



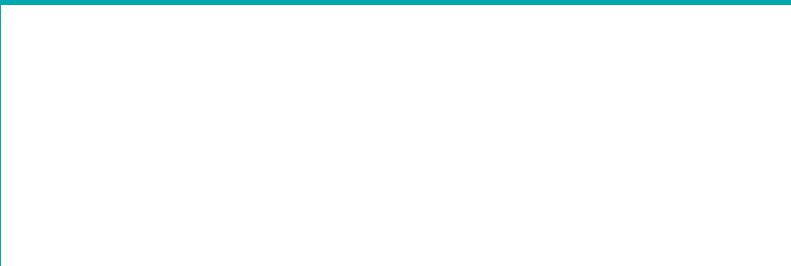
INSIDE

Career: The Hospitalist Physician: Contracting for Success. Pg. 1

Career: Using Digital Networking to Propel the Physician Job Search. Pg. 6

Clinical: Community-Acquired Pneumonia, as published in the *New England Journal of Medicine*. Pg. 15

Hospitalist Edition





The NEW ENGLAND JOURNAL of MEDICINE

March 27, 2014

Dear Physician:

Whether you are currently a hospitalist or assessing what kind of practice will ultimately be best for you, we can help. The *New England Journal of Medicine* is the leading source of information about job openings for physicians in the United States. Because we want to assist you in this important search, a complimentary reprint of the physician jobs section of the March 27, 2014, issue of NEJM is enclosed. To further aid in your career advancement we've also included a couple of recent selections from our Career Resources section, "The Hospitalist Physician: Contracting for Success" and "Using Digital Networking to Propel the Physician Job Search."

The NEJM CareerCenter website (NEJMCareerCenter.org) continues to receive positive feedback from physicians. Because the site was designed 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.

At the NEJM CareerCenter, you will find:

- Hundreds of 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 the jobs matching your search criteria
- A comprehensive Career Resources Center with career-focused articles and job-seeking tips
- An iPhone app that sends automatic notifications when there is a new job that matches your job search criteria
- Quick and easy options to apply for jobs through mobile and tablet devices

A career in medicine is challenging, and current practice leaves little time for keeping up with new information. While the *New England Journal of Medicine's* commitment to delivering top-quality research and clinical content remains unchanged, we are continually developing new features and enhancements to bring you the best, most relevant information each week in a practical and clinically useful format.

A reprint of the February 6, 2014, article "Clinical Practice: Community-Acquired Pneumonia," is also included in this booklet. Our popular Clinical Practice articles offer evidence-based reviews of topics relevant to practicing physicians.

We also have audio versions of Clinical Practice articles. These are available free at our website or on iTunes and save you time, because you can listen to the full article while at your desk, driving, or exercising. Another popular feature, Videos in Clinical Medicine, enables you to watch common clinical procedures — including information about preparation and equipment — right on your desktop or handheld device. You can learn more details about these features at NEJM.org.

If you are not currently an NEJM subscriber, I invite you to become one by calling NEJM Customer Service at (800) 843-6356 or subscribing at NEJM.org.

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

Sincerely,

Jeffrey M. Drazen, MD

The Hospitalist Physician: Contracting for Success

By Thomas Crawford, PhD, MBA, FACHE, Faculty, Department of Urology, College of Medicine, Affiliate Faculty, Department of Health Services Research, Management and Policy College of Public Health and Health Professions

Introduction

Over the last 20 years, I have had the opportunity to witness the continuous evolution of the health care industry. This transformative process, produced by a growing demand, declining remuneration, and increased regulatory oversight, has yielded numerous changes to the health care profession. As a rural health care executive, I vividly recall hearing about a new specialty of medical practice for dedicated hospital-based physicians — the Hospitalist. However, with an average inpatient census of 18 patients, I never imagined that I would find myself in a position to establish such a program. Nevertheless, due to increasing capacity issues in the outpatient setting, coupled with an aging populace that presented acuity levels that were becoming more difficult to manage from the office setting, I found myself in a position of needing to partner with my medical staff to establish a 24/7 hospitalist service and, consequently, contract and employ a requisite number of hospitalist physicians. Based on the hospitalist profession being relatively new, coupled with the increasing number of hospitalist opportunities around the country, the purpose of this article is to highlight the contractual nuances that are unique to hospitalist physicians and to underscore the top 10 issues I have found in the innumerable contracts that I have read and helped seasoned physicians and early careerists navigate over the last two decades.

Hospitalist Contractual Nuances

The contractual nuances I ask hospitalist physicians to pay close attention to fall into the following three categories: 1) work schedule, 2) vacation time, and 3) productivity expectations. Although these three elements of employment relationships will be found in all physician contracts regardless of specialty, the impact on the hospitalist physician could be amplified if not addressed prior to commencing his/her hospital-based practice.

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.

Work Schedule

Although hospitalist positions are generally shift-based, a number of positions may require you to cover a period of time that extends past your assigned shift. Example, if you may be assigned a rotation of 7 consecutive 12-hour shifts, followed by 7 days off; however, depending on how the off hours (evenings and nights) are staffed, you could be responsible for all 24 hours for 7 consecutive days. To ensure the cost effectiveness of their hospitalists programs, smaller hospitals will deploy an MD/DO-hospitalist provider during the peak hours and deploy an extender (PA/ARNP) during the less busy times. Who covers for the extender if there are questions or if the acuity of a patient exhausts the capacity of his/her training? The hospitalist provider who has already worked a 12-hour shift. The potential continuous responsibility of the hospitalist physician provides the natural segue for the next nuance — vacation time.

Vacation Time

One of the trends within hospitalist contracts is not to provide paid vacation and/or continuing medical education time (CME) off. This is based on the premise that most hospitalists work a schedule that equates to one week on and have one week off (26 out of 52 weeks) and that vacation coverage would increase the expense exposure of the hospitalist program and unfairly provide the hospitalist physician time off that generally isn't afforded to physicians within other specialties. However, depending on your work schedule, this may be a flawed perspective. Consider the following: working every other week and being responsible for 24 hours of care each day equates to providing 336 hours per month of coverage versus a primary care provider who is working 12-hour days, 5 days per week providing care coverage for 240 hours within the same month. The difference? The primary care provider will be allotted vacation time, holidays off, and, generally, CME time — while you may have no, or a limited amount, of time away available to you. With this stated, you need to understand your work schedule (hours of responsibility), if you're allotted vacation time, and how this will impact your work/life balance.

Productivity Expectations

Like your work schedule, you will need to ensure that you have realistic productivity expectations and the resources required to meet them. How many patients will you be caring for per day? What is your responsibility to the emergency department? Do you have access to additional help depending upon the volume? Conversely, if the inpatient volume is low,

are you held accountable for the lack of volume? The overarching premise behind a hospitalist program is to improve the efficacy and the quality/safety of the care delivered; however, if your expected productivity is to cover the “house,” support the emergency department for admissions and, potentially, co-manage patients with surgical providers, your efforts could be diluted and despite having a dedicated hospital-based resource, an anti-theoretical impact could occur. To ensure you do not find yourself in a work context that is unmanageable or in which you are held accountable for a lack of hospital-based volume, ensure that your work expectations are clearly articulated contractually. In addition to the afore-referenced hospitalist-contractual nuances, please ensure that you address the subsequent top 10 physician contract issues.

The Top 10 Contractual Issues

1. Know and fully comprehend how your pay will be calculated

Will your pay be shift-based, productivity-based, based on the net receipts less hospitalist practice overhead, etc.? Ensure that your base-pay and, if applicable the formula for bonus pay, are clearly spelled out contractually and that you afford yourself an opportunity for cost of living allowance (COLA) raises in subsequent years.

2. Know that there is enough volume to support your practice and salary expectations (use benchmark data when applicable)

As previously stated under productivity expectations and depending upon how your salary will be calculated, you need to ensure that hospital/practice has performed their business due diligence and that there is enough volume to support your hospital-based practice and income expectations.

3. Understand the type of malpractice insurance you have and who will cover the cost of the tail insurance

What type of malpractice insurance will you be covered by and what are the coverage limits? There are generally two types of malpractice policies (Per Occurrence and Claims Made) and if you are covered by a claims-made policy, you will need to negotiate that your employer covers the “tail” insurance to ensure that you have no large out-of-pocket costs when leaving the hospital/practice. Additionally, the national standard for coverage limits is \$1,000,000 per occurrence and \$3,000,000 in aggregate; with this stated, based on the high acuity and complexity of the patients that you will be providing care for within a hospitalist role, you should not accept coverage less than the industry standard.

4. Make sure your work expectations are spelled out in your contract

Although this has already been covered under “work schedule,” it provides me with an opportunity to reiterate that your opportunity to ensure a sustainable work/life balance begins with clear contract language

5. Free money = time commitment

Upfront money (sign-on bonus, tuition reimbursement etc.) is, in most instances, forgiven over time. With this stated, if you accept upfront money, ensure that a prorated amount of the lump sum is forgiven over the term of the contract. Example: if you accept a \$10,000 sign-on bonus and the term of the contract is three years, the contract should ensure that 1/36th of the \$10,000 is forgiven for each month worked. Too many contracts call for the \$10,000 to accrue interests and not be forgiven until the third anniversary of your employment.

6. Term and termination covenants (180-day rule)

Can you find another job, find a place to live, and relocate your family in 90 days? Hospital credentialing and insurance enrollment generally will take up to 90 days; with this stated, do not place yourself in a potential position of not having an income or living apart from your family by allowing your employer to terminate you without cause with a 90-day notice. I always recommend extending this “notice” period to 180 days to allow you a reasonable opportunity to secure your next position, find a home, etc.

7. Non-compete covenants (eliminate or mitigate)

Non-compete/restrictive covenants are defined by time and mileage. Ensure your non-compete is no longer than a year and within a reasonable footprint of the physical address of the hospital that you’re providing services at (versus the hospitals that may comprise a system).

8. Review copies of the Medical Staff Bylaws and the Rules and Regulations of the Medical Staff

It is imperative that you read these documents before signing your contract. These documents will outline your care and citizenship responsibilities. Your ability to remain employed will depend upon your hospital privileges and these documents will outline the expectations not covered within your contract and your due process.

9. Understand the culture that you will be working in and how it will impact your satisfaction

Most physicians will leave their places of employment because they simply are not the right fit. With this stated, perform cultural due diligence by talking to other hospitalists, other members of the medical staff, nurses, and employees working within the institution. This qualitative process will ensure that unwanted surprises are mitigated and that you understand both the formal and informal expectations of your position.

10. Ensure that the “spirit” of your agreement is captured contractually

To ensure that the “spirit” of your agreement is captured, ensure that every recruitment promise made to you is reflected in the contract and is easily interpreted. A vast preponderance of all contracts have an “Entire Agreement” term that stipulates that any promises made to you either orally or in writing are void and that the contract that you sign represents the “entire agreement” between the parties.

Abstracted from *Physician’s Guide: Evaluating Employment Opportunities and Avoiding Contractual Pitfalls* (2011).

Conclusion

Hospitalist physicians are filling a necessary niche in the systemic delivery of care across the country and the increasing demand for services is translating into an unprecedented number of employment opportunities. With this stated, remember that you are a scarce commodity and that you need to negotiate contractual terms that will balance the delicate ecology that exists between your professional satisfaction and personal happiness.

References

Crawford, T. (2011). *Physician’s Guide: Evaluating Employment Opportunities and Avoiding Contractual Pitfalls*. Minneapolis, MN: Mill City Press, Inc.

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.



Using Digital Networking to Propel the Physician Job Search

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

Online job searching and professional networking call for coherent strategies that will present a prospective candidate in the best possible light. Selection of appropriate digital resources, discretionary use of indirect networking, and detailed knowledge of prospective employers are requisites for a successful search. In line with the core physician competency of professionalism, the use of mobile devices, social media, and the management of information flow necessitate respectful, personalized, and timely interactions.

— John A. Fromson, M.D.

Strategies to effectively network, explore, and manage the job search professionally are essential to prevent information overload and to ensure successful job placement.

Physicians looking for a practice opportunity in the fast-evolving digital age will find that it's much easier to get information than it used to be. Prospective hiring organizations, potential colleagues, and even the medical-services marketplace and competitive environment in geographic areas of interest are all readily accessible. With a little extra e-digging, tech-savvy physicians who persist might even be able to get the inside scoop on hospital or health system physician politics, finances, or public image — information that might ultimately influence their job choice.

However, it cuts both ways. Organizations seeking physicians to join their practice or augment their medical staff are getting savvy at checking out potential candidates long before they extend the offer of an on-site interview, and possibly even before an introductory phone conversation occurs. The physician with a sloppy, unprofessional online presence or an ostensibly haphazard approach to their job search could end up losing out on good opportunities before starting the search in earnest.

What this means in the current fast-paced job-search environment is that it's equally important for opportunity-seeking physicians and hiring entities to use the digital tools at their disposal strategically and efficiently. If the mutual objective is to find a good professional fit, it is essential physicians create an optimal online presence and tap into expanded digital networking opportunities.

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.

“Times have definitely changed in how physicians looking for practice opportunities use communication in the digital era,” said Allan Cacanindin, the senior executive vice president of client services at Cejka Search in St. Louis, an expert in the area of digital networking in physician job search. “What we’re seeing is that physicians want their information about practice opportunities — and they want it now. Candidates are also doing a lot more research than they used to, on health care organizations and practices, and much more indirect networking.” In the realm of LinkedIn and other business-focused professional networking sites, he explained, it’s becoming increasingly common for physicians to be introduced digitally — often indirectly, these days — to a physician, recruiter, or even a potential colleague who is willing to offer guidance.

“It used to be who you know, but now, there is much more indirect networking going on — with physicians being introduced digitally to someone in another physician’s network, or to a practice opportunity they didn’t know about,” Mr. Cacanindin explained.

In addition, physicians who are exploring opportunities are being more strategic in using electronic communication and networking to seek answers to perennial job-networking questions like: Who do you know at X organization? What have you heard about X practice or the physician political climate in X hospital? Or, for example, where is the best place in the Chicago area to practice surgical oncology?

This somewhat haphazard, random movement of information and the rapidity with which physicians can explore workplaces or potential opportunities is putting increasing pressure on health care organizations seeking top physician talent. In a period characterized by physician under-supply in many specialties, organizations must try to stay one step ahead of the game and also maintain an active physician-friendly presence on their websites and online. “I think that organizations sometimes fail to understand that physicians are consumers, too, and that most are going to do some homework and networking before they consider an opportunity,” Mr. Cacanindin said.

On the other side of that fence, health care organizations are expecting job-seeking physicians to be reasonably well-informed when they express interest in an opportunity in their group, facility, or health system, Regina Levison, president of the national firm Levison Search Associates, advises. “If you are receiving emails or invitations about an opportunity from search firms or in-house recruiters, take the time to at least check out

the organization before you respond,” Ms. Levison said. “We do that before we present a candidate, so we expect that the physician will do the same.”

Navigating a changing landscape

Avenues for connecting and exploring the practice options appear just about infinite now, with the increasing use of social media sites such as LinkedIn, Facebook, and Twitter by both job-seeking physicians and recruiters and entities seeking to connect with potential candidates. The Mayo Clinic Healthcare Social Media list, for example, indicates that more than 1,500 U.S. hospitals now have an active social media presence on sites such as Facebook, LinkedIn, YouTube, and Twitter. Many of these organizations devote some of that activity to electronically source candidates and promote practice opportunities.

The annual social media and mobile device survey conducted by ANM Healthcare, the parent of the national physician search firm Merritt Hawkins, found that 41% of physicians use mobile devices to access job and industry-related information, up from 21% three years ago.

“Digital technologies have completely changed the way physicians search for and apply for jobs,” said Miranda Grace, the physician recruiter at Lewiston Hospital in Lewiston, Pennsylvania. “Because they’re constantly on the go, their job search must be as well.” For that reason, many organizations now make job postings accessible on smart phones and tablets, Ms. Grace observes, and some are using QR codes to link physician candidates to their jobs or a recruiter’s contact information.

What are young job-seeking physicians expecting these days in way of digital technology usage by prospective hiring organizations? Besides being given the red carpet treatment because of the current demand for many physician specialties, physicians also expect to receive opportunity details and a rapid response to their expressed interest.

Marci Jackson, MA, physician recruitment manager at Marshfield Clinic in Wisconsin, the country’s largest private medical practice, knows well the challenges meeting prospective candidates’ expectations in this virtual-whirlwind environment. “Younger physicians expect to receive most information electronically. They want access to information 24/7,” Ms. Jackson notes, “so our recruitment information [must be] out on the Internet in various forms.”

Marshfield maintains a presence not only on job boards with links back to the clinic’s website and online applications, but also on LinkedIn, Facebook, Pinterest, YouTube, and Twitter. And until a physician has “absolutely expressed interest,” Ms. Jackson adds, “all communication is usually electronic.”

Managing digital-information flow challenging

If all of this wireless wooing sounds like a bonanza for the job-seeking physician, it is. But therein lies the flip side: staying on top of and managing the communication trails can be daunting. That’s where a well-defined strategy is helpful and forethought essential, according to Tommy Bohannon, divisional vice president of recruiting for Merritt Hawkins. “The digital information flow makes things more convenient for physicians — they can obtain details on a broad range of jobs instantaneously, and they can review that information in between patients or while they’re on the train,” Mr. Bohannon said. “But it also means that physicians might receive a thousand text messages or emails a week if they don’t narrow their parameters and proactively manage the information flow.”

To tailor the job search and reduce information overload, it’s advisable to set up a separate email account just for the related activity, both Mr. Bohannon and Mr. Cacanindin advised, and to create structured, well-written, and error-free boilerplate initial responses that can be sent out quickly and customized appropriately. It’s also smart to develop a list of initial questions about the issues or parameters that are especially important to the physician, such as amount of call, schedule structures, or employment or compensation models, for example, and to pose those early on in the communication.

“This new age of digital technology enables physicians to cast a much wider net for practice opportunities — well, a worldwide net,” said Lori Norris, a senior physician recruiter at Dignity Health’s Chandler Regional Medical Center in Phoenix, Arizona. “With a click, tap, or voice command they can send their CVs to every potential employer, recruiter, or practice in their desired location. This is great for the candidate, but sometimes not so great for the groups or employers who are trying to recruit that candidate.” For example, it’s entirely possible, Ms. Norris notes, that competing groups in the same city might all be vying for the same candidate because most physicians truly are shopping around these days — and that digital information flow makes it apparent that’s happening. That might

not sit well with some prospective employers, when they discover that they're "being shopped," but it's a reality and it doesn't reflect poorly on the physician. Physicians' responsibility, in such situations, is to behave as graciously as possible while obtaining enough detail to start narrowing the field — and then drop out of the running reasonably quickly for any opportunity they won't pursue.

All of this suggests that physicians looking for a practice opportunity would be wise to try to put themselves in recruiters' shoes as they move around digitally, to avoid putting people to a lot of trouble about an opportunity in which the physician isn't really interested. It's just common courtesy, Mr. Bohannon stressed, to narrow the initial field by indicating the must-meet parameters — whether that's geography or a desired subspecialty practice focus, or both. He cites a recent example of how not to proceed in this regard. "We occasionally see physicians who see 25 jobs in their field posted on our website, and check all of the boxes indicating they would like more detail on the opportunity," he said, "when it's unlikely they're truly interested in all of those opportunities. That's not an effective way to gather information."

Besides annoying the individual who must sort through all of those "clicks," physicians who use "select-all" approach risk giving the impression that they have no idea what they want. "It's much more effective to choose five or six opportunities to explore completely," Mr. Bohannon advised, "and plan on getting on a plane to look at three of them."

