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May 25, 2023

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Best wishes as you embark on a rewarding career.

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Kenneth Sylvia
Director, Recruitment Solutions



Hospitalist Update: For Hospital Medicine Physicians, Emerging Opportunities Plentiful in Clinical and Operational Realms

By Bonnie Darves

Hospital medicine has made a lot of headway for a relatively new physician specialty. In just over 25 years, hospitalists have integrated themselves into virtually every aspect of care delivery in hospitals and health systems. From their beginnings as in-hospital internists and family medicine physicians managing the inpatient care of community primary care physicians' patients, a vital role that persists today, hospitalists are now serving in top leadership positions, commandeering quality improvement initiatives, and developing facility-wide protocols. They're also comanaging specialists' patients and delving deep into hospital operations and IT infrastructures to help facilitate systems improvements.

For young physicians contemplating where they'll hang their stethoscopes, that broad swath of practice possibilities is a large part of the specialty's appeal, according to Rohit Uppal, MD, MBA, chief clinical officer for TeamHealth Hospitalist Services in Orlando, Florida. “The lure of hospitalist practice is that physicians are exposed to aspects of medicine that they might not encounter elsewhere and also have the opportunity to learn leadership skills on the job,” Dr. Rohal said. “There's really no other specialty that exposes you to the breadth of medicine.”

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For example, hospitalists may work with colleagues in the ER and critical care, cardiology, neurology, orthopedics, and, in limited cases, trauma specialists, Dr. Rohal said. In a newer role, serve as physician advisers assessing the status of and optimal care setting for an even broader range of patients.

Increasingly, Dr. Rohal said, hospitalists are also integrally involved in managing transitions of care and the systems issues that challenge hospitals. Hospitalists are moving into informatics, quality improvement (QI), care management, telehealth, and services utilization. “The possibilities, in terms of career paths for hospitalists, are robust — and growing. Hospitalists were already being viewed as leaders in the hospital before the pandemic hit. Their impressive performance during COVID-19 cemented that,” said Dr. Rohal, whose company employs approximately 3,000 hospitalists at 200 U.S. sites.

Jerome C. Siy, MD, a past president of the Society of Hospital Medicine and division medical director of hospital-based specialties for HealthPartners in Minneapolis, Minnesota, agrees that hospitalists’ role in helping hospitals navigate the pandemic has revealed even more ways, particularly in telehealth, that hospital medicine physicians’ expertise might bring value.

Today, Dr. Siy said, hospitalists are being tapped for key roles in operations — improving electronic health records (EHRs) and consulting on informatics innovations. “We’re even seeing hospitalists getting involved in emerging areas such as predictive analytics, patient risk scoring, population health, and nascent hospital-at-home programs,” he said.

“As an early-career hospitalist, you have to invest in growing your knowledge base and carving out time to do committee work if you want to pursue a leadership role. There are new skill sets to learn, and that takes time.”

— Jerome C. Siy, MD, HealthPartners

Per Danielsson, MD, a hospitalist who has helped hospitals pilot hospital-at-home (HAH) programs, which seek to provide hospital-level care for older patients who may be at risk for functional decline or other problems associated with long inpatient stays if they remain in the hospital. He views the model as a win-win for hospitals and the hospitalists who clinically

manage such patients. Hospitalists bring valuable experience to HAH programs because of their extensive expertise in triaging acutely ill patients, working in multidisciplinary teams, and, recently, delivering telemedicine. In a June 2019 article in the *Journal of Hospital Medicine*, Dr. Danielsson predicted that HAH hospitalists might one day become a subspecialty of their own.

In a field that continues to grow steadily, and at a time when hospitals are amenable to placing talented hospitalists in just about any administrative role they’re interested in, there’s no shortage of both traditional practice opportunities and jobs that combine clinical and administrative work. Today, an estimated 50,000 hospitalists practice in the United States, and the specialty experienced a 50 percent growth rate between 2012 and 2019, according to a study published in *Journal of Hospital Medicine* in August 2022.

What early-career hospitalists are seeking

Even if the sky is the limit in terms of the myriad ways that hospitalists might configure their clinical careers or combine clinical and administrative work, young physicians considering — or newly entering — the field choose the specialty for its schedule flexibility and its perceived ability to deliver acceptable work/life balance. Ijeoma Carol Nwelue, MD, hospitalist medical director for Baylor Scott & White Health in Fort Worth, Texas, said that even early-career hospitalists aren’t shy about articulating their wish lists.

“Young physicians really want that work/life balance, so schedules are a big issue for them,” she said. “Hospitalists really want their work planned around their life, and they’re expecting not to have to grind it out every day. They want specific fixed hours, but they also want some schedule flexibility when they need it.”

Most hospitalist organizations are attempting to deliver on both fronts. Still, the predominate schedule in the specialty is seven on/seven off (often called a “7/7”) — hospitalists work seven days or nights in a row, followed by seven off — can be a bit of a grind when hospitalists are in the “on” mode, several sources acknowledged. As such, some groups are exploring ways to shorten shifts or otherwise reconfigure schedules. So far, no new standard has emerged.

Young physicians are also looking for ways to serve the community at large. They’re increasingly articulating that desire when they interview for

positions, observed Dr. Nwelue, now a veteran of the field. “That’s something we’ve been seeing a lot in recent years — young physicians wanting dedicated time for community outreach, for opportunities to care for or teach patients outside of the hospital setting,” she said. “It’s a common request of this new generation.”

