



INSIDE

Career: Physician Shortage Spikes Demand in Several Specialties.
Pg. 1

Career: Targeting Physician Burnout. Pg. 8

Clinical: Management of Acute Hip Fracture, as published in the *New England Journal of Medicine*.
Pg. 15

The latest physician jobs brought to you by the NEJM CareerCenter

Residents and Fellows Edition



The NEW ENGLAND JOURNAL of MEDICINE

February 23, 2018

Dear Physician:

As a resident nearing completion of your training, I'm sure that finding the right opportunity is a top priority for you. The *New England Journal of Medicine* (NEJM) is the leading source of information about job openings, especially practice opportunities, in the country. Because we want to assist you in this important search, a complimentary reprint of the physician job openings section of the February 22, 2018, issue is enclosed.

The NEJM CareerCenter website (www.nejmcareercenter.org) continues to receive positive feedback from physician users. Because the site was designed specifically based on advice from your colleagues, many physicians are comfortable using it for their job searches and welcome the confidentiality safeguards that keep personal information and job searches private. Search for both locum tenens and permanent jobs, and download our iPhone app to search and apply for jobs directly from your phone as well.

At the NEJM CareerCenter, you will find:

- Quality, current openings — not jobs that were filled months ago
- Email alerts that automatically notify you about new opportunities
- 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
- An iPhone app that allows you to search and apply for jobs with a touch of a button

If you are not currently an NEJM subscriber, I invite you to become one. NEJM has recently added many exciting enhancements that further increase its relevance to you as you move forward in your career. If you are interested in subscribing, please call NEJM Customer Service at (800) 843-6356 or visit NEJM.org.

We've also included a reprint of the November 23, 2017, article, "Clinical Practice: Management of Acute Hip Fracture," in this special booklet. Our popular Clinical Practice articles offer evidence-based reviews of topics relevant to practicing physicians. Other popular features include Videos in Clinical Medicine, which allow you to watch common clinical procedures, and Interactive Medical Cases, which present an evolving patient history and a series of questions and exercises designed to test your diagnostic and therapeutic skills.

And finally, we are pleased to let you know that in January 2018, the NEJM.org website was updated to make it easier for you to find and use the information you trust to stay informed and at the forefront of your field — wherever your work takes you and on whatever device you choose. I invite you to explore the website. You can learn more at www.nejm.org/revitalized.

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

Sincerely,

Jeffrey M. Drazen, MD



Residency isn't easy.

But it doesn't have to be *quite* so hard.

- ✓ Rotation Prep to get you up to speed fast
- ✓ Resources to get by — and get ahead
- ✓ Connections to people who get you

Resident 360

Don't start your rotation without it.
Sign up for your account
resident360.nejm.org



Physician Shortage Spikes Demand in Several Specialties

By Bonnie Darves, a Seattle-area health care journalist.

Physicians wrapping up their training might be a bit anxious about whether they'll land a position, but these days, in nearly all specialties, that just isn't a valid concern. The U.S. physician shortage — perennial, if lessening in primary care and becoming more acute by the year in several specialties — pretty much assures that most graduates will have ample practice opportunities.

In the physician workforce, the shortage comes down to the intersection of not just supply and demand, but increasingly, changing demographics as well — notably the aging population. From the standpoint of the projected need for medical services, that particular demand driver is being called, not so jokingly anymore, the “silver tsunami.”

Somewhat ironically, the supply situation will be exacerbated by the aging of the physician workforce: in 2015, 43.2% of active U.S. physicians were age 55 or older. In addition, the number of Medicare-funded training spots has been effectively frozen for two decades, squeezing the pipeline.

This is what the overall shortage looks like, based on the Association of American Medical Colleges' recently updated projections: By 2025, the country will have a shortfall of between 61,700 and 94,700 physicians. The shortage range AAMC predicts is 14,900 to 35,600 in primary care, and between 37,400 and 60,300 in non-primary care specialties.

That latter category worries a lot of people in academic medicine, health care delivery organizations, and the health policy sector. Janis Orlowski, MD, MACP, the AAMC's chief health care officer, said that while primary care and psychiatry are two sectors designated federal Health Professional Shortage Areas by the U.S. Health Resources and Services Administration (HRSA), there are growing shortages in many specialties, especially surgical ones, that are less well tracked.

Psychiatry remains a persisting shortage specialty, research suggests, and there is no solution in sight, particularly in child and adolescent psychiatry. A recent study conducted for the Department of Health and Human Services found that the specialty's workforce — now numbering approximately 45,580 — would need 2,800 more psychiatrists just to meet current care demands. In addition, large areas of the country have no psychiatrists.

Career Resources articles posted on NEJM CareerCenter are produced by freelance health care writers as an advertising service of the publishing 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.

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](https://www.nejm.org/careercenter) and click on Create a Job Alert to get started.

The shortage is almost palpable to psychiatry residents, even early in their training. Rashad Hardaway, MD, who finished his fellowship at Seattle Children's Hospital in June 2017, remembers being "casually recruited" before he completed his first year of residency.

"It started as soon as I began my training," said Dr. Hardaway, who is an attending at Zucker Hillside Hospital in Glen Oaks, New York, and practices in the Northwell Behavioral Health College Partnership Program. "My family members knew people working in community health centers, and they would say, 'Have Rashad let me know when he gets ready to finish training, because we have a job for him.' It puts a little pressure on you, just knowing that there is such a need everywhere — that you won't be able to serve those populations."

Kali Cyrus, MD, an assistant professor of psychiatry at Yale University who practices at the Connecticut Mental Health Center in New Haven, started receiving a steady influx of recruitment email inquiries even before her chief year, and then it intensified noticeably. "It really escalated then. I tended not to unsubscribe because it's nice to know what is out there, even though I planned to stay in the East. It was a little overwhelming," said Dr. Cyrus, who recently completed a public psychiatry fellowship and now also heads Yale's Social Justice and Health Equity Curriculum Design.

Surgical specialties' supply threatened

The AAMC's 2016 update on physician supply and demand identified several non-primary care specialties where shortages are becoming acute. "We are hearing a lot about an increasing shortage in the surgical specialties, particularly vascular surgery and neurosurgery, but also general surgery, urology, and ophthalmology. And these shortages are severe in some rural areas," Dr. Orlowski said.

The AAMC report indicates that under even conservative scenarios, the surgical specialties shortfall will reach at least 25,200 by 2025 but might hit 33,200. Although that prediction is cause enough for concern, the maldistribution of physicians — higher concentrations in urban areas and a relative dearth in rural ones — makes shortages particularly acute in some specialties. A recently published HRSA report developed by the firm IHS, which conducts research on the physician workforce, projected a 41% shortfall in urology by 2025. The report also predicted a deficit of 2,970 general surgeons, 6,180 ophthalmologists, and 5,050 orthopedic surgeons by 2025. By far, the most severe surgeon shortfalls will occur in the South, a deficit of 10,210 FTEs, according to IHS research.

There are inherent challenges in predicting the effect of shortfalls in surgical specialties, Patrick V. Bailey, MD, medical director of advocacy for the American College of Surgeons, points out. "Unlike primary care, there has been no objective definition established by HRSA as to what constitutes a surgical shortage area for general surgeons," he said. What that means is that when projections are made, primary care's baseline is in the deficit range, Dr. Bailey explained, while "the baseline for surgery is assumed to be zero because no definition has been objectively established. This puts surgery at an unfair disadvantage despite its importance as a necessary component of a community-based health system."

Neurosurgery, vascular surgery sound alarm

The worst-case scenario in AAMC's surgeon-shortage predictions is top of mind in vascular surgery. Michel Makaroun, MD, president-elect of the Society for Vascular Surgery and chief of vascular surgery at the University of Pittsburgh, states the case in simple terms. "We're bringing in 150 new vascular surgeons each year, but we really need closer to 200 to meet future services demand," Dr. Makaroun said, "because we have one of the highest mean ages among the surgical specialties. Probably one-third of practicing vascular surgeons are over 55 today."

A research report published in Health Affairs in November 2013 (Dall, T. et al.) supports Dr. Makaroun's point, predicting demand growth of 31% by 2025 — the highest for any specialty. It's a distressing number for a small specialty, which has only an estimated 3,800 board-certified physicians.

The vascular surgery shortage translates in to more than ample practice opportunities for graduates. "Our trainees are getting a lot of job offers — and it's estimated that for every graduating vascular surgeon, there are two or three jobs waiting out there," Dr. Makaroun said. "And search firms tell us that one of the biggest needs for locum tenens is in vascular surgery. Some of our members use their vacation time to help fill that need."

Niten Singh, MD, FACS, who directs the vascular surgery training program at the University of Washington, echoed Dr. Makaroun's observation about the job market for graduates. "I think at first our trainees are nervous they won't find a job. But we reassure them that they have a lot of options — that it's a great time to be in vascular surgery," Dr. Singh said. He and other faculty encourage residents to make some decisions early on, about "what they're looking for and where their family will be happiest," he said, to help ensure they choose the right job. Dr. Singh cites one recent case of

a trainee who had lined up seven interviews for highly desirable opportunities within weeks of starting his search.

“I also remind our residents that there are many great places to practice in this country where there’s a need,” Dr. Singh said. “But if they want to live in New York City, they’ll obviously have to compete with the volume of surgeons there.”

Neurosurgery is another small specialty — there are only approximately 3,800 board-certified U.S. neurosurgeons — that is struggling mightily to address not only the current shortfall but the expected worsening shortage as the population ages. Today, there is only one practicing neurosurgeon for every 60,000 Americans, but that number takes trainees into account, according to Robert Harbaugh, MD, director of the Institute of the Neurosciences and chair of neurosurgery at Penn State University in State College.

“There really is a shortage, and it will only get worse for a lot of reasons,” said Dr. Harbaugh, a former president of the American Association of Neurological Surgeons. Many of the common things that neurosurgeons deal with — spine, stroke, and tumor, for example — all occur at much higher rates, he observed, as the population ages. And like vascular surgery, neurosurgery is also an “aging” specialty; 45% of all practicing neurosurgeons, including trainees, are over age 55.

In addition, the number of training spots has been essentially flat for more than a decade, increasingly only 1%, and a mere 200 physicians enter neurosurgery training each year. “That is essentially just replacement level,” Dr. Harbaugh points out.

“The other thing feeding into the shortage is we’re simply doing a lot more now in neurosurgery. Using deep brain stimulation for Parkinson’s or tremor is common today, and it wasn’t even around 15 years ago,” Dr. Harbaugh said.

The upshot, he added, is that all practicing neurosurgeons are “enormously busy. At the same time, it’s hard for patients to find a neurosurgeon outside the urban area. People talk about the shortage of primary care physicians, but the shortage of neurosurgeons is every bit as acute,” he said, considering the specialty’s crucial role in trauma and stroke services.

The worrisome news for the specialty as a whole is a boon of sorts to new neurosurgery graduates. Residents all get plenty of job offers, training program directors report. “Right now, there are many more positions than

there are people to fill them, and neurosurgeons are being contacted about positions long before they start their chief year,” Dr. Harbaugh said.

Emily Sieg, MD, MS, a Pennsylvania neurosurgeon who is completing a fellowship in critical care at Penn State, knows that her dual training — a relatively new services approach in the neuro-ICU setting — puts her in especially high demand. “At every place where I have interviewed or looked at, people are very interested in and excited about bringing in a neurosurgeon on the critical care faculty,” she said. “This [combination] is opening a lot of doors for me — it’s something that a lot of hospitals don’t have but are interested in offering.”

On a related note, the shortage in neurology is posing challenges for dedicated neuroscience programs and health systems, and by extension, for recruiters. According to a 2016 HRSA report, the supply of neurologists will grow by 11% between now and 2025, while demand is projected to grow by 16%.

“Neurology is a big one where I’ve having trouble filling positions, and where many of us recruiters have been struggling for quite a while,” said Wanda Parker, president of the National Association of Physician Recruiters (NAPR) and a principal with the Healthfield Alliance in Danbury, Connecticut. “I think that in primary care, practices are able to deal with some of the shortage by bringing in physician assistants and nurse practitioners, but you really can’t do that in specialties like neurology.”

Other specialties feel the pinch

In some of the other non-primary care specialties, the shortage is hard to quantify but readily discernible to those in the field and to recruiters who struggle to help organizations fill positions. Patrice Streicher, associate director of the search division for Vista Staffing Solutions, cites her top-five shortage-fueled recruiting challenges: psychiatry, emergency medicine, hospitalist medicine, endocrinology, and rheumatology. “As an industry globally, both in-house and agency recruiters are all struggling with these specialties,” said Ms. Streicher, a NAPR board member.

Ms. Streicher pointed to another specialty, this one a relative newcomer, where rising demand is eclipsing supply: urgent care. “We hear so much about the primary care shortage, but we’re also seeing a worsening shortage in urgent care, perhaps because of consumer trends,” she said. “People want to be able to see a physician when it’s convenient, even if that’s a Saturday afternoon, for medical issues that don’t require going to the emergency room.”

Cardiology, like neurosurgery and vascular surgery, is a specialty that is already coping with the growing influx of baby boomer patients and increasing rates of cardiovascular disease while simultaneously dealing with an aging workforce (more than 40% of general cardiologists were over 55 in 2013). The shortage persists despite brisk enrollment in training programs — there were 2,598 general cardiology fellows in 2014, a 20% increase from 2005; and applications to interventional cardiology training programs increased by over 30% from 2011 to 2015, according to an October 2016 report in the *American Journal of Cardiology* (Narang, A. et al.).

Other significant contributors to the shortage in cardiology — the aforementioned Health Affairs report predicted a 20% increase in services demand by 2025 — are the aging workforce and maldistribution, according to George Rodgers, MD, an assistant professor at the University of Texas at Austin, who led a landmark 2009 American College of Cardiology workforce report.

“Yes, there’s a sense that we have a shortage of cardiologists because there’s been little difference in the number of new cardiologists being minted since 2009. But our biggest issue is the maldistribution,” Dr. Rodgers said. “We’ve got a high concentration in urban areas and a low concentration in rural areas — and that’s throughout the United States.” Many practices that have struggled to recruit cardiologists have implemented care teams incorporating advance practice clinicians such as nurse practitioners, Dr. Rodgers noted, but that isn’t a solution to the imminent demand surge, given that more than 40% of the population is expected to have cardiovascular disease by 2030.

For now, Dr. Rodgers observed, the skewed supply-and-demand picture “means that 100% of physicians finishing a cardiology fellowship get a job, but many areas of our country will remain underserved,” he said. “I have no trouble attracting cardiologists to Austin, but if I were in McAllen, Texas, it would be much harder.”

Seeking remedies for the shortage

A debate about the severity of the physician shortage is ongoing, but there is consensus that addressing the shortfall will require a multifaceted approach. It’s also accepted that simply creating team-based care models incorporating nonphysician providers won’t suffice. Likewise, the fast-track training pathways, such as the integrated residencies in some surgical and non-primary care specialties, will help alleviate the shortage — but not anytime soon.

“We’re making inroads into addressing the shortage, but the numbers are going to be impressive, so we have to continue to work on this,” Dr. Singh said.

The approach that holds the greatest potential for reducing the shortage, many physician organizations, training program leaders, and policymakers maintain, is to increase the number of government-funded graduate medical education (GME) training spots to better reflect the increasing and aging U.S. population. Recently crafted legislation, the Resident Physician Shortage Reduction Act of 2017, calls for an additional 15,000 Medicare-supported residency positions over the next five years.

“There will be a significant workforce shortage under all likely projections, and the most effective solution will be to train more physicians,” Dr. Orlowski said.

The American Medical Association, a longtime proponent of increasing the number of medical residency slots, is intensifying its efforts. The AMA’s SaveGME campaign, an initiative urging Congress to protect federal funding for GME, encourages residents to get involved by writing to their elected officials and educating patients on the role that trainees play in care access.

The AMA also recently urged the Centers for Medicare and Medicaid Services (CMS) to modify requirements that new residency programs meet stringent criteria within five years to continue qualifying for an appropriate GME funding level, to allow programs in underserved or economically depressed areas more time to get established.

Omar Maniya, MD, MBA, an AMA board member and emergency medicine resident in New York City, said that the five-year period is unrealistic in some cases. “The current five-year deadline for developing new residency programs in underserved areas before a cap is placed on the amount of Medicare funding they can receive is not effective,” he said. “We will urge CMS to give institutions the time they need to identify qualified, willing teaching partners to create residency programs ... to meet the needs of patients in underserved areas.”

Did you find this article helpful? What other topics would you like to see covered? Please send us an email to let us know what you thought at resourcecenter@nejm.org.



Targeting Physician Burnout

With the problem now at epidemic levels, the medicine and graduate medical education communities are undertaking major mitigation initiatives

By Bonnie Darves, a Seattle-area health care journalist.

Physician researchers and scientists who study physician burnout and the attendant decline in professional satisfaction have pointed to a worsening problem for more than a decade. Until recently, however, efforts to address the issue have been mostly sporadic and largely unorganized. When studies in the past few years started calling a spade a spade — identifying physician burnout as a serious condition that’s reached epidemic levels and now affects more than 40 percent of US physicians — organized medicine and the graduate medical education community began addressing the problem.

The American Medical Association, the Accreditation Council for Graduate Medical Education (ACGME), and the National Academy of Medicine, among other organizations, have launched programs targeting physician burnout. These endeavors initially focused on increasing awareness of what formal research and surveys clearly show: Burnout is increasing among physicians regardless of where they are on their career horizon. The epidemic is affecting residents and fellows; it’s depleting satisfaction among mid-career physicians; and it’s a chief reason cited by physicians who choose to retire early or leave medicine altogether.

The increasing awareness of physician burnout has spawned several recent efforts to mitigate the problem. Many early initiatives set their sights too narrowly, some experts claim, by failing to recognize that the chief causes of physician burnout today are not individual factors and inadequate coping mechanisms, but rather system and organizational issues. Tait Shanafelt, MD, a leading researcher on physician satisfaction and burnout who directs the Mayo Clinic Program on Physician Well-Being, thinks the focus needs to shift.

“Awareness of physician burnout and its potential impact on quality of care has increased dramatically, and most organizations now recognize this problem,” Dr. Shanafelt said. “Unfortunately, to date, most organizational efforts to address the issue have focused on individual-level solutions, such as resilience training, rather than addressing the system issues that are the primary drivers of this problem.” Those issues, while wide ranging, fall into several basic categories, based on Mayo Clinic’s research. Dr. Shanafelt cites the following: work-load, efficiency, flexibility and control, work-life

integration, and organizational culture and values. Other key dimensions are finding meaning in work, and social support and community at work.

“System interventions targeting these domains need to be developed and evaluated with robust outcome measures, as well as assessment of cost and return on investment,” Dr. Shanafelt said, “so that effective approaches can be scaled and disseminated.”

Burnout-mitigation initiatives taking hold

The ACGME and the AMA are among the organizations heeding that call, with initiatives that target the burnout factors Dr. Shanafelt cites. The ACGME added a new section on physician well-being to its Common Program Requirements (Section VI) that gives residents more flexibility in their schedules and more control in managing their time. Effective July 1, 2017, residents may choose to stay beyond their shift to remain with a patient whose care is at a critical juncture, in their view; or to continue in an educational opportunity that’s important to the resident — observing or participating in a procedure, for example “One thing we have heard from residents in recent years is that they feel there is a genuine loss of choice,” said Rowen Zetterman, MD, co-chair of the ACGME Common Program Requirements task force. “And we know that one factor that contributes to burnout is being in a situation in which you have no choice.”

Residents have cited circumstances in which they’ve had to leave the bedside of a critically ill or dying patient because they’ve reached the end of a 16-hour shift, Dr. Zetterman noted, or have been forced to leave the hospital before their patient comes out of recovery after surgery. The new requirements attempt to address such dilemmas. Those “overtime” hours still count in the 80-hour work week, but the greater individual flexibility might help alleviate an often-cited stressor: lack of schedule control.

Anai Kothari, MD, a surgery resident who serves on the Common Program Requirements task force, expects that these changes will be well received. “This requirement is a huge change. It dramatically increases the amount of flexibility residents have to conduct their time in the hospital, because there’s this sense that you’re constantly competing against the clock in terms of how the [duty-hour] standards were written,” said Dr. Kothari, who is training at Loyola University Medical Center in Chicago. “One major piece of this is that there’s now a standard for resident well-being in the requirements. That’s a huge transformation from when I started my training five years ago.”

Career Resources articles posted on NEJM CareerCenter are produced by freelance health care writers as an advertising service of the publishing 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.

In addition, the Section VI requirements include a new policy that permits residents to take time off for personal health care needs, whether that is a dental appointment or a counseling session, or simply because the resident is too sick or fatigued to continue that day. The training program must put in place a policy to accommodate such absences. “I think that residents have sometimes felt that they didn’t dare ask for the time off,” Dr. Zetterman said, noting that programs will have a year starting July 1 to operationalize the required changes. The ACGME also recently revised its Clinical Learning Environment Review (CLER) program to strengthen its focus on resident well-being.

