RESIDENT REACH

A Special Reprint of the Classified Advertising Section from the October 10, 2013, Issue of the New England Journal of Medicine

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As a resident nearing completion of your training, I'm sure that finding the right employment opportunity is a top priority for you. The New England Journal of Medicine (NEJM) is the leading source of information about job openings, especially practice opportunities, in the country. Because we want to assist you in this important search, a complimentary reprint of the classified advertising section of the October 10, 2013, issue is enclosed.

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Our popular Clinical Practice articles are evidence-based reviews of topics relevant to practicing physicians. A reprint of the September 19, 2013, article, “Clinical Practice: Carotid Stenosis,” is included. Expanding upon this series, we created Clinical Therapeutics — review articles that focus on a specific therapy (e.g., medication, device, or procedure) for a given clinical problem.

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A career in medicine is challenging, and current practice leaves little time for keeping up with changes. With this in mind, we have developed these new features to bring you the best, most relevant information in a practical and clinically useful format each week.

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Jeffrey M. Drazen, MD
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CLINICAL PRACTICE

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

Carotid Stenosis

James C. Grotta, M.D.

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

A 53-year-old woman who smoked and had hypertension had brief numbness of the right side of her body. Six months later, aphasia and right hemiparesis suddenly developed, and they resolved after 48 hours. Computed tomographic angiography (CTA) showed left internal-carotid-artery stenosis of 70% just distal to the bifurcation. Magnetic resonance imaging (MRI) confirmed a left frontotemporal infarct without hemorrhagic transformation or cerebral edema. Cardiac evaluation was normal. What is the appropriate management of this patient’s carotid stenosis?

THE CLINICAL PROBLEM

Carotid artery disease causes approximately 10 to 20% of strokes, and appropriate intervention is important for secondary and possibly primary stroke prevention. The degree of carotid stenosis is the strongest determinant of stroke risk.

ATHEROSCLEROSIS

Atherosclerosis, the most common disease affecting the carotid artery, occurs most frequently at its bifurcation (Fig. 1A and 1B). Atherosclerotic plaques cause symptoms most often through distal embolism to branches of the retinal or cerebral arteries; hemodynamically significant luminal stenosis may also result in critical reduction of perfusion.

Most emboli result from activation of platelets on the plaque surface; less frequently, they result from cholesterol particles. An “unstable plaque” with rupture of the cap may cause emboli. Emboli in retinal arterioles lead to transient monocular blindness (amaurosis fugax). Emboli in the cerebral circulation most often lodge in the middle cerebral-artery branches, but they can also end up in anterior or posterior cerebral-artery branches, depending on the anatomy of the circle of Willis. If patients who have had a stroke attributed to carotid disease are questioned closely, at least 50% report symptoms preceding the stroke that are consistent with a transient ischemic attack (TIA). Stroke syndromes related to carotid disease involve some combination of motor or sensory symptoms (involving the contralateral face, arm, or leg) or speech, language, or visual symptoms.

Reduction of flow due to high-grade stenosis causes symptoms referable to brain regions at the border zones between the anterior, middle, and posterior cerebral arteries, where perfusion pressure is the lowest and most vulnerable to further reduction by proximal stenosis. Such lesions often cause repetitive TIAs that are brief (<1 minute), sometimes with limb shaking, as compared with embolic TIAs, which tend to be longer (5 to 30 minutes). Border-zone (“watershed”) infarcts can be distinguished from embolic infarcts on brain imaging (see Fig. S1a and S1b in the Supplementary Appendix, available with the full text of this article at NEJM.org).
The prognosis for patients with carotid disease is most closely linked to the degree of stenosis, with a 2-mm residual luminal diameter or a 60 to 70% reduction in diameter associated with a marked increase in the risk of stroke. Plaque ulcerations are common, but they do not strongly correlate with subsequent ipsilateral ischemic stroke.

Whereas total occlusion of the carotid in some patients results in a devastating stroke, it can be asymptomatic in patients with adequate collateral flow to the intracranial arteries. The contralateral carotid provides collateral flow through the anterior communicating artery (Fig. S2 in the Supplementary Appendix). Consequently, contralateral carotid stenosis or occlusion is an important determinant of risk that should be considered in planning treatment. Carotid siphon atherosclerosis can also cause TIAs and strokes.

Dissection and Fibromuscular Dysplasia
Dissection of the carotid artery is a common cause of stroke in patients younger than 45 years of age, and it is frequently detected by means of noninvasive vascular imaging. Carotid dissection usually occurs about 2 cm distal to the bifurcation (Fig. S3a in the Supplementary Appendix), and it may be related to trauma to the artery by the transverse processes of the C2 and C3 vertebrae or the styloid process. Dissection, which can occur spontaneously, is due to a hematoma in the tunica media that ruptures through the intima and compromises the arterial lumen. If the dissection extends toward the adventitia, a dissecting aneurysm (often erroneously called a pseudoaneurysm) can develop, but these aneurysms rarely bleed unless the dissection extends intracranially. Considerable ipsilateral neck, facial, or head pain occurs in more than 60% of dissections, and if such pain is present after trauma or in association with a TIA or stroke, dissection should be suspected. Horner’s syndrome may also be present as a result of injured sympathetic nerves in the arterial wall, and lower cranial nerves may be compressed. Genetic collagen abnormalities such as the Ehlers–Danlos syndrome (type IV) should be considered in patients with spontaneous dissection.

