and leadership activities. The bright side of my night schedule is that I'm available to actively participate in a meeting during the day when standard working hospitalists might have to deal with their pagers.
- **Allow an adjustment period.** Ideally, nocturnists should have a reasonably long period of integration/orientation to the hospitalist group before they take on a nights-only role. Several months of day shifts will make them familiar to team members as well as the larger medical community prior to being isolated on nights. In my opinion, many groups would do better to develop nocturnists internally rather than recruiting a night-only physician from outside of the community.

Nocturnists can do their part, too, in making the job more comfortable and successful. My tips for them:

- **Don't take more than 7 shifts in a row.** It is debatable from the literature on shift-work safety whether we should allow ourselves any prolonged strings of consecutive nights, given the cumulative sleep deficits and worsened cognitive performance that seems to go along with this. I have seen nocturnists pull 9 consecutive nights “to just lump them together” and come out as doctor-zombies by the end.
- **Avoid caffeine in the last 6 hours of your shift.** Caffeine can disrupt sleep beyond the period of time where we perceive ourselves to be stimulated.
- **Shun the sun.** Avoid long commutes home in the morning and exposure to bright sunlight. Light is a strong entrainment stimulus to the circadian rhythm. Ideally, be in bed at dawn, or wear sunglasses on your way home.
- **Make use of melatonin.** When shifting back to days, melatonin can be very helpful: 1 to 3 mg at 9 p.m. on your first 2 to 3 nights off can readjust your circadian rhythm. After a couple of years of taking zolpidem and still waking up at 3 a.m. in the middle of my week off, I've found that melatonin works much better for me. There is good evidence that melatonin works for improving sleep for jet lag, despite the lack of standardization in its manufacture as a supplement. I have also seen mention of melatonin to aid in daytime sleep, but in my anecdotal discussions with other night workers, it seems to be more commonly used to flip back to nighttime sleep on days off.

- **Take a nap—but not during your shift.** A 60- to 90-minute nap prior to starting your night shift may improve alertness and sense of well-being at the start of your shift. But avoid napping during your night shift, especially if doing multiple consecutive nights; this is likely to actually hamper daytime sleep.
- **Avoid eating after midnight.** Even after acclimation to nights, eating late will degrade sleep in the morning hours. Gastrointestinal function has a strong circadian variability.
- **Keep things dark.** Use window blackout shades or eye shades as well as ear plugs/white noise to sleep in the morning. Go right to bed on arrival home, preferably when it's still dark. Sleep at cooler ambient temperatures, which can help diminish risk of arousal.
- **Stick to a schedule.** Avoid the temptation to frequently interrupt sleep on work cycles to meet social/family obligations. I try to look at afternoons after waking as "what one major productive thing could I get done today?"

Night shifts are among many things that hospital medicine, being a relatively young specialty, has yet to figure out how to do the best possible way. Working nights has long been seen as a hardship, with even physicians in the field believing it is about working a difficult schedule at higher wages for a short period, rather than a sustainable practice. But it could be a more attractive career niche if we're able to change a few things about how we manage ourselves, and how we adapt to being part-time night creatures. ■

Dr. Schultz is a hospitalist with Wilmington Health in Wilmington, N.C.

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Taking communication skills seriously

Formal training can improve patient satisfaction, physician burnout

By Janet Colwell

Poor communication during a hospital stay can lead to dissatisfaction among patients, families, and clinicians, but most physicians get little training in how to communicate well. That's slowly changing, however, as some hospitals roll out formal training programs based on evidence about communication skills.

"The quality of physician communication is highly correlated with our overall patient satisfaction scores," said Kevin O'Leary, MD, MS, FACP, chief of the division of hospital medicine at Northwestern Memorial Hospital in Chicago. "Clearly patients really care about their interactions with physicians, and their adherence to recommended follow-up after discharge has a lot to do with their ability to understand and trust their providers."



Photo by Thinkstock

Launching a communication training program can be challenging, however. First, physicians have to be convinced that attending a daylong training workshop or ongoing class is worth taking time out of their busy schedules. Formal training may also conflict with some long-held cultural beliefs, noted Adrienne Boissy, MD, chief experience officer at Cleveland Clinic Health System's main campus in Ohio.

"There is often an unspoken assumption among physicians that they already communicate very well, and that empathy and effective communication can't be taught," she said. "It's not easy to engage people in training for skills they don't think they necessarily need or believe they already have."

Most studies to date on the impact of formal training, including a 2013 effort led by Dr. O'Leary at Northwestern, have been small and failed to tie communication training to significant improvements in patient satisfaction scores. However, results from a study at Cleveland Clinic—the first large-scale analysis of the issue—suggest that formal training can be effective on a number of fronts.

The findings, reported in the February 2016 *Journal of General Internal Medicine*, show that inpatient HCAHPS scores improved and outpatient patient satisfaction scores increased to an average of 92% for the more than 1,500 physicians who participated in the training compared to 91% in a matched control group. Although the changes may appear small, the authors noted that absolute improvements of 1 to 2 points in patient satisfaction can translate into substantial changes in percentile rank and revenue under Medicare's value-based payment system. Participating physicians also reported significant improvements in empathy and burnout.

"This was the first study of this scale to look at a very specific intervention and its impact on validated metrics," said Dr. Boissy. "Investing in communication skills training can not only have a return on investment for hospitals, but also significantly increase physicians' job satisfaction."

Getting started

Before launching a training program it's critical to get buy-in from leadership and physicians, said Calvin Chou, MD, PhD, vice president of external education for the nonprofit American Academy on Communication in Healthcare (AACH), based in Lexington, Ky. To make that easier, start with a voluntary pilot program and enlist division champions to spread the word about the benefits, he recommends.

"Instituting a skills program can be a huge change because you're fundamentally changing the way people talk with each other," he said. "Before you can address the [satisfaction] scores, you've got to change the culture."

At Cleveland Clinic, Dr. Boissy and study coauthor Katie Neuendorf, MD, a palliative care specialist who runs the communication skills program, began by regularly providing physicians with their individual patient satisfaction scores. After receiving the scores, physicians often became more receptive to courses to help them improve.

"No matter how brilliant or creative your [communication] program is, physicians won't come unless they're receptive to learning," said Dr. Boissy. "There is a lot of strategy involved in getting people into the chairs and engaging them once they're there."

It's also important to establish overall objectives for the course to guide development of the format and content, said Dr. Neuendorf.

"We knew from the outset that our end goal was to make sure physicians had the tools they needed to build relationships with each other and with patients," she said. "Moving patient satisfaction scores wasn't our objective. We knew that if we gave people the right tools, their own relationships would be richer and an enhanced patient experience would follow."

At the University of California, San Francisco (UCSF), Diane Sliwka, MD, medical director of patient and provider experience, used a model developed by the AACH, which provides communication resources and facilitates onsite workshops for health care professionals.

"We wanted to provide skill-based training where people walked away with something they could use the next day," said Dr. Sliwka. "We're presenting them with a new framework for communicating, based on taking the patient's perspective into account and meeting patients and families where they are versus focusing on what the provider needs to get out of an encounter."

Most physicians have no established framework for patient communication beyond a few skills they picked up in medical school, noted Dr. Chou. On top of that, many physicians eventually struggle with burnout, which interferes with their ability to connect with patients on a personal level.

"Communication courses should enhance the ideas of compassion and empathy that are so important to medical practice," said Dr. Chou. "It starts with teaching a few simple skills, like greeting the patient when they walk into the room and making sure they understand what's happening."

The focus should be on acquiring skills versus passive learning, added Dr. O'Leary. "Physicians have to practice communication skills and get feedback in order to improve," he said. "This is not just about reading a book or listening to a lecture."

Finding the right format

Creating a successful program requires balancing content with time, said Dr. O'Leary. Physicians should see the training as a worthwhile time commitment and not overly burdensome.

Based on input from division leaders at Northwestern, Dr. O'Leary opted for a 3-part format, with the first session taking place during hospitalists' regularly scheduled division meeting on Friday afternoons. The introductory session was held on 3 consecutive weeks to ensure that everyone had an opportunity to attend.

Dr. O'Leary led the first session, giving an overview of patient satisfaction measures and the Acknowledge, Introduce, Duration, Explanation, and Thank You (AIDET) training model, developed by Studer Group. The second session, facilitated by staff in the patient experience department, included small-group role-playing and expert feedback. Part 3 offered personal coaching and feedback from unit medical directors in the clinical setting.

"We got the majority of our group to participate by using an existing meeting and making participation an expected part of physicians' jobs," said Dr. O'Leary. "Since we didn't have a separate budget for this, we leveraged the skills of our medical directors and existing staff."

Other hospitals have daylong workshops rather than separate sessions. Cleveland Clinic, for example, developed an 8-hour skills training workshop based on the CME-accredited Relationship: Establishment, Development, and Engagement (REDE) model. Each session was led by 2 trained clinician facilitators and included a maximum of 12 participants.

The day's agenda included improv, brief videos, interactive presentations, and skills practice, among other methods. Physicians could sign up for additional sessions focusing on specific communication challenges.

Having skilled facilitators is crucial, whether they are brought in from outside or trained internally, said Dr. Neuendorf. "We spend a lot of time with our facilitators making sure they model the skills we want to teach," she said. "The idea is to facilitate learning, not to dictate it."

UCSF also opted for a day-long workshop format, where physicians spend most of the time in small groups practicing communication skills with peers and getting feedback from facilitators, said Dr. Sliwka. The day is divided into 3 sections that focus on skills used in the beginning, middle, or end of a typical patient encounter. During the final hour, the facilitator brings everyone together to role-play a particularly challenging clinical scenario.

To start, physicians practice simple techniques, such as greeting the patient, said Dr. Sliwka. By the end of the day, they are prepared to tackle more challenging situations, such as how to talk with the mother of a critically ill child who is angry or distrustful of the care team.

"Difficult encounters cause physicians a lot of angst," she said. "Having the skills to deal with them effectively can help alleviate their anxiety and frustration." Additional skills are offered through longitudinal "booster" courses and 1-to-1 coaching at the bedside, Dr. Sliwka noted.

Seeing a difference

Physicians often come into the classes believing that they already handle routine situations pretty well, said Dr. O'Leary. However, many discover flaws in the standard scripts they've been using to communicate.

For example, Dr. O'Leary used to leave a patient with a brief "See you later" but realized after taking the course that patients probably wanted more specific information. Now, he makes sure they know that, even though he may not return to their room later that day, he will be checking on their test results and talking with other care team members throughout the day.

"Many of us were saying the same thing over and over without ever reflecting on how it impacted the patient," he said. "Patients want to know what's likely to happen during the day and what they should do if they have questions."

For many physicians, participating in training illuminates "blind spots," said Dr. Chou. It gives them an opportunity get feedback about their communication style, which is rare in regular practice.

"Most physicians are doing a wonderful job in the patient encounter but need to shore up those areas where they can be even more effective," he said.

Communication skills training allows physicians to better connect with patients, which is crucial to their ability to perform their jobs well, added Dr. Sliwka.

"When physicians can connect with patients and feel good about that interaction, they reconnect to the human aspect of care," she said. "When that happens, many other frustrations pale in comparison." ■

Janet Colwell is a freelance writer in West Hartford, Conn. This article was corrected on Oct. 14, 2016, to more accurately describe Cleveland Clinic's training methods.

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Learning objectives for relationship-centered communication

- Building rapport and relationships;
- Acknowledging communication barriers;
- Recognizing patient perspectives;
- Negotiating an agenda;
- Asking open-ended questions;
- Eliciting the patient's story;
- Listening reflectively;
- Responding with empathy; and
- Collaborating on a plan.

Source: American Academy on Communication in Healthcare, online at

<http://www.aachonline.org/dnn/programs/workshops>.



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Negotiating an Employment Contract

By Margo Williams, Practice Management Associate, ACP

You found the perfect practice in the perfect location. So, you ask, "When can I start?" Slow down—it's not that simple. Practice type and location are only 2 of the decisions you will have to make before considering a contract, and there's more to negotiating an employment contract than salary. Many physicians believe the quality of the group a physician will be joining and the style of the practice are even more important considerations than salary.

Keys to both professional and personal happiness lie within that all-important decision to sign on the dotted line. Because the employment contract defines the conditions of employment and can therefore greatly affect future professional satisfaction and personal happiness, a physician needs to carefully read and fully understand every aspect of the employment agreement.

Finding the Right Practice

Start by considering the type of practice in which you want to work and your preferred geographic location. You can tap into a number of resources to find the best practice opportunity. When looking for a position outside your immediate geographic area, check professional publications or contact physician recruiters. Your local hospital or personal network of colleagues, teachers, or medical school and residency training alumni may also be excellent suppliers of information. Web sites have become a major tool in the search for career opportunities, with many allowing searches by specialty, type of practice and location.

Practice Type: Decide what type of practice would best suit your needs. Types of practices include: solo, small group, large group, hospital-based, HMO-based, single or multi-specialty and government-based. Listing the characteristics, advantages and disadvantages of each type of practice can be a good starting point.

Location: When deciding on a practice, consider living environments, such as the local school system, churches, availability of leisure activities, and proximity to the hospital. The cost of living, crime rate and transportation system may be personal priorities as well.

Practice Culture: After finding a suitable employment opportunity, there are subjective issues to consider. You should learn everything possible about the practice's culture and values by observing the practice and meeting its owners, employees and patients. We highly recommend asking colleagues unaffiliated with the group about its reputation. Ask to follow one of the group's physicians around for a day. Pay close attention to patient comments that reflect on quality or continuity of care.

