NEJM CareerCenter

Career Guide

Physician jobs from the *New England Journal of Medicine* • September 2023

INSIDE

Career: Supporting Physician Wellness: Health Care Organizations Seeking — and Piloting — Programs to Help Physicians Manage Their Work-Life Stressors. Pg. 1

Career: Finding Jobs as a Dual Physician Family. Pg. 7

Clinical: Obesity in Adolescents, as published in the *New England Journal of Medicine*. Pg. 9

The latest physician jobs brought to you by the NEJM CareerCenter

Specialty Delivery Edition

Specialist Physicians

Featured Employer Profile

CompHealth.

860 Winter Street
Waltham, MA 02451

Presorted STD
US Postage Paid
Pewaukee, WI
Permit no. 1729

The NEW ENGLAND JOURNAL of MEDICINE

September 2, 2023

Dear Physician:

As you begin your medical career, making decisions about your future is a top priority for you. Because we want to assist you in this important search, a complimentary copy of the 2023 *Career Guide: Specialty Delivery* booklet is enclosed. This special booklet contains current physician job openings across the country from the *New England Journal of Medicine* (NEJM). To further aid in your career advancement, we've also included a couple of recent selections from our Career Resources section of NEJMCareerCenter.org.

NEJMCareerCenter.org was designed specifically based on advice from your colleagues. Feedback from physician users confirms how comfortable they are using it for their job searches given the confidentiality safeguards that keep personal information and job searches private. They also value having the flexibility to search for both permanent and locum tenens positions in their chosen specialties and desired geographic locations.

At NEJM CareerCenter, you'll also find:

- Hundreds of quality, current job openings — not jobs that were filled months ago
- Email alerts that automatically notify you about new opportunities
- An iPhone app that allows you to easily search and apply for jobs directly from your phone
- Sophisticated search capabilities to help you pinpoint jobs that match your search criteria
- A comprehensive resource center with career-focused articles and job-seeking tips

NEJM is also considered a highly valuable resource for keeping up with the latest research and clinical medicine. Our popular Clinical Practice articles offer evidence-based reviews of topics relevant to practicing physicians. A reprint of the July 20, 2023, Clinical Practice article, "Obesity in Adolescents," is also included in this special booklet.

If you are not currently an NEJM subscriber, I invite you to become one. We have recently made many exciting enhancements to NEJM.org that further increase our publication's value and relevance to you as you move forward in your career. In addition to our research, review, and clinical practice articles, subscribers also value the wide range of multimedia features like Videos in Clinical Medicine, which allow you to watch common clinical procedures, and Interactive Medical Cases, which allow you to virtually manage an actual patient's case from presentation to outcome. You can learn more about these features at NEJM.org.

A career in medicine is exciting and challenging.

On behalf of the entire *New England Journal of Medicine* staff, please accept my wishes for a rewarding career.

Sincerely,

Eric J. Rubin, MD, PhD

860 WINTER STREET, WALTHAM, MA 02451-1413 USA

NEJM GROUP

Supporting Physician Wellness: Health Care Organizations Seeking — and Piloting — Programs to Help Physicians Manage Their Work-Life Stressors

By Bonnie Darves

Just when organizations were formally recognizing that many of their physicians were seriously struggling with burnout and had started to seek remedies to address the endemic problem, the pandemic hit. The timing could not have been worse, many experts on physician burnout agree, and yet, for the most part, the physician workforce navigated the added stressors of COVID-19 both admirably and competently. Physicians worked in highly functioning teams to save lives, mitigate the virus' impact on patients, and offer the highest standard of care possible under the circumstances. Many physicians also helped their organizations chart a "survival path" to navigate the operational crises the pandemic unleashed.

Organizations that employ physicians, having witnessed the steep toll that the pandemic on top of burnout took, are understandably concerned about the state of their workforce. Many organizations are actively seeking, developing, and trying out wellbeing improvement programs to help bolster physicians and other clinicians. Health care leaders are recognizing, too, that physicians are hardly exempt from "the great resignation" our country is experiencing among workers.

Career Resources articles posted on NEJM CareerCenter are produced by freelance health care writers as an advertising service of NEJM Group, a division of the Massachusetts Medical Society, and should not be construed as coming from the *New England Journal of Medicine*, nor do they represent the views of the *New England Journal of Medicine* or the Massachusetts Medical Society.

Numerous approaches are being piloted or implemented, with varying degrees of success. These range from informal offerings such as hospital "wellness wagons" delivering a combination of snacks and cheering-up support and wellbeing days off for residents and fellows, to more structured programs. Examples of formal offerings include buddy systems mimicking military-type "battle buddy" practices, mental-health check-in offerings, and physician coaching resources.

The latter, when provided with anonymity guaranteed, appear to be somewhat effective for those who access them, according to Eileen Barrett, MD, MPH, a hospitalist and educator who formerly directed graduate wellness initiatives at the University of New Mexico (UNM). "Many physicians who have received coaching have benefited, and some organizations have been able to demonstrate real outcomes," said Dr. Barrett, who now practices with the Indian Health Service and has published on and advocated for national clinician wellbeing improvement strategies. She said that UNM's mental health check-ins, a "renewable" offering, were also relatively well received — 78 of the 109 physicians who booked appointments when the program launched kept those appointments.

Some organizations, such as Intermountain Healthcare in Salt Lake City, Utah, are trying several approaches simultaneously — developing a physician and advanced practice provider (APP) wellbeing center and dedicated portal and scheduling wellness-focused grand rounds and separate leadership rounds to celebrate successes and learn what clinicians are struggling with in their work. Intermountain also provides a range of peer-support forums and options for connecting caregivers, aimed at offering a confidential forum for sharing emotions.

"My task is to develop resources and learn from others around the country — and at Intermountain, we're all working on this together to determine what works and what's not helpful," said Anne Pendo, MD, an internist who is senior medical director of Provider Experience and Wellbeing at Intermountain. "What we all recognize, I think, is that we as a profession weren't well before the pandemic," she said, and that the pandemic further eroded physician resiliency. "Now we have an opportunity to try to discover ways to improve wellbeing and then implement them."

Peer-support programs taking hold

At Intermountain, of the initiatives piloted to date, the peer-support offerings have been among the most successful in terms of uptake. Peer supporters

have trained nearly 100 physicians to serve in the role, and approximately 300 physicians and clinicians have participated. "I think it's important to position this as 'I can be a helper' if you want physicians to get involved and to ensure you offer a safe space for sharing feelings — something physicians have historically struggled with," she said, because of fear they'll be perceived as weak.

Researchers and physicians involved in developing wellness-support programs and resources are finding that although it's challenging to figure out exactly what physicians do need in support, there's growing consensus on what physicians don't want: tips and recommendations for improving their personal resilience. In other words, Dr. Barrett said, "Physicians don't want to hear about another yoga class or meditation practice."

Heather Farley, MD, chief wellness officer at ChristianaCare in Delaware, which rolled out the "wellbeing wagon" described earlier and created a Center for Worklife Wellbeing, concurred with Dr. Barrett. "What doesn't work is focusing too much on the personal minutiae, such as sleep hygiene. Whatever you offer has to support physicians "in their work environment," said Dr. Farley, an emergency medicine physician. Like Intermountain, ChristianaCare has seen a gradual but steady utilization uptake of peer-support offerings. "We're shifting away from the culture of 'shame and blame' to one that says, 'It's OK not to be OK,' and to reach out if you need help," she said.

At the University of Minnesota, which created the buddy system a few months into the pandemic and rolled out the program in a matter of weeks, the model was predicated on the recognition that Dr. Farley cites: everyone needs help sometimes, and it's important to know that someone has your back and is willing to help. In the university's program, modeled in part on both the military-battlefield scenario and observations an anesthesiologist made in the operating room during the early weeks of the pandemic, when staff members were becoming more nervous, buddies are "paired" somewhat strategically. Ideally, they're close in age, career length, and experience, so that they can both recognize and understand the stressors their buddy is experiencing — and identify when that buddy needs some extra support.

"We decided that the battle-buddy system was a brilliant idea and decided to give it a decent trial," said Cristina Sophia Albott, MD, who heads the university's division of adult mental health. "We wrote the protocol in one week, started the program in two weeks, and rolled it out across the

entire medical school." By July 2020, more than 3,000 health care personnel, primarily physicians and nurses, had adopted and established the model.

Around the same time, the University of Minnesota implemented "listening groups" and established mental-health consultation services in each clinical department. The latter offering, however, despite the appointments being structured as confidential, wasn't as well received as the buddy program. "Unfortunately, few physicians availed themselves of those offers," she said.

On a positive note, even though the worst of the pandemic crises appear to have largely receded at the university, some departments have decided to continue with the buddy program, Dr. Albott reported. Although there's been considerable variation in how individual departments set up or later retooled their buddy programs, the initiative's early and ongoing success is a clear indicator of the offering's value, she added.

Desperately seeking on-the-ground support and remedies

What physicians do want in the way of support from their organizations, Dr. Barrett and others interviewed for this article agreed, is operational load-lightening, however that can be achieved and institutionalized. Offerings such as onsite childcare and schedule flexibility to address family needs rank high on the wish list for many physicians, and there's a growing consensus that the electronic health record (EHR) persists as a chief source of physician frustration and stress, despite years of organizations' attempts to ameliorate the problem.

"What does appear to work is providing physicians protected time for EHR training or having dedicated information technology (IT) support for dealing with EHR-related issues," Dr. Barrett said, or adding scribes to offload the bulk of EHR-data entry processes. In similar fashion, physicians would appreciate their institutions removing the burden of treatment prior-authorization management. And she noted that the incredibly complex and inordinately inefficient processes related to physician credentialing are ripe for fixing, as they're unnecessarily burdensome for physicians. "If credentialing were centralized, at least for Medicare, that would go a long way in reducing the burden. Most people think that the system, as it stands, doesn't really make anyone safer," Dr. Barrett said.

Health care organizations, concerned about both their physicians' wellbeing and their facilities' ability to maintain adequate staffing levels at a time when many physicians are deciding to leave jobs where they don't feel well enough supported, are taking note. They're actively trying to figure out what physicians want and need to care for patients with fewer frustrations.

Physician professional organizations are also stepping in to identify what's needed now in institutional supports to help physicians mitigate burnout and regain resiliency. The American College of Physicians' Patients Before Paperwork initiative, for example, has identified the most burdensome tasks and regulatory requirements that internists face and offered policy recommendations for reducing associated workload. The American Medical Association has also developed a multifaceted initiative to provide guidance and targeted solutions to health care organizations for many of the problems that threaten physician wellbeing.

In an article published in the *Annals of Internal Medicine* in September 2021, Dr. Barrett and her co-authors proposed a series of steps that organizations might take to reduce clinician burnout, keep physicians in the workforce as the health system continues to navigate COVID-19, and simply make physicians' practice lives more tolerable. In addition to the COVID-related recommendations for improving physician safety and providing practical support as needed to address system-capacity constraints, the authors urged organizations to do the following:[1]

- Help ensure more flexible scheduling for physicians who are parents or care for aging parents.
- Reduce, eradicate, or reassign administrative tasks and meetings that aren't mission-critical and haven't delivered improved patient outcomes.
- Provide no-cost and truly confidential mental-health support services, and also truly encourage physicians to use their available vacation and professional development time to nurture a healthier workplace. At the same time, organizations should update credentialing and employment applications to remove unnecessary questions related to mental and physical health diagnoses to reduce the associated stigma.

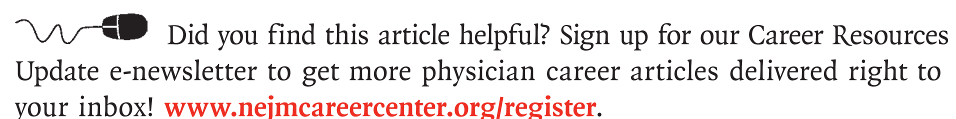
Dr. Barrett offers another recommendation to employer organizations. "If you offer resources that might support or improve physician wellbeing, make sure your physicians know about them. Physicians are so stretched and busy that they might not know what's available," she said.