ACGME launches resident-led initiative

A new ACGME resident-developed initiative called “Back to Bedside” targets another burnout cause: the mounting reporting, electronic health record (EHR) and computer time, and administrative burdens that reduce the time trainees have available to engage with patients. The initiative provides a competitive funding opportunity for residents and fellows to develop innovative ways to enable physicians to spend more time with patients, to improve resident well-being and patient satisfaction. Physicians spend two hours or more on these activities for every hour they spend in direct patient contact, a recent AMA-Dartmouth-Hitchcock study found. “People [physicians-in-training] are quoting up to 3:1 computer versus patient time,” Dr. Kothari said, “and we’re seeing this nationally, regardless of the specialty.”

Through Back to Bedside, the ACGME will fund up to five \$10,000 awards annually, for up to a two-year period. “The goal is to generate actionable recommendations for improving the clinical learning environment to combat resident burnout,” said Dink Jardine, MD, an otolaryngologist who chairs of ACGME’s Council of Review Committee Residents. She added that the initiative’s objective is to amass a toolbox of processes, curricula, and projects, and then disseminate those throughout the GME community. (See Resources.)

The Alliance for Academic Internal Medicine (AAIM) is also seeking burnout-reduction remedies. The alliance formed a wellness committee last year, and has expanded its Collaborative on Healing and Renewal in Medicine (CHARM) outside internal medicine. CHARM convenes medical educators and leaders, and burnout experts to investigate the impact of trainee burnout, and develop tools and best practices to foster and support resident well-being. The collaborative encourages residents to join the effort by submitting and presenting papers on wellness issues at national meetings.

“We no longer have to sell people on the idea that burnout is a big deal, but we’re not sure what to do about it – and that’s what we’re working on now,” said Gopal Yadavalli, MD, chair of AAIM’s wellness committee and director of Boston University’s internal medicine residency program. Dr. Yadavalli cites increasing EHR documentation requirements and work compression as key contributors to resident burnout. “Residents are not just working fewer hours because of duty-hour restrictions; they’re also required to do the same amount of work in fewer hours. And that’s a big issue for everyone,” he said.

In tandem with the national efforts occurring, Boston University is pursuing in-house burnout-reduction strategies in its internal medicine residency program, Dr. Yadavalli said. A relatively new resident-led wellness committee has developed several initiatives, and program faculty is working to ensure that mental health counselors can be available to residents after a particularly difficult event, such as a patient death or a bad outcome in the ICU. The BU residents also started a program to support a local family at Thanksgiving, and organized a major holiday party that featured residents in musical performances and an art show.

“Residents respond better to things that their fellow residents come up with. That’s much better than me sitting in my office making up things,” Dr. Yadavalli said. The program also has begun devoting its December academic half-days to wellness activities, which start with a faculty member sharing her or his own struggles with work-life balance and burnout issues. Those presentations have been very well received, Dr. Yadavalli said, and frequently generates thank-you notes from residents. “We need to role model this for trainees, and I think most of us aren’t very good at that,” he said.

Causes and stressors see shifts

Some contributors to dissatisfaction or burnout among both trainees and practicing physicians are age-old — work load, exhaustion, and work-life imbalance, to name a few. Others are either new or are new manifestations of existing stressors. EHRs, particularly the ever-increasing work required to keep the EHR updated and comply with documentation requirements, is a stressor that keeps showing up on the list. A recent RAND study also pointed to the cumulative burden of externally imposed regulations and rules as a chief cause of professional dissatisfaction.

The AMA, acknowledging that burnout is a major issue throughout the physician-career continuum, launched a multifaceted initiative to seek national-level solutions to both organizational and individual burnout drivers. The AMA's STEPS Forward program, started in 2015, offers interactive practice transformation strategies intended to reduce the administrative burdens that can lead to physician burnout.

"My observation is that about 80 percent of burnout is driven by systems and organizational practices rather than individual factors. We are targeting most of our efforts at the AMA to those systems issues, but we're addressing individual burnout factors as well," said Christine Sinsky, MD, AMA's vice president of professional satisfaction.

STEPS Forward is organized around online educational modules that feature physician-developed strategies for addressing common practice challenges that reduce physicians' face time with patients. The modules focus on practice efficiency, technology and innovation, with an emphasis on work flow; and on patient health and physician health. Since the STEPS Forward program began, the dedicated website has tallied more than 250,000 visits, Dr. Sinsky reported, an indication that physician practices are actively seeking burnout remedies. (See Resources.)

"I often tell physicians and others that practices could save three to five hours a day by reengineering the way work is done and redistributing the work according to ability," Dr. Sinsky said. "Right now, a lot of work landing on the physician's plate is work that doesn't require a medical education."

Two STEPS Forward modules, one on preventing trainee burnout and a second on improving resiliency, provide strategies for individual physicians. Toyin Okanlawon, MD, MPH, a senior health care project leader at Harvard Business School who authored the module on preventing resident and fellow burnout, thinks it's imperative that physicians learn self-care skills during residency.

"Just as physicians don't learn about anatomy when they're done with medical school, physicians need to learn to take care of themselves at the beginning of training," said Dr. Okanlawon, whose interest in physician wellness evolved from his own experience and the recognition, while he was public health chair of the AMA Resident and Fellow Section, that burnout "was plaguing" the training environment. "Burnout is a huge disease right now [in training programs], and there's a huge demand for ways to address what has become a very serious problem."

Call for comprehensive, physician-led response

Dr. Okanlawon said that while it's gratifying to see physician burnout get the attention it warrants from the medical education community, he thinks that a national-level response has been overdue based on what the data have shown consistently. "I think this [focus] should have started a few years ago, because once something like this pops up, you don't really need more red flags," he said, "to tell you it's time to do something."

Physicians should "take charge of their own epidemic now," in Dr. Okanlawon's view, and not take a haphazard approach to an issue that deserves our full attention. This is not a task force or quality-meeting issue," he said.

A longtime proponent of proactive approaches to burnout mitigation, Ralph Greco, MD, at Stanford University, echoes Dr. Okanlawon's view about the delayed collective response; and both agree that residency programs must also work to reduce the stigma associated with residents seeking help for possible burnout. Dr. Greco, who founded Stanford's Balance in Life program for surgical residents following the suicide of a much-admired resident who had just gone on to fellowship, points to a 2008 American College of Surgeons survey that found a burnout rate of 40 percent. "That was a scathing report, and nine years later, we're not exactly setting the world on fire," he said. "Seven or eight academic articles came out of that data, but I think the [burnout] issue was largely ignored until recently."

The Stanford Balance in Life program — Dr. Greco admits the name is not "universally liked"— seeks to support surgery trainees' physical, psychological, social, and professional well-being through various activities and resources. Components range from mandatory weekly meetings with a clinical psychologist, to organized physical and social activities, to dedicated professional well-being mentorship. The program, which also features an annual resident retreat, has been well received since it started in 2011. "It is slowly being replicated by other programs," Dr. Greco said.

Dr. Greco applauds the efforts national organizations and individual programs have undertaken to address burnout. At the same time, he worries that some initiatives might not be robust enough to address the systemic scope of the problem. "My concern is that some of these programs are not well enough resourced to deal with the magnitude of this issue," said Dr. Greco, who is the Johnson & Johnson Distinguished Professor, Emeritus at the Stanford University School of Medicine. He is also concerned that

CLINICAL PRACTICE

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

Management of Acute Hip Fracture

Mohit Bhandari, M.D., Ph.D., and Marc Swiontkowski, 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 65-year-old woman who has been healthy and active presents to the emergency department several hours after a slip and fall. She is unable bear any weight on her right leg and reports that she has pain with any attempt to move. On inspection, her right leg is shortened and externally rotated. A plain radiograph of her pelvis and hip confirms a nondisplaced fracture of the femoral neck. Careful review of the radiograph determines that her fracture is located at the base of the femoral neck (sometimes called a basicervical fracture) with a more vertically oriented fracture line. How should her case be managed?

THE CLINICAL PROBLEM

WORLDWIDE, 4.5 MILLION PEOPLE ARE DISABLED FROM HIP FRACTURES each year, with an expected increase to 21 million persons living with this disability in the next 40 years.¹ Globally, hip fracture ranks among the top 10 causes of disability.¹ By the year 2040, the estimated annual health care costs will reach \$9.8 billion in the United States and \$650 million in Canada.² However, given that three quarters of the world population live in Asia, it is projected that Asian countries will contribute more to the pool of hip fractures in coming years. It is estimated that by 2050, more than 50% of all osteoporotic fractures will occur in Asia.³

Hip fractures are anatomically classified in relation to the hip capsule as intra-capsular fractures (i.e., at the femoral neck) or extracapsular fractures (i.e., inter-trochanteric or subtrochanteric fractures) (Figs. 1 and 2). Intertrochanteric fracture and femoral-neck fracture represent the majority of hip fractures and occur with similar frequency. Femoral-neck fractures may be either nondisplaced (i.e., very little separation at the fracture site, which occurs in approximately one third of femoral-neck fractures) or displaced (i.e., greater separation). By convention, fractures of the femoral neck can be further classified as Garden type I or II, representing nondisplaced or impacted fracture patterns, and Garden type III or IV, representing displaced fracture patterns.⁴ Fractures below the femoral neck are referred to as intertrochanteric fractures, and those below the lesser trochanter as subtrochanteric fractures (Fig. 1).

The natural history of hip fractures is dismal if they are left untreated. Patients who have had a hip fracture are at risk for cardiovascular, pulmonary, thrombotic, infectious, and bleeding complications.^{5,6} These complications can result in death. Therefore, timely surgery for hip fracture remains the mainstay of treatment. However, functional decline and a diminished quality of life are common after

From the Department of Surgery, Division of Orthopaedic Surgery, McMaster University, Hamilton, ON, Canada (M.B.); and the Department of Orthopedic Surgery, University of Minnesota, Minneapolis (M.S.). Address reprint requests to Dr. Swiontkowski at the University of Minnesota, Department of Orthopedic Surgery, 2450 Riverside Ave. S., Mail Stop R200, Minneapolis, MN 55454, or at swion001@umn.edu.

N Engl J Med 2017;377:2053-62.
DOI: 10.1056/NEJMc1611090
Copyright © 2017 Massachusetts Medical Society.



An audio version of this article is available at NEJM.org

the great variability among training programs in how they address burn-out — if at all — leave many trainees without the support they need.

Timothy Brigham, MDiv, PhD, chief of staff at ACGME and co-chair of its Physician Well-Being Task Force, thinks that the important next step is ensuring that there is a collective, continual effort to combat physician burn-out. “The ACGME and the entire house of medicine are working very hard to turn this Titanic around a bit,” Dr. Brigham said. “But it’s clear that we’re not going to ‘resilience’ our way out of this.” He proposes convening all the organizations that are trying to address physician burnout to ensure that successful strategies and best practices are shared as those emerge.

“We need to make sure that we’re all reading from the same page,” Dr. Brigham said, “while recognizing that this is not one disease, one cure. What works for one program or organization might not work for another. We’re trying to identify the constellation of things that work so people can pick and try them — and then as we gather more research from Mayo Clinic and others, find out empirically what works.”

Resources

The following lists several organizations and initiatives targeting physician-burnout reduction; most offer avenues for resident and/or practicing-physician involvement.

ACGME Back to Bedside initiative: www.acgme.org/backtobedside

Alliance for Academic Internal Medicine CHARM (Collaborative for Healing and Renewal in Medicine): www.im.org/page/charm

American Medical Association STEPS Forward initiative: www.stepsforward.org

Mayo Clinic Physician Well-Being Program: www.mayo.edu/research/centers-programs/physician-well-being-program/overview

National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience: nam.edu/initiatives/clinician-resilience-and-well-being

Stanford Balance in Life program: med.stanford.edu/gensurg/education/BIL.html

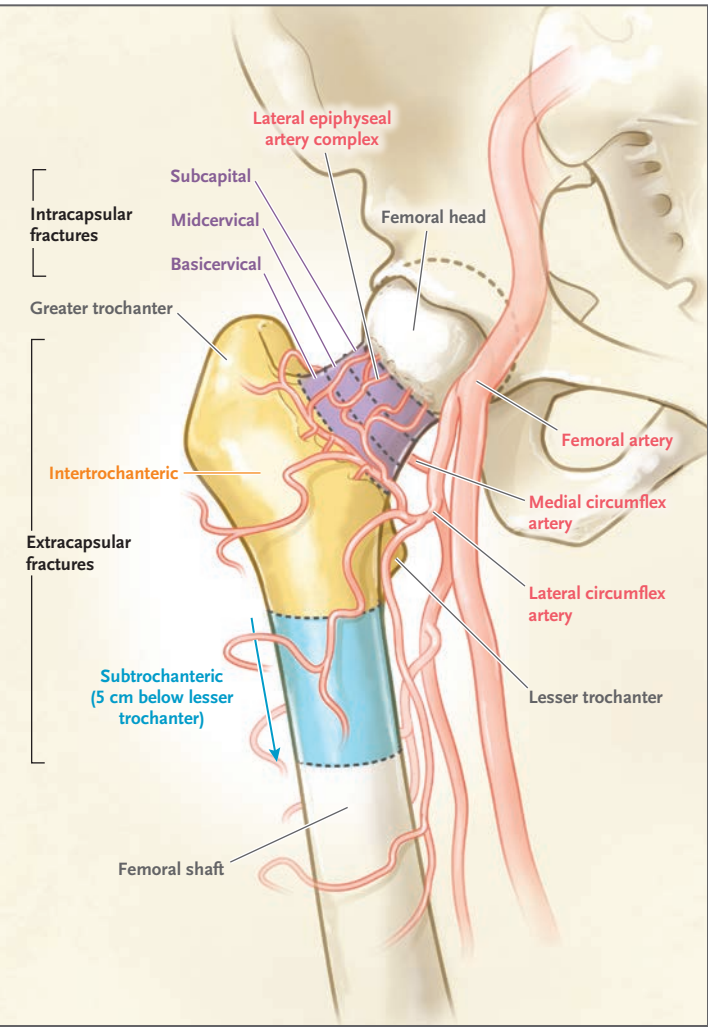
Did you find this article helpful? What other topics would you like to see covered? Please send us an email to let us know what you thought at resourcecenter@nejm.org.



KEY CLINICAL POINTS

ACUTE HIP FRACTURE

- Hip fractures (categorized according to anatomical location as a femoral-neck fracture or an intertrochanteric or subtrochanteric fracture) can have a devastating effect on quality of life and function, with a high risk of death at 1 year.
- Femoral-neck fractures, if nondisplaced or in a young patient, are typically treated with internal fixation.
- For fractures at the base of the femoral neck (sometimes called basicervical fractures), displaced fractures, and those with a more vertically oriented fracture line, reoperation rates are lower when a sliding hip screw is used than when multiple cancellous screws are used.
- Approaches to displaced femoral-neck fractures remain controversial, but evidence currently favors arthroplasty over internal fixation, especially in persons 65 years of age or older.
- Unstable intertrochanteric and subtrochanteric fractures of the femur are treated with the use of intramedullary nails, whereas stable fractures of these types are typically treated with the use of a sliding hip screw.
- Perioperative multidisciplinary care is important in regard to osteoporosis assessment and treatment as well as to postoperative functional mobility.



operative management.⁷ Mortality at 1 month after hip-fracture surgery approaches 10%.⁷ Patients who survive to 30 days are at substantial risk for disability. Even among patients who were community-dwelling before their hip fracture, 11% are bedridden, 16% are in a long-term care facility, and 80% are using a walking aid 1 year after the hip fracture.^{7,8}

The mortality rate within 1 year after hip fracture is as high as 36% despite aggressive management including surgery and rehabilitation⁹; this rate has remained relatively stable over time, in contrast to declining mortality rates associated with other causes, such as acute myocardial infarction.¹⁰ The unacceptably high risk of reoperation, ranging from 10 to 49%, after the initial hip-fracture surgery has fueled research that is intended to identify evidence-based management strategies.^{9,11}

Figure 1. Classification of Hip Fracture According to Anatomical Fracture Site.

Hip fractures are anatomically classified in relation to the hip capsule as intracapsular (i.e., at the femoral neck) or extracapsular (i.e., intertrochanteric or subtrochanteric). Femoral-neck fractures may be nondisplaced (i.e., very little separation at the fracture site, occurring in approximately one third of femoral-neck fractures) or displaced (i.e., greater separation). Fractures below the femoral neck are referred to as intertrochanteric fractures, and those below the lesser trochanter as subtrochanteric fractures.

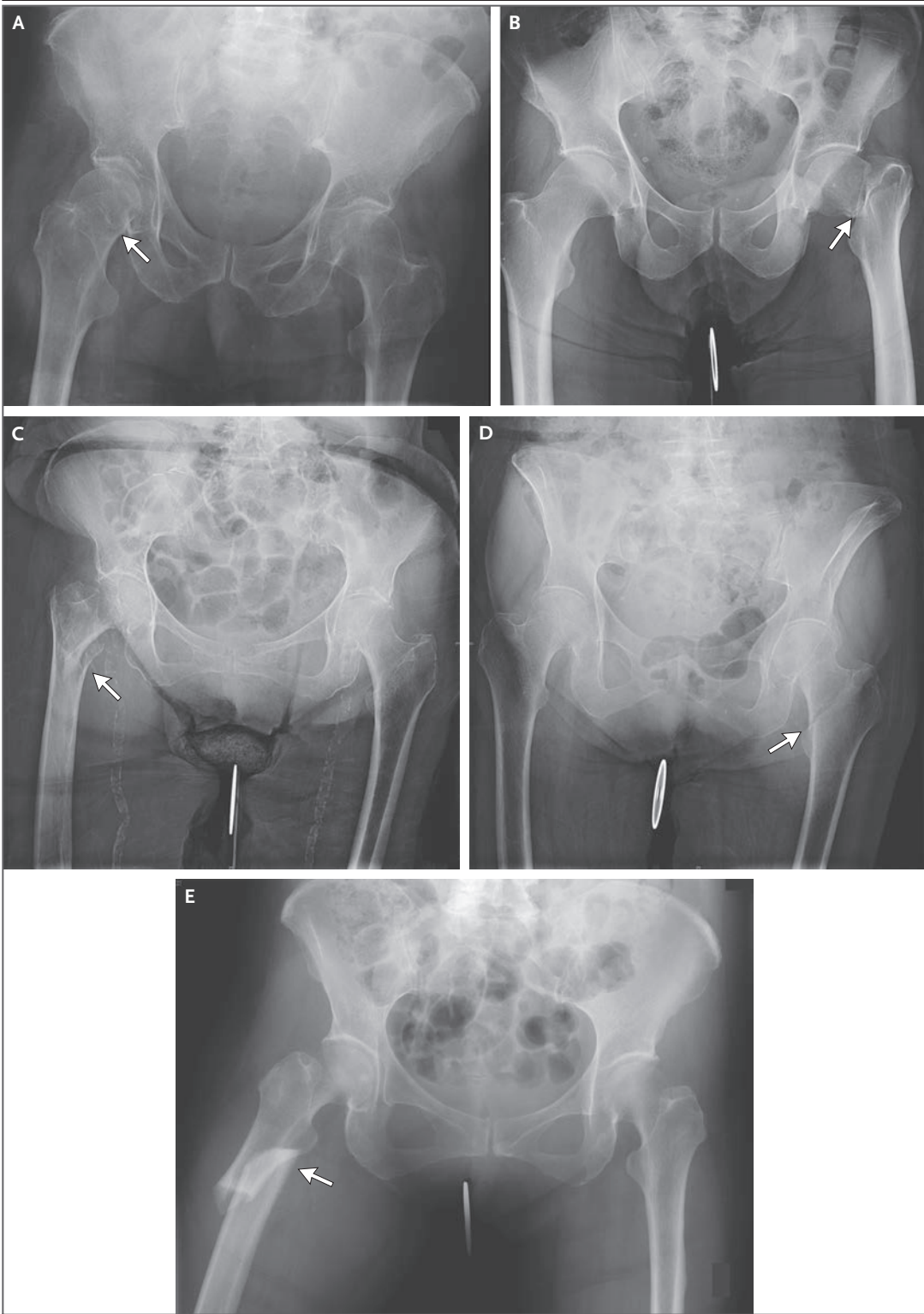


Figure 2. Plain Films Showing Various Types of Hip Fractures.

Panel A shows a nondisplaced femoral-neck fracture, and Panel B a displaced femoral-neck fracture. Panel C shows a displaced intertrochanteric fracture, Panel D an intertrochanteric fracture at the base of the femoral neck (the case presentation in this article), and Panel E a subtrochanteric fracture. An arrow indicates the location of the fracture in each panel.

