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MD Career Path Edition

Final Year Residents and Fellows, Program Directors

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

Sincerely,

Christopher R. Lynch
Vice President for Publishing

Physician Cover Letters: Why Writing a Good One Is As Important As Ever

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

When a resident encounters the seemingly perfect practice opportunity — with a mid-sized group in her hometown that is affiliated with a health system that has an excellent reputation — it's tempting to quickly compose the requested cover letter to accompany her CV and send it off.

Yes, it is smart to express interest in a desirable position as soon as possible, but it's not prudent to view the cover letter as a mere formality. Today, when so much communication between physicians and recruiters or prospective employers is electronic — in either brief email responses or via online forms — the cover letter has become increasingly important. Here's why: The carefully crafted letter offers an opportunity to differentiate the resident or fellow from other physicians who respond, and a chance to demonstrate highly personalized interest in the position.

"The cover letter's value is certainly not decreasing in the digital age. Because it is usually the second contact physicians have with an organization, it is very important," said James Tysinger, PhD, vice chair for professional development in the University of Texas Health Science Center department of family and community medicine in San Antonio. "It is your opportunity to include something about who you are, and to provide information that won't be in your CV about why the position and the geographic location interest you." For the resident seeking a fellowship, the letter is the ideal vehicle to convey to the program director that the physician has researched the program's focus and reputation, he added.

Longtime recruiter Regina Levison, president of the national firm Levison Search Associates, agrees that the geographic preference statement is a vital piece of information that should appear early in the letter. "The geographic 'connection' to the opportunity's location is the most important message you can include — whether it's because you grew up there, have relatives in the region, or simply have always dreamed of living or working there," Ms. Levison said. "Health care organizations today are not just recruiting to fill a specific opportunity; they are recruiting for retention." As the health care delivery system changes to incorporate accountable care organizations and quality focused reimbursement, organizations are seeking physicians who will "stay around" to help meet long-term organizational objectives.

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Craig Fowler, president of the National Association of Physician Recruiters (NAPR), and vice president of recruiting and training for Pinnacle Health Group in Atlanta, urges residents to include at least an introductory cover letter or note with their CV, even when it's not requested. In his experience, 8 out of 10 physicians who express initial interest in a position don't take the effort to write a letter unless asked.

"The cover letter really is a differentiator, and even though a recruiter will always look at your CV first, the letter is nice to have. I often feel that it gives me a sense of the physician — a good letter can make the physician come to life," Mr. Fowler said. He enjoys, for example, learning about the physician's personal interests and family, in addition to what he seeks in a practice opportunity.

Peter Cebulka, director of recruiting development for the national firm Merritt Hawkins, agrees that the cover letter can provide information that isn't appropriate in a CV but could be important to a hiring organization. "The letter gives you a chance to talk about your professional goals, or why you're committed to a particular area or practice setting," Mr. Cebulka said. It can also highlight something compelling about the physician's residency program that the recipient might not know.

If there are gaps in the CV that are not sensitive in nature, and therefore don't require a phone conversation, that information should be included in the letter. "It's important to briefly explain gaps because your application might be passed over if you don't," Mr. Fowler said.

Jim Stone, co-founder and president of The Medicus Firm, a national physician search company, offers helpful guidance on incorporating a career objective in the cover letter. "You may want to include a career objective or job search goals, but be careful not to be too specific or you may rule yourself out of consideration," he advised. "Therefore, if there is one goal that really sums up your search, or some objective that is a must-have for you under any circumstances, it would be okay to include that."

On another note, Mr. Stone urges physicians to include brief examples of any soft skills, such as communication, teamwork, technological aptitude, leadership, or problem solving.

Format and structure: short and targeted works

While there are no rules *per se* about a cover letter's length or content, there are general guidelines for what works best and is likely to be well received. (See "Cover letters: What to do, what to avoid" section at the end

of this article.) Dr. Tysinger, who counsels residents and practicing physicians on preparing CVs and cover letters, and frequently presents on the topic, recommends a single-page, three-paragraph format delivered in a professional, business letter layout, in simple language. Following is his basic guidance on the letter's structure:

- **First paragraph:** Introduce yourself and state why you are writing — whether that is to be considered for a specific position, to express general interest in joining the organization, or the recommendation of a colleague.
- **Second paragraph:** Provide brief details about yourself and why you are interested in the opportunity and the location. Note any professional connections to the opportunity or organization, and any special skills or interests, such as management or teaching.
- **Third paragraph:** Thank the recipient for the opportunity to apply and for reviewing your CV, and end the letter with a statement indicating that you look forward to hearing from the recipient soon.

Other sources agreed that cover letters should not exceed one page, unless special circumstances dictate an extra paragraph or two. In that case, a two-page letter is acceptable. Ms. Levison advised briefly summarizing education and training in the second paragraph, and if it's the physician's first opportunity search, stating briefly why he became a physician.

It's best to avoid going into extensive detail about personal interests or extracurricular pursuits. That could give the recipient the impression that the physician is more concerned about lifestyle than medical practice.

Professional tone, error-free content are musts

It should go without saying that the cover letter must be professionally written and free of spelling or grammatical errors, but unfortunately, that's not always the case. All of the recruiters interviewed for this article have received cover letters that are poorly written or, in some cases, replete with misspellings; all agreed that an error-riddled letter could prevent its writer from being considered for an opportunity regardless of her or his qualifications.

Of course, word processing programs include spell-checkers and, usually, some grammar-checking functionality. That's helpful, but it isn't sufficient vetting to ensure the letter is in excellent shape. Because of the letter's potential importance, physicians should have several trusted individuals —

on the professional and personal side — review the document, including a professional editor, if warranted. “If writing isn’t your strong suit, or English isn’t your first language, do get professional advice before you finalize the letter,” Mr. Cebulka recommends.

