Featuring:

• When visits become ‘on the record’
• See, and then stop, elderly abuse
• Proper diagnosis takes time, reflection
• Now trending: Internal medicine podcasts for education
• Do’s and don’ts for personal protective equipment
Focus on care

Practicing Permanente Medicine means doing what’s right for patients.

From the very beginning, we have thought about medicine differently.

Permanente Medicine empowers you to focus on caring for your patients. You will work in a collaborative, collegial environment and have resources and support all along the way. You will also have quick access to specialists via our state-of-the-art EMR system—just one of the many innovations we have implemented to ensure we are delivering progressive, affordable high-quality care. And you will receive a comprehensive compensation, benefit and retirement package.

Join us and become part of something unique, something special...something that matters.

https://permanente.org/physician-careers/

We are an EOE/AA/M/F/D/V Employer
2019 Winter Career Guide for Residents

Table of Contents

Articles

When visits become ‘on the record’ ................................................................. 2
By Mollie Frost

See, and then stop, elderly abuse ................................................................. 5
By Stacey Butterfield

Proper diagnosis takes time, reflection ....................................................... 7
By Mollie Frost

Now trending: Internal medicine podcasts for education ......................... 9
By Mollie Frost

Do’s and don’ts for personal protective equipment .................................... 11
By Mollie Frost

Classifieds

Annals of Internal Medicine Display ............................................................ 15
Annals of Internal Medicine Non-Display ..................................................... 19
ACP Hospitalist ............................................................................................. 20
ACP Internist ................................................................................................. 29

2019 Winter Career Guide for Residents
Annals of Internal Medicine, February 19, 2019 • ACP Hospitalist and ACP Internist, February 2019.

ACP CONTACT INFORMATION

ADVERTISING SALES

Vera Bensch
215-351-2630 (Phone)
215-351-2641 (Fax)
vbensch@acponline.org

Sean Corrigan
215-351-2768 (Phone)
215-351-2685 (Fax)
scorrigan@acponline.org

Maria Fitzgerald
215-351-2667 (Phone)
215-351-2738 (Fax)
mfitzgerald@acponline.org

ADVERTISING SUPPORT

Paula Bayard
215-351-2671 (Phone)
215-351-2738 (Fax)
pbayard@acponline.org

GENERAL INFORMATION

800-523-1546 or 215-351-2400
215-351-2738 (Fax)
Ali Seifi, MD, FACP, hadn’t considered the implications of patients or caregivers recording visits until he saw it happening without his permission.

A few years ago, during a meeting with a very ill patient’s family members, he noticed that they were recording the conversation with a smartphone. “Honestly, at the beginning, I was feeling a little bit uncomfortable,” said Dr. Seifi, associate professor of neurosurgery and neuro critical care and director of the neuro intensive care unit at the University of Texas Health Science Center at San Antonio. “I wasn’t even sure if I could ask them to stop the recording, or is it something that’s going to be against me?”

He then reached out to lawyers and colleagues about the legal and ethical rights of doctors, patients, and families and published a viewpoint on the issue in JAMA in March 2015. It turned out that, in Texas, it was legal for the family to record a conversation without his consent, even though it was off-putting. “Then, when I looked from a different angle, I found it’s actually very helpful for the patient,” Dr. Seifi said.

The issue of recording visits has come up in the past, but cell phones make it easier than ever for patients to hit that red button. “Practically everybody has an audio- and video-recording device in their pocket now,” said Tom Bledsoe, MD, FACP, chair of ACP’s Ethics, Professionalism and Human Rights Committee and clinical associate professor of medicine at the Alpert Medical School of Brown University in Providence, R.I.

Because of the ubiquity of recording devices today, physicians should be prepared to respond to patients and families who want to record visits (either in secret or with permission), experts said. They offered advice and outlined the benefits and drawbacks of being on the record.

**Legality and prevalence**

In 39 states and Washington, D.C., it’s perfectly legal for someone to audio record another party without his or her permission, as long as one party consents (and this can be the person who is recording), according to a JAMA viewpoint published in August 2017. The 11 states that have statutes requiring consent from all parties are California, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, New Hampshire, Oregon, Pennsylvania, and Washington.

It’s difficult to pin down exactly how many patients may be taking advantage of their opportunity to record. One survey of about 130 U.K. patients found that 15% had secretly recorded visits, and 11% knew of someone who had done so, according to results published in 2015 by BMJ Open.

Even more patients would consider recording: 35% said they would do so secretly, and 34% would ask permission first. “My feeling is that that estimate’s probably about right, and probably rising,” said lead author Glyn Elwyn, MD, PhD, MSc, professor at the Dartmouth Institute for Health Policy and Clinical Practice in Lebanon, N.H.

People may want to record for many reasons, such as when there are challenges to language, memory, or recall, or when caregivers want to capture all the details of a patient’s complicated regimen, he said. A smaller group of people may be on the litigious side and want to have everything on record in case something goes wrong, Dr. Elwyn added. “But I don’t think that’s the majority whatsoever,” he said. “I think most people want to have a recording for recall issues.”

Dr. Seifi said that he now gets requests to record every week, mostly from family members of unconscious ICU patients who want to share updates with others near and far. In outpatient practice, however, the phenomenon seems to be uncommon, experts said. For Dr. Bledsoe, it’s uncommon to the point of being rare. “It definitely makes doctors nervous. Because it’s not common, many doctors will immediately worry about risk management issues, especially if recorded surreptitiously, wondering, ‘Is there a problem in my relationship with this patient?’” he said.

Ana María López, MD, MPH, FACP, ACP’s President-elect, said that patients in her oncology practice will occasionally ask to record visits, although it’s not standard practice. She routinely agrees without feeling uncomfortable, “simply because it is complex, and people want to share the information with their loved ones.”

**Addressing the situation**

When it comes to recording visits, clinicians often voice concerns about altering the patient-physician relationship or incurring malpractice lawsuits, whereas patients typically react positively to the idea, said ACP Member Timothy P. Lahey, MD, an associate professor at the Dartmouth Institute for Health Policy and Clinical Practice who has written about the issue. “These disparate reactions to the concept are probably the thing that drives me most strongly to think it’s a good idea to establish some ground rules,” he said. “Our patients are requesting it. Doctors are worried. Negotiation seems like the right next step.”

However, if a patient asks to record, experts said that it’s OK for a physician to decline. “There should be a shared decision in which the goals and values of both the patient and the physician are taken into account,” said Dr. Bledsoe. “A unilateral decision, either by the patient to record surreptitiously or the physician to refuse the request, may have negative consequences.”

Dr. Lahey agreed, especially when the situation arises in states where it’s illegal to record someone without consent. “It’s probably inadvisable for [doctors] to say no, but I think it’s their right as a person that’s being recorded,” he said.

Dr. López recommended that physicians who do not want...
to be recorded have an honest conversation with the patient
to clarify the reasons why and come up with alternative ways
to address them. For instance, writing down recommendations
can help patients remember them, and bringing in loved ones
or calling them on the phone during the visit may be another
way to share information, she suggested.

Although Dr. Lahey said he’s never declined a patient’s
request to record (which only happens about once a year in
his practice), he gets the sense that his young patient popu-
lation may be doing so in secret. “They all have their phones
out on the desk, so my guess is sometimes those things are
on, and that’s fine,” he said, even though he practices in New
Hampshire, where the law requires consent to record.

Since covertly recording visits seems to be an unavoidable
issue, clinicians need to prepare by starting an open conversa-
tion about managing the situation, said Dr. Lahey. “That would
help lessen some of the fear,” he said.

A recent ACP ethics case study modeled that scenario by
presenting a hypothetical example of a patient who, after a visit
with his doctor, pulls out his phone and presses a red button
at the bottom of the screen, prompting his doctor to suspect
he was covertly recording. Case study author Jon C. Tilburt,
MD, FACP, recommended asking the patient in a face-to-face
follow-up visit if he was recording and initiating a frank conver-
sation about it. “Sometimes we infer what the patient’s motiva-
tions are when we catch something that looks surreptitious, but
my general sense is that we’re too spooked sometimes when
we ought not to be,” he said.

Other potential responses to encountering a secret record-
ing include saying nothing but being very guarded or even
suspicous of the patient in the future, brushing it off without
regret, or firing the patient, Dr. Bledsoe said. If that last option
sounds drastic, consider this: Colleagues gasped in horror
when he recently presented the scenario to them. “There was
really a dramatic, toxic reaction to it,” Dr. Bledsoe said.

However, their attitudes shifted when he twisted the case
around to reflect a positive, long-term clinical relationship and
a patient who asks for permission to record at the beginning of
a visit for clear reasons. “Most of them said, ‘Well yeah, I’ve had
people do that,’” said Dr. Bledsoe.

In general, patients should ask permission to record, and it
would probably behoove doctors to set some ground rules,
such as no videotaping during sensitive parts of the physical
examination, such as a pelvic exam, Dr. Lahey recommended.

But physicians shouldn’t worry too much about being record-
ed without consent, he said. “If you are behaving in a way that
makes it so you have nothing to hide, then you might feel a
little put off by the fact that you’re being secretly recorded,” Dr.
Lahey said. “But in the end, is it really that big of a deal?”

Clinics may consider establishing office policies that address
audio and video recordings. Because of the prevalence of
social media, patients may not even realize they should ask
before recording, said Dr. López, who is a professor of medi-
cine at the University of Utah School of Medicine in Salt Lake
City. “It’s like the culture seeping in, so I think being able to …
proactively let people know how the practice is choosing to
address this might be helpful in this time period," she said.

Individual practices may find it helpful to involve a patient and family advisory council in discussions about the root problem—that patients or their families have trouble remembering clinical recommendations, for instance—when coming up with a viable solution, Dr. Bledsoe suggested. "One of the possible approaches might be to record the visits or offer to record the visits," he said. The Barrow Neurological Institute in Phoenix, for example, routinely offers patients video recordings of their visits, according to the 2017 JAMA viewpoint.

Pros and cons

Experts agreed that one of the biggest benefits of recording visits is improving patients' recall and understanding of their medical conditions.

Back in a 2012 blog post, internist Eric Bricker, MD, recommended that patients audio record their doctor visits. As chief medical officer of Compass Professional Health Services in Dallas, he had noticed that when patients called the health care technology and consulting company for help navigating the health care system, they often didn't know, for instance, which specific scan they needed—or even their doctor's full name.

"I think recording doctor visits behooves all parties involved because it helps ensure the patient has an accurate understanding and record of the care being prescribed," Dr. Bricker said.

Furthermore, recordings allow patients to accurately share information with caregivers and family members, no matter how far away they live, Dr. Seifi agreed, adding that "It's like they are sitting in that meeting and they know exactly what I said." He noted that he even encourages his own parents to record their doctors' visits. "Interestingly, before they recorded, they didn't remember anything after the session, but now because they can replay the record, they have better care," Dr. Seifi said.

An on-the-record visit could also lead to better behavior on the doctor's part, Dr. Bledsoe said. "Some doctors are abrupt or brusque or even rude, and if the tape is on, their behavior may actually be improved," he said, adding that if something goes wrong, a recording can serve as documentation of the recommendations given.

As far as the downsides, there is no guarantee that patients will actually go back and listen to their recorded visits and reap the aforementioned benefits, said Dr. Tilburt, professor of medicine and biomedical ethics at Mayo Clinic in Rochester, Minn. However, a scoping review, published in June 2014 by Patient Education & Counseling, found that across 33 studies, an average of 72% of patients listened to their recorded clinic visits, and about two-thirds shared them with others.