Hospitalists want to teach, too

Also high on the wish list for many young hospitalists are formal or informal teaching opportunities. Although hospitalists in academic medicine have such opportunities as a matter of course, many of those practicing in other settings such as community hospitals also want to spend some time teaching students, residents, or even other colleagues, several sources mentioned. Fortunately, some of the hybrid community hospital/academic institution partnerships that have emerged in the past decade are giving hospitalists a chance to do some teaching and research work in addition to their clinical duties.

In the academic realm, some programs are seeking more expedient pathways for early-career hospitalists move into medical education more quickly — with the objective of providing that career satisfier sooner than it might occur traditionally in competitive academic environments. The University of Chicago, for instance, has pioneered an innovative Passport to Clinical Teaching program, which offers early-career hospitalists access to medical-education opportunities that they can pursue on their own time and can coordinate with their clinical responsibilities.

“A lot of young hospitalists really want to teach and to learn how to become mentors, but it’s challenging because their schedules are heavy clinically. And there is substantial competition for available teaching time in academic environments,” said Elizabeth A. Murphy, MD, assistant professor and director of clinical service development in the University of Chicago’s Section of Hospital Medicine. “What we’ve done is create structured content on becoming a better teacher that hospitalists can access on their own time.”

More limited teaching opportunities are available as a series of Passport rotations in various domains, that cohort members complete within about a year, Dr. Murphy noted. Participants typically spend time at external community hospitals that operate smaller residency programs or host medical students and can use extra hands. Cohort members also learn how to develop continuing medical education (CME) offerings, work in

community health clinics, and engage in scholarly activities, among other offerings.

J.P. “John” Murray, MD, a young University of Chicago hospitalist who now directs the hospitalist consult service, maintains that his Passport program participation effectively jumpstarted his career. “I really appreciated the fact that the Passport program is geared toward young hospitalists. It provides lots of opportunities to get involved with residents and medical students, that you might not have otherwise,” Dr. Murray said. “It provides a framework and exposure. It keeps you sharp, and it provides a way to show leadership that you’re very interested in teaching.”

The program started in 2020 and has been well received, Dr. Murphy said. Some of the learners in the initial cohort have received teaching awards or moved into formal teaching roles. “Many hospitalists come into academic medicine because of their favorable training experiences and because they want to be part of what academic medicine does,” Dr. Murphy said. “This offers early-career hospitalists a way to do that, and it gives us a way to harness the mentoring talent we have.”

Telehealth and other practice options

Not surprisingly, because of their varied exposure to many aspects of care delivery and the skills they gained navigating the pandemic, hospitalists have been pivotal in helping hospitals develop and expand telehealth services, to reach both home-bound patients and those in underserved areas. Dr. Siy noted that hospitalists at his organization provide telehealth services at night to outlying hospitals and some reserve a portion of their clinical time to work in rural hospitals.

Dr. Nwelue reported that her organization is piloting a hospitalist-managed telehealth service aimed at managing lower-acuity patients — such as those with infections that require IV antibiotics — who can be safely cared for at home with nursing intervention and hospitalist management. Likewise, in pediatrics, a field that has struggled with capacity as dedicated pediatrics units have shrunk or disappeared, pediatric hospitalists are using telemedicine to expand their reach into rural and smaller hospitals. In particular, pediatric hospitalists are helping such facilities care for lower-acuity young patients that present to their emergency departments.

In recent years, another brand of hospitalist has emerged — transitionalists. These hospitalists focus on the intersection of inpatient care and so-called

step-down units. Transitionalists practice either part-time or full-time in post-acute settings such as inpatient rehabilitation facilities, long-term acute-care hospitals, or skilled nursing facilities. In such roles, hospitalists often serve as medical directors.

In another recent development, hospitalists are being tapped as in-house consultants. They're helping hospitals reduce unnecessary services utilization, assess medical-necessity issues, and streamline post-discharge care continuity. Because hospitalists develop in-depth familiarity with specialists' practice patterns, test ordering, and patient lengths of stay, hospitals are discovering that hospitalist input pays dividends in both reducing costs and improving care.

Inside hospitals and health systems, organizations are realizing that young tech-savvy hospitalists can also be instrumental in helping them vexing issues. Hospitalists are being tapped to help resolve workflow, IT, and EHR issues that cause inefficiencies — or clinician frustration. “This is an ideal role for early-career hospitalists who have an interest and some expertise in healthcare technology,” said Dr. Siy. “There’s a real demand for such skills.”

One of the big draws in the early years of hospital medicine was that hospitalists working “7/7” schedules could use some of the off-week time to moonlight at local hospitals, perhaps to pay off education debt more rapidly. Although moonlighting isn’t as common as it once was in the field, some hospitalists recognize that they can use their off time to learn new clinical or business skills or even start new ventures.

Mitchell Durante, DO, and Anthony King, DO, hospitalists at BJC Healthcare Christian Hospital in St. Louis, Missouri, recently decided to take advantage of their “7/7” schedule flexibility to start a manipulative medicine clinic that’s open during their off weeks. “It took us a few years to get this up and running, but we’re excited about starting our own business,” Dr. Durante said. “That’s one of the good things about hospital medicine — it gives you the flexibility to do something like this.”

Some hospitalists are also utilizing their newly developed telemedicine skills with their flexibility to carve out opportunities to provide remote care and consultations from home. Others are developing new products or apps, launching podcasts, or serving as independent medical reviewers.

The other ‘ists’—growth of specialty hospitalists is slow, but steady

In the past 15 years, several specialties have made strides in developing inpatient-only services based on the hospitalist model as specialists wrestle with the growing challenges of simultaneously managing a combined outpatient/inpatient practice.