Fibromuscular dysplasia is twice as common in women as in men, and it is marked by fibrotic thickening of the arterial wall, most often the media (Fig. S3b in the Supplementary Appendix). Fibromuscular dysplasia is associated with intracranial aneurysms and carotid dissection. Both dissection and fibromuscular dysplasia can cause strokes due to embolization or hemodynamically significant narrowing of the luminal diameter.

Other, less common arterial diseases are beyond the scope of this review. Coiling, looping, and kinking of the extracranial carotids are common but rarely of pathologic significance.

STRATEGIES AND EVIDENCE

DIAGNOSIS
A carotid bruit may signal the presence of clinically significant internal carotid artery disease; this finding is present in 70 to 89% of patients with a
2-mm luminal narrowing. However, a bruit is a nonspecific finding, since it is heard in 5% of patients who are 45 to 80 years of age in the absence of clinically significant internal carotid disease.\cite{13}

The various tests for evaluating carotid disease are listed in Table 1. The most common screening test is duplex Doppler ultrasonography (Fig. 2). Ultrasonography is highly accurate in identifying calcification of carotid-artery plaque and intraplaque hemorrhage and measuring the degree of stenosis,\cite{14} and it is indicated in patients who have had ischemic symptoms in the carotid-artery distribution or who have a carotid bruit and would be candidates for intervention. A peak systolic velocity in excess of 200 cm per second usually indicates stenosis of 50% or more.\cite{15}

CTA (Fig. 3) and magnetic resonance angiography (MRA) are widely used to evaluate the carotid artery.\cite{16,17} Carotid Doppler ultrasonography with either CTA or MRA may be sufficient for making clinical decisions about the management of carotid disease. However, in some cases, cerebral angiography may be necessary to provide additional anatomical detail\cite{18} (Fig. 1A and 1B).

The most important information gained from each of these tests is the percentage of stenosis. The measurement method used in the North American Symptomatic Carotid Endarterectomy Trial (NASCET)\cite{19} is used most widely (Fig. 1C). The diameter of the smallest residual lumen is compared with the diameter of the normal artery distal to the carotid bifurcation, according to the following formula: the percentage of stenosis = \[1 - \left(\frac{X_3}{X_2}\right)\] × 100. Imaging also identifies the location of the bifurcation in relation to the angle of the jaw, the extent of plaque, distal arterial tortuosity or stenosis, and the status of contralateral carotid and
collateral flow, and it can usually be used to distinguish atherosclerosis from other conditions (Fig. S3a and S3b in the Supplementary Appendix).

Other techniques to assess carotid atherosclerosis have been described; these include high-resolution MRI of the arterial wall to examine the morphologic characteristics of the plaque,\(^1\) ultrasonographic assessment of the carotid intima–media thickness,\(^20\) detection of microemboli by means of ultrasonography,\(^21\) and imaging of adhesion molecules on the surface of the plaque or inflamed area.\(^22\) However, data are lacking to determine the role of these techniques, if any, in clinical practice.

MEDICAL MANAGEMENT

Aggressive treatment of modifiable risk factors for carotid atherosclerosis — especially hypertension and hyperlipidemia — and cessation of smoking are central to stroke prevention. Measures to reduce stroke risk have been reviewed in a previous Clinical Practice article\(^23\) and in guidelines for primary and secondary stroke prevention.\(^24,25\)

Some aspects of risk-factor management particular to patients with severe carotid-artery stenosis warrant mention. In patients with hypertension, treatment goals must take into account the risk of reduced cerebral perfusion with overly aggressive treatment, pending correction of stenosis. Treated patients should be followed carefully for clinical deterioration, and relative hypotension should be immediately corrected. Furthermore, special attention to blood-pressure control is required to avoid hypoperfusion during carotid endarterectomy or stenting and the hyperperfusion syndrome immediately afterward.\(^26\)

Statin drugs are effective for both primary and secondary stroke prevention, and they may lead to stabilization and even regression of intima–media thickness of the carotid-artery wall.\(^27\)

Antiplatelet drugs logically would be of particular benefit in patients with carotid plaques that cause platelet activation. Patients undergoing carotid endarterectomy have a reduced risk of perioperative stroke if they receive aspirin preoperatively.\(^28\) For long-term secondary prevention of stroke, current guidelines recommend aspirin, clopidogrel, or the combination of aspirin and dipyridamole.\(^24\) The combination of aspirin and clopidogrel is not recommended because of an increased risk of bleeding, but data from studies of coronary stenting suggest that this combination should be routinely used for a short period (e.g., 1 to 3 months) after carotid-artery stenting.\(^29\)

Current guidelines suggest that anticoagulation therapy with heparin followed by warfarin can be used for 3 to 6 months in patients with acute extracranial dissection.\(^24\) Newer oral anticoagulants have not been studied in these patients. Patients with extensive trauma, intracranial dissection, or dissection that is discovered weeks after it occurred probably should not receive anticoagulation therapy. Treatment with antiplatelet agents is a reasonable alternative; a study comparing warfarin with aspirin in patients with a carotid dissection is ongoing.\(^30\)

