Preparing for the Virtual Physician-Job Interview

The interview has become a new world, for now, with the pandemic, and both prospective employers and physician candidates are adjusting

By Bonnie Darves, a Seattle-based freelance health care writer

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Sincerely,

Eric J. Rubin, MD, PhD
The good news for physicians is that this is a new and evolving experience for all involved. As such, it's important to keep in mind that many people, including employers and senior physicians on the call, might find the virtual-video interview challenging. It's not a technology-proficiency test, after all. However, on the technology front, physicians who find themselves in job-search mode during the coronavirus pandemic should do their best to prepare themselves, their environment, and their computers or devices for a successful meeting. The means “attending” the session as professionally as possible and ensuring that extraneous factors or technology don't get in the way of a productive conversation.

Some of the prerequisites for virtual interviews are no different than they would be for a formal site-visit interview. First and foremost, look the part and dress professionally. It might feel awkward to don a suit or, for women, other formal business attire, but that’s a must. Physicians should be well dressed, well groomed, and reasonably refreshed when going to a video interview. In other words, treat the experience as if it were a formal site interview that you traveled to and prepared for in advance. Leave the casual demeanor behind, or at least in the other room.

It's key to know exactly who will be on the video call and what their roles are, so that candidates can read bios and prepare accordingly. It's also appropriate to ask about the length of the interview and to request an agenda, if one will be prepared.

Following are some of the most important considerations in preparing for a video interview:

**Prepare and “professionalize” the immediate environment.** For starters, the room should be well and brightly lit and the background clean and free of clutter. That means ensuring that there isn't an unsightly stove or a television or even a stack of books or laundered T-shirts in view. As a background, a blank wall, an unembellished window, or a background cabinet with a non-distracting tasteful décor item all work well. Alternatively, many video platforms enable use of green-screen effects, which replace the actual background with a digital or virtual background. A word of caution is in order here: Candidates whose home environments are unsuitable and who want to use a background should opt for something clean and simple, not a potentially distracting image of a tropical beach, an old-growth forest, or a fake wine cellar. Finally, make sure that the lighting in the room is unobtrusive and doesn't interfere or produce visible glare.

**Do a trial run and then take the time to record a hypothetical session with a friend or family member.** In advance of a virtual interview, candidates should receive specific instructions on the technology that will be used, as well as a link for getting into the session. For those who haven't used the technology that will host the meeting, it's important to get a trial subscription and ensure they're familiar with the way it works and any features that might be used. Many physicians in primary care and internal medicine subspecialties have already had their trial by fire conducting patient virtual visits, but for others, video-meeting platforms might be new turf.

**Get rid of noise and potential distractions.** The interview setting should be quiet and calm. That means ensuring that background noises, including pets and family members, aren’t a factor. Ideally, opt for a completely quiet room — and house or apartment — if possible, and close windows to minimize street noise. Even minor background sounds, such as someone starting a washing machine two rooms away, can be bothersome enough to be overheard or, worse, distract the interviewee. Of course, it goes without saying that cell phones should be silenced and that all computer notifications that might chime during the session are turned off.

**Ensure optimal body and face positioning.** Even virtual-meeting veterans might be used. Many physicians in primary care and internal medicine subspecialties have already had their trial by fire conducting patient virtual visits, but for others, video-meeting platforms might be new turf.

**Get the technology in order.** First and foremost, ensure that the Internet connection is solid, and that the computer or device is fully charged and updated, so that it's not likely to interject with an “update-needed”
message. It’s also a good idea to close out any applications and websites that might be running in the background, not only because of potential distraction but also to ensure that the call loads efficiently.

Second, although computers and devices have built-in speakers and some have microphones, the quality of that audio experience can vary considerably. Physicians who expect to attend multiple video interviews over a period of a few months should consider purchasing and installing high-quality USB audio technology. One of the frequent complaints that business people make these days about video meetings that involve potentially multiple attendees is that poor-quality audio from an attendee’s computer is distracting.

The same goes for the video quality. Most laptops have an integrated web camera, but some might not, and older desktop computers likely don’t have one. If the video quality on the computer is poor, it might be worthwhile to purchase a good-quality web camera. Then, ensure that it’s optimally positioned — ideally above the screen, and look at the camera, not the screen, while speaking.