Ms. Levinson offers pointed advice regarding double-checking for errors. “Are there any typos or mistakes that would make the new organization question your ability to keep accurate records?” she said. It’s worth noting that some recruiting firms offer assistance with cover letter writing, but it’s best not to count on that service.

Striking the right tone in the cover letter can be somewhat challenging when the resident doesn’t have a good sense of the organization offering the opportunity. Some hospitals or groups are very formal, and therefore expect to receive formal communication. Others might be somewhat casual, from the standpoint of their culture, and therefore less inclined to bring in a physician who comes across as stiff, even if she isn’t. For these reasons, it’s smart to research the hiring entity to the extent possible before finishing the letter. The group’s website or the health system’s physician portal are good starting places to gauge the culture, but a discussion with a physician who practices there, happily, also can be helpful.

Ideally, the letter’s tone should be professional but friendly, and should sound like its writer, and not like a cookie-cutter form letter. “The letter should be professional and warm, and the tone should also reflect how you would communicate with patients and staff,” Ms. Levinson said.

“A little colloquialism is OK, if it shows your personality,” Mr. Fowler maintains, provided the overall tone remains professional.

The sources concurred that the cover letter is *not* the forum for including a laundry list of the physician’s position parameters, or for negotiating compensation or other potential contract terms. Physicians in a highly recruited specialty might mention required equipment or infrastructure, if the lack of those items would preclude further discussion. But for the most part, those specifics should be left for an on-site interview.

“If the parameter is a potential deal-breaker, you can mention it, but avoid sounding inflexible,” Mr. Cebulka advised. That means not setting limits on the amount of call, or number of night shifts or weekends, for example. Those details can be discussed and possibly negotiated later.

Very important parameters should, however, be provided to the recruiter outside the context of the cover letter if such detail is requested. That’s especially important if the recruiter will introduce the physician to multiple opportunities.

“If you’re in a highly recruited specialty, there will be plenty of opportunities. But it’s helpful for recruiters to know what you’re absolutely looking for, so that you don’t waste your time or theirs,” Mr. Cebulka said.

Cover letters: What to do, what to avoid

The sources who contributed to this article offered these additional tips on what physicians should do, or not do, when they craft their cover letters.

Do:

- Address the cover letter to an individual physician, practice administrator, recruiter, or other individual as the situation warrants, and not “to whom it may concern.”
- Be upbeat and positive. Ensure that the letter’s tone reflects your excitement about medicine, and that it reflects the way you would speak in an in-person interview.
- Include letters of reference with the cover letter if you’re looking for a fellowship or are formally applying for a specific position.
- Close the letter with a call to action if it’s an ideal opportunity (and likely a popular one). Let the recipient know that you will call in a few days to follow up, and indicate when you would be available to meet in person. It doesn’t hurt to state the best ways to reach you.

Avoid:

- Don’t sound desperate or beg for the job, even if it’s the perfect opportunity or you are worried about securing a position.
- Steer clear of “selling” yourself or making claims about why you would be the absolute best candidate. Instead, let your credentials and references make the case for you.
- Avoid sarcasm in any context, and generally steer clear of humor, unless you know the person to whom the letter is addressed very well.
- Don’t disparage individuals, programs, or institutions if you have had a negative experience somewhere — regardless of the reason.

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A Seamless Transition: Surviving Your First Year of Employment

By Thomas Crawford, 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, University of Florida and Eliana Cardona, Student, University of Florida

Introduction

The primary reason for physician turnover is poor cultural fit,* and when thinking through this phenomenon, it shouldn't come as a surprise. On the contrary, first interviews generally last no longer than a day-and-a-half and second interviews may last two days with a preponderance of the time dedicated to searching for a home. With this stated, this is a relatively short courtship and will not provide you with the time required to fully comprehend what it will be like to "live" within your new working environment. Why is this important? To prepare for a national meeting a few years ago, I had estimated that 22 physicians per business day do not make it through the first year of their contracts. Although this may not be statistically significant, it does emphasize the need to assimilate as quickly as possible. Based on this premise, the purpose of this article is to highlight the common mistakes made within the first year of employment and to provide you with strategies to avoid them.

Three Common Mistakes

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The most common mistake made by physicians of all specialties is attempting to renegotiate the terms of their contracts immediately after commencing their practices. Contractual language is generally nebulous and difficult to comprehend and, unfortunately, if you don't seek clarification prior to signing, you will not know how the terms are interpreted until they are applied to you and your practice. For example, your contract may state that you have to take an equitable share of emergency department call. However, what if the call rotation you believed to be shared between four physicians is only shared by two? This occurs when physicians are exempted for tenure as outlined within the medical staff bylaws, there is unanticipated turnover, etc. Nevertheless, the impact is that you are now on call every other day and every other weekend and as a result, you want to meet and negotiate a different, more sustainable, call rotation.

Although no one would argue that one in two call isn't sustainable, attempting to renegotiate the terms of your contract within the first year of employment will not be received favorably and your lack of operational knowledge prior to executing the document could lead to strained relationships with the organization's leadership.

During the recruitment process, not only do you have to ensure that you perform your due diligence in an effort to mitigate the delta that may exist between your contract language and your practice reality, you will need to recognize that the undivided attention you received during the recruitment process will be diluted after you commence your practice. When interviewing, you are the focal point of the organization's attention as they put their collective best foot forward in an attempt to acquire your services. However, after you have committed, the attention will be directed at the next pressing need and you may be left to navigate the complexities of the new health environment on your own. Unfortunately, based on this premise, I have seen numerous physicians stumble out of the blocks because they don't know how to get answers to their questions and, although justified, this can result in frustration and the physician being labeled as difficult.