The mainstays of the specialty hospitalist movement remain orthopedics, trauma, anesthesiology, OB/GYN, general surgery, and gastroenterology. But psychiatry and neurology are both increasingly embracing the hospitalist model. In a pioneering venture, the University of California San Francisco has started a Neurohospitalist Division that utilizes a structure similar to the traditional medicine hospitalist model.

Leadership roles

Although it’s not uncommon now to see hospitalists as medical directors, chief medical officers, and health-system committee chairs, young hospitalists should understand that both a learning curve and a willingness to devote extra time to small-scale initiatives are prerequisites for obtaining leadership roles, Dr. Siy noted. “As an early-career hospitalist, you have to invest in growing your knowledge base and carving out time to do committee work if you want to pursue a leadership role. There are new skill sets to learn, and that takes time,” he said.

Organizations are trying to accommodate hospitalists’ desires to move into leadership roles without waiting a decade or longer. TeamHealth, for example, operates a designated leadership track for interested hospitalists. And it’s a popular option, according to Dr. Uppal. In addition, the Society of Hospital Medicine’s Leadership Academy offers a wide range of courses that enable hospitalists to obtain leadership and management skills.

For Jessica Porter, MD, a TeamHealth hospitalist medical director at Memorial Hospital Miramar in Hollywood, Florida, the opportunity to lead came early — soon after she completed residency in 2016. She jumped at the chance. “I’d always been interested in leadership, and in contributing, because, well, someone did the same for me. It was a steep learning curve, but I managed it and found I really enjoyed the administrative work,” said Dr. Porter.

Today, although Dr. Porter maintains a full clinical schedule, she manages to fit in most of her administrative duties during her “on” weeks, and receives a stipend for her leadership work. Those duties include managing

operations and coaching physicians, representing hospitalists' interests at hospital management meetings and, as needed, boosting morale. "It's very gratifying work, and I think it's important to have a seat at the table when [organizational] decisions are being made," she said.

Dr. Porter advises young hospitalists who are interested in leadership to look for committee and task force openings, engage in quality improvement initiatives and, above all, express their interest in leadership roles. "If you don't ask, you don't get it — whether it's a raise or a leadership opportunity," she said.

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When Is It Time to Change Jobs?

By Nisha Mehta, MD, a physician leader whose work focuses on physician empowerment, community building, and career longevity in medicine

Statistically, the majority of physicians will change jobs within their first five years out of training. Additionally — even at later stages of physician careers — an increasing percentage of the physician population consider changes in their career. Physician turnover is an often talked about issue amongst hospital administrators and practice owners.

Why is this? Well, part of it has to do with the challenges associated with being a physician in the current health care landscape. My father, a cardiologist, spent four decades of his career with the same group. Many of his friends can say the same. On the other hand, I know a far lower percentage of colleagues who could say with confidence that they see themselves with the same group for the remainder of their careers. Aside from practical drivers of physician turnover, such as a desire to be closer to family or a change in the job of a significant other, many are finding their workplaces increasingly challenging. As consolidation within the health care space increases, physician demographics change, and the pressure to do more with less increases, more physicians find themselves asking if their situation is sustainable.

We all have aspects of our jobs that are pain points, and the expectation that any job will be perfect is unrealistic. How do you know you're not

just trading one set of pain points for another — which in a worst case scenario, is potentially worse elsewhere?

When considering a job change, I always recommend writing down the pain points at your current job, delineating which ones are dealbreakers, and which ones could potentially be changed if discussed openly with the employer. If you are planning on leaving anyways, it's advisable to first see if the current situation can be fixed. Although these conversations can be uncomfortable, ultimately if you're planning on leaving regardless, it may be that there's little to lose in trying. Similarly, ensuring that these same pain points are not present at the new job is prudent.

Factors such as salary, flexibility in work hours, opportunities for growth or promotion, dissatisfaction with the current job environment and the direction a company is going in, burnout, or other non-salary aspects of the compensation package are all examples of things that lead to job turnover that could potentially be negotiated with the current employer.

There are other factors which many see as writing on the wall that a change is inevitable. Sometimes these can be related to changes in ownership or management structure of a group, a confirmed trend toward cutting physician compensation or hiring patterns that suggest the physician's time at the job is limited, or administrative mandates that have been challenged and upheld, which leave the physician with the conclusion that they can't practice medicine in a way that they enjoy or feel is best for the patient.

Many people stay with jobs out of comfort or fear of change. Unfortunately, this leads to burnout, and ultimately is a threat to career longevity. If you're feeling unhappy with your job, it's time to either advocate for change within your current position, or consider other options.

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Defining Success in the Workplace

By Nisha Mehta, MD, a physician leader whose work focuses on physician empowerment, community building, and career longevity in medicine

We all have different definitions of success in the workplace, and it's important to be honest with ourselves about what those are. They will be the gauge by which we derive career satisfaction, so they are of utmost importance when considering a job.

Importantly, there is no right approach, as much as we may all know the stereotypically correct answers to give at interviews. The things that drive us and give us purpose are inherently intertwined with who we are as individuals, and after years of being told what the “right” answers are, it may require some real introspection to realize what things we are truly aiming for.

Therefore, prior to embarking on the job search, take a few hours and write down the things that you value and you think will ultimately lead to job satisfaction. If applicable, discuss these goals with your family and even ask your friends if they agree with your personal assessment. Sometimes they know you better than you know yourself, and they will be able to get to the heart of what you really want. Taking this time to challenge what you've been groomed to think you want is well worth it, as over time, these things will reveal themselves in the form of job turnover.