Finally, if the physician candidate might be asked to share a document or other item onscreen, preparing in advance is crucially important. Spending a fretful minute or two trying to get the requested item in view can be nerve-wracking for the physician and possibly annoying for the interviewer.

Some aspects of interviews haven’t changed

After physicians have prepared their environments and equipment to support a successful interview, they should remember that even with the pandemic, the expectation is that the proceedings will be business focused. Just because there’s not a conference room in the mix, it doesn’t mean that casual behavior is okay. It isn’t. The session likely will be conducted formally and highly professionally. As such, interviewees should avoid chitchat or lengthy discussion about the pandemic unless the interviewer raises the topic and seeks their perspective.

One thing to watch for in the video interview is that people sometimes talk over each other more than they might in a room, when they’re anxious to make a point. That’s never okay in a face-to-face meeting, and it’s potentially more distracting (and apparent) within the confines of a video session. Because there is sometimes a brief lag after someone speaks, depending on the technology in use, it’s advisable to wait an extra second or two before speaking.

As with any interview, candidates should ask questions at the end of the interview — about culture, team makeup, and roles and responsibilities — and during proceedings if it’s appropriate. Those questions should be prepared ahead of time. Candidate should also spend extra time researching the organization and reviewing any information that’s available online about both the practice and the community. Without the benefit of a facility walkthrough, the physician candidate might need to elicit important information about the actual working environment, available equipment, and other factors that would affect daily practice. It also helps to keep the names of interview participants handy in any virtual roundtable interview involving more than three participants.

As with any type of interview, timely follow-up is important. Candidates should send an email thank-you note to key interviewers and any recruiter or staff member(s) who arranged the session, ideally within 24 hours. If the candidate is highly interested in the position, it’s appropriate to express that in the thank-you note and to inquire about possible next steps.

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When Is It Time to Change Jobs?

By Nisha Melha, 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 among 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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Human Papillomavirus Vaccination

Lauri E. Markowitz, M.D., and Elizabeth R. Unger, M.D., Ph.D.

This journal feature begins with a case vignette highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by a review of formal guidelines, when they exist. The article ends with the authors’ clinical recommendations.

A 24-year-old woman is being seen for routine health care. She has not received any vaccinations against human papillomavirus (HPV). The patient initiated sexual activity at 18 years of age and has had three male sex partners. What would you recommend regarding HPV vaccination?

The Clinical Problem

G enital HPV infection is the most common sexually transmitted infection in the United States.1 Infection occurs in epithelial tissue, and transmission is generally by means of sexual contact. Most HPV infections are not noticed; more than 90% of new infections clear or become undetectable within 1 to 2 years. Persistent infection with some HPV types can progress over a period of years to cervical cancer as well as to other anogenital cancers, including cancers of the vagina, vulva, penis, and anus, and to cancer of the oropharynx.2 The natural history of cervical HPV infection has been well described (Fig. 1). First HPV infection often occurs around the age that sexual encounters begin. With cervical precancers detected later, depending on the patient’s age at cervical cancer screening. Cervical cancer is usually diagnosed decades after infection.3

More than 200 different HPV types have been identified, including approximately 40 types that infect mucosal epithelium.4 Twelve types have been defined as oncogenic (or high-risk), and 8 to 12 types as probably or possibly oncogenic. The HPV16 type has the highest risk of progression to cancer. Almost all cervical cancers are attributable to HPV. Worldwide, HPV16 and HPV18 are responsible for approximately 70% of cervical cancers and for an even greater percentage of other HPV-attributable cancers (i.e., those that are probably caused by HPV).1 HPV6 and HPV11, which are not classified as oncogenic, cause almost all cases of anogenital warts and recurrent respiratory papillomatosis.5

In the United States, an estimated 42 million persons are infected with a disease-causing genital HPV type, with approximately 13 million persons being newly infected each year.1 Data from U.S. cancer registries are used to determine the annual number of HPV-associated cancers, which are defined as primary epithelial cancers at anogenital and oropharyngeal sites. Estimates of HPV-attributable cancers come from studies that detect and type the virus in cancer tissue.6 An estimated 37,300 new cases of HPV-attributable cancers occurred annually during the 2015–2019 period in the United States (Table 1).