It's also important to respond cordially, quickly and reasonably completely to anyone who sends details electronically of an opportunity that the physician is likely to pursue, all sources interviewed for this article concurred. For example, rather than simply firing off a text or email stating, "Please send more details," list some of the details sought and indicate when it would be convenient for a recruiter to call to discuss the opportunity. "If I have six responses in my inbox in the morning, and five say 'send more details,' and one says 'this sounds like a good fit for me, and I'd like more details. Please call me at 5 p.m. Monday,' guess who I contact first?" Mr. Bohannon said.

Even in the digital era, professional standards and old-school conduct codes still apply. Those include acknowledging communications received — whether it's a text message, email, or a phone call — about any opportunity in which the physician has expressed interest. Ideally, that's within 24 to 48 hours of the communication, not a week or two later. And thanking

anyone who helps out during the journey to finding a practice opportunity, either directly or indirectly by connecting the physician to another individual, is a must.

A word about networking etiquette is in order. Physicians who behave in a self-centered manner when they network, by asking individuals for help or advice and then effectively “disappearing” until the next time they ask for help, risk offending their connections, several sources warned. “Take the time to thank the people who help you, and keep them in the loop as you continue or conclude your search,” Mr. Cacanindin said. For example, after sending the initial thank-you note, let the individual know down the road if the connection facilitated led to an interesting conversation or a site interview, or a job offer.

Finally, in part because the high demand for their services, some physicians take a somewhat cavalier attitude about responding to recruiters who email, text, or call about the opportunity the physician expressed interest in. “Even though the supply-and-demand situation is in the physician’s favor, it’s important to remember that if the job sounds good to you, it likely does to other qualified physicians as well,” Mr. Bohannon said.

Kaitlin Olson, a social media marketing specialist at HealtheCareers, describes some of the digital networking practices she sees physicians use now that, in her view, provide potentially fruitful support for an effective first, or subsequent job search. “Many young physicians are really staying up to date with their connections, especially with so many social channels available now on LinkedIn. Many are also using Facebook and Twitter not just to make connections but also to follow industry thought leaders — and some are becoming thought leaders on their own,” reported Ms. Olson, who spends considerable time daily monitoring social media activity in the physician-recruiting and opportunity-search realms. “Physicians appear to be using social media not only for networking but also to build their brand and [plot] their careers, and that’s helpful when they are looking for practice opportunities.”

Tips for using digital networking effectively

Avoid relying primarily on 100-word blurbs or catchy push emails to start narrowing the field, Mr. Bohannon cautions. “The downside of the digital transformation is that it has somewhat dehumanized the environment. Reading three-paragraph blurbs doesn’t give physicians a complete picture

of the opportunity,” he said. “Looking for a practice opportunity should be a “high-touch” activity too, so physicians should do themselves the service of seeking first-source information about the opportunity through a phone conversation.”

- Before starting to network, ensure that your CV is complete, well-written, error free, and accompanied by a professional photo. Using digital tools to launch the CV is easy to do, but once it’s out there in cyberspace it can be nearly impossible to rectify an error — and very difficult to “pull it back.”
- Optimize online profiles on social media sites such as LinkedIn, and Ozmosis, and refresh them occasionally to let colleagues and potential hiring organizations know of new career developments.
- Don’t post your CV everywhere, indiscriminately, or indicate interest in opportunities if it’s not genuine. Doing so, Mr. Cacanindin explained, could make it appear that the physician is either not confident, or, worse, a bit desperate, even if neither is the case.
- Act like a consumer and do research before you start networking about or communicating electronically with organizations you might be interested in joining. Look at their website and read local (and national, if applicable) coverage on the entity. Recruiters certainly do that before they introduce a potential opportunity to a prospective candidate.
- Conduct an online search on yourself, using Google and other search engines, regularly, to see what shows up. Physicians are sometimes unpleasantly surprised to discover that others have posted images or content that identifies the physician in an unfavorable light professionally. “Remember that whatever you’re seeing, the recruiters or potential hiring organizations are seeing too,” Ms. Levison said. And it goes without saying that anything that reflects poorly on a candidate and can be removed, or appropriately contested, should be.
- Be proactive about monitoring your presence on the physician-rating sites such as HealthGrades, RateMDs, and Vitals, and encouraging patients who’ve been pleased with your care to add a brief review. Even though physicians rightly claim that such venues aren’t necessarily “fair” or balanced, and that some reviews are inaccurate, top marks by patients may give candidates a slight edge in recruiting circles.

- Steer clear of using any kind of digital communication, however friendly or well-intentioned, that might appear informal or unprofessional. Recruiters report, for example, that some physicians overuse emoticons such as smiley faces in their communications, or use text abbreviations in what should be formal correspondence about a practice opportunity. Neither is appropriate in the decidedly serious realm of job seeking.

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.



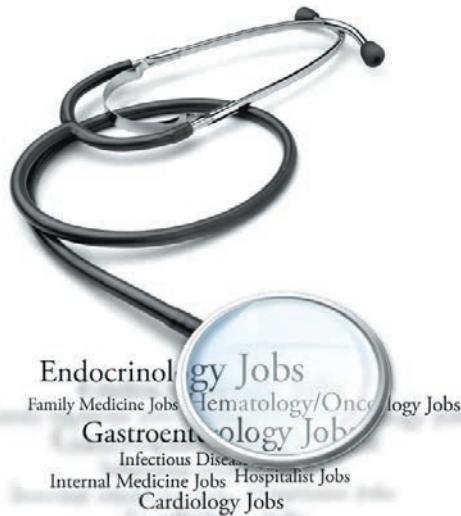
SEARCH AND APPLY FOR JOBS FROM YOUR PHONE.

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!

NEJMCareerCenter.org

NEJM
CareerCenter



The NEW ENGLAND
JOURNAL of MEDICINE



Inspiring Insights in Clinical Care

Recent achievements in medicine have resulted in progress beyond what many could have imagined just decades ago. New science and technology have empowered physicians to make better, faster treatment decisions. Our understanding of the human genome and targeted drug research is producing major improvements in treatments for cancer, heart disease, and many other chronic illnesses.

Connecting medicine's thought leaders and practitioners to science and to each other has always been the goal of the *New England Journal of Medicine* and NEJM Journal Watch, the premier products of the new NEJM Group.

Bringing together the people and expertise behind these products, NEJM Group is committed to driving innovation and ensuring rigorous quality in our ongoing mission to further advance knowledge, learning, and practice.

NEJM Group. Working together to advance research and improve care.

nejmgroup.org



CLINICAL PRACTICE

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

Community-Acquired Pneumonia

Richard G. Wunderink, M.D., and Grant W. Waterer, M.B., B.S., Ph.D.

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

A 67-year-old woman with mild Alzheimer's disease who has a 2-day history of productive cough, fever, and increased confusion is transferred from a nursing home to the emergency department. According to the transfer records, she has had no recent hospitalizations or recent use of antibiotic agents. Her temperature is 38.4°C (101°F), the blood pressure is 145/85 mm Hg, the respiratory rate is 30 breaths per minute, the heart rate is 120 beats per minute, and the oxygen saturation is 91% while she is breathing ambient air. Crackles are heard in both lower lung fields. She is oriented to person only. The white-cell count is 4000 per cubic millimeter, the serum sodium level is 130 mmol per liter, and the blood urea nitrogen is 25 mg per deciliter (9.0 mmol per liter). A radiograph of the chest shows infiltrates in both lower lobes. How and where should this patient be treated?

From the Division of Pulmonary and Critical Care Medicine, Northwestern University Feinberg School of Medicine, Chicago (R.G.W., G.W.W.); and the University of Western Australia, Perth (G.W.W.). Address reprint requests to Dr. Wunderink at r-wunderink@northwestern.edu.

N Engl J Med 2014;370:543-51.

DOI: 10.1056/NEJMcpl214869

Copyright © 2014 Massachusetts Medical Society

THE CLINICAL PROBLEM

Pneumonia is sometimes referred to as the forgotten killer. The World Health Organization estimates that lower respiratory tract infection is the most common infectious cause of death in the world (the third most common cause overall), with almost 3.5 million deaths yearly.¹ Together, pneumonia and influenza constitute the ninth leading cause of death in the United States, resulting in 50,000 estimated deaths in 2010.² This number is probably underestimated, since deaths from sepsis (for which pneumonia is the most common source)³ and deaths attributed to other conditions (e.g., cancer and Alzheimer's disease) for which pneumonia is the terminal event are coded separately.

Community-acquired pneumonia that is severe enough to require hospitalization is associated with excess mortality over the subsequent years among survivors,⁴⁻⁶ even among young people without underlying disease.⁵ Admission to the hospital for community-acquired pneumonia is also costly, especially if care in an intensive care unit (ICU) is required.⁷

Because of the economic cost, associated mortality, and heterogeneity of management, community-acquired pneumonia has been a focus of Centers for Medicare and Medicaid Services (CMS) and the Joint Commission (TJC) quality-improvement efforts, public reporting of outcomes, and possible pay-for-performance initiatives.⁸ This article focuses on management strategies for community-acquired pneumonia, with particular emphasis on interventions to reduce mortality and costs.



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

STRATEGIES AND EVIDENCE

DIAGNOSIS

The diagnosis of community-acquired pneumonia is not difficult in patients who do not have underlying cardiopulmonary disease. A triad of evidence of infection

KEY CLINICAL POINTS

COMMUNITY-ACQUIRED PNEUMONIA

- Community-acquired pneumonia remains a leading cause of death in the United States and around the world.
- Although the diagnosis of community-acquired pneumonia is straightforward in most cases, underlying cardiopulmonary disease and atypical presentation in elderly persons can delay recognition.
- The majority of hospitalized patients with community-acquired pneumonia can be treated with either a respiratory fluoroquinolone or a combination of cephalosporin and a macrolide.
- Alternative antibiotic treatment should be based on the presence of multiple risk factors for health care–associated pneumonia, specific risks (e.g., structural lung disease), or uniquely characteristic syndromes (e.g., the toxin-mediated, community-acquired, methicillin-resistant *Staphylococcus aureus* syndrome).
- The current criteria for health care–associated pneumonia result in excessive use of broad-spectrum antibiotic agents. The presence of multiple pneumonia-specific alternative risk factors may allow focused diagnostic testing and treatment.
- Patients with three or more minor criteria for severe community-acquired pneumonia (e.g., elevated blood urea nitrogen, confusion, and a high respiratory rate) should receive extensive intervention in the emergency department and be considered for admission to the intensive care unit.

(fever or chills and leukocytosis), signs or symptoms localized to the respiratory system (cough, increased sputum production, shortness of breath, chest pain, or abnormal pulmonary examination), and a new or changed infiltrate as observed on radiography usually accurately identifies a patient with community-acquired pneumonia. Table 1 reviews the differential diagnosis of community-acquired pneumonia.

In patients with lung cancer, pulmonary fibrosis or other chronic infiltrative lung disease, or congestive heart failure, the diagnosis of community-acquired pneumonia can be very difficult. Atypical presentations also complicate diagnosis. Confusion may be the only presenting symptom in elderly patients, leading to a delay in diagnosis.⁹ Infiltrates on radiographs may also be subtle: an individual radiologist may miss infiltrates in up to 15% of cases, and two radiologists reading the same chest radiograph disagree in 10% of cases.¹⁰

INITIAL MANAGEMENT

Choice of Antibiotic Therapy

Three interrelated decisions must be made almost simultaneously when a patient first presents — the choice of antibiotic therapy, the extent of testing to determine the cause of the pneumonia, and the appropriate location of treatment (home, inpatient floor, or ICU).

Numerous antibiotics are approved for the treatment of community-acquired pneumonia by the Food and Drug Administration on the basis of randomized, controlled trials comparing them to other antibiotics previously approved for community-acquired pneumonia. The key to appropriate therapy is adequate coverage of *Streptococcus pneumoniae* and the atypical bacterial pathogens (mycoplasma, chlamydia, and legionella).

For outpatients, the coverage of atypical bacterial pathogens is most important, especially for young adults, for whom herd immunity from widespread vaccination of infants and children with a conjugate pneumococcal vaccine has decreased the rates of pneumococcal pneumonia.¹¹ The primary factors in the choice of agent for a particular episode among the large number of approved oral antibiotics are recent antibiotic use (which may be associated with a risk of class resistance¹²) and cost. Macrolides, doxycycline, and fluoroquinolones are the most appropriate agents for the atypical bacterial pathogens.

For patients admitted to a regular hospital unit, guidelines from the Infectious Diseases Society of America and the American Thoracic Society (IDSA–ATS) recommend first-line treatment with either a respiratory fluoroquinolone (moxifloxacin at a dose of 400 mg per day or levofloxacin at a dose of 750 mg per day) or the

combination of a second-generation or third-generation cephalosporin and a macrolide.¹³ These recommendations are based primarily on large inpatient administrative databases that show reduced mortality with recommended antibiotics as compared with other antibiotics or combinations.^{14,15} Quality-improvement projects also consistently show that as adherence to these recommended antibiotics increases, mortality and length of hospital stay decrease.^{16,17}

Although *S. pneumoniae* remains the most common cause of severe community-acquired pneumonia requiring ICU admission, combination therapy consisting of a cephalosporin with either a fluoroquinolone or a macrolide is recommended.¹³ Observational evidence suggests that the macrolide combination may be associated with better outcomes.^{15,18,19} Since fluoroquinolones have essentially the same antibacterial spectrum as macrolides, the better outcome with macrolides may be explained by nonbactericidal effects, such as immunomodulation.

Timing of Initiation of Therapy

A CMS–TJC quality metric for community-acquired pneumonia is administration of the first antibiotic dose within 6 hours after presentation.⁸ This cutoff was modified from retrospective analyses of large Medicare databases^{20,21} showing that an interval of more than 4 hours between the initial presentation and the first antibiotic dose was associated with increased in-hospital mortality. However, efforts to decrease the time to the first administration of antibiotic therapy have resulted in an increase in inappropriate antibiotic use in patients who do not have community-acquired pneumonia, with adverse consequences such as *Clostridium difficile* colitis,²² and have not resulted in corresponding decreases in mortality.^{23,24} A shorter time to antibiotic administration may simply be a marker of multiple beneficial care patterns (e.g., less crowding in the emergency department, prompt fluid resuscitation, and the recognition of and early intervention for incipient respiratory failure) that are associated with improved patient outcomes.^{25,26}

The current IDSA–ATS guidelines do not recommend a specific time to the administration of the first antibiotic dose but instead encourage treatment as soon as the diagnosis is made.¹³ An exception is made for patients in shock; antibiotics should be given within the

Table 1. Differential Diagnosis of Community-Acquired Pneumonia.

Abnormal chest radiograph

Congestive heart failure with associated viral syndrome to explain infectious symptoms

Aspiration pneumonitis

Pulmonary infarction

Acute exacerbation of pulmonary fibrosis

Acute exacerbation of bronchiectasis

Acute eosinophilic pneumonia

Hypersensitivity pneumonitis

Pulmonary vasculitis

Cocaine-induced lung injury (“crack lung”)

Normal chest radiograph

Acute exacerbation of chronic obstructive pulmonary disease

Influenza

Acute bronchitis

Pertussis

Asthma with associated viral syndrome to explain infectious symptoms

first hour after the onset of hypotension. An observational study involving patients with septic shock showed a decrease in survival rates of 8% for each hour of delay.²⁷

Duration of Antibiotic Treatment

The currently recommended duration of antibiotic therapy for community-acquired pneumonia is 5 to 7 days.¹³ There is no evidence that prolonged courses lead to better outcomes, even in severely ill patients, unless they are immunocompromised.

TREATMENT OF PATIENTS AT RISK FOR RESISTANT ORGANISMS

Although the above recommendations apply to the majority of patients with community-acquired pneumonia, physicians need to identify patients who are at increased risk for bacteria resistant to these empirical antibiotic regimens. Most common among these are patients with risk factors for health care–associated pneumonia (Table 2).²⁸ Health care–associated pneumonia has been categorized as a discrete entity, with the goal of identifying patients with pneumonia that develops outside the hospital yet is caused by pathogens usually associated with hospital-acquired pneumonia or even ventilator-associated pneumonia,

Table 2. Criteria for Health Care–Associated Pneumonia.**Original criteria***

Hospitalization for ≥ 2 days during the previous 90 days
 Residence in a nursing home or extended-care facility
 Long-term use of infusion therapy at home, including antibiotics
 Hemodialysis during the previous 30 days
 Home wound care
 Family member with multidrug-resistant pathogen
 Immunosuppressive disease or therapy†

Pneumonia-specific criteria‡

Hospitalization for ≥ 2 days during the previous 90 days
 Antibiotic use during the previous 90 days
 Nonambulatory status
 Tube feedings
 Immunocompromised status
 Use of gastric acid suppressive agents

* Original criteria are from the American Thoracic Society and Infectious Diseases Society of America.²⁸

† This criterion was not included in the original criteria but is frequently included in many studies of health care–associated pneumonia.

‡ Pneumonia-specific criteria are from Shindo et al.²⁹

Table 3. Clinical Features Suggesting Community-Acquired MRSA Pneumonia.*

Cavitary infiltrate or necrosis
 Rapidly increasing pleural effusion
 Gross hemoptysis (not just blood-streaked)
 Concurrent influenza
 Neutropenia
 Erythematous rash
 Skin pustules
 Young, previously healthy patient
 Severe pneumonia during summer months

* MRSA denotes methicillin-resistant *Staphylococcus aureus*.

including methicillin-resistant *Staphylococcus aureus* (MRSA) and multidrug-resistant (MDR) gram-negative pathogens.

In reports of data from tertiary care centers, patients with culture-positive health care–associated pneumonia were more likely than patients who did not meet the definition for health care–associated pneumonia to have these resistant pathogens and to receive initially inappropriate antibiotic therapy, which has been associated with increased mortality among these patients.^{30,31} Empirical broad-spectrum therapy with dual coverage for *Pseudomonas aeruginosa* and routine MRSA coverage has therefore been recommended for patients with risk factors for health care–associated pneumonia (Table 2).²⁸ However, there is increasing recognition that using all these risk factors as indications for broad-spectrum therapy may lead to antibiotic overtreatment of many patients. The appropriate criteria for initial broad-spectrum therapy remain controversial (see the Areas of Uncertainty section). Another group of patients at risk for pathogens resistant to the usual antibiotics for community-acquired pneumonia are those with structural lung disease (bronchiectasis or severe chronic obstructive

pulmonary disease [COPD]) who have received multiple courses of outpatient antibiotics; the frequency of *P. aeruginosa* infection is particularly increased in this population.¹³

Whereas MRSA is commonly identified in patients with risk factors for health care–associated pneumonia, a community-acquired strain of MRSA that causes community-acquired pneumonia in previously healthy patients without health care–associated pneumonia or other risk factors for MDR pathogens has increasingly been recognized.^{32,33} Exotoxin production by this strain (as well as by the methicillin-sensitive variant) results in characteristic presenting features (Table 3). Because the clinical presentation of this infection is disproportionately exotoxin-mediated, treatment is recommended with antibiotics that suppress toxin production, such as linezolid or clindamycin (added to vancomycin); these regimens have been associated with reduced mortality.³³

DIAGNOSTIC TESTING

The extent of testing that is warranted to identify the causative microorganism in community-acquired pneumonia is controversial. Because the recommended antibiotic regimens are effective for the majority of patients, diagnostic testing will rarely affect therapy. Table 4 reviews conditions in which specific testing may lead to different treatment. Extensive diagnostic testing is most helpful in patients with risk factors for health care–associated pneumonia³ or with severe community-acquired pneumonia requiring ICU admission,¹³ in whom the probability of the presence of bacteria that are resistant to usual therapy is greatest.

Influenza testing in the appropriate season is the diagnostic test that is most likely to affect treatment. Depending on current local influenza rates, antiviral treatments may be started empirically and stopped if testing is negative, or they may be started only in response to a positive test.