Patients with fibromus-

### Table 1. Tests to Detect Carotid Stenosis.

<table>
<thead>
<tr>
<th>Test</th>
<th>Feasibility</th>
<th>Accuracy</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasonography</td>
<td>Widely available, rapidly performed</td>
<td>Detects bifurcation only</td>
<td>None</td>
</tr>
<tr>
<td>Magnetic resonance angiography</td>
<td>Requires patient to be immobile for duration of test; not feasible in patients with metallic implants or in severely obese patients</td>
<td>Cannot discriminate subtotal from total occlusion</td>
<td>Gadolinium usually not needed; when used, it carries risk of nephrogenic systemic fibrosis; gadolinium contraindicated in patients with renal insufficiency</td>
</tr>
<tr>
<td>Computed tomographic angiography</td>
<td>Widely available, rapidly performed</td>
<td>Provides good resolution of entire vascular tree</td>
<td>Iodinated contrast material carries risk of nephrotoxic effects; computed tomographic angiography should be avoided in patients with renal insufficiency</td>
</tr>
<tr>
<td>Catheter angiography</td>
<td>Requires angiography team</td>
<td>Excellent</td>
<td>0.5–1.0% Risk of stroke, myocardial infarction, arterial injury, retroperitoneal bleeding</td>
</tr>
</tbody>
</table>
cular dysplasia usually receive aspirin for stroke prevention.

**CAROTID ENDOARTERECTOMY**

*Symptomatic Carotid Stenosis*

In several randomized trials involving patients who had a TIA or stroke associated with ipsilateral carotid stenosis (symptomatic stenosis), carotid endarterectomy reduced the subsequent risk of stroke.\(^{31,32}\) In the NASCET,\(^{31,32}\) among patients with stenosis of 70% or more, the 2-year risk of ipsilateral stroke was 9% in the group of patients randomly assigned to carotid endarterectomy (plus medical therapy) versus 26% in the group assigned to medical therapy alone (P<0.001). The 5-year risks were 15.7% in the endarterectomy group versus 22.2% in the medical-therapy group (P=0.04) among patients with stenosis of 50 to 69%. There was no benefit of carotid endarterectomy in patients with stenosis of less than 50%. Among all patients who were randomly assigned to carotid endarterectomy, perioperative strokes occurred in 5.5% (nondisabling in 3.7% and disabling in 1.8%), death in 1.1%, and wound hematoma in 5.5%. The European Carotid Surgery Trial,\(^{33}\) another randomized trial comparing carotid endarterectomy plus medical management with medical management alone, yielded similar results, with a significant benefit of surgery in patients with stenosis of at least 70%.

A meta-analysis of the major trials of carotid endarterectomy showed that the benefit from this procedure was greatest when it was performed within 2 weeks after a TIA or stroke, rather than later.\(^{35}\)

*Asymptomatic Carotid Stenosis*

Carotid stenosis that is not associated with ipsilateral symptoms (asymptomatic stenosis) is typically detected on screening ultrasonographic examination or as part of the investigation of a symptomatic contralateral artery. The most appropriate management of asymptomatic stenosis is less clear than that for symptomatic disease, despite several randomized trials addressing this question.\(^{36-41}\) The Asymptomatic Carotid Atherosclerosis Surgery study,\(^{39}\) which involved patients with stenosis of more than 60% who were randomly assigned to carotid endarterectomy with medical management or medical management alone, was discontinued after a mean follow-up of 2.7 years. The combined risk of perioperative stroke or death was 1.5%. The risk of ipsilateral stroke projected over 5 years was 5.1% with carotid endarterectomy versus 11.0% without carotid endarterectomy (P=0.004). A similar study in Europe, the Asymptomatic Carotid Surgery Trial,\(^{40}\) showed a similar projected reduction in the risk of stroke with carotid endarterectomy but a higher rate of perioperative stroke or death (3.1%). In both studies, the absolute risk reduction for stroke associated with carotid endarterectomy was only 1 percentage point per year; this finding indicates that a substantial benefit is likely only in patients with a prolonged life expectancy. The absolute risk reduction was 11.0 percentage points among men but only 2.8 percentage points among women. In post hoc analyses, besides female sex, factors associated with increased surgical risk included a long plaque dimension and contralateral carotid stenosis or occlusion.\(^{41}\) Surgical expertise and surgical technique are critically important for minimizing the risk of perioperative complications and realizing the small benefit of carotid endarterectomy. Since these trials were carried out more than two decades ago, before the use of statins and other aggressive approaches to the management of risk factors, it is possible that a benefit of carotid endarterectomy in asymptomatic patients would no longer be observed if both groups received current medical treatment.