In the United States, the most common HPV-attributable cancers are cervical cancers (approximately 11,100 cases per year) and oropharyngeal cancers (approximately 14,800 cases per year, most of which occur in men). The incidence of cervical cancer has been decreasing in the United States over the past several decades as a result of early detection and treatment of precancerous lesions and of HPV vaccination.7 The majority of cases of cervical cancer and related deaths occur in low- and middle-income countries, where screening for cervical cancer is not widely available.8 Effective prophylactic HPV vaccines can prevent HPV infection and decrease the burden of disease due to HPV.

Human Papillomavirus Vaccination

• Human papillomavirus (HPV) is a common sexually transmitted virus. Most HPV infections clear or become undetectable within 1 to 2 years, but persistent infection can lead to cervical, vaginal, vulvar, penile, anal, or oropharyngeal cancer.
• Among the oncogenic HPV types, HPV16 is the most likely type to progress to cancer and causes most of the HPV-attributable cancers in women and men.
• HPV vaccines target HPV types that cause most HPV-attributable cancers. In clinical trials, vaccines had high efficacy for the prevention of HPV vaccine-type attributable precancers. Protection after vaccination is long lasting.
• In the United States, routine HPV vaccination is recommended at 11 or 12 years of age; vaccination can be started at 9 years of age. Vaccination is recommended through 26 years of age for previously unvaccinated persons. Shared clinical decision making regarding vaccination is recommended for some persons 24 to 45 years of age.
• Screening for cervical cancer, according to established guidelines, is recommended regardless of HPV vaccination history.
10

VACCINES AND VACCINE EFFICACY

The HPV vaccines are based on virus-like particles, which self-assemble spontaneously from pentamers of the L1 major capsid protein of HPV. The first two vaccines that were licensed over a quadrivalent vaccine (Gardasil [Merck], licensed in 2006), which is composed of HPV16, HPV18, HPV6, and HPV11 virus-like particles, and a bivalent vaccine (Cervarix [GlaxoSmithKline Biologicals], licensed in 2009), which is composed of HPV16 and HPV18 virus-like particles. The manufacturer of the quadrivalent vaccine later developed a 9-valent vaccine (Gardasil 9, licensed in 2014), which contains virus-like particles of five additional oncogenic types: HPV31, HPV33, HPV45, HPV52, and HPV58. The HPV types that are prevent by 9-valent vaccination account for approximately 90% of HPV-attributable cancers worldwide. Other HPV vaccines have been developed but are not licensed in the United States.11

International, randomized, controlled trials involving female adolescents and women 15 to 26 years of age have shown vaccine efficacy of at least 90% for the prevention of cervical precancers (cervical intraepithelial neoplasia grade 2 or adenocarcinoma in situ) owing to vaccine-targeted HPV types in per-protocol populations — women who had no evidence of infection with or exposure to a given HPV type at the time of vaccination and had received all three vaccine doses.18,19 Trials of the quadrivalent vaccine showed 100% efficacy for the prevention of anogenital warts.13 HPV type-specific antibody development in all the vaccine recipients, and titers were substantially higher than after natural infection. Immunogenicity studies involving children and adolescents 9 to 15 years of age showed antibody titers after vaccination that were noninferior to and higher than those in women in the efficacy trials; these findings led to the licensure of HPV vaccines for use in the younger age group.20

Trials of the efficacy of HPV vaccine have also been conducted in men, including a randomized, controlled trial of a quadrivalent HPV vaccine for the prevention of external genital lesions, a substudy evaluating the prevention of anal precancers, and several trials to assess the immunogenicity induced by quadrivalent and 9-valent HPV vaccines.20-22 In the trial of the quadrivalent HPV vaccine in men, vaccine efficacy for the prevention of anogenital warts or adenocarcinoma in situ owing to vaccine-targeted HPV types in per-protocol populations — men who had no evidence of infection with or exposure to a given HPV type at the time of vaccination and had received all three vaccine doses.20,21 Clinical trials involving female adolescents and women 15 to 26 years of age have shown evidence of 100% efficacy for the prevention of anogenital warts.23 HPV type-specific antibody development in almost all the vaccine recipients, and titers were substantially higher than after natural infection. Immunogenicity studies involving children and adolescents 9 to 15 years of age showed antibody titers after vaccination that were noninferior to and higher than those in women in the efficacy trials; these findings led to the licensure of HPV vaccines for use in the younger age group.24