Once this is done, you should look at each job to determine if the job is compatible with the priorities you have outlined.


If you view leadership as one of your goals and indicators of success, you are going to want to pick a job where there is a pathway to promotion or ownership. A private practice that does not offer partnership options or a position in a company where the senior leadership is not composed of physicians would likely not be a good fit for you.

If you think having more vacation or more flexibility in work hours will help you achieve work-life balance and career satisfaction, you may want to look at a large practice where there are more coverage options or start a solo practice if your specialty is amenable to flexibility in this setting. In these scenarios, you will likely sacrifice some element of compensation or willingly take on inefficiencies in practice overhead in order to have the options you want.

If you decide publishing papers or teaching isn't something that gives you career satisfaction, then academics is likely not for you, as you'll feel frustrated having to sacrifice time in these endeavors instead of focusing on what drives you. Remember that everything you say *yes* to is something else that you say *no* to.

For some, all efforts are aimed at achieving work-life balance, whereas for others, money or prestige may be the sole factor that is considered. Not surprisingly, for most it's not that straightforward, and the ideal career involves some balance of these factors, which is determined by the relative weight that you place on each of them. Fortunately, the breadth of options within the job market should allow you to find a position that meets your requirements as long as you cast your net wide or are open to the idea of opening your own practice. Acknowledging the benchmarks by which we personally define success and viewing each job opportunity against those will be key for ensuring longevity at the job.

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6 reasons residents and fellows should consider locum tenens

Before you accept a permanent position as an attending physician, you may want to consider locum tenens as a career option after residency or fellowship. Locums offers a more flexible schedule, excellent pay, and the opportunity to continue learning valuable new skills. Here's what locums professionals say are the top reasons residents and fellows choose locums.

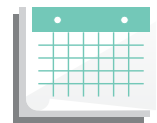


Pay off your student loans more quickly

Dr. Lee Green, a hospitalist, has been working locums for more than five years. He says the higher pay he earns from locums assignments will help him pay off his medical school debt and fulfill his goal of working in underserved areas.

"The opportunity locums affords me is one where I can make a bit more money than I would have in an office setting. I'm hoping to pay off my student loans. Once I pay off my loans, my wife and I want to go back to South Africa — where I'm originally from," he explains.

Since Dr. Green knows he would not earn enough in South Africa to pay off loans, he says he plans to continue working locums indefinitely because it will allow him to earn additional compensation while he's practicing outside the U.S.



Enjoy a flexible schedule

For Dr. Matthew Dothager, a hospitalist, working locums means setting his own schedule. "If you want to take two, three, four weeks off or longer,

you can easily do that," he explains. "You don't have to worry about contractual obligations to a hospital." He notes that his Weatherby Healthcare consultant helps him set his schedule at different hospitals when he wants to work.

After Dr. Franklin Mikell, a hospitalist, finished his residency and a year of work in a permanent position, he decided to transition to locums to be closer to family. The flexible schedule allowed him to work toward another goal as well. "I realized an undiscovered desire to pursue fellowship," he says. "It's great to have that flexibility and the freedom."

Locums is also a great option when you want to take more time for maternity leave or to care for a child, Dr. Simran Kalra, who specializes in pediatrics, says. She says, "I could choose how much time I wanted to take off, and I could go back to work as fast or as slow as I wanted to."



Gain new skills

Dr. Kalra also says locums has helped her become a better doctor. She explains that the "jump-right-in" mentality of locums has taught her to become more adaptable and a quick learner.

"It helps me acclimatize to different clinical situations. You have to work with people and work with the tools they have. It definitely keeps you on your toes," she says.

Dr. Kalra says that learning a new electronic medical record platform at each assignment also ensures she stays on top of the latest technology.



Try out different work settings

As a pediatrician, Dr. Kalra has honed her skills in different clinical settings. Sometimes she welcomes babies into the world, and other times she does well-child exams and watches those babies grow. "I like clinic work and I like hospital work, and locum tenens means working in different set-ups," she says.

Dr. Mikell says working in numerous settings makes you a better clinician. "Medicine is an ever-evolving field," he says. "Sometimes certain healthcare facilities will be somewhat more advanced in implementing those than others."



Avoid hasty, long-term commitments

Brian McCormick, pediatrics team manager at Weatherby Healthcare, says working in a variety of settings helps to remove the urgency of finding a job right out of fellowship or residency.

"Urgency can put a doctor at a position of vulnerability ... they may accept an opportunity not in the location they prefer or get kind of beat up in initial negotiations because of this expectation that they need to be employed in July," he explains. "Locums removes the urgency from them. They do not need to sign the first opportunity, but they can be patient enough to sign the right opportunity."



Expand your professional network

One big benefit of locums work for Dr. Dothager has been meeting many different clinicians throughout the country. "Locum tenens has allowed me the opportunity to work in multiple facilities and make contacts in various parts of the country. ... It's really provided networking opportunities for the future," he says.

Conclusion

There are many more reasons residents and fellows choose locums work. And most times, it's a combination of benefits.

As a radiation oncologist in Alaska, Dr. Larry Daugherty now hires locums physicians when he takes time off, but he was first introduced to locums as a resident.

"Locums not only helped me make ends meet as a resident and help me pay off some bills, but with hindsight became extremely valuable because I was able to see the diversity of different practices, what I liked, what I didn't like," he says. "As a resident you kind of become biased. You really only see one or maybe two different types of practices."

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This advertisement is 56 words. At \$10.55 per word, it equals \$590.80. This ad would be placed under the Chiefs/Directors/ Department Heads classification.