Tips for structuring physician-wellness support offerings

All sources who participated in this article offered guidance for organizations trying to provide resources that might help improve physician well-being. Here are a few:

- Understand that each environment is different, which means that the problems and needs might vary widely from one health care organization to another. To develop appropriate solutions and resources, ensure that physicians are directly involved in creating them.
- Avoid focusing resources on individual-physician resilience and instead focus on system approaches that might have the added benefit of helping physicians support one another and reduce unnecessary workload. Keep in mind that some physicians have an innate distrust of "corporate-sponsored" initiatives that appear to be focused on the bottom line.
- Provide a safe forum for physicians to recommend institutional approaches that mitigate the burdens that contribute to burnout and also make their overall work lives more realistically manageable.
- If you try a wellness initiative and it doesn't produce results that are valuable to physicians, be ready and willing to abandon it. Then be prepared to pilot something else — quickly.

[1]Barrett E, Hingle ST, Smith CD, Moyer DV. Getting Through COVID-19: Keeping Clinicians in the Workforce. *Ann Intern Med.* 2021 Nov;174(11):1614–1615. doi: 10.7326/M21-3381. Epub 2021 Sep 28. PMID: 34570597; PMCID: PMC8500335.



Did you find this article helpful? Sign up for our Career Resources Update e-newsletter to get more physician career articles delivered right to your inbox! **www.nejmcareercenter.org/register**.

Finding Jobs as a Dual Physician Family

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

I'm part of a dual physician family: my husband is a plastic and reconstructive surgeon, and I'm a musculoskeletal radiologist. We've been dating since college, and every few years, one of us has had to make accommodations for the other, whether it be regarding medical school, residency, or fellowship. Finding jobs has been no different.

Approaching the job market as a dual physician (or really, any dual working member) family is tricky because you have two members of a family who've invested a lot into their education and goals and are now trying to find a geographic location that can accommodate both of those things. Depending on what your interests are, it can feel next to impossible. Let's say one person has always wanted to incorporate policy work while another really wants to be at an academic institution that has niche expertise in a particular area of research — the city that has both opportunities available may not exist. Incorporate other factors, such as family support or access to interests outside of medicine, and it becomes even more complicated.

Let's say you've narrowed your list down to a few cities, though. How do you approach that job search?

1. **Cast your net as wide as possible.** Forget about the reasons a job won't work; instead, believe in the reasons why it will. Sometimes jobs that

Career Resources articles posted on NEJM CareerCenter are produced by freelance health care writers as an advertising service of NEJM Group, a division of the Massachusetts Medical Society, and should not be construed as coming from the *New England Journal of Medicine*, nor do they represent the views of the *New England Journal of Medicine* or the Massachusetts Medical Society.

seem outwardly incompatible can end up being different than what you imagined, or an employer may want you enough to accommodate some requests on your part that would make it a surprisingly good fit. You've put a lot into your education, so don't limit yourself as you're crossing the finish line. Worst-case scenario, you've wasted a little time. Think about how much time you spent memorizing things during your college prerequisites, and it'll quickly bring it into context.

2. **Network widely.** Reach out to every employer in the area you have access to. Use friends, family, colleagues, or whoever else you may know that have connections to jobs in the area, and make sure they are looking for positions not just for you but also for your significant other. Look on job boards, LinkedIn, and other professional networks. You never know where something will come up.

3. **Have a list of dealbreakers for each person.** It's important to know when to cross a job off the list. One mistake I see many physician couples make is one person falling in love with a particular job and the other person compromising too heavily on another job. Unfortunately, while it may have seemed considerate at the time, in the long term, the person who took the significantly less appealing job may become resentful or decide to quit the job, possibly necessitating the job search process for both to start again in a different city because of noncompete issues.

Once you've got some options that work for both lined up, make sure you both stay active in each other's processes. It's easy to get so caught up in your interview process that you both go about your job searches independently. However, your family's happiness is going to rely on both of your jobs working well together, your significant other's happiness, and your happiness with each other's work environments. You presumably know each other better than anyone else, so having each other's input when making these decisions will be invaluable. So many times at job interviews, I've pointed out something my husband didn't pick up on that would've been problematic, and vice versa.

The jobs you pick together are going to shape what your life looks like, so approach this job search as a team. Together, you'll have a much better shot at creating the life in medicine that you want for your family.

Did you find this article helpful? Sign up for our Career Resources Update e-newsletter to get more physician career articles delivered right to your inbox! **www.nejmcareercenter.org/register**.

CLINICAL PRACTICE

Caren G. Solomon, M.D., M.P.H., *Editor*

Obesity in Adolescents

Tamara S. Hannon, M.D., and Silva A. Arslanian, M.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 12-year-old boy with excessive weight gain that began when he was approximately 6 years of age presents for evaluation of obesity. He occasionally rides his bicycle but spends more than 6 hours per day engaging in screen-based activities (e.g., video games and social media). He drinks sugary beverages every day and eats mostly processed foods. His mother has obesity, and his maternal grandmother has type 2 diabetes. His body-mass index (BMI, the weight in kilograms divided by the square of the height in meters) is 41.9 (class 3 obesity, ≥140% of the 95th percentile for his age and sex). The fasting cholesterol level is 202 mg per deciliter (5.23 mmol per liter), low-density lipoprotein (LDL) cholesterol level 127 mg per deciliter (3.29 mmol per liter), triglyceride level 320 mg per deciliter (3.62 mmol per liter), and high-density lipoprotein (HDL) cholesterol level 43 mg per deciliter (1.11 mmol per liter). The glycated hemoglobin is 5.9% (6.8 mmol per liter), which is consistent with prediabetes. The alanine aminotransferase level is 80 U per liter, with hepatic steatosis shown on ultrasonography. How would you manage this case?

From the Department of Pediatrics, Division of Pediatric Endocrinology and Diabetology, Indiana University School of Medicine, Indianapolis (T.S.H.); and the Center for Pediatric Research in Obesity and Metabolism and the Division of Pediatric Endocrinology, Metabolism, and Diabetes Mellitus, UPMC Children's Hospital of Pittsburgh, Pittsburgh (S.A.A.). Dr. Arslanian can be contacted at silva.arslanian@chp.edu or at the Division of Pediatric Endocrinology, Diabetes, and Metabolism, University of Pittsburgh, School of Medicine, UPMC Children's Hospital of Pittsburgh, 4401 Penn Ave., FOB 6th Fl., Pittsburgh, PA 15224.

N Engl J Med 2023;389:251-61.
DOI: 10.1056/NEJMcp2102062
Copyright © 2023 Massachusetts Medical Society.

THE CLINICAL PROBLEM

Obesity during adolescence (10 to 19 years of age) is associated with health consequences that include prediabetes and type 2 diabetes,[1] nonalcoholic fatty liver disease,[2] dyslipidemia,[3] polycystic ovary syndrome (PCOS),[4] obstructive sleep apnea,[5] and mental health disorders and social stigma.[6] In addition, obesity during adolescence is a risk factor for complications and death from coronary heart disease[7,8] as well as for death from any cause in adulthood,[8] including early adulthood.[9]

In a study involving 2.3 million persons in Israel, BMIs in late adolescence that were between the 85th and 94th percentiles and above the 95th percentile were associated with hazard ratios for sudden death and for death from coronary heart disease or stroke during adulthood of 2.2 and 3.5, respectively.[8] Although these associations were not adjusted for BMI in adulthood, other data indicate that decreasing adiposity between childhood and adulthood is associated with reductions in cardiometabolic risk factors.[10] In addition, combined data from four prospective cohort studies showed that elevated BMIs in both childhood and adulthood were associated with increased relative risks for type 2 diabetes (relative risk, 5.4), hypertension (relative risk, 2.7), elevated LDL cholesterol levels (relative risk, 1.8), and carotid artery atherosclerosis (relative risk, 1.7), whereas persons with elevated childhood BMI and normal adult BMI had risks for these conditions that were similar to those among persons with normal childhood and adult BMIs.[10] These studies support the importance of diagnosis and treatment of obesity during childhood and

KEY CLINICAL POINTS

OBESITY IN ADOLESCENTS

- Adolescent patients with obesity benefit from evaluation and follow-up according to a long-term care model with attention to and understanding of the societal stigma and pervasive weight bias that exists around obesity.
- Obesity during adolescence is associated with a substantial increase in the risk of concurrent and later health consequences that should be evaluated and treated expediently.
- Intensive treatment with regard to health behavior and lifestyle, with at least 26 hours of face-to-face treatment over a period of at least 3 months, is a foundational aspect of the comprehensive treatment of obesity.
- The elimination of sugar-sweetened beverages from the patient's diet is strongly recommended.
- The use of antiobesity medications or bariatric surgery (or both) along with intensive treatment with regard to health behavior and lifestyle results in a greater reduction in body-mass index than lifestyle treatment alone and should be discussed with families, along with the caveats that weight regain is common, data regarding long-term outcomes are lacking, and these treatments are expensive.

adolescence, as well as in adulthood, to reduce adverse health consequences.

The prevalence of obesity in adolescents has increased since the 1980s, most markedly in low-income communities and communities of color, a difference that is at least in part attributable to structural racism and stigma (with negative attitudes creating social and economic obstacles to health).[11] Among the social drivers of obesity is the marketing of unhealthy foods and drinks.[12] In the United States, the prevalence of obesity in the 2015–2016 period was 20.6% among adolescents (as compared with 14.8% in the 1999–2000 period) — 22.0% among non-Hispanic Black adolescents and 25.8% among Hispanic adolescents, prevalences that are higher than those among both non-Hispanic White adolescents (14.1%) and non-Hispanic Asian adolescents (11.0%).[13]

Rates of weight gain accelerated during the coronavirus 2019 (Covid-19) pandemic; a retrospective cohort study in California showed an absolute increase in the prevalence of overweight or obesity of 5.2 percentage points among 12-to-15-year-olds and 3.1 percentage points among 16-to-17-year-olds during the first year of the pandemic.[14] Moreover, obesity is among the most common underlying conditions for Covid-19–associated death in persons younger than 21 years of age.[15] Obesity interventions are needed to improve health in adolescence and beyond.

STRATEGIES AND EVIDENCE

ASSESSMENT

BMI is strongly associated with adiposity and is a useful clinical tool for assessing overweight and obesity, although its use has limitations.[16] Higher BMI in some cases reflects increased lean body mass, and in Asian populations, adiposity is increased at lower BMI levels.[17] In adolescents, a BMI at or above the 85th percentile but below the 95th percentile is diagnostic of overweight, and a BMI at or above the 95th percentile is diagnostic of obesity.[18] Class 1 obesity is defined as a BMI at or above the 95th percentile up to 119% of the 95th percentile, class 2 obesity is a BMI at or above 120% of the 95th percentile up to 139% of the 95th percentile, and class 3 is a BMI at or above 140% of the 95th percentile.[18] As an adolescent's final height is reached, adult thresholds for overweight (BMI, 25) and obesity (BMI, 30) apply. Severe obesity in children is defined as class 2 or 3 obesity or a BMI of 35 or higher.[16,18]

An evaluation of obesity in an adolescent includes complete medical and medication histories and a family history. The evaluation should include an assessment of obesity-related diseases and lifestyle factors as well as environmental and social factors, a psychosocial assessment that includes screening for depression (with the use of the Patient Health Questionnaire-9 for Teens), and a physical examination (Table 1).[3,18-21] Eliciting a family history of obesity-related conditions, including premature deaths due to cardiovascular disease or stroke, is important for assessment and discussion of familial risk.[3]

LABORATORY ASSESSMENT

Table 2 shows recommendations for laboratory tests in adolescents with obesity, including screening for dyslipidemia[3] and fatty liver disease.[2] Con-