To ensure that you can begin to integrate yourself into the new cultures (practice and/or hospital) that you'll be working within, you will need to find a seasoned physician mentor. A physician mentor can explain where to get your questions answered and, more importantly, he or she can help you navigate both the formal and informal institutional power structures and identify any political landmines that you may inadvertently walk across without knowing.

Always remember that it is better to observe for a lengthy period of time before asserting recommendations for changes to processes, etc. This point was underscored to me years ago, at a medical section meeting of the rural hospital that employed me, when a new internist started making lengthy recommendations on how to improve the efficiency of getting patients from the emergency department to the appropriate medical surgical floor after the determination for admission had been made. Although his suggestions would have positively impacted his practice, it would have had a negative impact on his new colleagues who provided services at locations 35 to 45 minutes from the hospital. After his recommendations were made, a pillar of my medical community quietly questioned, "How long has he been in practice?" Without knowing the larger context that the other physicians practiced within, the new physician offered a suggestion

that wasn't implementable, took valuable meeting time that could have been devoted to more pressing issues, and had more than one physician colleague disappointed that this occurred without solid working knowledge of our system of care.

Summary

Ensuring that you will be the right cultural fit begins during your interview process. With this stated, make sure you understand how your contract language will impact your practice and continually ask clarifying questions. Once you commence your practice, seek out a respected physician mentor who will answer your questions as they arise and has a firm grasp on the political landscape. Lastly, wait until you have a solid understanding of the cause and effect relationships that anchor the processes or decision-making within your system of care before making recommendations. Leaving your place of employment because you are a poor cultural fit may be avoidable if you create opportunities to understand the culture before and after commencing your employment — this will hedge against the potential of you becoming 1 of the 22 physicians that resigned today.

References

*Cejka Search. (2009). Retrieved from www.cejkasearch.com/Physician-Retention-Survey/2006RetentionSurvey/default.htm

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Exploring Public-Service Physician Practice Opportunities

Physicians who work in government positions cite numerous upsides, diverse responsibilities, and occasional but manageable challenges

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

Editor's Note: Physician careers in public-service practice include clearly defined, mission-driven direct patient care, research, and administration. A myriad of opportunities abound on the local, state, national, and international levels and include serving trans-cultural and underserved populations. Inclusive training, self-advancement programs, and an extremely collegial work environment are more often the rule rather than the exception. Despite job security and good benefits, challenges unique to the governmental or regulatory setting include less remuneration and a work environment that is steeped in protocol, high visibility, and a complex bureaucracy.

—John A. Fromson, MD

Physicians who practice in government positions may work in broadly diverse settings and gain exposure to a wide range of clinical, research, and public health pursuits — from tracking infectious disease outbreaks here and across the globe, to evaluating new drugs, to implementing vital public policy, or improving the health of vulnerable populations.

Thousands of U.S. physicians work in federal or state positions, and at any given time, there might be hundreds of jobs available in the myriad agencies that employ physicians in clinical, administrative, or research posts (see Resources).

Some physicians in the private sector might have the impression that working in a government position, whether it's clinical or administrative, would not be particularly exciting and could be inordinately bureaucracy intensive. That's not what government-employed physicians report, however. These physicians cite many upsides, such as the opportunity to working alongside the best and the brightest in their fields and the excitement of being on the cutting edge of clinical research, policy development, or public-health initiatives with national or even global reach.

Consider, for example, some of the recent challenges that Tara Palmore, MD, has pursued. In 2012, the hospital epidemiologist and infectious disease specialist, who works at the National Institutes of Health Clinical Center in Bethesda, Maryland, found herself literally running ahead of a

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deadly bacterial infection — a “superbug” in research-center vernacular — that had killed several patients and continued to reach others despite the center’s strict controls. Working aggressively with a genome researcher colleague, Julie Segre, MD, the pair used the bacterium’s DNA to determine where and how it traveled and then isolated affected patients to eventually contain transmission.

That crisis isn’t representative of a typical week in Dr. Palmore’s life, but she does practice in a generally high-stakes environment every day. “Our patients are highly immunocompromised, so when there is transmission of any hospital infection here, there is often a sense of urgency,” said Dr. Palmore, who went to the National Institutes of Health (NIH) for a fellowship in 2001 and never left. “And in hospital epidemiology, no detail is too small. It’s very stimulating.”

In a more typical day Dr. Palmore divides her time between seeing patients on the infectious disease (ID) consult service, meeting with the ID team, and working with participants in the ID fellowship program, which she directs. As one of the 200 physicians in the 221-bed Clinical Center — the NIH employs a total of 1,300 — Dr. Palmore especially enjoys the collaborative nature of her practice, as she works alongside physicians in multiple specialties, scientists, and other health professionals. “On rounds on the patient care units, there are many, many consultants and research nurses — and that brings richness to the cases,” she said, “even though it’s not a big hospital.” Despite its size, the center employs physicians in nearly every specialty because of its somewhat unique population.

The appeal of the NIH for Nehal N. Mehta, MD, FAHA, is twofold: The ability to work in a broad variety of roles, from cutting-edge research to direct patient care, and to combine these roles to advance medical care generally. As chief of the National Heart, Lung and Blood Institute’s section of inflammation and cardiometabolic diseases, Dr. Mehta has found, in his view, the perfect job. “The attraction of the NIH position was that it gives me the ability to quench my academic, clinical, and research thirst in one job. There aren’t many places you can do that,” said Dr. Mehta, who is board certified in nuclear and preventive cardiology, and is the Lasker Clinical Research Scholar at NIH. He formerly worked at the University of Pennsylvania, where he still maintains a small practice in psoriasis.