SITE OF CARE

Hospital Admission

A physician’s decision to hospitalize a patient with community-acquired pneumonia is the major determinant of cost. Between 40% and 60% of patients who present to the emergency department with community-acquired pneumonia are admitted.³⁴⁻³⁶ Considerable variation in this decision among patients with similar clinical characteristics emphasizes the opportunity for standardization.

Scoring systems that predict short-term mortality, such as the Pneumonia Severity Index (PSI)³⁵ and the CURB-65 scores,³⁶ were developed specifically to make admission decisions more objective. Use of the PSI results in fewer admissions of patients with mild illness, with no increase in adverse outcomes.³⁴ However, calculating the PSI score is complex, requiring formal scoring or electronic decision support (<http://pda.ahrq.gov/clinic/psi/psicalc.asp>). The CURB-65 score (which assigns 1 point each for confusion, uremia [blood urea nitrogen ≥ 20 mg per deciliter], respiratory rate ≥ 30 breaths per minute, systolic blood pressure < 90 mm Hg or diastolic blood pressure ≤ 60 mm Hg, and age ≥ 65 years, with a score ≥ 3 indicating the need for hospitalization) is easy to remember and calculate but has not been as well validated as the PSI score. Although both scores are valid for the analysis of groups of admissions for quality improvement or research in community-acquired pneumonia, individual decisions that are inconsistent with the score are often made for legitimate reasons, both objective (e.g., low arterial saturations) and subjective (e.g., unreliable home support and concern regarding adherence to therapy).

ICU Admission

Decisions regarding initial admission to the ICU of patients with community-acquired pneumonia and questionable cardiopulmonary stability probably have the greatest potential effect on mortality. Patients transferred to the ICU within 48 hours

Table 4. Diagnostic Testing and Response.*

Condition and Response to Test Result	Blood Culture	Respiratory Tract Culture	Influenza Test during Influenza Season	Test for Urinary Pneumococcal Antigen	Test for Urinary Legionella Antigen	Pleural-Fluid Culture
Severe community-acquired pneumonia†	Strongly recommended if the patient is hypotensive or if patient has been transferred from a general medical unit to the ICU	Strongly recommended if there is tracheal aspirate or bronchoalveolar-lavage aspirate in an intubated patient; recommended if there is productive cough in a nonintubated patient	Strongly recommended	Strongly recommended	Strongly recommended	Strongly recommended
Health care-acquired pneumonia	Recommended	Strongly recommended if there is a productive cough; not recommended if there is no cough	Recommended	Strongly recommended	Recommended if patient resides in a nursing home	Strongly recommended
Other condition or circumstance	Recommended if there is cirrhosis or asplenia	Recommended if the patient has structural lung disease or severe COPD with productive cough	Recommended	No specific recommendation	Recommended if patient has traveled recently	Strongly recommended
Strategy if test result positive	Change to specific therapy	Change to specific therapy	Add or continue oseltamivir	Change to narrow antibiotic therapy	Change to specific therapy; public reporting and potential point-source investigation	Change to specific therapy; perform drainage procedure

* COPD denotes chronic obstructive pulmonary disease, and ICU intensive care unit.

† Severe community-acquired pneumonia is defined as community-acquired pneumonia for which admission to the intensive care unit is being considered.

after initial admission to a general medical service have higher mortality than those with an obvious need for ICU care (mechanical ventilation or hypotension requiring vasopressors) at the time of admission.^{26,37,38} However, no prospective studies have been performed to establish whether initial admission to the ICU of patients without these major criteria for ICU admission would prevent subsequent deterioration better than initial admission to a general unit.

The percentage of hospitalized patients with pneumonia who are admitted to the ICU also varies widely (ranging from 5 to 20%) depending on hospital and health-system characteristics.^{26,39-41} Because the PSI and CURB-65 scores have limited ability to identify patients whose condition is likely to deteriorate if they are admitted to a general ward, the IDSA-ATS guidelines suggest that the presence of three or more of nine minor criteria should warrant consideration of ICU admission (Table 5).¹³ Other scores for predicting clinical deterioration have also been developed and validated.³⁹⁻⁴¹ For each of these scores, the probability of the need for invasive ventilatory or vasopressor therapy increases with higher numbers of criteria met or points tallied. These scores have many variables in common (Table 5) and use a similar threshold score (approximately 3) to consider ICU admission. If followed rigidly, all result in substantially more ICU admissions of patients who will never need ICU-level interventions.^{13,26}

The most appropriate use of these scores may be to focus attention on patients who have high scores while still in the emergency department. A quality-improvement study showed that increased attention in the emergency department to patients with three or more IDSA-ATS minor criteria resulted in a decrease in mortality (from 23 to 6%) and fewer floor-to-ICU transfers (from 32 to 15%) without substantially increasing direct ICU admissions.²⁶ Potentially useful interventions include aggressive fluid resuscitation,⁴² prompt initiation of appropriate antibiotics, measurement of arterial blood gas in patients with borderline hypoxemia or lactate in those with borderline hypotension, and treatment of coexisting illnesses (e.g., administration of bronchodilators for asthma and COPD); reassessment after such interventions can clarify the trajectory of the patient's illness.²⁶

AREAS OF UNCERTAINTY

Concerns have been raised that the original definition of health care–associated pneumonia, with the associated recommendation for broad-spectrum antibiotic treatment, results in overuse of antibiotics. The group of risk factors included in the original definition of health care–associated pneumonia (Table 2) were extrapolated from studies of health care–associated bacteremia²⁸ and may therefore not be entirely appropriate for pneumonia. As compared with early observational studies of culture-positive cases that suggested benefits of broad-spectrum antibiotic therapy in persons with these risk factors,^{30,31} subsequent prospective studies of patients with health care–associated pneumonia have shown markedly lower rates of antibiotic-resistant pathogens and high rates of culture-negative cases.^{29,43,44} The use of risk factors for health care–associated pneumonia as the basis for antibiotic choices results in broad-spectrum treatment of almost half the patients with community-acquired pneumonia in some centers.^{29,30}

Of particular concern are findings that suggest increased risks of adverse outcomes among persons who are treated with broad-spectrum antibiotics for health care–associated pneumonia, although selection bias cannot be ruled out as an explanation for these findings.^{29,45,46} A multicenter quality-improvement project showed increased mortality in association with broad-spectrum therapy in such patients.⁴⁵ Similarly, an analysis that included patients with risk factors for health care–associated pneumonia who were treated at Veterans Affairs medical centers showed higher mortality among those who were given broad-spectrum therapy than among those who received standard treatment for community-acquired pneumonia.⁴⁶

The most appropriate criteria for identifying patients who should receive initial empirical broad-spectrum coverage are unclear. A recent prospective, multicenter study identified six risk factors (Table 2) for pneumonia caused by pathogens resistant to the usual inpatient antibiotic regimens recommended by IDSA-ATS guidelines.²⁹ These pneumonia-specific risk factors are consistent with those cited in other reports that indicate that recent antibiotic use or hospitalization and poor functional status are more important

Table 5. Criteria for Consideration of ICU Admission for Patients without an Obvious Need.*

Criterion	Definition	Other Scoring System or Strategy with Similar Criterion
IDSA–ATS minor criteria		
Confusion	None specified	SMART-COP, ³⁹ CURXO, ⁴¹ and REA-ICU ⁴⁰
Elevated blood urea nitrogen	Blood urea nitrogen ≥ 20 mg/dl	CURXO ⁴¹ and REA-ICU ⁴⁰
Tachypnea	Respiratory rate ≥ 30 breaths/min	SMART-COP, ³⁹ CURXO, ⁴¹ and REA-ICU ⁴⁰
Multilobar infiltrates observed on radiograph	None specified	SMART-COP, ³⁹ CURXO, ⁴¹ and REA-ICU ⁴⁰
Hypoxemia	Ratio of partial pressure of oxygen in arterial blood to fraction of inspired oxygen < 250 mm Hg	SMART-COP, ³⁹ CURXO, ⁴¹ and REA-ICU ⁴⁰
Thrombocytopenia	$< 100,000$ platelets/mm ³	—
Hypotension	Hypotension (systolic pressure < 90 mm Hg) requiring aggressive fluid resuscitation	SMART-COP ³⁹ and CURXO ⁴¹
Hypothermia	Core temperature of $< 36^{\circ}\text{C}$	—
Leukopenia	White-cell count $< 4000/\text{mm}^3$	REA-ICU ⁴⁰
Other criteria		
Lactic acidosis	Lactic acid level ≥ 4 mmol/liter	Early goal-directed therapy ⁴²
Low pH	< 7.30 – 7.35 , depending on scoring system [†]	SMART-COP, ³⁹ CURXO, ⁴¹ and REA-ICU, ⁴⁰ depending on pH [†]
Low albumin	< 3.5 g/dl	SMART-COP ³⁹
Hyponatremia	Sodium level < 130 mmol/liter	REA-ICU ⁴⁰
Leukocytosis	Leukocyte count $> 20,000/\text{mm}^3$	REA-ICU ⁴⁰
Tachycardia	Heart rate ≥ 125 beats/min	SMART-COP ³⁹ and REA-ICU ⁴⁰
Older age	> 80 yr	CURXO ⁴¹ and REA-ICU ⁴⁰

* A patient without an obvious need was defined as one who did not require endotracheal intubation and mechanical ventilation or as one who did not have hypotension requiring vasopressors while in the emergency department. Risk increases proportionally with the presence of more than three criteria. IDSA–ATS denotes Infectious Diseases Society of America–American Thoracic Society, and REA-ICU Risk of Early Admission to ICU.

[†] The criterion of a pH level of less than 7.30 is used in the calculation of the CURXO⁴¹ score. The criterion of a pH level of less than 7.35 is used in the calculation of the SMART-COP³⁹ and REA-ICU⁴⁰ scores.

predictors of resistant pathogens than nursing home residence alone.⁴⁷

Available data suggest that the incidence of MDR pathogens generally is not significantly increased unless three or more risk factors are present.²⁹ However, MRSA is an exception: the presence of one MRSA-specific risk factor (prior MRSA infection or colonization, long-term hemodialysis, or heart failure) and another pneumonia-specific risk factor may warrant MRSA coverage (but not dual antipseudomonal antibiotics).²⁹ The importance of distinguishing between health care–associated pneumonia and community-acquired pneumonia depends on the local prevalence of antibiotic-resistant patho-

gens, which varies markedly within the United States, highlighting the value of knowledge of local epidemiologic data.

Data from randomized trials are lacking to guide treatment in patients with culture-negative health care–associated pneumonia.^{29,43} Whereas studies indicate that initially inappropriate empirical antibiotic therapy for health care–associated pneumonia is associated with increased mortality among patients with culture-positive cases,^{30,31} observational data suggest that a switch to traditional antibiotic regimens for community-acquired pneumonia is safe when cultures are negative,⁴³ and such treatment may be associated with reduced mortality.²⁹ Targeted diagnostic testing

allows the de-escalation of therapy if cultures are negative (or positive for typical community-acquired pneumonia pathogens).

GUIDELINES

The IDSA–ATS guidelines for community-acquired pneumonia were published 7 years ago,¹³ but little has changed regarding antibiotic treatment of community-acquired pneumonia, and the recommendations in this article are generally consistent with these guidelines. Criteria and antibiotic recommendations for health care–associated pneumonia from the older guidelines for hospital-acquired and ventilator-acquired pneumonia²⁸ are outdated. The discussion of health care–associated pneumonia has been removed from the planned update of the guidelines for hospital-acquired and ventilator-acquired pneumonia and will be incorporated in a future guideline by these organizations.

The IDSA–ATS guidelines for community-acquired pneumonia differ only slightly from non-U.S. guidelines. European guidelines keep the option of beta-lactam monotherapy and de-emphasize the use of fluoroquinolones in hospitalized patients outside the ICU.⁴⁸

CONCLUSIONS AND RECOMMENDATIONS

The woman described in the vignette has a CURB-65 score of 4, suggesting that she would benefit from inpatient therapy.³⁴ She has at least

four minor criteria for severe community-acquired pneumonia (confusion, respiratory rate ≥ 30 breaths per minute, multilobar infiltrates, and uremia). Although ICU admission may be prudent, she would clearly benefit from further evaluation. We would measure the arterial blood gas and lactate levels, given the high respiratory rate and low saturation, and hydrate aggressively.

As a nursing home resident, the patient meets the current criteria for health care–associated pneumonia. However, since she has no pneumonia-specific MDR risk factors but does have risk factors for severe community-acquired pneumonia, we would initiate treatment with ceftriaxone and azithromycin. Influenza testing should be requested if she has presented during the appropriate season, and empirical oseltamivir started if the local influenza rate is high. We would not obtain blood cultures or attempt to obtain sputum cultures because of the low likelihood of the presence of pathogens resistant to usual treatment for community-acquired pneumonia.

Dr. Wunderink reports receiving fees for board membership from Pfizer, AstraZeneca, and Achaogen; consulting fees from Crucell (Johnson & Johnson), Accelerate Diagnostics, Bayer Healthcare, Sanofi, and GlaxoSmithKline; and grant support through his institution from bioMérieux and Pfizer. He was co-chair of the last Infectious Diseases Society of America (IDSA) and American Thoracic Society (ATS) community-acquired pneumonia guidelines committee and participated in the hospital-acquired, ventilator-acquired, and health care–associated pneumonia guidelines committee. Dr. Waterer has been selected as co-chair of the next ATS–IDSA community-acquired pneumonia guidelines committee and is a member of the current IDSA hospital-acquired and ventilator-associated pneumonia guidelines committee. No other potential conflict of interest relevant to this article was reported.

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

REFERENCES

1. The top 10 causes of death. Geneva: World Health Organization, 2013 (<http://www.who.int/mediacentre/factsheets/fs310/en/index.html>).
2. Murphy SL, Xu J, Kochanek KD. Deaths: preliminary data for 2010. *Natl Vital Stat Rep* 2012;60:1-51.
3. Angus DC, Linde-Zwirble WT, Lidicker J, Clermont G, Carcillo J, Pinsky MR. Epidemiology of severe sepsis in the United States: analysis of incidence, outcome, and associated costs of care. *Crit Care Med* 2001;29:1303-10.
4. Brancati FL, Chow JW, Wagener MM, Vacarello SJ, Yu VL. Is pneumonia really the old man's friend? Two-year prognosis after community-acquired pneumonia. *Lancet* 1993;342:30-3.
5. Waterer GW, Kessler LA, Wunderink RG. Medium-term survival after hospitalization with community-acquired pneumonia. *Am J Respir Crit Care Med* 2004; 169:910-4.
6. Yende S, Angus DC, Ali IS, et al. Influence of comorbid conditions on long-term mortality after pneumonia in older people. *J Am Geriatr Soc* 2007;55:518-25.
7. Angus DC, Marrie TJ, Obrosky DS, et al. Severe community-acquired pneumonia: use of intensive care services and evaluation of American and British Thoracic Society diagnostic criteria. *Am J Respir Crit Care Med* 2002;166:717-23.
8. Wilson KC, Schünemann HJ. An appraisal of the evidence underlying performance measures for community-acquired pneumonia. *Am J Respir Crit Care Med* 2011;183:1454-62.
9. Waterer GW, Kessler LA, Wunderink RG. Delayed administration of antibiotics and atypical presentation in community-acquired pneumonia. *Chest* 2006;130:11-5.
10. Albaum MN, Hill LC, Murphy M, et al. Interobserver reliability of the chest radiograph in community-acquired pneumonia. *Chest* 1996;110:343-50.
11. Griffin MR, Zhu Y, Moore MR, Whitney CG, Grijalva CG. U.S. hospitalizations for pneumonia after a decade of pneumococcal vaccination. *N Engl J Med* 2013; 369:155-63.
12. Vanderkooi OG, Low DE, Green K, Powis JE, McGeer A. Predicting antimicrobial resistance in invasive pneumococcal infections. *Clin Infect Dis* 2005;40: 1288-97.
13. Mandell LA, Wunderink RG, Anzueto A, et al. Infectious Diseases Society of America/American Thoracic Society consensus guidelines on the management of community-acquired pneumonia in adults. *Clin Infect Dis* 2007;44:Suppl 2:S27-S72.
14. Gleason PP, Meehan TP, Fine JM, Ga-