Table 1. Clinical Assessment of Adolescents with Overweight or Obesity.*
Anthropometric characteristics
BMI and growth velocity according to a growth chart[16]
Class of obesity according to BMI
Class 1: 95th percentile to <120% of 95th percentile
Class 2: 120 to <140% of 95th percentile
Class 3: ≥140% of 95th percentile
Stature and growth status
Medical history and medications
Birth history — maternal diabetes, patient large or small for gestational age
Growth history — monogenic obesity (<5 yr of age with insatiable appetite), failure to thrive in infancy (the Prader–Willi syndrome)
Central nervous system injury and hypothalamic tumors
Medications associated with weight gain (e.g., atypical antipsychotic agents, glucocorticoids, and others)
Depression, anxiety, and ADHD
Adverse childhood events and food insecurity[19]
Conditions and findings that may indicate the possibility of rare genetic disorders: hypogonadotropic hypogonadism, hypothyroidism, and altered immune function (leptin deficiency or leptin receptor mutation); corticotropin deficiency (POMC deficiency); visual impairment, learning disabilities, and polydactyly (the Bardet–Biedl syndrome); hearing loss, cardiomyopathy, hepatic dysfunction, and renal failure (the Alstrom syndrome); and failure to thrive in infancy, hypoglycemia, corticotropin deficiency, intestinal malabsorption, and diarrhea (PCSK1 deficiency)[20]
Family history (first- and second-degree relatives)
Familial obesity, weight-loss strategies, bariatric surgery, and associated conditions
Diet
Quantification of consumption of sugar-sweetened beverage and juice
Habitual eating patterns, locations, and foods and portions; strategies for weight loss
Physical activity and sedentary behaviors
Sedentary activities and all moderate-to-vigorous physical activity
Systemic conditions and possible causes
Developmental — delays associated with genetic syndromes
Neurologic — headaches attributable to pseudotumor cerebri or poor-quality sleep
Respiratory — shortness of breath with or without wheezing (physical deconditioning or asthma)
Sleep — snoring, apnea, nocturnal enuresis, daytime sleepiness, ADHD (obstructive sleep apnea or poor-quality sleep)
Gastrointestinal — abdominal pain (constipation; gallbladder, liver, or gastroesophageal reflux disease)
Endocrine — irregular menses (PCOS), polyuria–polydipsia–nocturia (type 2 diabetes), hypogonadism (genetic syndrome)
Musculoskeletal — hip pain with or without limp (slipped capital femoral epiphysis)
Psychological — binge eating, rapid weight loss or weight cycling, purging, depression, or anxiety
Physical examination
Blood pressure — standardized according to sex, age, and height until 18 yr of age[21]
Dysmorphic features (genetic syndrome)
Papilledema (pseudotumor cerebri), rod–cone dystrophy (the Bardet–Biedl syndrome)
Thyromegaly or goiter (hypothyroidism)
Hepatomegaly (nonalcoholic fatty liver disease)
Undescended testes or delayed puberty (hypogonadism, genetic disorder)
Musculoskeletal — bowed legs (Blount disease), limp (slipped capital femoral epiphysis), polydactyly (the Bardet–Biedl syndrome)
Skin — acanthosis nigricans (insulin resistance), hirsutism or severe acne or both (PCOS), red hair and light skin (POMC deficiency)

* ADHD denotes attention deficit–hyperactivity disorder PCOS polycystic ovary syndrome, PCSK1 proprotein convertase subtilisin/kexin type 1, and POMC proopiomelanocortin.

sistent with guidelines of the Pediatric Endocrine Society and the American Diabetes Association, screening for type 2 diabetes is recommended in adolescents who have BMI at or above the 85th percentile and one additional risk factor: family history of type 2 diabetes in a first- or second-degree relative, non-White race or ethnic group, physical signs or conditions associated with insulin resistance (e.g., acanthosis nigricans, hypertension, dyslipidemia characterized by low levels of HDL cholesterol and high levels of triglycerides, and PCOS), gestation complicated by diabetes, or intrauterine growth restriction.[22,23] The possibility of autoimmune type 1 diabetes against the backdrop of obesity should be considered, and measurement of diabetes-associated antibodies against glutamic acid decarboxylase, insulinoma-associated protein 2, and zinc transporter 8 is recommended.[23] Criteria for the diagnosis of diabetes and prediabetes are shown in Table 2. Glycated hemoglobin testing is a poor predictor of elevated fasting glucose levels and 2-hour results of an oral glucose-tolerance test and may be insufficient to diagnose early type 2 diabetes or accurately reflect prediabetes.[25] In patients with multiple risk factors for type 2 diabetes and a glycated hemoglobin level of 5.7% to less than 6.5% (6.5 to <7.8 mmol per liter), an oral glucose-tolerance test is useful for detection of early type 2 diabetes.[22]

Additional evaluations rely on clinical findings (Table 2).[4,5] Persistently elevated levels of liver enzymes (for >3 months) may prompt further evaluation for nonalcoholic fatty liver disease.[2] Laboratory evaluations for endocrine disorders that are associated with increased adiposity, including hypothyroidism and Cushing's syndrome, are not recommended unless there is growth attenuation or other clinical indications. In addition, the measurement of insulin concentrations to evaluate insulin resistance adds no diagnostic value and is not recommended. The diagnosis of suspected genetic obesity syndromes requires medical genetics evaluation and often additional workup, including karyotype analysis and DNA methylation studies.[20] Although only a small percentage of cases of pediatric obesity are attributable to a monogenic cause, testing for monogenic causes of obesity is indicated in cases of insatiable appetite and severe obesity in children younger than 5 years of age.

MANAGEMENT

Management of obesity in adolescents should use a multidisciplinary long-term care model that includes attention to lifestyle modification and consideration of pharmacologic and bariatric surgical therapies (Tables 3 and 4).[18] Communication should be considerate of the stigma associated with the term "obesity," and the use of person-first language (i.e., "person with obesity" rather than "obese person") and preferred terms such as "too much weight for age (or health or height)" is important.[6,18] Motivational interviewing may be useful as part of a multidisciplinary approach; a meta-analysis of 11 randomized trials assessing the use of this technique in adolescents with obesity indicated some positive effects on nutrition, physical activity, and quality of life, although with no significant reductions in BMI or cardiometabolic outcomes.[27] Patients with symptoms of depression or other mental health disorders should be referred to a behavioral health provider.

Lifestyle Interventions

Summary data from randomized, controlled trials of lifestyle treatment approaches indicate that interventions that offered at least 26 hours of face-to-face counseling regarding nutrition, physical activity, and lifestyle recommendations resulted in, on average, modest but clinically important changes in the mean BMI z score (at least −0.15 to −0.25; the z score represents the number of standard deviations by which the BMI differs from the mean in a reference sex- and age-matched population). Evidence was not adequate to support the recommendation of treatment with less intensive interventions (Table 3).[28]

Dietary Interventions

Sugar-sweetened beverages, the leading source of added sugars in the diets of children and adolescents in the United States, contribute to obesity and additional health risks in adolescents and should be eliminated from the diet, given that such beverages lack any nutritional value.[29] A meta-analysis of prospective observational studies indicated that over the course of 1 year, each additional 12-oz (0.35-liter) daily serving of sugar-sweetened beverage was associated with a BMI increase of 0.06 (95% confidence interval, 0.02 to 0.10, as calculated with the use of a random-effects model).[30]

Table 2. Laboratory Assessment of Adolescents with Overweight or Obesity.*

Condition	Evaluation and Recommendation	Diagnostic Criteria for Association with Obesity
Dyslipidemia[3]	Fasting lipid panel is universally recommended	High LDL cholesterol level: ≥130 mg/dl (3.4 mmol/liter) Low HDL cholesterol level: <40 mg/dl (10.4 mmol/liter) High non-HDL cholesterol level: ≥145 mg/dl (3.8 mmol/liter) High triglyceride level: ≥130 mg/dl (1.5 mmol/liter)
Prediabetes and diabetes[23]	Glycated hemoglobin testing recommended at ≥10 yr of age or when puberty begins if the BMI is ≥85th percentile and one additional risk factor is present† Fasting plasma glucose is useful as a second test along with glycated hemoglobin test OGTT 2-hr plasma glucose is useful in the presence of risk factors for type 2 diabetes and if glycated hemoglobin is 5.7 to ≤6.5%	Prediabetes: glycated hemoglobin 5.7 to <6.5% (6.5 to <7.8 mmol/liter)[23]‡ Diabetes: symptoms (polyuria, polydipsia, weight loss) and random plasma glucose ≥200 mg/dl (≥11.1 mmol/liter); if asymptomatic, two abnormal tests from the same sample or from two separate test samples: glycated hemoglobin ≥6.5% (≥48.0 mmol/mol), fasting glucose ≥126 mg/dl (≥7.0 mmol/liter), OGTT 2-hour ≥200 mg/dl (≥11.1 mmol/liter) Impaired fasting glucose level: 100 to <126 mg/dl (5.6 to <7.0 mmol/liter) Impaired glucose tolerance OGTT 2-hr glucose level: 140 to <200 mg/dl (7.8 to <11.1 mmol/liter)
Fatty liver disease[2]	ALT is not diagnostic, but testing is universally recommended	ALT level >25 IU/liter (in boys) and >22 IU/liter (in girls)[2]; high values vary among reference laboratories; elevated values in absence of other explanation, especially if steatosis is present on ultrasonography, are suggestive but not diagnostic
Obstructive sleep apnea[5]	Sleep evaluation if chronic snoring, daytime sleepiness, nocturnal gasping for air, enuresis	Sleep medicine referral indicated when sleep apnea is suspected; criteria for diagnosis on sleep study differ from those in adults
PCOS[4]	Menstrual history or evidence (clinical [hirsutism, acne] or biochemical) of hyperandogenism or a family history of PCOS	At least two of the following symptoms: hyperandrogenism, ovulatory dysfunction, or polycystic ovaries on vaginal ultrasonography, with exclusion of other endocrine conditions associated with hyperandrogenemia. Usually diagnosed in adolescents on the basis of hyperandrogenemia and ovulatory dysfunction after exclusion of other endocrine conditions associated with hyperandrogenism
Musculoskeletal disease	Radiography of hips and lower limbs if symptoms are present	Requires orthopedic expertise
Rare genetic disorders of obesity[20]	Referral to genetic specialist for blood or buccal swab DNA analysis if signs and symptoms are present	Test panel sequences genes and chromosome regions with clinical or molecular evidence (or both) suggestive of a role in human obesity

* ALT denotes alanine aminotransferase, HDL high-density lipoprotein, LDL low-density lipoprotein, and OGTT oral glucose-tolerance test.
† Testing for glycated hemoglobin should be performed with the use of a method that is certified by the National Glycohemoglobin Standardization Program and standardized according to the Diabetes Control and Complications Trial assay.[23]
‡ The International Expert Committee criterion for prediabetes is a glycated hemoglobin level of 6.0 to <6.5% (7.0 to <7.8 mmol/liter).[24]

Table 3. Management of Obesity in Adolescents.

Nutrition recommendations[18]

Eliminate sugar-sweetened beverages and juices and decrease highly processed foods (e.g., fast foods) and snacks

Follow dietary patterns that emphasize plant-based foods (e.g., vegetables, fruits, whole grains), lean sources of protein, high levels of fiber, and low levels of saturated fat

Eat regular meals, avoid snacking, and control portion sizes; parents should role-model eating behaviors, preparing meals at home, and eating together; avoid having calorically dense, nutritionally empty foods at home

Sedentary behavior and physical activity recommendations[26]

≤2 Hr per day of screen time outside of school and work

60 Min of moderate-to-vigorous physical activity daily

Antiobesity medications

In adolescents ≥12 years of age, consider use of antiobesity medication, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment

Bariatric surgery[18]

Consider in adolescents ≥13 years of age with severe obesity: class 2 obesity, BMI ≥35, or 120% of the 95th percentile for age and sex, whichever is lower, and a clinically significant coexisting condition; or class 3 obesity, BMI ≥40, or 140% of the 95th percentile for age and sex, whichever is lower, with or without a clinically significant coexisting condition

Ensure that adolescents are able to adhere to principles of dietary and medical recommendations and do not have an eating disorder

Refer to a center with a surgeon experienced in pediatric bariatric surgery and a comprehensive, multidisciplinary program for presurgical, surgical, and postsurgical care with long-term follow-up

Dietary patterns that emphasize plant-based foods (i.e., vegetables, fruits, and whole grains), lean sources of protein, high fiber intake, and low consumption of saturated fat are associated with better cardiometabolic risk profiles. Ketogenic diets, which are used for treating some seizure disorders in children, have been incorporated in some obesity treatment programs for adolescents and have shown short-term safety and efficacy (weight loss of 7 to 9% of the baseline body weight at 3 to 4 months of follow-up).[31] However, these programs have substantial attrition, and there are insufficient data to inform long-term outcomes with these diets or with low-carbohydrate diets in adolescents.