Another drawback is the potential for questions to arise during playback, added Dr. López. "One of the things I say to folks is that 'We're here together, and I'm able to answer your questions, but when you're going to listen to it again, other questions may come up for you, and I'm not right there to help clarify,'" she said.

In addition, patients might not realize that the recommendations given at the end of the visit are the most meaningful and may neglect to listen through to the end of the recording, Dr. Bledsoe said. "My history-taking methods, my physical exam, and my planning are being built through the course of the visit, and what I say earlier in the visit may not be where I end up," he said. "My assessment and my plans for the patient at the end of the visit is really what I want to share."

Patient privacy is also always a concern, and there is a chance that people with bad intentions could obtain sensitive recordings and share them publicly, noted Dr. Seifi. "So the patient should be careful to keep their own information private," he said. "That's their downside, and that's their responsibility."

Recording visits is only going to become more common as time goes on, and people will more than likely become increasingly relaxed about it in the future, according to Dr. Elwyn. "My advice would be assume somebody is recording you … [and] always behave as if you're on record," he said.

From the April ACP Internist, copyright © 2018 by the American College of Physicians
Elder abuse is a crime, of course, but it often presents as a medical condition.

“A patient who is admitted, for instance, for dehydration and failure to thrive—that may be a reflection of underlying neglect by a caregiver. A patient who comes in with injuries that are reported to be due to a fall may actually be experiencing injuries as a result of physical abuse,” described Ethan Cumbler, MD, FACP, professor of medicine and a hospitalist at the University of Colorado in Aurora.

Such abuse may be less frequently recognized but actually as common among older hospitalized patients as the diagnosis-related groups that hospitalists know best. Research has found a prevalence of abuse between 5% and 10% among elderly Americans.

“That statistic—one in 10—is in the community. If we’re talking about the frail elderly who end up being hospitalized . . . I think the rate of abuse is likely to be much higher,” said Dr. Cumbler. “If you ask the average hospitalist to think of the last 10 patients and what their problem list contained, it’s unlikely that elder abuse will be on that list, which means we’re probably missing it in some patients.”

It’s not just hospitalists who struggle with this issue, according to Mark Yaffe, MD, a professor of family medicine at McGill University in Montreal who has researched elder abuse.

“There’s reasonable data to suggest that physicians in general, regardless of where they are practicing, have a lot of difficulty 1) understanding elder abuse, 2) trying to identify it, 3) knowing what to do once they identify it, and 4) [dealing] with anxiety about the legal and ethical implications of reporting,” he said.

However, if those challenges can be overcome, hospitalization may represent a prime chance to diagnose and treat elder abuse.

“Hospitalists are in a unique place to be able to comprehensively look at a patient . . . They have an opportunity to identify elder abuse and to reach out to the community or make appropriate referrals to break the cycle of violence or neglect,” said Amy Berman, RN, LHD, senior program officer with the John A. Hartford Foundation, a New York-based nonprofit dedicated to improving care for older adults.

Red flags

To help protect their elderly patients from abuse, hospital staff should recognize the most common signs that it may be occurring.

“The hospital is one of the rare places where they can speak with an older adult apart from the caregiver. When the family caregiver doesn’t want to separate from that person for a few moments, that is a red flag,” said Dr. Berman.

There may also be clues in the way family members interact with a patient. “Some of the red flags I have noticed are family who are abusive verbally toward the patient while they are in the hospital, which can be a sign of psychological abuse,” said Dr. Cumbler.

Interactions with hospital visitors can reveal another common type of elder abuse—financial exploitation. “If while in the hospital, there are people that come visit the patient that are not their relatives, asking them to sign papers,” that could be
an indication of abuse, said Carmel Bitondo Dyer, MD, FACP, professor of geriatric and palliative medicine at the University of Texas Health Science Center at Houston.

Financial abuse may also come from relatives, she noted. “If your patient lacks decision-making capacity and they don’t really know how their finances are being handled, this can be picked up in some instances because the power of attorney or the family member doesn’t respond” to communications from the patient or hospital staff, Dr. Dyer said.

Or, if the person is present, “You might just get a sense that person responding for your patient doesn’t seem to have their best interests at heart,” she added.

Frequent readmissions are often a result of complex illness, but they can also be a sign of abuse. “You may want to have a heightened suspicion if you have people who are readmitted a lot,” said Dr. Dyer.

Most of all, hospitalists should know the physical symptoms of abuse. “There’s obvious injury for which there’s no explanation—it’s not an osteoporotic fall [or] there’s another bone that was broken other than the usual suspects; the bruising is on the head, neck, torso, or in the perineal area,” said Dr. Dyer. Skin tears in less common spots, that is, not on the extremities, may be another sign, she added.

“Any clinician should ask themselves, ‘Is this consistent with the mechanism of injury which is being reported?’” said Dr. Cumbler.

Raising the subject

After asking themselves about the possibility of abuse, hospitalists should ask the patient. “It’s important to pull older adults aside and ask them if they feel safe,” said Dr. Berman. “It may be that they don’t want certain things uncovered.”

Hospitalists and patients alike may be hesitant to dive into this delicate topic, noted Dr. Cumbler. “Part of the reason that we miss it may be because we don’t ask the questions that would be necessary to elicit it. And one of the reasons that we may miss it is because patients may be unwilling or unable to tell us,” he said. At his hospital, nurses perform an elder abuse screen and bring any positive results to the attention of the physicians.

Patients may be more willing to reveal abuse to a primary care physician than a hospitalist, but that carries its own complications, explained Dr. Yaffe. “The common example that’s cited is Mrs. Jones sees her family doctor. She talks about the fact that her son has been gradually taking money out of her bank account and this is causing her some emotional grief and perhaps some financial hardship,” he said.

The doctor responds with a plan to contact adult protective services (APS), but Mrs. Jones says, “Absolutely not, because if APS comes into this and my son is singled out, the consequences of this will be embarrassment to me, embarrassment to my family as a whole, and if somebody chooses to remove my son from our home, then I’m going to end up in a long-term care facility,” Dr. Yaffe said.

Dilemmas like this have caused elder abuse to be considered more of a legal issue than a clinical one, said Dr. Yaffe. For example, he searched for the topic while editing an educational module about geriatric care and couldn’t find it until he was directed to the law and ethics section. “It’s no wonder doctors aren’t reporting stuff or detecting it. You’re giving them a message that they’re going to get mired in all sorts of legal issues,” he said.

In most states, reporting suspected abuse is a legal requirement for physicians and other clinicians. “If a hospitalist should feel that there is reasonable suspicion of elder abuse, we would be obliged to contact adult protective services and the police,” said Dr. Cumbler.

That responsibility to report applies to all individual clinicians. “When they see these things, they can’t assume that somebody else has made the right referrals,” advised Ms. Berman. However, the overall response to potential abuse of an elderly patient should be a team effort, the experts said.

“We don’t have to confirm it in the same way that we would confirm a diagnosis of cancer,” said Dr. Dyer. “Report it, and then there are the experts who take the time, make the collateral phone calls, visit the house, look at the bank records. They’re the ones that actually confirm the diagnosis.”

The team of experts may be in and outside the hospital. “We have access to resources to help us in navigating concerns about abuse and engaging community resources . . . Hospitalists should recognize that their hospital has a social worker and a case manager with expertise in this,” said Dr. Cumbler.

Positive impacts

It’s also important for hospitalists to recognize that the consequences of reporting abuse might not be as dire as Mrs. Jones, the hypothetical patient, envisioned. “Making a report doesn’t mean that family is indicted. It means that somebody who is a professional will begin to monitor and look into it,” said Dr. Berman.

Dr. Dyer agreed. “A lot of times through investigations, patients will get more resources. Maybe they’ll find that their house is cluttered and they are having trouble meeting these bills. In some states, they bring in a clean-up service or they try to connect them with a social service agency,” she said.

Connecting patients and their caregivers with social services is also key to preventing elder abuse before it starts.

“Elder abuse is a terrible thing when it’s happening, but it’s not hard to imagine the stresses and pressures on caregivers that can devolve into abuse,” said Dr. Cumbler. “So we try to think about additional supports that we can set up at hospital discharge, caregiver support groups, and involving social work early for caregivers that are taking care of patients with very high care burdens.”

Such apparently small interventions can have a dramatic impact on patient outcomes, since elder abuse has been found to double the risk of mortality, Dr. Dyer reported.

“While making a referral doesn’t always feel the same as saving a life, you might indeed be preserving somebody’s dignity and function and even their life by getting these cases reported,” she said.

From the January ACP Hospitalist, copyright © 2019 by the American College of Physicians
Proper diagnosis takes time, reflection

By Mollie Frost

When the 49-year-old man presented to Stanford Hospital & Clinics with an unprovoked deep venous thrombosis (DVT), there were two others in the room. Speaking in Spanish through a translator, the patient’s mother told the doctors that her son had never had this problem before. The third person identified himself simply as an Uber driver.

“When is he [to the patient]?” presenter Kelley M. Skeff, MD, PhD, MACP, the faculty attending doctor that day, asked the audience at the Diagnostic Error in Medicine 11th International Conference, held in November 2018 in New Orleans. Upon reflection, audience members considered the possibilities: a friend, a coworker, his partner.

If the “Uber driver” was also the patient’s partner, it might increase the likelihood of HIV or AIDS, revealed Dr. Skeff, who went home that night and realized that he had missed the diagnosis—again. Twenty years earlier, he said he and his team overlooked the possibility of AIDS in a patient with a pulmonary embolus. “We were all hunting for the infection caused by AIDS and hadn’t realized this relationship; however, if you have time to think, get on the computer, and search using the terms HIV and DVT, the relationship between AIDS and venous thrombosis and pulmonary embolism shows up,” Dr. Skeff said.

A simple internet search of possibly related medical causes for a diagnosis takes just a few seconds, but medicine as practiced today leaves little time to think, research, share, and learn, he said. But in modern medicine, “We have a system with people moving through care provision repeatedly, with little time for reflection,” Dr. Skeff said.

Every nine minutes, someone in a U.S. hospital dies due to a delayed or missed diagnosis, according to the Society to Improve Diagnosis in Medicine (SDIM). He commended the organization for addressing the problem head-on. “Most say how many accidents they’ve prevented; SIDM says how many we’ve caused,” said Dr. Skeff, a professor of medicine at Stanford University School of Medicine in California.

Drawing on nearly 50 years of teaching medical trainees, he said improving diagnosis is all about time: learning from time and making time for learning.

Learning from time

When considering educational reasons for diagnostic errors, Dr. Skeff focused on what is taught in medical education. Namely, he questioned the dominant approach of teaching trainees to take and relate a patient history.

Many physicians find the format of a typical inpatient history of present illness (HPI) frustrating and unclear, Dr. Skeff said. “We have been teaching people to write the history in a manner that can be confusing, often blurring the evolution of the patient’s illness within the text. … We tell patients, students, residents, and physicians to convey the patient’s story in paragraph form, but we think in analytical form,” he said.

To improve upon the historical way of telling the patient narrative, Dr. Skeff recommended an alternative format called the chronology of present illness (CPI), which overtly maps patient symptoms to time. “It’s different from the usual prose history of present illness in that the timeline is clear,” he said, noting that the format may help physicians avoid diagnostic errors.