Financial Health: Practice stability is very important when deciding on long-term employment. Consider the practice's age, expenses, revenue, debt, and financial future. If the financial health of a prospective employer is shaky, working conditions may be poor. Inquiring about the practice's accounts receivable will help provide a sense of the practice's collections success and solvency.

Compensation: The most obvious issue on the mind of

anyone seeking employment is compensation. Although salary may be negotiated during the hiring process, the compensation methodology is usually not negotiable. The basic types of compensation arrangements include those based on individual productivity alone, share of practice income, salary guarantees, individual productivity less expenses, fee-for-service and multivariable incentive bonuses tied to payor objectives. You should consider how well the practice's compensation scheme matches your personality, working style and preferences.

The Art of Negotiating

The goal of negotiation is to create a win-win solution, not to win at the expense of the other party. Thus, you must know what you want and what is minimally acceptable. Although you must be realistic, it is very important that you negotiate for any terms you feel are truly essential to job satisfaction, despite concerns that you may be pushing hard. A fear that hard feelings might develop even before employment begins sometimes inhibits physicians from saying what's really on their minds. Neither you nor a prospective employer will be well served if you accept a position and then are miserable because of terms you failed to negotiate. Being forthright without being abrasive or unrealistic is therefore essential to the process. You should be creative and flexible in negotiations, since experts agree that it is unrealistic to expect everything on your 'wish list.' Experts believe that the time for you to negotiate the best deal is during the honeymoon period right after the group has made you an offer.

Tips for Negotiating Your Contract

- Gather information and be prepared. Find out as much information about the practice in advance as you can. What questions can you anticipate from them? What do you want to know? Determine what you want to accomplish.
- Treat people with respect. From the receptionist to the partners, show courtesy and consideration. It creates a great first impression.
- Negotiate from the perspective of mutual benefit and fairness. Whenever you are seeking a concession, explain why it is fair. If it could benefit patients or the practice, point that out. Always have logical reasons for what you want and why you are asking for it.
- Set priorities. Before you come to the table, review, list, and rank critical factors. What is negotiable? What is not?
- Develop a strategy. Consider how you will obtain your most important points. Are they easy or difficult for this practice to offer? Which other points are easy for the practice to offer or concede? Start with an easy point to negotiate. Get a feel for the process and the others involved. Tackle your hardest issue midway, and conclude with light ones.
- Return to unresolved issues after most of the bargaining is done. At that point, added pressure to find common ground creates a greater bargaining base for both parties, because the success of everything you've done so far hinges on resolving these few remaining issues.

- Get it in writing. When you negotiate a change in the contract, make sure that change is in writing and not simply a verbal agreement. Any changes should be incorporated into the contract itself.

Understanding Contract Terms

Even if you employ an attorney or a professional consultant to help with the negotiation process, ultimately the decision to accept the opportunity lies with you. There are specific terms and benefits the contract should address before you sign on the dotted line. Some terms that may be important to understand are:

- Salary
- Nonsalary Benefits
- Ownership/Partnership
- Outside Activities
- Duties and Requirements
- Restrictive Covenants
- Nonsolicitation Clauses
- Term and Termination
- Gap/Tail Insurance
- Assignability

Should I Use a Third Party?

An employment contract may be the most important financial decision you will make and any misunderstandings can cause painful consequences. Thus, the cost of hiring an attorney is

normally money well spent. Because the contract has usually been carefully crafted by the group's attorney to protect their interests, you should consider seeking legal counsel to review the contract as well. Your colleagues or the local/state medical society or bar association can recommend experienced health law attorneys. Lawyers can help find potential conflicts and will suggest alternative contract language. However, experts say it's important not to leave everything to the attorney; it is more important for you to understand what you are signing since you are the one who will have to comply with its provisions thereafter.

Conclusion

Contract negotiations can be exciting as well as frustrating. Signing an employment contract is not only an important financial decision but can also affect your personal comfort, family, professional compatibility and career enjoyment. To fully understand contract terms and clauses, you may wish to download this guide in full from our web site. Then give the process the serious attention it deserves and get all the help you can.

While the PMC staff are not attorneys and cannot provide legal advice, College members should feel free to contact us directly if they have questions about the process or need help finding technical support.

For more information on negotiating both sides of employment contracts, including a sample contract and self-assessment tool, check out PMC's "Physician Employment Contracts" at: www.acponline.org/pmc/practice.htm. ■

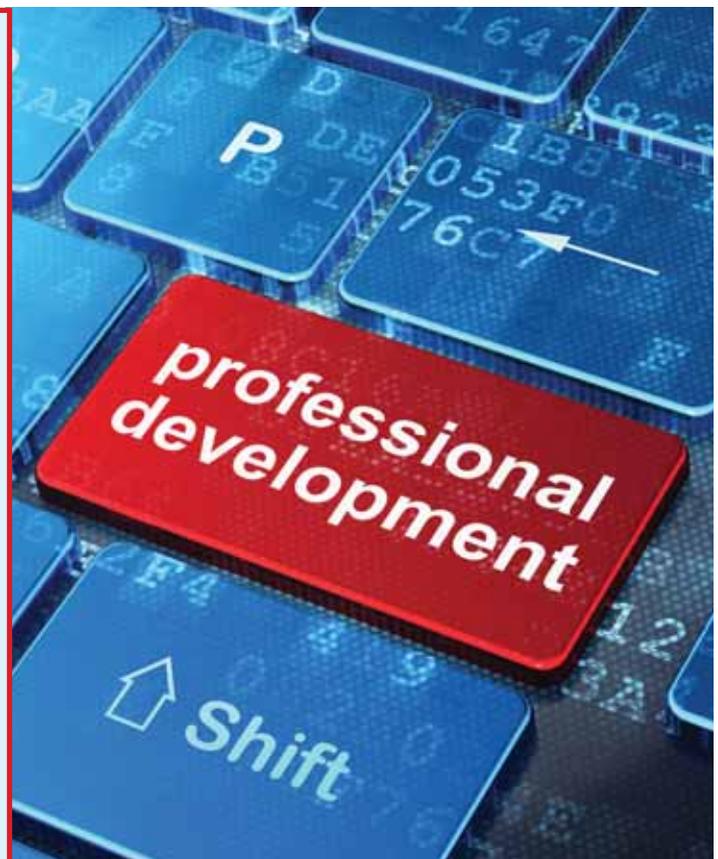
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Fixing the system to fight burnout

By Charlotte Huff

Practicing medicine has never been an easy road professionally, but research and doctors alike report increasing signs of strain on the front lines, from fatigue to irritability to full-fledged burnout.

Accumulating documentation, electronic health record headaches, and the latest raft of regulations and reimbursement models all contribute to a growing disconnect from the tactile practice of patient care, according to individuals and medical organizations who are increasingly tackling the problem head on.



Illustration by David Cutler

Slightly more than half, 54.4%, of 6,880 doctors surveyed in 2014 reported at least 1 symptom of burnout, compared with 45.5% in 2011, according to a study published in *Mayo Clinic Proceedings* in 2015. Some of the most impacted are primary care specialties, the authors noted, including general internists and family medicine physicians. And the 2016 Survey of America's Physicians, conducted on behalf of The Physicians Foundation in September by Merritt Hawkins, reported that 49% often or always experience feelings of burnout.

Too often doctors feel like the reason they went into medicine, to connect with and treat patients, is being eroded by other non-patient care tasks, said Marie T. Brown, MD, FACP, a general internist and associate professor in the department of internal medicine at Rush Medical College in Chicago.

"To have those golden moments when we touch them [patients] not only physically but emotionally and show understanding," she said, "we don't have the time to do that anymore. Yes, we can take work home, but we can't take the patient home. So it's a moment that's forever gone."

Leaders at the American College of Physicians and other health organizations and facilities are fighting back, taking steps to assist doctors in better managing their work environments. They are launching strategic initiatives, educational modules, and hospital-based efforts to ease daily strain. Last year, ACP launched its network of ACP Wellness Champions, composed of ACP chapter Governors and physician leaders from around the country who are leading sessions on burnout from diagnosis to prevention. Another ACP initiative, "Patients Before Paperwork," is looking at broader changes needed in the health system to lighten the non-patient care load.

Cynthia (Daisy) Smith, MD, FACP, ACP's Vice President of Clinical Programs, is not a big fan of the term "burnout," saying it has a victim-blaming connotation, particularly since so many of the underpinnings of the problem are more systemic. ACP's goal is 2-pronged, she said: to better support doctors individually and to push for broader health system remedies.

"I think if we can get out in front of this and really prevent this from leading to the worst-case scenario, which is physician suicide and depression, the better off we'll be," said Dr. Smith, who oversees physician wellness among other initiatives. "Because we don't have the workforce as it is," she said. "And we need them as motivated and engaged as we can get them to care for our aging population."

Causes and consequences

Women appear more vulnerable to burnout than men, according to an analysis of data from 422 family physicians and general internists published in January in the *Journal of Primary Care & Community Health*. Overall, 36% of women reported at least some degree of burnout compared with 19% of men, according to the findings, based on data from the Minimizing Error, Maximizing Outcome (MEMO) study.

The burned-out physicians were more likely to report chaotic workplaces: 75% did so compared with 39% of their counterparts. They also described a lack of work control. Just 4% of burned-out physicians reported significant work control versus 28% of non-burned-out physicians.

The study didn't identify any impact on patient care, despite the personal costs of the work environment; however, prior analyses from the MEMO study showed lower-quality care in environments that burned out physicians. Thus the systems that burn out physicians, not the burned-out physicians themselves, may lead to decrements in care quality, said Mark Linzer, MD, FACP, a study author and one of the leading researchers in burnout and physician wellness.

"Burnout is a long-term stress reaction," he said, adding that potential warning signs are numerous, including irritability, fatigue, sadness, lack of interest in work, cynicism, and distancing oneself from patients, among others.

Certainly, the pressures on doctors can't be eliminated, said Dr. Linzer, who directs the division of general internal medicine at the Hennepin County Medical Center in Minneapolis.

"It's a stressful job. You're taking care of very sick people," he said. "But you can adjust the workplace when stress rises to a critical level and turn that flame down so burnout does not occur."

Studies continue to pile up that highlight the cost, both in dollars and practice time, of accumulating documentation and other requirements. One recent study, a time-tracking analysis following 57 physicians, found that 27% of each office day was devoted to patient care and 49.2% was devoted to electronic health record and desk work.

When the doctor was in the patient exam room, 37% of the visit was spent interacting with the health record system and doing other desk work, according to the findings, published online Sept. 6 by *Annals of Internal Medicine*. Another analysis, published in March in *Health Affairs*, found that doctors and their staffs spent 15 hours per physician each week complying with external quality reporting requirements, nearly 800 hours per practice annually.

Tom Jenike, MD, who helped launch a physician resiliency program at Winston Salem, N.C.-based Novant Health in 2013, said he realized that he was struggling himself several years prior to that. He still enjoyed interacting with patients. "But by the end of the day, my tank was empty rather than filled," said Dr. Jenike, now a senior vice president and the chief human experience officer at the nonprofit health system.

At night, he dealt with insomnia, a new experience. He'd lie awake, reviewing a patient visit from that day or thinking of what filled his schedule for the next. "It was really hard to turn my mind off," he said.

Redesigning practice

The goal of Dr. Jenike and other physicians is to intervene before nagging stressors flare into full-blown burnout. Dr. Linzer was involved with a randomized study, published in 2015 in the *Journal of General Internal Medicine*, that looked at workplace changes and their impact on burnout. Researchers determined that redesigning the work flow—some steps taken included changing the call schedule and asking medical assistants to enter data into the electronic health record—had the biggest payoff in reducing burnout symptoms among the 135 primary care clinicians.

"It may be a matter of efficiency," Dr. Linzer said. "It's of paramount importance to be efficient in the work day. And it has become harder and harder to be so."

The researchers, who published a table listing some of the work interventions they used, also found that improving communication helped. Some strategies involved monthly clinician meetings to discuss patient care challenges and improved communication within the practice itself. The importance of this has been summarized in the literature as "meetings with meaning," Dr. Linzer noted.

Another recent study, based on site visits to 23 high-performing practices, provided some insights into steps to improve work flow. They included a more team-based approach to care that involved offloading tasks that nonphysicians could handle, wrote the authors in the May/June 2013 *Annals of Family Medicine*. Adding scribes to the patient exam room reduced the time the physician spent with the electronic health record. Previsit planning, such as scheduling lab work in advance, reduced the time drain of tracking the patient down afterward.

Dr. Brown suggested that doctors try ordering the lab work for patients' next visits, say for a diabetes checkup, before they walk out the door. Even if only half of those patients follow through, that will still notably cut the need for follow-up letters and phone calls to report results, she said.

Before Dr. Brown took that step, she thought her patients wouldn't like having to make a previsit lab trip. But they embraced the opportunity to discuss their results with the doctor and make the necessary adjustments, she said, which saved them time as well. "Because they don't want to play phone tag for the next 3 days," she said. "If they have a question they want answered, they can do it right then and there."

Another strategy, discussed in the *Annals of Family Medicine* study about high-performing practices, involves streamlining prescription renewals for ongoing medications. When the medications a patient takes are synchronized, they can be renewed together. Once they are synced, the doctor can write them to extend 12 to 15 months, even if the patient comes in more frequently for checkups.