Supervised marked caloric restriction (very-low-calorie diets) for weight loss in adolescents is not recommended. Studies have shown mixed results with the use of these diets; weight regain is typical,[32] and there are concerns regarding long-term acceptability and safety, including risks of eating disorders, electrolyte or other metabolic disturbances, vitamin and mineral deficiencies, and adverse psychological effect.[33] Although social emphasis on patient-imposed restrictive dieting behaviors is associated with a risk of disordered eating, supervised multidisciplinary weight management and treatment of obesity with ongoing support from a pediatrician, pediatric dietician, and mental health professional are not associated with an increased risk of eating disorders.[34]

Physical Activity Interventions

Dose–response studies of physical activity in adolescents indicate that benefits with regard to adiposity and cardiorespiratory and cardiometabolic measurements are observed with a daily average of 60 minutes of physical activity at a moderate-to-vigorous level of intensity.[26] Randomized trials of supervised interventions of shorter durations of moderate-to-vigorous aerobic exercise or combined aerobic and strength training (median, 3 days per week for 40 minutes per session) have also been shown to result in clinically significant cardiometabolic benefit and reductions in percent body fat (by approximately 5 to 6%).[35,36]

Multidisciplinary Interventions

A review of 28 randomized, controlled trials of multidisciplinary interventions of varying content (combinations of diet, physical activity, and behavior modification) and duration without pharmacotherapy in 2774 adolescents with obesity indicated only limited efficacy, with a mean differ-

Table 4. Approved Antiobesity Medications for Use with Intensive Health Behavior and Lifestyle Therapy.*

Medication	Age for Use	Mechanism	Dose	Common Side Effects	Serious Adverse Events and Contraindications
	yr				
Orlistat	≥12	Lipase inhibitor	120 mg (oral) 3 times daily with meals	Bowel urgency, flatulence with discharge, oily stools, and rectal leakage	Fat-soluble vitamin deficiencies
Phentermine	≥16	Amphetamine analogue, increases catecholamines and serotonin activity, suppresses appetite	Daily dose (oral), 15–37.5 mg; short-term use (≤12 wk)	Headache, nausea, palpitations, elevated blood pressure, restlessness, dizziness, insomnia	Do not use if there is a history of cardiovascular disease, with or after use of MAO inhibitors, with uncontrolled hypertension, or with hyperthyroidism
Phentermine–topiramate XR	≥12	Same mechanisms as phentermine; topiramate is an anticonvulsant with weight-loss side effects	Daily dose (oral): initial 3.75 mg phentermine and 23 mg topiramate XR for 2 wk; increase (as side-effect profile indicates) to 7.5 mg and 46 mg; if weight loss <3% after 12 wk, increase (as side-effect profile indicates) to 11.25 mg and 69 mg, then to 15 mg and 92 mg; must wean to decrease dose or discontinue	Headache, nausea, palpitations, elevated blood pressure, restlessness, dizziness, insomnia	Same contraindications as phentermine; teratogen, so must use reliable birth control. Use with caution with history of seizures, renal stones, or depression.
Liraglutide	≥12	GLP-1 receptor agonist; delayed gastric emptying, increased satiety response, decreased appetite	Daily dose (subcutaneous administration): initial, 0.6 mg for 1 wk; increase at weekly intervals, as side-effect profile indicates, in increments of 0.6 mg per day to a target dose of 3 mg once daily	Gastrointestinal symptoms: diarrhea, nausea, vomiting, constipation, dyspepsia, abdominal pain	Black-box warning: risk of thyroid C-cell tumors. Thyroid C-cell tumors in rodents; contraindicated in patients with a personal or family history of medullary thyroid carcinoma; in patients with acute kidney injury, gallbladder disease, or a history of pancreatitis
Semaglutide	≥12	GLP-1 receptor agonist; delayed gastric emptying, increased satiety response, decreased appetite	Weekly dose (subcutaneous administration): initial, 0.25 mg once weekly for 4 wk; adjust dose (as side-effect profile indicates) over 4 wk (0.5 mg, 1 mg, 1.7 mg, and 2.4 mg) to effect	Gastrointestinal symptoms: diarrhea, nausea, vomiting, constipation, dyspepsia, abdominal pain	Black-box warning: risk of thyroid C-cell tumors. Thyroid C-cell tumors in rodents; contraindicated in patients with a personal or family history of medullary thyroid carcinoma; in patients with acute kidney injury, gallbladder disease, or a history of pancreatitis
Setmelanotide†	≥6	Melanocortin receptor agonist; increased satiety	Daily dose varies according to age (0.5 to 3 mg) and is adjusted to effect	Skin hyperpigmentation, gastrointestinal symptoms, dermatologic adverse events	Depression, suicidal ideation, adverse sexual reactions (prolonged spontaneous erections)

* GLP-1 denotes glucagon-like peptide 1, MAO monoamine oxidase, and XR extended release.

† Setmelanotide is approved for use in adolescents with POMC, PCSK1, leptin receptor deficiency, or Bardet–Biedl syndrome.

ence in BMI of 1.18 with intervention as compared with control after at least 6 months of follow-up.[37] Although participants reported high levels of satisfaction with the interventions and improved quality of life, the potential effect of reporting bias, attrition, and variable adherence on overall outcomes of multidisciplinary interventions is difficult to assess.

Antiobesity Medications

The addition of approved weight-loss medications has improved the outcomes of multidisciplinary weight-loss programs in clinical trials.[38-40] Antiobesity medications that have been approved by the Food and Drug Administration for use in adolescents are shown in Table 4. Orlistat, a lipase inhibitor, is associated with flatus, oily spotting, and fecal urgency and incontinence — side effects that limit use in adolescents.[41] Phentermine, an amphetamine analogue that suppresses appetite, is approved for short-term use (≤12 weeks) in adolescents older than 16 years of age and is approved in combination with topiramate in adolescents at least 12 years of age when accompanied by counseling that topiramate is a teratogen and information regarding appropriate contraception.[40,42]

Randomized, placebo-controlled trials have shown the effectiveness of two glucagon-like peptide 1 (GLP-1) receptor agonists — liraglutide and semaglutide — in adolescents when combined with lifestyle therapy. In one placebo-controlled trial, liraglutide (administered subcutaneously at a dose of 3 mg daily) resulted in a greater reduction in the BMI (estimated difference, −4.6%) and body weight (estimated difference, −4.5 kg) at 56 weeks of treatment.[38] In another placebo-controlled trial, semaglutide (administered subcutaneously at a dose of 2.4 mg once weekly) resulted in greater reduction in BMI (−16.7%) and body weight (−17.7 kg) at 68 weeks, as well as greater reductions in waist circumference and levels of glycated hemoglobin, lipids (except HDL), and alanine aminotransferase.[39] Both agents are approved for indefinite use in adolescents 12 years of age and older. The major adverse effects are gastrointestinal symptoms; key contraindications include a personal or family history of medullary thyroid carcinoma, acute kidney injury, gallbladder disease, or pancreatitis.

Metformin is frequently administered off-label for obesity in adolescents. In a meta-analysis of 38 randomized trials involving children or adolescents (2199 participants; mean age, 13.7 years; daily dose range, 500 to 3000 mg; duration, 12 to 192 weeks), metformin reduced the mean BMI by 1.1 as compared with controls.[43] Topiramate, an anticonvulsant that is used for migraine prophylaxis, is also prescribed off-label for obesity after observations of dose-dependent weight reduction as a side effect among patients who received it.[40]

There is insufficient evidence to support antiobesity medication as monotherapy in adolescents without a multidisciplinary treatment strategy. Given the chronic nature of obesity, BMI is expected to increase after discontinuation of antiobesity medications. After participants had a 6-month withdrawal from liraglutide in a randomized trial of liraglutide, the difference in the BMI from baseline was less than 2%.[38] Because antiobesity medications are associated with substantial cost, adverse effects, and a still-uncertain benefit–risk ratio over the long term, discontinuation of the medication is suggested if there is no BMI reduction after administration at therapeutic dose levels for 4 months. A trial of a different medication may be considered.

Bariatric Surgery

In a cohort study involving adolescents, bariatric surgery (Roux-en-Y gastric bypass and vertical sleeve gastrectomy) was associated with weight loss of approximately 26% of the baseline body weight at 5 years (Table 3).[44] Remission rates 5 years after surgery were approximately 86% for type 2 diabetes and 68% for hypertension.[44] A randomized, controlled trial of surgical treatment as compared with nonsurgical treatment (8 weeks of low-calorie diet) in Sweden showed a 2-year change in BMI of −12.6 and −0.2, respectively.[45]

Most postsurgical complications are mild, but up to 8% of adolescents have major perioperative complications.[44] Long-term complications include deficiencies in nutrients (e.g., iron, vitamin B_{12}, and folate), reduced bone mass, and weight regain.[44] The incidence of alcohol-use disorders has also been reported to be higher among adolescents after metabolic and bariatric surgery,[46] although whether the disorders occur more commonly in adolescents with obesity who undergo surgery than in those who do not is unclear. Weight regain after surgery varies; approximately 60% of adolescents who were followed for 5 years after undergoing gastric bypass maintained a reduction from the baseline body weight of at least 20%, whereas 8% regained at least 95% of the initial weight lost.[44] Important predictors of weight regain among adolescents after surgery include younger age and lack of presurgical weight loss.[47]

AREAS OF UNCERTAINTY

Questions remain with regard to why the prevalence of obesity continues to increase and the effects of environmental drivers (e.g., pollution and polyfluoroalkyl substances). The extent to which the increasing use of antiobesity medications (including more potent medications, such as dual-agonist peptides [tirzepatide], that are currently being investigated) and bariatric surgery for obesity during adolescence will increase the proportion of adolescents who reach and maintain reduced BMIs is unknown, given the substantial weight regain that occurs when antiobesity medications are discontinued for any reason. Lifelong treatment of obesity is needed but is burdensome and cost-prohibitive, with disparities in access. Long-term data regarding treatment effectiveness and safety, including mental health outcomes, are needed to determine cost–benefit ratios. More attention to public health interventions (e.g., policies to discourage sugar-sweetened beverages) and community strategies (e.g., infrastructure for safe, healthy environments and community coalitions) is needed to reduce obesity in children and adolescents.

GUIDELINES

Consensus recommendations for the assessment, treatment, and prevention of obesity are endorsed by the Pediatric Endocrine Society and the European Society of Endocrinology.[22] The American Academy of Pediatrics recently published clinical practice guidelines that highlight the urgency of providing obesity treatment (≥26 hours of consultation for health behavior and lifestyle changes, with consideration of antiobesity medications as indicated) to each patient as soon as the diagnosis of obesity is made.[18] Our recommendations are consistent with these guidelines, with the acknowledgment that the costs and limited access to these therapies and the inadequacy of long-term outcomes data for medication use are major barriers.