To develop the timeline, the physician asks patients to “go to the beginning” to when the symptoms started and highlight what changed and when it changed, said Dr. Skeff. “I’ve found that patients … are gratified that I was open to their fully describing what has happened.”

Drawing from John Sweller’s Cognitive Load Theory, he noted that there are three types of cognitive load that impact working memory, which can only hold five (plus or minus two) concepts at one time. The intrinsic load of a task includes the essential aspects that must be performed, the germane load allows the person to deliberately learn, and the
extraneous load contains nonessential aspects and “blurs the system,” Dr. Skeff explained.

Notes in paragraph form can have more of the extraneous load than the other more useful types of cognitive load, he said. To elucidate the amount of extraneous load in the paragraph form, Dr. Skeff recommends to students, “Please cross out all the words that you’re not going to use in your cognitive analysis of this patient.” In contrast to prose paragraphs, notes that use the outline-like format of the CPI contain more essential information that is relevant to the diagnostic process, Dr. Skeff said.

In addition, in a system that trains people to tell a history that supports their diagnosis, important details can be omitted if they are confounding, he noted. This legalistic approach, supporting one’s hypothesis with the story, has pitfalls, Dr. Skeff said. “We may leave out patient symptoms that we don’t understand and they may never surface again, as fast as we’re working today in our medical care system,” he said. “Instead, by clearly documenting the evolution of the patient’s illness, we can identify both types of issues, those that we do and do not understand, potentially decreasing diagnostic errors caused by illnesses with unfamiliar findings.”

In a pilot study, 22 of Stanford’s internal medicine residents were asked to use the new format for all new patient histories during a week of night-float rotation. The residents reported improvements in the quality of patient interactions, the clarity of written notes, the quality of the assessment and plan, and the clarity of their verbal morning sign-out, according to results published in the February 2017 Journal of General Internal Medicine.

Making time for learning

In addition to using time to better understand the patient’s illness, Dr. Skeff said medicine must also address current time-based challenges to the profession. “Although physicians are doing a lot, we’re commonly using the ingenuity that we have in figuring out how to do things faster,” instead of using time for reflection and enjoyment of purpose, he said.

One well-known challenge is physician burnout, which also happens to be an important contributor to medical errors, Dr. Skeff noted. In a recent survey of more than 6,500 practicing physicians, the 54.3% who reported symptoms of burnout were more likely to also report making a medical error in the prior three months, according to results published in the November 2018 Mayo Clinic Proceedings.

To make matters worse, no physician specialty or subspecialty saw improvements in burnout from 2013 to 2017, according to the Medscape Lifestyle Report 2017, which surveyed more than 14,000 physicians. “Physician burnout is a cause of diagnostic errors, and we’re getting worse with time. If this were a study of patients on a drug, you would have stopped the study,” said Dr. Skeff.

He then made a bold statement: “The burnout rate should be 100%, but we’ve trained [physicians] to do whatever is required—to take care of patients at all costs, even if you don’t have time to do it well,” he said.

This lack of time is the reason that many of the young, vibrant, smiling people who go into medicine may not stay that way for long, Dr. Skeff said. “If we’re bringing in people with a love of humanity and love of science and depriving them of the time to think and the time to care, it’s no shock that [burnout] is the result,” he said, “because if you take the heart and soul away, it won’t matter what you do with the mind.”

Dr. Skeff recounted input from trainees and graduates. One told him he was worried that Dr. Skeff would “slow him down” on the rotation. Another former resident is starting a new company after deciding to go back to science because there was never enough time to spend with patients.

Little by little, time is being stripped away from clinicians, who either get used to it being gone or leave the profession, Dr. Skeff said. “And now we’re seeing physicians quit, residents becoming depressed, and two to three medical school classes per year of physicians committing suicide.”

From the dread of documentation work to the soul sucking of the “sepsis alert,” time has a crucial impact on physicians’ gratification with their work and must be considered as the field moves forward, he said. “It doesn’t mean that all of the work we’ve been doing to analyze and understand the thinking process isn’t important,” Dr. Skeff said. “But there’s something very serious going on in our field that, if we don’t remedy [it], the rest of the work will go by the wayside.”

From the January ACP Internist, copyright © 2019 by the American College of Physicians
Now trending: Internal medicine podcasts for education

By Mollie Frost

The podcasting trend has reached internal medicine. Podcasts, or digital audio recordings that are available for download to computers and mobile devices, started to catch on around 2004 and are now soaring in popularity, with more than 550,000 active podcasts and 18.5 million episodes to choose from (and that’s just on Apple Podcasts, as the company reported in June 2018). When Apple first supported podcasts on iTunes in 2005, it featured a much smaller offering: about 3,000 of the free audio shows.

While most podcast listeners gravitate to popular genres like comedy and music, a growing number of clinicians and trainees are using podcasts as an entertaining way to learn about medicine from virtually any location.

Hosts of some of the top internal medicine podcasts share how they got started, what keeps them going, and why they think podcasts are here to stay in medicine.

In resident education, podcasts join Twitter and blogs as the social media platforms most frequently used to engage learners and enhance education, according to a systematic review of the literature published in July 2017 by Academic Medicine. The fields of emergency medicine and critical care adopted podcasts back in 2002 and had at least 42 by 2013, according to a February 2014 paper in the Emergency Medical Journal. Rather than calling podcasts “social media,” however, the authors coined the term FOAM or FOAMed, which stands for free open-access medical education, to more precisely describe the didactic role of medical podcasts, videos, blogs, and, yes, even tweets.

While podcasts are adjuncts to, not a replacement for, traditional medical education, they have grown to become part of the modern physician’s learning toolkit. Hosts of some of the top internal medicine podcasts shared how they got started, what keeps them going, and why they think podcasts are here to stay in medicine.

In the beginning

Years ago, Gil Porat, MD, FACP, started looking for an internal medicine or hospitalist podcast but couldn’t find one. He did, however, find one podcast, Puscast, that was created in 2005 by Mark Crislip, MD, the attending for his infectious diseases rotation in residency.

“It’s much more vibrant than lecture hall learning. It reminded me of being on rotation with him because he podcasts the exact same way he taught me,” said Dr. Porat, a hospitalist with Centura Health Physician Group in Colorado Springs.

In 2012, he recorded the first episode of his own podcast, named simply Hospital and Internal Medicine Podcast, and he still records new episodes from time to time. “When the show got above 10 million listeners, it way exceeded what I thought would be a few dozen listeners for each episode,” said Dr. Porat. “It is daunting and exciting to have more peer reviewers than any single hospitalist in history.”

As a fan of several newer medical podcasts, he said he now feels less obligated to cover topics that have already been covered with excellence. “Medical podcasts will keep evolving to something new and different. As long as it stays grounded in the available evidence, it should continue to lead to great things,” said Dr. Porat.

At first, “Podcasts don’t seem very congruent with most of the medical literature and publications and rigorous data that people are used to,” said ACP Member Laura Bishop, MD, who helped found the podcast Louisville Lectures with Michael Burk, MD, ACP Member, in 2015. As residents at the University of Louisville in Kentucky, they found that podcasts and other FOAM content can step in to help trainees learn.

The project began after Dr. Burk, an intern at the time, missed a lecture from a faculty member while taking care of a crashing patient during an ICU rotation. Although the lectures were recorded, they were difficult to access (especially from a mobile device), so he worked with Dr. Bishop and faculty to host didactic sessions and grand rounds within a website, YouTube channel, and podcast.

Medical students are big fans of the program. “When you think about it, the amount of medicine that they need to learn is always increasing from what we had to learn in the past,” said Dr. Bishop, who is now faculty director of Louisville Lectures and associate program director for the university’s medicine-pediatrics residency program.

The project has expanded to include a new series, called
Little Lectures, designed for the on-the-go resident with no time for a full lecture. “You want five or six minutes that you can listen to that review the highest-yield points when you’re clinically at bedside and you need that point-of-care resource,” Dr. Bishop said.

Empowering clinicians is the ultimate goal, she said, noting that the best feedback is seeing how the project impacts patient care. “We have comments [like these] from viewers in remote locations across the world that demonstrate our goal of making medical knowledge increasingly accessible: ‘I don’t feel like I have to refer to pulm anymore when I treat latent [tuberculosis]; I feel like I can handle most of it myself unless it’s a more complicated case,’” Dr. Bishop said.

A labor of love

One of the most popular internal medicine podcasts to date, The Curbsiders, premiered in February 2016. Episodes are about an hour long and feature the podcast’s creator, Matthew Watto, MD, ACP Member, and his fellow early-career physician cohosts, Paul Williams, MD, FACP, and ACP Member Stuart Brigham, MD, as they interview experts on clinical topics. He said the name of the show says it all.

“The term curbside in internal medicine means that you’re asking an informal opinion of a colleague, who presumably knows more than you. That’s pretty much the whole basis of the show: We’re talking to people who know more than we do,” said Dr. Watto, a hospitalist and clinical assistant professor of medicine at Penn Medicine in Philadelphia.

Dr. Watto said he was motivated to make the show, which now has more than 100 episodes, because it’s “the kind of show that I wished existed.” Over time, an initial target audience of early-career academic clinicians has expanded to include medical students and advanced practice clinicians, he said. The episode on hyponatremia is the most popular to date, and other well-rated episodes cover basic topics like anemia, chronic obstructive pulmonary disease, and hypertension, Dr. Watto said.

Beginning in May, ACP partnered with The Curbsiders to develop certain episodes of the podcast that offer CME/MOC points for ACP members through ACP’s Online Learning Center (see sidebar for link). A new project launching this fall will offer exclusive content to ACP Resident/Fellow Members as well. The residency-focused episodes will be geared toward helping residents function better and succeed during training, said Dr. Watto.

The Curbsiders has also started a Women in Medicine series about gender equity issues. Podcasts present a prime opportunity for women physicians to be heard, said Shreya Trivedi, MD, a contributor to the series and executive producer of the Core IM podcast. The typical Core IM podcast is 10 to 30 minutes long, and bimonthly segments with experts offer evidence-based pearls, explore knowledge gaps, and present case-based clinical reasoning. She said she always makes sure Core IM episodes feature at least one female voice.

“We’re in a more privileged time where we’re not limited by institutional hierarchy and we have social media and these other creative platforms where women’s voices can be heard just as equally as men’s,” said Dr. Trivedi, a general internal medicine fellow at New York University (NYU) Langone Medical Center.

While finishing her residency at NYU School of Medicine, Dr. Trivedi said she was putting in an extra 20 hours per week to start Core IM, which debuted in October 2017. She said the joy of having a creative outlet is worth the extra effort. Similarly, Dr. Watto, who chose to work as a hospitalist to accommodate his podcasting schedule, said that running the show actually helps him prevent burnout. “It keeps things fun, and I always have something to look forward to with the interviews,” he said.

Stirring up controversy

One new addition to the internal medicine podcasting scene is Annals On Call, hosted by Robert M. Centor, MD, MACP, a past Chair of ACP’s Board of Regents and professor emeritus of medicine at the University of Alabama at Birmingham. Each 30-minute episode of the show, which launched in August 2018, follows Dr. Centor as he discusses and debates with a guest expert an article published in Annals of Internal Medicine. Like the journal, the podcast is a way to fulfill CME/MOC requirements.

Not all podcasts can dive right into controversies, but Dr. Centor, who started his Medical Rants blog in 2004, is not one to shy away from them (the first two episodes of the show are called “The Gout Wars” and “Hypertension Limbo”). He said podcasts can meet people’s desire for storytelling while putting clinical controversies into context.