Classified Ads Online

Advertisers may choose to have their classified line and display advertisements placed on NEJM CareerCenter for a fee. The web fee for line ads is \$130.00 per issue per advertisement and \$220.00 per issue per advertisement for display ads. The ads will run online two weeks prior to their appearance in print and one week after. For online-only recruitment advertising, please visit nejmcareercenter.org for more information, or call 1-800-635-6991.

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| Classified Ad Deadlines | |
|-------------------------|--------------|
| Issue | Closing Date |
| June 29 | June 9 |
| July 6 | June 15 |
| July 13 | June 23 |
| July 20 | June 29 |

Family Medicine
(see also IM and Primary Care)


NOCTURNISTS — Baystate Medical Practices, Inc., (BMP) has multiple positions available in Springfield, MA, for BE/BC (Board Eligible or Board Certified) Nocturnists to provide inpatient internal medicine medical care to hospitalized patients. Manage and coordinate patient care throughout treatment. Diagnose and treat patients by prescribing medications and treatments, ordering, and/or interpreting test results, and admitting and discharging patients as needed. Please note that the primary work location is a hospital. Willingness to work night shifts required. Willingness to travel to other hospital locations in Western Massachusetts as needed, required. Apply to: Carolyn Hartman, NCT23, Office of Physician and Advanced Practitioner Recruitment, Baystate Health, 280 Chestnut Street, 1st Floor, Springfield, MA 01199.

Hematology-Oncology

PRIVATE ONCOLOGY PRACTICE WITH MULTIPLE LOCATIONS IN LOS ANGELES AREA — Looking for BC/BE oncologists to join our thriving and rapidly growing practice. Excellent compensations and benefits. Nice work schedule and easy weekend calls. This is an immediate opening, therefore applicant must have California Medical License. June 2023 Graduating Oncology Fellows are welcome to apply. Your application will be kept strictly confidential. CV To: Socalonc@gmail.com or Text/Call: 323-691-0990.

Hospitalist

HVA MEDICAL GROUP — Is seeking a board-eligible or board certified internal medicine physician to join our hospitalist team in north New Jersey. We welcome the opportunity to share more information with you and learn about what you seek in a position. Location: Northern New Jersey. Job Benefits: Schedule is 7x7, base salary with wRVU; Closed ICU; Flexible schedule; Codes and procedures NOT required; Comprehensive benefits include: fully paid professional liability insurance with tail coverage, health, dental, vision, 401(k), CME; Opportunity to increase salary as desired. Please e-mail resume to: vibuvarghese@gmail.com



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CATHOLIC HEALTH INITIATIVES COLORADO IS SEEKING MULTIPLE FULL-TIME PHYSICIANS (HOSPITALISTS) — In Colorado Springs, Colorado and Pueblo, Colorado, to provide high quality medical care for adult hospital patients. Benefits include: 401K, which includes matching when eligible; Three Health Insurance Plan Options including covering eligible dependents; Two Dental Insurance Plan Options including covering eligible dependents; Vision Insurance including covering eligible dependents; Daycare & Medical Flexible Spending Account Options; Leaves of Absence, Short-Term Disability, and Long-Term Disability; Life Insurance and Spouse & Child/Dependent Life Insurance Coverage Options; Voluntary Benefits including Hospital Indemnity; Coverage, Critical Illness, Accident, Permanent Life insurance, and Norton LifeLock; Paid Time Off and Sick Pay; Shift Differentials; Employee Wellness Resources; Employee Assistance Programs; Tuition Reimbursement; Relocation assistance based on location; Associate Discounts for Phone, Cell Phone Plans; Auto Insurance; Home Insurance; Auto Buying; and Pet Insurance. Salary Range: \$266,400.00 to \$353,251.80. Contact: Christopher Boyle, System Administrator, CHPG Hospital Medicine Programs, 9100 E. Mineral, 2nd Floor, Room # 2057, Centennial, CO 80112; ChristopherBoyle@Centura.org

Infectious Disease

INFECTIOUS DISEASE PHYSICIAN — Triple O Medical Services, PA is seeking a BC/BE Infectious disease physician. Must have MD or equivalent and completion of residency in Internal Medicine and fellowship in Infectious Diseases. Possesses or is eligible for Florida medical license. Call schedule is every other weekend. Compensation \$250,000 plus bonus. Benefit package include insurance, vacation and 401k. Locations: West Palm Beach, (Palm Beach County) Florida. If interested, e-mail resume to: drtripleo@tripleomedical.com

Nephrology

FULL-TIME NEPHROLOGIST NEEDED IN CENTRAL NEW JERSEY (RAHWAY/ELIZABETH) — BC/BE IM and Nephrology, NJ license. E-mail resume to: Lincoln, at: Lincolnsc@gmail.com; or call: 732-241-1872.

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ANCHORAGE, ALASKA OPPORTUNITY — Nephrologist/Service Chief Medical Director sought for the Alaska Native Tribal Health Consortium to work in Anchorage, AK. Must possess or be eligible for Alaska State Medical License. Must have proof of legal authority to work in the US. Position requires only little travel throughout the state of Alaska. Send resume ASAP to: Maggie Robichaud, Alaska Native Tribal Health Consortium: 4315 Diplomacy Drive, Anchorage, AK 99508; or e-mail resume to: marobichaud@anthc.org

Pulmonary Disease

PULMONOLOGIST NEEDED — Pulmonologist to join our pulmonology department in northern New Jersey. Excellent salary and benefit package. Please e-mail CV to: terri.urgo@hvamedicalgroup.com. We are a well-established multispecialty medical group that is rapidly expanding. www.hvamedicalgroup.com

Rheumatology

RHEUMATOLOGIST PHYSICIAN — To join a large multispecialty group in northern New Jersey. Excellent salary and benefits package. Please e-mail CV to: annu.bikkani@hvamedicalgroup.com

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Louis Stokes Cleveland VA Medical Center Section of Acute Medicine is seeking a full-time Board Certified/ Board Eligible staff physician interested in a Nocturnist Acute Medicine position.