CONCLUSIONS AND RECOMMENDATIONS

The patient described in the vignette has severe obesity that started at 6 years of age and in the ensuing 6 years progressed to include coexisting conditions such as prediabetes, dyslipidemia, and nonalcoholic fatty liver disease. Had we seen him at 6 years of age, we would have recommended intensive lifestyle intervention; to date, there are no approved antiobesity medications for children younger than 12 years of age. At this time, we would recommend intensive lifestyle intervention together with an antiobesity medication selected according to patient preference and weight-loss effect; currently, a GLP-1 receptor agonist would be the medication of choice given the effectiveness of these agents in clinical trials and the ease of administration. He should have follow-up visits every 3 months for surveillance of BMI and assessment of conditions associated with obesity and should receive treatment as needed. If surgical intervention is indicated in the future, he should be informed of the option for referral for evaluation for bariatric surgery at a comprehensive multidisciplinary pediatric center.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

REFERENCES

1. Twig G, Zucker I, Afek A, et al. Adolescent obesity and early-onset type 2 diabetes. Diabetes Care 2020;43:1487-95.
2. Vos MB, Abrams SH, Barlow SE, et al. NASPGHAN clinical practice guideline for the diagnosis and treatment of nonalcoholic fatty liver disease in children: recommendations from the Expert Committee on NAFLD (ECON) and the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN). J Pediatr Gastroenterol Nutr 2017;64:319-34.
3. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Re-

duction in Children and Adolescents, National Heart, Lung, and Blood Institute. Expert panel on integrated guidelines for cardiovascular health and risk reduction in children and adolescents: summary report. Pediatrics 2011;128:Suppl 5:S213-S256.
4. Ibáñez L, Oberfield SE, Witchel S, et al. An international consortium update: pathophysiology, diagnosis, and treatment of polycystic ovarian syndrome in adolescence. Horm Res Paediatr 2017;88:371-95.
5. Wise MS, Nichols CD, Grigg-Damberger MM, et al. Executive summary of respiratory indications for polysomnography in children: an evidence-based review. Sleep 2011;34(3):389-398AW.
6. Puhl RM, Lessard LM. Weight stigma in youth: prevalence, consequences, and considerations for clinical practice. Curr Obes Rep 2020;9:402-11.
7. Baker JL, Olsen LW, Sørensen TI. Childhood body-mass index and the risk of coronary heart disease in adulthood. N Engl J Med 2007;357:2329-37.
8. Twig G, Yaniv G, Levine H, et al. Body-mass index in 2.3 million adolescents and cardiovascular death in adulthood. N Engl J Med 2016;374:2430-40.
9. Lindberg L, Danielsson P, Persson M, Marcus C, Hagman E. Association of childhood obesity with risk of early all-cause and cause-specific mortality: a Swedish prospective cohort study. PLoS Med 2020;17(3):e1003078.
10. Juonala M, Magnussen CG, Berenson GS, et al. Childhood adiposity, adult adiposity, and cardiovascular risk factors. N Engl J Med 2011;365:1876-85.
11. Anekwe CV, Jarrell AR, Townsend MJ, Gaudier GI, Hiserodt JM, Stanford FC. Socioeconomics of obesity. Curr Obes Rep 2020;9:272-9.
12. Boyland EJ, Nolan S, Kelly B, et al. Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food and nonalcoholic beverage advertising on intake in children and adults. Am J Clin Nutr 2016;103:519-33.
13. Hales CM, Fryar CD, Carroll MD, Freedman DS, Ogden CL. Trends in obesity and severe obesity prevalence in US youth and adults by sex and age, 2007–2008 to 2015–2016. JAMA 2018;319:1723-5.
14. Woolford SJ, Sidell M, Li X, et al. Changes in body mass index among children and adolescents during the COVID-19 pandemic. JAMA 2021;326:1434-6.
15. McCormick DW, Richardson LC, Young PR, et al. Deaths in children and adolescents associated with COVID-19 and MIS-C in the United States. Pediatrics 2021;148(5):e2021052273.
16. Hales CM, Freedman DS, Akinbami L, Wei R, Ogden CL. Evaluation of alternative body mass index (BMI) metrics to monitor weight status in children and adolescents with extremely high BMI using CDC BMI-for-age growth charts. Vital Health Stat 1 2022;(197):1-42.
17. Wolf RM, Nagpal M, Magge SN. Diabetes and cardiometabolic risk in South Asian youth: a review. Pediatr Diabetes 2021;22:52-66.
18. Hampl SE, Hassink SG, Skinner AC, et al. Clinical practice guideline for the evaluation and treatment of children and adolescents with obesity. Pediatrics 2023;151(2):e2022060640.
19. Merrick MT, Ford DC, Ports KA, et al. Vital signs: estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention — 25 States, 2015–2017. MMWR Morb Mortal Wkly Rep 2019;68:999-1005.
20. Malhotra S, Sivasubramanian R, Srivastava G. Evaluation and management of early onset genetic obesity in childhood. J Pediatr Genet 2021;10:194-204.
21. Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical practice guideline for screening and management of high blood pressure in children and adolescents. Pediatrics 2017;140(3):e20171904.
22. Styne DM, Arslanian SA, Connor EL, et al. Pediatric obesity-assessment, treatment, and prevention: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab 2017;102:709-57.
23. ElSayed NA, Aleppo G, Aroda VR, et al. 2. Classification and diagnosis of diabetes: standards of care in diabetes — 2023. Diabetes Care 2023;46:Suppl 1:S19-S40.
24. International Expert Committee. International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care 2009;32:1327-34.
25. Lee JM, Wu E-L, Tarini B, Herman WH, Yoon E. Diagnosis of diabetes using hemoglobin A1c: should recommendations in adults be extrapolated to adolescents? J Pediatr 2011;158(6):947-952.e3.
26. Chaput JP, Willumsen J, Bull F, et al. 2020 WHO guidelines on physical activity and sedentary behaviour for children and adolescents aged 5–17 years: summary of the evidence. Int J Behav Nutr Phys Act 2020;17:141.
27. Vallabhan MK, Jimenez EY, Nash JL, et al. Motivational interviewing to treat adolescents with obesity: a meta-analysis. Pediatrics 2018;142(5):e20180733.
28. Grossman DC, Bibbins-Domingo K, Curry SJ, et al. Screening for obesity in children and adolescents: US Preventive Services Task Force recommendation statement. JAMA 2017;317:2417-26.
29. Muth ND, Dietz WH, Magge SN, et al. Public policies to reduce sugary drink consumption in children and adolescents. Pediatrics 2019;143(4):e20190282.
30. Nguyen M, Jarvis SE, Tinajero MG, et al. Sugar-sweetened beverage consumption and weight gain in children and adults: a systematic review and meta-analysis of prospective cohort studies and randomized controlled trials. Am J Clin Nutr 2023;117:160-74.
31. Pauley M, Mays C, Bailes JR Jr, et al. Carbohydrate-restricted diet: a successful strategy for short-term management in youth with severe obesity — an observational study. Metab Syndr Relat Disord 2021;19:281-7.
32. Andela S, Burrows TL, Baur LA, Coyle DH, Collins CE, Gow ML. Efficacy of very low-energy diet programs for weight loss: a systematic review with meta-analysis of intervention studies in children and adolescents with obesity. Obes Rev 2019;20:871-82.
33. House ET, Gow ML, Lister NB, et al. Pediatric weight management, dietary restraint, dieting, and eating disorder risk: a systematic review. Nutr Rev 2021;79:1114-33.
34. Alman KL, Lister NB, Garnett SP, Gow ML, Aldwell K, Jebeile H. Dietetic management of obesity and severe obesity in children and adolescents: a scoping review of guidelines. Obes Rev 2021;22(1):e13132.
35. Kelley GA, Kelley KS, Pate RR. Exercise and adiposity in overweight and obese children and adolescents: a systematic review with network meta-analysis of randomised trials. BMJ Open 2019;9(11):e031220.
36. Lee S, Bacha F, Hannon T, Kuk JL, Boesch C, Arslanian S. Effects of aerobic versus resistance exercise without caloric restriction on abdominal fat, intrahepatic lipid, and insulin sensitivity in obese adolescent boys: a randomized, controlled trial. Diabetes 2012;61:2787-95.
37. Al-Khudairy L, Loveman E, Colquitt JL, et al. Diet, physical activity and behavioural interventions for the treatment of overweight or obese adolescents aged 12 to 17 years. Cochrane Database Syst Rev 2017;6(6):CD012691.
38. Kelly AS, Auerbach P, Barrientos-Perez M, et al. A randomized, controlled trial of liraglutide for adolescents with obesity. N Engl J Med 2020;382:2117-28.
39. Weghuber D, Barrett T, Barrientos-Pérez M, et al. Once-weekly semaglutide in adolescents with obesity. N Engl J Med 2022;387:2245-57.
40. Hsia DS, Gosselin NH, Williams J, et al. A randomized, double-blind, placebo-controlled, pharmacokinetic and pharmacodynamic study of a fixed-dose combination of phentermine/topiramate in adolescents with obesity. Diabetes Obes Metab 2020;22:480-91.
41. Mead E, Atkinson G, Richter B, et al. Drug interventions for the treatment of obesity in children and adolescents. Cochrane Database Syst Rev 2016;11:CD012436.
42. Dhillon S. Phentermine/topiramate: pediatric first approval. Paediatr Drugs 2022;24:715-20.
43. Sadeghi A, Mousavi SM, Mokhtari T, Parohan M, Milajerdi A. Metformin therapy reduces obesity indices in children and adolescents: a systematic review and meta-analysis of randomized clinical trials. Child Obes 2020;16:174-91.
44. Inge TH, Courcoulas AP, Jenkins TM, et al. Five-year outcomes of gastric bypass in adolescents as compared with adults. N Engl J Med 2019;380:2136-45.
45. Järvholm K, Janson A, Peltonen M, et al. Metabolic and bariatric surgery versus intensive non-surgical treatment for adolescents with severe obesity (AMOS2): a multicentre, randomised, controlled trial in Sweden. Lancet Child Adolesc Health 2023;7:249-60.
46. White GE, Boles RE, Courcoulas AP, et al. A prospective cohort of alcohol use and alcohol-related problems before and after metabolic and bariatric surgery in adolescents. Ann Surg 2022 November 17 (Epub ahead of print).
47. Fennig U, Snir A, Halifa-Kurzman I, Sela A, Hadas A, Fennig S. Pre-surgical weight loss predicts post-surgical weight loss trajectories in adolescents enrolled in a bariatric program. Obes Surg 2019;29:1154-63.

Copyright © 2023 Massachusetts Medical Society.

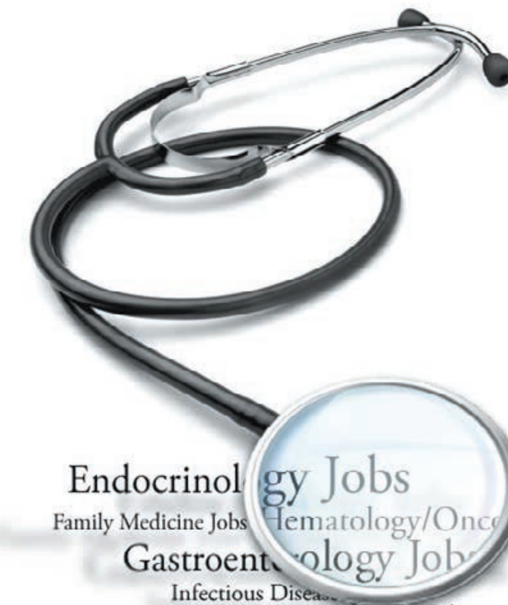
Jobs for you, right to your inbox.

*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

NEJM
CareerCenter



SEARCH AND APPLY FOR JOBS FROM YOUR PHONE.

NEJM CareerCenter, the physician jobs companion website of the *New England Journal of Medicine*, has a **NEW** iPhone app. Access our nationwide database to find quality jobs from a source you can trust.

- Search or browse quality physician jobs by specialty and/or location
- Receive notification of new jobs that match your search criteria
- Save jobs with the touch of a button
- Email or tweet jobs to your network
- Apply for jobs directly from your phone!

Download or update the FREE iPhone app and start your search today!

NEJMCareerCenter.org

NEJM
CareerCenter

The NEW ENGLAND JOURNAL of MEDICINE

Sponsor Profile

From ramen noodles,

to cash in oodles.

You've waited a long time for your first real paycheck, and it's almost time to cash in. Let's make sure you get a job where you want, with the paycheck you want. We know what you're worth, we know how to negotiate, and we're going to work with you every step of the way to land your dream job.

From locum tenens to permanent placements, we're ready to help. **CompHealth.com/GetJob**

CompHealth.

Great Jobs. Less Search.

Sign up for Jobs by Email from NEJM CareerCenter.

You know you can count on the *New England Journal of Medicine* for high-quality job listings. But did you know you can also save time with our Jobs by Email service?

Just indicate your specialty, desired position and preferred location. We'll send you an email when a job that fits those criteria is listed at NEJM CareerCenter. It's that simple.

Find the right job without searching — it's something a busy physician should check out. Go to NEJMCareerCenter.org and click on Create a Job Alert to get started.