- lusha DH, Fine MJ. Associations between initial antimicrobial therapy and medical outcomes for hospitalized elderly patients with pneumonia. *Arch Intern Med* 1999; 159:2562-72.
15. Brown RB, Iannini P, Gross P, Kunkel M. Impact of initial antibiotic choice on clinical outcomes in community-acquired pneumonia: analysis of a hospital claims-made database. *Chest* 2003;123:1503-11.
16. Capelastegui A, España PP, Quintana JM, et al. Improvement of process-of-care and outcomes after implementing a guideline for the management of community-acquired pneumonia: a controlled before-and-after design study. *Clin Infect Dis* 2004;39:955-63.
17. Dean NC, Silver MP, Bateman KA, James B, Hadlock CJ, Hale D. Decreased mortality after implementation of a treatment guideline for community-acquired pneumonia. *Am J Med* 2001;110:451-7.
18. Metersky ML, Ma A, Houck PM, Bratzler DW. Antibiotics for bacteremic pneumonia: improved outcomes with macrolides but not fluoroquinolones. *Chest* 2007;131:466-73.
19. Sligl WI, Asadi L, Eurich DT, Tjosvold L, Marrie TJ, Majumdar SR. Macrolides and mortality in critically ill patients with community-acquired pneumonia: a systematic review and meta-analysis. *Crit Care Med* 2013 October 23 (Epub ahead of print).
20. Houck PM, Bratzler DW, Nsa W, Ma A, Bartlett JG. Timing of antibiotic administration and outcomes for Medicare patients hospitalized with community-acquired pneumonia. *Arch Intern Med* 2004;164: 637-44.
21. Meehan TP, Fine MJ, Krumholz HM, et al. Quality of care, process, and outcomes in elderly patients with pneumonia. *JAMA* 1997;278:2080-4.
22. Polgreen PM, Chen YY, Cavanaugh JE, et al. An outbreak of severe *Clostridium difficile*-associated disease possibly related to inappropriate antimicrobial therapy for community-acquired pneumonia. *Infect Control Hosp Epidemiol* 2007;28: 212-4.
23. Kanwar M, Brar N, Khatib R, Fakhir MG. Misdiagnosis of community-acquired pneumonia and inappropriate utilization of antibiotics: side effects of the 4-h antibiotic administration rule. *Chest* 2007; 131:1865-9.
24. Barlow G, Nathwani D, Williams F, et al. Reducing door-to-antibiotic time in community-acquired pneumonia: controlled before-and-after evaluation and cost-effectiveness analysis. *Thorax* 2007;62:67-74.
25. Pines JM, Isserman JA, Hinfey PB. The measurement of time to first antibiotic dose for pneumonia in the emergency department: a white paper and position statement prepared for the American Academy of Emergency Medicine. *J Emerg Med* 2009;37:335-40.
26. Lim HF, Phua J, Mukhopadhyay A, et al. IDSA/ATS minor criteria aided pre-ICU resuscitation in severe community-acquired pneumonia. *Eur Respir J* 2013 October 31 (Epub ahead of print).
27. Kumar A, Roberts D, Wood KE, et al. Duration of hypotension before initiation of effective antimicrobial therapy is the critical determinant of survival in human septic shock. *Crit Care Med* 2006;34:1589-96.
28. American Thoracic Society, Infectious Diseases Society of America. Guidelines for the management of adults with hospital-acquired, ventilator-associated, and healthcare-associated pneumonia. *Am J Respir Crit Care Med* 2005; 171:388-416.
29. Shindo Y, Ito R, Kobayashi D, et al. Risk factors for drug-resistant pathogens in community-acquired and healthcare-associated pneumonia. *Am J Respir Crit Care Med* 2013;188:985-95.
30. Kollef MH, Shorr A, Tabak YP, Gupta V, Liu LZ, Johannes RS. Epidemiology and outcomes of health-care-associated pneumonia: results from a large US database of culture-positive pneumonia. *Chest* 2005; 128:3854-62. [Erratum, *Chest* 2006;129: 831.]
31. Micek ST, Kollef KE, Reichley RM, Roubinian N, Kollef MH. Health care-associated pneumonia and community-acquired pneumonia: a single-center experience. *Antimicrob Agents Chemother* 2007;51:3568-73.
32. Gillet Y, Vanhems P, Lina G, et al. Factors predicting mortality in necrotizing community-acquired pneumonia caused by *Staphylococcus aureus* containing Panton-Valentine leukocidin. *Clin Infect Dis* 2007;45:315-21.
33. Sicot N, Khanafer N, Meyssonier V, et al. Methicillin resistance is not a predictor of severity in community-acquired *Staphylococcus aureus* necrotizing pneumonia: results of a prospective observational study. *Clin Microbiol Infect* 2013; 19:E142-E148.
34. Yealy DM, Auble TE, Stone RA, et al. Effect of increasing the intensity of implementing pneumonia guidelines: a randomized, controlled trial. *Ann Intern Med* 2005;143:881-94.
35. Fine MJ, Auble TE, Yealy DM, et al. A prediction rule to identify low-risk patients with community-acquired pneumonia. *N Engl J Med* 1997;336:243-50.
36. Lim WS, van der Eerden MM, Laing R, et al. Defining community acquired pneumonia severity on presentation to hospital: an international derivation and validation study. *Thorax* 2003;58:377-82.
37. Renaud B, Santin A, Coma E, et al. Association between timing of intensive care unit admission and outcomes for emergency department patients with community-acquired pneumonia. *Crit Care Med* 2009;37:2867-74.
38. Restrepo MI, Mortensen EM, Rello J, Brody J, Anzueto A. Late admission to the ICU in patients with community-acquired pneumonia is associated with higher mortality. *Chest* 2010;137:552-7.
39. Charles PG, Wolfe R, Whitby M, et al. SMART-COP: a tool for predicting the need for intensive respiratory or vasopressor support in community-acquired pneumonia. *Clin Infect Dis* 2008;47:375-84.
40. Renaud B, Labarère J, Coma E, et al. Risk stratification of early admission to the intensive care unit of patients with no major criteria of severe community-acquired pneumonia: development of an international prediction rule. *Crit Care* 2009; 13:R54.
41. España PP, Capelastegui A, Gorordo I, et al. Development and validation of a clinical prediction rule for severe community-acquired pneumonia. *Am J Respir Crit Care Med* 2006;174:1249-56.
42. Rivers E, Nguyen B, Havstad S, et al. Early goal-directed therapy in the treatment of severe sepsis and septic shock. *N Engl J Med* 2001;345:1368-77.
43. Labelle AJ, Arnold H, Reichley RM, Micek ST, Kollef MH. A comparison of culture-positive and culture-negative health-care-associated pneumonia. *Chest* 2010;137:1130-7.
44. Chalmers JD, Taylor JK, Singanayagam A, et al. Epidemiology, antibiotic therapy, and clinical outcomes in health care-associated pneumonia: a UK cohort study. *Clin Infect Dis* 2011;53:107-13.
45. Kett DH, Cano E, Quartin AA, et al. Implementation of guidelines for management of possible multidrug-resistant pneumonia in intensive care: an observational, multicentre cohort study. *Lancet Infect Dis* 2011;11:181-9.
46. Attridge RT, Frei CR, Restrepo MI, et al. Guideline-concordant therapy and outcomes in healthcare-associated pneumonia. *Eur Respir J* 2011;38:878-87.
47. El Solh AA, Pietrantonio C, Bhat A, Bhora M, Berbari E. Indicators of potentially drug-resistant bacteria in severe nursing home-acquired pneumonia. *Clin Infect Dis* 2004;39:474-80.
48. Woodhead M, Blasi F, Ewig S, et al. Guidelines for the management of adult lower respiratory tract infections: summary. *Clin Microbiol Infect* 2011;17:Suppl 6:1-24.

Copyright © 2014 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 and click on Create a Job Alert to get started.

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	Courses, Symposia, Seminars
Critical Care	Occupational Medicine	Radiation Oncology	For Sale/For Rent/Wanted
Dermatology	Ophthalmology	Radiology	Locum Tenens
Emergency Medicine	Osteopathic Medicine	Rheumatology	Miscellaneous
Endocrinology	Otolaryngology	Surgery, General	Multiple Specialties/ Group Practice
Family Medicine	Pathology	Surgery, Cardiovascular/ Thoracic	Part-Time Positions/Other
Gastroenterology	Pediatrics, General	Surgery, Neurological	Physician Assistant
General Practice	Pediatric Gastroenterology	Surgery, Orthopedic	Physician Services
Geriatrics	Pediatric Intensive/ Critical Care	Surgery, Pediatric Orthopedic	Positions Sought
Hematology-Oncology	Pediatric Neurology	Surgery, Pediatric	Practices for Sale
Hospitalist	Pediatric Otolaryngology	Surgery, Plastic	
Infectious Disease	Pediatric Pulmonology	Surgery, Transplant	
Internal Medicine	Physical Medicine & Rehabilitation	Surgery, Vascular	
Internal Medicine/Pediatrics		Urgent Care	
Medical Genetics			

Classified Advertising Rates

We charge \$7.60 per word per insertion. **Bold typeface** is available for \$7.80 per word per insertion (**entire ad must be bold typeface**). A 2- to 4-time frequency discount rate of \$6.10 per word per insertion and \$6.80 per word per insertion for **bold typeface** is available. A 5-time frequency discount rate of \$5.90 per word per insertion and \$6.10 per word per insertion for **bold typeface** 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 \$70.00 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 25 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 \$7.60 per word, it equals \$440.80. Because a reply box was requested, there is an additional charge

of \$75.00 for each insertion. The price is then \$515.80 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 \$70.00 per issue per advertisement and \$140.00 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
April 24	April 4
May 1	April 11
May 8	April 17
May 15	April 25

Cardiology

MAINE — Join Central Maine Heart Associates, a well-established group of nine cardiologists in central Maine. Our team of Noninvasive, Interventional, and EP Cardiologists seek a Noninterventional Cardiologist to provide the full spectrum of inpatient and outpatient care to a service area of 400,000+. We are looking for someone who does ECHO and nuclear cardiology and TEE is preferred. The Central Maine Medical Family has a large number of Primary Care providers, which deliver an abundant referral base and our established Heart and Vascular Surgical team round out the services provided to our patients. Candidates can expect to also participate in clinical outreach and interest in involvement in large clinical research programs is a plus! We offer a competitive compensation and benefits package, too! Lewiston/Auburn is a safe community in which to raise a family, offers a wide range of schooling and housing options and cultural activities, and is centrally located to the both the mountains and coast. To learn more about this employed opportunity, please send CV to: Julia Lauver, Medical Staff Recruiter, Central Maine Medical Center, e-mail: JLauver@cmhc.org; call: 800-445-7431; or fax: 207-795-5696.

CARDIOLOGY, BC/BE CARDIOLOGIST — Noninvasive, nuclear cardiology certified preferred. Outstanding opportunity with rapidly expanding, full-service cardiology practice in Morris County, NJ. Excellent compensation package. Partnership potential. Send CV to: morrisheart@aol.com

CARDIOLOGY PRACTICE, ON THE BEAUTIFUL JERSEY SHORE — Close to New York City. This is an excellent opportunity to join a busy Cardiology practice. Top salary and benefits offered. Collegial work environment and much more. Partnership track for the right candidate. Ishimazu@oceanheartgroup.com

SINGLE-SPECIALTY CARDIOLOGY GROUP LOCATED IN CENTRAL NJ — Looking for an Interventional Cardiologist. Candidate should be Board Certified/Eligible. Position effective immediately or 7/2014. Please send CV to Practice Manager at: Lisa.Leon718@gmail.com

INTERVENTIONAL CARDIOLOGIST — Looking for a second interventionist for a large cardiology group in Central NJ. Must be BE/BC in general cardiology. Competitive salary and benefits. Send CV to: njcardiojob@gmail.com

ELECTROPHYSIOLOGIST — Looking for a second EP for a large cardiology group in Central NJ. Must be BE/BC in general cardiology and EP. Competitive salary and benefits. Send CV to: njcardiojob@gmail.com

FULL-TIME CARDIOLOGIST — Private New York City multi-location cardiac diagnostic practice is in search of a full-time cardiologist boarded in Nuclear Cardiology. Please send letter of interest and CV to: physicianresumes@gmail.com

RESPONSE. RESPONSE. RESPONSE.
NEJM CAREERCENTER DELIVERS.

MOUNT SINAI ST. LUKE'S ROOSEVELT HOSPITAL CENTER — Is accepting applications for a two-year fellowship in Clinical Cardiac Electrophysiology starting July 1st, 2015. Successful applicants will train in the newly completed Arrhythmia Institute with state-of-the-art technology for the treatment of all electrophysiologic disorders including complex arrhythmias and will have opportunities for research. Faculty has a broad range of clinical and academic interests. For more information, please contact Israel Marmolejos at: imarmole@chpnet.org

NONINVASIVE CARDIOLOGY — New York Methodist Hospital, located in Park Slope Brooklyn, is offering an excellent staff noninvasive cardiology practice opportunity. The applicant must be fluent in Mandarin or Cantonese. Join our rapidly-growing faculty of seven noninvasive, three electrophysiology, and two interventional cardiologists. The newly joined cardiologist will have the opportunity to develop outreach practice serving very diverse population of Brooklyn. We offer excellent compensation and benefits. Interested applicants should send their CV to Ericka Ayala: eha9004@nyp.org

HEART FAILURE/LVAD — New York Methodist Hospital, located in Park Slope Brooklyn, is offering an excellent CHF opportunity. We are looking for a candidate who is board eligible/certified in Advanced Heart Failure and Transplant to develop and lead a new CHF/LVAD program at our institution. We offer excellent compensation and benefits. Interested applicants should send their CV to Ericka Ayala: eha9004@nyp.org

Endocrinology

THE ENDOCRINE SECTION — In the Department of Internal Medicine at Yale University seeks two physician-scientists and a clinician at the Assistant Professor level. Three or more years of experience are required for the positions. The two physician-scientist positions should have experience in diabetes, obesity, and fuel metabolism and should have a history of external peer-reviewed funding. The clinician position should be fully trained in internal medicine and endocrinology; with a focus in the areas of diabetes, obesity, and osteoporosis. Interested candidates should forward their curriculum vitae and three letters of reference. Review of the applications will begin on April 27, 2014 and will continue until the positions are filled. Robert S. Sherwin, MD, Chief, Section of Endocrinology, Department of Internal Medicine, PO Box 208020, New Haven, CT 06520-8020; or via e-mail to: Brittany.Harris@yale.edu. Yale is an Affirmative Action/Equal Opportunity Employer and welcomes applications from women, persons with disabilities, covered veterans, and members of minority groups. Please reference this number: 42714, when writing to us.

NEW YORK CITY — Large/growing, multispecialty group affiliated with prestigious academic medical center, seeking Board Certified Endocrinologist with primary focus on Diabetes for superb opportunity for full-time clinical practice, turn-key set up in midtown Manhattan. Partnership position, with incentives, excellent benefits and 401K. Please forward CV via fax: 212-253-9631; or e-mail: cmgmdcareers@gmail.com

ENDOCRINE, NEW YORK — Hudson Valley, expanding multispecialty group of 120 providers. Practice 100% Endocrine along with other Endocrinologists. Partnership track. Also; Endocrine Massachusetts, Boston suburbs adding. Five office locations, 300 providers. Join two Endocrinologists. Practice 100% Endocrine. lorileo@neprc.com

**Family Medicine
(see also IM and Primary Care)**

FAMILY MEDICINE, MASSACHUSETTS — Suburbs southwest of Boston. \$250K-\$300K Earning potential! Great suburban location. 10K Sign-on bonus, productivity bonuses. Well-established practice with excellent retention rate. H-1 Compatible. lorileo@neprc.com

MAINE — Bridgton Hospital, part of the Central Maine Medical family, seeks BE/BC Family Medicine physicians to join practices in either Naples or Fryeburg. The opportunities include both inpatient and outpatient responsibilities with OB. Located 45 miles west of Portland, Bridgton Hospital is located in the beautiful Lakes Region of Maine and boasts a wide array of outdoor activities including boating, kayaking, fishing, and skiing. Benefits include medical student loan assistance, attractive call schedule, competitive salary, highly qualified colleagues, and excellent quality of life. For more information, visit their website at: www.bridgtonhospital.org. Interested candidates should contact: Julia Lauver, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240; call: 800-445-7431; e-mail: jlauver@cmhc.org; or fax: 207-795-5696. Not a J-1 opportunity.

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. The outpatient-only position offers a very attractive call schedule, medical school student loan assistance, competitive salary, and the opportunity to practice in physician-friendly Maine! Please forward your CV to: Julia Lauver, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240; call: 800-445-7431; e-mail: jlauver@cmhc.org; or fax: 207-795-5696. Not a J-1 opportunity.

FAMILY MEDICINE PHYSICIAN, SUBURBAN ATLANTA — WellStar Medical Group is seeking full-time BC/BE Family Medicine Physicians for well-established practice locations covering a five-county service area. Practices are located approximately 25 miles northwest of downtown Atlanta, Georgia. Competitive salary. Comprehensive benefits package to include; malpractice coverage, medical/dental/vision insurance, disability/life insurance, 403b plus defined pension plan, and vacation/sick/CME allowance. WellStar is a non-profit system of five premier hospitals in the Northwest suburbs of Atlanta. WellStar Medical Group is the largest non-academic medical group in Georgia with more than 135 locations employing 700+ medical providers in more than 35 specialties. Also, more than 1,100 affiliated physicians practice within WellStar Health System. To apply to this job, please go to: www.wellstarcareers.org; or contact WellStar Provider Services at: 470-644-0039, for additional information.

PRIMARY CARE OPPORTUNITY IN BEAUTIFUL CALIFORNIA — Employed position in a secure and stable hospital. All outpatient medicine. Generous salary and benefits. Paid malpractice with tail coverage. Nearly six weeks PTO first year. Visa candidates welcome. Contact Roberta Margolis at: 203-663-9335; or e-mail: roberta.margolis@comphealth.com. Ref#214807.

**NEJM
CareerCenter**

Gastroenterology

GASTROENTEROLOGY WITH ONE OF BOSTON'S FINEST GROUPS — With or without ERCP/EUS training. Top living suburb in Boston. Affiliations with Massachusetts General and Brigham and Women's Hospitals. Successful financially stable group. Accredited outpatient endoscopy center. High reimbursement rate. Massachusetts@physician-openings.com

MAINE — Looking for a better lifestyle and a professional culture that values your clinical skills? Consider moving to physician friendly Maine! Central Maine Medical Center is seeking a BC/BE general gastroenterologist (ERCP not necessary) to join our established team of eight dedicated physicians. Located in South Central Maine, this exceptional 100% GI position offers candidates a competitive salary and generous benefits package and 1:9 weekend call. Close to the ocean, lakes, and mountains, this opportunity offers the outdoor enthusiast unlimited recreational possibilities. Enjoy the professional challenge offered in a sophisticated medical community along with the wonderful recreational opportunities and quality of life in Maine. Please forward CV and cover letter to: Babette Irwin, CMMC, 300 Main Street, Lewiston, ME 04240; e-mail: birwin@cmhc.org; fax: 207-755-5855; or call: 800-445-7431.

THREE-MEMBER GASTROENTEROLOGY PRACTICE — With an in-house Medicare approved Endoscopy Center in Cary, NC looking for interested applicant. Females highly encouraged to apply. E-mail CV to: bmonroe@centerfordigestivediseases.com

Geriatrics

GERIATRICS, MASSACHUSETTS — Physician. Coastal community. \$75k Loan repay. Bonuses and Relocation allowance. Outpatient Geriatrics. Established group practice. Base salary plus productivity bonus every six months. 10 Miles to Boston. Visa compatible. lorileo@neprc.com

RAPIDLY EXPANDING MULTISPECIALTY MEDICAL GROUP — Affiliated with a major medical center looking for a BC/BE Geriatrician. Participation in a Geriatric Fellowship program available with academic appointment. Extensive mid-level support. Excellent salary and benefits. Easy access to New York City. Send your CV to: egold@hackensackumc.org; or fax to: 201-666-3919, Attn: Susan F.

GERIATRICIAN — BC/BE to join busy and growing hospital-based practice in Sleepy Hollow, Westchester County, NY, 40 minutes to NYC. Experience and/or interest in Palliative Care ideal. Inpatient work covered by hospitalist service. Strong referral base with state-of-the-art diagnostic imaging. Located minutes from academic medical center and medical school. Active involvement with Family Practice residents. Strong ancillary support for these complex patients. Competitive salary and generous compensation package. We seek to balance a quality, evidence-based medical practice with a rewarding full lifestyle. Apply to: Joe Amaru, Physician Recruiter, Phelps Memorial Hospital; 914-366-1179; J.Amaru@pmhc.us

**Have the jobs
delivered to you!**

Sign up for Job Alerts at
NEJMCareerCenter.org.

Hospitalist

OPPORTUNITIES FOR DAY SHIFT AND NOCTURNIST HOSPITAL MEDICINE — Flexible scheduling, 8-14 shifts per month. Competitive salary and full benefits. Premium pay for nights. Hospital-based CPOE system. One-year candidates welcome! Located 30 minutes from Boston. Premier 170-bed community hospital. Family friendly culture, good relations with specialists, PCPs, and administration. Please send your CV to Diane Forte at: dforte@emersonhosp.org. Not a J-1 or H-1-B opportunity. www.emersonhospital.org

HOSPITALISTS — (Multiple openings for FT day and night positions at Lowell General Hospital, 295 Varnum Avenue, Lowell, MA). Under the supervision of managing partner will provide coverage to an acute care hospital; examine, diagnose, and treat patients, prescribe medication, and utilize medical equipment as needed. Minimum Requirements: MD (foreign equivalent degree accepted) and eligible for Massachusetts Medical Licensure, and BC/BE in Internal Medicine. Mail resumes to: New England Inpatient Specialists, LLC, c/o Judy Hanson, NEIS, Administrative Assistant, 120 Water Street, Suite 404, North Andover, MA 01845, w/ref to Job Code: NEI05. No calls please.

HOSPITALIST, MASSACHUSETTS — Physician needed, Boston region. \$300k Potential. Boston region, minutes south of the City. Most desired regions of Boston with excellent schools. Full benefits package. ICU covered 24/7 by Intensivists. Strong leadership and experience. Full EMA. One of the best Hospitalist programs in Massachusetts. Boston@physician-openings.com

HOSPITALIST, MASSACHUSETTS PHYSICIAN — Hospitalist physician needed, southern Massachusetts. Coastal region. Minutes to Providence. 200k Plus plus. Outstanding salary plus high bonus structure. Fantastic team! Balanced lifestyle. Exceptional compensation and full benefits. Friendly and enjoyable atmosphere. Massachusetts@physician-openings.com

HOSPITALIST, BOSTON — Major Harvard academic hospital. Boston, minutes to downtown. Seeks BC/BE Hospitalists and Nocturnists for expanding program. Currently working 7 on/7 off block schedule. State-of-the-art tertiary care hospital. Abundant cultural opportunities. Also; Boston region: Join established group. Academic appointment available. Compensation \$250 to \$300k range, excellent incentives, desirable living area. 16 In group. Excellent mentorship. Visa compatibility. Internal Medicine and Family Medicine. Harvard@physician-openings.com

HOSPITALIST JOBS IN MAINE — Why not live and work in your favorite vacation destination? We have a dozen different locations throughout Maine looking for BC/BE Hospitalists to join their team. All offering versatile schedules with competitive compensation and benefits. Call Jane Ham, Maine Recruitment Center, at: 800-546-4090, for further details.