In his current work, Dr. Mehta focuses on the role of innate immunity and inflammation in the development of cardiovascular and metabolic

diseases. He also employs a transdisciplinary approach that involves genetic epidemiology, translational medicine, and novel cardiovascular imaging. Besides the excitement of breaking new ground, Dr. Mehta enjoys the flexibility his position affords. “You get to choose your pace here, and everything is done pretty much at the discretion of the PI [principal investigator]. There are many training and self-advancement opportunities here, and the resources are surprisingly plentiful — and comparable to academia,” he said.

Mission calls many government physicians

Capt. Stephen “Miles” Rudd, MD, FAAFP, works in a somewhat quieter setting, albeit on a larger population scale, than Dr. Palmore does. As the chief medical officer and deputy director of the Portland (Oregon) Area Indian Health Service (IHS), Dr. Rudd is reminded daily of the mission he chose — to serve vulnerable individuals. “I joined the IHS because I wanted adventure, but primarily because I knew that I wanted to work with an underserved population,” he said. The IHS offers that combination, in spades, in addition to broadly diverse responsibilities, according to Dr. Rudd, a family physician who now chairs the IHS National Pharmacy & Therapeutics Committee.

On the Warm Springs Reservation in Madras, Oregon, where he spent 14 years, Dr. Rudd delivered babies, cared for patients across the lifespan in the clinic, hospital, and nursing-home settings, and served as medical examiner. Along the way, he developed expertise in tuberculosis, helped implement model diabetes care, oversaw initial implementation of the IHS electronic health record, and was pivotal in getting a seat-belt law passed on the reservation — an achievement of which he is especially proud. “It was gratifying to know that we could affect the health of an entire population, because accidental death was the leading cause of death on the reservation before the law passed,” he said.

For many physicians who work in government positions, it’s the mission that attracts them and keeps them there, Dr. Rudd observes. “What impresses me about the people who work in Indian Health is what we can do as committed individuals — there’s a sense of mission that drives us, I think, and that’s what I find most gratifying,” he said. “And we’re actually delivering cutting-edge care in many ways. I think that would surprise some physicians.” The IHS employs physicians in more than a dozen specialties, and in settings ranging from remote reservations to inner-city health facilities.

In joining the Health Resources and Services Administration (HRSA) four years ago, Seiji Hayasji, MD, MPH, FAAFP, broadened both his professional career in public health and his personal desire to improve access to high-quality health care for vulnerable individuals. Now acting director of the Division for Medicine and Dentistry in the Bureau of Health Professions, Dr. Hayasji oversees the vast network of federally qualified health centers (FQHCs) that serve more than 21 million Americans — at an important juncture in history, when legislation has mandated expansion of that safety net.

"I oversee clinical quality strategy — to essentially determine whether the providers are in the right place, and whether the care is high quality and meets patients' needs," said Dr. Hayasji, who previously worked as a researcher and professor of medicine at George Washington University. "My main job is to ensure that the policies are in line with the care provided, which means that I must spend some time practicing." He has cared for patients at a Washington, D.C., FQHC for more than a decade.

Dr. Hayasji, who was asked to join HRSA, was honored by the request. Still, he admits that it was a tough decision to leave the university. "This is a pretty visible job, and it involves a lot of PR. It's very different than academia, where you publish what you want," he explained. "There is no such thing as 'I' in the federal government. It was challenging at first, and I made my mistakes because I have my opinions — and I needed to remove myself from that perspective. I am fine with that now, and what is exciting, every day, is being able to impact the lives of so many patients."

Like Dr. Hayasji, pediatrician David Willis, MD, FAAP, was recently tapped by HRSA to direct a vital government program created by the Affordable Care Act — the Division of Home Visiting and Early Childhood Systems in the Maternal Child Health Bureau. He, too, feels called by the mission, in this case to act nationally on the evidence that underscores the value of early childhood health and educational interventions.

"It was an unexpected solicitation, and it's an incredible opportunity to expand the federal government's home-visiting programs across the country, at an amazing time," said Dr. Willis, who helped two Oregon governors craft early childhood legislation and most recently participated in the Harvard Center for the Developing Child's Frontiers for Innovation program. Dr. Willis acknowledges that he spends a lot of time in meetings, and expends considerable effort "telling the story" of home visiting's

importance. "It's as exciting as clinical medicine, but the excitement here is the opportunity to work with a much larger population and to influence change," he said, noting that several states are seeking qualified physicians to help implement the national program.

Collegiality, commitment 'pleasant' surprises

When asked to describe their colleagues in government, both Dr. Willis and Dr. Hayasji shared a view echoed by several sources interviewed for this article: Many bright, creative physicians and health professionals work in government positions, and are highly committed to the work they do and the population they serve. This makes for both a gratifying and intellectually stimulating environment. "There are many brilliant and dedicated people in the federal government—and I work in a setting where a lot of innovation is occurring," Dr. Willis said.

That same realization came as a pleasant surprise to Richard Moscicki, MD, a newcomer to the government sector who serves a deputy center director for science operations at the U.S. Food and Drug Administration's Center for Drug Evaluation and Research (CDER). "What I have found at CDER, especially in leadership, is that these are very bright people who would succeed in any setting," said Dr. Moscicki, who formerly worked in clinical development at Genzyme Corporation, and thus, he notes, "across the table" from the FDA. "There is a culture of empowerment and intense intellectual debate here that surprised me somewhat — it's a very creative environment, not a monolith, where you have the opportunity to see the very best of science."