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Table 2. Recommendations for HPV Vaccination in the United States.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td>Routine-vaccination age group</td>
</tr>
<tr>
<td>11 or 12 yr; can be initiated at age 9 yr</td>
<td></td>
</tr>
<tr>
<td>13–26 yr</td>
<td>Catch-up vaccination for previously unvaccinated persons</td>
</tr>
<tr>
<td>27–45 yr</td>
<td>Shared clinical decision making for previously unvaccinated persons</td>
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<table>
<thead>
<tr>
<th>No. of doses</th>
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<tbody>
<tr>
<td>Among persons &lt;9.4 yr of age at vaccine initiation</td>
<td>2 doses, with the second dose administered 1–2 mo after the first dose and with the third dose administered 6 mo after the first dose</td>
</tr>
<tr>
<td>Among persons ≥15 yr of age with an immunocompromising condition</td>
<td>3 doses, with the second dose administered 1–2 mo after the first dose and with the third dose administered 6 mo after the first dose</td>
</tr>
</tbody>
</table>

These recommendations are those of the CDC Advisory Committee on Immunization Practices.22

† In the two-dose schedule, the minimum interval between the first and second doses is 5 months.

‡ In the three-dose schedule, the minimum intervals are 4 weeks between the first and second doses, 12 weeks between the second and third doses, and 5 months between the first and third doses.

VACCINE SAFETY

Data regarding HPV vaccines from prelicensure vaccine trials and from more than 15 years of postlicensure monitoring provide extensive reassuring evidence regarding safety. Through 2021, more than 135 million doses of HPV vaccine had been distributed in the United States. Early safety monitoring data showed that syncopal episodes can occur after HPV vaccination, as can occur after other vaccinations in adolescents; recommendations were made for adolescents to be seated when vaccinated and to be observed after the immunization. U.S. vaccine safety monitoring systems as well as special evaluations26 and postlicensure studies in other countries have not confirmed any other safety signals aside from rare allergic reactions. Large population-based evaluations of general safety, death, autoimmune conditions, and neurologic conditions have shown no safety concerns.32,33

HPV VACCINATION PROGRAM IN THE UNITED STATES

Since 2006, routine HPV vaccination has been recommended for girls 11 or 12 years of age; vaccination can be started at 9 years of age. Boys were included in the vaccination program in 2011. Vaccination is also recommended through 26 years of age for previously unvaccinated persons (catch-up vaccination). Ideally, vaccination should occur before the onset of sexual activity. In 2019, shared clinical decision making was recommended for persons 27 to 45 years of age, after the FDA expanded the age indication for the 9-valent vaccine (Table 2). Although three HPV vaccines are licensed in the United States, almost all the vaccine used through 2015 was quadrivalent HPV vaccine.34 Since the end of 2016, only the 9-valent HPV vaccine has been marketed in the United States.

HPV vaccination coverage has increased gradually but remains lower than the approximately 90% coverage that has been achieved for other vaccines recommended for adolescents.35 Coverage is monitored among adolescents 13 to 17 years of age by the National Immunization Survey–Teen.39 By 2021, a total of 79% of girls and 75% of boys had received at least one dose of HPV vaccine; the percentages with up-to-date vaccination were 64% and 60%, respectively (Fig. 2). Because recommendation from a health care provider is the strongest predictor of vaccination, efforts to increase coverage have focused on providing education, tools, and communication messages for health care providers. Best practices include focusing on HPV vaccination as cancer prevention; sending reminders by mail, telephone, or text message; and discussing HPV vaccination before age-indications for all approved vaccines.36–38 Adolescents at the same visit.40,41 Evidence suggests that HPV vaccinations, as well as other routinely recommended vaccinations, have decreased during the coronavirus disease 2019 pandemic.42 Coordinated efforts between health care providers and public health officials are needed to provide catch-up vaccinations to persons who missed vaccinations earlier and to address vaccine hesitancy.