NEJM CareerCenter

The NEW ENGLAND JOURNAL of MEDICINE

The NEW ENGLAND JOURNAL of MEDICINE

Classified Advertising Section

Sequence of Classifications

Addiction Medicine
Allergy & Clinical Immunology
Ambulatory Medicine
Anesthesiology
Cardiology
Critical Care
Dermatology
Emergency Medicine
Endocrinology
Family Medicine
Gastroenterology
General Practice
Geriatrics
Hematology-Oncology
Hospitalist
Infectious Disease
Internal Medicine
Internal Medicine/Pediatrics
Medical Genetics
Neonatal-Perinatal Medicine
Nephrology
Neurology
Nuclear Medicine
Obstetrics & Gynecology
Occupational Medicine
Ophthalmology
Osteopathic Medicine
Otolaryngology
Pathology
Pediatrics, General
Pediatric Gastroenterology
Pediatric Intensivist/
Critical Care
Pediatric Neurology
Pediatric Otolaryngology
Pediatric Pulmonology
Physical Medicine &
Rehabilitation
Preventive Medicine
Primary Care
Psychiatry
Public Health
Pulmonary Disease
Radiation Oncology
Radiology
Rheumatology
Surgery, General
Surgery, Cardiovascular/
Thoracic
Surgery, Neurological
Surgery, Orthopedic
Surgery, Pediatric Orthopedic
Surgery, Pediatric
Surgery, Plastic
Surgery, Transplant
Surgery, Vascular
Urgent Care
Urology

Chiefs/Directors/
Department Heads
Faculty/Research
Graduate Training/Fellowships/
Residency Programs

Courses, Symposia,
Seminars
For Sale/For Rent/Wanted
Locum Tenens
Miscellaneous
Multiple Specialties/
Group Practice
Part-Time Positions/Other
Physician Assistant
Physician Services
Positions Sought
Practices for Sale

Classified Advertising Rates

We charge $10.55 per word per insertion. A 2- to 4-time frequency discount rate of $7.85 per word per insertion is available. A 5-time frequency discount rate of $7.55 per word per insertion is also available. In order to earn the 2- to 4-time or 5-time discounted word rate, the request for an ad to run in multiple issues must be made upon initial placement. The issues do not need to be consecutive. **Web fee:** Classified line advertisers may choose to have their ads placed on NEJM CareerCenter for a fee of $130.00 per issue per advertisement. The web fee must be purchased for all dates of the print schedule. The choice to place your ad online must be made at the same time the print ad is scheduled. **Note:** The minimum charge for all types of line advertising is equivalent to 30 words per ad. Purchase orders will be accepted subject to credit approval. For orders requiring prepayment, we accept payment via Visa, MasterCard, and American Express for your convenience, or a check. All classified line ads are subject to the consistency guidelines of NEJM.

How to Advertise

All orders, cancellations, and changes must be received in writing. E-mail your advertisement to us at ads@nejmcareercenter.org, or fax it to 1-781-895-1045 or 1-781-893-5003. We will contact you to confirm your order. Our closing date is typically the Friday 20 days prior to publication date; however, please consult the rate card online at **nejmcareercenter.org** or contact the Classified Advertising Department at 1-800-635-6991. Be sure to tell us the classification heading you would like your ad to appear under (see listings above). If no classification is offered, we will determine the most appropriate classification. Cancellations must be made 20 days prior to publication date. Send all advertisements to the address listed below.

Contact Information

Classified Advertising
The New England Journal of Medicine
860 Winter Street, Waltham, MA 02451-1412

E-mail: ads@nejmcareercenter.org
Fax: 1-781-895-1045
Fax: 1-781-893-5003
Phone: 1-800-635-6991
Phone: 1-781-893-3800
Website: **nejmcareercenter.org**

How to Calculate the Cost of Your Ad

We define a word as one or more letters bound by spaces. Following are some typical examples:

Bradley S. Smith III, MD...... = 5 words
Send CV .... = 2 words
December 10, 2007 .... = 3 words
617-555-1234 .... = 1 word
Obstetrician/Gynecologist ... = 1 word
A .... = 1 word
Dalton, MD 01622 .... = 3 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. Ideal candidate should be board certified in internal medicine with subspecialties in oncology or gastroenterology. Willing to visit patients at home. Good verbal and written skills required. Attractive salary and benefits. Send CV to: E-mail address.

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.

Policy on Recruitment Ads

All advertisements for employment must be non-discriminatory and comply with all applicable laws and regulations. Ads that discriminate against applicants based on sex, age, race, religion, marital status or physical handicap will not be accepted. Although the *New England Journal of Medicine* believes the classified advertisements published within these pages to be from reputable sources, NEJM does not investigate the offers made and assumes no responsibility concerning them. NEJM strives for complete accuracy when entering classified advertisements; however, NEJM cannot accept responsibility for typographical errors should they occur.

NEJMCareerCenter.org

Classified Ad Deadlines

Issue	Closing Date
October 12	September 22
October 19	September 29
October 26	October 5
November 2	October 13

Hematology-Oncology

HEMATOLOGIST/ONCOLOGIST — Top Coastal Southeast Florida private practice looking for a well-trained BE/BC Hematologist/Oncologist to join very busy established group. Highly Competitive package with sign-on bonus leading to eventual full equal partnership. E-mail resume to: job.inquiry88@gmail.com

FLEXIBLE PHYSICIAN CAREERS

Search Locum Tenens Jobs at NEJMCareerCenter.org

Nephrology

ADULT NEPHROLOGIST NEEDED — Third Nephrologist to join a private practice in northeastern part of North Carolina (Roanoke Rapids). Excellent salary and benefit package. Please send e-mail/CV to: sanlor3@gmail.com

Search for both permanent and locum tenens jobs at NEJM CareerCenter, ranked #1 in usefulness by physicians.*

Put the most trusted name in medicine on the lookout for your next job.

NEJMCareerCenter.org

*How Physicians Search for Jobs, an independent, blind study conducted by Zeldis Research Associates, Inc.

Practices For Sale

INTERNAL MEDICINE PRACTICE FOR SALE IN ASPEN, COLORADO — 1,000+ Members and growing. Partial concierge model. Two great local hospitals. Owner is interested in assisting with transition. E-mail: Aspenoffice2019@gmail.com

Hiring is a numbers game — place your ad in 3 issues and get the 4th FREE.

NEJM CareerCenter

(800) 635-6991

ads@nejmcareercenter.org

SEARCH AND APPLY FOR JOBS FROM YOUR iPHONE.

- Search or browse quality physician jobs by specialty and/or location
- Receive notification of new jobs that match your search criteria
- Save jobs with the touch of a button
- Email or tweet jobs to your network
- Apply for jobs directly from your phone!

Download or update the FREE app and start your search today!

NEJMCareerCenter.org

UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

The **Department of Medicine at the University of Maryland School of Medicine** is recruiting faculty to join our expanding programs in several divisions including **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 UMSOM 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.

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. The majority of our clinical service is provided at the University of Maryland Medical Center in Baltimore, ranked as one of the top two Best Hospitals in both the State of Maryland and the Baltimore Metro Area by U.S. News & World Report in 2023.

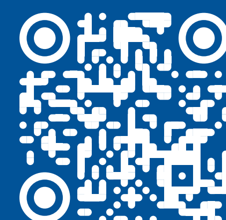
We are pleased to offer a competitive salary, medical/dental benefits, disability plans, retirement plans, and more!

UMB is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by law or policy. We value diversity and how it enriches our academic and scientific community and strive toward cultivating an inclusive environment that supports all employees.

Join Our Team!

Visa Sponsorship Available!

We're hiring **Physicians, Surgeons, NPs, PAs, CRNAs** for Hospital Medicine, Outpatient Primary Care, Anesthesiology, Orthopedics, Gastroenterology, Rheumotology, Infectious Disease, Vascular, Cardiology, Palliative Care, Otolaryngology, Ob/Gyn, and Neurology



Primary Care Physicians for Rumford start at $300,000 with a $50,000 Sign on Bonus

Learn more

Visit **www.cmhc.org/careers** using the **QR code** at left or **text NEJM** to **857-400-0656** to reach our Provider Recruiting team directly.

Significant Sign On Bonus
Student Loan Repayment
Relocation Assistance

- Competitive wages
- Comprehensive benefits
- Income protection
- Ongoing certification support
- Flexible schedules for work life balance
- Great leadership
- Supportive teams

Bridgton Hospital | Central Maine Medical Center
Central Maine Medical Group Specialty and Primary Practices | Rumford Hospital

NAMED ONE OF THE NATION'S

TOP 1% HOSPITALS

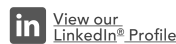
FOR THE SECOND YEAR IN A ROW (2022-2023)

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 64 primary care ambulatory physicians (45 family medicine, 19 internal medicine) and 26 APPs.

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

Tower Health is an Equal Opportunity Employer committed to creating a diverse and inclusive environment reflective of the communities we serve.



PHYSICIANS NEEDED IN BEAUTIFUL NC — NEAR PINEHURST, COAST — LOAN ASSISTANCE!

➢ IM ➢ HOSPITALIST ➢ NOCTURNIST
➢ PULMONOLOGY ➢ HEM/ONC ➢ FP
➢ ORTHO SURG ➢ RAD ➢ UROLOGY

Practice in a community located 30 minutes from the resort area of Pinehurst, 45 minutes from Fayetteville, and under 2 hours from Raleigh, Charlotte, Greensboro, Wilmington, and Myrtle Beach. Outpatient-based primary care positions qualify for federal loan repayment and subspecialties qualify for Public Service Loan Forgiveness. Competitive base and production comp models include sign on bonus and benefits.

Contact: Melisa Ciarrocca
Director of Provider Recruitment to learn more!
Office: 910-291-7540
Text: 910-280-1337
Email: melisa.ciarrocca@scotlandhealth.org
Website: www.scotlandhealth.org

Joslin Diabetes Center Senior Position in Immunology Research Relevant to Type 1 Diabetes

Joslin Diabetes Center is recruiting a distinguished senior-level scientist in the field of immunology relevant to type 1 diabetes with vision, leadership skills, and a track record of mentorship. The successful candidate will serve as ***Section Head and Senior Investigator in the Research Division at Joslin Diabetes Center*** and be nominated for an appointment as ***Professor of Medicine and Immunology in the Immunobiology Program at Harvard Medical School (HMS)***. We seek candidates whose experience, teaching, research or community service has prepared them to contribute to our commitment to diversity and excellence.

The Joslin Diabetes Center and Department of Immunobiology Program faculty focus on a broad array of scientific areas in basic and translational immunology significantly relevant to type 1 diabetes, including mechanisms of action of suppressive immune cell types, therapeutic strategies to modulate the immune system, dendritic cell biology, transplantation immunology and the development and translation of novel adoptive T cell therapies, including CAR-T cells.

Candidates must hold a M.D., and/or Ph.D., qualify for a faculty appointment as Senior Member/Full Professor. Applicants should have impactful scholarship, an established stature in the field of immunology and type 1 diabetes, extramural funding and a creative profile of innovative research programs that would complement high-profile research conducted by Joslin and departmental faculty and possess demonstrated leadership and administrative skills. The generous recruitment package includes an endowed chair, a highly competitive salary, ample lab and animal space, a laboratory start-up fund, a stimulating and highly collegial environment and the opportunity to hire new junior faculty. Joslin is affiliated with the Beth Israel Deaconess Medical Center and HMS.

Qualified applicants should attach a cover letter, their Curriculum Vitae, a synopsis of their past, current, and proposed future research programs, especially a vision for future research relevant to type 1 diabetes (2-4 pages), statement of teaching/mentoring and contributions to diversity (1 page), and include the names of three individuals who could provide letters. **Applications should be sent to Kimberly Monaco at Recruitment@joslin.harvard.edu**. Review of applications will begin immediately.

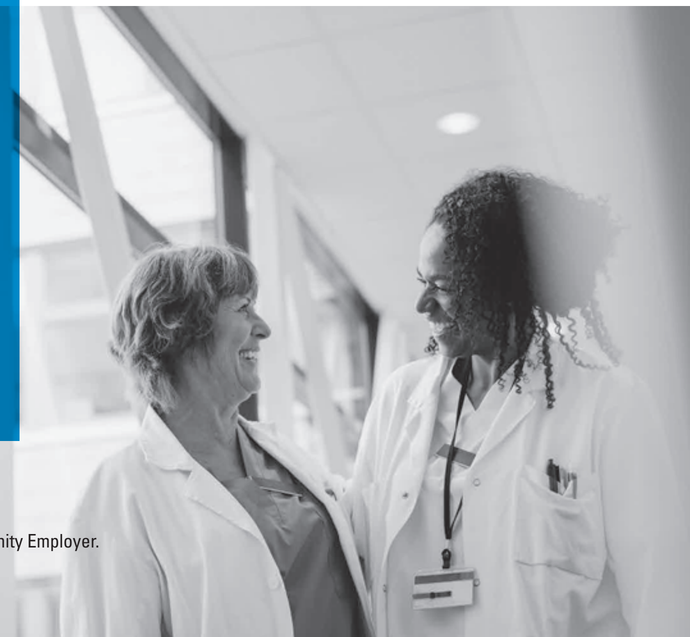
Questions regarding the position should be directed to Prof. Rohit N. Kulkarni, Senior Investigator, Joslin Diabetes Center and Professor of Medicine, HMS Recruitment@joslin.harvard.edu

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. Joslin seeks candidates whose skills, and personal and professional experience, have prepared them to contribute to our commitment to diversity and excellence.