Speaking of talent and collegiality, Dr. Moscicki is quick to point out that CDER is on the cusp of major change in the areas of both new drug development and generic drug evaluation, and is in a major hiring mode as well. In addition to the drug-reviewer positions that become available periodically, CDER is looking for physicians to fill executive-level positions in the areas of new and generic drugs, medical policy, and compliance, for example. "We also are expanding how we look at risk/benefit and how we define risk and enter it into the [evaluation] equation. And there are exciting roles for physicians in these areas," Dr. Moscicki said. Physicians account for approximately 10 percent of all jobs within CDER, not including those affiliated with the U.S. Public Health Service within the FDA.

Practice settings can span the globe

Most physicians in government positions practice or work within the United States, but some operate from far-flung places at times. For example, consider the career path of Jeremy Sobel, MD, MPH, a medical epidemiologist and preventive medicine specialist at the Centers for Disease Control and Prevention (CDC) in Atlanta. He recently returned from Brazil, where he advised participants in the Brazilian Ministry of Health's two-year Field Epidemiology Training Program (FETP). The CDC helps FETPs in countries throughout the world build capacity for detecting and responding to health threats and develop expertise to detect and contain disease outbreaks.

While in Brazil, Dr. Sobel traveled with trainees to remote regions of the Amazon River only reachable by boat, to study the rare and life-threatening bacterial infection Brazilian Purpuric Fever. "Our trainees investigated potential sources of purpuric fever and organized the distribution of antibiotics," Dr. Sobel said. "This is one example of how properly supervised and deployable professionals can work in real time to prevent an outbreak." In another initiative, Dr. Sobel and his trainees helped the government launch a major national campaign to increase vaccination rates for rubella.

Earlier in his career, Dr. Sobel's work took him to New York City, where he worked in sexually transmitted disease prevention. He also has developed considerable expertise in enteric illnesses and diseases, and frequently makes presentations in this area. "I enjoy the opportunity the CDC gives me to work in vastly different locations — including places where the tourists never go," he said. "I also appreciate the fact that the work I do affects many people, often at the level of prevention and control. I help prevent those cases you never get to count. And what's also exciting is knowing that the CDC serves as a reference laboratory to the world."

One of Dr. Sobel's colleagues, Seymour Williams, MD, MPH, also has vast experience working in remote regions. Since joining the CDC he has investigated avian influenza in Hong Kong and rubella in the Caribbean, worked on HIV/AIDS care and treatment in Ethiopia, and closer to home, investigated childhood asthma in Atlanta. He currently is in South Africa, serving as a resident advisor in the Field Epidemiology Laboratory Training Program.

Dr. Williams and Dr. Sobel are both U.S. Public Health Service Commissioned Corps (PHSCC) Officers. PHSCC is the federal uniformed service of the U.S. Public Health Service (PHS) and is one of the seven uniformed services of the United States. Dr. Williams chose his current position because of the opportunity it affords, he observed, "to fulfill the very important public health need in emerging countries, of training competent public health professionals. "This position is not clinical," Dr. Williams noted, "but my clinical skill and experience is called on continuously as I supervise the residents when they are involved in public health investigations."

In his current posting, for example, he has worked with the residents in outbreaks of antibiotic-resistant bacteria, food and waterborne diarrhea, and vector-borne illnesses such as Crimean Congo hemorrhagic fever. Besides the geographic variety the work affords, he appreciates the teaching role he performs. "During outbreak investigations, trainees go through this epiphany of sorts as they collect the patient data, review the environment, and ... synthesize hypotheses of what caused the outbreak and what can be done to mitigate it," he explained. "Seeing this process continues to motivate me."

Certain challenges must be navigated

The physicians who shared their perspectives for this article concurred that government work, however gratifying, does have its downsides. From a practical standpoint, government positions typically pay less than clinical or administrative positions in the private or academic sector — even though they offer security, good benefits, and in some cases, education loan repayment.

The other challenge several sources cited is the bureaucracy that sometimes attends the public service or regulatory environment; none, however deemed that intrusive enough to deter enjoyment of the work. Finally, physicians who move into the government realm from positions in either industry or academia might find the transition rocky initially, and the learning curve steep.

"There are minor irritations of bureaucracy, but I think that you find that anywhere," Dr. Moscicki said. He added that one upside of working at CDER — exposure to broadly diverse viewpoints — is also a challenge at times. "We must come to consensus to make a decision that we then offer

to the world," Dr. Moscicki explained. "There is a different thought process that's important in acting as a regulatory authority, and that is deeply based on knowledge of the law and on precedent."

Dr. Mehta echoes Dr. Moscicki's view on the bureaucracy and occasional constraints inherent in government positions. "Everything has a standard operating procedure here. One of my current studies, for example, has 29," he said. "You also have to be extremely mindful of protocol, and remember that the federal government is not only highly regulated but also highly visible. That can take some adjustment. At the same time, you realize that if you were in human-based research, you realize that you would appreciate all of those standard operating procedures!"

Resources

The federal government's website, USA JOBS, www.usajobs.gov, includes hundreds of physician positions, in areas ranging from clinical care to administration, and research to policy development. The individual agencies also post open positions on their web sites.

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.



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.

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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 antithetical 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.

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Sequence of Classifications

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Ambulatory Medicine	Neurology	Psychiatry	Department Heads
Anesthesiology	Nuclear Medicine	Public Health	Faculty/Research
Cardiology	Obstetrics & Gynecology	Pulmonary Disease	Graduate Training/Fellowships/
Critical Care	Occupational Medicine	Radiation Oncology	Residency Programs
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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

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JOIN OUR EXPANDING DERMATOLOGY PRACTICE IN BEAUTIFUL SOUTHERN MARYLAND — Imagine the lifestyle of your dreams. Raise your children in Blue Ribbon Award Winning schools in one of the top three school systems in the State of Maryland. Our practice is expanding and our ideal candidate should have excellent bedside manner with equal clinical skills. Join a wonderful enthusiastic staff. The practice is Dermatology Practice in beautiful Southern Maryland. Lexington Park, Maryland is situated near the beautiful Chesapeake Bay, close to wineries, parks, and near Solomon's Island. We are looking for a Board Certified Internal Medicine or Family Practice Physician. Previous Dermatology experience is preferred but not necessary for someone who wishes to learn and expand their skills. No evenings or night call as the practice is clinic based. Salary range is \$185-225k based on experience in Dermatology. Please e-mail your CV to: cittle@mddermatology.com

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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 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.