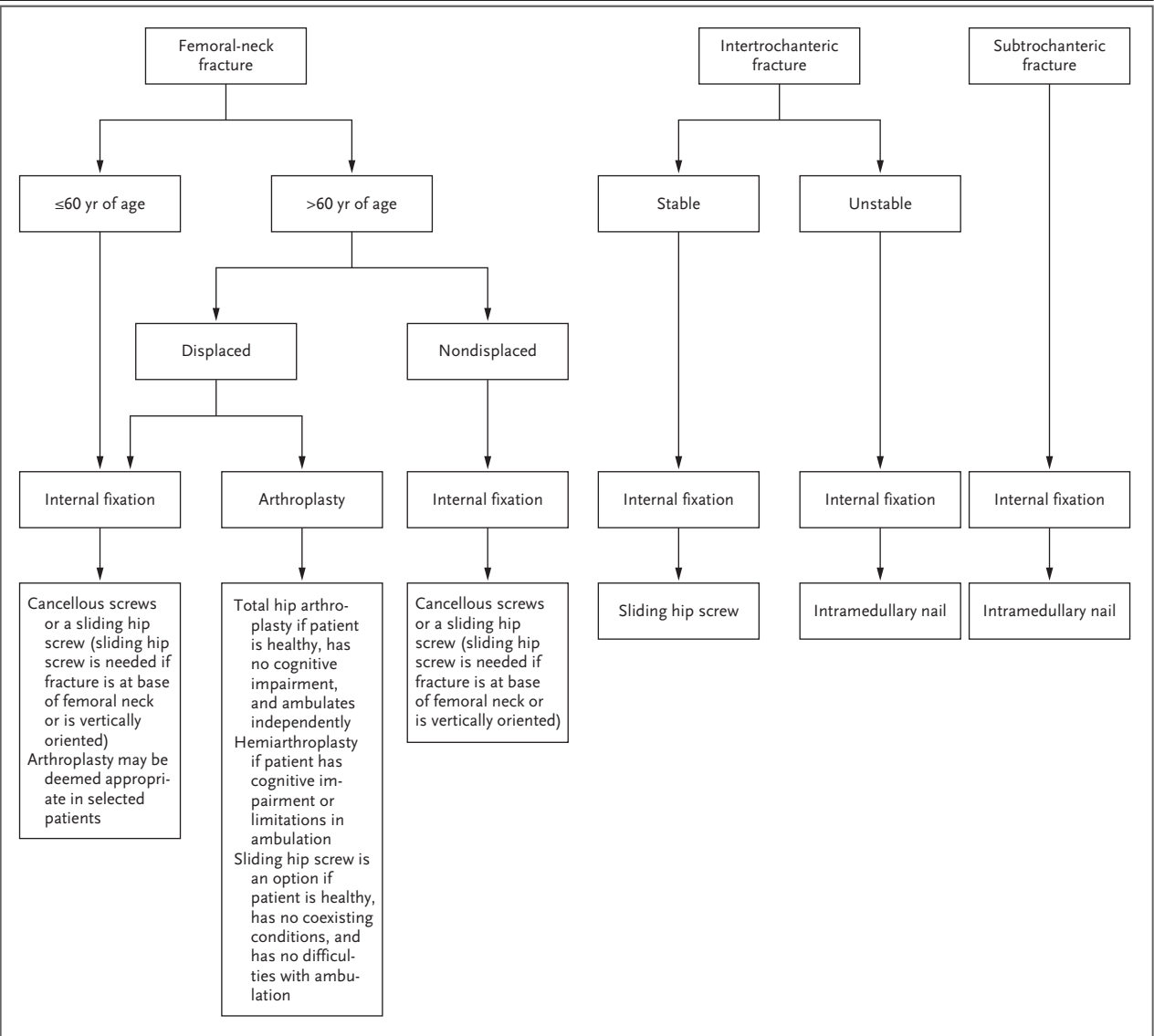


Figure 3. Recommended Management of Hip Fracture, Depending on Location of Fracture and Whether the Fracture Is Displaced.

STRATEGIES AND EVIDENCE

Evidence-based management of hip fractures includes the consideration of surgical options and perioperative care (Fig. 3). Observational studies have identified several risk factors for short-term and intermediate-term death in patients who have a hip fracture, including age, male sex, socioeconomic deprivation, coexisting conditions, dementia, and nursing home residency. Unfortunately, most risk factors are not modifiable.¹²

OPERATIVE MANAGEMENT

Surgeons are faced with three major decisions in the treatment of a patient with an acute hip fracture. Is surgery an option, given the patient's health status? If so, how quickly can it be performed and what type of operation is needed, given the anatomical location, degree of fracture displacement, and the physiological condition of the patient?

Unless the patient's health status is such that there is high risk of intraoperative death or if access to surgical care is difficult, operative

treatment for most hip fractures is recommended. In a single-center retrospective study, patients with hip fracture who were treated nonoperatively had a risk of death at 1 year that was 4 times as high, and a risk of death at 2 years that was 3 times as high, as the risk among patients who underwent surgery.¹³ In another retrospective study, patients undergoing nonoperative treatment with bed rest had a risk of death at 30 days that was 3.8 times as high (absolute risk, 73%) as those who had early mobilization.¹⁴ The observation that mortality rates did not differ significantly among patients who were treated operatively and those who were treated nonoperatively but who mobilized early¹⁴ argues for early mobilization in patients who are too sick to undergo surgery.

Time to Surgery

Guidelines recommend that surgery for hip fracture be performed within 48 hours after the event. This recommendation is based on observational studies suggesting that a shorter time to surgery is associated with improved outcomes in patients.^{15,16} In addition, physiological data indicating that the pain, bleeding, and immobility that are associated with an acute hip fracture result in inflammation, hypercoagulability, and catabolism provide further support for early surgery.

Recent evidence suggests that minimizing the time from hospital admission to surgery to as little as 6 hours is associated with a greater reduction in the incidence of postoperative complications at 30 days than is a time of more than 6 hours.¹⁷ In a meta-analysis of observational studies (involving 4208 patients and 721 deaths) that was adjusted for the American Anesthetists Society score (a measure of a patient's fitness for surgery), age, and sex, earlier surgery (≤24 hours after admission) was associated with significantly lower mortality than was later surgery (relative risk, 0.81; 95% confidence interval [CI], 0.68 to 0.96; P=0.01).⁸ In unadjusted analyses, earlier surgery was also associated with lower risks of in-hospital pneumonia.⁸ However, a key confounder in these studies is that surgery is more likely to be delayed (or not performed at all) in patients who are sicker on admission (and thus more likely to die, independent of surgery). In a small, randomized, pilot trial (Hip Fracture Accelerated Surgical Treatment and Care Track

[HIP ATTACK]; ClinicalTrials.gov number, NCT01344343) involving 60 patients, the rate of major perioperative complications was 30% with accelerated hip-fracture surgery (≤6 hours after hospital admission) and 47% with standard care (hazard ratio, 0.60; 95% CI, 0.26 to 1.39; P=0.20)¹⁷; a large, international trial of early (≤6 hours) versus later surgery for hip fractures is currently under way (NCT02027896).

Femoral-Neck Fracture

Surgical options for femoral-neck fractures include internal fixation (i.e., multiple cancellous screws or a single large screw and side plate, often called a sliding hip screw) or arthroplasty (a hemiarthroplasty or total hip arthroplasty) (Fig. 4). Hemiarthroplasty involves the insertion of a metal prosthesis in the proximal femur, whereas total hip arthroplasty includes the insertion of a metal femoral prosthesis and the addition of an acetabular component for the hip socket.

The choice of implant depends largely on the degree of displacement and the physiological condition of the patient. A greater degree of fracture displacement is associated with a higher risk of disruption of the critical blood supply to the femoral head, which is largely provided by the lateral circumflex femoral artery, a branch of the medial circumflex femoral artery.¹⁸ Bleeding from an intracapsular fracture can result in a tamponade effect that may also affect femoral-head microcirculation by compromising venous drainage. Compromise of blood supply can lead to avascular necrosis of the femoral head and to failure of the fracture to unite. Surgical decision making must account for the likelihood of restoring blood supply to the femoral head through anatomical fracture reduction, stable implant fixation, and consideration of intracapsular pressure-reducing capsulotomy.¹⁸

In patients with a nondisplaced fracture (Garden type I or II), internal fixation is the treatment of choice. Regardless of the age of the patient, small, randomized trials have shown similar outcomes after internal fixation with multiple cancellous screws and after internal fixation with a single large compression screw with a side plate. A recent large trial (Fixation Alternatives in the Treatment of Hip Fractures [FAITH]), in which 1079 patients with a femoral-

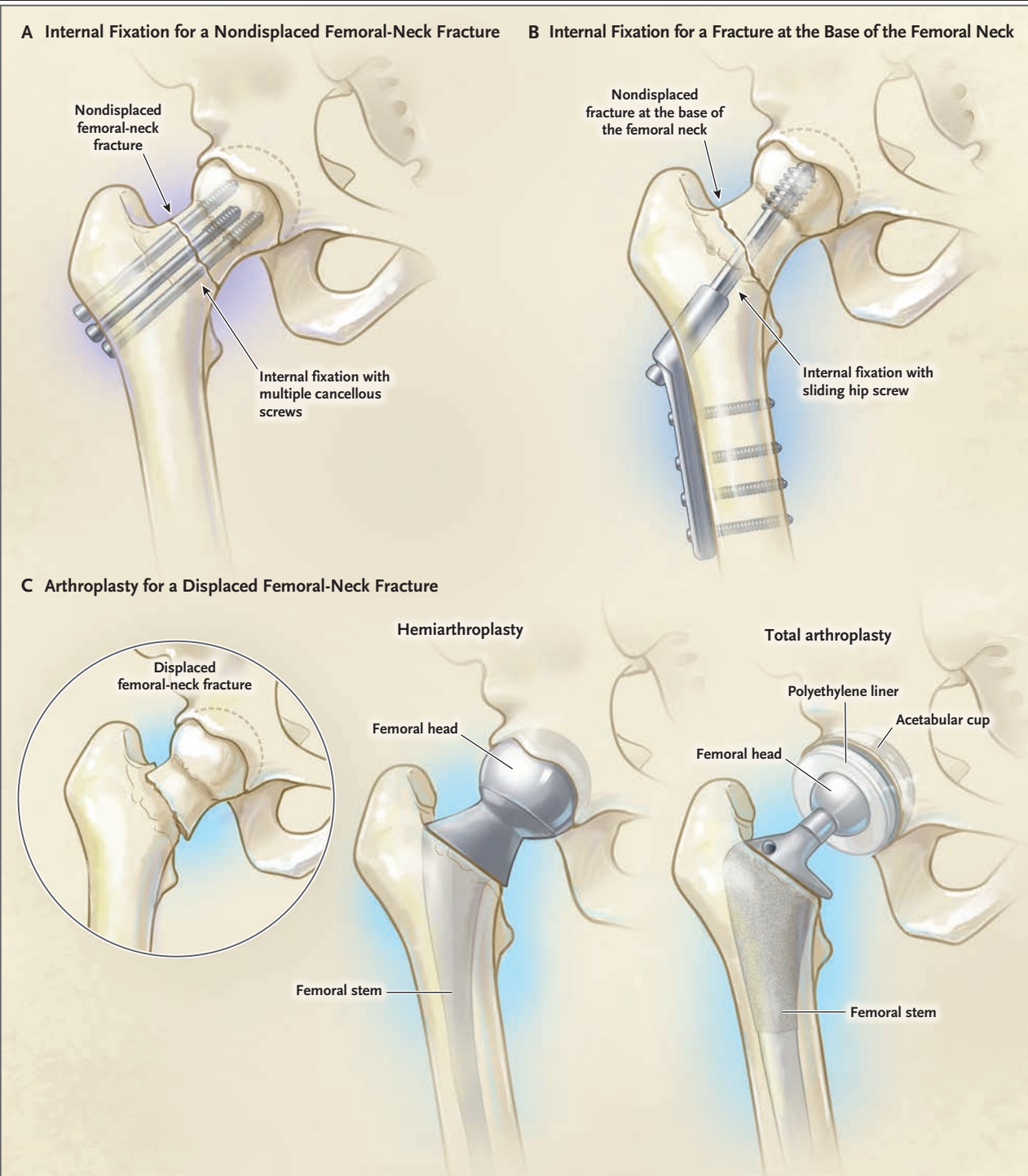


Figure 4. Selected Treatments for Hip Fracture. Panel A shows internal fixation with multiple screws for a nondisplaced femoral-neck fracture. Panel B shows internal fixation with a sliding hip screw for the treatment of a fracture at the base of the femoral neck. The same fixation is recommended for stable intertrochanteric fractures. Panel C shows a hemiarthroplasty and a total hip arthroplasty for a displaced femoral-neck fracture.

neck fracture (729 patients with a nondisplaced fracture and 350 with a displaced fracture) were randomly assigned to receive either multiple cancellous screws or a sliding hip screw showed no significant difference between groups in the risk of reoperation over 2 years (17.5% vs. 17.4%; relative risk, 1.04; 95% CI, 0.72 to 1.50).¹⁹ However, subgroup analysis suggested that patients had improved outcomes with a sliding hip screw when fractures were displaced or located at the base of femoral neck and when fractures had more vertically oriented fracture lines.¹⁹ In laboratory testing involving these fracture types, a sliding hip screw has shown a better ability to tolerate greater biomechanical loads than have multiple cancellous screws.^{20,21}

Arthroplasty is generally preferred over internal fixation for the management of displaced femoral-neck fractures in patients 65 years of age or older who have low-energy, or fragility-type, fractures. A meta-analysis of 14 randomized trials (involving 1907 patients) comparing these surgical approaches in patients 65 years of age or older showed that arthroplasty was associated with a lower risk of reoperation than was internal fixation (relative risk, 0.23; 95% CI, 0.13 to 0.42).⁹ Reoperation rates in the internal-fixation group ranged from 10.0% to 48.8% among the trials and often resulted from failure of the fracture to unite (in 18.5% of patients) or avascular necrosis (in 9.7%).⁹ Hemiarthroplasty and total hip arthroplasty have each resulted in better functional outcome and quality of life within 1 year after surgery than has internal fixation.^{9,22} Long-term follow-up of a randomized trial involving 100 patients showed that hip function at 17 years, as measured by the Harris Hip Score, was better after total hip arthroplasty than after internal fixation.²³ However, arthroplasty also has some disadvantages. A meta-analysis showed a higher risk of infection with arthroplasty than with internal fixation (relative risk, 1.81; 95% CI, 1.16 to 2.85).⁹ Dislocations also may occur after arthroplasty.⁹

Consensus is lacking regarding the preferred implant (total hip arthroplasty or hemiarthroplasty) when arthroplasty is performed.²⁴ A meta-analysis of 14 trials (involving 1890 patients) showed a lower risk of reoperation after total hip arthroplasty than after hemiarthroplasty

(relative risk, 0.57; 95% CI, 0.34 to 0.96); however, this effect was driven mainly by trials that did not use concealed information regarding treatment assignment.²⁵ Ratings of hip function after follow-up periods of 12 to 48 months also were consistently better after total hip arthroplasty than after hemiarthroplasty. However, the risk of dislocation was higher after total hip arthroplasty than after hemiarthroplasty (9% vs. 3%; relative risk, 2.53; 95% CI, 1.05 to 6.10).²⁶ A large, randomized trial comparing total hip arthroplasty with hemiarthroplasty in 1500 patients with a displaced femoral-neck fracture is currently ongoing (HEALTH).²⁷

Although less commonly performed, internal fixation for displaced femoral-neck fractures has some advantages, including that it is less invasive, is associated with a reduced risk of infection (as mentioned above), and is preferred by many patients when they are presented with other options.^{9,28} Younger patients who have higher-energy hip fractures (e.g., from motor vehicle accidents) are typically treated with internal fixation, regardless of displacement of the fracture, given that arthroplasty implants are unlikely to last more than 20 years. A critical factor in the use of internal fixation for displaced femoral-neck fracture is the accurate reduction of the fracture before the insertion of any screws or plates. Inadequate fracture reduction is a risk factor for subsequent failure of the fixation.¹⁸

Intertrochanteric Fractures

Intertrochanteric hip fractures are managed primarily by means of internal fixation, either with a sliding hip screw or an intramedullary nail, because the blood supply to the femoral head is generally intact. For fractures that are deemed to be stable, randomized trials comparing these implants have shown no significant difference in functional outcomes, but sliding hip screws are more cost-effective than intramedullary nails.²⁹⁻³¹ Unstable fractures (i.e., those with a large posteromedial fragment) and those with a reverse-oblique orientation of the fracture line are typically managed with intramedullary nails. A meta-analysis of eight randomized trials (involving a total of 1322 patients) showed improved mobility with their use.³¹⁻³⁸

Subtrochanteric Fractures

Although subtrochanteric fractures are the least frequent type of hip fracture, they provide unique challenges because of the instability of the fracture fragments. Failure rates of the resultant fixation have been reported to be as high as 35%.³⁹ A rare variant of subtrochanteric fracture (so-called atypical femur fracture) has been associated with long-term use of bisphosphonates and has also been reported to occur in patients taking newer antiresorptive agents.^{40,41} In a meta-analysis involving 232 patients with a subtrochanteric fracture, the use of intramedullary nails resulted in a significantly lower incidence of reoperation and nonunion than did extramedullary plates and screws.⁴² Although mortality rates and overall function at 1 year were similar in patients who received intramedullary nails and in those who received extramedullary plates and screws, intramedullary nails have become standard in the treatment of the majority of elderly patients with subtrochanteric fractures and atypical femur-fracture variants.

PERIOPERATIVE CARE

Comprehensive, interdisciplinary care in a geriatric ward has been shown to significantly improve mobility, activities of daily living, and quality of life, as compared with usual care in an orthopedic ward.⁴³ Although aggressive and early mobilization is strongly recommended, movement deficits can persist for several months after rehabilitation for hip fracture.^{15,43,44,45} Care also includes the provision of venous thromboprophylaxis and antibiotic prophylaxis and the evaluation for and treatment of osteoporosis.¹⁵ Osteoporosis is common in patients with hip fracture and is frequently undertreated. Calcium and vitamin D supplementation are routinely recommended after fracture, as is dual-energy x-ray absorptiometry for the assessment of bone mineral density.¹⁵ The prompt initiation of bisphosphonates after a fracture is encouraged in order to reduce the risk of a subsequent fracture; the administration of bisphosphonates has not been associated with deleterious effects on fracture healing.^{46,47}

AREAS OF UNCERTAINTY

Whether expedited surgery affects major surgical outcomes is uncertain. The ongoing HIP ATTACK trial is comparing accelerated medical clearance (with the goal of starting surgery for hip fracture

within 6 hours after presentation) with standard care with respect to a composite outcome of death and serious perioperative complications. Data are limited but randomized trials are under way for guiding the choice between total hip arthroplasty and hemiarthroplasty for displaced femoral-neck fractures (the HEALTH trial) and for guiding the management of femoral-neck fracture in patients 60 years of age or younger, and randomized trials investigating these questions are currently in progress (the FAITH-2 trial; NCT01908751).

GUIDELINES

Several organizations have published guidelines for the operative treatment of hip fractures, including the National Institutes of Health and Care Excellence,¹⁶ the American Academy of Orthopaedic Surgeons,¹⁵ and the National Hip Fracture Model of Care and Toolkit.⁴⁸ Guidelines that are relevant to the preoperative assessment of cardiac risk have been published by the Canadian Cardiovascular Society.⁴⁹ The recommendations in this article are generally consistent with these guidelines.

CONCLUSIONS AND RECOMMENDATIONS

The woman in the vignette has a nondisplaced fracture of her femoral neck. As with other nondisplaced femoral fractures, this fracture is best managed with internal fixation. Given her previously active lifestyle and state of generally good health, she is a good candidate for this surgery. We would recommend the use of a sliding hip screw because of location of her fracture at the base of the femoral neck and the more vertical orientation of the fracture line. Surgery should not be delayed. We would recommend performing surgery the same day, if possible, on the basis of studies that have shown better outcomes in patients with earlier surgery and on the pending results of a randomized trial comparing outcomes of prompt versus less-prompt surgery. A multidisciplinary approach to that patient's perioperative care that includes a geriatrician, physical therapist, and occupational therapist is recommended, with a focus on return to function, activities of daily living, and appropriate assessment and treatment of osteoporosis to mitigate the risks of subsequent fractures.

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

REFERENCES

1. Cooper C, Campion G, Melton LJ III. Hip fractures in the elderly: a world-wide projection. *Osteoporos Int* 1992;2:285-9.

2. Cummings SR, Rubin SM, Black D. The future of hip fractures in the United States: numbers, costs, and potential effects of postmenopausal estrogen. *Clin Orthop Relat Res* 1990;252:163-6.

3. Dhanwal DK, Dennison EM, Harvey NC, Cooper C. Epidemiology of hip fracture: worldwide geographic variation. *Indian J Orthop* 2011;45:15-22.

4. Garden RS. Reduction and fixation of subcapital fractures of the femur. *Orthop Clin North Am* 1974;5:683-712.

5. LeBlanc ES, Hillier TA, Pedula KL, et al. Hip fracture and increased short-term but not long-term mortality in healthy older women. *Arch Intern Med* 2011;171:1831-7.

6. Prevention of pulmonary embolism and deep vein thrombosis with low dose aspirin: Pulmonary Embolism Prevention (PEP) trial. *Lancet* 2000;355:1295-302.

7. Nurmi I, Narinen A, Lüthje P, Tanninen S. Functional outcome and survival after hip fracture in elderly: a prospective study of 106 consecutive patients. *J Orthop Traumatol* 2004;5:7-14.