**CAROTID STENTING**

Carotid-artery angioplasty with stenting has emerged as an alternative to carotid endarterectomy in patients at high risk for complications.
from endarterectomy such as contralateral occlusion or severe coronary artery disease. The Stenting and Angioplasty with Protection in Patients at High Risk for Endarterectomy study showed that stenting (with an emboli-protection device) was not inferior to endarterectomy with respect to the rate of a composite outcome of stroke, myocardial infarction, or death at 30 days (4.8% vs. 9.8%) and the rate of ipsilateral stroke or death between 31 days and 1 year. Other trials, however, were discontinued because of high rates of periprocedural neurologic events with carotid stenting. More recently, the Carotid Revascularization Endarterectomy versus Stenting Trial (CREST) and the International Carotid Stenting Study (ICSS) have provided additional informative results. In CREST, symptomatic and asymptomatic patients with stenosis of 50% on angiography or 70% or more on ultrasonography or CTA were randomly assigned to the study treatments; this study required training of interventionists and used distal protection devices. CREST showed no significant difference between the stenting and endarterectomy groups overall in the rates of a composite outcome that included major periprocedural complications (stroke, myocardial infarction, or death) and ipsilateral stroke over a 4-year follow-up period (7.2% vs. 6.8%). Whereas the presence or absence of symptoms did not significantly affect the findings, there was a significant interaction of treatment with age: patients younger than 70 years of age had a slightly better outcome after carotid stenting, whereas older patients benefited more from carotid endarterectomy. The endarterectomy group, as compared with the stenting group, had a higher frequency of periprocedural myocardial infarction (2.3% vs. 1.1%) but a lower frequency of periprocedural stroke (2.3% vs. 4.1%). At 2 years of follow-up, the rate of carotid restenosis (a predictor of subsequent stroke) was relatively low (approximately 6%) in both groups. Among patients in the ICSS, only short-term follow-up has been reported, but for those randomly assigned to carotid stenting there was a significantly increased risk of stroke, death, or myocardial infarction at 120 days. In both studies, medical management was at the discretion of the treating physician.

In aggregate, the available data provide support for carotid endarterectomy or carotid stenting in most patients with symptomatic stenosis of more than 70% (number needed to treat to prevent one stroke at 24 months, 6), in selected patients with symptomatic stenosis of 50 to 69% (number needed to treat to prevent one stroke at 5 years, 15), and in a selected subgroup of asymptomatic patients with a low risk of periprocedural complications (e.g., no clinically significant cardiopulmonary or other coexisting conditions and an age younger than 70 years) (number needed to treat to prevent one stroke at 5 years, 17). Carotid endarterectomy is currently considered the preferable intervention in most patients, although selected patients (e.g., those
younger than 70 years of age with favorable anatomical features or symptomatic patients with severe stenosis who have coexisting conditions conferring a high surgical risk) may benefit more from carotid stenting.

**Areas of Uncertainty**

The benefits of carotid endarterectomy or carotid stenting in addition to current medical therapy, as compared with current medical therapy alone, are uncertain in patients with asymptomatic carotid stenosis, especially women. The most appropriate timing and choice of carotid intervention after stroke also remain uncertain, as do the timing and choice of procedure in patients with carotid stenosis who require other major surgery, especially coronary-artery bypass grafting. It is not known whether improvements in techniques of carotid stenting will result in reduced rates of complications. Data are lacking on the benefits and risks of carotid stenting in patients with dissection or fibromuscular dysplasia; these patients are at high risk for complications from intervention, and dissections often heal with medical management. The most appropriate duration of dual antiplatelet therapy after carotid stenting is also uncertain.

**Guidelines**

Guidelines for the treatment of patients with carotid stenosis have been published previously. The recommendations in this article are generally consistent with these guidelines.

**Conclusions and Recommendations**

The patient described in the vignette had a TIA, and 6 months later she had a stroke due to embolization from a stenotic atherosclerotic plaque in the left internal carotid artery. She is at high risk for subsequent stroke, and the carotid stenosis should be treated. On the basis of a meta-analysis of randomized trials and current guidelines, I would recommend treatment within 2 weeks after her stroke. Either carotid endarterectomy or stenting is an option for management. Whereas carotid endarterectomy is preferred in many cases, given this patient’s relatively young age as well as her recent stroke, which increases the risks associated with surgery and general anesthesia, I would consider her to be a good candidate for carotid stenting as long as the lesion could be treated with this approach. Advice and treatment are needed to help her quit smoking. Her hypertension should be well controlled; she should receive statin therapy. Although the most appropriate duration of combined therapy with aspirin and clopidogrel after stent placement remains unclear, I would provide treatment with aspirin and clopidogrel for 1 month and then aspirin indefinitely.

Dr. Grotta reports receiving consulting fees from Merck, Haemonetics, Genentech, Janssen, Pfizer, Lundbeck, and Ferrer; lecture fees from IPG and Vindico; a grant to his institution from Haemonetics; and royalties from patents regarding a method for treating cerebral ischemia. No other potential conflict of interest relevant to this article was reported.

Disclosure forms provided by the author are available with the full text of this article at NEJM.org.
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Geriiatrics — Excellent opportunities for full-time BC/BE Geriatricians to join a progressive and expanding PACE program or a thriving Geriatric Consultative Services group. Both part of award-winning Rochester Regional Health System, these opportunities provide generous employed compensation and benefits packages. Going to the National PACE Association Conference this October in Miami? Schedule a meeting with RGH representations at the event to learn more about these great career opportunities. For details, e-mail your CV to: kathy.pieisel@rochestergeneral.org and submit an application at: www.rochestergeneral.org. EOE/AA M/F/V/D/V.