Primary clinical responsibilities include off-hours and overnight patient care duties on the inpatient medical wards and Community Living Center post-acute and dementia care units in addition to solo overnight coverage in the Emergency Department. Other responsibilities and shifts will be assigned as required by the clinical needs of the Acute Medicine Section. The successful candidate will be part of an interdisciplinary team delivering patient-focused, high quality care across our patient care venues to our Veteran population.

Clinical responsibilities include direct patient care, advanced practice provider supervision and resident physician supervision. Exceptional clinical and organizational skills and the ability to establish effective communication with patients, families, visitors and members of the interdisciplinary team required. Qualified candidates must possess a MD/DO degree and an unrestricted medical license. Emergency department experience preferred. Board Certification preferred. Candidates will be eligible for faculty appointment at Case Western Reserve University School of Medicine commensurate with experience.

Interested candidates should submit their curriculum vitae to HR Specialist, Jason Petrakos, jason.petrakos@va.gov.

Applying via USAjobs is highly recommended.

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The US Oncology Network brings the expertise of nearly 1,000 oncologists to fight for approximately 750,000 cancer patients each year. Delivering cutting-edge technology and advanced, evidence-based care to communities across the nation, we believe that together is a better way to fight. usoncology.com.

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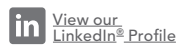
Tower Health is a regional integrated healthcare system that offers compassionate, high quality, leading edge healthcare and wellness services to communities in Berks, Chester, Montgomery, and Philadelphia Counties. With approximately 11,500 employees, Tower Health consists of Reading Hospital in West Reading; Phoenixville Hospital in Phoenixville; Pottstown Hospital in Pottstown; and St. Christopher's Hospital for Children in Philadelphia, in partnership with Drexel University. Tower Health is strongly committed to academic medicine and training, including multiple residency and fellowship programs, the Drexel University College of Medicine at Tower Health, and the Reading Hospital School of Health Sciences in West Reading. For more information, visit towerhealth.org.

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- PRIMARY CARE • RHEUMATOLOGY • UROLOGY**

Berkshire Health Systems (BHS) is the leading provider of comprehensive healthcare services for residents and visitors to Berkshire County, in western Massachusetts. From inpatient surgery and cancer care to provider visits and imaging, BHS offers a continuum of programs and services that help patients to connect to the care they need, no matter where they are located in the rural Berkshire community. As the largest employer in Berkshire County, BHS supports more than 4,000 jobs in the region, and, as a 501(c)(3) nonprofit organization, BHS is committed to partnering with local municipalities and community organizations to help the county thrive. Working at BHS offers a unique opportunity to both practice and teach in a state-of-the-art clinical environment at Berkshire Medical Center, the system's 298-bed community teaching hospital in Pittsfield, which is a major teaching affiliate of the University of Massachusetts Chan Medical School and the University of New England College of Osteopathic Medicine in Maine.

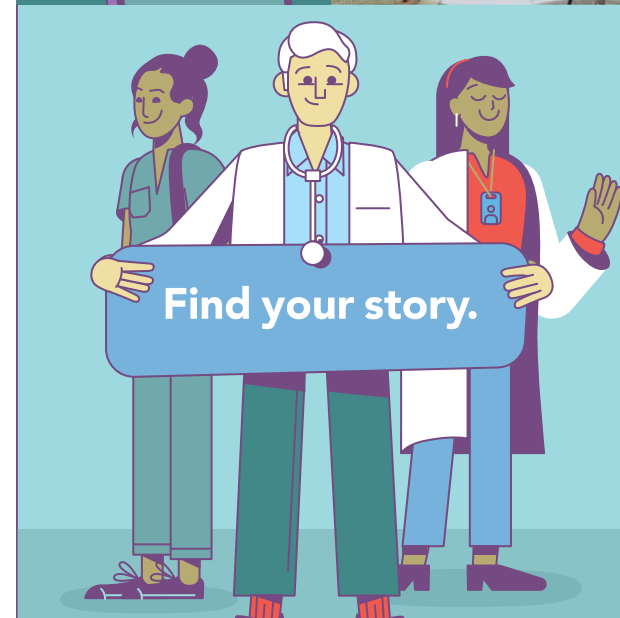
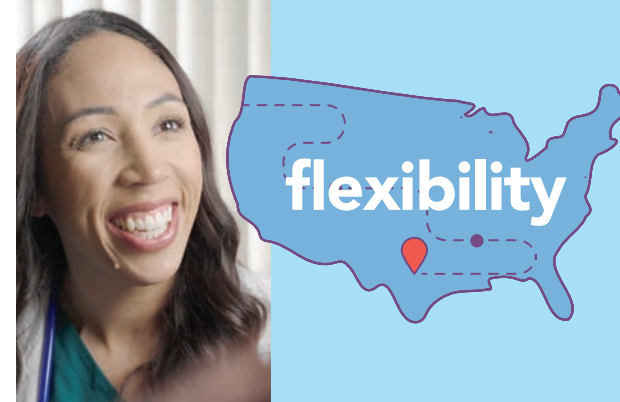
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Branch Chief (Oncologist)