Transforming care.

We are physician-led and patient-centered. We are driven by purpose. By our greater Boston area community. By investing in dedicated physicians like you. Together, we can improve lives. Won't you join us?

atriushealthproviders.org



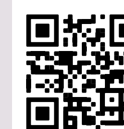
Atrius Health is an Affirmative Action/Equal Employment Opportunity Employer.

See how knowing about locums can open doors.

WELCOME

WELCOME

locumstory.com



locumstory.com/locums-101-N

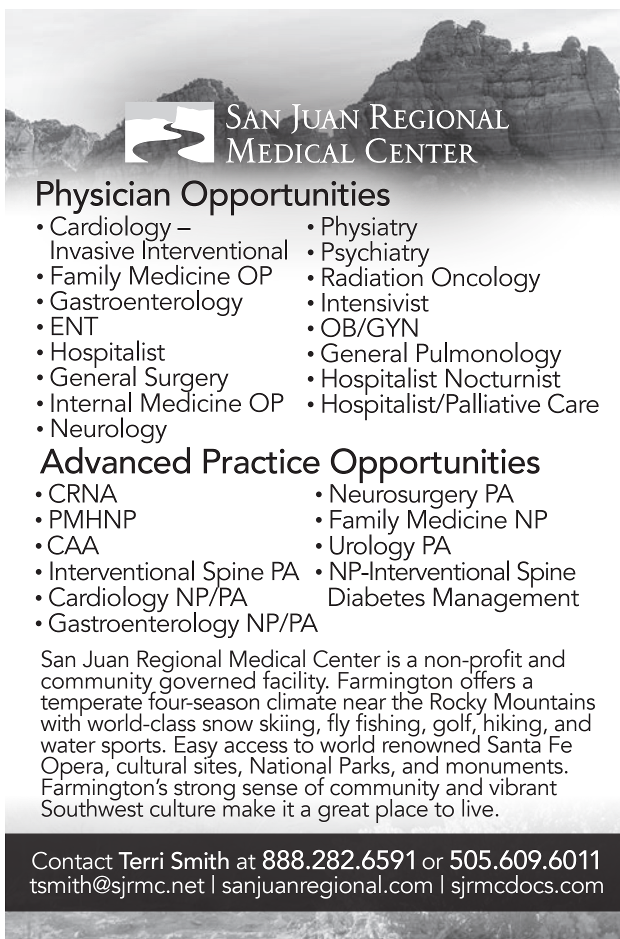
The VA Northeast Ohio Healthcare System is seeking a full-time (8/8s) Infectious Diseases and HIV physician. Primary clinical responsibilities will include consultation on acutely ill in-patients, patients in the nursing home and dementia care units, and Veterans in our outpatient ID clinics. Qualified candidates will also provide primary care to a large cohort of HIV-positive patients in the immediate Cleveland area as well as several surrounding rural communities, through both face-to-face and virtual modalities. The qualified candidate may also assume administrative oversight of an active outpatient IV therapy program in conjunction with a pharmacy care coordinator.

Prior experience with the VA Healthcare System is highly preferred; additionally, the Louis Stokes VA is also a Spinal Cord Injury Hub and preferred candidates will also demonstrate experience with infections in patients in acute and long-term residential spinal cord injury units. As the facility possesses an attached skilled nursing facility, experience or certification in geriatric infections of Veterans in long-term care facilities will be highly considered. Academically engaged candidates with prior presentations at national meetings and willingness to participate in the education of nurse practitioners, fellows, residents and medical students are expected.

The Cleveland VA Medical Center is a teaching affiliate of Case Western Reserve University. The successful candidate will be appointed at Case Western Reserve University School of Medicine at an academic level commensurate to their experience. Preferred candidates will have completed three years of Internal Medicine training in an accredited program, as well as a fellowship in Infectious Diseases. Board Certified are preferred.

Interested candidates should submit their curriculum vitae to the Federal Government's Official job site at:

http://www.usajobs.gov



Vital Roles in a Vibrant Community
Physician Opportunities

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

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.

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

Together, we can all be better.

At Optum, we're making health care human again by giving clinicians the freedom and flexibility to be better. Better at caring for your patients. Better at caring for yourself. Better at creating a career path without limits.

Part of Optum, Reliant is a multi-specialty medical group with 19 locations caring for patients in Central and MetroWest Massachusetts. Our clinical teams work with an emphasis on innovation and building strong patient relationships within local communities.

Optum cares for patients from coast to coast. Reliant brings care close to where our patients live and work, making health care better for everyone. **Better nationally. Better locally.**

Are you ready for a change?

Come practice with Optum and build a better future.

Search Optum physician careers at Reliant Medical Group locations.

Sparta Community Hospital, a Critical Access Hospital located in Southern Illinois is searching for TWO physicians who are passionate about exceptional patient care to join our team!

Hospitalist — As part the Hospitalist team at Sparta Community Hospital, the physician will manage the care of inpatients, observation, and swing bed (Skilled Nursing Care) patients. The hospitalist will be a member of Sparta Community Hospital's interdisciplinary team and will provide direct hands-on care and facilitate the continuum of care for patients from admission through the discharge process, including providing follow-up care after discharge before facilitating the patient's transfer of care back to the primary provider and making referrals to specialized care as appropriate.

Family Practitioner/Primary Care — As a part of the Quality Healthcare Clinic team at Sparta Community Hospital, primary care physicians provide the full scope of health and wellness services, including diagnosis, treatment, coordination of care, preventative care, and health maintenance to patients. Physicians also serve as leaders with the patient centered medical home model and work collaboratively with the care team to ensure that each patient receives the best possible care.

Our physicians collaborate with a team and are empowered by administration. Physicians should have an excellent bedside manner with an ability to put patients at ease during treatment. Candidates should have a strong knowledge base and a dedication to the general health and well-being of patients.

Contact Joann Emge, CEO
at 618-443-1347 • emgej@spartahospital.com
or visit www.spartahospital.com/careers/
to view requirements and to apply

Anesthesiology * Psychiatry * Neurology
OB/GYN * Primary Care * Radiology
Hematology/Oncology * Cardiology
Pulmonary/Critical Care * Pediatrics

Physician Affiliate Group of New York, P.C. (PAGNY) is comprised of over 4,000 physicians and healthcare professionals who provide services to NYC Health + Hospitals (H+H), the largest public health system in the U.S. Come explore an environment that fosters both professional and academic growth!

Gotham Health Centers * Harlem Hospital
Jacobi Medical Center * Kings County Hospital
Lincoln Medical Center * Metropolitan Hospital
North Central Bronx Hospital * South Brooklyn Health
Correctional Health Services

Exceptional Benefits include:

- Competitive compensation package
- 10% 401K company contribution after one year of service
- Choice of a three-tiered, starting at FREE medical plans
- Excellent dental insurance including orthodontics coverage
- Generous paid time off program
- CME days and dollars
- Eligibility for loan forgiveness through the National Student Debt Forgiveness Center
- We can sponsor both H1b and J1 visas

To learn more, or apply, please visit:
https://www.pagny.org/careers

Equal Opportunity Employer M/F/D/V

Purposeful Presence

Reconnect with what matters most in your medical career.

At SSM Health, a leading Catholic, not-for-profit integrated health system serving Illinois, Missouri, Oklahoma, and Wisconsin, you can practice medicine that restores health, invigorates hope, and transforms care.

Discover the benefits of practicing at SSM Health:

- Diverse selection of physician specialties and locations
- Work in a collaborative and inclusive practice culture with a network of providers who are clinically driven and guided by purpose
- Receive generous compensation, substantial benefits, and family friendly PTO to allow you to achieve work/life balance

Reconnect with your purpose.

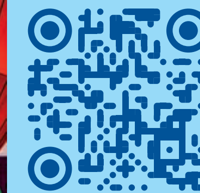
JoinSSMHealth.com

Join Our Team

at Central Maine Heart and Vascular Institute (CMHVI)

Seeking cardiologists for a new and developing program in imaging and general cardiology for a 20-year, established service line.

- **Opportunities to expand and develop** our current affiliation with the renowned Massachusetts General Hospital.
- Located approximately 30 miles northwest of Portland, this Maine area boasts excellent schools as well as a full seasonal experience including stunning beaches, access to lakes and mountains, and year-round outdoor activities.
- **Highly competitive compensation** and benefits package offered for the right candidate. Leadership interests and backgrounds are welcomed and supported.
- **CMHVI is committed to work-life balance**, as well as diversity, inclusion, and equality for all that apply.



Learn more

Visit **www.cmhc.org/careers** using the **QR code** at left or **text NEJM** to **857-400-0656** to reach our Provider Recruiting team directly.

Join Our Team

at Swift River Family Medicine

Be an essential part of a vibrant community!

- **Potential for $300K salary** commensurate with experience
- **Potential $50K sign on bonus**
- Close proximity to outdoor recreation- skiing, hiking, fishing, swimming

To learn more

Visit **www.cmhc.org/careers** or **text NEJM** to **857-400-0656**.

Join Our Team

at Central Maine Medical Center ENT

Join our team of highly skilled professionals!

- Hiring
  - Otolaryngologist
  - Audiologist
- We offer a highly competitive compensation package
- Work with the latest most advanced technology
- Live, work, and play in one of the most beautiful regions in the country

To learn more

Visit **www.cmhc.org/careers** or **text NEJM** to **857-400-0656**.

NEJMCareerCenter.org

PHYSICIAN-SCIENTIST FACULTY POSITIONS
THE ROCKEFELLER UNIVERSITY

In addition to applicants pursuing fundamental biomedical research, The Rockefeller University seeks outstanding physician-scientists to conduct programs in all areas of patient-based research. The NIH CTSA-supported Center for Clinical and Translational Science at the University's research hospital provides additional resources to complement other University support available for human subjects research conducted by our faculty members. Current areas of CTSA investigation include human genetics, hematopoiesis, cancer biology, vascular biology, thrombosis and hemostasis, dermatology, metabolic disease, infectious disease, digestive disease, immunology, physiology, and pharmacology. We are committed to recruiting and supporting a diverse scientific community and seek to create a faculty of individuals from different backgrounds with a wide range of perspectives and experiences. We strongly encourage applications from individuals from groups that are underrepresented in biomedical science.

Visit **http://www.rockefeller.edu/facultysearch** to submit your application online and view further information about the positions. Select Mechanisms of Human Disease and Cancer Biology as your field of study on the application form.

Application deadline is September 29, 2023.

Address questions to **facultysearch@rockefeller.edu.**

Salary Range: $150,000 - $250,000 annually.

As an equal opportunity employer, we will consider all qualified applicants for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or protected veteran status.

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. **usoncology.com.**

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

The US Oncology Network is supported by McKesson Specialty Health. © 2014 McKesson Specialty Health. All rights reserved.

PERMANENTE MEDICINE®
Washington Permanente Medical Group

Community. Compassion. Care.

Washington Permanente Medical Group (WPMG) fulfills the promise of medicine for patients in the Pacific Northwest.

Here, you can experience the best of the Northwest—and give your best to your patients. Recharge, rebalance, and put patients at the heart of everything you do, because at WPMG, you can have it all, with passion and purpose.

Join WPMG in a region that thrives on community. It's where we live. It's where we play. It's where we connect.

Visit our careers page today at wpmgcareers.org

We are an EOE/AA/M/F/D/V employer

Washington Permanente Medical Group is a clinician-led, independent, multi-specialty group practice, providing care to more than 700,000 Kaiser Permanente patients in Washington state.

Explore your opportunities at:

northwest.permanente.org

Please contact:
Bridgitte Ngo
Bridgitte.A.Ngo@kp.org

PERMANENTE MEDICINE®
Northwest Permanente

Primary Care Physician Opportunity in our new Center for Black Health and Wellness.