Hematology-Oncology

THORACIC ONCOLOGY, THE BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) — Is searching for a medical oncolgist with expertise in Thoracic Oncology to join the Hematology-Oncology Division at BIDMC. The successful candidate will build a clinical practice in thoracic oncology and assume an integral role in the development of clinical trials. Faculty appointment at the Harvard Medical School will be commensurate with experience and accomplishments. The BIDMC is an Equal Opportunity Employer. Applications from women and under-represented minorities are encouraged. Direct expressions of interest and CV to: Lowell E. Schnipper, MD, c/o Tanya Leger, 330 Brookline Avenue, Rabb 450, Boston, MA 02215; leger@bidmc.harvard.edu

GASTROINTESTINAL ONCOLOGY, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) — Is searching for a medical oncolgist with expertise in Gastrointestinal Oncology to join the GI/Hepatobiliary Cancer Program and Hematology-Oncology Division. The successful candidate will build a clinical practice in GI oncology and assume an integral role in the development of clinical trials. Faculty appointment at the Harvard Medical School will be commensurate with experience and accomplishments. The BIDMC are Equal Opportunity Employers. Applications from women and under-represented minorities are encouraged. Direct expressions of interest and CV to: Lowell E. Schnipper, MD c/o Tanya Leger, 330 Brookline Avenue, Rabb 450, Boston, MA 02215; leger@bidmc.harvard.edu

Hematology-Oncology

Classified Advertising

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Check out NEJM classifieds on the web at NEJMCareerCenter.org.
NEW JERSEY, FIVE-PERSON HEMATOLOGY/ONCOLOGY PRIVATE PRACTICE — In southern NJ seeks a BC/BE medical oncologist/hematologist. Practice located in Philadelphia suburb. Practice is affiliated with NCI designated Comprehensive Cancer Center, participating in both cooperative group clinical trials and industry based clinical trials. Comprehensive benefit package available, as is partnership track. Send CV to: jlosse@hoasj.com

FULL-TIME FACULTY POSITION NOW AVAILABLE — In the Division of Hematology/Medical Oncology at Downstate Medical College, State University of New York in Brooklyn. Dual board certification essential. Position is that of rising Assistant or Associate Professor of Medicine. Candidates should have, or be eligible for grant support for their research. Undergraduate and postgraduate teaching. Research and group protocols opportunities. Participation in practice at the University Hospital expected. E-mail CV to: abraverman@downstate.edu

DUKE MEDICINE AND DUKE CANCER NETWORK — Are recruiting an additional Hematology-Oncology physician to join its free-standing community cancer center in Lumberton, NC. Interested physician can be involved in community-based clinical research and enjoy academic link to Duke. Call is consultative only; no rounding responsibilities. Stellar 452-bed community hospital has 20+ year relationship with Duke. Lumberton, Fayetteville, and surrounding communities offer many shopping, dining, and cultural venues. Public, private, and higher educational options available. Enjoy low cost of living and ability to achieve work/life balance. Interested candidates should submit CV and letter of interest to: Christy Gannon, Duke Medicine, via: christy.gannon@duke.edu

WOULD YOU BE AVAILABLE? — Are you working part-time, or have a flexible schedule? PRN locum tenens coverage needed for two busy Oncologists in historic Savannah, Georgia. Ideally, seeking Oncologist coverage for 6 to 8 weeks per year. Requirements include Board Certification and Georgia License. For immediate consideration, please forward a copy of your CV to James Tucker via e-mail to: jtucker@lcccssav.com. No agencies.

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

FLORIDA'S WEST COAST, IMMEDIATE OPPORTUNITY — Tampa Bay area community cancer center seeks energetic, congenial, entrepreneurial BC/BE medical oncologist/hematologist interested in fast-track partnership/ownership with radiation, diagnostic imaging, chemotherapcy, and clinical trials. Reply: ppcc@tampabay.rr.com; or fax: 727-954-9457.

MINNESOTA, MORA — We have an immediate opening for a full-time medical oncologist in our Northern Minnesota outreach locations, primarily in Mora and Cloquet. MN. Some regional travel will be required. Excellent salary and benefits will be offered to the selected candidate. Please send your CV to: dean.walker@usoncology.com; or call Dean Walker at: 281-863-4866.

CENTRAL ILLINOIS HEMATOLOGY ONCOLOGY (CHOCO) — Board certified/eligible to join expanding Hematology/Oncology practice. CCOP, clinical trials, and medical school affiliation. Independent medical or research interests encouraged. Primary Hematology and/or Oncology emphasis equally encouraged. Excellent starting salary/benefits. Outstanding community, schools, and cultural opportunities. Calls to Drs. Lanzott, Agamah, or Matthews encouraged: 217-525-2524. Send resume to: Edem Agamah, MD, 747 North Rutledge, Suite 2204, Springfield, IL 62702-6700 or e-mail c/o Sue Coffee at: scoffee@choco.com

ARIZONA ONCOLOGY IS SEEKING — A BC/BE Hematologist/Medical Oncologist to join us in Phoenix. Arizona Oncology is a physician owned community oncology practice. We offer a competitive salary and benefits with the opportunity for partnership. Contact Dean Walker at: 800-381-2637, ext. 4866. Visit our website at: www.arizonaconcology.com