The American Medical Association's STEPS Forward initiative offers an online module that walks doctors through this process, which the organization argues can be a significant time saver. The initiative uses the example of a practice that treats 1,000 patients with chronic diseases who each take 5 medications. Every year, those patients make 2 medication-related calls, each lasting about 2 minutes. Total projected time savings from synchronization in this example is 333 hours per practice annually.

Healing thyself

For Dr. Jenike, crossing paths with an executive coach, who happened to be giving his son private baseball lessons, enabled him to turn a corner. As they got to know each other, Dr. Jenike talked about his difficulties. Through a series of sessions, he said, he reclaimed balance in his life inside and outside the office.

A lot of the reason he had stretched himself so thin, Dr. Jenike said, stemmed from "my desire to please everybody." He started shedding nonclinical responsibilities and hired a nurse practitioner, which he calls a crucial step. "Up until then, my ego would say that I was the only one who could take care of these people," he said.

In 2013, Dr. Jenike teamed up with the coach, Nicholas Beamon, to launch the Novant Health Leadership Development Program. Their first group comprised 32 physician leaders at the health system, with a focus on protecting work-life balance and emotional resilience.

The 6-month program, which these days includes other clinicians along with physicians, is kicked off by a 3-day retreat offsite that is light on PowerPoint slides and heavy on fostering frank discussions, Dr. Jenike said. After the initial training, there are follow-up sessions and mentoring. To date, roughly 600 of nearly 1,400 doctors at Novant Health have completed the program, and the system has been monitoring its physician engagement scores—the flip side of burnout, Dr. Jenike noted. By 2015, Press Ganey data showed that the engagement level among program participants was at the 89th percentile nationally compared with 62nd percentile among all doctors in the system.

At ACP, leaders are taking their message about physician wellness nationwide, building on its cadre of Wellness Champions. Last fall, Dr. Linzer led a 7-hour “train the trainers” session, educating 20 members of the Board of Governors and other ACP leaders about causes and inventions to improve physician health and ease stress.

By late summer, those ACP Wellness Champions had held presentations in more than 50 locations around the country, including regional and national meetings for medical groups as well as ACP chapter meetings, according to Susan Hingle, MD, FACP, chair-elect of the ACP Board of Regents, who is leading the effort. ACP also is in the process of putting together a toolbox of resources to be posted online, with sections devoted to various issues ranging from using scribes to optimizing electronic health records to improving team-based care.

One goal of ACP's “Patients Before Paperwork” initiative is “to look across in a more comprehensive way and see what we can do to more consistently and cohesively address these issues,” said Shari Erickson, MPH, ACP's Vice President of Governmental Affairs and Medical Practice. In prior surveys and focus groups, ACP members selected 3 top practice-related priorities: electronic health record usability, quality reporting, and dealing with insurance companies. ACP leaders are developing a policy paper tentatively scheduled for release in early 2017, not only looking at research in those areas but also making related recommendations, said Ms. Erickson.

Doctors also can exert influence closer to home, making sure that physicians' voices are heard in situations, such as changes in electronic health record systems, that impact their daily practice life, said Dr. Hingle, who is also a professor of medicine at the Southern Illinois University School of Medicine in Springfield.

Moreover, when you notice that a colleague seems to have shifted into a negative mindset or see some other puzzling personality shift, reach out, Dr. Hingle said, and don't neglect to extend that same compassion to yourself.

“When you find yourself struggling, don't be afraid to take time off or to ask for help,” she said. “It isn't a sign of weakness, and there are people who can help.”

She concluded, “This is a complex and complicated issue, but one that needs the engagement of everyone at all levels to solve it. Together we can make a difference. It is too important not to.” ■

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Additional reading

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Physician wellness tools

Patients Before Paperwork. An ACP initiative intent on pushing for more systemic changes to address electronic health record usability and other practice priorities identified by members, online at <http://www.acponline.org/advocacy/where-we-stand/patients-before-paperwork>.

Physician & Practice Timeline. Designed to help doctors stay on top of meaningful use and other regulatory and health system deadlines, online at http://www.acponline.org/running_practice/physician_practice_timeline. For periodic reminders via cell phone, text ACPTimeline to 313131

STEPS Forward. A series of modules from the American Medical Association to assist doctors in various areas, including professional well-being, technology, and work flow, online at <http://www.stepsforward.org/>. STEPS Forward also includes the Mini Z Burnout Survey (<http://www.stepsforward.org/modules/physician-burnout-survey>), a tool to help assess burnout levels. The Mini Z was developed by Mark Linzer, MD, FACP, and team at Hennepin County Medical Center, Minneapolis.

A shift in hospital-physician affiliations

By Stacey Butterfield

Back in 2003, the typical U.S. hospital didn't have any physicians directly working for it. More than 40% of hospitals were structured this way, while 29% employed physicians and 27% had some kind of looser contractual affiliation.

That situation has changed significantly, according to a study published online by *Annals of Internal Medicine* on Sept. 20. As of 2012, 42% of hospitals employed physicians and 38% had a contractual relationship, while only 19% had no employment relationship with any physicians. In addition to measuring changes in physician and hospital affiliations, researchers also tried to determine whether these trends had affected patient care. They found no significant effects.

To understand what these findings mean for physicians, hospitals, and patients, ACP Hospitalist recently spoke to study coauthor Ashish K. Jha, MD, MPH, a general internist and professor of medicine and health policy at Harvard University in Cambridge, Mass.

Q: What motivated this research?

A: What we've heard anecdotally is that over time, hospitals have increasingly started employing physicians. Physicians have always had a very interesting arms' length relationship with hospitals...where physicians went and applied their trade and were really independent, but that relationship has been changing. People who are advocates...say this will be good for patients: As hospitals begin to employ physicians, they will be able to get physicians to change clinical practice behaviors and really enact changes that will lead to better patient outcomes. We wanted to test 2 questions: Are we really seeing an explosion of these tight relationships between physicians and hospitals, and if we are, is this good for patient care? We found that while it was true that tight affiliation—the hospitals increasingly employing physicians—has taken off, it has had no impact whatsoever on patient outcomes.

Q: How did those findings compare to your expectations?

A: Certainly the advocates of this new model have argued that it's going to be good for patient care. I assumed on some level that it probably would have an impact. I was surprised that there was absolutely no effect whatsoever. It's an important reminder that at the end of the day, for most physicians, whether they're affiliated or employed or independent, they're making their best efforts to try to take care of patients. Simply moving from an affiliated to a tightly employed relationship doesn't alter the dynamic or the kind of care that patients receive in hospitals.

Q: Your study didn't analyze physician employment by specialty, but do you think the physicians moving into hospital employment are hospitalists, primary care, or subspecialists?

A: I think it's all of them. Some of it is hospitalists, certainly. Increasingly what we have seen from the data, from other stories out there, is hospitals buying up primary care practices [and] specialty practices. A physician who might have been an independent primary care physician who came in and took care of her patients in the hospital, may now be employed by the hospital. I think that too is happening, and our findings reflect that as well.

Q: What should physicians who are considering these employment options take from this study?

A: If you're a physician who is thinking about this, you're doing it primarily for whatever effect it has on your finances, whatever effect it has on your business or your practice, but you shouldn't do it for the patient care. There's no reason to think that this will either have a beneficial or a negative effect on patient care.

There are other studies [finding] that when this kind of employment relationship happens, prices on the private side tend to go up. Hospitals, once they begin employing physicians, can often demand higher prices from insurance companies, just because they have more market power.

Q: Are there other potential consequences of these affiliations that should be considered?

A: This is the first time in modern American history that hospitals employing physicians is the most dominant model of hospital care. Understanding the repercussions of that, not just in terms of short-term quality and cost but in the long-term impact on physician autonomy and physician happiness, is going to be very important, and I think we need to continue to monitor this trend. We need to ask ourselves if there is a trend that is reducing physician autonomy, leading to higher prices, and not having better quality, is that a good thing? Should we really have policies that encourage that? Should we let that happen, or should we try to think about how to clamp down on that? That's a policy question.

Q: Do you expect such concerns to affect the observed trend toward physician employment?

A: Some of this trend has been going on because people have been arguing it's going to improve patient care. Hopefully this study offers a little dose of reality on that. Whether that alone slows down this trend or if the fact that hospitals can actually drive prices much higher will continue to push the trend forward, I don't know.

Q: What else should physicians take from this study?

A: For me, it's a reminder. The whole model of why employment would help is based in the thought process that somehow physicians are not adequately motivated to work on quality and maybe being employed by the hospital can push them to become motivated. I think studies like ours could hopefully dispel some of that mythology. Improving quality and improving outcomes is difficult and just switching your affiliation isn't going to do the trick. It's really the hard work of changing the way you deliver health care. ■

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Millennials, the same doctors in a changed environment

By Mollie Durkin

Do we have a millennial physician problem?" asked Sachin H. Jain, MD, ACP Member, in a June column for Forbes. The seemingly binary question may be loaded with a generational supposition: that all millennials, including doctors, fall into the same pigeonhole because they were born between the early 1980s and 2000. Some older physicians may peg millennials as entitled, self-centered, and lazy, believing that the main offenders lack the dogged passion for medicine of generations before them.



Cohort effects (generational differences linked to unshared historical circumstances) may exist beyond any effects of life cycle and period. Photo by Wavebreakmedia Ltd

Dr. Jain, president of CareMore Health System in California. "Those are attitudes that, for the most part, have never made their way into the medical profession, and suddenly you're starting to see more of a conversation around that."

His column, for example, relays the story of a resident who, with 12 hours' notice, insisted on a personal day for an event that could've been easily planned in advance. "Some people struggle with the fact that their friends who work in other settings can take a personal day on short notice and it's not a big deal," Dr. Jain said. "But when you're in medical training or you're working in an area of critical need, that's just something that you're probably not going to be able to do because of the nature of your job."

But generational overgeneralizations aren't exactly Dr. Jain's style. Born in 1980, on the cusp between millennials and Generation X, he is quick to point out that stereotypes about millennials are not representative of the entire group. "I think this generation is just as dedicated as past generations, but I think we do have an emergence of some outlier cases," said Dr. Jain.

Even though his question is not simple to answer, experts agreed that the behavioral differences physicians are noticing may have more to do with environmental and individual factors

than generational ones. New attitudes about cross-coverage and work-life balance, for example, may stem from an evolving clinical climate and more women practicing medicine, they said.

Generational differences

It's likely that cohort effects, or differences between generations that may be the byproduct of unshared historical circumstances, exist beyond any effects of life cycle and period, according to the Pew Research Center. One substantial difference, for instance, is that millennials are "digital natives" who haven't had to adapt to new technologies such as mobile phones, the Internet, and social media, according to a 2014 Pew report.

Although there's always been a tendency for the older generations to believe the youth are different, the rate of technological change is contributing to the current disconnect, said Gurpreet Dhaliwal, MD, a professor of medicine at the University of California, San Francisco, and a staff physician at the San Francisco VA Medical Center. "There are some things that are completely different now, like electronic health records [EHRs], social media, work hours," he said. "So if anything, it may make people more apt to draw a distinction between groups."

But too many times, criticisms of younger doctors relate to either life-cycle differences or behaviors that would be equally egregious for all practicing doctors, Dr. Dhaliwal said. "There are specific things that physicians always decry about the generation that went before them, like the loss of physical exam skills," he said. "You can look back almost a century and find stories of professors saying, 'Young doctors these days, they love all this new technology, like the X-ray or the complete blood count.'"

Many arguments against millennials, Dr. Dhaliwal said, contain elements of fundamental attribution error because they ascribe differences to people's innate traits rather than the environment in which they trained or currently practice. "We make the mistake of overlooking that there's much more variation within a group than there is between 2 different groups," he said. "Whatever characteristic you're looking for, you will find it widely distributed among young and widely distributed among old."

Dr. Dhaliwal, born in 1973, belongs to Generation X, although he doesn't pay much attention to the label. "I think many people, when they really drill down into the science of intergenerational differences, actually have a very difficult time finding meaningful differences because the variation within any age cohort is massive," he said. With 75.4 million people, millennials are now the largest generational group, followed by the baby boomers, who stand at 74.9 million strong, according to Pew.

Baby boomer Robert Centor, MD, MACP, whose first month as a ward attending was January 1980, before today's millennials were born, said that the older generation always tends to think the youth are overprivileged and not as dedicated. "I just don't see ... any difference in millennials. They work just as hard as anybody ever worked," said Dr. Centor, a professor of

medicine and regional dean of the University of Alabama School of Medicine Huntsville Regional Medical Campus and past chair of ACP's Board of Regents.

As for the differences surrounding technology, he said that medical students and residents tend to be earlier adopters than their attendings. "I think they're much better at adapting and adopting EHRs than older guys are, and that's just because we had so many years of not having them, and we learned how to do things in a certain way," Dr. Centor said. He added that he's seen students teach attendings how to text and that a young physician taught him how to use Twitter.

Nonetheless, millennial Alexandra Lane, MD, ACP Member, feels there is a sure divide between old and young in medicine. "I think there's definitely a sense from the older generation that the millennials are entitled and that they don't have the respect for the hierarchy that the older generation has," said Dr. Lane, an internist at Cooper University Health Care in Camden, N.J., and assistant program director of its internal medicine residency program.