MAINE COAST HOSPITALIST — Located directly on the ocean in Rockport, Pen Bay Medical Center seeks BC/BE Hospitalist to join our employed group. Block scheduling, broad subspecialty support, excellent salary and benefits, relocation, and outstanding loan repayment. Nocturnist differential available. Superb location with fabulous natural beauty, safe communities, good schools, and four-season outdoor recreation. Forward CV to: physicianrecruitment@penbayhealthcare.org; or call: 207-596-8214.

HOSPITALIST, CONNECTICUT — Stellar Yale affiliated group. Less than one hour to NYC, adding. Exceptional compensation. H-1 Compatible. Teaching. Block schedule. Openings for full, part-time, and locums. Also; Monday-Friday schedule. Daytime Hospitalist. Daily census of 15 patients per day. Offering competitive salary and benefits. Diverse population. Great schools, affordable homes. yale@physician-openings.com

INPATIENT MEDICINE, CENTRAL NEW JERSEY — Summit Medical Group (SMG), a 200+ physician multispecialty medical group, seeks a board certified/board eligible physician to provide inpatient services. SMG physicians refer their patients to the SMG Hospitalist Service which ensures collaborative and integrated care for SMG patients that are hospitalized. Our Hospitalist Service attains some of the nation's highest clinical and quality outcomes through this unique design. In this position, you will join an existing group of five Hospitalists working in a continuity of care model specializing in caring for the hospitalized patient. Each physician participates in 24-hour call rotation. They supervise residents who assist with admissions. Additionally, they utilize electronic medical record access, two PAs, a discharge coordinator, and a dedicated patient advocate. The selected candidate must be able to work as a team and possess excellent communication skills. Position offers competitive compensation and comprehensive benefits. To learn more, visit: www.summitmedicalgroup.com. To learn more, contact Beth Briggs at: 800-678-7858; or via e-mail: ebriggs@cejkasearch.com. ID#149900N].

HOSPITALIST POSITION, SYRACUSE, NY — Crouse Hospital (506 acute-care beds) located in Syracuse, NY is seeking a Hospitalist to join its dynamic Hospitalist team who has the passion to deliver high-quality patient care in a collegial and teamwork oriented environment. 7 Days on/7 off, 10-hour shifts with full sub-specialist support, and no call. Crouse is one of Central New York's largest employers with over 3,000 employees and a medical staff of more than 800 physicians. It serves more than 23,000 inpatients, 65,000 emergency medicine visits, and more than 150,000 outpatients a year from a 16-county area in Central and Northern New York. An excellent compensation package includes a very competitive salary, bonus, paid malpractice, CME stipend, and a complete personal benefits schedule. A signing/retention bonus is also offered. Contact Ken Sammut at: 888-372-9415; ksammut@cejkasearch.com; or visit: www.cejkasearch.com. ID#152243N].

HOSPITALIST, FAMILY PRACTICE, NEW YORK AREA — Internist and Family Practitioners needed. Join established group looking to expand. Flexible scheduling. Sign-on and relocation. Located just short drive to NYC, the scenic Adirondacks, Berkshires, and Catskill Mountains. Excellent year-round outdoor recreation. Excellent schools, affordable homes. newyork@physician-openings.com

EXPERIENCED HOSPITALIST OPPORTUNITY — For new Hospitalist Service in Meadville, Pennsylvania. Meadville Medical Center is a 235-bed community hospital in northwest Pennsylvania. Schedule will be 7 days on, 7 days off. Daytime shifts at first. Anticipated average patient load no more than 15 patients/day with two hospitalists working each day. Most support specialties available. www.mmchs.org. Contact Danielle Fetting, at: dfetting@mmchs.org; or: 814-333-5701.

SEE THE FIRST PAGE OF THE
CLASSIFIEDS FOR ADVERTISING RATES.

HOSPITALIST, DIVISION OF GENERAL INTERNAL MEDICINE — Department of Medicine, Georgetown University Hospital. Georgetown University Hospital is seeking full-time hospitalist to join the expanding Program of Hospital Medicine. Hospitalists will provide oversight of medical residents as well as provide direct care for patients without resident coverage. Academic rank will be commensurate with prior experience. Interested candidates should forward their CV to: Michael Molineux, MD, Director of Hospital Medicine, Georgetown University Hospital, 3800 Reservoir Road, NW, Washington, DC 20007; Fax: 202-444-5104; mxm27@gunet.georgetown.edu

WASHINGTON, DC, AREA'S PREMIER HOSPITALIST GROUP — Seeks BC/BE hospitalists, nocturnists, and moonlighters for positions in Maryland suburbs. Competitive salary, full benefits, no Visa sponsorship. E-mail CV to: edavidson@originhs.com

NORTH CAROLINA — Hospitalist or IM positions in community with progressive, 104-bed hospital. Just 35 minutes from Pinehurst golf resort and 45 minutes to two hours from beaches, metros. Contact Melisa: 800-764-7497; or e-mail: melisa.ciarrocca@scotlandhealth.org

Infectious Disease

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

ACADEMIC INFECTIOUS DISEASES PHYSICIANS, MEDICAL UNIVERSITY OF SOUTH CAROLINA-CHARLESTON — Candidates sought for Assistant or Associate Professor positions in a rapidly growing ID program (Clinician Educator or Academic Clinician tracks). Experience in HIV, Transplantation, Antimicrobial Stewardship/Nosocomial Infections particularly desirable. Potential duties include ID consult services, outpatient clinics, expanding research opportunities in teaching, and practice settings. Send inquiries and CVs to: J. Michael Kilby, MD; 135 Rutledge Avenue, #1201, MSC752, Charleston, SC 29425; or: mkilby@musc.edu. MUSC is an Equal Opportunity/Affirmative Action Employer.

INFECTIOUS DISEASE — BC/BE Internist specializing in infectious disease to establish a practice and/or associate with an established, busy, expanding practice in Northwest Indiana. Sphere of practice is approximately 30 minutes from downtown Chicago. Guaranteed excellent starting salary with progressive growth leading to partnership. Enclose CV to: Medical Management & Data Services, Attn: Infectious Disease, 9201 Calumet Avenue, Munster, IN 46321.

INFECTIOUS DISEASE GENERALIST — HealthPartners Medical Group is a successful multispecialty physician practice in Minneapolis/St. Paul, Minnesota, central Minnesota, and western Wisconsin. We're recruiting another talented BC/BE Infectious Disease generalist to join our metro-based ID team. This full-time position will provide inpatient and outpatient consultation in teaching and community hospital settings. Clinical expertise and interest in HIV, outpatient IV antibiotic therapy, and immigrant population medicine are preferred. Infection control and antibiotic stewardship skills are a plus. HealthPartners Medical Group offers a rewarding practice with an excellent, competitive salary and benefits package. Apply online at: healthpartners.com/careers; e-mail your CV and cover letter to: lori.m.fake@healthpartners.com, or call: 800-472-4695 x1 for more information. EOE.

FT RESEARCH PHYSICIAN WANTED BY A SAN FRANCISCO AREA BIOTECH COMPANY — To coordinate Phase I trial of an HIV immunotherapy and design adaptive design trials in later phases. Immunologist or Infectious Diseases specialist (BC/BE) preferred. Knowledge of GCP, protocol writing, and management and experience with regulatory affairs a must. May be licensed in any state. Write to: immsciphysician@gmail.com

Internal Medicine (see also FM and Primary Care)

MASSACHUSETTS (ACTON) — BC/BE Internist sought by well-established independent primary care group located 20 miles west of Boston. Collegial atmosphere, suburban environment. Share on-call 1:14. Signing bonus and guaranteed salary leading to Stockholdership. Excellent fringe benefits. Please send CV to: Acton Medical Associates, PC, 321 Main Street, Acton, MA 01720, Attention: Joseph B. Berman, COO; or e-mail to: HR@actonmedical.com. Visit us at: www.actonmedical.com

INTERNAL MEDICINE, MASSACHUSETTS — Physician. Lexington region, west of Boston. Desirable community minutes to Boston. Academic affiliation. Join one of the most well-respected healthcare organizations in the region with more than 500 physicians. Major teaching hospital. Also: Primary Care, Boston suburbs, Waltham and Revere. Massachusetts General Hospital. Join group practices. Outpatient only. Teaching opportunity. Residents rotate. Conveniently located. Harvard@physician-openings.com

INTERNAL MEDICINE/FAMILY PRACTITIONERS — One of Massachusetts' top groups is adding. Sign-on Bonus: \$260k for experienced candidates. Outer Boston suburbs. Stable and growing. Currently seeking talented Internists and Family Practitioners. Progressive environment that fosters balanced lifestyle. Massachusetts@physician-openings.com

INTERNAL MEDICINE, RHODE ISLAND — Physician needed, Providence region. Minutes to Boston. Affiliated with 200-bed facility. Is recognized as one of the finest community acute care hospitals in New England. *Visa sponsorship available. lorileo@neprc.com

INTERNAL MEDICINE, NEW HAMPSHIRE — Physician. Southern New Hampshire. Academic. 36 Patient contact hours. Four-day work week. Outpatient. Light call. Nurse triage takes first call. 12-Physician office. Competitive salary with a two-year guarantee. lorileo@neprc.com

BC/BE INTERNIST NEEDED — To join rapidly expanding high quality multispecialty medical group located in Northern New Jersey with easy access to NYC. We are a level 3 Patient Centered Medical Home with the highest reputation amongst our peers and in the community. We are affiliated with premier medical center in the area. Excellent salary and benefits. Send your CV to: egold@hackensackumc.org; or fax to: 201-666-3919, Attn: Susan F.

INTERNAL MEDICINE — 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 and cover letter to Joan Hagadorn, at: 609-430-9481. No phone calls please.

OFFICE-BASED INTERNAL MEDICINE PRACTICE — In central New Jersey seeks part-time Internists. Flexible hours and sharing basis. Call: 860-539-5092; or fax CV to: 732-529-5961.

LOOKING FOR AN INTERNAL MEDICINE/FAMILY MEDICINE DOCTOR — To join busy traditional practice in Staten Island, NY. Great opportunity. Russian or Polish speaking a plus. Fax your CV to: 718-667-3705; or e-mail to: nikamedicals@yahoo.com

INTERNAL MEDICINE, NEW YORK PHYSICIAN — Albany area. Competitive pay. Four-day work week. Balanced lifestyle! 32 Patient care hours/week. Mainly outpatient. Four physicians and one nurse practitioner. Safe community with excellent home values and wonderful school systems. newyork@physician-openings.com

CLINICIAN EDUCATOR — University of Pittsburgh Medical Center, Division of General Medicine is seeking a full-time Clinician Educator. Position includes both inpatient and outpatient teaching of resident and medical school. Leadership opportunities in specific areas of medical education are also possible depending on the interest and qualifications of the candidate. Send letter of interest and CV to: Wishwa Kapoor, MD, 200 Lothrop Street, 933 West MUH, Pittsburgh, PA 15213; fax: 412-692-4825 or e-mail: Noskoka@upmc.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer. <http://gmwebdev/ewi/dom/dgim/jobs.html>

ERICKSON HEALTH MEDICAL GROUP — Medical Director opportunity: Denver, Colorado. Physician opportunities in Hingham, Massachusetts; Dallas, Texas; Denver, Colorado; Springfield, Virginia; Overland Park, Kansas; and Catonsville, Maryland. If you are seeking an opportunity to practice high quality geriatric medicine with all the support of a company committed to best practices and health care innovation, please consider a position with Erickson Living, America's largest developer of continuing care retirement communities. A job with Erickson provides professional satisfaction, financial security, and a lifestyle unmatched by traditional practice settings. Other Erickson Living locations include Pennsylvania, NJ, and Michigan. Please call: 443-297-3131; or forward your CV/cover letter to: Donna Rachuba, Director Medical Staff Services, e-mail: medproviderops@erickson.com; fax: 410-204-7273. www.ericksonliving.com

INTERNAL MEDICINE PHYSICIAN, SUBURBAN ATLANTA — WellStar Medical Group is seeking full-time BC/BE Internal Medicine Physicians for well-established practice locations covering a five-county service area. Practices are located approximately 25 miles northwest of downtown Atlanta, Georgia. Competitive salary. Comprehensive benefits package to include; malpractice coverage, medical/dental/vision insurance, disability/life insurance, 403b plus defined pension plan, and vacation/sick/CME allowance. WellStar is a non-profit system of five premier hospitals in the Northwest suburbs of Atlanta. WellStar Medical Group is the largest non-academic medical group in Georgia with more than 135 locations employing 700+ medical providers in more than 35 specialties. Also, more than 1,100 affiliated physicians practice within WellStar Health System. To apply to this job, please go to: www.wellstarcareers.org; or contact WellStar Provider Services at: 470-644-0039, for additional information.

NORTHEAST GEORGIA — Board Certified/Board Eligible Internal Medicine physician. Seeking new associate for a thriving 34-physician multispecialty practice. Part of a best practice multispecialty group, located in the foothills of north Georgia, 45 miles northeast of Atlanta. Partnership opportunities, excellent compensation, and benefit package. Please send CV to: physician.recruiting@ngdc.com; or fax to: 779-297-5025.

BUSY CENTRAL FLORIDA PRACTICE NEAR BEACHES — Seeks long term employees to fill internal medicine positions for inpatient and outpatient duties. J-1s welcome. Respond to: janetecody@aol.com

NORTH CENTRAL FLORIDA (OCALA, VILLAGES AREA) — Rural Health Centers/Hospital, Outpatient. BC/BE Internal/Family/Emergency Medicine. J-1/H Visa-waiver area. Competitive salary, bonuses, benefits. E-mail: providers@fmahealth.com; fax: 800-985-9168.

IM/FP — Geriatric fellowship trained preferred, southern Indiana/greater Louisville area. Walking distance from downtown Louisville. J-1 waiver position. Contact: mim@wsmg-lga.com

INTERNAL MEDICINE — Practice big medicine in a vibrant, small community nestled in the heart of Iowa. This physician owned and governed hospital is part of a large, established referral network and enjoys state-of-the-art facilities and equipment with extensive subspecialty support. Marshalltown is close to several major metropolitan cities, which means you can enjoy the idyllic, small town lifestyle with all the benefits of a big city. Family friendly, with one of the highest-rated public school systems in the nation, with McFarland Clinic you can practice unparalleled medicine in the Heartland. Contact Doug Kenner: 866-670-0334; or: dkenner@mountainmed.net

FULL-TIME INTERNIST/FAMILY MEDICINE PHYSICIAN — 40 Miles southwest of Chicago in Joliet to join five-physician practice. Great area and schools. www.wunderlichmd.com. No H-1/J-1 Visas. E-mail resume to: wunderlichmd@yahoo.com

WANTED BC/BE IM/FP DOCTOR — For a busy practice in Kingwood, Texas. Texas license required. H-1 Visas welcome. Contact: 832-213-6953; and send your CV to: Nephrorecruit@renaltouchllc.com

OUTPATIENT INTERNAL MEDICINE OPPORTUNITIES — Stipend and generous Loan Repayment. Flexible practice styles, full-time/part-time. Consensus-based, team-oriented group. Modern facilities equipped with EMR. Innovative approach to health care delivery. Teaching and research opportunities available. Billings Clinic is a multispecialty, physician-led organization and a proud member of the Mayo Clinic Care Network. Located in the magnificent Rocky Mountains in Billings, Montana, this friendly college community has great schools, safe neighborhoods, and family activities. Exciting outdoor recreation minutes from home. 300 Days of sunshine! "Our internists give top-quality care alongside excellent colleagues. Billings Clinic has the best of big-city medicine with a Montana feeling." Eric J. Sabers, MD, Department Chair of Internal Medicine. Contact Rochelle Woods: 800-303-6893; rdwoods@mountainmedgroup.com

SAN FRANCISCO BAY AREA, INTERNAL MEDICINE — North East Medical Services (NEMS) has an excellent opportunity for a board eligible/certified full-time Internist, Med-Peds, Pediatricians, or Family Practitioner. Bilingual in Chinese preferred. NEMS, a comprehensive, multi-specialty practice, has served the SF community for over 40 years. NEMS offers a competitive salary, malpractice coverage, and an excellent benefits package. Located in San Francisco, NEMS is close to major medical and cultural institutions. Please visit our website at: www.nems.org; or e-mail your CV to: Diana.Liang@nems.org

NEJMCareerCenter.org

PRIMARY CARE PHYSICIAN SEEKING QUALITY OF LIFE. CARMICHAEL, CALIFORNIA — FT/PT. BC/BE Family Practice, Internal medicine, Pediatrics, or GP. Monday thru Friday from 8am to 5pm. No nights or weekends. Competitive salary and benefits. Send resume to: 9790621@gmail.com or fax: 866-826-0090.

Nephrology

WANTED NEPHROLOGIST, GREATER BOSTON AREA, MASSACHUSETTS — Long term commitment needed. Only individuals need to apply, no agencies please. Salary and benefits moderate. But future is secure. Apply: yahweh80@yahoo.com

NORTHERN NEW JERSEY — Looking for Clinical-Interventional Nephrologist BC/BE to join well-established 100% nephrology practice. Send CV: melmddbbs@aol.com

TRANSPLANT NEPHROLOGIST — The Division of Nephrology at The Johns Hopkins University School of Medicine is seeking a transplant nephrologist. The candidate should be an MD, MD/PhD who is BE/BC in Nephrology and who is either practicing transplant nephrology or who has recently completed a transplant nephrology fellowship. Applicants should mail or e-mail his/her curriculum vitae and letter of interest to: Dr. Hamid Rabb, 720 Rutland Ave, Room 965, Baltimore, MD 21287; or: HRabb1@jhmi.edu

NEPHROLOGY OPPORTUNITIES NATION-WIDE — Excellent compensation, benefits with partnership. For additional information, call: Martin Osinski, NephrologyUSA, 800-367-3218. E-mail: mo@nephrologyusa.com; website: www.NephrologyUSA.com

INDIANAPOLIS — Third Nephrologist for thriving pure nephrology practice. Strong Peritoneal Dialysis Program. Partnership track. Excellent metropolitan and university city. Resume: drajain1@yahoo.com

IMMEDIATE OPENING IN SUNNY TUCSON ARIZONA — For a BE/BC ASDIN Certified Interventional Nephrologist to join a well-established seven-physician, very busy, nephrology practice with Vascular Center. Candidate with J-1 Visa status will be considered. Competitive salary and benefits leading to partnership. E-mail CV to: clunceford@renalcareaz.com

Neurology

THE BERKSHIRES, WESTERN MASSACHUSETTS — Berkshire Health Systems is currently seeking BC/BE Neurologists, both General Neurology as well as fellowship training in Epilepsy, to join our growing four-physician, patient focused practice. Shared call arrangement allows for a perfect balance of both professional interests and personal commitments. Competitive salary/benefits package, including productivity option and relocation. Excellent opportunity to live and work in an area known for its diverse cultural and recreational activities, just 2-3 hours from both Boston and New York City. Please contact: Antoinette Lentine, Berkshire Health Systems, 725 North Street, Pittsfield, MA; 413-395-7866; or apply online at: www.berkshirehealthsystems.org

LINKING PHYSICIANS WITH POSITIONS. NEJM RECRUITMENT ADS WORK.

Nuclear Medicine

NUCLEAR MEDICINE RESIDENT — Unexpected opening for a trainee in our ACGME approved program for a 07/01/14 start. Contact: Dr. Richard Wahl, Director of Nuclear Medicine, 601 North Caroline Street, JHOC 3223, Baltimore, MD 21287; fax CV to: 443-287-2933; or e-mail to: asimich@jhmi.edu. Johns Hopkins is an Equal Opportunity/Affirmative Action Employer committed to diversity in the workforce.