Endocrinology

ENDOCRINE, CONNECTICUT — Physician needed, western Connecticut. Replace retiring physician, Summer 2015. 90% Endo 10% IM. Total outpatient. Farmington and Avon with excellent school systems. Large health system, 230 providers. Balanced lifestyle. Manageable patient load. Teaching available at UConn. Four weeks time off. Shareholder track. South of Hartford. Send CV to: Connecticut@physician-openings.com

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COASTAL FLORIDA, MELBOURNE — Florida-based multispecialty group of 48 physicians seek a third endocrinologist. Inpatient and outpatient practice. One Office. 1 In 4 Call. Candidates must be B/C in internal medicine and endocrinology. Salary and productivity bonus w/potential to exceed 90% of MGMA compensation. Employer not approved for H-1 or J-1 Visa candidates. Contact Todd Dillon: 800-883-7345; tdillon@cejkasearch.com; or visit: www.cejkasearch.com. ID#152526NJ.

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Gastroenterology

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.

GASTROENTEROLOGY, LONG ISLAND, NEW YORK (NORTH SHORE OF SUFFOLK COUNTY) — Excellent opportunity to join well-established gastroenterology practice in the picturesque seaside village. Practice includes all phases of hospital/office gastroenterology. Competitive compensation package. Send CV to: recruitment.stcharles@chsli.org. EOE.

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ONCOLOGY ANALYTICS — Seeks experienced BC hematologist/oncologist to assist our clinical team which provides clinical decision support to health plans. See http://www.oncologyanalytics.com/?page_id=31 for details. Fax resume to: 800-264-6128 or e-mail: marc@oncologyanalytics.com

SOUTHERN FLORIDA, PALM BEACH COUNTY — Well-established four-physician Hematology/Oncology practice is looking for a BE/BC candidate. Excellent benefits leading to partnership. E-mail: llrose@mspb.md; or fax: 561-968-0483.

YOUNGSTOWN, OHIO: THE HOPE CENTER FOR CANCER CARE — Is looking for a BC/BE Medical Oncologist to join its well-established group. The practice is located in northeast Ohio and is comprised of six Medical Oncologists with offices in Warren and Boardman. This position offers a competitive starting salary with a full benefits package with the possibility of partnership. Contact Bryan Arnwine at: 817-567-3005 for more information, or e-mail your CV to: bryan.arnwine2@mckesson.com. Visit our website at: <http://hopecancercare.com/>

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BOSTON AREA HOSPITALIST — Beth Israel Deaconess Hospitals in Boston, Milton, Needham, and Plymouth are Equal Opportunity Employers. We seek hospitalists for day and night positions. Women and minorities are particularly encouraged to apply. Carol Hart, 330 Brookline Avenue, Span2, Boston, MA 02215; chart@bidmc.harvard.edu; 617-754-4677; fax: 617-632-0215.

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INTERNAL MEDICINE, MASSACHUSETTS, BOSTON — Large multispecialty group affiliated with larger health system north of Boston. Outpatient only, 24/7 hospitalist support. Full-time and part-time positions. Minutes to Boston. Flexible hours, full EMR, physician mentoring. Extremely competitive compensation and benefits packages. Eight weeks paid time off. Voted one of "Boston's Best Places to Work." Boston@physician-openings.com

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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 Lauver, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240. Fax: 207-795-5696; e-mail: JLauver@cmhc.org; or call: 800-445-7431. Not a J-1 opportunity.

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Interested candidates should email a current C.V. and letter of interest addressed to: Joseph Cheung, Professor and Chairperson, Department of Medicine, C/O Abe Hedgcock, Department of Physician Recruitment, Temple University School of Medicine, 3420 N. Broad Street, Medical Research Building, Suite 101, Philadelphia, PA 19140 Email: abraham.hedgcock@tuhs.temple.edu Phone: 215-707-0932.

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Basic Requirements: Applicant must meet the physician qualification standards as outlined in VHA Handbook 5005 for citizenship; education; licensure and registration; physical standards; and English proficiency. The candidate must also have academic and teaching experience.

Preferred:

- Successful candidates must be eligible for appointment at the Yale University School of Medicine at a level commensurate with experience. This entails prior experience in academic medicine and teaching.
- Candidates must be board certified or board eligible in Internal Medicine or Family Practice.

For detailed information on this position, including how to apply, please view the posting at:

<https://www.usajobs.gov/GetJob/ViewDetails/363984600>

Questions may be directed to:

Troy Fedison, HR Specialist at 203-932-5711 Ext: 5424
or Troy.Fedison@va.gov

Position is opened until 06/16/2014.



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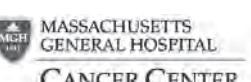
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Interested and qualified candidates please visit our website at www.inspiredphysicians.org or send a letter of interest and CV to:

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Chief, Internal Medicine and Adult Primary Care
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MGH Community Faculty Position

Massachusetts General Hospital Cancer Center Division of Hematology/Oncology

The Massachusetts General Hospital Cancer Center currently seeks applications from board-certified or board-eligible medical oncologists/hematologists for a Medical Director based at a community hospital in New Hampshire. While primarily focused in the community, this position will have strong oversight and connections to the main campus.