8. Simunovic N, Devereaux PJ, Sprague S, et al. Effect of early surgery after hip fracture on mortality and complications: systematic review and meta-analysis. *CMAJ* 2010;182:1609-16.

9. Bhandari M, Devereaux PJ, Swiontkowski MF, et al. Internal fixation compared with arthroplasty for displaced fractures of the femoral neck: a meta-analysis. *J Bone Joint Surg Am* 2003;85-A:1673-81.

10. Fox KAA, Steg PG, Eagle KA, et al. Decline in rates of death and heart failure in acute coronary syndromes, 1999-2006. *JAMA* 2007;297:1892-900.

11. Jackson JA, Sisk JN. Hip injuries: solution of the "unsolved fracture." *Am J Surg* 1939;45:48-52.

12. Bhandari M, Koo H, Saunders L, Shaughnessy SG, Dunlop RB, Schemitsch EH. Predictors of in-hospital mortality following hip fractures. *Int J Surg Investig* 1999;1:319-26.

13. Tay E. Hip fractures in the elderly: operative versus nonoperative management. *Singapore Med J* 2016;57:178-81.

14. Jain R, Basinski A, Kreder HJ. Non-operative treatment of hip fractures. *Int Orthop* 2003;27:11-7.

15. Management of hip fractures in the elderly: evidence-based clinical practice guideline. Rosemont, IL: American Academy of Orthopaedic Surgeons, September 5, 2014.

16. Hip fracture: management. London: National Institutes for Health and Care Excellence, June 22, 2011 (<https://www.nice.org.uk/guidance/cg124>).

17. Hip Fracture Accelerated Surgical Treatment and Care Track (HIP ATTACK) Investigators. Accelerated care versus standard care among patients with hip fracture: the HIP ATTACK pilot trial. *CMAJ* 2014;186(1):E52-E60.

18. Swiontkowski MF. Intracapsular fractures of the hip. *J Bone Joint Surg Am* 1994;76:129-38.

19. Fixation using Alternative Implants for the Treatment of Hip fractures (FAITH) Investigators. Fracture fixation in the operative management of hip fractures (FAITH): an international, multicentre, randomised controlled trial. *Lancet* 2017;389:1519-27.

20. Deneka DA, Simonian PT, Stankewich CJ, Eckert D, Chapman JR, Tencer AF. Biomechanical comparison of internal fixation techniques for the treatment of unstable basicervical femoral neck fractures. *J Orthop Trauma* 1997;11:337-43.

21. Hoshino CM, O'Toole RV. Fixed angle devices versus multiple cancellous screws: what does the evidence tell us? *Injury* 2015;46:474-7.

22. Keating JF, Grant A, Masson M, Scott NW, Forbes JF. Displaced intracapsular hip fractures in fit, older people: a randomised comparison of reduction and fixation, bipolar hemiarthroplasty and total hip arthroplasty. *Health Technol Assess* 2005;9:iii-iv, ix-x, 1-65.

23. Chammout GK, Mukka SS, Carlsson T, Neander GF, Stark AW, Skoldenberg OG. Total hip replacement versus open reduction and internal fixation of displaced femoral neck fractures: a randomized long-term follow-up study. *J Bone Joint Surg Am* 2012;94:1921-8.

24. Bhandari M, Devereaux PJ, Tornetta P III, et al. Operative management of displaced femoral neck fractures in elderly patients: an international survey. *J Bone Joint Surg Am* 2005;87:2122-30.

25. Hopley C, Stengel D, Ekkernkamp A, Wich M. Primary total hip arthroplasty versus hemiarthroplasty in older patients: systematic review. *BMJ* 2010;340:C2332.

26. Burgers P, Van Geene AR, Van den Bekerom M, et al. Total hip arthroplasty versus hemiarthroplasty for displaced femoral neck fractures in the healthy elderly: a meta-analysis and systematic review of randomized trials. *Int Orthop* 2012;36:1549-60.

27. Bhandari M, Devereaux PJ, Einhorn TA, et al. Hip fracture evaluation with alternatives of total hip arthroplasty versus hemiarthroplasty (HEALTH): protocol for a multicentre randomised trial. *BMJ Open* 2015;5(2):e006263.

28. Alolabi B, Bajammal S, Shirali J, Karanicolas PJ, Gafni A, Bhandari M. Treatment of displaced femoral neck fractures in the elderly: a cost-benefit analysis. *J Orthop Trauma* 2009;23:442-6.

29. Soccì AR, Casemyr NE, Leslie MP, Baumgaertner MR. Implant options for the treatment of intertrochanteric fractures of the hip: rationale, evidence, and

recommendations. *Bone Joint J* 2017;99-B:128-33.

30. Egol KA, Marciano AI, Lewis L, Tejwani NC, McLaurin TM, Davidovitch RI. Can the use of an evidence-based algorithm for the treatment of intertrochanteric fractures of the hip maintain quality at a reduced cost? *Bone Joint J* 2014;96-B:1192-7.

31. Bhandari M, Schemitsch E, Jönsson A, Zlowodzki M, Haidukewych GJ. Gamma nails revisited: gamma nails versus compression hip screws in the management of intertrochanteric fractures of the hip: a meta-analysis. *J Orthop Trauma* 2009;23:460-4.

32. Hardy DCR, Descamps PY, Krallis P, et al. Use of an intramedullary hip-screw compared with a compression hip-screw with a plate for intertrochanteric femoral fractures: a prospective, randomized study of one hundred patients. *J Bone Joint Surg Am* 1998;80:618-30.

33. Little NJ, Verma V, Fernando C, Elliott DS, Khaleel A. A prospective trial comparing the Holland nail with the dynamic hip screw in the treatment of intertrochanteric fractures of the hip. *J Bone Joint Surg Br* 2008;90:1073-8.

34. Saudan M, Lübbeke A, Sadowski C, Riand N, Stern R, Hoffmeyer P. Pertrochanteric fractures: is there an advantage to an intramedullary nail?: a randomized, prospective study of 206 patients comparing the dynamic hip screw and proximal femoral nail. *J Orthop Trauma* 2002;16:386-93.

35. Parker MJ, Bowers TR, Pryor GA. Sliding hip screw versus the Targon PF nail in the treatment of trochanteric fractures of the hip: a randomised trial of 600 fractures. *J Bone Joint Surg Br* 2012;94:391-7.

36. Xu YZ, Geng DC, Mao HQ, Zhu XS, Yang HL. A comparison of the proximal femoral nail antirotation device and dynamic hip screw in the treatment of unstable pertrochanteric fracture. *J Int Med Res* 2010;38:1266-75.

37. Utrilla AL, Reig JS, Muñoz FM, Tufanisco CB. Trochanteric gamma nail and compression hip screw for trochanteric fractures: a randomized, prospective, comparative study in 210 elderly patients with a new design of the gamma nail. *J Orthop Trauma* 2005;19:229-33.

38. Aktselis I, Kokoroghiannis C, Fragkomichalos E, et al. Prospective randomised controlled trial of an intramedullary nail versus a sliding hip screw for intertrochanteric fractures of the femur. *Int Orthop* 2014;38:155-61.

39. Kuzyk PR, Bhandari M, McKee MD, Russell TA, Schemitsch EH. Intramedullary versus extramedullary fixation for subtrochanteric femur fractures. *J Orthop Trauma* 2009;23:465-70.

40. Koh A, Guerado E, Giannoudis PV. Atypical femoral fractures related to bisphosphonate treatment: issues and con-

troversies related to their surgical management. *Bone Joint J* 2017;99-B:295-302.

41. Shane E, Burr D, Abrahamsen B, et al. Atypical subtrochanteric and diaphyseal femoral fractures: second report of a task force of the American Society for Bone and Mineral Research. *J Bone Miner Res* 2014;29:1-23.

42. Liu P, Wu X, Shi H, et al. Intramedullary versus extramedullary fixation in the management of subtrochanteric femur fractures: a meta-analysis. *Clin Interv Aging* 2015;10:803-11.

43. Prestmo A, Hagen G, Sletvold O, et al. Comprehensive geriatric care for patients with hip fractures: a prospective, random-

ised, controlled trial. *Lancet* 2015;385:1623-33.

44. Moseley AM, Sherrington C, Lord SR, Barracough E, St George RJ, Cameron ID. Mobility training after hip fracture: a randomised controlled trial. *Age Ageing* 2009;38:74-80.

45. Nightingale EJ, Sturnieks D, Sherrington C, Moseley AM, Cameron ID, Lord SR. Impaired weight transfer persists at least four months after hip fracture and rehabilitation. *Clin Rehabil* 2010;24:565-73.

46. Kim TY, Ha YC, Kang BJ, Lee YK, Koo KH. Does early administration of bisphosphonate affect fracture healing in

patients with intertrochanteric fractures? *J Bone Joint Surg Br* 2012;94:956-60.

47. Lyles KW, Colón-Emeric CS, Magaziner JS, et al. Zoledronic acid and clinical fractures and mortality after hip fracture. *N Engl J Med* 2007;357:1799-809.

48. Bone and Joint Canada. National Hip Fracture Toolkit. June 30, 2011 (<http://boneandjointcanada.com/hip-fracture/>).

49. Duceppe E, Parlow J, MacDonald P, et al. Canadian Cardiovascular Society guidelines on perioperative cardiac risk assessment and management for patients who undergo noncardiac surgery. *Can J Cardiol* 2017;33:17-32.

Copyright © 2017 Massachusetts Medical Society.

SPECIALTIES AND TOPICS AT NEJM.ORG

Specialty pages at the *Journal's* website (NEJM.org) feature articles in cardiology, endocrinology, genetics, infectious disease, nephrology, pediatrics, and many other medical specialties. These pages, along with collections of articles on clinical and nonclinical topics, offer links to interactive and multimedia content and feature recently published articles as well as material from the NEJM archive (1812–1989).



Endocrinology Jobs
Family Medicine Jobs Hematology/Oncology Jobs
Gastroenterology Jobs
Infectious Disease
Internal Medicine Jobs Hospitalist Jobs
Cardiology Jobs

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



Classified Advertising Section

Sequence of Classifications

Addiction Medicine	Neonatal-Perinatal Medicine	Preventive Medicine	Urology
Allergy & Clinical Immunology	Nephrology	Primary Care	Chiefs/Directors/ Department Heads
Ambulatory Medicine	Neurology	Psychiatry	Faculty/Research
Anesthesiology	Nuclear Medicine	Public Health	Graduate Training/Fellowships/ Residency Programs
Cardiology	Obstetrics & Gynecology	Pulmonary Disease	
Critical Care	Occupational Medicine	Radiation Oncology	
Dermatology	Ophthalmology	Radiology	
Emergency Medicine	Osteopathic Medicine	Rheumatology	
Endocrinology	Otolaryngology	Surgery, General	Courses, Symposia, Seminars
Family Medicine	Pathology	Surgery, Cardiovascular/ Thoracic	For Sale/For Rent/Wanted
Gastroenterology	Pediatrics, General	Surgery, Neurological	Locum Tenens
General Practice	Pediatric Gastroenterology	Surgery, Orthopedic	Miscellaneous
Geriatrics	Pediatric Intensivist/ Critical Care	Surgery, Pediatric Orthopedic	Multiple Specialties/ Group Practice
Hematology-Oncology	Pediatric Neurology	Surgery, Pediatric	Part-Time Positions/Other
Hospitalist	Pediatric Otolaryngology	Surgery, Plastic	Physician Assistant
Infectious Disease	Pediatric Pulmonology	Surgery, Transplant	Physician Services
Internal Medicine	Physical Medicine & Rehabilitation	Surgery, Vascular	Positions Sought
Internal Medicine/Pediatrics		Urgent Care	Practices for Sale
Medical Genetics			

Classified Advertising Rates

We charge \$9.04 per word per insertion. A 2- to 4-time frequency discount rate of \$6.71 per word per insertion is available. A 5-time frequency discount rate of \$6.50 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 \$99.00 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. Confidential reply boxes are an extra \$75.00 per insertion plus 4 words (Reply Box 0000, NEJM). We will send the responses directly to you every Tuesday and Thursday. 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: Reply Box 0000, NEJM.

This advertisement is 58 words. At \$9.04 per word, it equals \$524.32. Because a reply box was requested, there is an additional charge of \$75.00 for each insertion. The price is then

\$599.32 for each insertion of the ad. This ad would be placed under the Chiefs/Directors/Department Heads classification.

How to Respond to NEJM Box Numbers

When a reply box number is indicated in an ad, responses should be sent to the indicated box number at the address under “Contact Information.”

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 \$99.00 per issue per advertisement and \$170.00 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.

NEJM is unable to forward product and service solicitations directed to our advertisers through our reply box service.

Classified Ad Deadlines

Issue	Closing Date
March 29	March 9
April 5	March 16
April 12	March 23
April 19	March 30

Cardiology

CARDIOLOGY GROUP LOCATED ON THE JERSEY SHORE, CLOSE TO NEWYORK CITY — Is looking for a Cardiologist. This is an excellent opportunity to join a busy Cardiology practice. Top salary and benefits offered. Collegial work environment, possible partnership track, and much more. Please e-mail: cardiologyresumehr@gmail.com

EXCEPTIONAL CARDIOLOGY PRIVATE PRACTICE — Is looking to add an enthusiastic and hardworking cardiologist to join the team. Manhattan Cardiology is a state-of-the-art cardiology practice located in the heart of Midtown Manhattan. The position is 100%. Board Certification is preferred in general cardiology, echocardiography, nuclear, and ideally RPVI. Job Type: full-time with competitive salary with excellent benefits. Qualified candidates please e-mail your resume to: nikkoh@manhattancardiology.com

THE CORNELL ADVANCED CARDIAC IMAGING LABORATORY (NYC) — Is accepting applications for research/clinical training in cardiac MRI and echocardiography. Appointments (1–2 years) will begin 7/2018. Salary commensurate with qualifications. The program is ideal for MDs who have completed Cardiology fellowship; qualified candidates post Internal Medicine residency will also be considered. Application materials (resume, personal statement) should be e-mailed to Meridith Pollie: mep2017@med.cornell.edu

ACCEPTING APPLICATIONS — For Newly Accredited Fellowship Training Program in Cardiovascular Disease. Northern Virginia, Washington DC Suburbs. The Inova Heart and Vascular Institute (IHVI) is inviting applications for its newly ACGME-accredited 3-Year Fellowship Training Program in Cardiovascular Disease, for the training year beginning July 1, 2018. Under the leadership of CEO Christopher M. O'Connor, MD, IHVI is on a major growth trajectory, dedicated to research and academic excellence, and passionate about excellent patient care. Applicants must have completed an ACGME-accredited Internal Medicine Fellowship program. Interested candidates, please contact: CVFellowship@inova.org

CARDIOLOGY ELECTROPHYSIOLOGY OPPORTUNITY: SUNNY SOUTH FLORIDA AREA — Cardiac Arrhythmia Service is a busy three-physician EP only private practice with two Physician Assistants and looking for a 4th clinical electrophysiologist. Applicant should be experienced in all device therapy and ablation including atrial fibrillation and ventricular tachycardia. Competitive salary, benefits, and production bonus offered. Send CV/resume to: careers@backonrhythm.com

Career-focused
job-seeking tips.

NEJM CareerCenter

INTERVENTIONAL CARDIOLOGIST — Well-established, dynamic, and growing multispecialty group in Terre Haute, Indiana, is currently recruiting a qualified 100% Interventional Cardiologist. J-1 Visa accepted. Wonderful atmosphere with a major university and four additional collegiate level institutions including an institute of technology that has been named #1 engineering school for undergraduate degrees, each of the last five years by the *U.S. News and World Report*. We are offering you a tremendous work/life balance, both professionally and personally. Competitive salary and benefits. Please fax CV to attention Administrator: 812-235-2754; or e-mail: lsammann@provmed.net

ELECTROPHYSIOLOGIST — Well-established, dynamic, and growing multispecialty group in Terre Haute, Indiana, is currently recruiting a qualified 100% Electrophysiologist, General Cardiology optional. J-1 Visa accepted. Wonderful atmosphere with a major university and four additional collegiate level institutions including an institute of technology that has been named #1 engineering school for undergraduate degrees, each of the last five years by the *U.S. News and World Report*. We are offering you a tremendous work/life balance, both professionally and personally. Competitive salary and benefits. Please fax CV to attention Administrator: 812-235-2754; or e-mail: lsammann@provmed.net

Critical Care Medicine

INTENSIVISTS — Yale New Haven Hospital seeks night-time Critical Care Intensivists. Physician provides and supervises comprehensive care to medical intensive care unit patients in collaboration with the medical house staff, Director of the MICU, and Attending Internists. Intensivist works a flexible schedule of nights, assisting the medical house staff in assessment of patients, development of plans of care, and the performance of invasive procedures. Applicants must be BE/BC in internal medicine and critical care medicine with demonstrated excellence in clinical and teaching skills. Please send your CV and reference letters to: Tim Dascenzo, Senior Manager Hospitalist Service, at: timothy.dascenzo@ynhh.org

Endocrinology

NORTHERN NJ, NY SUBURB — Small group of busy endocrinologists in pure consultative practice and one hospital affiliation, hiring FT/PT, BC/BE endocrinologists. Fast track partnership with very competitive salary and full benefits. Apply with resume to: bbye1944@gmail.com

Family Medicine (see also IM and Primary Care)

FAMILY PRACTICE PHYSICIAN — Competitive salary. Clinical opening in a medically underserved area in Tuscaloosa, Alabama. Will provide primary medical care. Require MD degree, completion of residency program by June 30, 2018, Alabama medical license, or immediate eligibility. Send resume to: HR Director, Whatley Health Services, Inc., PO Box 2400, Tuscaloosa, AL 35403. EEO.

NEJM CareerCenter
takes the work out
of finding work.
NEJMCareerCenter.org

PRIMARY CARE PHYSICIAN — Seeking Family Practice Provider for large friendly practice in SE New Mexico. J-1 applicants welcome. Moderate four season climate with exceptional outdoor recreational opportunities. Exceptional schools, private and public, a state university, and culturally diverse. Twelve providers with 100 support staff, four modern/new clinics in Roswell, Carlsbad, and Hobbs. Ancillary services include lab and radiology. Compensation above national average plus bonus structure, complete benefits package. Please e-mail: dave.southward@kymramedical.com; or visit our website: <http://kymramedical.com>

Gastroenterology

PRESTIGIOUS GARDEN CITY GASTROENTEROLOGY PRACTICE — Located in Nassau County is looking to hire a P/T or F/T Gastroenterologist. There is no hospital call; excellent benefits, salary, and the potential for ownership in a Ambulatory Surgical Center. Please e-mail your CV to: drchrisdemetriou@aol.com; or fax it to: 866-706-0812.

GASTROENTEROLOGY OPPORTUNITIES IN CALIFORNIA (NEAR LA AND SF) — Delaware, Hawaii, and North Carolina. Excellent compensation, benefits, partnership (including Endoscopy Center). Call American Medical Consultants: (800) 367-3218 ; E-mail: amcmo@bellsouth.net; website: www.americanmedicalconsultants.com

Hematology-Oncology

GROUP OF TWO ONCOLOGISTS LOOKING FOR THIRD ONE — To join busy well-established practice in Hudson Valley, New York. 60 miles from NY City. Excellent compensation package with partnership track. Good opportunity to become senior partner in the practice. Send CV: ccareny@gmail.com

Hospitalist

HOSPITALISTS — Full-time faculty at rank of Assistant Professor available in July 2018. Myeloma Institute (www.myeloma.uams.edu), University of Arkansas for Medical Sciences, Little Rock. Leading center for treatment of multiple myeloma with 300 stem cell transplants annually. Excellent exposure to Hematology/Oncology and Infectious Diseases. Duties include inpatient care of patients with multiple myeloma and other malignancies undergoing stem cell transplantation, chemotherapy-related complications, cancer complications, cancer chemotherapy, and collection of stem cells for transplantation. Qualified candidates must have MD or equivalent, must have completed Internal Medicine residency, and must be eligible for Arkansas medical license. Sponsorship of H1-B Visas available. Please e-mail resume to Tywana Lambert at: TLLambert@uams.edu

RECENTLY TRAINED BC/BE IM — Sought for a unique hospitalist-outpatient position with prestigious, private primary care group in Huntington Beach and Fountain Valley, California. Competitive salary leading to a full partnership with outstanding bonus structure. Signing bonus. Generous benefits package and lifestyle. Send CV to: Karen Don, MD; kdon@edingermedicalgroup.com

Search for a job.
Post a job.