“This is a great opportunity for any of us to be able to listen to the story of what’s going on,” he said. “I think it’s much more granular and much more interesting to have a conversation about the controversy than to just try to read about it on black-and-white paper.”

The podcast, which comes out with a new episode twice a month, also tackles topics like glycemic targets and oral pharmacological therapies in type 2 diabetes, diagnosing sepsis, and the physiology of diuretic resistance (based on an Annals paper from the 1990s that Dr. Centor said is one of his all-time favorite articles). Among the guest experts interviewed are members of professional guideline committees, he said.

And, as the namesake of the famous Centor criteria, he said he may even be amenable to talking about his own work. “After I’ve done enough [episodes], I think people would like to hear me talk about sore throats,” Dr. Centor said.

As of September 2018, ACP also partners with Bedside Rounds, a podcast in which creator and host Adam Rodman, MD, FACP, focuses on the history of medicine, offering members CME credits and MOC points for listening to select episodes.

Much like Dr. Centor on Annals On Call, Dr. Rodman happily discusses controversies. The first ACP-Bedside Rounds podcast episode, “Blood on the Tracks” (launched Sept. 10), tells the story of how historical bloodletting controversies led to the birth of population health.

As more internal medicine podcasts come on the air (and offer CME/MOC perks), tuning in is both easy and practical. Still, the biggest challenge for doctors may be finding the right shows—and finding the time.

From the October ACP Internist, copyright © 2018 by the American College of Physicians
Do’s and don’ts for personal protective equipment

By Mollie Frost

A few years ago, as Ebola hit the U.S., personal protective equipment (PPE) was on many hospitalists’ minds. The index case-patient was a man who traveled from West Africa to Dallas and died in a hospital there on Oct. 8, 2014. Two nurses who had cared for him tested positive for the virus but later recovered.

At the New York University (NYU) School of Medicine, clinicians were particularly focused on preventing transmission during the outbreak, said hospitalist Leora Horwitz, MD, MHS, FACP, partly because a physician infected with Ebola while volunteering in Guinea was hospitalized at Bellevue Hospital in Manhattan on Oct. 23, 2014. (The physician subsequently recovered.)

The outbreak was an eye-opening moment regarding the difficulty of properly using PPE and avoiding costly mistakes, said Dr. Horwitz, who is an associate professor in the departments of medicine and population health. “Health care professionals obviously did a much better job after the initial suboptimal performance in Texas,” she said, noting that NYU staff needed step-by-step training and supervision.

The need for such training may be more widespread, according to a study conducted at the University of Wisconsin Hospital in Madison. Researchers observed as healthcare workers removed their PPE between Oct. 13 and Oct. 31, 2014. Thirteen of 30 (43%) workers removed their PPE in the correct order, and just five (17%) removed it in the proper order and also correctly disposed of it in the patient room, according to results published in July 2015 by the American Journal of Infection Control.

Even though Ebola increased awareness of careful PPE use, old habits proved hard to break. “When we went back and looked to see if people had changed their behavior—were they taking PPE off more carefully?—it turned out that that still wasn’t the case,” said senior author Nasia Safdar, MD, PhD, health care epidemiologist and professor of infectious diseases at the University of Wisconsin School of Medicine and Public Health in Madison and associate chief of staff for research at the affiliated William S. Middleton Memorial Veterans Hospital.

PPE is designed to 1) prevent healthcare workers from transmitting a pathogen from one patient who is in contact precautions to another who might be vulnerable, and 2) prevent healthcare workers from getting sick with the same pathogen, she explained. One factor may be more important than the other, depending upon what type of pathogen is present, said Dr. Safdar.

“It’s an important distinction because why people take precautions in wearing PPE or not wearing PPE really depends on what they feel the perceived risk is,” she said. Unlike with Ebola, transmission from patient to healthcare worker is unusual for *Clostridium difficile*, methicillin-resistant *Staphylococcus aureus* (MRSA), and other resistant bacteria, Dr. Safdar said.

Therefore, a more likely scenario in routine care is that a clinician with contaminated hands goes on to the next patient and transmits the organism. “It’s very easy to get that contamination in our current way of wearing and taking off PPE because there’s hardly ever any formal instruction given to us during training,” said Dr. Safdar.

A persistent problem

Some hospitals do have some form of PPE training, often led by the infection prevention team, but there are challenges to offering it, said Sarah L. Krein, PhD, RN, a research professor of internal medicine at the University of Michigan in Ann Arbor. Many staff members, from environmental services workers to clinicians, have to be trained, so turnover across the board can make it difficult to keep everyone up to date, she noted.

Therefore, some hospitals may train on the job rather than hold standardized group training sessions, but “If someone’s training you but doing things improperly, they may pass along some of those practices,” Dr. Krein said.

Even when hospitals do provide training, recent research
from Dr. Krein's group indicates that proper PPE use is still elusive. In 325 direct observations of real-world PPE practices at two hospitals between March 1 and Nov. 30, 2016, they found 283 failures, according to results published in the August 2018 JAMA Internal Medicine.

The researchers categorized errors as violations (n=102), mistakes (n=144), and slips (n=37) to understand which may be modifiable. Violations included intentional rule-breaking, such as a clinician forgoing PPE and entering a room with the intent of talking to a patient in contact precautions without touching anything in the room.

“We saw that happen quite frequently. One of the problems with that is . . . often, once you’re in the room, the patient needs something or you’re brushing up against things in the environment,” said Dr. Krein, also a research career scientist at the VA Ann Arbor Healthcare System.

Mistakes occurred when staff were trying to follow protocol but something went awry, such as when they improperly removed PPE or took their badges out from beneath their gowns to log into the computer. And slips, which are “probably the most difficult” to address, comprised unconscious behaviors, such as wiping one’s face with a gowned arm or pushing one’s glasses up with a gloved hand, Dr. Krein said. The instinct to answer a ringing device was also considered a slip.

One factor that could have contributed to the PPE violations is the debate over when contact precautions are necessary. Some hospitals have made the decision not to use contact precautions for more endemic organisms, such as MRSA, especially if it’s just a patient colonization, Dr. Krein noted. “But we’re concerned about multidrug-resistant organisms and the emergence of new pathogens, so I don’t think these precautions are going to go away anytime soon,” she said. “It’s just that what they’re being used for may change a little bit.”

Do’s and don’ts

For all the situations in which PPE is used, experts offered hospitalists the following do’s and don’ts for keeping themselves and their patients safe:

**Do** be more mindful of your behaviors when caring for patients with contact precautions. Slowing down a little bit and making sure to follow PPE protocols properly is preferable to rushing through the process, “which I think happens a lot, unfortunately,” said Dr. Krein. One way to get clinicians to be more aware of their behaviors may be videotaping them, she suggested. “It’s being used in some other areas, especially in Infection Prevention. I think if people see themselves, for example, touching their face, maybe they’d be a little more aware the next time around,” Dr. Krein said.

**Do** make sure to tie the gown behind you so it doesn’t fall off when you’re in the patient’s room, Dr. Safdar said. Otherwise, “Not a lot of thought has to go into [putting on the gear] except that you want to make sure you are covered in the areas that you think you will get contaminated,” she said.

**Do** properly remove PPE without touching any potentially contaminated areas, Dr. Safdar said. Even though this advice may seem obvious, the removal step is where contamination happens. “Since there isn’t gross contamination, it’s nothing that you can see. That’s why you often don’t realize that you actually haven’t correctly taken off your PPE,” she said. Take the gown off very carefully, rolling it up and away so it does not come in contact with clothing, Dr. Safdar said. “The same thing with a mask: You reach for the sides of the mask, not the front, because the front is where the contamination is,” she said. Same with the gloves: Roll them inside out. “These are things that once you get into the habit, they’re not hard to do,” Dr. Safdar said.

**Don’t** make hard-and-fast hospital policies requiring PPE if they’re not necessary, said Dr. Horwitz. Hospital policymakers should review rules around PPE to make sure they make sense to clinicians, she recommended. “If people don’t believe in the necessity of your policies, then they will violate deliberately,” Dr. Horwitz said. “That’s an insidious culture to have at an institution because then they’re violating other rules, especially when there’s no consequence.”

**Don’t** touch your badge, pager, phone, or other uncontaminated items when wearing PPE in the patient’s room. If there is a chance of clean surfaces becoming contaminated, Dr. Safdar recommended frequently using alcohol gel to decontaminate hands. If you’ve got to answer that page, the ideal solution is to take off PPE, leaving the room to answer, and coming back into the room after putting on the protective gear again, which “can get very annoying quite quickly.” A more practical option is to take the contaminated gloves off, answer the page, and perform hand hygiene before putting on a fresh pair of gloves, Dr. Safdar said.

**Do** work with colleagues from infection prevention, human factors, and/or engineering to come up with some better strategies to address the logistical issues surrounding proper PPE use, Dr. Krein recommended. “It’s a little hard—your hospital is already designed and you can’t really change the room—but there are environmental factors that I think could be looked at,” she said. For example, rooms often don’t have many places to put down items while staff are taking off their PPE. Another common setup challenge is having the sink in the back of the room. “With certain organisms, you have to wash your hands with soap and water rather than using alcohol hand gels,” Dr. Krein said. “But as you can imagine, you take everything off and then you have to walk to the back of the room to wash your hands.” And although most hospitals have signage outside patients’ doors that explain exactly what PPE to put on, they may have no signage at all inside the room that explains how to take it off, she added. “That could be a simple strategy to help with some of these issues.”

**Do** consider asking for training on proper PPE use, which should include troubleshooting common problems identified in studies, Dr. Horwitz said. “When you do training, focus it around evidence like this that shows what it is that people are messing up and help people work through challenges,” she said.

**Don’t** forget that the CDC’s standard precautions apply to all patients. Depending on the exposure that’s anticipated, such as a patient with diarrhea, clinicians should use appropriate PPE and hand hygiene whether or not contact precautions are in place, Dr. Safdar said.

*From the October ACP Hospitalist, copyright © 2018 by the American College of Physicians*
MyACP®… make it personal!

MyACP is a personalized web experience that makes it easier for you to access, discover, and customize pertinent content and resources on ACP’s website, www.ACPOnline.org.

MyACP helps you easily find and curate information, access resources and purchased products, track your activities, and manage your account.

MyACP features

Customize Your MyACP Launchpad—Personalize your MyACP Launchpad by pinning items most relevant to you for instant access from anywhere on ACP Online. Just tap the green “MyACP” button at the top of every page to access your Launchpad.

Personalize Your Alerts—Never miss important deadlines. MyACP lets you know when it’s time to renew your membership and reminds you to claim CME after attending a meeting.

Customize Your Experience

Make ACP your own through MyACP. Log in to find content, products, or services relevant to you. From your profile, you can check MyACP for notifications; customize your preferences; and manage your account, membership, CME/MOC transcripts, and purchase information. Connect with others in your ACP community and track your activities, all from one convenient place.

Quickly access your:
- Customized alerts with time-sensitive information
- CME transcript
- Purchased products and services
- Account information
- Chapter information
- Member directory
- ACP member forums
- Products and services specifically recommended for you

Log in and get started today: www.acponline.org/myacp

MyACP helps you easily find and curate information, access resources and purchased products, track your activities, and manage your account.

MyACP features

Customize Your MyACP Launchpad—Personalize your MyACP Launchpad by pinning items most relevant to you for instant access from anywhere on ACP Online. Just tap the green “MyACP” button at the top of every page to access your Launchpad.