Interested candidates should have a record of success in the clinical care of hematology/oncology patients. Confidence working in a community environment, and dedication and willingness to participate in a multidisciplinary care setting are essential. Candidates should be caring, compassionate, willing to involve patients and families in the decision-making process, and able to coordinate care with colleagues in various departments. Candidates must also be motivated to work with leadership teams in the community and the main campus to build community programs. Physicians with New Hampshire licensure preferred.

Women and minority candidates are urged to apply. Interested applicants are invited to submit their curriculum vitae and names of three references to:

Bethyl Rose:
Assistant to David P. Ryan, M.D.
Chief, Division of Hematology/Oncology
Massachusetts General Hospital Cancer Center
10 North Grove Street, LRH 208
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We are seeking multiple general internal medicine physicians to collaborate with our subspecialty physician authors to improve the quality content for online products. The physician will work part-time in clinical practice with the remainder of time working at our corporate office in the Dallas, Texas area. Clinical work can be just one week of Hospitalist job per month or two days per week for outpatient practice. Non-clinical work is weekdays 8AM to 5PM with no calls or weekends.

The ideal physician will have exceptional communication skills, superior medical knowledge, and passion for training future physicians. Internal medicine residents who plan to stay in internal medicine and are willing to relocate are welcome to apply. Dallas is physician friendly, has a great climate, low cost of living, no state income tax, and a growing economy. We offer a competitive salary and a comprehensive benefits package. This is a good growth opportunity that is not commonly offered with 100% clinical work.

Qualified applicants should email their cover letter, CV, USMLE scores, and 3 sample USMLE- or ABIM-style internal medicine questions (in MS Word or PDF format) to:

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781.756.2111 (Phone) | 781.756.7274 (Fax)
1021 Main St., 2nd Floor, Winchester, MA 01890

Opening of the Director's Position and Faculty Positions in the New Institute of Health Informatics at Peking University

Peking University is establishing a new Institute of Health Informatics that aims to advance research and teaching in all areas of health informatics. Director's position and several faculty positions at all academic levels are open for application.

Faculty in the new institute can have joint appointments at Peking University's Medical Center and the School of Interdisciplinary Research. Faculty are expected to develop new methodologies and technologies to manage, query, and analyze clinical data and/or perform innovative analysis to find new patterns and trends that have significant impact on clinical practice or health policy. Faculty are especially encouraged to interact with the university's nine affiliated hospitals and other health care organizations in China to take advantage of China's vast clinical resource. Faculty are expected to teach core courses on the curriculum.

The Director, in addition to his/her role as a faculty member, is also expected to lead the institute in world-class research, develop a comprehensive curriculum, recruit faculty members, and establish collaborations with the university's nine affiliated hospitals and other health care organizations in China.

Candidates should have a doctorate degree and strong research background in a related field. Hiring levels will be commensurate with experience and achievements. Interested applicants please send CV, research statement, teaching statement, five representative publications, and contact information of three references to **Ms Siyuan Gong** (gongsy@pku.edu.cn), and include a cover letter indicating the position applying to.

Peking University provides competitive salary and funding support for research and teaching. Successful candidates may also be supported by the Peking-Tsinghua Center for Life Sciences. The recruitment continues until all the positions are filled.

CHIEF RESIDENT IN QUALITY AND PATIENT SAFETY

Two openings available for one-year post-residency training in Quality and Patient Safety at the PG-4 Chief Resident level. Program is based at the Central Texas Veterans Health Care System (CTVHCS) under the affiliation with Texas A&M University Health Sciences Center and co-managed with the Baylor-Scott & White residency program. Eligible candidates must be graduating from an Internal Medicine or Psychiatry residency program by June 2014. Chief residency lasts for one year from July 2014 to June 2015. Program consists of local didactics on principles of quality management, enterprise risk management, and patient safety augmented by twice monthly sessions with national faculty as well as hands-on training camps twice a year on quality management.

The selected candidates will function under the direction of the Deputy Chief of Staff of the CTVHCS and will be direct participants in various quality and safety committees, work groups, and initiatives in the medical center. The chief resident will be expected to provide lectures to residents and medical students regarding topics in quality management and patient safety. Time will be allowed for clinical practice of the selectee.

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

Dr. Kevin Carlin (Kevin.Carlin@va.gov)

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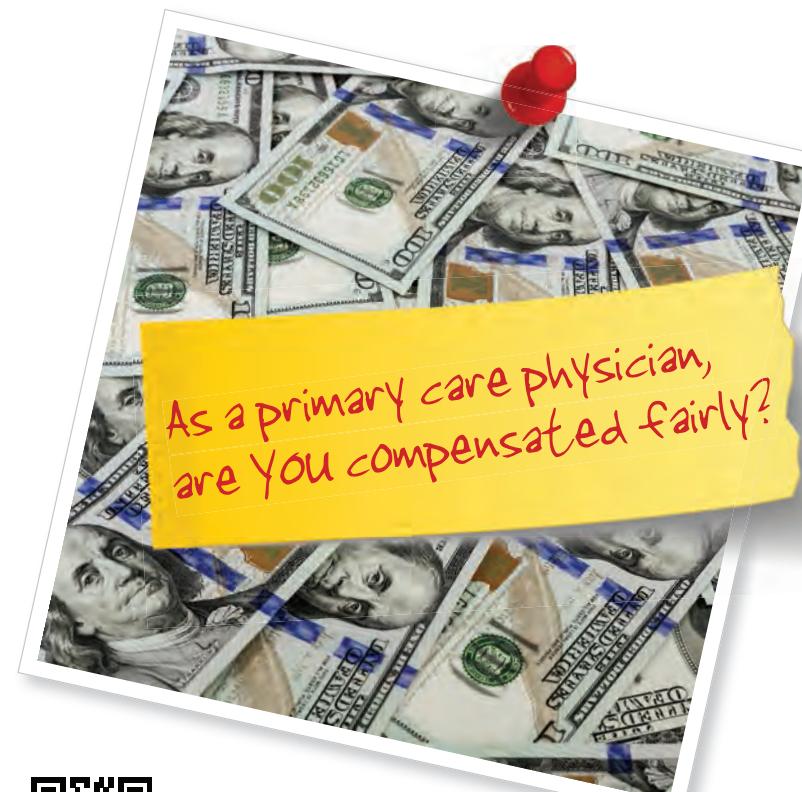
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Please send CV's to **Laura Schofield**, Director of Physician Recruitment, Cambridge Health Alliance, 1493 Cambridge St., Cambridge MA 02139. Email: Lschofield@challiance.org; Phone: 617-665-3555; Fax: 617-665-3555.