EFFECTS OF VACCINATION ON INFECTION AND DISEASE

After the introduction of HPV vaccination programs, decreases in the incidence of HPV-attributable cancers take years or decades to realize. However, dramatic decreases in other outcomes have been observed soon after vaccination introduc-

tion. Within the first 4 years of the U.S. vaccination program, despite modest coverage among adolescent girls, the prevalence of HPV vaccine- typed genital infection among girls and women 14 to 19 years of age decreased by 56%.43 Twelve years after the program was introduced, the prevalence of HPV vaccine–type infection had decreased by 88% among adolescents 14 to 19 years of age and by 83% among persons 20 to 24 years of age (Fig. 3).46 Decreases in the prevalence of HPV vaccine–type infection that have been observed among unvaccinated persons indicate herd effects from the vaccination program. The prevalences of anogenital warts and the incidence of recurrent respiratory papillomatosis have also decreased.45

Cervical precancers are difficult to monitor because detection relies on screening, and screening recommendations have changed in recent years. Nonetheless, between the 2006–2009 period and the 2011–2016 period, there was a 77% reduction in the detection of HPV16- and HPV18-attributable cervical precancers among women 20 to 24 years of age who had undergone screening.48 Other countries with HPV vaccination programs have also observed decreases in the prevalences of HPV infection, anogenital warts, and cervical precancers.49 Postlicensure monitoring has shown continued effectiveness against precancer end points, similar to end points used in vaccine trials. More recently, population-based studies in several European countries have shown a high effectiveness of HPV vaccine against cervical cancer.50

AREAS OF UNCERTAINTY

The immunogenicity induced by HPV vaccination has been studied in immunocompromised persons; however, data on efficacy are limited.51 Some studies have shown lower titers after vaccination in persons with human immunodeficiency virus (HIV) infection than in those without HIV infection. A study involving men 16 to 26 years of age who have sex with men and were
living with HIV infection showed high vaccine efficacy against anal and squamous intraepithelial lesions among participants who did not have evidence of previous exposure to HPV vaccines.7 Questions remain regarding the duration of vaccine-mediated protection in persons vaccinated during adolescence who later become infected with HIV. Questions about potential increases in the prevalence of disease due to HPV types that are not targeted by vaccination (so-called type-replacement) have been raised, however, the investigational studies that have been conducted to date have not shown any consistent trends.

The evidence supporting single-dose HPV vaccination recently led to the modification of the 2022 World Health Organization recommendations to include an option for single-dose vaccination in some age groups.3 Further studies are ongoing, including a randomized trial comparing one dose with two doses; additional data are expected over the next few years. An increasing number of countries are recommending vaccination with a single dose. Some studies have suggested a lower risk of recurrent cervical dysplasia among persons who receive HPV vaccination around the time of surgical treatment. High-quality randomized trials are needed to inform clinical guidelines.5

Oropharyngeal cancer is now the most common HPV-attributable cancer in the United States; most cases are caused by HPV16.6 Although there are no data from clinical trials showing that HPV vaccines prevent these cancers, in 2020, the 9-valent HPV vaccine received an FDA indication for the prevention of HPV-attributable oropharyngeal and other head and neck cancers, with the stipulation that a well-controlled trial be conducted to evaluate the prevention of persistent oral infection with vaccine-targeted HPV types. This trial is ongoing.

**GUIDELINES**

The CDC Advisory Committee on Immunization Practices (ACIP) currently recommends routine vaccination for all children at 11 or 12 years of age; vaccination can be started at 9 years of age (Table 2).3 The ACIP also recommends vaccination through 26 years of age for previously unvaccinated persons (catch-up vaccination) and shared clinical decision making regarding vaccination for persons 27 to 45 years of age. Table 2 shows the currently recommended number of doses according to age at the initiation of vaccination. Vaccination is recommended regardless of known HPV infection, HPV-associated precursor lesions or abnormal cervical cytologic findings, or anogenital warts. The recommendations in this article are consistent with the ACIP recommendations.