The 'cross-cover mindset'

By and large, criticisms tend to arise most when younger doctors fail to hold themselves accountable for their patients, said millennial Jonathan Gotfried, MD, ACP Member, a second-year gastroenterology fellow at Temple University Hospital in Philadelphia. For example, "I don't know, I'm just cross-covering" is a common responsibility-deflecting statement from new trainees, he said. "That statement, whether to an older attending or to a co-resident or co-fellow, is not an acceptable answer. You still have to take responsibility for your patient," said Dr. Gotfried.

In terms of when these shifts in responsibility began, many point to 2003, when the Accreditation Council for Graduate Medical Education (ACGME) introduced the 80-hour work week. The ACGME modified duty hours even further in 2011, when Dr. Gotfried started as an intern. For him, this sense of on-duty versus off-duty seems to be more of a symptom of the duty-hour restrictions than a millennial attitude. "I think before, when you were taking care of your patients nonstop, there wasn't so much cross-coverage and you just kind of knew all your patients," Dr. Gotfried said. "Now, with the work restrictions, there's an element of 'I'm just cross-covering.'"

An us-versus-them distinction is much easier to see because of the work-hour rules, which were a "fundamental shift in identity formation for physicians," said Dr. Dhaliwal. "Spending endless hours at the hospital to hone your craft and prove your dedication was a rite of passage to reach clinical excellence. But I would assert that's never really been proven, and it's not been my observation either. I find millennials as hardworking and as dedicated as any group before."

The current clinical climate, with its EHRs and regulations imposed by the government and insurance companies, has undoubtedly impacted medical training, said Dr. Centor, who went to medical school in the 1970s. "When I was a medical student, patients would get admitted for a week, 10 days," he said. "And if you didn't work them up today, you worked them up tomorrow, and you watched them for a little while. Now, there's much more of a rush. In many ways, I think they work harder now than we did then, but they work less hours of harder."

Dr. Jain agreed, saying that millennial physicians in training are forced to see a higher volume of patients in a shorter period of time than previous generations. "I think that in general, there's just been a failure of the profession to deal with all the unintended consequences of the 80-hour work week. ... It's taken years, and I think a lot of programs are still struggling with the issues around handoffs and patient ownership as you change shifts," he said.

Dr. Jain and colleague Kiran Kakarala, MD, called this breakdown of responsibility the "cross-cover mindset" in a 2012 article in the *Journal of Patient Safety*. Although Dr. Jain learned true patient ownership by watching other residents rise to the occasion, he said there is room for more explicit discussions about the attitudes and professional values that come with being a physician. "The pedagogical model in residency, which is entirely a learn-by-doing model, needs to be turned on its head to include reflective practice and thinking more about what we're actually doing," he said.

Work-life balance

Another issue is that millennials are voicing new and different attitudes about work, such as the approach to work as being just one of many aspects of a physician's life, said Dr. Lane. "The focus on work-life balance has changed because there are more women in the workforce and because women continue to be the primary caretakers, even when they are working. There has to be a balance," she said. "But men are becoming more involved in caretaking, so they also want a balance."

Dr. Dhaliwal added that every medical conference has a session on work-life balance, and these sessions are attended by physicians of all ages. "Sometimes we have false memories of ourselves, which is when we were in training, we had no interest in that, that we were completely dedicated to the profession," he said. "But I seriously doubt any doctor from previous generations wasn't interested in what their friends were doing after work or trying to get to a concert when they were young." As Dr. Dhaliwal put it in a December 2015 opinion article in *JAMA*, "Being self-focused is a temporary and adaptive condition of early adulthood, not a permanent generational characteristic."

In general, medicine is still working on finding the "sweet spot" when it comes to work-life balance, Dr. Gotfried said. "I think our generation is exposed to this idea of 'There are limits that you're supposed to draw in your practice because [too much work] might be detrimental,' whereas at least that attitude didn't exist for people 30 years ago," he said.

Dr. Dhaliwal added, "There's no shortage of people in the older generations who also want more lifestyle balance that they wouldn't have asked for 20 years ago, and that's strictly because society has changed, not because a generation has."

When Dr. Centor was training in the '70s, he said most physicians were very concerned about their lives outside of practice. "It's just people say it now; you weren't allowed to say it back then. You weren't allowed to talk about work-life balance," he said, adding that both men and women were "a bit macho" about how hard they worked. "I think as we've had more women [become physicians], some of whom had kids, work-life balance became much more of an issue."

Dr. Jain said that the medical profession has always, by choice, been one of imbalance because patient care comes first. "The reality is that this is a lifelong struggle [that] anyone who works in a healing profession is going to have to face," he said. "If you're truly going to be there for your patients, it means that there will be times that you're not there for other things. It means that you will occasionally have to work through lunch or work after hours."

For all the grumbling, many older physicians actually stand in admiration of the younger doctors, Dr. Dhaliwal said. "Some are very honest, and they'll say, 'Listen, being a resident is actually way harder now than it was back when I was a resident and you were expected to treat your patients and write in a

paper chart and that was it,'" he said. "And now, the mountain of paperwork, computer work, and regulatory work is unprecedented."

One way to stop experienced physicians' broad generalizations about younger doctors is to make it personal, Dr. Dhaliwal suggested. "I ask them, 'Do you have a son or a daughter who's in health care? Do you remember a recent student or resident who you really were proud of?' They think of that example of one instead of broad generalizations, and they often dial back their assertions about the entire generation," he said. ■

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Medical Director of the Cancer Screening, Survivorship and Wellness Program

Roswell Park Cancer Institute

Roswell Park Cancer Institute (RPCI), the first National Cancer Institute (NCI) designated facility, is seeking a medical leader for the new Cancer Screening, Survivorship and Wellness Program. The program specializes in cancer screening services, cancer prevention, and survivorship. The survivorship program encompasses all adult cancer, in addition to pediatric and Adolescent and Young Adult (AYA) survivors. The cancer screening program incorporates guideline-based recommendations to provide comprehensive screening for all major cancer sites and utilizes existing cancer screening programs through the institute. The dedication to evidence-based practice and quality improvement is a long-standing tradition at RPCI, and many of the team's members serve on national committees for guideline development, cooperative group research and quality evaluation.

RPCI is looking for an individual who will work with a dynamic team to implement a strategic vision for all facets of the Cancer Screening, Survivorship and Wellness Program. The position is limited only by the imagination of the team leading it. The team is looking for an innovative medical director leader who will partner with Mary Reid, PhD, the Director of Cancer Screening and Survivorship, and together, with their team, take the program to the next level. The RPCI organization has taken part in robust research in fields such as genomics, immunology, receptors, clinical genetics and population science, which provides incredible opportunity for collaboration and investigator-initiated research projects.

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- **Shared call**
- With 15 other internists



Community-based location, yet metro areas are close by. Acton Medical Associates is located just 25 miles northwest of Boston in the thriving community of Acton. Although Acton's population has almost tripled in the last three decades, the town has retained much of its rural New England character, as evidenced by the traditional town center and green, historic architecture, stone walls and tree-lined country roads. Commerce continues to thrive and grow in Acton due in large part to its prime location along Routes 2, 27 and 111, the commuter train stop, and its proximity to Route 495. Acton public schools are among the top 10 in Massachusetts and have won numerous awards.

Contact Diane Forte, 978-287-3002 or email your CV to dforte@emersonhosp.org
www.actonmedical.com





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Intermountain Healthcare has outpatient opportunities for Internal Medicine and Hospitalists throughout Utah in all major cities.

INTERNAL MEDICINE

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Contact Randi Freeman for more information at
randi.freeman@uchealth.org or 970-624-4427

Palo Alto Medical Foundation (PAMF) is seeking multiple full time BC/BE Primary Care Internal Medicine Physicians for the following locations: Dublin, Daly City, Mountain View, San Mateo, Palo Alto, Santa Clara, San Jose, Santa Cruz.

Our collaborative, multidisciplinary culture ensures you have the support you need to deliver exceptional personalized care to your patients. Come join an organization which consists of 1400 physicians and practicing 45 specialties. PAMF has been awarded the highest recognition for quality performance from the Integrated Health Care Association for 11 consecutive years. PAMF has also received the highest possible rating for patient experience from the California Office of the Patient Advocate, and "elite" status by the California Association of Physician groups.

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Palo Alto Medical Foundation
Physician Recruitment Department
Phone: 650-934-3582
Fax: 650-691-6193
MDCareers@pamf.org

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We are always looking for talented and motivated Internal Medicine physicians, Hospitalists, and Gastroenterologists to join the Lovelace family

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OUTPATIENT ONLY

MAINE: Central Maine Medical Center offers an exciting practice opportunity to a BC/BE Internist for its employed practice. Join colleagues committed to excellence. This office based position offers a 4 or 4 ½ day work week, outpatient only call (weekend call approximately 1:10) , and full EMR. An attractive compensation and benefits package, including loan repayment and a generous sign on bonus, are enhanced by the scenic beauty and abundant outdoor adventure Maine lifestyle affords. Combine your talent and skills with our established excellent reputation of the best physician care.

**Interested candidates, send CV or call: Gina Mallozzi
Central Maine Medical Center
300 Main Street
Lewiston, Maine 04240
Fax: 207-344-0696
E-mail: MallozGi@cmhc.org
or call: 800/445-7431
Not a J1 opportunity**

Internal Medicine Practice Opportunities - Western NC Near Asheville!

Nocturnist Hospitalist

Employed opportunity for BC/BE Internist to provide inpatient services at Pardee UNC Health Care. Competitive base salary with wRVU incentive, professional liability insurance, comprehensive benefits/retirement plan, Paid Time Off, CME/Dues allowance, sign-on, relocation.

Internal Medicine

Outpatient practice opportunity for BC/BE Internist for hospital-employed practice. Competitive base salary with wRVU incentive, professional liability insurance, comprehensive benefits/retirement plan, Paid Time Off, CME/Dues allowance, sign-on, relocation.

No Visa sponsorship available

**Send CV to: Lilly Bonetti
lilly.bonetti@pardeehospital.org
Hendersonville, NC
(828) 694-7687**



IM PHYSICIANS NEEDED: AUSTIN, TX

1 Office Practice Physician

The Austin Diagnostic Clinic is seeking a full-time Internal Medicine physician.

- ★ Active TX medical license is a plus.
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- ★ Partnership potential after 1 year.
- ★ Relocation stipend included.

Email CV to roliver@adclinic.com



No Visa sponsorships available.



Internal Medicine and Family Practice Physicians.

Southlake Clinic has an immediate need for Internal Medicine/Family Practice physicians. Southlake Clinic is a physician-owned multispecialty group comprising of 60 healthcare providers in IM subspecialties based in south Seattle, WA. We offer a flexible and sustainable private practice with the collegiality and professional support of a large healthcare entity. We offer competitive benefits, productivity bonuses and the opportunity for partnership/ownership with income potential greater than MGMA 90th percentile. Southlake is committed to the development of our healthcare providers and maintenance of a sustainable work-life balance.

**Send CVs to laurac@southlakeclinic.com
425-251-5110 ext. 3128.**



HONOLULU GENERAL INTERNAL MEDICINE

Medical Associates Ltd is seeking a BE/BC General Internist to assume the practice of a retiring senior partner.

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**CONTACT:
DAN.DAVIS@ICARETECH.NET**

Do you have a strong desire to provide outstanding primary care, while maintaining excellent quality of life?

Samaritan Health Services (OR), a non-profit integrated health care delivery system has opportunities for Internal Medicine providers. Our award-winning health system provides exceptional primary care and a range of specialty services throughout the mid-Willamette Valley and Central Oregon coast. Internist opportunities are available in Corvallis, Albany and Newport, Oregon. All SHS positions offer excellent benefits including retirement plans, paid medical malpractice, CME, relocation allowance and starting bonus.

**For more information, please visit
www.samhealth.org/docjobs or contact
Annette at acloviss@samhealth.org**

**Internal Medicine Physicians
Primary Care Outpatient and Hospitalist
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- Macon, GA
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- Walterboro, SC
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- Houston, TX
- San Antonio, TX

Please contact
Kathy.Haley@HCAHealthcare.com



**Sugarloaf Medical PC
Internal Medicine Primary Care**

We invite Internal medicine/Family Practice physicians to join our private practice. We are in a metro Atlanta affluent suburb, a great place to raise a family with great schools. We are a member of the Emory Healthcare Network, 100% EHR [e-clinicalworks], 95% Private insurance, out-patient only, 4.5 work days/week, no weekends or holidays. Position will offer a sign-on bonus, base salary with productivity, 100% professional liability insurance, allowance for health, dental, life and disability insurance, paid time off, CME, and a retirement plan.

**Send resume to
ShukriMakhlofMD@SugarloafMedical.com
or call (770) 713-8663**

Join an established and reputable Internal Medicine group in Bucks County, PA. We are a private practice with 3 physicians and a nurse practitioner. We are looking for an ambitious physician to support our growing hospital practice. If interested, there is a possibility to combine hospital work with office hours or remain strictly a hospitalist. Competitive salary plus generous bonus potential, benefits, retirement savings plan with company match, paid vacation and CME, paid medical malpractice insurance. Must be a US Citizen or Permanent Resident.

**Interested candidates, please send CV to:
Dr. Val Koganski at vkoganski@comcast.net
Our website is www.NewtownInternalMedicine.com**

SHARP Rees-Stealy Medical Group, a nationally acclaimed 500+ physician multi-specialty group with 22 locations throughout San Diego, California, is seeking full-time or half time (job share) BC/BE Internal Medicine physicians to join our staff. We offer a first year competitive compensation guarantee and an excellent benefits package.