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Infectious Disease Faculty Position at Memorial Sloan Kettering Cancer Center

The Infectious Diseases Service in the Division of General Medicine, Department of Medicine at Memorial Sloan Kettering Cancer Center has an Assistant/Associate Member position available for a board certified or eligible Infectious Diseases physician. Of particular interest are individuals with a clinical and clinical research interest in the infections of the highly immunocompromised host, including patients undergoing allogeneic hematopoietic stem cell transplantation. This position will involve inpatient and outpatient consultative work at Memorial Hospital, a 470-bed hospital for cancer treatment. Opportunities for clinical research and teaching are available.

Interested applicants should send their Curriculum Vitae, a letter describing his/her research interests and the names of three references to:

Eric G. Pamer, M.D.
Chief, Infectious Disease Service
Head, Division of General Medicine
Memorial Sloan Kettering
Cancer Center
1275 York Ave.
New York, New York, 10065



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Interested candidates are requested to submit a current Curriculum Vitae to the email address below for consideration.

Committee Chair

Ron M. Walls, M.D., Chair, Department of Emergency Medicine
Brigham and Women's Hospital
Neskey Family Professor of Emergency Medicine, Harvard Medical School
bwhorthosearch@partners.org

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Please send cover letter and CV to: Stefanos Pappas, M.D., Acting Assistant Chief, Division of Cardiology, Attn: Michele Iapicca, Newton-Wellesley Hospital, 2014 Washington Street, Newton, MA 02462; Fax: 617-244-9841; E-mail: miapicca@partners.org.

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The Hollings Cancer Center is designated by the National Cancer Institute and has state-of-the-art clinical and research facilities including a clinical trials office with a growing multi-center trials network, a Phase I trials program, a robust bio-repository and tissue analysis resource, a genomics core, and a cell evaluation and therapy facility. The Center has established programs in developmental cancer therapeutics, cancer immunology, cancer genes and molecular regulation, and cancer control. In addition, MUSC holds a Clinical and Translational Science Award.

The Medical University of South Carolina is located in historic Charleston on the Atlantic Ocean, a city known for its rich cultural offerings and recreational activities. Interested applicants should forward their CV and the names of three references to campbetb@musc.edu. For more information about the Hollings Cancer Center consult our website at <http://www.hcc.musc.edu>.

Andrew S. Kraft, M.D.
Director, Hollings Cancer Center
Chair of the Search Committee
email: campbetb@musc.edu

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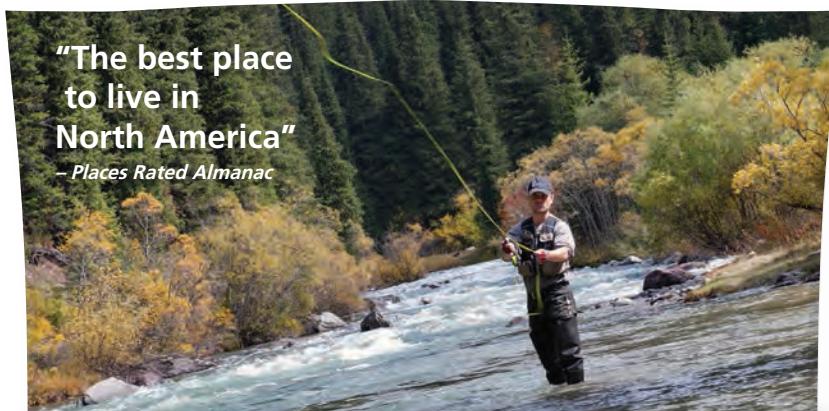
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Memorial Sloan Kettering
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Interested candidates should submit a statement of interest with their curriculum vitae and bibliography via e-mail to:

Larissa Temple, M.D.
Chair, Search Committee, Director, Hospital Infection Control
c/o Clara Izarry, Academic Administrative Manager
Memorial Sloan Kettering Cancer Center, (izarrac@mskcc.org)

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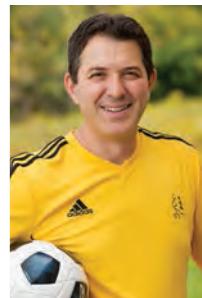


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Chief, Division of General Medicine
300 North Ingalls, Room NI7C27
Ann Arbor, MI 48109-0429
FAX: 734-936-8944
squigley@umich.edu

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

Interested candidates should forward a letter of application and a CV to:
Charles Safran, M.D.
Chief, Division of Clinical Informatics @ BIDMC
csafran@bidmc.harvard.edu

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NEUROLOGISTS

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CVs will be reviewed by:
Daniel G. Larriviere, M.D., J.D., FAAN
Department of Neurology,
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Requirements:

- Board Certification in Infectious Disease
- Exceptional clinical skills
- Demonstrated experience in program development with expertise in fiscal performance, quality initiatives, and strategic planning

- Dedication to graduate medical education
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