Personalize Your Alerts—Never miss important deadlines. MyACP lets you know when it’s time to renew your membership and reminds you to claim CME after attending a meeting.

Discover Resources—You’ll see recommended resources specific to your roles. Hospitalists see resources in hospital medicine, while Medical Educators see products and services for educators. Change your settings to customize your recommendations based on what matters most to you.
Participate in the ACP Job Placement Center

• Submit a physician profile and/or CV
• Register for 2 free, valuable services:
  CV Review
  Navigating the J1 Visa Process
• View multiple job openings nationwide
• Meet with potential employers

For more information go to:
annualmeeting.acponline.org/jpc/attendee
or contact jobplacementcenter@acponline.org

ACP Job Placement Center Premium Sponsors

Califonia Correctional Health Care Services
Booth #1152

CHS Community Health Systems
Booth #925

Envision Physician Services
Booth #908

TeamHealth
Booth #1210

Tower Health
Booth #820

Vituity
Booth #924
Annals Display

NOW HIRING
FOR INTERNAL MEDICINE PHYSICIANS

LOCATION:
Downtown Washington D.C. is a vibrant city where people live, work and play. Located only 3 miles from the National Mall and US Capitol, MedStar Washington Hospital Center (MWHC), the largest and busiest academic medical center in DC, is close to both Virginia and Maryland, with neighborhoods ranging from family-friendly suburbs to urban communities bustling with activity. Rich in culture, DC, is known for its museums, national landmarks, entertainment, sporting events and more!

OVERVIEW:
Seeking general internist to provide medical care of psychiatric patients on in-patient psychiatry service and to provide oversight of advanced practice providers. MedStar Washington Hospital Center offers a competitive compensation plan and a generous benefits package.

REQUIREMENTS/QUALIFICATIONS:
MD/DO
Board Certification in Internal Medicine

Interested Applicants, please send your CV to:
Lourdes Griffin – Assistant Vice President of The Department of Medicine, Psychiatry and Women and Infant Services at MWHC
Lourdes.g.griffin@medstar.net
MedStar Washington Hospital Center
110 Irving St. NW,
Suite #2A60
Washington, DC 20010

BC/BE SLEEP MEDICINE
Sleep Attending – Full Time

Mineola, NY. NYU Winthrop Hospital is a 591-bed academic medical center located in Nassau County, Long Island and is part of the NYU Langone Medical Center. The Division of Pulmonary and Critical Care Medicine is seeking a BC/BE Academic Sleep Medicine Physician to join its busy sleep lab and fellowship program. In addition to a Pulmonary and Critical Care fellowship program, our division has an ACGME-accredited fellowship in Sleep Medicine with 2 sleep fellows each year. The division has both full-time and part-time sleep attendings and is looking for an additional full-time attending to help expand both the clinical and academic mission of the division.

The Department of Medicine has 52 fellows representing all internal medicine subspecialties and 83 medical residents. Academic appointments are granted from NYU Langone. The sleep lab has been in existence since the late 1980’s and is currently an 8-bed facility with plans to expand to 10 beds this year. Both adult and pediatric sleep studies are performed as well as ambulatory sleep studies. In 2018, approximately 3,400 studies were performed. While the Sleep Lab and Fellowship program are run by the Division of Pulmonary and Critical Care Medicine, well-qualified applicants with other backgrounds are encouraged to apply.

E-mail a cover letter and C.V. to:
Peter Spiegler, MD
Chief, Division of Pulmonary & Critical Care Medicine
NYU Winthrop Hospital
peter.spiegler@nyulangone.org | Tel: 516-663-2004

NYU Winthrop Hospital is conveniently located on Long Island in Western Nassau County just 25 miles from Manhattan and one block from the Mineola LIRR station.

Dignity Health.®
Choose a career with Dignity Health that gives back.

OUTPATIENT INTERNAL MEDICINE PHYSICIANS

Northern & Central California
(Belmont, Folsom, Grass Valley, Merced, Redding, Redwood City, Roseville, Sacramento, San Francisco, Santa Cruz, Stockton, Woodland)

Practice Highlights Include:
• Option to join an established, growing medical group OR an independent single specialty group practice
• Salary guarantee period with excellent earning potential
• Be part of a Medical Foundation or private practice aligned with one of the largest health systems in the nation and the largest hospital system in California
• P/T and F/T opportunities available with flexible scheduling options
• Sunny California locations with easy access to San Francisco, Napa, and Lake Tahoe

OPPORTUNITIES ARE ALSO AVAILABLE IN PHOENIX, AZ AND LAS VEGAS, NV.

For more information, contact:
Physician Recruitment
888.599.7787
Providers@DignityHealth.org dignityphysiciancareers.org
Annals Display

Internal Medicine/Primary Care Opportunities
Cambridge Health Alliance
Cambridge & Somerville, MA

Cambridge Health Alliance, a Harvard Medical School teaching affiliate, is an award winning, academic public healthcare system which receives national recognition for innovation and community excellence. Our system includes three hospital campuses as well as well as established network of primary and specialty outpatient care sites in Cambridge, Somerville and Boston’s metro-north area. Our practices proudly provide the highest quality of care to our ethnically and socioeconomically diverse community members.

CHA is currently recruiting internal medicine physicians for our community based primary care sites in Cambridge and Somerville.

• CHA primary care clinics are NCQA certified level 3 Patient-Centered Medical Homes and our providers work in team based settings
• Fully integrated EMR (Epic)
• Opportunities exist to teach medical students and residents from Harvard Medical School, and academic appointments are available for those meeting HMS criteria
• Competitive, guaranteed base salaries commensurate with experience
• Comprehensive, generous benefits package including health/dental insurance, retirement, generous paid time off, CME dollars/time, and more!

Qualified candidates will be BE/BC and should share CHA’s mission and passion for providing care to the underserved, multicultural community we serve.

Please visit www.CHAproviders.org to review our available opportunities and apply confidentially. Candidates may also send CV/cover letter via email to Lauren Anastasia, Manager, CHA Provider Recruitment at lanastasia@challiance.org. CHA Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax at (617) 665-3553. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Are you looking for a job?
Submit Your Physician Profile Today!

• Reach employers participating in the Job Placement Center.
• Guaranteed distribution of profiles.
• Profiles can be submitted from your computer, tablet, or phone.
• Attendance NOT required.
• Receive an electronic version of all the jobs displayed at the Job Placement Center.
• Profiles accepted until April 3.

annualmeeting.acponline.org/jpc/attendee

ACP Job Placement Center Premium Sponsors

PennStateHealth

Hospitalist Opportunities with Penn State Health

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

What We’re Offering:

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

What We’re Seeking:

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

No J1 visa waiver sponsorships available

What the Area Offers:

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

For more information, please contact:
Heather Peltty, PHR FASPR Physician Recruiter, Penn State Health hpeltty@pennstatehealth.psu.edu

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

Presbyterian Healthcare Services is seeking BE/BC Internal Medicine trained physicians to join our group. Innovation is the unique difference that working in our group will provide you. Our medical group employs more than 900 primary care and specialty providers and is the fastest growing employed physician group in New Mexico. Presbyterian Healthcare Services is a locally owned, not-for-profit organization based in Albuquerque, New Mexico with openings in Albuquerque, Santa Fe, Española, Clovis, and Socorro. Our integrated healthcare system includes nine hospitals in seven New Mexico cities, a medical group, multi-specialty clinics and a health plan.

This is an ideal opportunity for the outdoor enthusiast as there is immediate access to skiing, mountain biking, hiking, river rafting, rock climbing and other sports along with a regional airport that allows easy access and weekend getaways.

These opportunities offer a competitive salary; paid malpractice (occurrence-type); relocation; CME allowance; 403(b) retirement; 401k match; 457(b); health, life, AD&D, disability insurance; dental; vision; pre-tax health and child care spending accounts. EOE.

For more information in Albuquerque contact:

Tammy Duran
Tel: 505-923-5567 or e-mail: tduran2@phs.org
Fax: 505-923-5007
Opportunity employer.

We offer competitive compensation, medical, dental, vision, educational and relocation assistance, retirement and more.

Contact:
Cynthia Fiorito, Medical Staff Recruitment
Cynthia.Fiorito@towerhealth.org • 484-628-6737
www.towerhealth.org

Full Time Internal Medicine Primary Care Physician for Large Public Health and Hospital System in Silicon Valley
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 dynamic primary care practice in our Department of Medicine. We offer the unparalleled opportunity to gain the long-term personal and professional satisfaction of serving our patients and our diverse community, while teaching the next generation of health care providers, in one of the best places to live in the United States. Santa Clara Valley Health and Hospital System (SCVHHS), the second-largest county-owned health and hospital system in California is committed to improving the health of the 1.8 million people of Santa Clara County. As an integrated health care system, SCVHHS includes a 574-bed central hospital, SCVMC, a large primary care network comprised of nine health centers throughout the County (including our newest center in downtown San Jose, which opened in 2016), a broad-range of specialty services in our Valley Specialty Center, a large behavioral health department, public health, EMS, and Valley Health Plan. SCVMC itself hosts five residency training programs and partners with Stanford University Medical Center for the training of residents and fellows in many Stanford-based specialties. SCVMC also features a Level 1 Trauma Center, Burn Center, Primary Stroke Center, and a CARF-accredited Rehabilitation Center. Providers in our health system also have the unique opportunity to use our integrated electronic health record (Epic), which brings together system-wide patient information. Recently, the Health Information Management Systems Society (HIMSS) recognized SCVMC for achieving its highest level of success (Stage 7), based on our continuous innovation and optimization of our inpatient and outpatient EHR. SCVMC located in San Jose, California in the heart of Silicon Valley, offers a diverse choice of cultural, recreational, and lifestyle opportunities. Our physicians live in a range of communities, including urban (e.g., San Francisco), university (e.g., Palo Alto), high tech (e.g., many cities of Silicon Valley), mountain (e.g., Los Gatos), beach (e.g. Santa Cruz), and rural/agricultural (e.g., Gilroy). Situated in one of the most desirable regions of the country, our physicians enjoy a very high quality-of-life. The Division of Primary Care in Department of Medicine, with 35 internal medicine primary care physicians, provides primary care services at eight health centers, from Sunnyvale to Gilroy. Internal medicine primary care physicians who join our department are pleased to find a very collegial work environment with robust specialty and ancillary support, and the opportunity to teach internal medicine residents from our large internal medicine residency training program. We offer competitive compensation, generous comprehensive benefit package (including 52 days of leave per year), paid malpractice, vibrant professional environment, opportunity for career growth, and the opportunity to serve a multicultural patient population SCVMC is an Equal Opportunity Employer.

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

Job Postings: $350
Must be a physician attending Internal Medicine 2019, ACP Job Placement Center Sponsor or exhibitor

Looking to Hire a Physician?
Submit a Job Posting to the ACP Job Placement Center & receive Physician Profiles

Go to: annualmeeting.acponline.org/jpc/exhibitor
or email: jobplacementcenter@acponline.org

For Details Contact:
Vera Bensch
215-351-2630
vbensch@acponline.org

Sean Corrigan
215-351-2768
seancorrigan@acponline.org

Maria Fitzgerald
215-351-2667
mfitzgerald@acponline.org

ACP Job Placement Center Premium Sponsors

Tower Health
INTERNAL MEDICINE / PRIMARY CARE

BE/BC Internist for part time and advancement to full time position with early partnership. Well established internal medicine group in beautiful suburban Chester NJ, one hour from NYC. July 2019 start date.