ARIZONA, ONCOLOGY — The largest hematology/oncology practice in Arizona seeks a BC/BE Hematologist/Medical Oncologist to join us in Tucson. Arizona Oncology is a physician-owned community based oncology practice. We offer a competitive salary and benefits with the opportunity for partnership. For consideration, please contact Dean Walker at: 281-863-4866; or e-mail your CV to: dean.walker@usoncology.com

SAN FRANCISCO AREA, PRIVATE PRACTICE OPPORTUNITY — In a comprehensive setting, for a clinically well trained, self motivated individual. Position available immediately. BC/BE in Medical Oncology and Hematology required. Send CV to: radoncmedonc@gmail.com

HOSPITALIST

NOCTURNIST, COMMUNITY HOSPITAL — Full- and part-time opportunities. Flexible scheduling; 8–14 shifts per month. Competitive salary and full benefits. Premier 170-bed community hospital, family friendly culture, good relations with referring physicians, located 30 minutes from Boston. Please send your CV to Jennifer Hart at: jhart@emersonhosp.org. Not a J-1 or HI-B opportunity.


HOSPITALIST, MASSACHUSETTS — Physician. Hospitals needed in the Boston area. 300K Potential. Multiple locations. Seeking Hospitalists for both academic and nonacademic. Full comprehensive benefits package including malpractice. Massachussetts@physician-openings.com

PHYSICIAN, DAY HOSPITALIST, (MULTIPLE OPENINGS) — Full-time position working for University Medicine Foundation, Inc. providing Hospitalist services at Rhode Island Hospital in Providence, RI. Requirements include BE in Internal Medicine. Send resume to: Tommy Lederer, Chief HR Officer, University Medicine Foundation, 593 Eddy Street, Jane Brown Room 056, Providence, RI 02903.

PHYSICIAN, DAY/NIGHT HOSPITALIST, (MULTIPLE OPENINGS) — Full-time position working for University Medicine Foundation, Inc. providing Hospitalist services at Rhode Island Hospital and intensive care unit at The Miriam Hospital, in Providence, RI. Requirements include BE in Internal Medicine. Send resume to: Tammy Lederer, Chief HR Officer, University Medicine Foundation, 593 Eddy Street, Jane Brown Room 056, Providence, RI 02903.

PHYSICIAN, RESPIRATORY INTENSIVE CARE UNIT HOSPITALIST, (MULTIPLE OPENINGS) — Full-time position working for University Medicine Foundation, Inc. providing inpatient services in the respiratory care unit at Rhode Island Hospital and intensive care unit at The Miriam Hospital, in Providence, RI. Requirements include BE in Internal Medicine. Send resume to: Tammy Lederer, Chief HR Officer, University Medicine Foundation, 593 Eddy Street, Jane Brown 056, Providence, RI 02903.

HOSPITALIST, NEW HAMPSHIRE — Physician needed. Southern, minutes to Boston. Acute care facility, full time, 7 on and off. Block schedule, outstanding compensation, and a full comprehensive benefits package also. Central region: Top Hospital in the State. $40K Sign-on bonus. 24/7 Hospitalist program. 12-hour shifts. Best place for raising children, with comfortable neighborhoods, affordable housing, good public schools. Lorileo@neprc.com

MAINE COAST: HOSPITALIST, NOCTURNIST, AND DIRECTOR — Pen Bay Medical Center, Rockport, Maine, has multiple opportunities for BC/BE Hospitalists including Director, Nocturnist, and staff Hospitalist. All at 863-2525 direct.Hospital has 24/7 block scheduling, broad subspecialty support, excellent salary and benefits, relocation, and loan repayment. 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.

CLASS ADS IN PRINT. CLASS ADS ON THE WEB. NEJMCareerCenter.org
HOSPITALIST, MAINE — Physician needed. 15 shifts per month, $190K +, $15K + incentive and very generous loan forgiveness. Established 180+ bed Medical Center located Southern/Central Maine seeking two Hospitalists. Full support of PCPs and 12-hour block shifts. Some teaching responsibilities. Generous loan forgiveness program available! Will consider H-1 and J-1. maine@physician-openings.com

HOSPITALIST, CONNECTICUT PHYSICIAN — Yale teaching opportunity. Yale-New Haven Hospital seeking Hospitalists, Nocturnists, and per diem Hospitalists for Clinical and Teaching rotations. Base salary plus a bonus structure based upon 20% of collections averaging about $25K-$55K per year. Fantastic benefits structure with 38 days PTO, malpractice with tail, yale@physician-openings.com

HOSPITALIST, CONNECTICUT — Academic, Southwest, Fairfield County, Full time. 100 Top Hospitalists. Teaching and precepting Residents. Also, Yale teaching opportunity. Yale-New Haven Hospital, New Haven. Base salary plus bonus structure. 710-bed facility, seeking two Hospitalists for our 200+ bed Yale teaching hospital. The position is 20% admin./80% clinical. Offering top pay. yale@physician-openings.com