NEJMCareerCenter.org

Infectious Disease

EXCELLENT OPPORTUNITY TO JOIN THE LEADING INFECTIOUS DISEASE GROUP — In Southern New Jersey/Suburban Philadelphia based in Mt Laurel. We are a growing, thriving, 100% ID group integrated in an innovative high-quality health care system. We are comprised of excellent, highly respected clinicians from leading training programs who perform ID consultations both in hospital and office. We perform and direct Infection Control, Antibiotic Stewardship, and provide antibiotic office infusion therapy, travel health, and HBO therapy. This excellent location with outstanding schools and beautiful neighborhoods has easy travel and access, 15 minutes from Philadelphia. Excellent compensation and benefits. E-mail to: awetzel@virtua.org

INFECTIOUS DISEASE PHYSICIAN — To join five-physician ID group, Westchester County, NY. Inpatient and outpatient ID and HIV care, Community and Tertiary Care Hospital, and Travel Medicine. Send CV to: iddoc@optonline.net

BUSY INFECTIOUS DISEASE PRIVATE PRACTICE IN NY/NORTHERN NJ — Lovely area near NYC. BC/BE 100% ID. Mostly inpatient, also HIV and general ID outpatient. PT or FT/leading to partner. E-mail CV: IDMD2018@gmail.com


INDIANA UNIVERSITY'S ACCREDITED AND NATIONALLY-REOWNED INFECTIOUS DISEASE FELLOWSHIP — Is looking for Internal Medicine physicians interested in escape from the mundane. Two years of fellowship could mean a lifetime of fascinomas, clinical mysteries, and interesting puzzles. IU has experience and expertise in clinical infectious disease, HIV, global health, care for the underserved, infection prevention, antibiotic stewardship, transplant ID, development of clinical educators, and research at the cutting edge of these fields. Flexible scheduling and call schedules prioritize your learning style and lifestyle first. Start date would be 7/1/2018. For those interested, please send curriculum vitae with degrees, prior training, work experience, and Visa status to sairbutt@iu.edu or cbeeler@iu.edu for consideration.

Internal Medicine
(see also FM and Primary Care)

INTERNAL MEDICINE OR FAMILY PRACTICE — MD/DO with experience and interest in the medical complications of Substance Use Disorder. Full Benefits. M-F No: N/W/E/Call. Great collaborative environment. To apply: <https://massanf.taleo.net/careersection/ex/jobdetail.ftl?job=170005MO&tz=GMT-05%3A00>

Download our **FREE** iPhone app and apply for jobs from your phone:

www.nejmcareercenter.org/apps/iphone



OUTPATIENT-ONLY INTERNAL MEDICINE WITH LOAN REPAYMENT AND SIGN-ON BONUS — The Central Maine Medical Group seeks BE/BC Internal Medicine physician to join cohesive, well-established, hospital-employed practice in Lewiston, Maine. We offer: up to \$200K in medical student loan repayment, \$50K sign-on bonus, up to \$12K moving allowance, four-day work week/generous outpatient call, healthy work/life balance. Central Maine affords easy access to the coast and mountains where you can enjoy four seasons of outdoor activities. We have a growing arts and restaurant scene in a very safe affordable area to live and raise a family. To join our growing team, contact: Gina Mallozzi, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240. E-mail: MallozGi@cmhc.org; Fax: 207-344-0696; Call: 800-445-7431; or visit our website: <http://recruitment.cmmc.org>

PRESTIGIOUS MULTISPECIALTY PRACTICE — In desirable NJ university town with multiple locations seeking BC/BE Internist to join thriving department. Excellent opportunity leading to partnership. Fax CV to Joan Hagadorn, at: 609-430-9481; or e-mail to: jhagadorn@princetonmedicalgroup.com. No phone calls please.

Nephrology

WELL-ESTABLISHED, GROWING NEPHROLOGY PRIVATE PRACTICE — Located in south central Pennsylvania, is seeking a seventh Nephrologist. This practice is looking for a dynamic and hard working full-time physician who will grow with us as we expand our area of practice. Physician will also provide consultative coverage to local hospitals on a rotating basis. Candidates must be board-certified or eligible nephrologist. Board-eligible nephrologist should be licensed in Pennsylvania. Competitive compensation and benefits package. The practice is offering an opportunity for employment leading to partnership. Located within driving distance to Maryland, Lancaster, and Harrisburg. To pursue this exciting opportunity, please submit CV to Practice Manager at: bmiller968@comcast.net; or via fax: 717-747-3678.

LOOKING TO ADD NEPHROLOGY ASSOCIATE FOR LAWRENCEVILLE, GEORGIA, OFFICE — Call is 1 in 4th weekend. Competative salary and benefits. Partnership in 2-3 year. JV opportunity in dialysis clinic and medical director opportunity available. J-1 or H-1 can apply. Send your resume to: ngncmd@gmail.com

NEPHROLOGIST BC/BE, JACKSONVILLE, FLORIDA — Well-established seven-physician practice in Nephrology, seeking new associate. Good benefits with competitive salary. Please e-mail: drkidney@bellsouth.net

NEPHROLOGY OPPORTUNITIES NATION-WIDE — Opportunities provide Competitive Compensation with Productivity, Comprehensive benefits with Partnership, and Joint Venture potential. For additional information, call Martin Osinski at NephrologyUSA: 305-271-9225. E-mail: mo@nephrologyusa.com; website: www.NephrologyUSA.com

INDIANAPOLIS: SEEK NEPHROLOGISTS FOR PURE CONSULTATIVE PRACTICE — Large Home Therapy program. Salary: 200K, Early Partnership, productivity bonus. Offer partnership in new dialysis ventures. Permanent residents or Citizens preferred. drajain1@yahoo.com

Get a Better Response with NEJM CareerCenter Ads

KIDNEY CARE OF MICHIANA IS A PRIVATE PRACTICE LOOKING FOR AN EXCEPTIONAL NEPHROLOGIST — In Indiana, home of the University of Notre Dame. We are a growing Nephrology practice seeking to add a new physician to join our team. We have an impeccable reputation and a strong following with referring physicians. Our physicians cover three hospitals and four local dialysis facilities. Kidney Care of Michiana offers a salary guarantee competitive to the market and includes opportunities for performance and quality bonuses that increase in potential annually. Two-year partnership track and an excellent benefit package as well. Interested candidates please send your CV to: lsteinike@kidneycareofmichiana.com to begin the application process. For further details regarding the position, please contact Lisa at: 574-607-4724.

LOS ANGELES AREA — BC/BE Nephrologist to join busy Nephrology group. Excellent salary and benefits. E-mail CV to: bg2552015@hotmail.com

Neurology

NEUROLOGIST: IN SE NEW MEXICO — J-I welcome. Large friendly practice. Moderate four season climate with exceptional outdoor recreational opportunities. Exceptional schools, private and public, a state university, and culturally diverse. Twelve providers with 100 support staff, four modern/new clinics in Roswell, Carlsbad, and Hobbs. Ancillary services include lab and radiology. Competitive compensation and benefit package plus bonus structure. Please e-mail: dave.southward@kymeramedical.com; or visit our website: <http://kymeramedical.com>

Pulmonary Disease

BUSY PULMONARY/CRITICAL CARE/SLEEP DISORDERS PRACTICE — Based in the suburban Philadelphia and Southern New Jersey area is seeking a Pulmonary/Critical Care Physician. The position provides services including ICU rounds, consultations in two hospitals, and inpatient/outpatient services. The suburban Philadelphia Hospital is a teaching facility with an Internal Medicine and Pulmonary Fellow Program. Sleep medicine is optional and not required. Fax CV to: 610-876-9502, Attention: Christopher Devine, or e-mail to: christopher.devine@crozer.org

PHYSICIAN (PULMONARY/CRITICAL CARE) — Medical Specialists of Madison County, P.C. is seeking a full-time Physician (Pulmonary/Critical Care) in Anderson, Indiana to examine and diagnose disorders and diseases of the lungs. Contact: Peter Bright, Clinical Coordinator, Medical Specialists of Madison County, P.C., 2101 Jackson Street #110, Anderson, IN 46016.

Advertise in the next Career Guide.

For more information, contact:
(800) 635-6991
ads@nejmcareercenter.org

PULMONOLOGIST: IN SE NEW MEXICO — J-I welcome. Large friendly practice. Moderate four season climate with exceptional outdoor recreational opportunities. Exceptional schools, private and public, a state university, and culturally diverse. Twelve providers with 100 support staff, four modern/new clinics in Roswell, Carlsbad, and Hobbs. Ancillary services include lab and radiology. Compensation above national average plus bonus structure, complete benefits package. Please e-mail: dave.southward@kymeramedical.com; or visit our website: <http://kymeramedical.com>

NEJM was ranked #1 as a source of job leads, both in print and online.* Advertise with us today to reach the top candidates in the industry at NEJMCareerCenter.org.

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

PHYSICIAN HEALTH SERVICES, INC.
A Massachusetts Medical Society corporation

Managing Workplace Conflict

IMPROVING LEADERSHIP AND PERSONAL EFFECTIVENESS

After participating in this activity, attendees will be able to:

> Discuss the mutual challenges faced by practicing physicians and physician leaders.

> Listen and communicate more effectively as a leader and/or as a member of a team.


> Apply negotiation and conflict resolution skills with peers in practice situations and with leaders in the institution.

> Promote behavioral change in the workplace using new methods and problem-solving skills acceptable to the workplace and conforming to professional standards.

> Understand and analyze personal stress and its effects on interactions.

> And more.

Space is limited!




For a list of all the objectives and to register for this event, go to www.massmed.org/mwc. For more information, contact PHS at 781.434.7404.

CONTINUING EDUCATION
A RISK MANAGEMENT PROGRAM

THURSDAY AND FRIDAY, MARCH 22–23, 2018


Massachusetts Medical Society Headquarters
at Waltham Woods, Waltham, Massachusetts

MASSACHUSETTS MEDICAL SOCIETY

(2 of 3 pages of classified ads)

(3 of 3 pages of classified ads)

Where Quality of Life and Quality of Care Come Together



Berkshire Health Systems

Physician Opportunities

Berkshire Health Systems currently has hospital-based and private practice opportunities in the following areas:

✿ Cardiology

✿ Child/Adolescent Psychiatry

✿ Dermatology

✿ Emergency Medicine

✿ Hematology/Oncology

✿ Hospitalist Medicine

✿ Neurology

✿ Primary Care

✿ Urology

Berkshire Medical Center, BHS's 302-bed community teaching hospital, is a major teaching affiliate of the University of Massachusetts Medical School. With the latest technology and a system-wide electronic health record, BHS is the region's leading provider of comprehensive healthcare services.

We 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, just 2 ½ hours from both Boston and New York City.

This is a great opportunity to practice in a beautiful and culturally rich area while being affiliated with a health system with award winning programs, nationally recognized physicians, and world class technology.


Interested candidates are invited to contact:


Shelly Sweet or Liz Mahan, Physician Recruitment

Berkshire Health Systems

(413) 395-7866

Apply online at: www.berkshirehealthsystems.org





U.S. FOOD & DRUG

ADMINISTRATION

PHYSICIANS (Multiple Positions)

The FDA's Center for Biologics Evaluation and Research (CBER) is recruiting to fill multiple Physician positions. Apply *today* for this exciting career opportunity for qualified candidates with interest in the review of clinical trials and critical interpretation of study design and data analysis.

If you specialize in General/Internal Medicine, Cardiology, Oncology and Hematology, Infectious Disease, Neurology, Family Medicine, Emergency Medicine, Transfusion Medicine, Anesthesiology, or Pediatrics, we're looking for you to join our team!

QUALIFICATIONS:

Must be U.S. citizen with Doctor of Medicine (M.D.), Doctor of Osteopathic Medicine (D.O.) or equivalent from a school in the United States or Canada. Official transcripts will be required prior to appointment. Applicants must possess current, active, full, and unrestricted license or registration as a Physician from a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States and 5 years of graduate-level training in the specialty of the position to be filled or equivalent experience and training. U.S. Public Health Service Commissioned Corps Officers may also apply.

SALARY:

May be equivalent to GS-602-14 or GS-602-15, plus physician market pay, and is commensurate with education/experience. Team lead or supervisory positions may be filled through this advertisement, and Peer Review package may be required depending on the position. Additional selections may be made within the same geographical area FDA-wide.

LOCATION:

Silver Spring, MD


HOW TO APPLY:

Submit electronic resume or curriculum vitae (CV) and supporting documentation to CBER.Employment@fda.hhs.gov. Supporting documentation may include: educational transcripts, medical license, board certifications. Applications will be accepted through **March 30, 2018**, although applicants will be considered as resumes are received. Please reference Job Code: **CBER-18-0002-NEJM**.

NOTE:

Positions may be subject to FDA's strict prohibited financial interest regulation and may require the incumbent to divest of certain financial interests. Applicants are strongly advised to seek additional information on this requirement from the FDA hiring official before accepting a position. A probationary period for first-time supervisors/managers may be required for supervisory positions.

DEPARTMENT OF HEALTH AND HUMAN SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER WITH A SMOKE FREE ENVIRONMENT



Atrius Health

Chief of Internal Medicine
Somerville, Massachusetts

Harvard Vanguard Medical Associates, a practice of Atrius Health, seeks a Chief of Internal Medicine for our Somerville practice which is located in the heart of Davis Square, near Tufts University. The Chief will provide clinical leadership and oversight for a team of 7 IM/FM physicians and 5 Advanced Practice Clinicians (NP/PAs). This position is responsible for aligning clinical activities for the implementation of mission-specific strategies and works collaboratively with colleagues, staff, management and the community. This position is out-patient only, has both clinical and administrative responsibilities and reports to the Associate Chair of Internal Medicine. Opportunities for teaching exist through our affiliations with Harvard Medical School and the Tufts University School of Medicine.

Candidates must be BC in Internal Medicine or Family Medicine with 3+ years of clinical experience and have a proven track record of physician management/progressive leadership experience. The ideal candidate will be a well-respected clinician with a demonstrated ability to work well in a team environment and be passionate about continuous quality improvement in a large, collaborative practice. Exceptional communication/clinical/interpersonal skills, as well as possess the ability to engage, mentor and motivate staff is required.

The Somerville office is a community-based, multispecialty practice which offers on-site pharmacy, lab, and radiology services. Our practice is affiliated with Mt Auburn Hospital and serves a culturally and economically diverse patient population. Davis Square has long been known as a cultural destination and is accessible by public transportation (MBTA). The red line connects Davis Square to Harvard, Kendal (MIT) Squares, as well as to MGH and downtown Boston.

Atrius Health, a well-established, physician-led, multispecialty medical group in Massachusetts, is nationally recognized for transforming healthcare through clinical innovations and quality improvement. Our integrated primary and specialty practices are located throughout eastern Massachusetts and our physicians are on staff at many of Boston's academic medical centers and community hospitals. Our staff is comprised of like-minded colleagues similarly committed to population health and preventative medicine. We offer a highly innovative, fully integrated EMR environment (Epic) with exceptional clinical and administrative supports. At Atrius, we offer a generous compensation and benefits package.

Send CV: Laura Schofield, Senior Physician Recruitment and Retention Consultant

Atrius Health, 275 Grove Street, Suite 3-300, Newton, MA, 02466-2275

Fax: 617-559-8255

E-mail: laura_schofield@atriushealth.org

or call: 800-222-4606, or 617-559-8275 within MA

EOE/AA

www.atriushealth.org

No third party agency.

MAINE: Central Maine Medical Center, a growing regional referral center in Lewiston, is looking for a BE/BC Family Practitioner to join their expanding practice.

We offer:

➤ Substantial Medical Student Loan Repayment

➤ Generous Sign On Bonus

➤ Ample Moving Allowance

➤ Very Attractive Outpatient-Only Call Schedule Providing Healthy Work/Life Balance

Our practice site is within easy access to the coast for boating and the mountains for hiking and skiing and all kinds of outdoor activities. We've got an amazing arts and restaurant scene, too, all in a very safe state to live and raise a family.

To join our growing team, contact:

Gina Mallozzi

Central Maine Medical Center

300 Main Street

Lewiston, Maine 04240

fax: 207-344-0696


E-mail: MallozGi@cmhc.org

call: 800/445-7431

or visit our website:

<http://recruitment.cmmc.org>

Not a J1 opportunity.



Eastern Virginia Medical School

Chief of Division of Infectious Diseases
Eastern Virginia Medical School
Norfolk, VA

The Division of Infectious Diseases in the Department of Internal Medicine at Eastern Virginia Medical School (EVMS) is recruiting a full-time faculty to serve as Division Chief.

Qualified candidates will have credentials and experience at the level of an Associate Professor or Professor. The successful candidate will be a physician-educator or physician-scientist with a well-established history of academic commitment and mentorship. He/She will promote education and research collaborations across the institution and community, attract and develop diverse and qualified faculty, oversee clinical and administrative activities of the Division, and enhance the education of medical students, residents and fellows.

The EVMS Division of Infectious Diseases is well established and highly respected in the region with renowned faculty members, highly skilled Advanced Practice Clinicians (APC's) and a robust fellowship training program.

The faculty are engaged in a diverse outpatient infectious diseases practice including HIV care supported by Ryan White part A, B, and C programs. The Division Chief will also have the opportunity to serve as PI of the Ryan White grants. Inpatient consultations are provided at Sentara Norfolk General Hospital, our affiliated quaternary care 525 bed acute care hospital to all medical and surgical specialties including busy heart Pre-Transplant/Transplant and Renal Transplant services. The division members have a major role in the development and teaching of integrated microbiology curriculum for M1 and M2 medical students. In addition we provide class room and bedside teaching for M3 , M4 and PA students. Research programs include NIH funded translational and epidemiology/surveillance projects. The division members are consistently engaged in many other academic activities including IRB approved prospective research projects, major scholarly contributions to Infectious Diseases literature, IDSA organizational/educational activities and national/international collaborations.

There are great opportunities for innovative, educational, as well as translational or basic research at EVMS. An attractive competitive salary and startup package is available for protected time. Newly remodeled clinic and office space will be available and laboratory space can be provided as needed for translational research.

EVMS is located in the historic port city of Norfolk which is centrally located in the 1.8 million person Hampton Roads area on the Chesapeake Bay, a short drive from the Virginia Beach oceanfront. This area is rated nationally for best places to raise a family. Forward CV and letter of interest to:

http://www.evms.edu/about_evms/administrative_offices/human_resources/jobs

EVMS is an Equal Opportunity/Affirmative Action Employer of Minorities, Females, Individuals with Disabilities, Protected Veterans, and Drug and Tobacco Free workplace.


The Division of Infectious Diseases in the Department of Internal Medicine at Eastern Virginia Medical School (EVMS) is recruiting a full-time faculty as an Assistant or Associate Professor. The position includes clinical care, teaching and research opportunities with a competitive salary and benefit package.

The EVMS Division of Infectious Diseases is well established and highly respected in the region with renowned faculty members, highly skilled Advanced Practice Clinicians (APC's) and a robust fellowship training program.

The faculty are engaged in a diverse outpatient infectious diseases practice including HIV care supported by Ryan White part A, B, and C programs. Inpatient consultations are provided at the affiliated 525 bed acute care hospital to all medical and surgical specialties including busy heart Pre-Transplant/Transplant and Renal Transplant services. The division members have a major role in the development and teaching of integrated microbiology curriculum for M1 and M2 medical students. In addition we provide class room and bedside teaching for M3, M4 and PA students. Research programs include NIH funded translational and epidemiology/surveillance projects. The division members are consistently engaged in many other academic activities including IRB approved prospective research projects, major scholarly contributions to Infectious Diseases literature IDSA organizational/educational activities and national/international collaborations. The new faculty member will be provided mentorship and support in order to excel in all three areas of academic medicine.


EVMS is located in the historic port city of Norfolk which is centrally located in the 1.8 million person Hampton Roads area on the Chesapeake Bay, a short drive from the Virginia Beach oceanfront. This area is rated nationally for best places to raise a family. Forward CV and letter of interest to:

http://www.evms.edu/about_evms/administrative_offices/human_resources/jobs



Eastern Virginia Medical School

EVMS is an Equal Opportunity/Affirmative Action Employer of Minorities, Females, Individuals with Disabilities, Protected Veterans, and Drug and Tobacco Free workplace.



VA

HEALTH CARE

Defining EXCELLENCE in the 21st Century

The McGuire VA Medical Center in Richmond, Virginia, is currently seeking applications for Hematology/Oncology Section Chief.

Applicants will be mid/senior career level physician-scientists interested in building a strong, academically oriented program and fostering an environment that encourages investigation and the generation of new knowledge. The applicant must have board certification in Medical Oncology and/or Hematology. The Chief is expected to have an appointment at Virginia Commonwealth University (VCU) and to hold membership in and work to facilitate collaborations with the National Cancer Institute-designated VCU Massey Cancer Center faculty. The candidate is expected to have a successful laboratory, translational and/or clinical research program and robust history of extramural funding. A generous start-up package as well as laboratory space, if needed, will be provided. Ground will soon be breaking for a new Cancer Center building, which is expected to be completed in 2019. Recruitment or relocation bonus and relocation expenses will be offered.

We encourage qualified applicants wishing to be considered for this position to apply online at www.usajobs.gov.

For additional information regarding the position, please contact:

Dr. Daniel Bechard, Chief, Medical Service at 804-675-5111; email: Daniel.Bechard@va.gov, or Arnita Neal, HR Specialist; email: Arnita.Neal@va.gov

Join us in honoring those who serve.

The Department of Veterans Affairs is an Equal Opportunity Employer.