The Food and Drug Administration (FDA), Center for Biologics Evaluation and Research (CBER) is recruiting an individual to serve as the Branch Chief for the Oncology Branch 2 (OB2) within the Division of Clinical Evaluation Oncology (DCEO), and the Office of Clinical Evaluation (OCE) under the Office of Therapeutic Products (OTP). OTP is a newly established Super Office within CBER which is responsible for the continued safety, purity, potency, and effectiveness of cellular, tissue, and gene therapies and other products regulated by OTP. The Branch evaluates the design and the results of all oncology clinical trials with investigational biologic agents and devices that have been submitted to OCE and is charged with providing guidance to sponsors during the process of drug development, assuring consistency in the evaluation process, and establishing guidelines in the clinical methodology. Specifically, the Branch Chief will:

- Direct the clinical review program in the evaluation of clinical data and protocols related to biological products, particularly in cell and gene therapies, plasma-derived products and devices, for the treatment of oncological disorders.
- Provide guidance to sponsors related to all phases of clinical development.
- Develop clinical guidelines and procedures, Federal register statements, and special projects.
- Determine suitability of the clinical trial design with respect to the objectives of the study and the development of the drugs or devices.
- Supervise the review and evaluation of clinical data submitted in marketing applications.
- Evaluate the reports of clinical trials in humans for evidence of safety and effectiveness.
- Provide guidance to sponsors in responses essential to the drug development in a timely and safe manner.
- Manage and supervise the Branch staff and oversee work pertaining to oncological conditions.
- Develop policy and/or research regarding oncology-related clinical issues, such as trial design issues and safety.
- Oversee the development of written policies and identify critical problems in clinical trial methodology.
- Engage in the development of oncology-related clinical guidelines and procedures.
- Mentor and promote the professional development of members of the Branch.

Area of Consideration: Candidates must be a U.S. Citizen or U.S. National.

Desired Education: Candidates would ideally have an M.D. or D.O. degree and be Board-Certified/ Board-Eligible in **Adult or Pediatric Oncology**.

Location: Silver Spring, Maryland **Telework Eligible:** Yes - as determined by the agency policy

Salary: Starting at \$180,000.

Application Procedures: Submit resume or curriculum vitae, unofficial transcripts, medical license/s, board certification/s, SF-50 (if applicable), latest signed PMAP (if applicable), and letter of interest with **"CURES CBER/OTP/OCE/DCEO/OB2 Branch Chief"** in the subject line to: **CBERHumanCapital@fda.hhs.gov**.

View full vacancy announcement here: <https://www.fda.gov/media/167088/download>



The Department of Medicine at the University of Maryland School of Medicine is recruiting faculty to join our expanding programs in **Gastroenterology and General Internal Medicine**. Opportunities with descriptions and application instructions are at the following link: [Open Faculty Positions | University of Maryland School of Medicine \(umaryland.edu\)](#). Expected faculty rank for all positions will be Assistant Professor or higher. Final rank, tenure status and salary will be commensurate with candidates' qualifications and experience.

The Department of Medicine provides state-of-the-art patient care, and advances treatment by means of cutting-edge clinical research. We have trained high caliber physicians since 1807, including more than half the physicians practicing in Maryland. With more than 400 full and part-time faculty members, Medicine, the largest department in the School of Medicine, trains approximately 300 residents and fellows annually. Current active research funding exceeds \$180 million, over half from NIH and other federal agencies. With nearly 150 funded investigators, the department has an extensive research base in both the basic and clinical sciences, and our extensive research training programs include basic, clinical, and translational research training awards. Our faculty also conduct international research, with robust infrastructure in South America and Africa.

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The University of Maryland School of Medicine is part of the University of Maryland Baltimore campus ranked 13th in 'Forbes' 2021 America's Best Large Employers Survey and 6th by *Forbes* among educational institutions for Best Employers for Diversity in 2022.

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We value diversity and how it enriches our academic and scientific community and strive toward cultivating an inclusive environment that supports all employees.



Editorial Fellowship

The New England Journal of Medicine

The *New England Journal of Medicine* invites applications from physicians at any career stage for a one-year, full-time, paid editorial fellowship beginning in July 2024. Several fellows will be selected for the 2024–25 year; applications are due by August 15, 2023. The editorial fellows review and edit Images in Clinical Medicine submissions, write Clinical Decisions columns under the supervision of senior editors, and also work with the education team on NEJM Resident 360 offerings. The fellows suggest topics for the Review Article series, and contribute to the work of the *Journal* — including the production of videos and podcasts — according to their skills and inclinations. One fellow will be selected to spend a portion of the year working with the *NEJM Evidence* team. The fellows participate in the day-to-day editorial activities of the *Journal* and attend the weekly editorial meetings, where they have the opportunity to gain a deeper understanding of the analyses and considerations that guide decisions about which articles to publish.

For a more in-depth look at the experience of an NEJM editorial fellow, please visit <https://editorialfellows.nejm.org> and click the link to view reflections by prior NEJM fellows.

We are looking for candidates who have good medical judgment, who can work independently, and who have a good command of written English. Applicants are not required to be U.S. citizens, but successful candidates must reside in the Boston area for the duration of the fellowship. Please visit <https://editorialfellows.nejm.org> to upload your curriculum vitae and a required letter of interest addressed to Dr. Eric Rubin. If you have any questions, please email editorial@nejm.org with the subject line "NEJM Editorial Fellowship Application 2024–25."