**Please send C.V. to SRSMG, Physician Services
2001 4th Avenue, San Diego, CA 92101
Fax: 619-233-4730 Lori.Miller@sharp.com**



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)

Internal Medicine and Primary Care

Maryland

Maryland-Exceptional Opportunity for a BC/BE Internist to join a large well-established multi-specialty group serving Montgomery County, Maryland with offices in Bethesda and Chevy Chase. Find out how you can have your own practice with the support of your practice colleagues. Please forward your CV to elliotrgoldstein@yahoo.com W-36229

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Brownsville, Texas; "On the Border, By the Sea", where it is "Always a Fiesta"©. Traditional practice INTERNAL MEDICINE physician needed for a HPSA-designated federally-qualified health center. Opportunity to "make a difference", with compassionate and evidence-based care. Guaranteed salary + incentives, comprehensive benefits, relocation allowance and excellent work environment. Dedicated rotating inpatient call, with hospitalist allowance/bonus, is 1:6 weeks. Center qualifies for NHSC loan-repayment and H-1/J-1 sponsorship. Visit www.myBCHC.org or contact Adrianna Flores at 956-621-3678. Forward CV to Medical Director at 956-621-3689 or hlimperial@hotmail.com IN-36430

Faculty/Research

Pennsylvania

Publisher Wolters Kluwer (Lippincott) and Leading Author/Educator Lynn Bickley, MD, FACP seeks guest editor applications for the thirteenth edition of Bates' Guide to Physical Examination and History Taking, the primary text for medical and advanced practice students learning clinical skills. Applicants should have strong student teaching and clinical experience, particularly relating to the physical examination and clerkship rotations, and evidence of scholarship in education and evidence-based medicine. Curriculum vitae, a written publication, and three references should be submitted by March 15, 2017 to Brooks Phelps, Editorial Assistant, brooks.phelps@wolterskluwer.com W-36412

Visit the
ACP Career
Resource Center
www.acponline.org

Geriatrics

New Jersey

Home Health opportunity in Jersey City. The employer is seeking PCP's to serve geriatric patients in home, or assisted living facilities. See an average of seven patients a day. Travel with a Medical Assistant who is also a Phlebotomist. Full support staff. Patients are seen an average of 10-14 times a year. Hours are 8-5 Monday-Friday. Competitive base salary, bonus plan based on quality measures, and another bonus based on cost savings through the contracted health plan. Comprehensive benefits plan. Ideally the employer would like the physicians to be onboard by April 2017. Contact Rick Clark Med Staff Matters 757-460-1299 or email rick@medstaffmatters.com. www.medstaffmatters.com GE-36324

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 30 states. We are committed to creating the best opportunity for the best Hospitalists. Apogee has established programs in; Alabama, Arizona, Arkansas, California, Delaware, Georgia, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Missouri, Mississippi, 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-36415

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or 215-351-2768**

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Stutters,
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keeps many people
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or call toll-free for
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800-992-9392
www.StutteringHelp.org



**Hospitalist Position
in Picturesque Bridgton, Maine**

Bridgton Hospital, part of the Central Maine Medical Family, seeks BE/BC Internist to join its well-established Hospitalist program. Candidates may choose part-time (7-8 shifts/month) to full-time (15 shifts/month) position. Located 45 miles west of Portland, Bridgton Hospital is located in the beautiful Lakes Region of Maine and boasts a wide array of outdoor activities including boating, kayaking, fishing, and skiing. Benefits include medical student loan assistance, competitive salary, highly qualified colleagues and excellent quality of life.

For more information visit our website at www.bridgtonhospital.org. Interested candidates should contact Julia Lauver, CMMC Physician Recruitment, 300 Main Street, Lewiston, ME04240; Email: LauverJu@cmhc.org; call: 800/445-7431; fax: 207/755-5854

Hospitalist—Mercy Hospital - Portland, Maine

Opportunity Details

Join the team at Mercy Hospital, recently awarded an A grade by Leap Frog and voted in the top 20% of hospitals nationally with four stars for patient satisfaction in the federal government's new ranking system. Live and work in a beautiful coastal community voted as one of the top 100 U.S. cities in which to live. Portland is Maine's economic hub, is growing in diversity and highly desirable among young adults and families. It is known for healthy lifestyles, high quality education options, public safety and artful living.

Our collaborative and diverse Hospitalist team enjoys family-friendly shifts with balanced work assignments ranging from manageable daily census and full PA/NP support. We promote physician/extender dyads, unit-based assignments, and multi-disciplinary rounding.

The perfect candidate will be an MD or DO BC/BE in Internal Medicine or Family Practice with appropriate inpatient experience. 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. If you are ready to find work-life balance combining a satisfying and challenging practice, this is for you.

For more information please email Jennifer Healy at: Healyja@emhs.org or call Mercy Human resources at: 207-879-3464

**IMMEDIATE
JOB OPENINGS**
acponline.org/careers



Champlain Valley Physicians Hospital

NEW YORK - ADIRONDACK MOUNTAINS, LAKE CHAMPLAIN REGION: BE/BC Hospitalists sought to join expanding hospitalist program at the University of Vermont Health Network – Champlain Valley Physicians Hospital (www.UVMHealth.org/CVPH).

The program is well established with 15 full time physicians and three advanced practitioners. Enjoy being a hospital employee with a competitive salary, comprehensive benefit package and quality bonus. Level II trauma center with over 50,000 annual ER visits. Big hospital and an excellent quality of life too! Near Montreal, the Adirondack Mountains, the Olympic-Lake Placid region and Burlington, VT.

Community: www.NorthCountryGoodLife.com
Contact: Lisa VanNatten, Director of Physician Search
800-562-7441, Lvannatten@cvph.org



Premium Care. Personal Touch.

Massachusetts - Hospitalist and Nocturnist Positions Available

Come join our well established hospitalist team of dedicated hospitalist at Emerson Hospital located in historic Concord, Massachusetts. Enjoy living in the suburbs with convenient access to metropolitan areas such as Boston, New York and Providence as well as the mountains, lakes and coastal areas.

Opportunities available for hospitalist and nocturnists; full time, part time, per diem and moonlighting positions, just 25 minutes from Boston.

A great opportunity to join a well established program.

- Manageable daily census
- Flexible scheduling to ensure work life balance
- Dedicated nocturnist program
- Intensivists coverage of critical care unit
- Competitive compensation and bonus structure
- Comprehensive benefit package including CME allowance
- Access to top specialty care

Emerson Hospital provides advanced medical services to more than 300,000 people in over 25 towns. We are a 179 bed hospital with more than 300 primary care doctors and specialists.

Our core mission has always been to make high-quality health care accessible to those that live and work in our community. While we provide most of the services that patients will ever need, the hospitals strong clinical collaborations with Boston's academic medical centers ensures our patients have access to world-class resources for more advanced care.

**For more information please contact:
Diane M Forte, Director of Physician Recruitment and Relations
978-287-3002, dforte@emersonhosp.org
Not a J-1 of H1B opportunity**

**Division of Hospital Medicine of Cooper University Hospital
Board Certified/Eligible Internal Medicine and Family Medicine
Hospitalists and Nocturnists**

The Division of Hospital Medicine of Cooper University Hospital seeks motivated physicians to join a dynamic team of 80 physicians and 20 nurse practitioners at more than ten locations in southern New Jersey.

Highlights

- Full-time or part-time Hospitalist positions
- Day or night shifts available
- Flexible scheduling
- Teaching opportunities with residents and medical students
- Emphasis on patient experience, quality and safety
- Average encounter number of 14-18/day
- Secure employment with low physician turnover
- Potential for career advancement in administrative, quality or educational roles

Cooper University Hospital is a 635 bed teaching hospital and the only tertiary care center in southern New Jersey. We employ more than 900 physicians and 325 trainees in all medical and surgical specialties. Cooper University Hospital has its own on-campus medical school, the Cooper Medical School of Rowan University. The Cooper Health System maintains multiple partnerships with local and national institutions, including the MD Anderson Cancer Center.

Employment Eligibility

Must be Board Certified/Eligible in Internal or Family Medicine.
H-1 Visa holders are welcome.

Contact Information

Program Contact Lauren Simon, Administrative Coordinator
Phone 856-342-3150
E-mail Simon-Lauren@cooperhealth.edu
Website www.cooperhealth.org





A Place to Practice. A Place to Call Home.



Hospitalist Opportunities in PA – Starting Bonus and Loan Repayment

St Luke's University Health Network (SLUHN) has hospitalist opportunities in eastern Pennsylvania. We are recruiting for BC/BE physicians at our Bethlehem/Anderson Campuses and at our newest hospital in Monroe County that opened in October of 2016. This group focuses on outstanding quality and enjoys a collegial atmosphere.

We offer:

- Starting bonus and up to \$100,000 in loan repayment.
- 7 on/7 off schedules
- Attractive base compensation with incentive
- Excellent benefits, including malpractice, moving expenses

SLUHN is a non-profit network comprised of physicians and 7 hospitals, providing care in eastern Pennsylvania and western NJ. We employ more than 450 physician and 200 advanced practitioners. St. Luke's currently has more than 180 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



My Health. My Hospital.

Flex Your Brain Power

The Vickie and Jack Farber Institute for Neuroscience at Jefferson is seeking BC/BE family medicine or internal medicine physicians to expand their hospitalist service. The hospitalist service provides co-management and medical consultations for patients admitted to Jefferson's busy neurology and neurosurgery services.

Successful candidates will enjoy a competitive salary, with productivity bonus, a generous benefit package and an academic appointment at Sidney Kimmel Medical College at Thomas Jefferson University.

Jefferson values diversity and encourages applications from women, members of minority groups, LGBTQ individuals, disabled individuals, and veterans. Sponsorship for H1B visas is available.

Interested candidates should contact:

Catriona Harrop, MD, FHM, Director of Hospital Medicine
Catriona.Harrop@jefferson.edu.



**Vickie and Jack Farber
 Institute for Neuroscience™**
 at Jefferson

Reading Hospital, a 647-bed acute care hospital located in **West Reading, Pennsylvania**, is seeking a **full-time Hospitalist** to join our Hospitalist Services Department at our nationally recognized hospital for Clinical Excellence.

Responsibilities include coordinating all aspects of care for the Adult Medicine Service, including:

- Admit and manage the clinical care of Adult Medicine Service patients and certain subspecialty patients
- Appropriate placement within hospital
- Discussion of end of life preferences
- Consultation with sub-specialists
- Discharge planning
- Coordination of care with primary care physician
- Arrange follow-up care after discharge
- Participate in quality improvement activities
- Manage patients in a high-quality, cost effective fashion
- Inpatient attending for Internal Medicine Residents.

Candidates must be BC/BE in Internal Medicine.

Reading Health System includes Reading Hospital and Reading Health Rehabilitation Hospital, a facility in Spring Township, featuring a 50-bed skilled nursing unit and a 62-bed inpatient rehabilitation unit. We also provide office-based primary and specialty care through Reading Health Physician Network, in-home nursing care through Reading Health Home Care, and retirement living through The Highlands at Wyomissing. An extensive network of outpatient services are provided through offices and QuickCare walk-in centers throughout the region.

Berks County offers excellent schools, affordable homes, and many recreation and social amenities.

For consideration, please forward your updated CV to:

Kristen Manwiller

Medical Staff Recruiter | Office: 484-628-6716 | E-Fax: 484-345-2405
kristen.manwiller@readinghealth.org

readinghealth.org





HOSPITAL MEDICINE AT LEHIGH VALLEY HEALTH NETWORK

Lehigh Valley Health Network (LVHN) is a nonprofit community hospital system in eastern Pennsylvania. The 800-bed main campus, pictured above, is located one hour north of Philadelphia and 90 minutes west of NYC. Within a 50-mile radius there are 6 hospital campuses and a growing primary care referral base. U.S. News & World Report has ranked LVHN among America's Top Hospitals for 21 consecutive years and currently has two of our hospital campuses ranked in the top 10 hospitals in the state. The network is seeking board certified/eligible IM or FM physicians for Hospitalist positions. We offer candidates a dedicated home-base campus with little or no travel between sites. Basic details about our hospital medicine program are listed below.

- | | |
|--|---|
| <ul style="list-style-type: none"> • 7 on/7 off schedule • 2 weeks paid vacation • 10 hour shifts • Resident teaching • APC support • nocturnist program in several locations • No procedures • No ICU • No forced OT | <ul style="list-style-type: none"> • Competitive salary and benefits • Sign-On bonus • Retention bonus • Relocation assistance • CME allowance • Moonlighting opportunities |
|--|---|

LVHN offers providers the strength of a large network, an integrated medical staff with easy access to Department Chairs, tele-medicine to connect campuses to services, 5 air ambulances for fast and efficient patient transport and a platform to develop and grow your professional career. The communities served by LVHN include metropolitan-like cities, suburbs in the Pocono Mountains and rural communities with a moderate cost of living, fascinating history and small town charm. All of these areas are close – but not too close -- to Philadelphia and NYC.

Please call 484-862-3202 or send CV to Pamela.Adams@lvhn.org

(No Visas)



Bring your family to the beach and call it Home!
Hospitalist Opportunity

Ready for a new lifestyle at the beach? Plant your roots in our sand! **Beebe Healthcare** is an expanding, progressive, not-for-profit community health system with a 210-bed hospital, a planned multi-million dollar expansion, and numerous satellite facilities throughout southern coastal Delaware.