Pediatrics, General (see also Primary Care)

KENTUCKY — Current openings exist for BE/BC Pediatricians. These openings are located in Hardin and Nelson Counties, Kentucky. Excellent salaries and full benefit packages are included. Interested candidates should e-mail their CVs to: Stephen Lobb, Etown Pediatrics, at: aaby2631@yahoo.com

Primary Care

MASSACHUSETTS — Wrentham Dev. Center, residential facility. Shriver Clinical Services seeks PC Physician consultant 1-2 days/week to provide medical care to adults with intellectual disabilities. On-grounds group practice of MDs/NPs. E-mail CV to: Suzanne.Cavallari@state.ma.us

MASSACHUSETTS GENERAL HOSPITAL — Is seeking internists for its Primary Care network. We are dedicated to becoming patient-centered medical home practices, to offer competitive salary and extraordinary benefits, medical school loan repayment for qualified candidates, allowance for CME activities, and opportunities to work on exciting practice transformation projects. Qualified candidates are eligible for formal academic appointment through Harvard Medical School and MGH staff appointment. Not a J-1 Visa opportunity. E-mail CV to: edelaney@partners.org

ARE YOU A CANCER SURVIVOR (OR, WOULD LIKE TO CARE FOR CANCER SURVIVORS) — Seeking a rewarding position in a primary care practice? Unique opportunity for a primary care physician. Our practice is expanding to create the first primary care cancer survivorship program in the region. Join a new kind of practice designed for cancer survivors, led by a cancer survivor who has practiced quality primary care for 25 years. This well-established multispecialty group is located in Springfield, Massachusetts and Enfield, Connecticut. Part or full-time. Outpatient call by telephone only, shared among 12 primary care providers. Independent hospitalists provide inpatient care. Excellent benefits package. Early partnership is the goal. Relocation consideration available. Dr. Jay Burton, DO, at: jburton@springfieldmed.com

LOWER WESTCHESTER COUNTY, NY — Unique opportunity with a large, prestigious, Mount Sinai affiliated multispecialty practice 25 minutes north of Manhattan. The position is office based with minimal hospital or call responsibility. Offers excellent compensation and lifestyle. E-mail resume to: contact@docsmcmedical.com or fax: 914-725-0008.

GHPMA, A MULTISPECIALTY GROUP (119 PHYSICIANS) — Offering a wide variety of diagnostic services is seeking Primary Care Physicians. GHPMA centers/offices are located in pleasant suburban areas of North Houston. Interested candidates please contact Kendyl Parker at: 713-249-4204; kendylparker@yahoo.com

Advertise with NEJM CareerCenter

Pulmonary Disease

PULMONARY CRITICAL CARE AND CRITICAL CARE PHYSICIANS, BOSTON REGION — Admired Academic facilities in the region. Excellent earnings potential and comprehensive benefits package. Two openings: one Critical Care only. 300-Bed hospital. Also: Pulmonary/Critical Care opening join two others. Excellent earnings potential and comprehensive benefits package. LoriLeo@neprc.com

PULMONARY/CRITICAL CARE/SLEEP, CONNECTICUT — Largest multispecialty group in the state. Two-year employed position plus productivity incentives leading to partnership. Suburban, family friendly community southwest of Hartford. Very competitive salary and comprehensive benefits. lorileo@neprc.com

PULMONARY PHYSICIAN NEEDED — For expanding pulmonary group in Suffolk County, Long Island. Traditional pulmonary practice including inpatient, outpatient, critical care, and sleep if desired. Base hospital is a Magnet Hospital with excellent support services. Hospitalist and critical care physicians available in the hospital at all times. Partnership track, three years. E-mail letter of interest and resume to: drkvo1@yahoo.com

PULMONARY/CRITICAL CARE PHYSICIAN — McAllen, Texas. Fantastic opportunity for BC/BE PCCM. Sleep available. We look for candidate highly motivated to practice CCM. Presently four BC MDs, one PhD, one NP, serving two hospitals with closed med/surg ICU's. New med school with residency programs. Academic involvement if desired. Complete PFT lab (CPX). In-office US.PH treatment. Pleuroscopy, EMNB, EBUS, thermoplasty, and more. 10-Bed accredited sleep center. Highly competitive salary w/benefits/production bonus. Visit at: www.sleepdrs.com. E-mail CV to: ecomp@sleepdrs.com

Radiology

THOMAS JEFFERSON UNIVERSITY IN PHILADELPHIA, PENNSYLVANIA — Seeks Staff Radiologists at the Assistant Professor level to provide primary coverage from 6 pm to 4 am in the Emergency Department, with daytime coverage in subspecialty areas, and classroom teaching, as assigned. Position includes clinical duties and classroom teaching of medical residents/fellows/medical students. Qualified candidates must have MD or foreign equivalent, American BC/BE Diagnostic Radiology, passage of USMLE 1, 2, 3, and Pennsylvania medical license or eligibility. Preference given to candidates with fellowship training in at least one subspecialty. Send resume to: Vijay.Rao@jefferson.edu

Rheumatology

MAINE — Central Maine Medical Center, a multispecialty regional referral center, is looking for a BC/BE Rheumatologist to join its well-established employed practice. We work collaboratively with a skilled network of medical specialists, receive referrals from a large base of primary care physicians, and have an active infusion center. Interest in diagnostic and procedural ultrasound is a plus! Central Maine's location is ideal as we are close to the ocean, lakes, and mountains, offering unlimited recreational possibilities. Interested candidates, send CV or call: Julia Lauer, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240. Fax: 207-795-5696; e-mail: JLauer@cmhc.org; or call: 800-445-7431. Not a J-1 opportunity.

RHEUMATOLOGIST — Prestigious multispecialty practice in desirable NJ university town with multiple locations seeking BC/BE Rheumatologist. Excellent opportunity leading to partnership. Fax CV and cover letter to Joan Hagadorn, at: 609-430-9481. No phone calls please.

RHEUMATOLOGY, NEW YORK, HUDSON VALLEY — Southern region, less than one hour to NYC. Successful, expanding multispecialty group of 120 providers. Practice 100% Rheumatology along with one other Rheumatologist. Partnership track. lorileo@neprc.com

Urgent Care

URGENT CARE, MASSACHUSETTS, CAMBRIDGE — Harvard affiliated. Leadership and Clinical opportunities. Outpatient only. \$190k+ Starting salary. Full-time position. Walk-in urgent care center. Average 33 hours/week. Patients low acuity. Package is comprehensive. Harvard@physician-openings.com

Chiefs/Directors/Dept. Heads

MEDICAL DIRECTOR/UNIT CHIEF, MGH — Harvard academic facility. Oversight and management of 18 physicians, five NPs, 24 residents. Total staff of 80. Harvard appointment. Lori Leo, has been asked by MGH to confidentially screen for this position and is available to speak at: 781-829-2250; lorileo@neprc.com

MEDICAL DIRECTOR, ADULT AMBULATORY CARE, RHODE ISLAND HOSPITAL — The Principal Teaching Hospital of the Warren Alpert Medical School of Brown University. Providence, RI. Reports to the Chief Medical Officer. Physician leader responsible for adult ambulatory patient services provided by Rhode Island Hospital. The position requires oversight, coordination, and integration of primary care and subspecialty clinics providing services in our ambulatory settings. Call: 401-444-7284, with any inquiries or send CV to: mhamler@lifespan.org

CHIEF MEDICAL DIRECTOR OPPORTUNITY IN CENTRAL ND, FP WITH OB — Large health-care organization looking for a Chief Medical Director. Traditional practice with phenomenal salary and comprehensive benefits. Live in a beautiful community with lakes, golf courses, performing arts venues, and more. Urgent need. OB required, C-sections optional. Clinic M-F, 8am-5pm; light call of 1:13. Call Johnna Freud at: 203.663.9406 or e-mail: johnna.freud@comphealth.com

Graduate Training/ Residency Programs (see also Related Specialties)

BOSTON, MASSACHUSETTS — WikiDoc.org seeks applicants for a research fellowship in medical education/clinical research. No salary, requires J-1 research Visa. Visa sponsorship offered. Contact Meg Ford at: mdford@bidmc.harvard.edu

Advertise in NEJM and keep it confidential.

For an additional \$75 a week, we'll assign a confidential reply box number to your ad. See the first page of the classifieds for rate and issue date information.

FELLOWSHIP IN CARDIOVASCULAR EPIDEMIOLOGY — National Heart, Lung, and Blood Institute's Framingham Heart Study. Research fellowship for internal medicine and/or subspecialty trained physicians. Offered through Boston University School of Medicine to train fellows in cardiovascular epidemiology and genetic epidemiology research, including participant examination, data collection as well as analysis, presentation and publication of research data. Personal mentorship by senior investigators interested in clinical cardiovascular disease, subclinical disease imaged by ultrasound and CT scanning, and genomics. Send CV, two recommendation letters to: Barbara Inglesse, Framingham Heart Study, 73 Mount Wayte Avenue. Framingham, MA 01721; 508-935-3451; bji@bu.edu

Practices For Sale

INTERNAL MEDICINE, SEATTLE — Searching for Mavericks. Solo practice for sale, physician retiring. Mix is 80%/20% female/male and the majority of the patients prefer female physicians. Lovely spacious office could accommodate 2 or 3 physicians, turn-key condition, five miles north of Downtown. Free parking, easy freeway access. Contact: tlaw@thereselawmd.com

QUESTIONS ABOUT YOUR AD?
CALL NEJM CLASSIFIED ADVERTISING
AT (800) 635-6991.

Faculty Position in Nephrology

The Renal Service at Memorial Sloan-Kettering Cancer Center is recruiting a full-time clinical nephrologist at the Assistant or Associate Professor level.

Applicants must be board certified in Internal Medicine and board eligible/certified in Nephrology. The candidate will join a growing team providing care to patients with renal complications of malignancies and their treatment. Responsibilities will include patient care, teaching, clinical research and mentoring of sub-specialty fellows. Clinical responsibilities will involve inpatient consultations and outpatient care. The candidate should have a strong interest and training in patient oriented clinical research with a focus on acute kidney injury, chronic kidney disease or other renal co-morbidities associated with malignancies and their treatment.

A competitive salary and benefits package are included. Interested candidates should submit a statement of academic interests, curriculum vitae and the names of three references to:

Edgar A. Jaimes, M.D., Chief, Renal Service
Box 430, Memorial Sloan-Kettering
Cancer Center, 1275 York Avenue
New York, NY 10021

or by e-mail to: MessingaN@mkscc.org
MSKCC is an equal opportunity employer with a strong commitment to enhancing the diversity of its faculty and staff. Women and applicants from diverse racial, ethnic and cultural backgrounds are encouraged to apply.

HOSPITALISTS

St. Peter's Health Partners, via its affiliated member hospitals (St. Mary's, Albany Memorial, and Samaritan hospitals) is seeking applicants for several new, full-time, Hospitalist positions that became available on January 1, 2014. We are excited to offer these new, directly-employed positions with flexible scheduling, and have needs for all shifts and schedules. These are exciting opportunities to join existing practices as they transition from third party employment to direct employment with our expanding health system.

Candidates should be Board Certified in IM or FP. 1-5 years experience as a Hospitalist is preferred. Must possess excellent clinical, communication, and time management skills, along with a strong commitment to providing excellent care that is team oriented. We offer competitive base and premium hourly rates, with production and quality bonuses. Excellent benefits are offered, including health/vision/dental, paid malpractice, CME allowance & expense, and retirement savings programs. Relocation assistance is available. Sign on and retention bonuses are also available.

Albany, located at the heart of NY's Capital Region, is a medium-sized area offering all the amenities of a larger urban area in a beautiful, scenic, and affordable setting. The region has excellent year-round outdoor recreation, including golf, water sports, camping, hiking, and skiing. It offers a wealth of cultural offerings and activities, including several renowned museums and theaters, fine dining, and a year-round events calendar of music and sporting events. Excellent public and private schools are available, as are affordable homes and reasonable taxes. Higher education opportunities abound in our region and we are part of NY's Tech Valley. The Capital District is a short drive from beautiful Saratoga Springs, and the scenic Adirondack, Berkshire, and Catskill mountains.

Find out more and apply online at
www.sphp.com/employment

These are not J-1 or HI-B visa opportunities.



ST PETER'S HEALTH
PARTNERS



Advancing Health. Advancing Care.

Advancing Careers

Winchester Hospital is the northwest suburban Boston area's leading provider of comprehensive health care services. It was named a top hospital by both *U.S. News and World Report* and *Beckers Hospital Review* in 2012-2013.

We are seeking talented physicians to join our award-winning team in the specialties of:

- OB-Gyn
- Primary Care:
 - Internal Medicine
 - Family Medicine
 - Pediatrics
- Neurology
- Rheumatology
- Hospitalist



For information, contact Kate Lane, CMSR
Physician Recruitment Manager at klane@winhosp.org (email)
781.756.2116 (Phone) | 781.756.7274 (Fax)
1021 Main St., 2nd Floor, Winchester, MA 01890

THIS PLACE IS AMAZING

So is the difference **you** can make.

HOSPITALISTS OPPORTUNITIES Great Compensation Package Offered!!

Greenville Health System (GHS), the largest healthcare provider in South Carolina, seeks BC/BE Internal Medicine Physicians interested in opportunities as Hospitalists. Details include:

- 12 hour shifts, 7 days on/7 days off
- No outside call or outpatient work
- Salary (2 levels) based on experience
- Incentive bonus based on process improvement, patient satisfaction, billing compliance and citizenship
- Additional shifts above base paid at a premium based on location and shift
- Comfort managing critically ill patients
- IM procedures highly recommended, simulation center training available as needed (placement of central lines, etc.)
- IM residency supervision a plus
- Engagement in hospital functions, including committees, required
- Must be a team player with a strong work ethic
- Vertical advancement available

GHS employs over 11,000 people, including 700 physicians on staff. Our system includes clinically excellent facilities with 1,358 beds on 6 campuses. We offer 14 residency and fellowship programs and a new 4-year medical education program. We are a designated Level 1 Emergency Trauma Center and also have a separate research facility. Greenville, South Carolina is a beautiful place to live and work and the GHS catchment area is 1.3 million people.

Please submit letter of interest and current CV to: Kendra Hall, Senior Physician Recruiter, kbhall@ghs.org. Ph: 800-772-6987.

No sponsorship available at this time. GHS is an equal opportunity employer.



GREENVILLE
HEALTH SYSTEM

Internal Medicine Opportunities Primary Care

Lexington

Lahey Hospital & Medical Center's division of Primary Care is recruiting for BC/BE Internist for their site in Lexington. Consisting of 6 physicians and one advanced nurse practitioner, the practice has been delivering care to patients of Lexington and surrounding communities since 1972. Providing 100% outpatient care to their patients, the physicians admit to Lahey Hospital & Medical Center in Burlington utilizing the Hospitalist model. Call is shared among the 6 physicians in the group. The Lexington practice provides care in conjunction with the physicians of Lahey Hospital & Medical Center in Burlington as well as the many sub-specialists located on site in Lexington.

Our physicians provide top-quality primary care working within local communities throughout northeastern Massachusetts, while having access to Lahey's world-renowned medical centers and physicians in Burlington, Lexington and Peabody. Lahey Clinic is a physician-led, nonprofit group practice providing quality health care in virtually every specialty and subspecialty, from primary care to cancer diagnosis and treatment to kidney and liver transplantation. The Lahey Clinic health care system is comprised of medical centers in Burlington, Lexington, and Peabody, Mass., as well as more than a dozen community primary care and satellite specialty care locations throughout northeastern Massachusetts and southern New Hampshire.

For more information or to apply, please send your letter of intent and CV to:

Joan Patriakeas
138 Conant Street
Beverly, MA 01834
Joan.E.Patriakeas@Lahey.org

We are an Equal Opportunity Employer proud to reflect the diverse communities that we serve.

Community Health Network is seeking exceptional physicians interested in practicing in a progressive, integrated, community-minded setting. We are pleased to offer a number of **primary and specialty** opportunities within our expanding network. **Community Health Network's** full continuum of care integrates over **550 physicians, 8 specialty and acute care hospitals, 9 surgery centers**, home care services, urgent care clinics, behavioral health and employer health services throughout Central Indiana.

Learn More & Join Us:

- Physician-led organization
- Multi-disciplinary collaborative relationships, including **MD Anderson Cancer Network** (MD Anderson certified oncologists on staff)
- Patient-Centered Medical Home (PCMH) model
- Built-in referral network via robust EMR (EPIC)
- Largest network of primary care physicians in the state
- Competitive compensation and benefits package, including incentives
- Board certification or board eligibility required

Founded in 1956, we are a physician-led, non-profit health system ranked among the nation's most integrated healthcare systems; our physicians are well supported not only by each other, but also by facilities, technologies and a culture that addresses their patients' needs at every step.

For more information about our opportunities and network, visit:

www.ecommunity.com/physicianrecruitment

Wake Forest Baptist Medical Center (WFBMC) is seeking an outstanding physician-scientist to serve as the Tinsley R. Harrison Chair of the Department of Internal Medicine. As the academic, administrative and research leader for the department, he/she is responsible for the department's fiscal affairs and efficient resource utilization, faculty recruitment and development, and strategic growth of quality research services.

Candidates must have the following qualifications:

- **Certification (and ideally subcertification) by the American Board of Internal Medicine (ABIM)**
- **M.D. or M.D./Ph.D.**
- **Eligible for NC license**
- **Have demonstrated record of research funding in Internal Medicine**
- **Substantial administrative expertise**

The Department consists of twelve Sections and totals over 260 faculty members in the Sections on Cardiology; Endocrinology and Metabolism; Gastroenterology; General Internal Medicine; Gerontology and Geriatric Medicine; Hematology and Oncology; Hospital Medicine; Infectious Diseases; Molecular Medicine; Nephrology; Pulmonary, Critical Care, Allergy and Immunology; and Rheumatology.

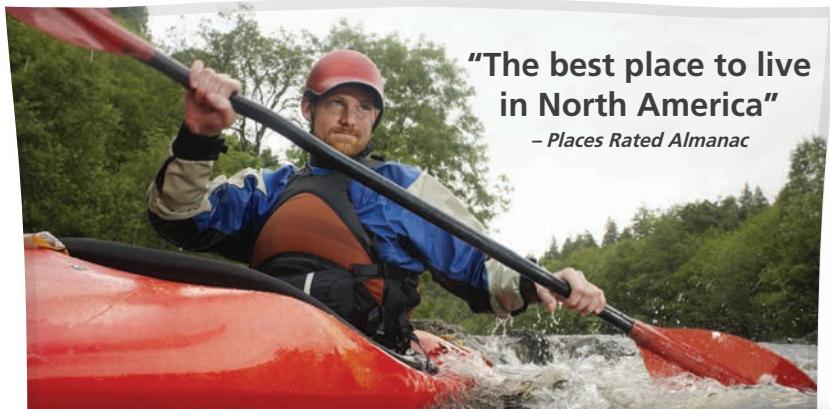
The outstanding reputation of the Department of Internal Medicine continues to be sustained by substantive extramural funding from agencies, such as the National Institutes of Health (NIH). In the last available rank of U.S. Departments of Medicine by NIH funding, our Department was ranked 42nd.

Winston-Salem, North Carolina, with a population of approximately 225,000, is home to WFBMC. The city is nestled in the northwestern region of North Carolina, within easy driving distance to the beautiful Blue Ridge Mountains and the pristine beaches of North Carolina.

Wake Forest Baptist Medical Center is an affirmative action and equal opportunity employer with a strong commitment to achieving diversity among its faculty and staff.