Physician-Led Medicine in Montana

Internal Medicine Residency Faculty

Billings Clinic

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

- **Stipend & generous loan repayment**
- Region's tertiary referral center
- Flexible practice styles
- Consensus-based teamwork
- Academic mentoring
- Grant funded for rural care innovations
- Competitive Medical Student Clerkships
- J-1 waivers
- "Top 10 Fittest Cities in America 2017" – Fitbit

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



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



Join a Leading Healthcare System in South Florida



PHYSICIAN CAREER OPPORTUNITIES

Memorial Healthcare System and Joe DiMaggio Children's Hospital are seeking BE/BC physicians to join our team.

Memorial Healthcare System is one of the largest public healthcare systems in the United States. A national leader in quality care and patient satisfaction, Memorial has ranked 11 times since 2008 on nationally recognized lists of great places to work.

Memorial is located in South Florida where a high quality of life – including year-round summer weather, exciting multiculturalism and no state income tax – attracts new residents from all over the country and around the world.

To see job descriptions and/or to submit your CV for consideration, please visit memorialphysician.com. Additional information about Memorial Healthcare System can be found at mhs.net. Additional information about Joe DiMaggio Children's Hospital can be found at jdch.com.

LIVE. WORK. PLAY.
memorialphysician.com

A Thriving Community's Health Care Hub

Lexington Medical Center is a 428-bed hospital in West Columbia, South Carolina. It anchors a health care network that includes five community medical centers and employs a staff of more than 6,500 health care professionals. Lexington Medical Center operates one of the busiest Emergency departments in South Carolina treating nearly 85,000 patients each year. The hospital delivers more than 3,500 babies each year and performs more than 23,000 surgeries. Lexington Medical Center is currently undergoing the largest hospital expansion in South Carolina history by creating a new patient tower that will open in 2019. Lexington Medical Center has a reputation for the highest quality care.

Physician Opportunities in:

- | | | |
|--------------------------|---------------------------|--------------------|
| • Cardiology | • Neurosurgery | • Urogynecology |
| • Cardiovascular Surgery | • Obstetrics & Gynecology | • Vascular Surgery |
| • Critical Care | • Oral Surgery | |
| • General Surgery | • Orthopaedics | |
| • Gynecologic Oncology | • Otolaryngology | |
| • Hematology/Oncology | • Pain Management | |
| • Hospital Medicine | • Psychiatry | |
| • Neurology | • Physical Medicine | |

In High Demand:

- Family Medicine
- Internal Medicine
- Urgent Care



**LEXINGTON
MEDICAL CENTER**

For additional information, please contact:

Robin Revels
PhysicianRecruitment@lexhealth.org
(803) 791-2415
LexMed.com



Work hard. Play hard.

Physician Opportunities at Benefis Health System

- | | |
|------------------------------|--|
| • Addiction Medicine | • Internal Medicine |
| • Dermatology / MOHS Surgery | • Interventional Cardiology |
| • Emergency Medicine | • Neurology / Epileptology |
| • Endocrinology | • OB/GYN |
| • Family Practice | • Pediatrics |
| • Gastroenterology | • Psychiatrist – Adult/Geriatric or Child/Adolescent |
| • Geriatric Medicine | • Rheumatology |
| • Hematology / Oncology | |

Genuine Work-Life Balance – Modern Medicine

While relishing Big Sky Country, known for breathtaking landscapes and an adventurous outdoor lifestyle, you'll take pride in working for Benefis Health System, one of Montana's most progressive and modern healthcare facilities with 500+ beds and over 270 employed medical staff members representing more than 40 specialties. Our state-of-the-art facilities offer cutting-edge technologies, including the da Vinci Xi robot, da Vinci Si robot, O-arm Surgical Imaging System, and the Varian EDGE radiosurgery system.

Flexible Practice Models – Great Benefits

Enjoy flexible scheduling, engaged staff, and dedicated management to help you create a practice you desire centered around great patient care. All positions are employed with the hospital, offering nationally competitive compensation and generous bonus structures. Our comprehensive benefits include sign-on bonus, relocation assistance, retirement plan match, malpractice with tail, generous CME and PTO benefits, and more.

Becker's 150 Top Places to Work in Healthcare

(4 years in a row)

Benefis
HEALTH SYSTEM

benefis.org | Start your journey today: benefisrecruiting@benefis.org

A busy 5 person cardiology group is seeking a **non-invasive cardiologist** to join their practice in a highly desirable Philadelphia suburb. The responsibilities will be split between a busy office practice in two locations and hospital work at a single local high quality suburban hospital, offering the full spectrum of clinical non-invasive and invasive cardiology services. Call schedule would be one in six with an efficient work schedule at a single hospital.

The position offers a competitive salary and benefits package. The philosophy of the practice is dedicated to providing the highest quality of care with an aim towards balancing work schedule and lifestyle schedule.

For immediate consideration
please send CVs to:
DoylestownHealthHR@dh.org

Academic Endocrinologist – Norfolk VA

Eastern Virginia Medical School is seeking a **BC/BE Endocrinologist** for a tenure eligible full-time position. The candidate will be a key participant in the Division's clinical educational and research activities. The Division runs an innovative inpatient diabetes program at both Sentara Norfolk General and Sentara Heart Hospitals. There is a key opportunity for Medical Directorship in overseeing the inpatient diabetes management program. The preferred candidate will also have experience and interest in thyroid ultrasound and FNA. The Endocrine Division has an excellent ACGME accredited Endocrinology Fellowship Program. Sentara Norfolk General Hospital is ranked consistently as one of the Top 3 hospitals in Virginia and has Top 25 ranked programs in Diabetes and Cardiovascular Disease.

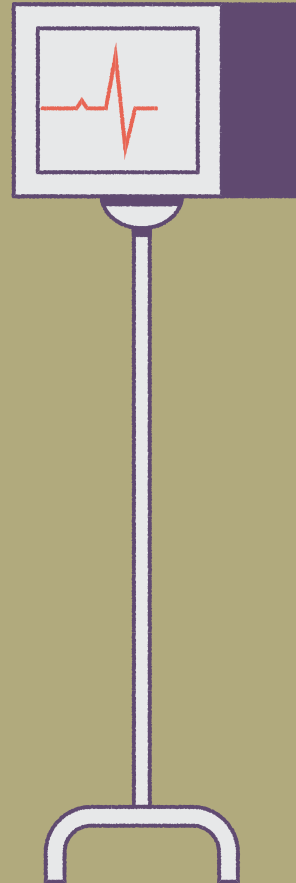
This full-time position offers a highly competitive salary and benefit package. The Norfolk/Virginia Beach region is highly ranked for its living standards and proximity to the beach with excellent public and private schools.

To apply forward CV and letter of interest to:
<http://www.evms.edu/careers>

EVMS is an Equal Opportunity/Affirmative Action Employer of Minorities, Females, Individuals with Disabilities, Protected Veterans, and Drug and Tobacco Free workplace.

For additional information please contact:

Even strong careers can be
revived with locum tenens



You may be wondering what locum
tenens can do for your career. Quite a
lot, actually. The good news is, you can
raise your locums IQ without taking
out a single loan. Better yet, it might
just change your career.

Get the facts at locumstory.com/IQ

Assistant/Associate Professor of Medicine/ Nephrology

The Division of **NEPHROLOGY AND HYPERTENSION AT STONY BROOK MEDICINE** is recruiting multiple, full-time clinical faculty members. Required Qualifications include: MD or equivalent. Board Certification in Internal Medicine, Board Certification/Eligibility in Nephrology. Candidate should have a strong clinical background to assume patient care and teach residents, fellows and medical students. Preferred qualifications include experience coordinating inpatient and outpatient clinical services. Experience teaching students, residents and fellows. Experience assisting with the coordination of the fellowship program and strong administrative skills. Previous experience as a medical director of a dialysis unit.

To qualify for an appointment as Associate Professor or Professor, the candidate must meet the School of Medicine's criteria for Appointment, Promotion and Tenure located at: **<http://medicine.stonybrookmedicine.edu/facultysenate/committees/apt>**

Stony Brook is located in suburban Suffolk County, Long Island, New York, offering excellent schools and wonderful recreational activities, including access to beaches, boating and the cultural wealth of New York City. The level of appointment will be dependent on credentials and experience.

Those interested in this position should submit a State employment application, cover letter, and resume/ CV to:

Sandeep Mallipattu, MD
Chief, Division of Nephrology and Hypertension
Stony Brook Medical Center
HSC T-16-080
Stony Brook, NY 11794-8166
Fax: 631-444-6174

EMAIL: **DOMFacultyApplicants@stonybrookmedicine.edu**

For a full position description, or application procedures, visit: **www.stonybrook.edu/jobs** (Ref. # F-9601-18-01-F)

*Stony Brook University is an affirmative action/
equal opportunity employer and educator.*

PHYSICIAN OPPORTUNITIES NEAR BOSTON, MA

ONE TEAM. ONE FOCUS.

One thing sets North Shore Physicians Group apart—our team based model of care which is founded on the principle that physicians, nurses, care managers, and other providers working together will provide higher quality and a better patient experience. Today, that team focus drives our physicians to be leaders of quality of care, patient safety and process improvement initiatives throughout NSPG.

Current Opportunities Available Include:

- Adult Psychiatry – Inpatient and Outpatient
- Emergency Medicine
- Geriatrician – Skilled Nursing Facility
- Hospitalist – Day rounders, Nocturnists, and Admitters
- Interventional Cardiology
- Primary Care – IM, FM, and Med/Peds
- Sleep and Pulmonary/Critical Care Medicine
- Urgent Care

Do you share our philosophy?

Let's work together.



**NORTH SHORE
Physicians Group**

To apply or learn more about our opportunities visit us at <http://joinnspg.org/NEJM/Careers> or email your CV and letter of interest to NSPGphysicianrecruiters@partners.org

Conquering Cancer TOGETHER



New York Cancer and Blood Specialists, NYCBS. The best in cancer treatment: a comprehensive community oncology center delivering more personalized services and faster access to technologies and treatments.

Radiologist - F/T, Suffolk County, NY

We currently seek an experienced Radiologist to provide inpatient and outpatient diagnostic radiology and nuclear medicine services and studies, as well as performing image guided diagnostic and therapeutic interventional procedures, including vascular interventional procedures.

We require:

- Doctorate of Medicine
- NYS Licensed Physician with Board Certification by the American Board of Radiology, and DEA
- Radiologist experience

Applicants please email or send C.V. to:

Robert Nicoletti, Human Resources
Email: rnicoletti@nycancer.com
New York Cancer and Blood Specialists
1500 Route 112, Port Jefferson Station, NY 11776

Locations: Suffolk County | Queens | Bronx | Manhattan
Visit us at **nycancer.com** and follow **Facebook**

NYCBS is an Equal Opportunity Employer

Hospital Medicine Clinical Investigators

The Emory University Division of Hospital Medicine (EDHM) seeks MD or PhD clinical investigators to join its research program. Clinical researchers will join a division that provides outstanding clinical care, includes nationally-recognized medical educators, and promotes numerous quality improvement initiatives. The more than 125 faculty and 25 APPs of the EDHM care for a broad range of patients across multiple clinical sites that include community hospitals, university hospitals, and a VA Medical Center, providing an opportunity to answer important clinical research questions.

Candidates with interest and demonstrated ability in health services, quality improvement, or operations research are encouraged to apply, although we believe the best hospital medicine and general internal medicine researchers are those who ask novel, important, and answerable questions. Candidates should have completed a fellowship in Hospital Medicine or General Internal Medicine or have completed an MPH, MSc, or PhD program. Preference will be given to individuals with an established record in obtaining extramural funding.

Emory University is an Equal Opportunity/Affirmative Action/Disability/Veteran Employer.

Interested candidates should send a letter of interest and curriculum vitae to:

Dan Hunt, M.D., Director, Emory Division of Hospital Medicine, Professor of Medicine
Emory University School of Medicine, *Email:* dan.hunt@emory.edu

Applications will be accepted until qualified candidates are identified.



EMORY
UNIVERSITY

Live Better. Work Better.

Why New Hampshire?

- ▶ No state income tax or state sales tax.
- ▶ Less than an hour drive to Boston
- ▶ Four-season attractions with plenty of seasonal outdoor and indoor activities.
- ▶ #2 spot in Overall Best State Rankings (*U.S. News and World Report*)
- ▶ Close-knit communities known for their unique blend of city and country living with unlimited cultural activities.
- ▶ #6 NH Best Place to Practice (*Medscape*)

Elliot Health System (EHS)

located in **Southern, New Hampshire** are seeking additional BE/BC Primary and Specialty Care Physicians to join our growing practices. We welcome 2018/2019 applicants to apply.

Primary Care:

- Family Medicine
- Internal Medicine
- Internal Medicine - Pediatrics

Specialty Care:

- Dermatology
- Endocrinology
- Emergency Medicine
- Neurology
- NeuroPsychology
- Pediatric Emergency Medicine
- Trauma/ Acute Care Surgeon

Interested applicants are encouraged to email:
JCampbell2@Elliot-HS.org or call: 603-663-4944

Elliot Health System
elliottphysicians.org

[facebook.com/ElliottPhysicians](https://www.facebook.com/ElliottPhysicians) [@ElliottPhysician](https://twitter.com/ElliottPhysician)

Elliot Health System is an equal opportunity employer embracing the strength that diversity brings to the workplace. We provide a welcoming and supportive environment for employees of all ethnic backgrounds, cultures, ages, lifestyles and physical abilities.



Bronson Medical Group has exciting opportunities for BE/BC Critical Care physicians. Bronson Healthcare Group is a multi-hospital health care system with a patient centered, multidisciplinary approach to patient care. We are currently adding to our critical care team, which provides 24/7 in-house coverage for our Medical, Neurologic, and Cardiothoracic Surgery ICU's.

Opportunities to participate in the training of residents and medical students exist during daily teaching rounds, but a nights-only schedule is also possible.

All positions are employed, offering a competitive salary and bonus structure with comprehensive benefits, generous CME and PTO, student loan repayment, residency stipend, and relocation assistance.

Bronson Healthcare Group serves a ten-county population of one million in southwest Michigan and northern Indiana. Thanks to the efforts of more than 8,000 employees and our 1,000+ member medical staff, Bronson is ranked among the best healthcare organizations in the nation for quality, safety, service, and patient, provider and staff engagement.

Bronson Healthcare Group is located just east of Lake Michigan and 150 miles from the Chicago area offering a diverse cultural opportunity, very affordable real estate, a major focus on education and a variety of recreation options. Our local area is home to several international companies including Stryker, Pharmacia and Kellogg, along with Western Michigan University School of Medicine and residency program.

Interested candidates may contact:

Cadace Lee @ leeca@bronsonhg.org
or call 269-341-8631

What Kind of Doctor Works in Corrections?

*The Kind Who Wants
Off the HMO Treadmill.*

At California Correctional Health Care Services, our doctors have left the HMO treadmill and are now able to spend time with their diverse patient panel, averaging 10-12 patients per day; hone their diagnostic skills and develop treatment plans for both primary and intermediate acute care; and practice quality medicine in a multidisciplinary, collaborative setting.

So, what kind of doctor works in corrections?

Doctors just like you.

Physicians (IM/FP)

\$271,260 - \$284,820
(Time-Limited Board Certified)

\$257,676 - \$270,564
(Lifetime Board Certified)

Doctors at select institutions
receive additional 15% pay.

Competitive compensation package, including:

- Robust 401(k) and 457 retirement plans – tax defer up to \$48k per year
- Secure State of California pension that vests in five years
- 40-hour workweek – affords you true work-life balance



Contact **Danny Richardson**, (916) 691-3155 or Danny.Richardson@cdcr.ca.gov.



EOE



Assistant/Associate Professor of Medicine/ Nephrology

The Division of **NEPHROLOGY AND HYPERTENSION AT STONY BROOK MEDICINE** is recruiting a full-time Physician Scientist reporting directly to the Chief of Nephrology. The Assistant/Associate Professor will be responsible for research, patient care, and teaching. The selected incumbent will be expected to develop an independent research program supported by extramural funding.

Required Qualifications: MD or equivalent. Board Certified in Internal Medicine. Board Certified/Eligible in Nephrology. Experience in clinical care and clinical, translational or basic research. Eligible for tenure-track position.

Preferred Qualifications: Physician-scientist candidates with a demonstrated publication and active funding track record in clinical, translational, and/or basic research in nephrology are preferred. The ideal candidate will have exhibited a strong commitment to advancing scientific knowledge of the field of nephrology, as well as demonstrate a strong commitment to clinical, educational, and academic excellence.

To qualify for an appointment as Associate Professor or Professor, the candidate must meet the School of Medicine's criteria for Appointment, Promotion and Tenure located at: <http://medicine.stonybrookmedicine.edu/facultysenate/committees/apt>

Stony Brook is located in suburban Suffolk County, Long Island, New York, offering excellent schools and wonderful recreational activities, including access to beaches, boating and the cultural wealth of New York City. The level of appointment will be dependent on credentials and experience.

Send letter and CV to:

Sandeep Mallipattu, MD
Chief, Division of Nephrology and Hypertension
Stony Brook Medical Center, HSC T-16-080
Stony Brook, NY 11794-8166
Fax: 631-444-6174

Email: DOMFacultyApplicants@stonybrookmedicine.edu

For a full position description, or application procedure,
visit: www.stonybrook.edu/jobs (Ref# F-9849-18-01)

*Stony Brook University is an affirmative action/
equal opportunity employer and educator.*

Is the grind of volume-based practice getting you down?



**RELIANT
MEDICAL GROUP**

Career opportunities in Central Massachusetts
and Boston MetroWest

practiceatreliant.org

Full-time Nephrology Board Certified or eligible Nephrologist to join the University of Louisville Division of Nephrology and Hypertension at the Assistant or Associate Professor level.

Candidate will provide general Nephrology care in both inpatient and outpatient settings. Expertise in ICU Nephrology, ESRD, nephrolithiasis, or glomerular disease is particularly desirable. The dialysis program consists of over 400 patients and is a site for numerous clinical research projects. The position is open to full-time clinician educators or physician scientists and offers a highly competitive salary.

Please direct all inquiries to:

Ms. Uneena Duke
urjack01@louisville.edu
502-852-5760 or 502-852-5757

Equal Employment Opportunity
The University of Louisville is an Affirmative Action, Equal Opportunity, Americans with Disabilities Employer, committed to community engagement and diversity.





Helping people live the *healthiest lives possible.*

Utah has no shortage of outdoor adventure. It's also home to one of the best healthcare networks in the nation. Intermountain Healthcare is hiring throughout Utah, for numerous physician specialties.

- EMPLOYMENT WITH INTERMOUNTAIN MEDICAL GROUP • RELOCATION PROVIDED, UP TO 15K
- FULL BENEFITS THAT INCLUDE DEFINED PENSION, 401K MATCH & CME
- COMPETITIVE SALARY WITH TRANSITION TO PRODUCTION AND ADDITIONAL COMPENSATION FOR MEETING QUALITY GOALS FOR MOST POSITIONS
- VISA SPONSORSHIP NOT AVAILABLE UNLESS OTHERWISE SPECIFIED

TOP REASONS TO CHOOSE UTAH:
World-Class Year-Round Skiing, Hiking, and Biking • 5 National Parks • 4 Distinct Seasons
Best State for Business • Endless Outdoor Recreation Opportunities

physicianrecruit@imail.org | 800.888.3134 | PhysicianJobsIntermountain.org

HEART & VASCULAR OPPORTUNITIES

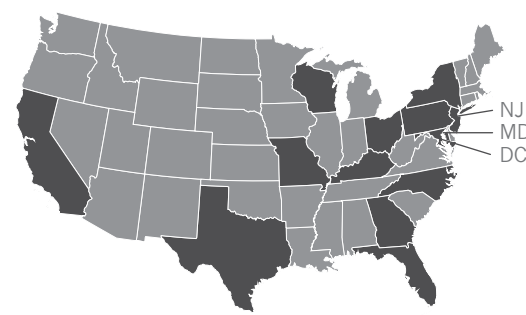
National affiliate hospitals of Cleveland Clinic's Sydell and Arnold Miller Family Heart & Vascular Institute are currently recruiting for:

- CT Surgeons
- Interventional Cardiologists
- Imaging Professionals
- Electrophysiologists
- Vascular Surgeons

For more than a decade, Cleveland Clinic's Miller Family Heart & Vascular Institute has formed affiliations with cardiothoracic surgery and cardiovascular medicine programs in Ohio and across the country, aimed to combine the unparalleled research and expertise of Cleveland Clinic's heart program with other cardiac leaders.

Through these relationships, Cleveland Clinic works with quality cardiovascular programs to provide management services including clinical direction, quality assurance, and access to the latest in cutting-edge technologies and techniques. Physicians and nurses from affiliate programs participate in training, conferences and educational programs provided by the nation's #1 ranked heart program.

Our affiliate physicians collaborate with their colleagues in Cleveland Clinic's Miller Family Heart & Vascular Institute on a regular basis and have access to the latest technology and procedures being evaluated at Cleveland Clinic. These relationships help to accelerate mutual accomplishments in cardiac treatment to provide the highest level of patient care.