- Hospitalist, BC/BE, experience a plus ■ 7 shifts/2 week pay period
- Employed within multi-specialty hospital network
- Base salary plus incentive and comprehensive benefits package
- Long established Hospitalist program with solid team
- Beebe recognized repeatedly with national awards, high quality and patient satisfaction

Close to Baltimore, DC, Philly, NYC. Family-oriented Southern Delaware Beach Resort ranks among Top 10 Beaches/Boardwalks by *Parents Magazine*, *National Geographic*, *Travel and Leisure*, and *American Profiles Magazine*. Abundant recreational opportunities, from water sports to fine dining!

Visit beebehealthcare.org to view additional physician opportunities.
 424 Savannah Rd. | Lewes, DE 19958 | www.beebehealthcare.org
Email introductory cover letter and CV to Marilyn Hill,
Director of Physician Services, mhill@beebehealthcare.org.
 Not a visa opportunity. Beebe is non-smoking and fragrance-free.



ACP Hospitalist

UPMC LIFE CHANGING MEDICINE HOSPITALIST

The Division of General Internal Medicine, Department of Medicine at the University of Pittsburgh is building a large academic hospitalist program. The positions provide exciting opportunities for long term careers in patient care or a combination of patient care, teaching and research. Competitive compensation commencement on qualifications/experience.

Send letter of interest and CV to **Wishwa Kapoor, MD**
 200 Lothrop Street, 933 West MUH
 Pittsburgh, PA 15213
 Fax: 412 692-4825 | E-mail: Noskoka@upmc.edu
 EO/AA/M/F/Vets/Disabled

Questions about the job search process?
acponline.org/careervideos

JOHNSTON MEMORIAL HOSPITAL
 Mountain States Health Alliance

VIRGINIA HOSPITALISTS, NOCTURNISTS, AND SITE LEAD

Johnston Memorial Hospital, located in **Historic Abingdon, Virginia**, is currently seeking BE/BC Hospitalist Physicians to join their group Full-Time. Day Shift, Nocturnist, and Site Lead Hospitalist Opportunities are available with the following incentives:

- Hospital Employed—Earning potential up to \$300K per year
- Day Shift (7 am - 7 pm) Noc. (7 pm to 7 am) 7 days on / 7 days off
- Site Lead Schedule: 12 twelve hours clinical shifts/month and at least 40 hours/month administrative.
- Competitive Annual Salary with Performance & Production Bonus
- Excellent Benefits, CME Reimbursement & Paid Malpractice
- Generous Sign On Bonus, Relocation and Educational Loan Assistance
- Teaching and Faculty opportunities with the JMH FM/IM Residency Training Programs
- Critical Care Physicians covering the CCU/PCU

Tina McLaughlin, CMSR
Mclaughlint@msha.com Phone: (276) 258-4580
 Virtual Tour: www.mshajobtour.com/jmh



**HOSPITALIST PHYSICIAN
CHARLOTTESVILLE, VIRGINIA**

Martha Jefferson Hospital, a member of Sentara, is currently recruiting for a full time inpatient medicine physician to join our hospitalist team.

Our hospital offers a wide array of patient services, with excellent subspecialty and ancillary support. We strive to create an environment where safety and quality are the cornerstones to delivering exceptional healthcare.

We offer competitive salary, benefits, and a cohesive work environment. Charlottesville is a university town, consistently rated as one of the best places to live, raise a family, with excellent schools, metropolitan dining, and outdoor activities.

Not a J-1/H1-B Visa opportunity.

To apply please submit cover letter and CV to:
Paul Tesoriere, M.D. at pjtesori@sentara.com
or call (434) 654-7580.



TEAMHealth®

Join our Hospital Medicine Team in Florida!

PENSACOLA, FL: We are looking for **Staff Physicians** to join our Hospital Medicine team at **West Florida Hospital**. Rated one of the Top 100 Hospitals for a 2nd year in a row, West Florida is the perfect place to take your next career step! Take advantage of a very generous compensation package and full benefits.

PALATKA, FL: We are looking for a **Staff Physician** to join our Hospital Medicine team at **Putnam Community Medical Center**. This 99-bed facility is located with easy access to Gainesville, Jacksonville, and St. Augustine. We can offer you an excellent compensation package and comprehensive benefits.

At TeamHealth, our purpose is to perfect our physicians' ability to practice medicine, every day, in everything we do. Our philosophy is as simple as our goal is singular: we believe better experiences for physicians lead to better outcomes—for patients, hospital partners, and physicians alike.

To learn more about this position or other Hospital Medicine opportunities, contact **Jason Nuwer** at **954.377.2986** or jason_nuwer@teamhealth.com, or visit teamhealth.com.

**Nocturnists and General Hospitalists
Coastal Florida**

Health First Medical Group, is searching for General Hospitalists and Nocturnists for the Melbourne area. HFMG has 300+ healthcare providers backed by nurses, technicians, administrators. Our medical group is unmatched in Brevard County offering 30+ specialties, Cardiology to Pediatrics to Urgent Care. Latest in medical technology, most advanced imaging/diagnostic equipment. Internal referral group benefits along with a very competitive compensation package. HFMG is located on Florida's eastside, many days of sunshine, cultural activities, beach is minutes away. State-ranked schools, great food/entertainment.

For more information send your CV to:

Mary Weerts,
Sr. Physician Recruiter
Mary.Weerts@mima.com
or call 321-725-4500 ext. 7607.



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IN NORTH CENTRAL FLORIDA**



Join the largest multi-specialty group in North Central Florida.

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- We provide balance between your home & work life

For more information call us at
(352) 224-2404 or email your CV to
careers@SIMEDHealth.com



North Carolina

Hospitalist positions in family community 35 minutes from Pinehurst, 45 minutes from Fayetteville and less than 2 hours from beaches, Raleigh, and Charlotte. Flexible scheduling.

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IM HOSPITALIST OPPORTUNITIES

Greenville / Upstate South Carolina

Greenville Health System (GHS), the largest healthcare provider in South Carolina, seeks **BC/BE Internal Medicine Physicians** interested in opportunities as a Hospitalist.

Details include:

- Group comprised of career hospitalists with low turnover
- Competitive salary & incentive bonuses
- Teaching & non-teaching opportunities
- Opportunity to teach residents/medical students (if desired) with an academic appointment
- Premium pay & flexible schedule for Nocturnist or semi-Nocturnist
- Additional shifts paid at a premium
- Vertical advancement available

Ideal candidates:

- Comfort managing critically ill patients (desired, but not required)
- IM procedures highly desired, but not required. Simulation center training & bedside training available if interested (placement of central lines, etc.).

The System is comprised of 1,662 beds on 7 campuses that are clinically excellent facilities. GHS also hosts 15 residency and fellowship programs, a level-one trauma center, a separate research facility, and one of the nation's newest medical schools: University of South Carolina School of Medicine – Greenville on our main campus.

Greenville, SC, ideally situated near mountains, beaches and lakes, is a beautiful place to live and work. 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: Kendra Hall, Sr. Physician Recruiter, kbhall@ghs.org, ph: 864-797-6114. EOE



GREENVILLE HEALTH SYSTEM



West Virginia University, Department of Medicine, Section of Hospital Medicine is seeking board certified/board eligible internists for full-time faculty hospitalist positions. This position is clinically based on our inpatient hospitalist service, with the expectation of 26 weeks annually of clinical duties that can include academic and independent clinical activity. We are a growing academic hospitalist section that affords the faculty member teaching opportunities of residents in both a one-on-one setting, and rounding teams covering inpatient consults for the Department of Medicine. In addition, opportunities are available to teach medical students both individually and in small group clinical skills instruction. Scholarly activity is highly encouraged and opportunities for research with clinical faculty also exist within the section and department. We are a large tertiary care center that has extensive consultation support and cross department/section collaboration for those faculty members interested in subspecialty fellowship training. In addition, our section provides each non-teaching team with Advance Practice Provider support.

Successful candidates must have an MD, MD/PhD or DO degree (the employer accepts foreign educational equivalent) and be eligible to obtain an unrestricted West Virginia medical license. Candidates must have completed an accredited internal medicine residency program. Faculty rank and salary will be commensurate with credentials.

U.S. News & World Report has ranked West Virginia University Hospitals #1 in the state for the past several years. WVUH provides the most advanced level of care available to the citizens of West Virginia and bordering states. Major expansion is underway to Ruby Memorial Hospital, adding a 10-story tower and an additional 114 licensed beds. WVU Medicine has also opened a three story, 110,000 square foot ambulatory care facility to help address the growing demand for access to outpatient services. Our hospitalist section works closely with the Department of Medicine to streamline transitions of care and focus heavily on quality benchmarks.

Morgantown is consistently rated as one of the best small metropolitan areas in the country for both lifestyle and business climate. The area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities.

To learn more, visit <http://medicine.hsc.wvu.edu/medicine/general-internal-medicine/> and submit your CV directly to furbeep@wvumedicine.org.

WVU is an AA/EO employer - Minority/Female/Disability/Veteran - and is the recipient of an NSF ADVANCE award for gender equity



CHIEF, ACADEMIC HOSPITAL MEDICINE

WVU School of Medicine, Department of Medicine seeks a board-certified internal medicine physician at the rank of Associate Professor or above to serve as the Hospital Medicine Section Chief at Ruby Memorial Hospital in Morgantown, WV. Qualified candidates will have leadership and management skills and experience in scholarly work, excellence in teaching, clinical activities and systems of care. She/he will also have expertise in Quality of Care Programs. The ideal candidate will have approximately 5 years of experience in hospital medicine at an academic center. The Hospital Medicine Chief will spend 25% of time in developing and enhancing the academic hospital medicine section, 25% of time teaching and scholarly activity and 50% of time in clinical activities, quality and coordination of care.

WVU Medicine provides the most advanced level of care available to the citizens of West Virginia and bordering states. West Virginia University Hospital is the only Magnet-designated hospital in the state. Major expansion is underway, adding a 10-story tower and an additional 114 licensed beds to be completed in early 2017. WVU Medicine has also opened a state of the art three story, 110,000 square foot ambulatory care facility to help address the growing demand for services.

Morgantown is consistently rated as one of the best small metropolitan areas in the country for both lifestyle and business climate. The area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities.

Position will remain open until filled. To learn more, visit <http://medicine.hsc.wvu.edu/medicine>. Interested candidates should submit a detailed curriculum vitae and letter of interest to Pam Furbee, Senior Human Resources Generalist, at furbeep@wvumedicine.org.

WVU is an AA/EO employer - Minority/Female/Disability/Veteran - and is the recipient of an NSF ADVANCE award for gender equity.

Join our New Academic Hospital Medicine Program with one of the Premier Public Hospitals in the Southern United States



The Division of Hospital Medicine at the Emory University School of Medicine and Emory Healthcare is currently seeking exceptional individuals to join our new academic hospital medicine program at Atlanta's Grady Memorial Hospital. Ideal candidates will be BC/BE internists who possess outstanding clinical and interpersonal skills and who envision a fulfilling career in academic hospital medicine. Emory hospitalists have opportunities to be involved in teaching, quality improvement, patient safety, health services research, and other professional activities. Our hospitalists have access to faculty development programs within the Division and work with leaders focused on mentoring, medical education, and fostering research.

We are recruiting now for both Nocturnist and Daytime positions, so apply today. Applications will be considered as soon as they are received. Emory University is an Equal Opportunity Employer.



Apply now for immediate openings!
 Email your cover letter and CV to:
Dr. Dan Hunt, Director
 c/o Danielle Moses, Physician Services
 Coordinator/Recruiter for Medicine
 Phone: 404-778-7726
 danielle.moses@emoryhealthcare.org

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- Full malpractice and tail coverage



Maximize your Career with Emory's Premier Academic Hospital Medicine Division

The Division of Hospital Medicine at the Emory University School of Medicine and Emory Healthcare is currently seeking exceptional individuals to join our highly respected team of physicians and medical directors. Ideal candidates will be BC/BE internists who possess outstanding clinical and interpersonal skills and who envision a fulfilling career in academic hospital medicine. Emory hospitalists have opportunities to be involved in teaching, quality improvement, patient safety, health services research, and other professional activities. Our hospitalists have access to faculty development programs within the Division and work with leaders focused on mentoring, medical education, and fostering research.

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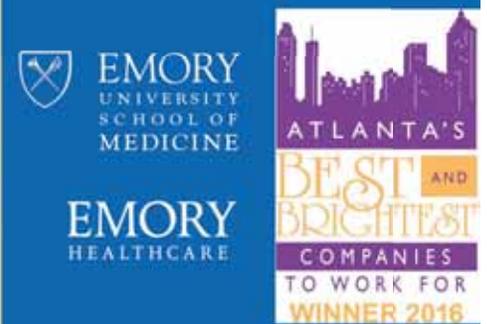
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 Email your cover letter and CV to:
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 c/o Danielle Moses, Physician Services
 Coordinator/Recruiter for Medicine
 Phone: 404-778-7726
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Our Programs:

- Emory University Hospital
- Emory University Hospital Midtown
- Emory Saint Joseph's Hospital
- Emory Johns Creek Hospital
- Emory University Orthopaedics & Spine Hospital
- Grady Memorial Hospital
- Veterans Affairs Medical Center, Atlanta





IU Health Physicians

DAY, NOCTURNIST & CLINIC OPPORTUNITIES

Indiana University Health Physicians has employment opportunities for Hospitalists to join their teams at IU Health Methodist, University and West Hospitals located in Indianapolis, Indiana.