**CONCLUSIONS AND RECOMMENDATIONS**

The patient described in the vignette presents clinical questions about HPV vaccination in the age range for catch-up vaccination. Ideally, HPV vaccination should be given in children 9 to 12 years of age; however, given that this patient is 24 years of age, she is within the age group for which catch-up vaccination is recommended. Because she is starting vaccination after her 15th birthday, three doses are currently recommended in male and female adolescents and young adult women. Pediatrics 2006;118:217-28.45

5. Q u e s t i o n s  r e m a i n  r e g a r d i n g  t h e  d u r a -
tion with HPV each year? October 3, 2022
6. The evidence supporting single-dose HPV vaccination recently led to the modification of the 2022 World Health Organization recommendations to include an option for single-dose vaccination in some age groups. Further studies are ongoing, including a randomized trial comparing one dose with two doses; additional data are expected over the next few years. An increasing number of countries are recommending vaccination with a single dose. Some studies have suggested a lower risk of recurrent cervical dysplasia among persons who receive HPV vaccination around the time of surgical treatment. High-quality randomized trials are needed to inform clinical guidelines.

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A — — 1 word
Dalton, MD — 5 words

as a further example, here is a typical ad and how the pricing for each insertion is calculated:

MEDICAL DIRECTOR — A dynamic, growth-oriented home health care company is looking for a full-time Medical Director in greater New York. Excellent salary and benefits. Send CV to Email address.

this advertisement is 24 words. At $10.55 per word, it equals $253.20. This ad would be placed under the Chiefs/Departments/Headlines classification.

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Jobs for you, right to your inbox.

Sign up for FREE physician job alerts today!

It’s quick and easy to set up and can give you a valuable edge in finding your next job. Simply set your specialty and location and we’ll automatically send you new jobs that match your criteria.

Get started now at: nejmcareercenter.org/newalert

About the Job

New York Cancer & Blood Specialists is actively seeking full-time, board-certified/board-eligible oncologists or hematologists to join our thriving practice in the heart of Manhattan, one of New York’s most renowned boroughs. Joining our team provides a unique opportunity to work collaboratively with highly respected physicians and medical professionals in the field, all while delivering exceptional patient care. The ideal candidate will have a proven track record of clinical expertise and academic achievements to facilitate the delivery of world-class, patient-centered care. You will be responsible for administering cancer treatments and providing clinical care to both outpatients and inpatients. Join a mission-driven team dedicated to delivering exceptional care.

• Must be a board-certified/board-eligible Medical Oncologist or Hematologist.
• Clinical outpatient experience preferred, but candidates currently in fellowship training are welcome to apply.
• Mentorship available from experienced physicians.
• We offer a highly competitive compensation package, including:
  • Salary range $450,000 - $500,000
  • Production bonuses
  • CME allowance
  • Medical and dental coverage
  • Short-term and long-term disability
  • Retirement savings plan
  • Malpractice coverage
  • Paid time off
  • 8 paid holidays
  • Relocation assistance
  • Life insurance

Where You’ll Work

New York Cancer & Blood Specialists (NYCBS) is a leading oncology practice with over 30 locations and 35 hospital affiliations throughout Nassau and Suffolk counties, in the Bronx, Manhattan, Queens, Staten Island, and Brooklyn. Our team is made up of board-certified physicians, nurse practitioners, physician assistants, nurses, and support staff who work collaboratively to provide the best possible care for our patients. We offer a multidisciplinary and comprehensive approach to care that utilizes the most advanced imaging, state-of-the-art therapies, cutting-edge clinical trials, on-site pharmacies, and an in-house laboratory with a full range of pathology services.

For immediate consideration, contact:
Robert Nicoletti, Chief Human Resources Officer
Email: rnicoletti@nycancer.com

About the Job

Summit Health is a physician-driven, patient-centric network committed to simplifying the complexities of health care. We are actively recruiting for board-certified/board-eligible physicians to join our dynamic primary, specialty and urgent care network in New Jersey, New York, Connecticut, Oregon and Pennsylvania.

We work every day to deliver exceptional outcomes and exceed expectations to bring our patients a more connected kind of care.

To apply and explore opportunities, visit our career page at joinsummithealth.com or reach out to providerrecruitment@summithealth.com.

Benefits we offer

• Competitive compensation
• Shareholder opportunity
• Comprehensive benefits package
• Generous CME funding
• Opportunities for professional growth
• Complete administrative and care management support
Physician Careers at
The US Oncology Network

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.