Please email your CV to chestermedical@aol.com

IM PRACTICE FOR SALE

Private Internal Medicine practice is for sale in north suburb of Los Angeles Glendale. Stable busy practice established for over 30 years. Excellent payer mix with high gross income and low overhead. Interested physicians may contact via internalmedmd@gmail.com or call 747-273-3630

NO WEEKEND HOURS, NO HOSPITAL ROUNDS

and plenty of support staff to start your practice without overhead in a 5 provider busy practice. UNBELIEVABLE opportunity in PRIVATE practice.

Please send CV admin@cimdocs.com

Or give us a call 602-843-1313 ext. 210

North Carolina

HOSPITALIST positions in family community 35 minutes from Pinehurst, 45 minutes from Fayetteville and less than 5 hours from beaches, Raleigh, and Charlotte. Flexible scheduling. Loan Assistance.

Call 800-764-7497 | text 910-280-1337

fax 910-276-0438

rocca@scotlandhealth.org

www.scotlandhealth.org

INTERNAL MEDICINE Physician Opportunities Available in 20 States

Urgent Needs:

Tallahassee, FL
Wichita, KS
Independence, MO
Austin, TX • Brownsville, TX
Corpus Christi, TX

Please contact:
Kathy.Haley@HCAHealthcare.com

assoc medical director of primary care

Brigham and Women’s - Boston, MA
Sr. leadership role within BWH Primary Care
50% clinical + 25%-50% admin.
Boarded IM & PC clinical experience required.
Email CV to: Paul Porter - Recruitment Director
PPorter@BWH.Harvard.edu

Annals Display

Have you asked about work life balance?

Berkshire Health Systems offers the opportunity to live and work in a beautiful and culturally rich community. Work, Work and Play - you can do it all here. One of the most beautiful settings in the northeast makes it easy to balance work with a healthy personal lifestyle. The Berkshires offers small town New England charm and the endless cultural opportunities of a big city. We are proud of our commitment to people, programs and nationally-recognized medical care. Join an outstanding medical faculty at a long-established teaching hospital in a unique New England setting.

Our Primary Care practices offer providers an exceptional opportunity:
• Established hospital based practices
• Award winning 302 bed community teaching hospital
• Affiliation with University of Massachusetts Medical School and University of New England College of Osteopathic Medicine
• Opportunities for new and experienced providers
• Specialty support
• Leadership Opportunities

For more information on Primary Care opportunities contact:
Liz Mahan, Physician Recruitment Specialist
Berkshire Health Systems
(413) 395-7866
Mdrrecruitment@bhs1.org
www.berkshirehealthsystems.org

Internal Medicine/ Family Medicine Outpatient Opportunity 25 miles from Manhattan, NY

White Plains Hospital Physician Associates, a division of White Plains Hospital, is seeking an experienced Internal Medicine / Family Medicine physician for its outpatient practice in Westchester County. This is an exciting opportunity to build a practice from ground up with excellent support from a highly qualified and dedicated team. White Plains Hospital is a multiple award winning, Magnet designated hospital, just 25 miles from Manhattan. We offer an exceptional comp/benefits package and a phenomenal work environment.

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

Association of Internal Medicine Physicians

ANCORNA MEDICAL DISPLAY

The most widely read journal targeted to internists and subspecialists of Internal Medicine

Inquire about work life balance.

Berkshire Health Systems offers providers the opportunity to live and work in a beautiful and culturally rich community. Live, Work and Play - you can do it all here. One of the most beautiful settings in the northeast makes it easy to balance work with a healthy personal lifestyle. The Berkshires offers small town New England charm and the endless cultural opportunities of a big city. We are proud of our commitment to people, programs and nationally-recognized medical care. Join an outstanding medical faculty at a long-established teaching hospital in a unique New England setting.

Our Primary Care practices offer providers an exceptional opportunity:
• Established hospital based practices
• Award winning 302 bed community teaching hospital
• Affiliation with University of Massachusetts Medical School and University of New England College of Osteopathic Medicine
• Opportunities for new and experienced providers
• Specialty support
• Leadership Opportunities

For more information on Primary Care opportunities please contact:
Liz Mahan, Physician Recruitment Specialist
Berkshire Health Systems
(413) 395-7866
Mdrrecruitment@bhs1.org
www.berkshirehealthsystems.org

White Plains Hospital Physician Associates, a division of White Plains Hospital, is seeking an experienced Internal Medicine / Family Medicine physician for its outpatient practice in Westchester County. This is an exciting opportunity to build a practice from ground up with excellent support from a highly qualified and dedicated team. White Plains Hospital is a multiple award winning, Magnet designated hospital, just 25 miles from Manhattan. We offer an exceptional comp/benefits package and a phenomenal work environment.

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

ACP JournalWise

Never miss important articles in your specialty again!

ACP JournalWise searches and filters over 120 top journals to deliver only the most relevant content to you. Personalize your alerts by selecting specialties and clinical topics you want to know about. Choose the rating threshold and how often you want your alerts.

ACP MEMBERS: logon to Journalwise.org to easily customize your alerts!

ACP JournalWise is a free benefit of ACP Membership.

ACP JournalWise
ESSENTIAL PODCASTS

On the go? Take us with you!
Hear top internal medicine experts debate important topics relevant to practice.

ACP members can earn free CME credit and MOC points for listening

Bedside Rounds
Stories focused on the history of medicine and how they affect our society and culture, both past and present.

Curbsiders
Informal dialog and interviews with experts on topics related to internal medicine, offering up clinical pearls, practice-changing knowledge and a little humor to match.

Annals On Call
Lively discussions and debates about clinically influential articles that have been recently published in Annals of Internal Medicine.

Start listening at acponline.org/podcasts

Annals of Internal Medicine®
Hospitalists and Nocturnists
To serve. To heal. To educate.

Employment Eligibility
Must be Board Certified/Eligible in Internal or Family Medicine.

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

Cooper University Hospital is a 635 bed teaching hospital. We are the only tertiary care center and the first Advanced Certified Comprehensive Stroke 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.

Close to Center City Philadelphia, Adventure Aquarium, and Rutgers University!

Penn State Health

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

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

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

No J 1 visa waiver sponsorships available

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

For more information, please contact:
Heather Peffley, PHR FASPR Physician Recruiter
Penn State Health hpfeffley@pennstatehealth.psu.edu

Penn State Health is committed to affirmative action, equal opportunity and the diversity of its workforce. Equal Opportunity Employer - M/F/Vet/Protected Veteran/Handicapped.
Hospitalist Opportunities in Eastern PA – Starting Bonus and Loan Repayment

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

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

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

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

For more information visit www.discoverlehighvalley.com
Please email your CV to Jillian Fiorino at Jillian.Fiorino@sluhn.org

ACP Hospitalist

The Ohio State Wexner Medical Center

Join a Leader in Hospital Medicine

As one of the nation's largest academic hospitalist programs, we lead a variety of teaching and non-teaching inpatient and consultative services. OSUWMC Division of Hospital Medicine is dedicated to the health and well-being of our patients, team members, and our OSUWMC community. Our mission is to improve the lives of our patients and faculty by providing personalized, patient-centered, evidence-based medical care of the highest quality. We are currently seeking exceptional physicians to join our highly regarded team. Preferred candidates are BC/BE in Internal Medicine or Internal Medicine-Pediatrics, have work experience or residency training at an academic medical center, and possess excellent inpatient, teamwork, and clinical skills.

Natasha Durham, DASPR
natasha.durham@osumc.edu
hospitalmedicine@osumc.edu
http://go.osu.edu/hospitalmedicine

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

THE SUPPORT I NEED TO GROW AS A PERSON, PHYSICIAN AND LEADER.

BEATA SUMMER-BRASON, DO
HOSPITAL MEDICINE

FEATURED HOSPITAL MEDICINE LEADERSHIP POSITIONS

- North Knoxville Medical Center
  Knoxville, TN
- Palmdale Regional Medical Center
  Palmdale, CA
- Parkland Medical Center
  Derry, NH
- Plantation General Hospital
  Ft. Lauderdale, FL
- Sentara Albemarle Medical Center
  Elizabeth City, NC
- Coast-to-Coast

VISIT US AT HM19
BOOTH #601

877.318.2269
EVPS.com/ACPHospitalist2019

Envision
PHYSICIAN SERVICES
A Transformational Opportunity for a Hospitalist to Join our Inpatient Team

Our community is growing and so are the needs of our patients. Older than the brand of Coca-Cola, CHI Saint Alexius Health Bismarck is a level II Trauma Center. Our facility is a 306-bed, full-service, acute care medical center offering a full line of inpatient and outpatient medical services. We are actively recruiting an Internal Medicine Physician to join our team of outstanding providers in a well-established, hospital-employed position to meet the demands of our community.

As you are looking for the perfect balance between family life and medical practice, you will find it here. Nestled along the scenic shores of the Missouri River, the Capital of North Dakota, Bismarck, is a hub of culture, history and shopping. Bismarck has been rated among the safest cities in the country, no traffic snarls, low taxes, great public and private schools. As part of the thriving oil boom, Bismarck is a great place to enjoy all four seasons with fun outdoor activities such as fishing, hunting, biking, downhill skiing, and so much more. Friendly and welcoming people make Bismarck an ideal place to begin and nurture a family.

Position Includes:
• Generous salary with bonus and quality incentive
• CME, retirement, health, vision, and dental insurance, professional liability insurance
• Block schedule: 7 days on / 7 days off with 12 hour shifts
• University of North Dakota Clinical Academic Title – offers the opportunity to teach, if eligible and interested, medical student residents and fellows
• Current Hospitalist team includes 16 Hospitalists, 1 Fellow, and 6 NP/PA’s

As the largest healthcare delivery system in central and western North Dakota, CHI St. Alexius Health covers more square miles and sees more patients than anyone else in the region. CHI St. Alexius Health was honored as one of America’s 50 Best Hospitals by Becker’s Hospital Review and the “Best Regional Hospital, Great Plains, ND Recognized in 6 Types of Care 2018-19” U.S News and World Report. CHI St. Alexius Health Bismarck is proud of its outstanding reputation as a caring, high-quality medical center and of its many awards for clinical excellence, customer satisfaction and community service.

Interested candidates should contact:
Bruce Robinson
701.550.8896
ghrobinson@primecare.org

HOSPITALIST OPPORTUNITY

LAWRENCE KANSAS

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

Lawrence is an exceedingly desirable city of 96,000 residents, home of the University of Kansas. 11 full-time Board Certified physicians and 6 advanced practice providers.
7 days on/7 days off, night coverage every 10 weeks.

Highly competitive salary with signing bonus.
Benefits include: incentive bonus, health insurance, retirement plan, reimbursed medical and professional expenses, malpractice insurance, and CME allowance.