Interested candidates should submit their CV and letter of interest to:

J. Wayne Meredith, M.D.
c/o Cindy Warlick
cwarlick@wakehealth.edu



"The best place to live in North America"

– Places Rated Almanac

Utah has no shortage of outdoor adventure. It's also home to one of the best healthcare networks in the nation. We are recruiting for those looking for better opportunities and a better life.

Cardiology | Dermatology | Endocrinology | Family Medicine | Gastroenterology
Geriatrics | General Surgery | Hematology | Hospitalist | Internal Medicine
Neuro-Hospitalist | Neurology | OB/GYN | Orthopedic Oncology
Orthopedic Spine | Orthopedic Trauma | Pediatrics | Psychiatry
Pulmonary/Critical Care | Rheumatology | Sleep Medicine | Urogynecology



For more information please contact us at:

physicianrecruit@imail.org | 800.888.3134 | PhysicianJobsIntermountain.org



The Louis Stokes Cleveland Department of Veterans Affairs Medical Center and The Division of Hematology and Oncology, seeks an outstanding BC/BE Hematologist/Oncologist interested in pursuing an academic career in benign hematology/thrombosis and hemostasis.

The individual will have a clinical practice at the VA Medical Center with an academic focus in hemostasis and thrombosis, involving the education of fellows, residents and medical students. The individual will also be expected to provide care to patients with a broad range of hematologic and oncologic conditions.

Candidates should be qualified for the Assistant Professor rank, and must be board eligible or certified in Hematology and Oncology. Applicants should have evidence of academic excellence, including evidence of contemporary peer-reviewed publication, and presentation of research at national meetings.

Position will be 8/8ths full-time VAMC. Thriving opportunities for collaborative interdepartmental clinical research activities create a superb academic environment.

Interested candidates should submit their curriculum vitae to the Federal Government's Official Jobs Site at <http://www.usajobs.gov> Referencing

Vacancy Identification Number: 1061868
EOE.



NON-INTERVENTIONAL CARDIOLOGIST

The Ochsner Health System's Department of Cardiology is seeking a Board Certified/Board Eligible Non-Interventional or Non-Invasive Cardiologist to join our Cardiology practice at Ochsner Medical Center Kenner, a suburb of New Orleans, Louisiana. The successful candidate will have the opportunity to join three other interventional cardiologists in an established dominant multispecialty group and will be able to employ a full range of Cardiology skills. Fluency in Spanish is desirable but not required.

The newly recruited cardiologist will also have the opportunity to develop and grow an outreach cardiology practice along the I-10 corridor between New Orleans and Baton Rouge, serving two community hospitals with whom we have a preferred provider agreement. The call rotation will be 1 in 4, in rotation with the other partners.

Ochsner Medical Center Kenner is a 125-bed acute care teaching hospital with a new cardiac catheterization laboratory and a dedicated peripheral vascular suite. A cardiovascular hospitalist is available to help coordinate and manage inpatient care. There is a tremendous growth opportunity to expand this established subspecialty practice with the support and encouragement of experienced colleagues. The Ochsner Department of Cardiology includes 41 cardiovascular physicians working together to achieve the best possible patient access, satisfaction, and outcomes. We are perennially recognized as one of the top Heart and Heart Surgery programs by *US News & World Report* as well as *Thomson Reuters*.

Ochsner Health System is a physician-led, non-profit, multi-specialty healthcare delivery system dedicated to patient care, research, and education. Our mission is to Serve, Heal, Lead, Educate and Innovate. The system includes 10 hospitals and more than 45 health centers throughout Southeast Louisiana while employing over 900 physicians representing all major medical specialties and subspecialties. Please visit our website at: www.ochsner.org.

New Orleans is a cosmopolitan, historic city with unique architecture, multiple medical schools and academic centers, professional sports teams, world-class dining and cultural interests, and world-renowned live entertainment and music.

Interested physicians should email their CV to profrecruiting@ochsner.org for review by Christopher J. White, M.D., FSCAI, FACC, FAHA, FESC, Director, John Ochsner Heart & Vascular Institute.
Information: (800) 488-2240. Ref. #ANONIC01. EOE.



Sorry, no J1 visa opportunities available.

HEALTH SERVICES PHYSICIAN Department of Vermont Health Access, Blueprint for Health

Would you like to become a key member of a team helping to lead the way in statewide healthcare reform? The Vermont Blueprint for Health has an immediate opening for a Health Services Physician located at our central office in Williston, VT. In this high-level role, you will work with an experienced, engaged, and passionate team on innovations in healthcare delivery and payment reform.

The Blueprint team seeks a physician with experience and expertise in health services research with a focus on analyzing and using complex data sets to advance comprehensive health reforms. The successful candidate should demonstrate considerable knowledge of healthcare delivery systems; show strength as a health services researcher; know how to use data for quality improvement; understand population-based health strategies; and demonstrate creative thinking around how best to effect change across the spectrum of health and human services.

This position requires frequent in-State and occasional out-of-State travel. For more information, please contact **Craig Jones M.D.** at 802-879-3988, or email craig.jones@state.vt.us

Additional information on the Blueprint can be found in our Annual Report at:

<http://hcr.vermont.gov/sites/hcr/files/pdfs/VTBlueprintforHealthAnnualReport2013.pdf>

The position is posted at:

<http://humanresources.vermont.gov/careers>
Job posting #614056.

Medical Careers

Provide health care to military personnel, beneficiaries and their families at hospitals and clinics worldwide.



- ▶ Opportunities Worldwide
- ▶ Exceptional Benefits
- ▶ Rewarding Careers
- ▶ Flexible Work Schedules
- ▶ Patient Focused Care

CivilianMedicalJobs.com



Army Medicine Civilian Corps employees are not subject to military requirements such as "boot camp," enlistments or deployments. Equal opportunity employer.

Hospitalists If You're the Best, why not Join the Best?

The Albany VA Medical Center located in Albany, New York is seeking Hospitalists for full-time, part-time and intermittent staff positions for overnight, weekend and holiday shifts. We are seeking candidates with excellent clinical, leadership and communication skills and experience in the full range of general post-operative surgical care.

Duties include care of surgical patients to include ICU and patients on the inpatient wards in close communication and consultation with the on-call attending surgery staff, as well as evaluation and admission of patients from the ED. The Albany VAMC ED does not see trauma patients.

The Albany VA offers competitive salaries, pay for performance and an excellent federal benefits package. A recruitment incentive may be authorized for highly qualified candidates. The Albany VA is located near the pristine Adirondack Mountains and situated between New York City, Boston and Montreal. Albany New York offers the versatility of a big-city and outdoor enthusiast's dream.

Requirements: Board Certified or Board Eligible in Internal Medicine or Surgery, U.S. Citizenship, current, full, unrestricted license to practice medicine or surgery, and proficient in written and spoken English.

Interested candidates who wish to inquire about this opportunity may contact:

Bobbie Kirsch at 518-626-7091 or bobbie.kirsch@va.gov

You may also apply online at www.usajobs.gov, Vacancy ID 1041169



Start the healthcare career of a *Lifetime*

Rheumatologists

Dartmouth-Hitchcock's Section of Rheumatology is seeking up to 2 Rheumatologists to work at Dartmouth-Hitchcock Medical Center in Lebanon, NH. Candidates must be Board Certified in Rheumatology and experienced in clinical care and have evidence of achievement, training and interest in clinical or translational research. Candidates who have the potential for establishing an independent research program are desirable.

The Rheumatology Section has a long history of clinical and research excellence, as well as fellowship training at both Dartmouth-Hitchcock Clinic and the White River Junction VA Hospital in VT. These positions include benefits commensurate with FTE and a faculty appointment at the Geisel School of Medicine at Dartmouth at a rank of Assistant or Associate Professor. Full-time and part-time will be considered.

Dartmouth-Hitchcock Medical Center is a state of the art facility located in the Upper Valley of New Hampshire. This is a vibrant community offering excellent schools and an outstanding quality of life in a beautiful, rural environment. Candidates should submit a cover letter and curriculum vitae electronically to the Search Chair:

Richard I. Enelow, MD
Professor of Medicine and
Microbiology/Immunology
Dartmouth-Hitchcock Medical Center
One Medical Center Drive, Lebanon, NH 03756
rheumatologist@dhphysicians.org



Dartmouth-
Hitchcock



GEISEL
SCHOOL OF
MEDICINE
AT DARTMOUTH

Dartmouth-Hitchcock Clinic is an Equal Opportunity/Affirmative Action employer and encourages applications from women and members of minority groups.

www.dartmouth-hitchcock.org



University of Michigan
Health System

ACADEMIC HOSPITALIST UNIVERSITY OF MICHIGAN

The University of Michigan, Division of General Medicine seeks BC/BE internists to join our expanding Academic Hospitalist Group. Duties include teaching, providing direct patient care, and involvement in quality improvement and patient safety initiatives. Unique inpatient specialty practice concentrations available. Prior training or clinical experience at a major academic medical center is preferred. Research opportunities and hospitalist investigator positions are also available for qualified candidates. Successful candidates will receive a faculty appointment at the University of Michigan Medical School. Excellent benefits and compensation package with guaranteed salary plus incentive bonuses. Relocation support provided.

LOAN FORGIVENESS PROGRAM: An educational loan forgiveness program provides up to \$50,000 in loan forgiveness for qualifying educational loans.

The University of Michigan is an equal opportunity/affirmative action employer and encourages applications from women and minorities.

Send cover letter and CV to:

Laurence McMahon, M.D., MPH
Chief, Division of General Medicine
2800 Plymouth Rd, B16, Rm 430W
Ann Arbor, MI 48109-2800
FAX: 734-936-8944
squigley@umich.edu

To inquire please contact:

Scott Flanders, M.D.
Director, Hospitalist Program
Department of Internal Medicine
734-647-2892
flanders@umich.edu

Visit our website:

<http://www.med.umich.edu/intmed/hospitalist/index.html>

Here is Where

Your Career in Medicine Advances



Mary Washington Healthcare

Fredericksburg Hospitalist Group is a privately owned group of 22 physicians located 50 miles south of Washington D.C. and 50 miles north of Richmond, VA. We are looking for qualified board certified internists and family practitioners to join our dedicated group of hospitalists that serve Mary Washington Hospital and Stafford Hospital, located just 10 miles apart.

With an attractive benefits package that includes a sign-on bonus, CME funding, health insurance, malpractice insurance, tail coverage, short and long-term disability, a manageable daily census, partnership track and 7 on, 7 off shifts, you'll find it all right here.

Mary Washington Healthcare
is HERE for You.

Learn more and apply online at
www.MWHCHospitalist.com.



Mary Washington
Healthcare

ECE

www.MWHCHospitalist.com

Change lives. Starting with your own.

Hospitalists - Wisconsin

Aspirus is a nationally recognized health system based in Wausau which is located in the center of Wisconsin. Our system and service area extends from beautiful central and northern Wisconsin into the majestic lake shore regions of the Upper Peninsula of Michigan. With more than 6,000 employees and a world-class consortium of more than 500 providers, we provide a higher level of care to some of the most wholesome, family-focused communities you will find.

Seeking Employed Hospitalists:

- Opportunities to practice hospitalist medicine in Antigo and Wausau, Wisconsin.
- Competitive Salary and benefit package
- Other benefits include potential for residency stipend, loan repayment and sign-on bonus.
- Low cost of living, low crime rate and minimal traffic congestion
- Enjoy top-notch school systems

North Central Wisconsin is a great place to raise a family and make it easy to get the most out of your life outside of a clinical setting.

Details at AspirusProviderOpps.org.

Contact Amanda Krueger at
Amanda.Krueger@aspirus.org
or 800-792-8728



ASPIRUS
Passion for excellence. Compassion for people.

PHYREC-100

THE ROCKEFELLER UNIVERSITY CTSA PHYSICIAN SCIENTIST PERFORMING PATIENT-ORIENTED MEDICAL RESEARCH

The Rockefeller University seeks an outstanding physician scientist to lead a molecular medicine program that includes patient-oriented research protocols in the NIH CTSA-supported Center for Clinical and Translational Research at the University's research hospital. We encourage applications in all areas of patient-based research; current areas include human genetics, cancer biology, vascular biology, dermatology, metabolic disease, substance abuse, infectious disease, digestive disease, immunology, physiology and pharmacology.

Applications are being accepted electronically through our Online Application System at <http://oas.rockefeller.edu>. Applicants should follow the online application procedure and select *Medical Sciences, Systems Physiology and Human Genetics* as the field of study in the Professional Information section.

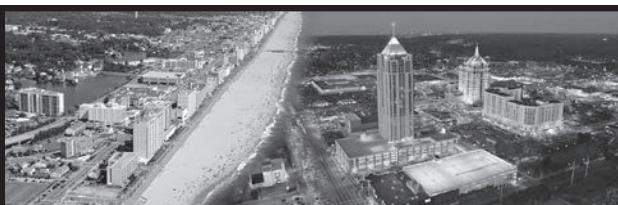
The deadline for application submission is April 18, 2014.

If you have questions regarding submitting an application, please contact our Administrator at facultysearch@rockefeller.edu.

More specific information regarding our current search can be found at www.rockefeller.edu/facultysearch.

The Rockefeller University is an Affirmative Action/Equal Opportunity/VEVRAA Employer and solicits applications from women and under-represented minorities.





Are you Looking to Join an Innovative Healthcare System in a Vibrant Region? Look No Further than Sentara Medical Group. Quality. Transformation. Innovation.

Sentara Medical Group brings together more than 600 primary care and specialty providers to care for patients across Virginia and Northeastern North Carolina – a beautiful and temperate region of Atlantic Ocean and Chesapeake Bay beaches, rivers and historical areas. We are a division of Sentara Healthcare, one of the most progressive integrated health care organizations in the nation.

Additional benefits include:

- Competitive Compensation & Benefits
- Administrative Support
- Reduced Individual Risks
- Access to Innovative Tools & Technologies
- The Support and Resources of a Broad-Based, Fiscally Sound, Nationally Recognized System

We are looking for:

- Pulmonary and Critical Care Physicians in Hampton and Williamsburg, VA.
- Outpatient Primary Care and Specialty Physicians:
 - Family Medicine
 - Urgent Care
 - Dermatology
 - Endocrinology
 - Rheumatology
- Neurosurgery In Virginia Beach, VA.



Scan the QR Code to Learn More About Sentara Medical Group

Your future is waiting. Contact Us Today.
Lisa Waterfield, Physician Recruiter Specialist
lmwaterf@sentara.com | (757) 252-3025



www.smgrecurring

EOE M/F/D/V • A Drug Free / Tobacco Free Workplace

Practice in Beautiful Upstate New York

Opportunities at Over 40 Hospitals

Visit the Upstate NY Physician Recruiters website to easily search and apply for positions throughout Upstate NY.

Learn directly from in-house recruiters about all specialties and practice models. Enjoy an excellent quality of life in one of many cities and towns. Our diverse communities offer rich family lifestyles, with abundant cultural opportunities and outdoor activities.



+ Indicates member hospital/health network

www.NYPhysicianCareers.org
info@unypr.org



Hospitalist

Full-time, Part-time & Per Diem Opportunities

South Shore Hospital/Coastal Medical Associates

offers an outstanding program for hospitalists who enjoy practicing medicine in a collegial environment.

Enjoy:

- excellent consultant staff
- support of Magnet level nursing department
- opportunity to teach Tufts medical students
- research opportunities through IRB
- named to the Top 100 Places to Work/Boston Globe past 3 years
- flexible schedules to balance home and work life



South Shore Hospital

southshorehospital.org

Our Hospitalist program offers a highly competitive salary and benefits package including an incentive program that includes bonuses for teamwork, quality, and productivity.

- 24-7 Hospitalist program with 40 employees including 6 midlevel providers
- Full-time 17 10-hour shifts per month
- Night duty minimal with coverage supplemented by 3 Nocturnists and per diem Physicians
- Average Census 165 with 11 Rounders and co-Management with midlevel providers
- Regional Care with our Cardiovascular Center with 3 EP Physicians, DFCI Cancer Center, Bone and Joint Center, 2 ED Observation Units, Level 2 Trauma Program, and 60 new private beds

An equal opportunity employer

TO APPLY FOR A HOSPITALIST POSITION, OR TO LEARN MORE ABOUT US, PLEASE VISIT www.southshorehospital.org



BestCare for a Lifetime™

Medical Director Ambulatory Services

If you're an accomplished leader and clinician seeking an exciting opportunity to oversee a multi-site ambulatory service within a nationally recognized healthcare system, we can make that happen.

Saint Francis Care, an innovative leader and integrated healthcare delivery system in Hartford, Connecticut, is seeking a **BC Internal Medicine** physician with extensive clinical, administrative, and supervisory experience to serve as **Medical Director for Ambulatory Services**.

As Director, you will lead a multi-disciplinary team dedicated to the health and wellbeing of over 7,000 patients and oversee over 18,000 annual visits. Recognized by NCQA as a PCMH, this practice is a major part of our population health management and accountable care strategies. A faculty appointment with the University of Connecticut School of Medicine is available to the qualified candidate.

If you are ready for a new and exciting leadership opportunity, we can make that happen.

Call Christine Bourbeau, Director of Physician Recruitment, today at 855-894-5590, or email your CV and letter of interest to CBourbeau@stfranciscare.org.

EEO-AA-M/F/D/V • Pre-Employment Drug Testing

To learn more about this opportunity, visit: www.JoinSaintFrancisCare.com/GSC/NEJMP



University of Pittsburgh
School of Medicine

**Chair, Department of Obstetrics, Gynecology,
and Reproductive Sciences**

Magee-Womens Hospital of UPMC

The University of Pittsburgh School of Medicine and Magee-Womens Hospital of the University of Pittsburgh Medical Center (UPMC) are seeking applications for the position of Professor and Chair of the Department of Obstetrics, Gynecology and Reproductive Sciences. The department is dedicated to providing high-quality health care for women and the newborn while developing and maintaining innovative basic and clinical research programs aimed at advancing clinical practice. The department is the nation's leading recipient of NIH research funding in the field with approximately \$38 million per year of federal funding and \$49 million of total extramural funding. It runs a large residency and 9 fellowship programs with an NIH T32 for postdoctoral research training and two K12 training grants for junior faculty researchers.

Competitive candidates must be board certified in Obstetrics and Gynecology with academic accomplishments meeting criteria for appointment at the tenured and professor level, including a distinguished record of research, clinical, teaching and service activities. Other key characteristics include a broad visionary approach to major issues in the field, ability to foster collaborations, capability to manage an active group of community and academic specialty practices, as well as significant administrative and leadership experience.

The University of Pittsburgh School of Medicine is one of the nation's leading medical schools, renowned for its curriculum that emphasizes both the science and humanity of medicine and its remarkable growth in NIH funding. With more than \$400 million of NIH funding, the University ranks fifth among more than 3,000 entities that receive NIH support. As one of the University's six Schools of the Health Sciences, the School of Medicine is the academic partner to UPMC. The combined mission is to train tomorrow's health care specialists and biomedical scientists, engage in groundbreaking research that will advance understanding of the causes and treatments of disease, and participate in delivery of outstanding patient care. UPMC is a global health system with 23 hospitals, more than 60,000 employees and close to \$11 billion of annual revenue.

The University of Pittsburgh and UPMC are Affirmative Action, Equal Opportunity Employers.