If health equity is a priority in your career, Kaiser Permanente Northwest has an amazing Primary Care opportunity in our new Center for Black Health and Wellness. **Learn more about this opportunity - bit.ly/NWP_blackcenterofexcellence**

"The Kaiser Permanente Center for Black Health and Wellness is equity in action. It's another important step in our commitment to equity, inclusion, and diversity — and I can't wait to see it come to life as soon as possible. I'm proud to be part of this effort and part of an organization where eliminating health care disparities is a high priority."

– Jane Akpamgbo, MD

Additional Primary Care Physicians, Urgent Care Physicians & Nocturnists Opportunities available

Portland and Salem, Oregon, and Southwest Washington, including Longview

Join our medical group
Northwest Permanente is a physician-led, multi-specialty group of 1,500 physicians, surgeons, clinicians, and administrative staff caring for 630,000 Kaiser Permanente members in Oregon and Southwest Washington.

We are an EOE/AA/M/F/D/V Employer

Working for Northwest Permanente, you'll enjoy:

- 21% employer contribution to retirement programs, including pension *(this is not a match - NWP contributes 21% of clinician earnings to retirement programs regardless of employee contribution)*
- 90%+ employer paid health plan
- Student loan assistance programs*
- Relocation allowance
- Generous sign-on bonus*
- Leadership opportunities
- Paid annual education leave + allowance
- Shareholder opportunities
- Paid sabbatical after attaining shareholder status

• for qualifying departments

NEJMCareerCenter.org

NEJMCareerCenter.org

Take the lead on your healthcare career.

Our dedicated consultants can connect you with the nation's largest selection of locums jobs. So lead on. We'll help you get where you want to go.

weatherbyhealthcare.com/teamlocums

WE OFFER CIVILIAN PHYSICIANS WHAT MATTERS MOST.

THE WORK-LIFE BALANCE YOU NEED, THE BENEFITS YOU DESERVE.

- Competitive Salary
- Generous Paid Time Off
- Recruitment Bonuses
- Flexible Schedules
- Job Security
- Supportive Work Environment
- Worldwide Locations

DHA employees are NOT subject to military requirements such as "boot camp," enlistments, or deployments.
Department of Defense is an equal opportunity employer.

FIND JOBS | POST YOUR CV | LEARN MORE
CIVILIANMEDICALJOBS.COM

PERMANENTE MEDICINE®
The Permanente Medical Group

It's not a job.
It's a calling.

Physician Opportunities in a Variety of Specialties

Northern and Central California

The Permanente Medical Group, Inc. (TPMG) is one of the largest medical groups in the nation with over 9,000 physicians, 22 medical centers, numerous clinics throughout Northern and Central California, and an over 75-year tradition of providing quality medical care.

EXTRAORDINARY BENEFITS:

- Competitive compensation and benefits package, including comprehensive vision, medical, and dental
- Interest Free Home Loan Program up to $250,000 (approval required)
- Relocation Assistance up to $10,000 (approval required)
- Malpractice and Tail Insurance
- Life Insurance
- Optional Long-Term Care Insurance
- Paid holidays, sick leave, and education leave
- Shareholder track
- Three retirement plans, including a pension plan and 401(k)

A FEW REASONS TO START YOUR CAREER WITH TPMG:

- **Work-life balance** focused practice, including flexible schedules and unmatched practice support.
- We can focus on providing excellent patient care **without managing overhead and billing.** No RVUs!
- We demonstrate our commitment to a culture of **equity, inclusion, and diversity** by hiring physicians that reflect and celebrate the diversity of people and cultures. We practice in an environment with patients at the center and deliver culturally responsive and compassionate care to our member populations.
- Multi-specialty **collaboration** with a mission-driven integrated health care delivery model.
- An **outstanding electronic medical record system** that allows flexibility in patient management.
- We have a very rich and comprehensive **Physician Health & Wellness Program**.
- We are **Physician-led** and develop our own leaders.
- **Professional development** opportunities in teaching, research, mentorship, physician leadership, and community service.
- Ask us about our **Forgivable Loan Program**!

To learn more about these career opportunities and our wage ranges, please visit our website at northerncalifornia.permanente.org; forward your CV to: MDRecruitment.tpmg@kp.org; or call: 800-777-4912.

We are an EOE/AA/M/F/D/V Employer. VEVRAA Federal Contractor

CONNECT WITH US:

NEJMCareerCenter.org

Discover a lifestyle you'll love

We're currently recruiting for a wide range of Physician specialties across Colorado, Utah, Montana, Nevada, Idaho, Kansas and Wyoming.

Living in the Mountain West, you'll enjoy:

- Breathtaking natural beauty at your doorstep
- Year-round outdoor recreation
- World-renowned national parks
- Perfect blend of rural communities and large metropolitan areas
- High quality of life
- Authentic western hospitality

Contact: Shawna Nuse | 937-962-2610
shawna.nuse@imail.org | PhysicianJobsIntermountain.org

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

REACH NEW HEIGHTS IN YOUR LIFE AND IN YOUR CAREER.

Come to Colorado and help make extraordinary things possible. Join us today.

JENNIFER KOLLMAN, MD
Anesthesiology

To apply, scan the QR code or visit **joinuchealth.org**.

The Warren Alpert Medical School of Brown University, Rhode Island and The Miriam Hospitals, Providence, Rhode Island, seek applications for the position of **Brown Director of Infectious Diseases**. The successful candidate must qualify for a full-time medical faculty position at the rank of Associate Professor in the Department of Medicine at The Warren Alpert Medical School of Brown University.

Minimum Requirements include:

- The applicant should hold an M.D. or D.O. degree from an LCME or equivalent-accredited medical school.
- The applicant must hold the rank of Professor or Associate Professor of Medicine in their current institution.
- The applicant must be board certified in Infectious Diseases.
- The applicant must maintain a role and/or engage in work of a national/international impact in scholarly activity, teaching, or research in Infectious Diseases appropriate for a senior level position.
- The applicant must demonstrate a strong clinical background in the practice of Infectious Diseases
- The applicant must demonstrate excellence in patient care and teaching

Highly Desirable qualifications include:

- Experience in management and administration at a major medical institution.

Preferred qualifications include:

- The applicant's research experience is complementary to existing clinical and laboratory resources and investigation at Brown.

As EO/AA employers, Brown University and its affiliates provide equal opportunity and prohibit discrimination, harassment and retaliation based upon a person's race, color, religion, sex, age, national or ethnic origin, disability, veteran status, sexual orientation, gender identity, gender expression, or any other characteristic protected under applicable law, and caste, which is protected by our University policies. ***Review of applications will begin immediately and will continue until the position is filled or the search is closed.***

Please apply online at http://apply.interfolio.com/128803.

SECURE A FULFILLING PRACTICE OPPORTUNITY
AND A MORE BALANCED LIFESTYLE

Our experienced physician recruiters are here to guide you every step of the way.

Find your next dream job at
jobs.jacksonphysiciansearch.com

Internal Medicine ***Division:*** **Hospital Medicine**

The University of New Mexico, Health Sciences Center, Department of Internal Medicine, seeks exceptional faculty members to join a dedicated group of medical educators in the Division of Hospital Medicine. The position is open rank on the clinician educator track. Salary will be commensurate with experience and education.

Minimum Requirements: 1.) Must be board certified or eligible in Internal Medicine by date of hire.

Preferred Qualifications: 1.) Attended a US Medical school as a third and fourth year medical student OR served at least two years in a residency that provides education to US medical students during their core clerkship in internal medicine OR served on the faculty of a medical school, **2.)** Experience/interest in hospital medicine, **3.)** Experience/interest in medical education and quality improvement activities, **4.)** Preference will be given to current and former New Mexico Residents, and **5.)** A demonstrated commitment to diversity, equity, inclusion, and student success, as well as working with broadly diverse communities. Applicants will be required to obtain New Mexico licensure and be eligible for DEA licensure and NM State Board of Pharmacy narcotics license. This position may be subject to a criminal records screening in accordance with New Mexico law.

Benefits of being an Academic Hospitalist at UNM include:

- ➢ Faculty appointment within UNM School of Medicine
- ➢ Overseeing upper level residents/APP's in their cross-cover and admitting roles
- ➢ Intensivists in house 24/7, limited procedural requirements for hospitalist
- ➢ Option to pursue mixed model day and night roles
- ➢ Opportunity to teach medical students and resident physicians in both pre-clinical and clinical years of training
- ➢ Early opportunities for protected time for education, leadership and quality improvement
- ➢ Competitive salary with extra pay for working on direct care services and at night

***For complete description and application requirements for* Posting Requisition 21106**
***please see the UNM jobs application system at:* https://unmjobs.unm.edu.**
The positions are open until filled.

Inquires may be directed to Dr. Deepti Rao, Professor, Division of Hospital Medicine, Department of Internal Medicine, University of New Mexico, MSC 10 5550, 1 University of New Mexico, Albuquerque, NM 87131, Attn: (Drao@salud.unm.edu).

UNM's confidential policy ("Disclosure of Information about Candidates for Employment," UNM Board of Regents' Policy Manual 6.7), which includes information about public disclosure of documents submitted by applicants, is located at http://policy.unm.edu/regents-policies/section-6/6-7.html

The University of New Mexico is an Equal Employment Opportunity/Affirmative Action Employer and Educator.

NEJMCareerCenter.org

NEJMCareerCenter.org

ELEVATE YOUR CAREER

Make Our Network Your Network

Let us open the door to your next big career opportunity. The Cross Country Search team brings 36 years of expertise and contacts. We understand the reality of being a physician today. Let us help you find an opportunity that is your unique fit.

- All physician specialties
- Nationwide opportunities
- Earn what you're worth

CrossCountrySearch.com • 800.678.7858

A PROVEN PATH TO EXCELLENCE.

EXCITING OPPORTUNITIES NEAR BOSTON, MA

North Shore Physicians Group

North Shore Physicians Group (NSPG), a member of Mass General Brigham, is the largest multi-specialty physicians group north of Boston and a leader in innovative practices. We are explorers at heart. We are physicians who continually seek the best ways to streamline care–for both patients and providers. Our medical team of more than 450 physicians, nurse practitioners, physician assistants and other care professionals consistently work together to discover new ways to improve and enhance our practices to benefit the health of our patients and the careers of our providers. Join our team of explorers who are bringing the next evolution of quality care to the communities north of Boston. We have exceptionally rewarding careers for dedicated health professionals like you.

Opportunities available:

Cardiology
Emergency Medicine
Family Medicine
Gastroenterology
Hospital Medicine
Internal Medicine
Obstetrics & Gynecology
Orthopedics – Hand Surgery
Orthopedics – Spine Surgery
Pediatric Emergency Medicine
Psychiatry – Adult
Psychiatry – Child & Adolescent
Pulmonary/Critical Care & Sleep Medicine

About Our Community

Boston's North Shore, located only 15 miles north of Boston, is renowned for its natural beauty, handsome architecture, vivid historical significance and appealing neighborhoods. Communities on the North Shore range from popular seaports rich in sailing and coastal culture to rural towns offering working farms, horseback riding and golf courses. North Shore cities and towns are culturally diverse and unique with all the charm and romance of traditional New England. The North Shore of Boston is home to excellent public and private schools, beaches, restaurants, museums and welcoming neighborhoods.

WE'RE A BEACON OF NEW THINKING IN INTEGRATED MEDICINE. **JOIN US.**

To apply or learn more about our opportunities, email your CV and letter of interest to **Michele Gorham** at **nspgphysicianrecruiters@mgb.org**.

www.joinnspg.org

EMERSON HEALTH OPPORTUNITIES

Location, Location, Location

WORLD-RENOWNED AFFILIATIONS | 30 MINUTES FROM BOSTON | QUALITY OF LIFE

Emerson Health has several opportunities for board-certified or board-eligible physicians to join several practices located throughout our service area. Emerson has employed as well as private practice opportunities.

At Emerson, you will find desirable practice locations, strong relationships with academic medical centers, superb quality of life, competitive financial packages, and more.

Emerson Health Opportunities

Cardiology
- Potential Leadership

Urology
- Potential Leadership

Hospitalist
- Daytime, Nocturnist and Moonlighters

Orthopedics

Primary Care
- Employed and Private Practice

Psychiatrist

If you would like more information please contact:

Diane Forte Willis
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

emersonhealth.org

8/23

NEJMCareerCenter.org

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 the 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

CompHealth.