HOSPITALIST, CONNECTICUT — Physician, Southwest region. Daytime academic Hospitalist. Days only. Monday-Friday, Principle clinician educators for medical residents and medical students. Excellent benefits, including competitive salary, bonus compensation, Innovative, mature, and cohesive team. Easy access NYC or Hartford.
yale@physician-openings.com

SOUTHERN CONNECTICUT HOSPITALIST PROGRAM — Highest salaries in state. Daytime block schedule. 15 patients per shift. Teaching opportunities. Top benefit package. Additional paid vacation and CME. Sign-on bonus and relocation. Send CV and cover to etbhospitalist@gmail.com

SEEKING HOSPITALIST FOR BUSY SIX-OFFICE MULTISPECIALTY PRACTICE. Also, Hospitalist Director needed for our 200+ bed Yale teaching hospital. The position is 20% admin./80% clinical. Offering top pay. yale@physician-openings.com

HOSPITALIST OPPORTUNITY IN NEW HAMPSHIRE — Academic, Ivy League University, Full time. 80-bed hospital, located Southern/Central PA. Dogwood Health Partners is seeking two Hospitalists to join our growing, well-respected, medical group. Position is 12-hour shifts. Includes malpractice coverage. Schedulable time is flexible. Full and part-time positions are available. Pay is very generous. The Dogwood Health Partners is a 240-bed facility located in Southern Maine. The Dogwood Health Partners is seeking a Hospitalist to join our 200+ bed hospital. The position is 20% admin./80% clinical. Offering top pay.

THE HERITAGE VALLEY HEALTH SYSTEM — Is seeking B/E or B/C Internal Medicine or Family Medicine Hospitalists to join a growing, well-respected, collaborative group of physicians providing inpatient and outpatient care at inpatient facilities within the system. Candidates should possess strong skills in inpatient medicine, with an emphasis on quality, teamwork, and resource management. We offer a competitive salary, and a full benefits package, which includes malpractice coverage. Schedulable time is flexible. Full and part-time positions are available. The Heritage Valley Health System is a $450 million integrated delivery network providing comprehensive health care to residents of Allegheny, Beaver, Butler, and Lawrence counties.

Hospitals and Health Systems

HOSPTALIST, VIRGINIA — Thriving physician-owned hospitalist practice is seeking MD/DO for its expanding service. First-year salary of $220K + 40K, disability, expense reimbursement. Full partnership offered after one year. Income potential of $250K+ as partner. Also seeking Nocturnist $130/hour. Requirements: Board Certified/Eligible in Internal Medicine or Family Medicine, unrestricted Virginia medical license. Contact Terri Thomas at: 540-313-4528; terrirue1955@hotmail.com

HOSPITALISTS WANTED — Northeast Florida Hospitalist Group seeking for IM/FP physicians/hospitalists in beautiful Jacksonville, Florida. We offer well above-average salary plus incentives to start with full benefits package, flexible scheduling, sign-on and productivity bonuses, and much more. H-1 Sponsorship opportunities are available. E-mail your CV: shannonhospitalistspecialists@hotmail.com

NATIONALLY RANKED IN U.S. NEWS 2012 AS THE BEST HOSPITAL IN MIAMI — Beautiful 357-bed facility, seeking two dynamic associates for established group. Competitive salary, great health benefits, 401K. Work your dream position, then head to the beach, or the Florida Keys! E-mail CV to: barbvd@live.com; or call: 305-496-3266; 954-673-2650.

HOSPITALISTS — Full-time faculty positions at University of Pennsylvania. Full-time positions in Internal Medicine and Infectious Disease. Send CV to: 215-349-4392; bjennings@uphs.upenn.edu

HOSPITALISTS SEEKING NOCTURNISTS, MICHIGAN — Has an opening for a hospitalist. Position includes a competitive compensation and benefit package. H-1 Visa sponsorship available.

HOSPITALIST OPPORTUNITY IN NEBRASKA — Mary Lanning Healthcare of Hastings, Nebraska is seeking two Hospitalists to join their growing hospitalist program. Hospitalist work includes adult medicine, post-surgical med management, ICU. 12-hour shifts, estimated 16 shifts per month. Consulting staff include Pulmonology/Intensivist physicians, Interventional Cardiology, Infectious Disease, Nephrology, Neurology, General Surgery. Mary Lanning Healthcare is licensed for 180-beds, and has an inpatient Behavioral Services Program with significant geriatric medical population who frequently require medical management. Interested Internists or Internal Medicine/Peds physicians welcome; board eligible or board certification required. J-1 and H-1B are encouraged to apply. Competitive salary and benefit package. Find us at: www.marylanning.org. Send letter of interest along with CV to: barbyd@live.com; or call: 305-496-5615 for more information.

HOSPITALIST OPPORTUNITY IN NEBRASKA — Mary Lanning Healthcare of Hastings, Nebraska is seeking two Hospitalists to join their growing hospitalist program. Hospitalist work includes adult medicine, post-surgical med management, ICU. 12-hour shifts, estimated 16 shifts per month. Consulting staff include Pulmonology/Intensivist physicians, Interventional Cardiology, Infectious Disease, Nephrology, Neurology, General Surgery. Mary Lanning Healthcare is licensed for 180-beds, and has an inpatient Behavioral Services Program with significant geriatric medical population who frequently require medical management. Interested Internists or Internal Medicine/Peds physicians welcome; board eligible or board certification required. J-1 and H-1B are encouraged to apply. Competitive salary and benefit package. Find us at: www.marylanning.org. Send letter of interest along with CV to: barbyd@live.com; or call: 305-496-5615 for more information.