Darkened states represent where there are opportunities.

For more information, contact:

Michelle Seifert, Director,
Office of Physician Recruitment
seiferm@ccf.org



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.

CENTRAL MAINE HEART & VASCULAR INSTITUTE GENERAL CARDIOLOGY POSITION

(Covering Consultative Services Only!)

Central Maine Heart & Vascular Institute (CMHVI) in Lewiston, Maine, seeks General Cardiology physicians to join our established program. We are a unique facility offering innovative programs in minimally invasive valve surgery, transcatheter valve therapies, structural heart disease, population health with a particular focus on genetic lipoprotein disorders and contemporary diagnostic and therapeutic cardiac electrophysiology. The Central Maine Medical Family includes a large number of Primary Care providers, which creates an abundant referral base as well as a sophisticated medical and surgical subspecialty support system to support the Institute.

Maine is a wonderful state in which to raise a family, with a broad range of schooling and housing options. We are centrally located both near the mountains and coast providing easy access to an abundance of activities, ideal for the outdoor enthusiast yet close enough to Boston to take advantage of all it has to offer.

Interested candidates should submit a letter of application and curriculum vitae to:

Dr. Andrew Eisenhauer
Medical Director of CMHVI
at: eisenhan@cmhc.org or 207/786-1647
or send CV to Gina Mallozzi,
CMHC Medical Staff Recruiter at:
MallozGi@cmhc.org or 800/445-7431

www.cmmc.org



PennState Health Milton S. Hershey Medical Center

Chief, Division of Women's Health
Penn State Health Milton S. Hershey Medical Center
Hershey, PA

The Division of Women's Health in the Department of Obstetrics and Gynecology at Penn State University College of Medicine, Milton S. Hershey Medical Center is seeking candidates for an Associate or Full Professor position in either the tenure or non-tenure track. Applicants must have an M.D., D.O., or M.D./Ph.D. or equivalent degree and have demonstrated excellent qualifications in clinical care, education, and established record of research and mentorship. Candidates must be Board Certified in Obstetrics and Gynecology. The faculty candidate will be joining the current division of 11 Physicians and 7 Advanced Practice Nurses with the division being supported by the sub-specialist divisions.

This position will be involved in outpatient patient management, operating room exposure, Labor and Delivery coverage, education of residents and students as well as clinical and/or basic science research. Professional development is supported and is inclusive for all faculty members. Hershey, being a destination resort area, has rich cultural opportunities. The compensation package is competitive. Academic rank, track, and salary will be commensurate with qualifications and experience.

Please contact Joshua Kesterson, M.D., Chief, Division of Gynecologic Oncology
Phone: 717-531-8144, option #5
Email: jkesterson@pennstatehealth.psu.edu

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



We have a
prescription
for that...



Career opportunities in Central Massachusetts
and Boston MetroWest

practiceatreliant.org

Psychiatrists Opportunities in MA

Cambridge Health Alliance (CHA), a well-respected, nationally recognized and award-winning public healthcare system is seeking full-time/part-time Psychiatrists in our Inpatient and Outpatient services. CHA is a teaching affiliate of both Harvard Medical School (HMS) and Tufts University School of Medicine. Our system is comprised of three hospital campuses and an integrated network of both primary and specialty outpatient care practices in Cambridge, Somerville and Boston's Metro North Region.

Practice Highlights

- CHA offers a wide variety of inpatient and outpatient Psychiatry services for all ages, including the Psychiatric Emergency Service within the CHA Cambridge Hospital emergency department.
- We are proud to offer a collaborative practice environment with an innovative clinical model. This allows our providers to focus on patient care and contribute to community health and primary care innovation projects.
- Fully integrated electronic medical record (EPIC) is utilized.
- Applicants should share CHA's passion for providing the highest quality care to our underserved and diverse patient population.
- CHA is a teaching affiliate of Harvard Medical School (HMS) and academic appointments are available commensurate with medical school criteria.
- CHA offers competitive compensation and a comprehensive benefits package including health and dental insurance, 403b retirement accounts with matching, generous PTO, CME allotment (time and dollars) and much more.

If you are interested in making a difference, please contact us !

How to Apply

Qualified candidates may submit CV to **Fatema Khorakiwala, Provider Recruiter** at fkhorakiwala@challiance.org or visit our website www.CHAproviders.org. CHA Provider Recruitment Department can be reached by phone at: (617) 665-3555 or by fax at (617) 665-3553.

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

Transcending
Community Care

Physician – Emergency Medicine

Situated on the sunny south shore of western Long Island, minutes from Jones Beach and thirty minutes from NYC, is an exceptional Magnet®-designated Level II Trauma Center focused on quality and excellence, one that celebrates professional achievement and a passion for patients ... South Nassau Communities Hospital.

Our 455-bed Hospital is staffed by world-class surgeons and residents providing superior services to our community. SNCH provides critical emergency care to 65,000+ patients each year in our Oceanside and Long Beach facilities. The Oceanside campus has 24 hour in-house anesthesiologist, Obstetrics attending, pediatric attending, and trauma surgeon as well as residents across multiple specialties. The ED maintains double coverage overnight as well as 24 hour coverage with physician assistants.

South Nassau is an equal opportunity employer. All qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. EOE M/F/D/V

Apply online at southnassaujobs.org



We currently seek a BC/BE MD with at least 3 years Emergency Medicine, with a NYS medical license. We offer exceptional career opportunities along with benefits.

Faculty Positions – Non-Invasive Cardiologist and Electrophysiologist

The University of Texas Health Science Center at Houston/Memorial Hermann Heart and Vascular Institute is seeking an outstanding non-invasive cardiologist and electrophysiologist for our rapidly growing program in advanced heart failure, transplantation and mechanical circulatory support in Houston, Texas.

In this dynamic position, the non-invasive cardiologist and electrophysiologist will play a key role in the further development of a heart failure, transplant and mechanical support service and will be part of an independent and state-of-the-art Center for Advanced Heart Failure which is integrated to Memorial Hermann System and UT Health – School of Medicine. This full-time clinical and research faculty position is considered at junior to mid-level. The clinician will have the opportunity to work with clinical and research cardiologists in a highly interactive and collaborative environment.

These positions will provide flexibility to accommodate both research and clinical interests for the applicant. Presently, there is a large heart failure research program on site and there is potential to develop clinical or basic science research. The successful candidate will possess a medical degree, have exemplary clinical skills and demonstrate a commitment to academic excellence.

Non-Invasive Cardiologist

Preference will be given to applicants with heart failure and transplant experience, those who have completed fellowship training in heart failure and transplantation, and those who are board certified in heart failure and transplantation. Please apply to the following link: <http://p.rfer.us/UTHmclI06>

Electrophysiologist

Preference will be given to applicants with electrophysiology experience and well versed in the diagnosis and treatment of cardiovascular conduction system disorders, those who have completed fellowship training in cardiac electrophysiology, and those who are board certified in electrophysiology. Please apply to the following link: <http://p.rfer.us/UTHStQ105>

Additionally, please submit a cover letter and CV to

Eric Gerken, MHA
Director for Management Operations II
Department of Advanced Cardiothoracic Therapies and Transplantation
Center for Advanced Heart Failure – Memorial Hermann Texas Medical Center
UTHealth Science Center-Houston
6400 Fannin, Suite 2350
Houston, TX 77030

Eric.d.gerken@uth.tmc.edu

The University of Texas Health Science Center at Houston is an Equal Opportunity Employer. Minorities, women, disabled and veterans are encouraged to apply.



Claxton-Hepburn Medical Center is situated on the St. Lawrence River in northeastern New York on the Canadian border. Less than an hour away is Ottawa, Canada, with great

dining and cultural activities. It's a short drive to the Adirondack Mountains and Lake Placid for skiing, hiking, or camping. We are proud to offer physicians the opportunity to practice in an environment of exceptional quality based care. Claxton-Hepburn is a not-for-profit, 115-bed community hospital. We are a regional referral center serving a population of 110,000 in St. Lawrence County and operate seven primary care centers within the surrounding communities.

OPPORTUNITIES

- Dermatology
- Family Medicine
- Hospitalist
- Internal Medicine
- Psychiatry
- Pulmonology
- Urology

HIGHLIGHTS

- Competitive compensation with sign on bonus & relocation
- Support from a comprehensive group of medical specialists
- Rural community with urban access
- St. Lawrence River and the Adirondack Mountains provide for great water and outdoor sports and activities
- Strong academic K-12 school system with 4 colleges within 30-minute radius
- Low cost of living, family-friendly environment

contact Kim Stiles
kstiles@chmed.org
315.713.5243

APPLY TODAY: claxtonhepburn.org/recruit

Let Cejka Search help you check off those dream job requirements:

- ✓ Stipends
- ✓ Sign-on bonus
- ✓ Student loan repayment
- ✓ High salary

We have more than 300 open positions available nationwide. Get everything you want out of your medical career. Register with Cejka Search today!

Contact us to opt in and learn more at healthcaretalent@cejkasearch.com



Join
RELIANT
MEDICAL GROUP

Career opportunities in Central Massachusetts and Boston MetroWest

We offer:

- Highly competitive compensation
- Modest patient encounter expectations
- Collegial, multi-specialty group
- Large, progressive practice models
- New, state-of-the-art facilities

practiceatreliant.org



Practice
made
perfect.

A Career You Can Be Proud Of.

Join our team
teamhealth.com/join or call **866.694.7866**



TEAMHealth®



Atrius Health is a well-established, Boston based, physician led, nonprofit healthcare organization and for over 50 years, we have been nationally recognized for transforming healthcare through clinical innovations and quality improvement.

At Atrius Health, (Dedham Medical Associates, Granite Medical Group, Harvard Vanguard Medical Associates, and VNA Care Network & Hospice) we are working together to develop better ways to coordinate and improve the care delivered in our communities. We are a teaching affiliate of Harvard Medical School and offer both teaching and research opportunities, as well as involvement in our **population health** and **quality improvement initiatives**. Our physicians are affiliated with leading area teaching and community hospitals; enjoy close clinical relationships, superior staffing resources, minimal call, hospitalist coverage, a fully integrated EMR (Epic), excellent salaries and an exceptional benefits package.

We have openings in the following specialties:

- ✧ **Primary Care** — Internal Medicine • Pediatrics
- ✧ **Specialties** — Child & Adult Psychiatry • Dermatology • Pathology • Virtual Home Hospitalist
- ✧ **Leadership Positions** — Chief of Pediatrics - Quincy • Chief of Internal/Family Medicine - Somerville • Chief of Pulmonary Services • Chief of Rheumatology
- ✧ **Weekend Urgent Care** — Adult • Pediatric

Visit our website at www.atriushealth.org, or send confidential CV to: Brenda Reed 275 Grove Street, Suite 3-300, Newton, MA 02466-2275, E-mail: Brenda_Reed@atriushealth.org, or call (617) 559-8275
EOE/AA.



The Division of Cardiovascular Medicine of The University of Toledo is recruiting for several physicians to join our faculty at the rank of Assistant or Associate Professor. Candidates should be board certified or board eligible, with interests in clinical care and teaching, with research interests strongly encouraged. We are recruiting for general / non-invasive cardiology, electrophysiology, and heart failure.

The Cardiovascular Division is an 18-member group that includes general cardiologists as well as specialists in electrophysiology, coronary and peripheral interventions, vascular medicine, heart failure, pulmonary hypertension, cardiac rehabilitation, congenital heart disease, and basic research. An expertise in autonomic dysfunction draws worldwide referrals.

The University of Toledo maintains a fertile environment for academic career advancement. Dramatic near-term growth is anticipated as the University forms a major academic affiliation with the region's Promedica Health Care System. Professional development in the disciplines of patient care, teaching, and research is strongly supported. Candidates with significant research interests and accomplishments will be supported with protected research time and startup package, commensurate with research productivity and external funding. Our physicians benefit from competitive salaries and a generous benefit package.

Toledo is Ohio's fourth largest city with a metro area population of 600,000. It provides important small town advantages such as convenience and a low cost of living. At the same time it boasts a fantastic zoo, world-class art museum, excellent symphony, and minor league sports. The Maumee River and Lake Erie provide ample water sports. Schools are excellent and diverse.

Contact **Stephenie Moench, Assistant to the Chief**
419-383-6095
stephenie.moench@utoledo.edu



**Sandoval Regional
Medical Center, Inc.**

Division: Hospital Medicine

**Job Title: Sandoval Regional Medical Center
Section Chief & Medical Director**

The University of New Mexico, Health Sciences Center, Department of Internal Medicine, seeks applications for the position of Chief and Medical Director of the Section of Hospital Medicine for Sandoval Regional Medical Center (SRMC). This is an Open Track, Open Rank position, reporting to the Chief of the Division of Hospital Medicine. Salary and rank will be commensurate with experience and education. This section is part of an established nationally recognized Division of Hospital Medicine with over 50 members at the University Hospital and at the VA Hospital. In this role, the successful candidate will provide strong leadership and direction for all of the clinical, educational, and scholarly activities of the respective Section. The successful candidate will have experience leading a hospital medicine group and experience in the operations of community hospitals. They will be responsible for a hospital medicine section in our 72 bed community hospital in Rio Rancho. They will be responsible for recruiting and hiring hospitalists and developing an operational model with the chief medical officer and CEO of SRMC.

Minimum Requirements:

- a) Must be board certified or board eligible in Internal Medicine or Family Medicine
- b) Must be eligible to work in U.S., (this is not a J-1 Visa opportunity)

Desirable Qualifications:

- a) Demonstrated strong leadership skills, with excellent communication, active listening and strong written, verbal and information technology skills
- b) Directly related leadership experience in hospital medicine
- c) Experience in the operations of community hospitals

For best consideration, apply by February 28, 2018. The position will be open until filled.

For complete description and application requirements for Posting # 3203, please see the UNM jobs application system at: <https://unmjobs.unm.edu>.

A complete application must consist of a CV and Cover letter.

Inquiries may be directed to **Kendall Rogers, M.D. Professor and Chief, Internal Medicine**, KRogers@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.

civilian CORPS
U.S. Army

**WORLD-CLASS HEALTH CARE.
FIRST-RATE BENEFITS.**

Practice alongside other civilian health care providers worldwide and experience professional opportunities and benefits that can only be found in the Civilian Corps.

- Recruitment Bonuses
- Competitive Salary & Benefits
- Choice of Worldwide Locations
- Relocation Incentives
- Flexible Work Schedules
- Retention Incentives
- 60% of Army Hospital Employees are Civilians
- NO Military Requirements

Dr. Kaia R., Internist

U.S. ARMY

Army Medicine Civilian Corps 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 RESUMES. APPLY TODAY.
CivilianMedicalJobs.com/NEJM



The McGuire VA Medical Center in Richmond, Virginia, is currently seeking applications for Cancer Center Director.

The McGuire VA Medical Center will soon be breaking ground for a new Cancer Center building to provide patients with multidisciplinary, state-of-the-art diagnostic and therapeutic modalities. The successful candidate will provide administrative oversight and be closely involved in the hiring of essential staff and the overall direction and growth of the Center. Applicants should be mid/senior career level physician-scientists interested in building a strong, academically oriented clinical care program. Candidates with an interest in any cancer-related subspecialty will be considered, including medical oncology, urology, otolaryngology, pulmonology, surgical pathology and surgery. The Director is expected to have an appointment at Virginia Commonwealth University (VCU) and to hold membership in and work to facilitate collaborations with the National Cancer Institute-designated VCU Massey Cancer Center faculty. The ideal candidate should also have a successful laboratory, translational and/or clinical research program and robust history of extramural funding. A generous start-up package as well as laboratory space, as needed, will be provided. While the major efforts of the Director will be administrative and research, involvement in the training of residents and fellows is encouraged. Recruitment bonus and relocation expenses will be offered.

Qualified applicants can apply online at www.usajobs.gov.

For additional information regarding the position, please contact:

Julie Beales, M.D., Ph.D., Chief of Staff
at 804-675-5511; email: Julie.Beales@va.gov, or
Ms. Patty Davis, HR Specialist at 804-675-6770;
email: Patty.Davis5@va.gov

*The Department of Veterans Affairs is an
Equal Opportunity Employer.*

South Florida Nephrology Associates



Dynamic privately owned Adult Nephrology practice looking to add a candidate to share the growth of this established team. Has had the privilege of serving our community in the Ft Lauderdale, Florida area with excellence for over 35 years. Practice involves all aspects of nephrology and is active in clinical research both in the office and dialysis units.

Actively recruiting to start in 2017 or 2018

- ☛ BC/BE nephrologist
- ☛ Call schedule is 1:3
- ☛ Continuing Education Stipend
- ☛ Health Insurance Allowance
- ☛ 401k retirement Plan
- ☛ Disability Insurance
- ☛ Looking for someone who is not only going to be a future partner but a future leader as well.

Please E-mail CV and cover letter to:

admin@sfnamd.com



Full-time Nephrology Board Certified and UNOS certified or eligible Nephrologist at the level of Assistant or Associate Professor to join the University of Louisville Division of Nephrology and Hypertension in our rapidly growing transplant team. Candidate will provide Nephrology care in both inpatient and outpatient settings, pre and post-renal transplant management, and assist in outreach and growth of the transplant program. Current program volume is approximately 100 kidney transplants per year with the potential for substantial growth. The position is open to full time clinician educators or physician scientists and offers a highly competitive salary.

Please direct all inquiries to:

Ms. Uneena Duke
urjack01@louisville.edu
502-852-5760 or 502-852-5757

Equal Employment Opportunity

The University of Louisville is an Affirmative Action, Equal Opportunity, Americans with Disabilities Employer, committed to community engagement and diversity, and in that spirit, seeks applications from a broad variety of candidates.



VICE PRESIDENT CONTINUING CERTIFICATION The American Board of Pediatrics Chapel Hill, North Carolina

The American Board of Pediatrics (ABP) seeks a highly respected and accomplished pediatrician dedicated to continuous improvement in the care of infants and children to serve as its Vice President for Continuing Certification. Since its founding in 1933, the ABP has set a standard of excellence for the profession of pediatrics. The vision for the ABP is and will remain the improvement of health outcomes for children, adolescents, and young adults. Certification by the ABP provides assurance to the public that a physician has the competencies essential to delivering high value health care to children and a commitment to lifelong improvement. Although certification is voluntary, nearly all qualified pediatricians seek this recognition and keep their certifications up to date.

The next Vice President will join the ABP leadership team at an exciting and important moment for Pediatrics, the Board, and the field of health care. Reporting to and working closely with the President, the Vice President is responsible for the continued development and implementation of the continuing certification program for the ABP. The new Vice President will build on the progress made over the last five years and continue to expand the program, advancing the organization's innovation in the areas of lifelong learning, assessment and quality improvement. S/he will be responsible for developing standards that ensure a pediatrician is incorporating the best practices of quality improvement into his or her practice and working to make continual learning opportunities relevant to every practice environment. S/he will internally coordinate the continuing certification program with other ABP departments and programs and externally coordinate these activities with the American Board of Medical Specialties (ABMS), the American Academy of Pediatrics (AAP), and other related regulatory agencies and medical societies. With a demonstrated capacity to execute a strategic vision and as a strong ambassador for the ABP and continuing certification, the Vice President will fill a critical role in the activities of the Board and be an executive tenaciously committed to the mission of the ABP.

The American Board of Pediatrics has retained Isaacson, Miller, a national executive search firm to assist in this recruitment. All applications, inquiries, and nominations, which will remain confidential, should be directed to the search firm at www.imsearch.com/6464



Cambridge Health Alliance is an award-winning health system based in Cambridge, Somerville, and Boston's metro-north communities. We provide innovative primary, specialty and emergency care to our diverse patient population through an established network of outpatient clinics and two full service hospitals. As a Harvard Medical School affiliate, we offer ample teaching opportunities with medical students and residents. We utilize fully integrated EMR and offer competitive compensation packages and comprehensive benefits for our employees and their families.

Ideal candidates will have a strong commitment to providing high quality care to our multicultural community of underinsured patients.

We are currently recruiting for the following departments and positions:

- **Psychiatry/Psychology**
 - Adult & Child/Adolescent Divisions
- **Family Medicine Core Faculty,**
 - Director of Sports Medicine
- **Primary Care:**
 - Internal Medicine
 - Family Medicine
 - Family Medicine with OB
 - Pediatrics
 - Med/Peds
- **Neurology**
 - Vascular Surgery
- **Interventional Radiology**
- **Hospitalist/Nocturnist**
- **Pulmonary/Critical Care**
- **Rheumatology**
- **Hematology/Oncology**
- **Obstetrics/Gynecology**
- **Gastroenterology**
- **Moonlighting Opportunities**
 - Hospitalist/Nocturnist
- **Optometry**

To apply: LAnastasia@challiance.org Tel: 617-665-3555/Fax: 617-665-3553
Lauren Anastasia, Manager, CHA Provider Recruitment www.CHAProviders.org
Cambridge Health Alliance 1493 Cambridge Street, Cambridge, MA 02139

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

www.challiance.org

GR17_103



University Medical Group — Critical Care Medicine

Role – participate in Intensive Care coverage for 581 bed tertiary level community hospital, adult medicine. Hospital offers full service care to community, except for transplants, children's subspecialty services, burns, and level one trauma. Annual admissions = 24,000. Annual ED volume = 85,000.