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

For more information about this position, contact: Dr. Marc Scarbrough at (785) 505-3350 or email: marc.scarbrough@lmh.org

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

I FEEL LIKE I AM PART OF A
DIVERSE AND INCLUSIVE FAMILY

ERIC TAKAHASHI, DO
HOSPITAL MEDICINE

JOIN OUR HOSPITALIST TEAM:
- Spotsylvania Regional Medical Center
  Fredericksburg, VA
- Ft. Walton Beach Medical Center
  Ft. Walton Beach, FL
- Turkey Creek Medical Center
  Knoxville, TN
- Raulerson Hospital
  Okeechobee, FL
- Gulf Coast Medical Center
  Panama City, FL
- North Knoxville Medical Center
  Powell, TN

Opportunities in Georgia, Florida, Tennessee, Kentucky and Virginia

877.265.6869
InpatientJobs@evhc.net
Hospitalists

Call This “Top 10” Community Home

Mcfarland Clinic is seeking a BE/BC Hospitalist and a Nocturnist to join our extraordinary team and provide exceptional care within Iowa's largest multidisciplinary clinic. Consistently ranked in the top 10 “Best Places to Live” by Money Magazine and CNNMoney.com, this thriving town has been ranked in the top 3 cities in the country for job growth.

- 220 bed hospital
- Epic EMR System
- Excellent support staff
- Highly educated patient base
- Physician owned and governed
- Large, established referral network
- One of the least litigious states in the country
- Will consider JJ candidates
- “#1 Best State to Practice Medicine” - Wallet Hub

Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net

Extraordinary Care, Every Day

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

- Comprehensive liability insurance (no tail required)
- Competitive base salary
- Health, dental, vision
- Professional allowance
- Bonus eligibility
- Teaching opportunities available

Barnes-Jewish Hospital is a 1,300-bed Level-I trauma center serving the St. Louis metropolitan and outlying areas. It is ranked as one of the nation’s top 12 hospitals by US News & World Report. This position is not J-1 eligible. All qualified applicants will receive consideration for employment without regard to sex, race, ethnicity, protected veteran, or disability status.

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

ACP Hospitalist

Great Opportunity for a Hospitalist in the Southwest

San Juan Regional Medical Center in Farmington, NM is recruiting for a Hospitalist. This opportunity not only brings with it a great place to live, but offers a caring community and hospital environment with team dedicated to providing personalized, compassionate care.

You can look forward to:
- $275,000–$295,000 base salary plus productivity and quality bonuses
- 100% Hospitalist work
- Wide variety of critical care
- Lucrative benefit package, including retirement
- Sign on and relocation
- Student loan repayment
- Quality work/life balance

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

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

ACP Internal Medicine Meeting

PHILADELPHIA, PA • APRIL 11-13

Job Postings:

Looking to Hire a Physician?
Submit a Job Posting to the ACP Job Placement Center and receive Physician Profiles

Go to: annualmeeting.acponline.org/jpc/exhibitor
or email: jobplacementcenter@acponline.org

For details contact:

Vera Bensch
215-351-2630
vbensch@acponline.org

Sean Corrigan
215-351-2768
schorrigan@acponline.org

Maria Fitzgerald
215-351-2636
mfitzgerald@acponline.org

ACP Job Placement Center Premium Sponsors
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)

Healthcare Partners is looking for candidates for the following full-time positions - Skill Nursing Facility-Hospitalist, Hospitalists (Day and night shift opportunities are available in Acute and Post-Acute settings) to join our team in Las Vegas. The clinicians we seek are those who practice medicine with a focus on patient care, not volume. We offer competitive pay, with financial incentives for yielding strong metrics on quality care while seeing a lower than average census, an excellent benefit package which includes leadership pathways, CME reimbursement, paid license renewals and many other benefits. You may also contact Anita Prince, Clinician Recruiter, at (702) 528-6276 or aprince@hcpnv.com.

Hospitalist Position Details
New graduates are welcome for all Hospitalist opportunities.

Hospitalist (Day shift)
• Monday-Friday, 8-hour days; 1 weekend every third week. Opportunities to pick up extra shifts are available
• Avg Daily Patient Census: 15-17/day
• Cover one hospital
Post-Acute SNF Hospitalist (Day shift)
• Monday through Friday, 8 am-5 pm and every 4th weekend
• Avg Daily Patient Census: 15/day
• Telephonic call required
Nocturnist
7-on/7-off
• Avg Daily Patient Census: 5-8 at night
• Round routinely at 3-4 hospitals

Requirements
• Must have or be eligible to have a current and unrestricted MD or DO license to practice medicine in Nevada
• BE/BC in Internal Medicine
• Must have or be eligible to have a Nevada Pharmacy and DEA License
• ACLS/BLS

Preferences
At least one year of Hospitalist experience, but new grads are welcomed to apply.

For more information, please visit https://hcpnv.com

Submit Your Physician Profile Today!

Are you looking for a job?
• Reach employers participating in the Job Placement Center.
• Guaranteed distribution of profiles.
• Profiles can be submitted from your computer, tablet, or phone.
• Attendance NOT required.
• Receive an electronic version of all the jobs displayed at the Job Placement Center.
• Profiles accepted until April 13.

ACP Job Placement Center Premium Sponsors

ACP Hospitalist
TAKING SPECIAL CARE
IMPROVE STAYS FOR PATIENTS
WITH INTELLECTUAL, DEVELOPMENTAL DISABILITIES

E-mail your suggestion to acphospitalist@acponline.org.

ACP Job Placement Center Premium Sponsors

- California Correctional Health Care Services
  Booth #1152
- CHS Community Health Systems
  Booth #925
- Envision Physician Services
  Booth #908
- TEAM Health
  Booth #1210
- Tower Health
  Booth #820
- Vituity
  Booth #924
ADVENTIST HEALTH PORTLAND

Adventist Health Portland seeks a Board Certified internal medicine or family medicine physician to join the Hospitalist Service team at Adventist Health Portland in Portland, Oregon. Current residents planning to take the boards right after residency are also welcome to apply. The qualified candidate will join a stable group practice of 19 Hospitalists who provide comprehensive inpatient care to all medical patients in the hospital. We have an open ICU and are looking for candidates excited about critical care and being the primary attendings for most medical ICU patients. The Pulmonary/critical care service is highly involved in the ICU and is available for assistance 24/7. The hospitalist candidate must be interested in procedures, occasional night shifts, and working 12-16 shifts per month. Our scheduling is not a set 7on/7off and offers some flexibility for physician preference.

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

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

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

HOSPITALIST

Jefferson Healthcare, an innovative and award winning healthcare system, is seeking a BC/BE Hospitalist to join our team. Our hospitalists are a close-knit team who provide incredible service to our community. We work in a collaborative environment and strongly encourage work/life balance.

• Salary $249,500 for a 1.0 FTE
• Fulltime = 1848 hours or 154 shifts
o Shifts vary from 9-12 hours
o Schedule is flexible; both days and nights; 6-9 months in advance
• 25 bed CAH hospital
• Sign on bonus and relocation assistance
• Amazing benefits package!
• BC/BE Internal Medicine physician
• Full and part time positions available!

Our Facility
Jefferson Healthcare is a DNV accredited, fully integrated health care system, with numerous accreditations and awards. We are the primary healthcare provider for more than 25,000 residents of East Jefferson County on the Olympic Peninsula. We are a 25 bed, critical access public hospital providing services to residents of east Jefferson County. We recently received a 90% on our employee survey on "I would work here again."

Our Home
Port Townsend has been named as one of the coolest small towns in America ... with good reason. There are festivals almost every weekend, endless recreational/hiking/skiing/sailing activities, great places to eat, and a strong and vibrant community feel. National Geographic calls Port Townsend "one of the most sophisticated places west of Seattle" and we continue to receive awards year after year.

Our Benefits
We have a benefits package rated in the top 1% in state including CME dollars, retirement and more! You’ll have the entire community behind you to help get you settled.

Please apply through our website at:
https://jeffersonhealthcare.applicantpro.com/jobs?classification=provider

For additional information, please contact:
Allison Crispen, Recruiter acrispen@jeffersonhealthcare.org

Create Profile:
Build, edit and store your profile to submit to employers.

Search Jobs:
Search positions nationwide that suit your criteria and preferences from current issues of Annals of Internal Medicine, ACP Internist, and ACP Hospitalist.

Early Job Notifier:
A valuable service that provides emailed alerts when jobs meeting your criteria become available.
Internal Medicine Physicians
Patient Centric – Physician Governed – Data Driven
New Jersey, Oregon and Arizona locations

At Summit Medical Group New Jersey, Summit Medical Group Oregon – Bend Memorial Clinic, and Summit Medical Group Arizona, we take great pride in our long-standing history of exceptional care and our talented team who positively impacts the lives of our patients each and every day. As one of the largest physician-owned multispecialty medical practices in the nation, we promote a care model that frees our physicians to focus on patient care in a framework designed to achieve superior clinical outcomes, better quality and higher patient satisfaction.

If you’re a board certified/board eligible Internal Medicine Physician looking for a collaborative environment, where you can learn, grow, and excel in providing effective and efficient care, then the Summit Medical Group family is the place to be!

Opportunities in Multiple Specialties Also Available!

We offer competitive salaries, shareholder opportunities, comprehensive benefits, and dynamic work environments.

To apply and/or explore opportunities, visit our career pages:

New Jersey – jobs.summitmedicalgroup.com
Arizona – jobs.summitmedicalgroup.com/smga
Oregon – bendmemorialclinic.com/contact-us/careers

We are a smoke and drug-free environment. EOE M/F/D/V

---

Adventist Health offers full- and part-time physician careers all along the West Coast and Hawaii. We offer a comprehensive employment package:

• Competitive salary
• Generous benefits including 401k match
• Opportunity to work where you play

Join 5,000 other providers who chose to provide care where passion meets mission.

AdventistHealth

phyjobs@ah.org • 916-865-1905
physiciancareers.ah.org

The Portland Clinic – Outpatient IM

You’ll enjoy a healthy work-life balance at The Portland Clinic, an independent clinical practice of over 100 physicians and advanced practice providers in beautiful Portland, Oregon. As we prepare to celebrate our centennial in 2021, join us in one of five clinic locations as we provide extraordinary, coordinated care in a multispecialty setting. Owned and governed by the physicians who work here, we have a solid business plan to maintain our independence. We are currently seeking collaborative and patient-centered BC/BE internists to join our truly team-oriented practice. A competitive compensation and benefits package is offered, as well as the potential for future partnership. The Portland Clinic – a place where relationships matter.

Visit our website at
www.ThePortlandClinic.com/about-us

Please contact:
Jan Reid, Director of Provider Relations
(503) 221-0161 x4600
JReid@tpcllp.com

The Portland Clinic is an equal opportunity employer.
Doctors just like you.

By now, doctors know California Correctional Health Care Services (CCHCS) offers more than just great pay and State of California benefits. Whatever your professional interest, CCHCS can help you continue to hone your skills in public health, disease management and education, addiction medicine, and so much more. All without the burdens of battling insurance companies or unrealistic RVUs.

Join doctors just like you in one of the following locations:
- California Correctional Center - Susanville
- California Medical Facility* (Psychiatric Inpatient Program) - Vacaville
- High Desert State Prison - Susanville
- Pelican Bay State Prison - Crescent City
- Salinas Valley State Prison* (Psychiatric Inpatient Program) - Soledad
- Sierra Conservation Center - Jamestown
- Substance Abuse Treatment Facility* - Corcoran

CCHCS also offers a competitive compensation package, including:
- 40-hour workweek – affords you true work-life balance
- State of California pension that vests in five years
- Robust 401(k) and 457 retirement plans – tax defer up to $48k per year

www.cchcs.ca.gov

For more information, contact Danny Richardson, at (916) 691-3155 or CentralizedHiringUnit@cdcr.ca.gov.