Contact: Shawna Nuse
937-962-2610 | shawna.nuse@email.com | PhysicianJobs@intermountain.com

To learn more about physician jobs, email physicianrecruiting@usoncology.com

The US Oncology Network

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Physician Opportunities
• Cardiology
• Invasive Interventional
• Family Medicine OP
• Gastroenterology
• ENT
• Hospitalist
• Hematology Oncology
• Neurology

Advanced Practice Opportunities
• Emergency Medicine
• CRNA
• PMHNP
• Hospitalist AGACNP
• CAA

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 with world-class snow skiing, fly fishing, golf, hiking, and water sports. Enjoy the Southwest culture make it a great place to live.

Physician Opportunities

San Juan Regional Medical Center
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.

The Tower Health system includes 66 primary care ambulatory physicians (47 family medicine, 19 internal medicine) and 27 APPs. The Tower Health network 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.

Explore exciting career opportunities across our service area. Scan the QR Code, go to Careers.TowerHealth.org or email your CV to medicalstaffrecruitment@towerhealth.org

Family Medicine Opportunities
• Clinical practice – 100+ practice locations
• Academic faculty – 5 FM Residency Programs

Internal Medicine Opportunities
• Outpatient practice – IM & MED/PEDS – 50+ practice locations
• Academic faculty – 2 IM Residency Programs & various Fellowships

Highlights: Competitive compensation package, flexible scheduling, sign-on bonus, relocation assistance, paid malpractice with tail coverage, Public Service Loan Forgiveness employer

From Upstate Greenville area to Midlands Columbia and beyond, our cities offer a thriving culture, accessible suburbs and a variety of places to live. A true dream for outdoor enthusiasts... mountains, beaches, hiking trails and waterfalls!

Contact: Brandy Vaughn, Physician Recruiter
Brandy.Vaughn3@prismahealth.org
Physicians

At BHS, we also understand the importance of award-winning, patient-centered healthcare team. Contact us to learn more about these exciting opportunities to practice in a beautiful and casual work environment. Berkshire Health Systems (BHS) is 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 Berkshire community. As the largest employer in Berkshire County, BHS supports the health and well-being of the community by delivering exceptional care in a state-of-the-art clinical environment at Berkshire Medical Center, the system’s 286-bed community teaching hospital in Pittsfield, which is major teaching affiliate of the University of Massachusetts Chan Medical School and the University of New England College of Osteopathic Medicine in Maine. At BHS, we also understand the importance of balancing work with quality of life. The Berkshires, a 4-season resort community, offers world renowned music, art, theater, and museums, as well as year round recreational activities from skiing to kayaking. Excellent public and private schools make this an ideal family location. We are also only a 2½ hours drive from both Boston and New York City. Contact us to learn more about these exciting opportunities to practice in a beautiful and culturally rich region, as part of a sophisticated, award-winning, patient-centered healthcare team. Interested candidates are invited to contact: Michelle Maston or Cody Emond Provider Recruitment, Berkshire Health Systems (413) 447-2784 | mmaston@bhs1.org | cemond@bhs1.org Apply online at berkshirehealthsystems.org

BERKSHIRE HEALTH SYSTEMS IS SEEKING COMPASSIONATE, COMMUNITY-FOCUSED PHYSICIANS IN THE FOLLOWING DISCIPLINES:

- **ANESTHESIOLOGY** • CARDIOLOGY
- **DERMATOLOGY** • ENDOCRINOLOGY
- **ENT** • FAMILY MEDICINE • GASTROENTEROLOGY
- **HEMATOLOGY/ONCOLOGY** • NEUROLOGY
- **NEPHROLOGY** • OB/GYN • PSYCHIATRY
- **PRIMARY CARE** • RHEUMATOLOGY • UROLOGY