Staffing design

- 12 hour shifts with 7 days on 7 days off
- 24 hour in-house presence of Critical Care Medicine coverage
- 2 Intensivists covering during the day and 1 covering nights
- 1 Nurse Practitioner assists with day shift coverage

Census

- Medical Surgical ICU – 15 beds
- Neuro Intensive ICU – 11 beds
- Cardiac area has universal beds with critical care capability, typically 8+ per day

Compensation

Designed on MGMA median as base compensation. Benefits provided and quality incentives available approach 75th percentile potential for total compensation. Current additional amount at risk for quality metrics achievement = \$100,000. Potential for additional shifts add to the potential total earnings.

Benefit package

- Current contracts include: Insurance; Group plan options for medical/dental/vision/disability/life. Liability insurance for professional practice provided.
- Retirement planning: 403(b) retirement account, with additional matching by employer; 457 retirement vehicle available for tax deferred retirement planning.
- Allowance for CME, professional membership and publications, and recertification preparation.

Current CCM staff: 6 critical care physicians, 1 nurse practitioner

For more information, call 706-284-9945 and apply to: charwood@uh.org

One of America's 100 Best Hospitals in orthopedic, joint replacement and spine surgery.
More five-star ratings than all area hospitals combined.



UPSTATE

MEDICAL UNIVERSITY

SUNY Upstate Medical University is seeking an internist or family practitioner for a combined position with Upstate Immune Health Services and Upstate general internal medicine or family practice clinics.

Immune Health Services (IHS) is a primary care home to approximately 1200 HIV-positive and HIV at-risk adults. With modern therapy, HIV-positive individuals are living long and healthy lives. However, they continue to experience stigma in accessing medical care, and they remain at elevated risk for cardiovascular disease, malignancy, depression, anxiety, and substance use disorders. IHS provides HIV primary care, pre and post-exposure prophylaxis for HIV, primary care for persons at risk for HIV, hepatitis C treatment, cervical and anal cancer screening, and integrated behavioral health care. HIV-specific clinical trials are conducted in the neighboring Institute for Human Performance and offer our patients opportunities to contribute to cutting edge science. We are Primary Care Medical Home certified, participate in the Central New York DSRIP program and the New York State HIV Quality of Care initiatives. Our environment of continuous learning and collaboration, including case conferences, academic conferences, teaching of medical students and residents, and opportunities to engage in clinical trials research.

The IHS primary care physician will see patients three days a week in our office on the SUNY Upstate campus and assist in quality assurance and quality improvement activities. The other two days per week the practitioner will see primary care patients at one of Upstate's internal medicine or family practice clinics, with options to match and grow the practitioner's interests, ranging from resident teaching, behavioral health, refugee health, drug user health, LGBTQ health and others, including procedures such as colposcopy and anoscopy.

M.D. or foreign equivalent, NYS license or eligible, BC/BE in internal medicine. The ideal candidate is an experienced, compassionate primary care physician with an interest in developing expertise in outpatient HIV care and prevention and expanding their academic skills in complementary ways within the Upstate Primary Care system.

The beautiful Central New York - Finger Lakes region offers excellent schools, affordable housing, numerous recreational and cultural activities and beautiful seasonal weather. We offer a competitive salary and excellent benefits package. Send letter of interest, curriculum vitae, and list of three references to:

Deborah J. Tuttle, PHR SUNY Upstate Medical University
Department of Medicine, 550 East Genesee Street, Suite 201, Syracuse NY 13202
or email to tuttled@upstate.edu

*Upstate Medical University is an AA/EEO/ADA employer
committed to excellence through diversity.*

RUTGERS

New Jersey Medical School

Chief, Division of Allergy, Immunology and Infectious Disease

The Department of Medicine at Rutgers Robert Wood Johnson School of Medicine in New Brunswick, New Jersey, seeks an academic-physician for the position of Chief. The desirable candidate should have a history of extramural funding in basic or translational research and demonstrable leadership qualities. She or he must also have been successful in promoting teaching, scholarship, and research, as well as developing, managing, and implementing clinical programs. Extensive collaboration opportunities are available within Rutgers University's broad range of research programs including microbiology, immunology, oncology, pharmacology and global health. A competitive salary with a generous startup package is available to support the recruitment of the Chief and additional research and clinical faculty members. Candidates must have an MD or MD/PhD degree, have achieved the position of Associate Professor or Professor, be board certified in infectious disease, and eligible for licensure in New Jersey. Applicants should submit a letter of interest and current curriculum vitae to: **Steven R. Brant, MD, Professor of Medicine, Chair of ID Chief Search Committee, via email at steven.brant@rwjms.rutgers.edu**

Rutgers, the State University of New Jersey, is an Equal Opportunity/ Affirmative Action employer, and is compliant with the Americans with Disabilities Act (ADA). For more information, please visit <http://recruitment.rutgers.edu/TheRUCommitment.htm>. Women and minorities are encouraged to apply.



The James J. Peters
VA Medical Center

CHIEF RESIDENT - QUALITY AND SAFETY

The James J. Peters VA Medical Center (JJP VA) has an opening for a Chief Resident/Quality and Safety (CRQS) for July 2018 – June 2019. The ideal candidate will have completed an accredited residency in Internal Medicine, Preventive Medicine, or Family Medicine, possess leadership qualities, and have an interest in quality improvement and patient safety. The JJP VA is a major teaching hospital affiliated with the Icahn School of Medicine at Mount Sinai and the Columbia University College of Physicians and Surgeons.

The CRQS will be provided with substantial protected time for quality improvement, mentoring, and research or other scholarly activities. The CRQS will be expected to participate in systems analysis such as tracers, root cause analysis, and Patient Safety Rounds, as well as in longitudinal and rapid cycle QI projects, and will learn about PDSA, Lean and Six Sigma strategies. The CRQS will develop an understanding of clinical informatics applicability and usability for quality improvement and patient safety; and participate in the development of a versatile curriculum to educate residents/students/staff about patient safety and quality improvement.

Interested applicants who meet the eligibility requirements must fax or email their CV and the names, addresses, and telephone numbers of at least two references to:

Clive Rosendorff, MD, PhD
James J. Peters VA Medical Center
130 West Kingsbridge Road, Bronx, NY 10468
Tel: 718-741-4292 Fax: 718-741-4233 email: clive.rosendorff@va.gov
English language proficiency required.
The VA is an EOE M/F/V/H

DEPARTMENT OF
VETERANS AFFAIRS



Chairman: Department of Nephrology

Ochsner Medical Center in New Orleans, Louisiana is searching for a Chairman of our Department of Nephrology which was ranked 28th in the nation, by *U.S. News & World Report* in 2017.

We seek an experienced Board Certified Nephrologist to lead the Department of Nephrology. We are searching for an individual with proven leadership skills who enjoys direct patient care across the spectrum of tertiary care, teaching students, residents and fellows, and participating in clinical research. The Department of Nephrology includes 9 physicians and 3 advanced practice providers who divide their time between providing direct patient care, teaching and conducting clinical research.

The successful candidate will be eligible for an academic appointment from our medical school, the Ochsner Clinical School, which enrolls over 100 medical students per year, and is affiliated with the prestigious University of Queensland (Australia). Ochsner has the largest Graduate Medical Education program in the state and our Nephrology fellowship includes up to 3 trainees per year over a two-year program.

Ochsner Medical Institutions is a not-for-profit, multi-specialty healthcare delivery system composed of 30 owned, managed and affiliated hospitals and more than 80 health centers and urgent care centers. Ochsner is the only Louisiana hospital recognized by *U.S. News & World Report* as a “Best Hospital” across four specialty categories caring for patients from all 50 states and more than 80 countries worldwide each year. Ochsner employs more than 1,200 physicians in over 90 medical specialties and subspecialties, and annually conducts more than 600 clinical research studies. For more information, please visit us at www.ochsner.org.

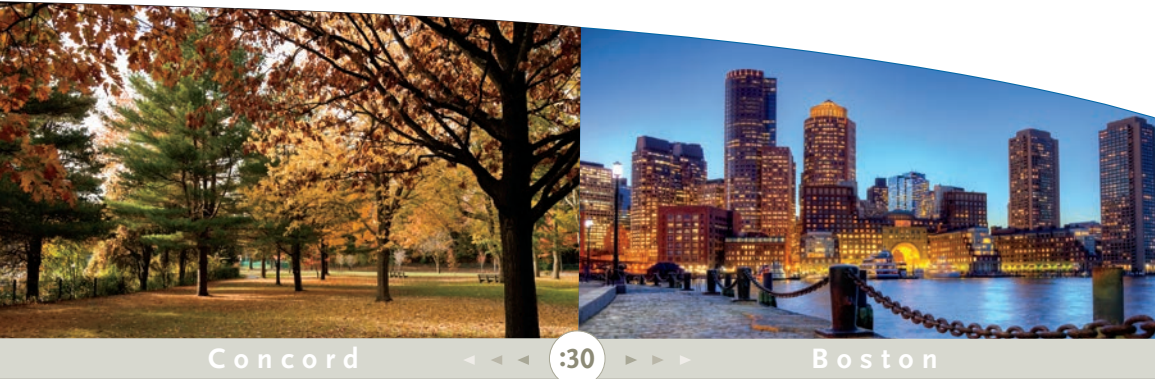
Interested physicians should apply to: <https://www.ochsner.org/careers/>.
CVs will be reviewed by Christopher J. White, MD, MScAI, FACC, FAHA, FESC, FACP, Chairman of Medicine.

Sorry, no J-1 opportunities available.

Ochsner is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, disability status, protected veteran status, or any other characteristic protected by law.

EMERSON HOSPITAL OPPORTUNITIES

Location, Location, Location



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

Find out why so many top physicians are practicing at Emerson Hospital. At Emerson you will find desirable practice locations, strong relationships with academic medical centers, superb quality of life, competitive financial packages, and more...

Emerson Hospital has several opportunities for board certified or board eligible physicians to join several practices in the Emerson Hospital service area. Emerson has employed as well as private practice opportunities with both new and existing practices.

Emerson Hospital Opportunities

- Hospitalist
- Orthopedic Surgery
- Primary Care at Multiple Locations
 - Family Medicine
 - Internal Medicine
- Psychiatry – Inpatient
- Urgent Care
 - Emergency Medicine
 - Family Medicine
 - Internal Medicine/ Pediatrics

If you would like more information please contact:

Diane Forte
dforte@emersonhosp.org
phone: 978-287-3002
fax: 978-287-3600

About Concord, MA and Emerson Hospital



Located in Concord, Massachusetts Emerson is a

179-bed community hospital with satellite facilities in Westford, Groton and Sudbury. The hospital provides advanced medical services to over 300,000 individuals in over 25 towns.

Emerson has strategic alliances with Massachusetts General Hospital, Brigham and Women’s and Tufts Medical Center.

Concord area is rich in history, recreation, education and the arts and is located 20 miles west of downtown Boston.



EMERSONHOSPITAL.ORG

Current Openings in
PALLIATIVE CARE & GERIATRICS



PALLIATIVE CARE

Department of Medicine and WVU Cancer Institute

- Provide patient care
- Educate medical students and residents
- Participate in clinical and translational research
- Impact patients locally and across entire state

GERIATRICS

Department of Medicine and Family Medicine

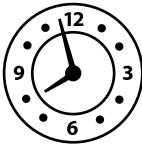
- Provide patient care in clinics and local nursing homes
- Contribute to scholarly activity and clinical research
- Educate residents and fellows



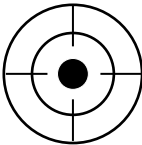
CONTACT:
belchera@wvumedicine.org

VISIT:
wvumedicine.org/morgantowncareers

Locum Tenens Jobs at NEJM CareerCenter



Timely



Targeted



Trusted

Find your next *locum tenens* assignment today!

Visit NEJMCareerCenter.org.





The opportunity to join a seven physician Infectious Disease group located in the beautiful Pacific Northwest.

SPECIALTY: Infectious Disease
LOCATION: Tacoma Washington
EMPLOYER: Infections Limited, PLLC
EMPLOYMENT TYPE: Full-Time
PERMANENT/ TEMPORARY: Permanent
VISA WAIVER AVAILABLE: Not a J-1 position

JOB DETAILS:
Infections Limited is a very busy 100% Infectious Disease practice seeking to add a BC/BE ID physician. The practice is well established with a > 30-year history in the south Puget Sound region, serving several area hospitals, local health department and the community.
The responsibilities will include inpatient and outpatient ID consultations, outpatient infusion therapy, HIV, Hep B, C.
The office includes a full-time staff, integrated PM and EHR system to support daily clinic, infusion services, travel/immunization clinic and county TB clinic.

Medical Director Dr. Elizabeth Lien

Address CV's to: **Teresa King RN, Clinical Director**
(tking@nwmsonline.com)



**BC/BE Hematology Oncology
in Northwest Arizona**

Very busy solo practice with on-site infusion suite and pharmacy. Strong referral network. Fast growing community in tri-state area of AZ, NV, CA with lakes, golf resorts, spectacular desert wildlife, night life, and water sports. Enjoy temperate 4 seasons climate. Local regional airport and short drive to major international airport. Competitive compensation. Strong production incentive. 2 year partnership. Full benefits and signing bonus. All levels of experience are considered.

Please email resume to:
info@azcancerandblood.com
or fax (928) 681-1811



**Physicians Opportunities in
Massachusetts and Connecticut.**

Trinity Health Of New England is the region's largest nonprofit health system. We are 13,000 physicians, advanced practitioners and caregivers who, like you, put our patients above all else. We are growing rapidly and would like you to be part of our success.

We serve a population of 3 million people, with a singular patient focus: providing the best possible care for the best possible outcomes. Trinity Health is a five-hospital Regional Health Ministry supported by walk-in clinics, medical offices, specialized facilities, affiliated institutions and foundations, with career opportunities throughout Massachusetts and Connecticut.

Trinity Health Of New England is proud of its history of provider collaboration. Our practice model empowers our physicians to work at their highest level, while allowing time for professional development and family life. Whether you are focused on providing outstanding patient-centered care or driven to grow into a leadership role, you will thrive at Trinity Health Of New England.

**For more information, please visit
www.jointrinityne.org/NEJM/Careers**

**Call Christine Bourbeau, Regional Director,
Physician & Advanced Practitioner
Recruitment, Trinity Health Of New England,
at 855-894-5590 today.**

**Or email your CV and letter of interest to
CBourbea@stfranciscare.org.**

EEO-AA-M/F/D/V Pre-employment drug screening



Saint Francis Hospital and Medical Center
Mercy Medical Center
Saint Mary's Hospital
Johnson Memorial Hospital
Mount Sinai Rehabilitation Hospital

How do I approach working locum tenens?
How can I find the best assignment for me?
Who will pay for my malpractice?
Who can guide me through the process?
Who provides the best support?



**The answer:
Weatherby Healthcare.**





ACADEMIC SPINE NEUROSURGEON
Worcester, MA

With more than 1,100 physicians, the UMass Memorial Medical Group is one of the largest, integrated multispecialty group medical practices on the entire East Coast. Our physicians provide primary care and specialty services for both routine and complex health needs, and practice at locations in Worcester and throughout Central Massachusetts.

The Department of Neurological Surgery at UMass Memorial Medical Center and the University of Massachusetts Medical School is actively recruiting a full-time clinical academic neurosurgeon with fellowship training and/or experience in complex spine surgery. The UMass Spine Center is a multidisciplinary program that is enjoying rapid growth. There is a clinical demand for additional Neurosurgery faculty with particular expertise in the management of complex spinal disorders. Experience in spinal reconstruction surgery, spine trauma or minimally invasive spinal surgery is desired. This position requires a commitment to excellence in patient care, teaching, research and clinical practice. Clinical or translational research interests are encouraged and aggressively supported. The academic rank will be commensurate with expertise and training. Applicants must be board certified or board eligible in neurological surgery.

Located in Central Massachusetts, Worcester is the second largest city in Massachusetts and in New England. Worcester and the surrounding area have a strong and diverse economic base with family oriented communities offering excellent school systems. The cultural offerings are abundant. Boston is only forty miles away, and lakes, beaches and mountains are all easily accessible.

Interested applicants should submit a letter of interest and curriculum vitae addressed to:

Mark D. Johnson, M.D., Ph.D.
Chair, Department of Neurological Surgery
UMass Memorial Medical Center
c/o Adriana Dietlin, Physician Recruiter
Department of Human Resources
Email: Adriana.Dietlin@umassmemorial.org

As an equal opportunity and affirmative action employer, UMMMG recognizes the power of a diverse community and encourages applications from individuals with varied experiences, perspectives and backgrounds.

Finding your job on 3RNet is as easy as...

Enter "JOURNAL" in the "Location Code" field when you register & we'll send you a \$5 Starbucks e-gift card!

1 Search Jobs

We specialize in rural & underserved jobs. Jobs available in every state! Search dozens of specialties & professions.

2 Register

[Free 3RNet registration](#) gets you: full job details; email notifications on new jobs that meet your needs.

3 Get Answers

[3RNet members](#) can provide: additional information on jobs, loan repayment programs, and [J-1 Visa Waivers](#); insights into local communities.



We get you the
perfect job
because we get you.

STAND UP FOR US ALL

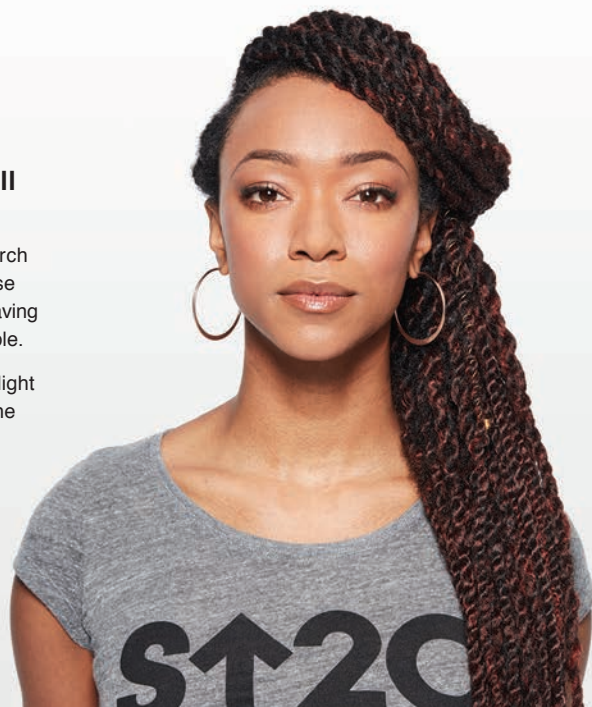
Clinical trials bring us closer to the day when all cancer patients can become survivors.

Clinical trials are an essential path to progress and the brightest torch researchers have to light their way to better treatments. That's because clinical trials allow researchers to test cutting-edge and potentially life-saving treatments while giving participants access to the best options available.

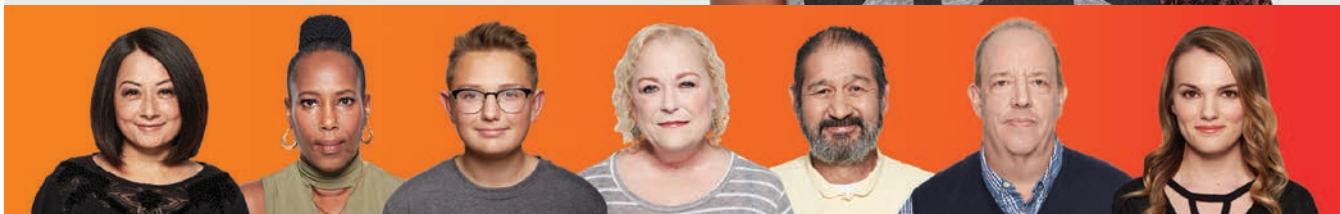
If you're interested in exploring new treatment options that may also light the path to better treatments for other patients, a clinical trial may be the right option for you. **Speak with your doctor and visit StandUpToCancer.org/ClinicalTrials to learn more.**



Sonequa Martin-Green, SU2C Ambassador



Stand Up To Cancer is a division of the Entertainment Industry Foundation, a 501(c)(3) charitable organization.



Your dream job is something only you can define. That's why we want to know what matters most to you—personally and professionally. Our recruiters then find the right jobs, perks, and places to make it a reality.

CompHealth.

comphealth.com | 866.588.5835



FOR SOME ELITE SOLDIERS, **THIS IS ADVANCING.**

As a general surgeon and officer on the U.S. Army health care team, you will work in cutting-edge facilities as you see and study cases that are not usually encountered in civilian practices. You will also receive benefits that ensure you are taken care of, including student loan repayment programs, paid continuing education, retirement plans and much more. Joining this team will allow you to advance your career and focus on why you became a physician in the first place—to care for your patients.

To see the benefits of being an Army medical professional call 800-431-6717 or visit healthcare.goarmy.com/ha86