Day or Night Hospitalist

- 100% inpatient
- Adaptive day scheduling with predominant block schedules
- 10 hour Nocturnist block shifts

Day-Time Clinic

- M-F days-only
- Provide outpatient pre-operative assessment, medical consultation and optimization and coordination of care

Opportunities Include

- Research and teaching opportunities available
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- Requirements: M.D., Internal Medicine, Eligible for Indiana Medical License

For more information or to submit your CV, please forward to:
Lindsey Pund, Physician Recruiter, Indiana University Health Physicians
LPund@iuhealth.org | 317.963.0224



Nocturnist Opportunity

Community Physician Network is seeking a **BE/BC Internal Medicine Physicians** to function as a **Nocturnist**. This physician will join CPN, a large, employed, well-established, multi-specialty group in the two of our locations: **Indianapolis** and **Kokomo** area.

Indianapolis opportunity overview:

- 17 week model; 7-on-14-off
- Indianapolis' desired Northeast side
- Competitive compensation package
- Joining a well-established group of experienced physicians

Kokomo opportunity overview:

- 7-on-7-off
- 30-45 minutes from Indianapolis' desired North side!
- Competitive compensation package
- Joining a well-established group of experienced physicians

Qualifications:

- BE/BC in Internal Medicine
- Proficiency with procedures
- Professional, cohesive, and a team player
- Consistent and consecutive employment of training history

Community Health Network is a non-profit health system that is deeply committed to the communities we serve with more than 200 sites of care and affiliates throughout Central Indiana. Guided by our PRIIDE Values – Patients First, Relationships, Integrity, Innovation, Dedication and Excellence – our team of caregivers is committed to providing an exceptional experience with every life we touch.

For further details, please contact:

Brandt Petty, Network Physician Recruiter

Email: DocJobs@eCommunity.com

To apply, visit: <http://www.ecommunity.com/physicianrecruitment/>

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HOSPITALIST AND NOCTURNIST

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If you are interested in advancing your career as a Hospitalist or Nocturnist with Northwestern Medicine Lake Forest Hospital, please e-mail your CV and cover letter to: LFHMRcruitment@nm.org

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scorrigan@acponline.org

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- hospitalmedicine@osumc.edu
- 614/366-2360

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ACADEMIC HOSPITALIST UNIVERSITY OF MICHIGAN

The University of Michigan, Division of General Medicine seeks BC/BE internists to join our expanding Academic Hospital Medicine Group. Duties include teaching, providing direct patient care, and involvement in quality improvement and patient safety initiatives. There are opportunities to work on traditional general medicine services, in unique specialty concentrations (hematology/oncology, renal/transplant), as a full-time nocturnist, or in our newly developed medical observation unit. The hospital medicine observation unit provides care for complex adult inpatients and incorporates mid-level providers as part of the medical team. Prior training or clinical experience at a major academic medical center is preferred. Research opportunities and hospitalist investigator positions are also available for qualified candidates. Successful candidates will receive a faculty appointment at the University of Michigan Medical School. Excellent benefits and compensation package with guaranteed salary plus incentive bonuses. Relocation support provided.

LOAN FORGIVENESS PROGRAM: An educational loan forgiveness program provides up to \$50,000 in loan forgiveness for qualifying educational loans.

The University of Michigan is an equal opportunity/affirmative action employer and encourages applications from women and minorities.

Send cover letter and CV to:
Laurence McMahon, MD, MPH
Chief, Division of General Medicine
300 North Ingalls, Room NI7C27
Ann Arbor, MI 48109-0429
FAX: 734-936-8944
squigley@umich.edu

To inquire please contact:
Scott Flanders, MD
Director, Hospital Medicine
Department of Internal Medicine
734-647-2892
flanders@umich.edu

Visit our website: <http://www.med.umich.edu/intmed/genmed/programs/HospitalistProgram.htm>

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There's a simple reason you chose a career in Hospital Medicine. We invite you to practice it here.

We welcome your enthusiasm for compassionate medicine as you change peoples lives in a powerful way with some of the most inspiring people you will ever meet.

We are seeking BC/BE Internal Medicine or Family Medicine physicians to join our employed Hospitalists in Wausau and Wisconsin Rapids.

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Contact Corey Kilinski at
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Medical Director, Hospitalist & Nocturnist
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Creighton University Infectious Diseases Fellowship Program is seeking two fellows to fill openings. Our training program offers a collegial learning environment with a good work/life balance allowing some time to enjoy the high quality of living in the Midwest. Our fellows' experiences include clinics (continuity, HIV, travel), inpatient rotations, research, quality improvement, and telemedicine. We also provide educational experiences including antimicrobial stewardship, hospital epidemiology, and teaching. Applicants must have completed an ACGME-accredited IM residency & we require a J-1 visa for international applications.

Contact MichelleConnors@creighton.edu for more details.

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Jennifer Semling
Manager, Physician Recruitment
701-741-0330 (cell)
Phone: 800-437-5373
ext. 6607
jsemling@altru.org



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OFFERING

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- Competitive base salary
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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 11 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
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You can also contact us:

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BC/BE Internal Medicine Physicians desired for day, evening & night positions. Outstanding opportunity to join a group with a proven track record in developing visionary leaders locally, regionally and nationally in clinical care and healthcare delivery, leadership, education and scholarly activity. Faculty are eligible for academic promotion with demonstrated excellence as a clinician/educator/scholar. Abundant opportunities exist for the growth and development of leadership roles, teaching venues and scholarly activity. Competitive salary and benefits. Experience the Colorado lifestyle while enjoying a fulfilling career in academic hospital medicine!

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For more information, please email

Heather Fordyce, Practice Manager at heather.fordyce@ucdenver.edu or visit: www.medschool.ucdenver.edu/hospitalmedicine

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These are not J1 opportunities.



UCSF FRESNO ACADEMIC HOSPITALIST OPPORTUNITY

The Department of Internal Medicine at UCSF Fresno and the Central California Faculty Medical Group (CCFMG) are seeking academic Hospitalist faculty. Applicants should have excellent training/clinical experience and be willing to participate in medical education and clinical research. Applicants must be board certified or board eligible in Internal Medicine, have completed their residency in Internal Medicine, have their medical degree (M.D., D.O. or equivalent) and be eligible to obtain a U.S. medical license. The selected candidate will be appointed at the level of instructor, assistant, associate, or full professor rank commensurate with the applicant's background and accomplishments. Under certain circumstances we will consider an application for an instructor with pending board certification.

Successful applicants will work in conjunction with other academic Hospitalists on the UCSF Fresno faculty providing both teaching and non-teaching coverage. Teaching activities include ward attending and procedure service. A non-teaching Hospitalist service provides co-management coverage for non-trauma, neurosurgical patients. All Hospitalist Faculty are provided resources and time and are expected to take part in medical education activities for the residents and medical students on the UCSF Fresno campus. In addition, Hospitalist Faculty are expected to participate in clinical research and/or quality improvement projects.

UCSF Fresno has active graduate and undergraduate medical education programs and is based in Fresno, California, an affordable Central Valley community surrounded by limitless recreational opportunities and spectacular scenery. While there is much to see and do in Fresno, the city is ideally located for fast, convenient getaways to the majestic Sierra (just 60 minutes away) as well as the scenic Central Coast and wine region (two and one-half hours away). Fresno is the only major city in the country with close proximity to three national parks, including renowned Yosemite National Park.

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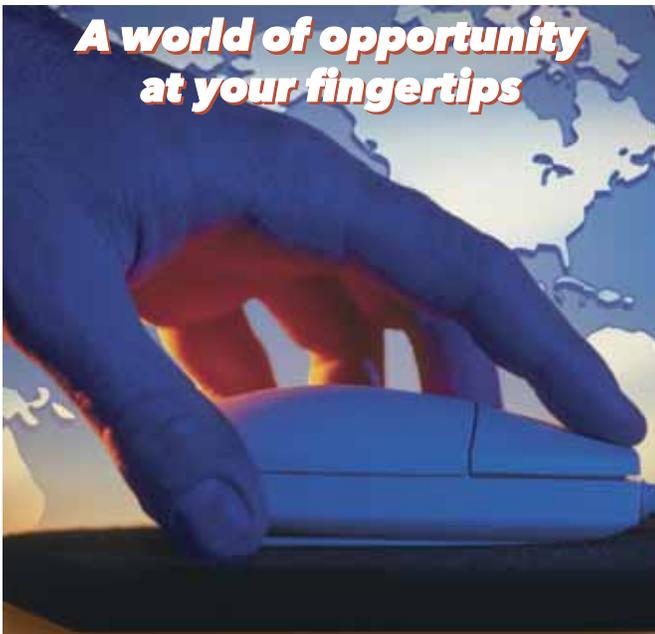
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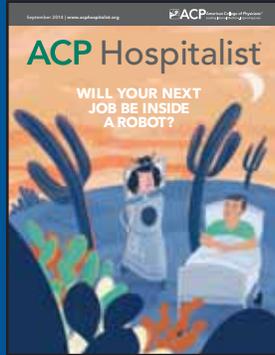
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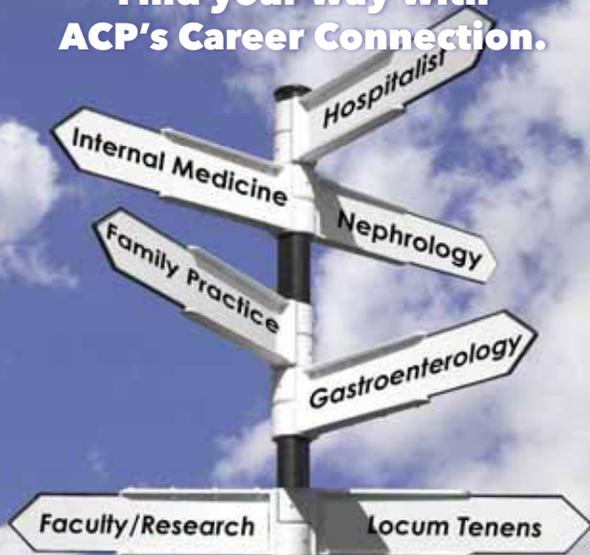


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Francisco Loya, MD, MS
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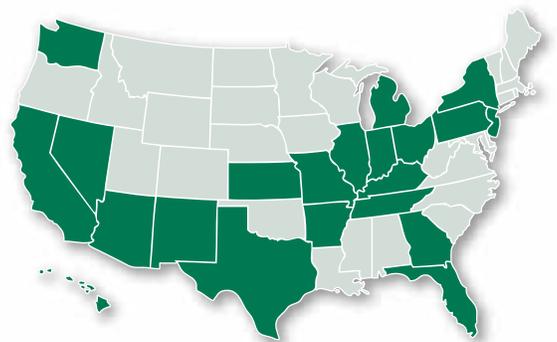
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c/o Heather Crowell to crowellh@ohsu.edu
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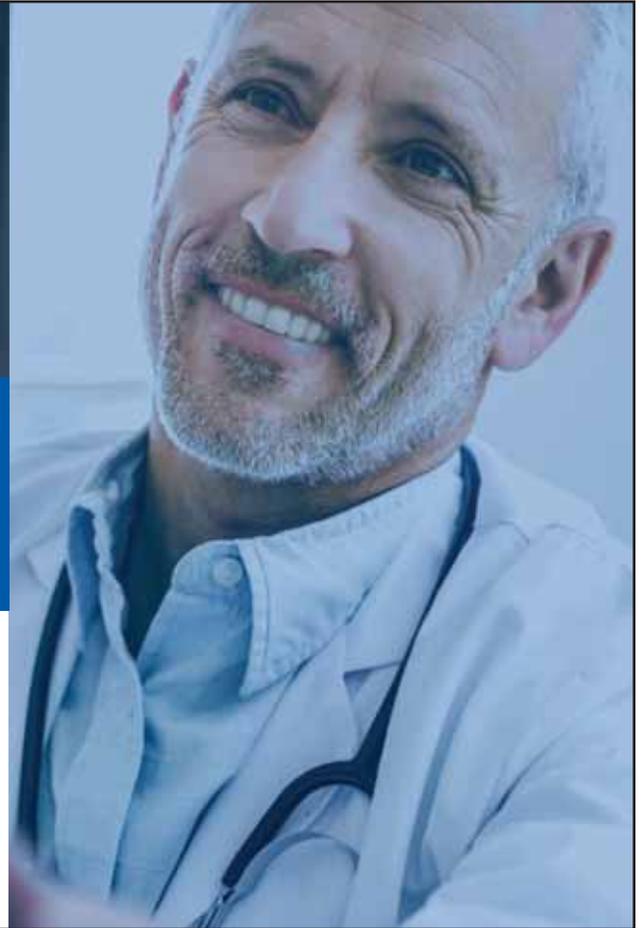
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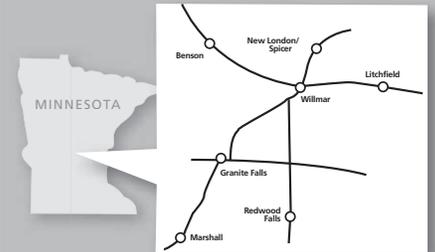
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St. Luke's University Health Network, the region's largest, most established health system and one of the nation's 100 Top Hospitals is looking for Medical Clerkship Director / Internal Medicine Faculty Member in the beautiful Lehigh Valley. This physician will serve as a core faculty member in our multi-specialty ambulatory clinic and inpatient teaching service. This position includes providing educational training programs for medical students, residents, curriculum design and evaluation, clinical supervision, special projects and program development.