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COMPANY INFORMATION

Berkshire Health Systems is a 501(c)(3) nonprofit organization, BHS is committed to providing comprehensive healthcare services to all Berkshire County residents, no matter where they are located in the berkshire community. As the largest employer in Berkshire County, BHS supports the health and well-being of the community by delivering exceptional care in a state-of-the-art clinical environment at Berkshire Medical Center, the system’s 286-bed community teaching hospital in Pittsfield, which is major teaching affiliate of the University of Massachusetts Chan Medical School and the University of New England College of Osteopathic Medicine in Maine. At BHS, we also understand the importance of balancing work with quality of life. The Berkshires, a 4-season resort community, offers world renowned music, art, theater, and museums, as well as year round recreational activities from skiing to kayaking. Excellent public and private schools make this an ideal family location. We are also only a 2½ hours drive from both Boston and New York City. Contact us to learn more about these exciting opportunities to practice in a beautiful and culturally rich region, as part of a sophisticated, award-winning, patient-centered healthcare team. Interested candidates are invited to contact: Michelle Maston or Cody Emond Provider Recruitment, Berkshire Health Systems (413) 447-2784 | mmaston@bhs1.org | cemond@bhs1.org Apply online at berkshirehealthsystems.org

What kind of Doctor works in Corrections?

**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.

Join doctors just like you in one of the following locations:

- California State Prison, Solano – Vacaville
- Salinas Valley State Prison (PV01) – Soledad*
- Pelican Bay State Prison – Crescent City
- Wasco State Prison – Wasco

Competitive compensation package, including:

- 40-hour workweek (affords you true work-life balance)
- State of CA retirement that vests in 5 years (www.CAFERS.Ca.gov; or retirement formula)
- Relocation assistance for those new to State of CA service

Submit your CV to CentralizedHiringUnit@cdcr.ca.gov or apply online at www.cchcs.ca.gov

CCHCS can help you continue to hone your skills in public health, disease management and education, addiction medicine, and so much more.

Be seen as a person, not just a CV.

With everything going on, it’s easy to become a faceless cog in the machine of healthcare. If you’re looking to reconnect with your passion for medicine, we can help you find that perfect job that’s tailored to who you are, not just what you are. From locum tenens to permanent placements, let’s find the change that’s right for you. www.comphealth.com/n-mostpersonalized
Emerson Health is seeking a urology service chief to join our growing service.

Emerson Health is seeking a committed, experienced leader and board-certified urologist to join our urology team as Chief of Urology in the beautiful communities of Concord and Burlington, Massachusetts. We are seeking a leader for a cohesive group of five Board Certified Urologists.

- Position based in a beautiful new office in Concord and an off-site location in Burlington
- Candidate should have 10+ years’ experience as a Urologist – sub-specialties within urology are welcomed
- Robotic experience preferred
- Physician assistant support for clinical setting, first assist and inpatient rounding
- Strong referral network, regionally known for quality of patient care
- Competitive compensation with incentive plan and benefit package
- Financially secure not-for-profit independent hospital

**Emerson Hospital**
- Full-service, community hospital providing medical services to more than 300,000 individuals annually in over 25 towns
- Beautiful new Urology center located in Concord
- State of art Surgical Center with dedicated entrance
- Clinical affiliation with Mass General Brigham

For more information please contact:
Diane Forte Willis, Director of Physician Recruitment and Relations
dfortewillis@emersonhosp.org
Phone: 978-287-3002 • Fax: 978-287-3600

**About Concord, MA and Emerson Health**

Our core mission is to deliver exceptional, patient-centered care that is highly reliable, safe, compassionate, equitable, efficient and coordinated. While we provide most of the services that patients will ever need, the hospital’s strong clinical collaborations with Boston’s academic medical centers ensures our patients have access to world-class resources for more advanced care. Located just 20 miles northwest of Boston in historic Concord, Massachusetts—known for its rich history, revolutionary war sites and many famous authors

Great place to raise children with top ranked public and private schools

Many recreational activities including hiking, biking, skiing and easy access to both the mountains and ocean
Life-changing careers start here.

Careers in Internal Medicine

A career with Mayo Clinic’s Internal Medicine team can be truly life-changing. Whether you’re based in a hospital, community, or general setting, we’ll give you everything you need to put patients first—and make a lasting impact. As the #1 hospital in the nation, we can offer a variety of roles at every level, across a range of states. From Minnesota, Arizona, and Florida, to Wisconsin or Iowa, a career with Mayo Clinic could be closer than you think.

Explore openings in Internal Medicine with Mayo Clinic
jobs.mayoclinic.org/internalmedicine