Please send curriculum vitae and bibliography to the Chair of the Search Committee:

David H. Perlmutter MD
Attention: Margaret Lyle
Children's Hospital of Pittsburgh of UPMC
Administrative Office Building
4401 Penn Avenue, Suite 5300
Pittsburgh, PA 15224
412-692-8071
Email: Margaret.Lyle@chp.edu



University of Michigan Health System
Department of Internal Medicine
North Campus Research Complex
2800 Plymouth Road, Building 16, 400S
Ann Arbor, MI 48109-2800

Assistant Chair for Primary Care Ambulatory Programs
Associate Division Chief for Ambulatory Operations

The University of Michigan Department of Medicine and Division of General Medicine are recruiting for an Assistant Chair for Primary Care Ambulatory Programs/Associate Division Chief for Ambulatory Operations. The successful candidate will qualify as a faculty member at the Assistant/Associate/Professor level, and will devote 50% time to reconfiguring healthcare delivery in the primary care setting and 50% time to clinical care. The position will focus on enhancing the University's ability to provide high quality, efficient care, with attention to both clinically relevant outcomes necessary for quality measurement as well as clinical efficiency. Enhancements to the current systems should be identified and implemented in a manner that allows the faculty to actively engage in the associated process and quality improvements, and ensures their professional satisfaction.

The successful candidate will work with the Division Chief for General Medicine, the Department Chair for Internal Medicine, the General Medicine Associate Division Chief for Clinical Programs and Ambulatory Care's leadership team to develop and operate an integrated clinical delivery model, utilizing the precepts of the advanced medical home. She/he will facilitate the ambulatory clinical and educational goals of the Division of General Medicine and the Department of Internal Medicine. Additionally, this individual will collaborate with Department and Division leadership to identify and remove barriers to innovative approaches to the delivery of primary care in an academic setting.

Interested individuals should forward their curriculum vitae via email to:

Laurence McMahon, M.D., MPH, Chief, Division of General Medicine
(lmcmahon@umich.edu).

Application review will continue until the position is filled.

The University of Michigan is an affirmative action, equal opportunity employer, dedicated to the goal of building a culturally diverse and pluralistic faculty and staff committed to teaching and working in a multicultural environment and strongly encourages applications from women, minorities, individuals with disabilities and covered veterans.

For more information, contact **Susan Patrell** at (734) 936-5216.



MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Internist/Family Practice Physician

MIT Medical is a multidisciplinary group practice located on the MIT campus in Cambridge, Massachusetts. Our mission is to provide personalized medical care and health promotion to the entire MIT community including students, faculty, staff, dependents, and retirees. We have on-site medical and surgical specialties, pediatrics, OB/GYN, mental health, radiology, clinical lab, and pharmacy.

We are seeking an internist/family practice physician to join a team of fourteen other primary care physicians and five nurse practitioners in an environment where emphasis is placed on working with patients from diverse cultural backgrounds. There is shared on-call (1 in 10) but no inpatient responsibilities.

Qualifications and skills include:

- board certified in internal medicine or family medicine and certification must be maintained
- experience in adult primary care
- minimum five years' post-residency clinical experience preferred
- experience using an EMR
- excellent clinical skills and ability to work as part of a multidisciplinary team
- ability to work with patients from diverse cultural backgrounds

MIT is an equal opportunity/affirmative action employer. Applications from women, minorities, veterans, older workers, and individuals with disabilities are strongly encouraged.

Interested candidates may apply online at: <http://jobs.mit.edu>

Please reference job number 10916 and indicate where you saw this posting.



MIT Medical
Care for our community

MIT Medical Department
For additional information,
visit medweb.mit.edu

 **Washington**
University in St. Louis
SCHOOL OF MEDICINE

The Department of Medicine invites nominations and applications for the position of:

CHIEF OF THE RENAL DIVISION

Competitive candidates will be accomplished physician-scientists with a strong commitment to the academic mission within a premiere integrated health care system. The successful candidate will have access to considerable resources for promoting exceptional scholarship spanning model systems to outcomes research and nurturing the next generation of elite nephrologists within a highly collaborative environment.

Contact:

Clay F. Semenkovich, M.D.
Renal Search Committee
Washington University
School of Medicine
Campus Box 8127
660 South Euclid Ave.
St. Louis, MO 63110
csemenko@wustl.edu

The Division of Cardiology at SAN FRANCISCO GENERAL HOSPITAL, a major teaching hospital of the UNIVERSITY OF CALIFORNIA SAN FRANCISCO, is recruiting a full-time NON-INVASIVE CARDIOLOGIST at the Assistant/Associate Professor level.

We are seeking an outstanding clinician and educator with a record of excellence providing inpatient and outpatient care, expertise in echocardiography and the ability to direct and teach cardiology fellows, medical residents and medical students. Applicants must have an M.D. degree, be board certified in Internal Medicine and Cardiology, and have Level III competence in adult echocardiography. The candidate must qualify for faculty appointment at UCSF School of Medicine at a level commensurate with experience.

<https://aprecruit.ucsf.edu/apply/JPF00082>

The University is an "Equal Opportunity/Affirmative Action Employer." All qualified applicants are encouraged to apply including minorities and women. UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute



University of California
San Francisco

advancing health worldwide™

to the diversity and excellence of our faculty.

BERGEN

GASTROENTEROLOGY • MEDICAL ASSOCIATES

committed to the highest level of patient care

**Hospitalist/Inpatient Medicine
Bergen Medical Associates**

Location: Emerson, New Jersey

Date Posted: 1/24/2014

Full-Time/Part-Time: Full-Time

Permanent/Temporary: Regular

Employment/Contract Work: Employment

Job Description:

It is very competitive around the country for talented, motivated physicians. They seek positions that offer more than excellent compensation and benefits. Bergen Medical Associates (BMA) can offer you more.

† *Busy Growing Multi-Specialty Practice*

† *Coverage for hospitals, sub-acute and long term care*

† *Favorable compensation and benefits*

† *Private Practice with 40+ practitioners*

† *Offices in Emerson, Paramus, Park Ridge, Northvale, Midland Park, Ridgewood and Pearl River NY, with plans to expand into other areas*

† *Cohesive group with a wealth of knowledge and experience*

This opportunity allows for an incoming doctor to integrate with other motivated practitioners and join our inpatient team within BMA.

Excellent public schools, institutions of higher learning, cultural events, the arts, entertainment, sports venues, and endless leisure activities can be found encased within the natural beauty of Bergen County, a suburb less than 20 miles from New York City.

Contact Information:

Interested BC/BE physicians should contact:

Chief Development Officer, John J. Corcoran
jcorcoran@bergenmed.com
visit our website at www.bergenmed.com

Yale

ASSISTANT/ASSOCIATE/PROFESSOR
INFECTIOUS DISEASES
YALE UNIVERSITY
SCHOOL OF MEDICINE

Ladder-track faculty positions are available at the level of Assistant/Associate/ Full Professor in the Section of Infectious Diseases in the Department of Internal Medicine at the Yale University School of Medicine. Applicants should have an M.D., or M.D./Ph.D., training in infectious diseases, and exceptional potential for a career in academic medicine.

Candidates are expected to either (a) establish an independent, extramurally funded research program or (b) primarily participate in the clinical and educational activities of the section.

Applicants should send their curriculum vitae and a brief synopsis of future plans to:

Erol Fikrig, M.D.

Chief, Section of Infectious Diseases

c/o Ms. Lynn Gambardella

lynn.gambardella@yale.edu.

Review of applications will begin immediately and will continue until the positions are filled.

Yale University is an affirmative action, equal opportunity employer. Applications from women and minorities are encouraged.



DEPARTMENT CHAIR HEMATOLOGY & ONCOLOGY

Ochsner Medical Center New Orleans is searching for a Chair of the Department of Hematology & Oncology. Applicants must be board certified in Hematology/Medical Oncology. Prior experience in a physician leadership role is required. This position will include 20% protected administrative time with the majority of Chairman's time spent engaged in clinical activities. Prior productivity in clinical research and excellence in educational activities are highly valued. The salary offered will be commensurate with the candidate's experience and training.

The Hematology / Oncology Department is housed in the newly constructed Gayle and Tom Benson Cancer Center. The Chairman's role will be to lead 12 faculty members with a broad variety of clinical and research interests including a growing hematopoietic stem-cell transplant program.

Teaching opportunities include the Medical Oncology Fellowship Training Program as well as resident teaching for a large training program in Internal Medicine and involvement with 3rd and 4th year medical students of the Ochsner Clinical School of the University of Queensland.

Clinical research activities are supported through the Ochsner Cancer Institute which houses the National Cancer Institute-funded Community Clinical Oncology Program (CCOP). The CCOP provides the necessary infrastructure and support to offer the latest clinical trials to our cancer patients, available through cooperative groups such as ECOG, NSABP, NCCTG, & RTOG, as well as investigator-initiated and pharmaceutical sponsored trials. A Clinical Trials Unit for Early Phase studies is available, and there is a strong collaboration with the LSU Cancer Center for translational research.

Ochsner Health System is a physician-led, non-profit, academic, multi-specialty healthcare delivery system dedicated to patient care, research, and education. Our mission is to Serve, Heal, Lead, Educate, and Innovate. The system includes 10 hospitals and over 45 health centers throughout Southeast Louisiana. Ochsner employs over 900 physicians representing all major medical specialties and sub-specialties. For additional information, please visit our website, www.ochsner.org.

New Orleans amenities include multiple medical schools and academic centers, professional sports teams, world-class dining and cultural interests, and world-renowned live entertainment and music.

Interested physicians should email CV to:

profrecruiting@ochsner.org

for review by **Christopher J. White, M.D., Chair of the Department of Medicine**

Call for information: (800) 488-2240. Ref. #ACHOR01. EOE.



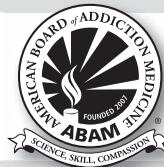
I'm looking for [].

How would you complete this statement?
Are you a physician bent on achieving goals that are out of the ordinary?
Do you have an entrepreneurial spirit?
Do you have a passion for learning, growing and achieving and expect to be compensated for the exceptional effort you bring to every task? If this sounds like you, then find what you are looking for with a career as an IPC Hospitalist.

Opportunities available nationwide.
To learn more visit www.hospitalist.com
or email careers@ipcm.com.



BECOME BOARD CERTIFIED IN ADDICTION MEDICINE



Exam Date:
November 15, 2014

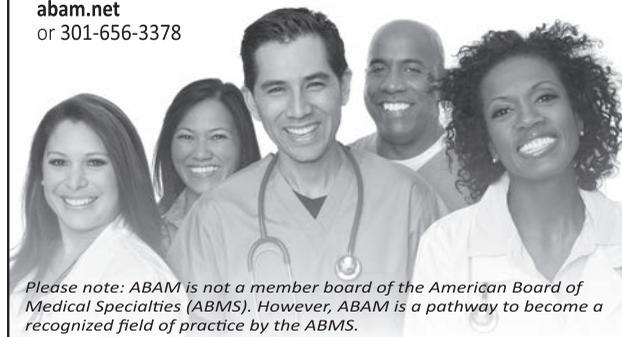
Application Deadlines
Standard: May 31, 2014
Final: July 15, 2014

For further information
and to access the
application, visit
www.ABAM.net

Contact ABAM at:
Email: abamcertification@abam.net
or 301-656-3378

American Board of Addiction Medicine (ABAM) is an

independent specialty board whose mission is to certify physicians as having the knowledge to prevent, recognize and treat patients with an addictive disorder, or with a medical or psychiatric condition related to the use of alcohol, nicotine or other addictive drugs. ABAM has certified over 3,000 physicians. Applicants must be currently board certified in their primary specialty by an ABMS-member Board or have completed an ACGME accredited residency.



Please note: ABAM is not a member board of the American Board of Medical Specialties (ABMS). However, ABAM is a pathway to become a recognized field of practice by the ABMS.

SEEKING RHEUMATOLOGIST



Susquehanna Health a growing, dynamic and financially stable health system, recently completed a \$250 million expansion project in Williamsport. We serve northcentral Pennsylvania with a broad array of state-of-the-art care, such as a Heart & Vascular Institute, Orthopedics, Spine, Sports Medicine, Foot & Ankle Specialty Care, Cancer Center, Rehabilitation Services and more. Recently named an Employer of Choice® in 2014, Susquehanna Health is centrally located within the state and a short drive from New York, Philadelphia, Pittsburgh, Baltimore and Washington, D.C.

Susquehanna Health Medical Group is seeking a **BC/BE Rheumatologist MD/DO** to join a well established rheumatology practice located in Williamsport, Pennsylvania. Teaching opportunities are available through the Williamsport Family Medicine Residency and The Commonwealth Medical College.

We offer MGMA competitive salary, loan forgiveness, group provided malpractice and tail coverage, CME stipend/time off, a generous benefits package and retirement options.

Please call or send CV to:
Deborah Montgomery, CMSR, Physician Recruiter
Susquehanna Health Medical Group
1100 Grampian Blvd, Williamsport, PA 17701
dmontgomery@susquehannahealth.org
(570) 320-7696
Cell (570) 419-4994

No J-1 applications.

SusquehannaHealth.org



Hospitalists: Join us and put revolutionary care into practice.

North Shore Physicians Group, located 15 miles north of Boston, MA, is seeking innovative, forward-thinking BC/BE Internal Medicine Hospitalists and Nocturnists to join our growing practice. Our team of more than 250 caring and energetic physicians, nurse practitioners and healthcare professionals is leading the way with revolutionary ideas to improve the delivery of care and enhance patient satisfaction.

We're adventurous. We believe in achieving the perfect balance of work and personal life. And we're always exploring new ways to stay at the forefront of an ever-changing healthcare environment.

NorthShore PhysiciansGroup

To apply, or to learn more about our opportunities, call Louis Caligiuri, Director, Physician Services, at 1-978-573-4302. You can also email your CV and letter of interest to lcaligiuri@partners.org.

For more information: www.JoinNSPG.org/HOSP/NEJM





Confluence Health | Wenatchee Valley Medical Center has openings for BC/BE Hospitalists for established teams in Wenatchee and Moses Lake, WA.

Solid support from primary care and specialist partners. Located in the heart of WA State, with unparalleled scenic beauty, four distinct seasons for outdoor recreation.

www.confluencehealth.org/recruiting

Send CV to:

JoinUs@WVMedical.com

Read in **140** countries,
by **160,000** physicians,
52 times a year.



The NEW ENGLAND JOURNAL of MEDICINE

SURGERY:

**Chief, Division of Thoracic Surgery
Brigham and Women's Hospital
Harvard Medical School**

The Department of Surgery at Brigham and Women's/Faulkner Hospitals and Harvard Medical School seeks a Board certified surgeon to serve as Chief of the Division of Thoracic Surgery at the Professor level. *The M.D. or M.D./Ph.D. candidate must have a strong record as a clinician, mentor and teacher, recognized nationally and internationally for research accomplishments in the field of thoracic surgery, as evidenced by the publication of important papers in this field, activity on editorial boards of respected journals, leadership roles in scholarly societies.*

Qualified candidates will have a regional, national, and international patient referral base and be a proven leader in one of the disciplines of thoracic surgery, including minimally invasive surgery, esophageal cancer, mesothelioma, non-small cell lung cancer, lung transplant, video-assisted thoracic surgery (VATS), as well as cancer genomics and lung transplant biology.

Candidates should also possess exceptional leadership, managerial, and collaborative skills.

Brigham and Women's/Faulkner Hospital and Harvard Medical School are equal opportunity/Affirmative Action employers. Women and minorities encouraged to apply.

Send current CV to:

Michael J. Zinner, M.D., Chairman
Department of Surgery, Brigham and Women's Hospital
75 Francis Street, Boston, MA 02115
or via email to pmtucker@partners.org
Other inquiries please call: 617-732-8181

The Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston, Texas, is recruiting for a full-time position as EXTENDED CARE Medical Director.

Candidates must be a U.S. citizen and Board Certified/Eligible in Geriatric Medicine AND Board Certified/Eligible in either General Internal Medicine or Family Medicine. The candidate will serve as the Medical Director of the Extended Care Department located within the Rehabilitation & Extended Care Line (RECL). Areas of oversight include a 141 bed Community Living Center which houses Palliative Care and Skilled Nursing services, Home Based Primary Care services, focused outpatient clinic services and non-institutionalized care provision in the community. The candidate will have full authority and responsibility on all issues affecting the Extended Care Department and report directly to the RECL Executive. Experience within extended care facilities and/or with Hospice and Palliative Care is highly desired. Candidates must have demonstrated supervisory experience in his or her past, with the preferred candidate demonstrating effective leadership of highly complex, interdisciplinary teams.

The MEDVAMC is the most complex tertiary care VA Medical Center in the nation with a strong academic and research focus. All candidates must be eligible for a Baylor College of Medicine faculty appointment. Salary is dependent upon experience and specialty certification. The VA offers competitive salaries and an excellent benefits package; including malpractice coverage, health insurance, life insurance, and full retirement benefits.

The MEDVAMC is an Equal Opportunity Employer.

Interested applicants should contact:

Dana Sullivan at (713) 794-7458
or: Dana.Sullivan@va.gov

Hartford HealthCare is Connecticut's finest integrated full-spectrum health care system providing patients with an exceptional, coordinated care experience and a single, high standard of service. Our statewide system includes acute care partners Hartford, Windham and Backus Hospitals, The Hospital of Central Connecticut, and MidState Medical Center; and the largest behavioral health network in the state. **Hartford HealthCare Medical Group** employs nearly 300 expert providers and enjoys an excellent reputation for delivering high quality, innovative primary, urgent and specialty care at more than 60 locations.



We are currently seeking BC/BE candidates for openings in:

- ▶ Internal Medicine
- ▶ Family Medicine
- ▶ Director of Geriatrics
- ▶ Neurology
- ▶ Hospital Medicine
- ▶ Psychiatry
- ▶ Emergency

For a complete description of opportunities, to apply, and to view information about Hartford HealthCare and our region, please visit our web site at:

www.joinhartfordhealthcare.com

We offer highly competitive compensation, high quality, comprehensive benefits, and a clinically integrated system that supports innovation, collaboration and best-in-class operations.

Located just **two hours from Boston and New York City**, we are in the heart of some of New England's most stunning communities offering your family **nationally acclaimed school systems**, a choice to live at the shore, in vibrant urban areas, or in a *Kiplinger* "Top 10 Best City to Raise a Family" and *Travel & Leisure's* "Coolest Suburb in America."

You will love heading to work....and heading home!

Interested candidates may forward CVs to:

Patricia Lowicki, Director of Physician Recruitment at
patti.lowicki@hhhealth.org.

SEE
THE FIRST
PAGE OF THE
CLASSIFIEDS
FOR
ADVERTISING
RATES.



THE STRENGTH TO HEAL

and the life-changing experience you'll find nowhere else.

There are few experiences more rewarding than serving as an officer and a surgeon with the U.S. Army Reserve. You will work with professionals at the top of their fields, be exposed to new technologies and points of view, and even have the opportunity to take part in humanitarian missions that stretch and sharpen your skills. You may qualify for financial benefits, including opportunities for student loan repayment and special pay.

See how the time you invest with the U.S. Army Reserve can enhance everything you do from Monday through Friday – and throughout your professional career.

To learn more, call us at 800-235-4954 or visit healthcare.goarmy.com/x531



U.S. ARMY

ARMY STRONG.



A change that pays off.

Dr. Gueorgui Dimov of St. Joseph Hospital in Nashua, NH, tested the waters with TeamHealth when he took a temporary position about three years ago. He liked the management style and the autonomy the organization provides physicians so much he signed on full-time.

Dr. Dimov especially appreciates the compensation plans at TeamHealth and the organization's sensitivity to physician workload. He says the opportunity to enjoy snow-skiing trips, soccer games, a day at the beach and time with his family is the ultimate reward for making the right career choice.

Visit myHMcareer.com to find the job that's right for you.

Featured Opportunities:

Methodist Charlton Medical Center
Dallas, TX – Staff Physician

Morristown-Hamblen Hospital
Knoxville, TN area – Staff Physician

St. Mary's Healthcare
Albany, NY area – Medical Director

TEAMHealth[®]
HOSPITAL MEDICINE

Your career. Your way.

855.762.1650

physicianjobs@teamhealth.com