St. Luke's Internal Medicine Residency program is an ACGME-accredited program where our 25 categorical residents and faculty work together to provide excellent care in an environment of teaching and scholarly activity. Along with core faculty responsibilities this physician will serve as the Medical Clerkship Director to our 30 medical students per year in the Lewis Katz School of Medicine at Temple University/St. Luke's School of Medicine.

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About St. Luke's

St. Luke's is a Truven award winning network with 7 hospitals spanning 9 counties. With the Temple-St. Luke's School of Medicine, St. Luke's has created the first and only regional medical school campus in the Lehigh Valley. Please visit us at St. Luke's - Home

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**Please contact: Jillian Fiorino
Physician Recruiter**

**St. Luke's University Health Network
Jillian.Fiorino@sluhn.org
484-526-6182**



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Become a part of the Hallmark Health Medical Associates team. Please connect with us:

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rcrosby@hallmarkhealth.org
781-338-7526

Kim O'Brien
kobrien@hallmarkhealth.org
781-338-7517

Alison Martin
amartin@hallmarkhealth.org
781-338-7505



**General Internist
Assistant/Associate
Professor**

The Department of Medicine at Stony Brook University, New York is seeking full-time general internists at the Assistant/Associate Professor level. These are clinical positions primarily for outpatient primary medical care; some consultative medicine and education. Candidates must be MD or equivalent and Board Certified/Board Eligible in Internal Medicine.

To qualify for appointment as an Assistant/Associate Professor, the candidate must meet the criteria established by the School of Medicine (School of Medicine's Criteria for Appointment, Promotion and Tenure).

Those interested in these positions should submit a State employment application, cover letter and resume/CV to: Dr. Suzanne Fields, Chief, Division of Geriatrics and General, Internal Medicine, Health Sciences Center, Level 2, Room 155, Stony Brook University, Stony Brook, NY 11790-8228, Fax: (631) 444-8240.

For a full position description, or to apply online, visit:
www.stonybrook.edu/jobs
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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-primary care physician** to join our large Department of Medicine and one of our thriving primary care practices at our Valley Health Center- Moorpark or Valley Health Center-Downtown.

SCVMC is the main hospital for the Santa Clara Valley Health and Hospital System, which in turn is the second largest County-owned health system in California, including a large primary care network with nine primary care health centers, wide-ranging specialty care services, a large behavioral health department, and a health plan. SCVMC hosts a large Internal Medicine Residency Training Program, TJC-accredited Primary Stroke Center, CARF-accredited Rehabilitation Center, ABA-verified Burn Center, and ACS-verified Level 1 Trauma Center. SCVMC is located in the heart of Silicon Valley, 50 miles south of San Francisco and 30 miles north of the Monterey Bay, offering one of the most diverse selections of cultural, recreational, and lifestyle opportunities in the nation.

VHC-Moorpark is on our central campus and is a popular training site for our Internal Medicine residents. Minutes away, VHC-Downtown is a new state of the art facility in downtown San Jose near San Jose State University, which opened in June 2016.

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Please submit your letter of intent and CV to Roy Rousa at roya.rousta@hhs.sccgov.org



Eastern Maine Medical Center is a 411-bed, regional, tertiary care and level II trauma center for the more than 500,000 residents living in the nine counties of central, eastern, and northern Maine. Our primary care network, largest in the area, has adopted a new practice model to include teams of one physician, one nurse practitioner, two registered nurses and two medical assistants.

Bangor is an award-winning small city offering easy access to Maine's spectacular coast, lakes, and mountains. Schools rank among New England's best; the University of Maine flagship campus is located in neighboring Orono. Bangor is the regional hub for medicine, the arts, and commerce. Bangor International Airport offers direct and one-stop service to most major destinations.

For more information, please contact:

**Amanda Klausing,
Physician Recruiter
emmccvs@emhs.org
207.973.5358**



Salem Clinic, P.C., a 50+ physician multi-specialty group has an opening for a BC/BE Internal Medicine physician. Salem Clinic offers a balanced professional and personal lifestyle; comprehensive benefit package; first year guarantee with partnership opportunity after one year. 4.5 work week. Call 1:12 (with support of a hospitalist program). Salem Clinic, P.C. is located in Salem, Oregon: one hour to the Oregon Coast and Cascade Mountains and 45- minutes to Portland. The Medical Group Management Association (MGMA) has rated Salem Clinic as one of the top 10 "better performing medical groups." Community: Population 152K, excellent school system, capital of Oregon.

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Please mail, fax, or email CV to:
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email: lindsaycourse@salemclinic.org.

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www.3rnet.org

**General Surgeon
Mercy Hospital - Portland, Maine**

Portland Surgical Associates, a department of Mercy Hospital (Portland, ME) is seeking a BC/BE general surgeon to join our team - including a general surgeon, surgical oncologist, and two experienced physician assistants - in a patient-focused collaborative care setting. Case mix includes primarily "bread and butter" general surgery with a focus on minimally invasive and acute care surgery. Both experienced and recently trained applicants are encouraged to apply; mentoring and focused career development will be provided for the latter.

Founded in 1918, Mercy Hospital is affiliated with Eastern Maine Health System and currently consists of two hospital campuses both located within downtown Portland. Amenities include an updated outpatient facility with a well-equipped procedure room and ultrasonography. Clinical teaching opportunities are available through local medical education programs; participation is not required.

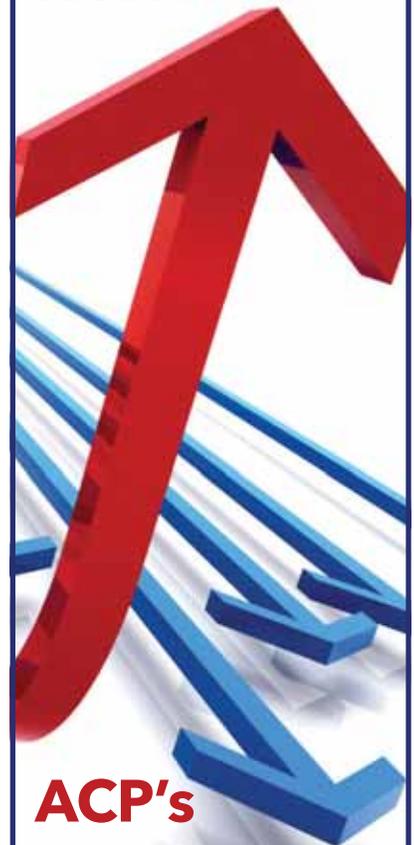
Portland is a coastal city in southern Maine and offers abundant scenic beauty, year-round outdoor recreation opportunities, and a vibrant downtown.

For more information, email Denise Sadowski at:
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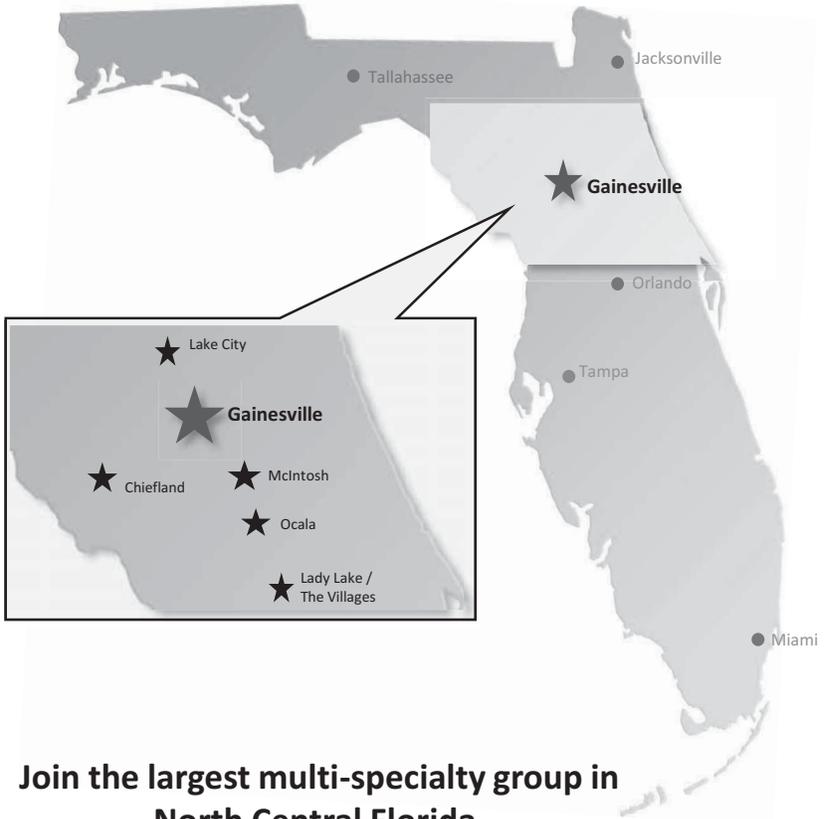
The University of California, Los Angeles, Division of General Internal Medicine and Health Services Research has Full-time faculty openings in Primary Care. Positions are available in multiple practices in the Greater Los Angeles area. Minimum 36 hours/week of direct patient care and supervision of residents and medical students in inpatient and outpatient settings. Demonstrated skill in clinical teaching and practice required.

UCLA Health has provided high-quality health care and the most advanced treatment options to the people of the greater Los Angeles region and the world for more than 60 years. UCLA Health includes four hospitals on two campuses - Ronald Reagan UCLA Medical Center; UCLA Medical Center, Santa Monica; Mattel Children's Hospital UCLA; and Resnick Neuropsychiatric Hospital at UCLA - and more than 150 primary and specialty offices throughout Southern California, including the South Bay and North West Valley campuses. UCLA Health is consistently ranked as one of the top hospitals and the best in the Western United States in the national rankings by U.S. News and World Report. UCLA Health ranks Best in the West for 26 consecutive years and now No. 3 in the nation in U.S. News & World Report's survey of "America's Best Hospitals." UCLA Medical Group was awarded the Gold Level Achievement for clinical quality by the California Department of Managed Health Care.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status. For the complete University of California nondiscrimination and affirmative action policy see: UC Nondiscrimination and Affirmative Action Policy.

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Banner Del E. Web Medical Center (BDWMC) Sun City West. BDWMC, a 375-bed full service hospital with over 600 physicians on staff, provides acute medical and surgical services as well as intensive care, emergency and urgent care, inpatient /outpatient surgery, cardiac catheterization, neurology, orthopedics, oncology, urology, pulmonary, obstetrics and gynecology, extended care, outpatient diagnostic services, acute and outpatient rehabilitation and adult behavioral services. BDWMC is the eighth largest hospital in the Valley and has earned the Joint Commissions Seal of Approval for accreditation by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in hospitals and is also nationally certified by the Joint Commission as an Advanced Primary Stroke Center.

Banner Thunderbird Medical Center (BTMC) Glendale. BTMC is the fourth largest hospital in the Phoenix metropolitan area with 561 licensed beds and offers a wide range of medical services including, adult behavioral health services, cancer care, critical care, emergency care, general surgery, heart care, inpatient pediatric care, medical imaging, obstetrics and gynecology, orthopedics, outpatient rehabilitation services and stroke care. Banner Thunderbird is currently ranked one of the top hospitals in the Phoenix metropolitan area by US News & World Report and is a recent recipient of a prestigious "Best of the West" award from Westmarc in recognition of the hospital's contributions to the region.

Banner University Medical Center (BUMC-T&S) Tucson. BC/BE Hospitalists (IM boarded) to provide inpatient medicine services on two campuses. **We are seeking Hospitalists who are interested in performing in a Nocturnist role within a growing group.** We have 2 Nocturnists on call at nights performing admitting and cross covering functions with opportunities to teach residents. These are excellent opportunities to grow in academic medicine for Hospitalists with a desire to teach IM residents, students and Pharmacy students. Position is open to experienced physicians and graduating residents.

Banner - University Medical Center Phoenix (BUMC-P). BUMC-P is a nationally-known academic medical center and the primary teaching facility of the University of Arizona College of Medicine - Phoenix. BUMC-P is a 733 bed, Level I Trauma facility. As the largest and one of the most comprehensive tertiary care facilities in Arizona, it provides a full complement of subspecialties including cardiac care, transplant services, oncology, high-risk obstetrics, CARF certified stroke, head injury and general inpatient rehabilitation, epilepsy center, Alzheimer's Institute, and outpatient clinics on campus in primary and specialty care. BUMC-P has been cited for 12 years as one of America's "Best Hospitals" by U.S. News & World Report and is consistently rated as a "Best Place to Work" in Arizona.

Banner Payson Regional Medical Center (BPRMC) Payson. BPRMC is a 44-bed facility offering inpatient, outpatient, diagnostic, imaging, medical, surgical and emergency care to the greater Payson area. BPRMC is Joint Commission Accredited, a three-time recipient of the nation's 100 Top Hospitals® by Thomson Reuters and rated top 10% in the nation for overall hospital care and over medical care by Delta Data-Care Chex quality rating.

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