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For immediate consideration, contact:

Robert Nicoletti, Chief Human Resources Officer

Email: rnicoletti@nycancer.com



An EOE m/f/d/v



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Brandy.Vaughn3@prismahealth.org

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Cambridge Health Alliance

The Cambridge Health Alliance seeks an academic and clinical leader to serve as the Chair of the Department of Psychiatry and to join the faculty of Harvard Medical School at the Associate Professor or Professor level.

The Chair will be responsible for the full scope of departmental academic and clinical activities, as well as collaborating with other CHA departments, Harvard Medical School and affiliated institutions.

Candidates will have excellent leadership and mentoring skills and a record of accomplishment in areas such as clinical innovation, research, teaching and advocacy. The Chair must share CHA's commitment to providing high-quality healthcare to under-served, multicultural communities, innovating in clinical, community and collaborative care, and advocating for equitable access to health.

CHA is a nationally recognized, academic public health system. It is comprised of an integrated network of three hospital campuses, multiple primary and specialty care clinics in Cambridge, Somerville and Boston's Metro North region, and the Cambridge Health Department. CHA is the largest non-psychiatric hospital provider of psychiatric services in Massachusetts. The Department of Psychiatry offers clinical, educational and research programming for adult, child, psychosomatic and geriatric psychiatry, psychology, social work and graduate nursing.

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

Committee Co Chairs:

David H. Bor, M.D.

Professor of Medicine, Harvard Medical School
Chief Academic Officer, Cambridge Health Alliance

Grace Chang, M.D.

Professor of Psychiatry, Harvard Medical School
Head, Dept of Psychiatry, Boston VA Medical Center

Interested candidates are requested to submit a current Curriculum Vitae to:

Melissa Kelley Craven,

Manager, CHA Provider Recruitment
617.665.3161 | chaproviders.org



Heart & Vascular Center
Brigham and Women's Hospital
75 Francis Street
Boston, MA 02115

Clinical Non-Invasive Cardiologist

Division of Cardiovascular Medicine, Department of Medicine,
Brigham and Women's Hospital and Kent Hospital in
Rhode Island as part of the BWH Cardiovascular
Consultants at Care New England (CNE)

The Brigham and Women's Hospital (BWH) Division of Cardiovascular Medicine and Harvard Medical School seek two faculty members, each of whom will serve as clinical non-invasive cardiologist at BWH and Kent Hospital in Rhode Island as part of the BWH Cardiovascular Consultants at Care New England (CNE). Incumbents will have strong records as mentors and teachers. These faculty members will supervise the care of hospitalized patients on our BWH Main Campus and Kent Hospital at CNE. Ambulatory patients will be seen at Kent Hospital, BWH Foxboro and other community outreach sites. Candidates will also participate in non-invasive reading and procedures: TEEs, ECHO, nuclear, and vascular studies. The successful candidates will develop thriving academic cardiology practices.

Appointment as Instructor, part-time at the Harvard Medical School will be commensurate with experience, training, and achievements, including teaching activities. Applicants must be board certified in Cardiovascular Medicine.

Please send curriculum vitae and a cover letter to:

Chester Hedgepeth, MD

Attention: Melissa Kardonsky

Division of Cardiovascular Medicine

Department of Medicine, Brigham and Women's Hospital

15 Francis Street, Boston, MA 02115

or via email to: mkardonsky@partners.org.

Brigham and Women's Hospital/Harvard Medical School
is an affirmative action/equal opportunity educator and employer.



Division Chief,
Blood and Vascular Disorders

Penn State Health Milton S. Hershey Medical Center and Penn State Cancer Institute host the opportunity for you to advance your career as the inaugural Chief, Blood and Vascular Disorders Division of Hematology at our esteemed academic medical center located in Hershey, PA – a full service, Magnet designated quaternary care hospital with all major services represented in both pediatric and adult medicine. The successful candidate will be the holder of a named Professorship in Hematology.

This is an exciting opportunity for an experienced physician scientist leader to invigorate the faculty through the creation of this critically important role in collaboration with Laboratory Medicine in the Department of Pathology and the Institute of Personalized Medicine to develop a regional center of excellence in Hemostasis and Thrombosis. As the leader in the newly developed Division, the Chief must be strategically and operationally focused to guide the Division through the advancement of clinical programs, education and research while continuing to meet and exceed national standards of excellence.

What We're Seeking:

- Respected clinical leader with knowledge in both inpatient and outpatient care
- Professor Eligible tenure rank commensurate with experience
- Physician scientist with demonstrated success in obtaining extramural funding
- Ability to partner with a breadth of stakeholders to develop, inspire, communicate and operationalize a shared vision and strategic plan

Minimum Requirements:

- MD, DO, or foreign equivalent degree +/-PhD
- Fellowship trained, Board Certified in Hematology
- Strong knowledge of and competence in the area of hemostasis and thrombosis
- Demonstrated leadership experience in an academic healthcare environment
- Ability to obtain medical licensure in the Commonwealth of Pennsylvania

About the Area:

Penn State Health Milton S. Hershey Medical Center is a 634-bed Magnet-recognized academic and level I trauma center and one of the leading teaching and research hospitals in the country. Throughout our health system, we are committed to providing patient- and family-centered care to people from all walks of life—and skillfully handle needs at every level of complexity utilizing our shared governance model of care. The campus is conveniently located in Hershey, PA with close proximity to New York City, Washington, DC, Philadelphia and Baltimore, MD.

For more information please contact:

Heather Peffley, CPRP

Lead Physician Recruiter

hpeffley@pennstatehealth.psu.edu

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information



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- **Professional development** opportunities in teaching, research, mentorship, physician leadership, and community service.
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Valid for residents and fellows. Assignment must be confirmed between April 1 and November 30, 2023.



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