**ACP Internist**

**PHYSICIANS**

$276,684 - $290,520
(Time-Limited Board Certified)

$249,012 - $261,468
(Pre-Board Certified)

*PHYSICIANS*

$318,180 - $334,092
(Time-Limited Board Certified)

$286,356 - $300,684
(Pre-Board Certified)

www.cchcs.ca.gov

Physician-Led Medicine in Montana

**Internal Medicine Residency Faculty**

Billings Clinic

Seeking enthusiastic BE/BC academic interns to join our exemplary team of physicians and faculty providers with a passion for education and leadership.

**Stipend & generous loan repayment**

- Region’s tertiary referral center
- Flexible practice styles
- Consensus-based teamwork
- Academic mentoring
- Grant funded for rural care innovations
- Competitive Medical Student Clerkships
- “Top 10 Fittest Cities in America 2017” – Fitbit
- “America’s Best Town of 2016”

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

Billings Clinic is nationally recognized for clinical excellence and is a proud member of the Mayo Clinic Care Network. Located in Billings, Montana – this friendly college community is a great place to raise a family near the majestic Rocky Mountains. Exciting outdoor recreation close to home. 300 days of sunshine!
DO YOU HAVE ENOUGH LIFE INSURANCE?

If you passed away unexpectedly, would your family be able to continue on financially? Or would they face drastic changes to their lifestyle—at the worst possible time? The American College of Physicians (ACP) Group Insurance Program can help with:

- **Your choice** of benefit amounts up to $2,000,000
- **Discounted rates** for higher coverage amounts
- **Economical, locked-in rates** for 10 or 20 years
- **Tax-free income** for your family

**The ACP Group Insurance Program Exclusive Group Rates** — Join ACP members who share your unique perspective on what it takes to live a long and healthy life.

Act now to help ensure that your family has the financial security they need—when they need it the most. Visit ACPgroupinsurance.com or call 1-888-643-0323 to learn more!*

---

*Features, costs, eligibility, renewability, limitations and exclusions.
The University of Michigan, Division of General Medicine, seeks BC/BE internists to join our expanding Academic Primary Care faculty. Duties for Primary Care faculty include providing direct patient care in an outpatient setting with teaching opportunities. There are also opportunities to engage in population management and quality/safety activities. Prior training or clinical experience in an academic teaching environment is preferred.

**Excellent benefits:**
- Compensation package with guaranteed salary plus incentive bonuses
- Relocation support
- Generous signing bonus

**Interested individuals should forward their curriculum vitae via email to:**
Laurence McMahon, MD, MPH,
Chief, Division of General Medicine
GenMedFacultyRecruit@umich.edu

Application review will continue until the positions are filled.

**WWW.MEDICINE.UMICH.EDU/GENERAL-MEDICINE**

The University of Michigan is an equal opportunity/affirmative action employer.
Beebe Healthcare is a progressive, not-for-profit community health system with a 210-bed hospital, solid growth and a $183,000,000 expansion underway. We're located in the family-friendly coastal area where the Atlantic Ocean meets the Delaware Bay, and where you'll find an optimum work-life balance, offering a challenging, rewarding medical career and an active lifestyle. Beebe is committed to attracting and retaining top clinical talent.


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

- Outpatient Internal Medicine (primary care) BE/BC
- Employed opportunities are with Beebe Medical Group, our large multi-specialty hospital network
- Operations are taken care of so you can focus on patient care
- Competitive compensation with incentives
- Generous benefits, including sign-on bonus, relocation and CME allowances and more

About Beebe Healthcare:

- High patient satisfaction and quality of care
- Cardiac surgery, interventional cardiology, cancer center with radiation, 256-slice CT, 3.0T MRI, PET CT Scan, da Vinci Xi robot, 20-bed ICU, 3D mammography, and hyperbaric chambers
- 400+ providers on staff; 48,000+ Emergency Department visits
- Margaret H. Rollins School of Nursing on site

Southern Delaware location:

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

Email cover letter and CV to Marilyn Hill, Director of Physician Services, mhill@beebehealthcare.org • www.beebehealthcare.org
Beebe Medical Group Administration • www.bebemedicalgroup.org
1515 Savannah Road, Suite 102 Lewes, DE 19958
Beebe Healthcare is a non-smoking and fragrance free system.
Carris Health is the perfect match

“I found the perfect match with Carris Health.”
Dr. Cindy Smith, Co-CEO & President of Carris Health

Carris Health is a multi-specialty health network located in west central and southwest Minnesota.

Carris is the perfect match for physicians who are looking for an exceptional practice opportunity and a high quality of life.

Current opportunities available for internists. Excellent opportunities to provide care and support to a wide variety of patients while achieving work/life balance in beautiful Minnesota communities.

FOR MORE INFORMATION:
Shana Zahrbock, Physician Recruitment
Shana.Zahrbock@carrishealth.com
(320) 231-6353

Here is just a little bit about us
Our Facility
Jefferson Healthcare is a DNV accredited, fully integrated health care system, with numerous accreditations and awards. We are the primary healthcare provider for more than 25,000 residents of East Jefferson County on the Olympic Peninsula. We are a critical access, public hospital district providing services to residents of east Jefferson County. It is operated as a municipal corporation with five elected commissioners who oversee the district’s operations. We recently received a 90% on our employee survey on “I would work here again.”

Our Home
Port Townsend has been named as one of the coolest small towns in America ... with good reason. There are festivals almost every weekend, endless recreational/hiking/sailing activities, great places to eat, and a strong and vibrant community feel. National Geographic calls Port Townsend “one of the most sophisticated places west of Seattle” and we continue to receive awards year after year, such as 2015 Best Small Towns in America (Smithsonian Magazine), 50 Safest Cities in Washington (SafeWise.com), and 16 Best Places to Live in the US in 2015 (Outdoors Magazine).

For Internists:
Yakima Valley Farm Workers Clinic
We are family

You are more than an Internist. We are more than a job.

Consider joining the YVFWC family. With locations throughout Washington and Oregon you will live, work, and play in the breathtaking Pacific Northwest. With clinics in both urban and rural areas, there are opportunities to suit a variety of lifestyles. YVFWC provides a wide range of services for the primary care patient in a community-based clinic. The interdisciplinary staff is dedicated to remaining a patient-centered, integrated healthcare organization.

We are looking for:
• An Internist passionate about community health.
• A healthcare professional committed to working with the underserved.

For Internists:
• We offer $238k as median compensation
• We offer a $1,500 resident stipend
• We offer a generous hiring and relocation package
• We provide you with the option to participate in a four week Medical Spanish Immersion Program in Guatemala.

Current opportunities in:
• Toppenish, WA
• Yakima, WA

For interest contact:
Araceli Saldivar
aracelisal@yvfwc.org
(509) 865-6175  Ext. 3607

YVFWC is an Equal Opportunity Employer

North Carolina
Outpatient based internists and a nocturnist needed in family community 35 minutes from Pinehurst, 45 minutes from Fayetteville and less than 2 hours from beaches, Raleigh, and Charlotte. Likely loan assistance. Inpatient shifts available.
Call 800-764-7407, text 910-280-1337 or fax 910-291-7093
Melisa.Ciarrocca@scotlandhealth.org
www.scotlandhealth.org

Classified Ads Online
www.acponline.org/jobs

2019 Winter | Career Guide for Residents
GUNDERSEN
HEALTH SYSTEM®

Internal Medicine is at the heart of Gundersen Health System, based in the vibrant and historic city of La Crosse, Wis. Whether you are a new or seasoned internist, you have the opportunity to step into the exact type of practice you have in mind. Women’s Health, Preadmissions, traditional Internal Medicine (purely outpatient or a blend of inpatient and outpatient) and Geriatric medicine are all possible in this position – the option is yours.

Women’s Health
• Purely ambulatory practice with a Monday through Friday daytime schedule

Preadmissions
• Monday through Friday daytime schedule – no nights, no weekends, no call
• Work collaboratively with the support and collegiality of our anesthesiology, surgery, primary care, subspecialty consultative services, nursing and pharmacy teams to assess risk and medically optimize patients prior to undergoing procedures

Ambulatory & Hybrid
• Purely ambulatory (at our La Crosse, Onalaska or Boscobel, Wis. Clinics):
  – Monday through Friday daytime schedule. No inpatient work, minimal at-home call with no overnight coverage.
• Traditional/hybrid (outpatient and inpatient mix – La Crosse, Wis.):
  – When in clinic - Monday through Friday daytime schedule. No inpatient work, minimal at-home call with no overnight coverage.
  – When on inpatient service - clinic schedule is protected. No overnight coverage responsibilities.

Geriatrics (formal fellowship training or certification in Geriatrics required)
• Provide growth in the outpatient aspects of Geriatric care with opportunities for leadership development

For more information, contact:
Kalah Haug, physician recruiter
Medical Staff Recruitment, (608) 775-1005
kjhaug@gundersenhealth.org
gundersenhealth.org/medcareers

Academic General Internist

Become a member of a well-established growing team of 26 academic internists at Upstate University Medical Center, Syracuse, New York.

If you enjoy mixing patient care with a broad array of teaching opportunities, or you’re an excellent clinician looking for a change, consider joining our diverse group. Primary responsibilities will include direct patient care and supervision of residents at an outpatient ambulatory practice, inpatient service or both. Responsibilities also include teaching of students and residents. MD or foreign equivalent, BC/BE internist, NYS license or eligible.

Send CV to Deborah J. Tuttle, PHR, SUNY Upstate Medical University, Department of Medicine, 550 East Genesee Street, Suite 201, Syracuse, NY 13202 or email to tuttledd@upstate.edu SUNY HSC is an AA/EEO/ADA employer committed to excellence through diversity. Women and minorities are encouraged to apply.
ACPPERSONALIST

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

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

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

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

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

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

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

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

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

SCVMC is an Equal Opportunity employer.

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

IM RESIDENCY PROGRAM DIRECTOR
Phoenix, Arizona

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

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

Creighton, MIHS and SJHMC have individually demonstrated proven expertise in operating health systems and highly successful ACGME accredited IM residency programs from MIHS and SJHMC. Both current programs have produced scores of residents over many decades.

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

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

Creighton, MIHS and SJHMC have individually demonstrated proven expertise in operating health systems and highly successful ACGME accredited IM residency programs from MIHS and SJHMC. Both current programs have produced scores of residents over many decades.

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

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

Creighton, MIHS and SJHMC have individually demonstrated proven expertise in operating health systems and highly successful ACGME accredited IM residency programs from MIHS and SJHMC. Both current programs have produced scores of residents over many decades.

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

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

Creighton, MIHS and SJHMC have individually demonstrated proven expertise in operating health systems and highly successful ACGME accredited IM residency programs from MIHS and SJHMC. Both current programs have produced scores of residents over many decades.
Seeking people passionate about fixing a broken healthcare system. Must be ready to do meaningful, but hard work, take risks, have fun, embrace innovation, and reach your greatest human potential.

P.S. Grab your friends, too.
When Hospitalists and EM docs share ownership we all breathe a little easier.

Visit usacs.com/HMcareers or call us at 1-844-863-6797. careers@usacs.com

At US Acute Care Solutions, we have an awesome culture built on the synergy of our care teams. Every full-time HM and EM physician shares ownership in our group—and our patients’ outcomes. The result? Better care for our patients and hospital partners, and a culture of camaraderie and excellence that’s second to none.

Discover the clear difference ownership makes at US Acute Care Solutions. Visit USACS.com