THE UCLA HOSPITALIST SERVICE HAS OPENINGS — For full-time hospitalists and nocturnists at multi-site in the Greater Los Angeles area. Positions include a mix of resident supervision on our ward service, co-management on surgical services, and inpatient coverage at several hospitals. We also staff an outpatient preoperative clinic, post discharge follow up clinic, and select local extended care facilities. The working environment is collegial and intellectually stimulating with a very high physician retention rate. The successful applicant will enjoy a full-time faculty appointment at the David Geffen School of Medicine at UCLA as well as an attractive benefit and pension plan. California medical license required. Please contact Albert Haro at: aharo@mednet.ucla.edu, for further information. UCLA is an AA/EOE employer. Interested individuals may apply by visiting: https://recruit.apo.ucla.edu/app/apply/JPF00057

Infectious Disease

INFECTIONOUS DISEASE PHYSICIAN, NORTHERN VIRGINIA — Seeking to employ a full-time infectious disease physician for an established private practice. Great community with easy access to New York City. Competitive salary with benefits. Please send CV to: njidphysicians@yahoo.com

Search for a job. Post a job.
EXEMPLARY OPPORTUNITY — Full-time or part-time to join eight physician growing and thriving ID group in southern New Jersey/suburban Philadelphia. Practice consists of 100% Infectious Disease with ID, tuberculosis, antibiotic stewardship. Office with ambulatory infusion suite. Available now or 7/14. E-mail CV to: IDJETS@aol.com

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

CAREER IN ID, FOR FELLOWS, GRADUATES — And those wanting to make a career move. Full and PT positions. We are a 100% ID practice. Outpatient/Hospital-consulting group. Competitive salary, medical benefits, and bonus package. Located Smithtown, NY, expanding to Nassau County. E-mail CV to: idmedny@yahoo.com

CHICAGO, NW SUBURBS CLOSE TO O’HARE — Join established single specialty ID group with immediate availability or July for BC/BE candidate. Guaranteed salary, benefits, 1 in 3 call, partnership track. Total package over $200K. Respond in confidence to: bitbull@germbusters.com

INFECTIOUS DISEASE, UPSCALE SUBURB, HOUSTON — Desirable opportunity. Well-established solo practitioner looking to expand. Seeking a BE/BC ID physician for primarily hospital based consults. Salary plus benefits above the mean, plus bonus. Weekdays plus two weekends. Senior partnership opportunity. Contact: capitalid@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: hfr@actonmedical.com. Visit us at: www.actonmedical.com

INTERNIST, WESTERN BOSTON SUBURBS — Seeking internal medicine or family physician for group practices in suburban locations west of Boston. Affiliated with Emerson Hospital, part of a physician network that includes Mas General Hospital. Hospitalist service covers inpatients, readily available subspecialist coverage. Excellent schools, and wonderful small town community for raising family while being close to a major city. No J-1 or H-1B Visas. Please send your CV to: jharr@emersonhosp.org; or call Jennifer Hart at: 978-287-3002.

INTERNAL MEDICINE, MASSACHUSETTS, BOSTON — New outpatient clinic. This prestigious group noted for quality of care, reputation. Collegial and supportive group practice. Comprehensive benefits and competitive compensation. 200 physicians. The Best of Boston. harvard@physician-openings.com

INTERNIST, PRIMARY CARE, AND HOSPITALIST OPENINGS — Live and work in Boston, “the World’s Most Exciting and Sought-after Location.” Play in one of the greatest cities. Fine dining, shopping, theater, concerts, sporting events. Unparalleled educational opportunities. Shopping, top cuisine for every taste. Cultural arts, Endless activities. Excellent public and private schools. Harvard@physician-openings.com


INTERNIST, FAMILY MEDICINE, PLYMOUTH, MASSACHUSETTS — Medical group is seeking several full-time board certified/eligible internists and family medicine physicians. These opportunities are within well-established practices located in a beautiful seaside community south of Boston. Competitive salary and benefit package year residents encouraged to apply. Send CV/ inquiries to: recruitment@pmgphysician.com; or fax: 508-747-8274.

INTERNIST, RHODE ISLAND — Physician needed. Desirable coastal community. Established full practice expanding. Join three physicians, cohesive medical practice. 100% Outpatient, more than 100 providers, 20 office locations, state-of-the-art facilities, modern technology and offer highly competitive salary and benefits package. Minutes to Providence. Visa candidates accepted. rhodeisland@physician-openings.com

INTERNIST, FP, GERIATRIC, MED-PSY PHYSICIAN — To join busy three MD medical group in Providence area, RI. Care involves LTC/subacute care/acute patient care. Office/optional hospital rounding. Hours flexible. Competitive compensation and bonus. J1 eligible. Send CV: hh@med.LTC.com

INTERNIST, FAMILIES, FAMILY MEDICINE, PLYMOUTH, MASSACHUSETTS — Medical group is seeking several full-time board certified/eligible internists and family medicine physicians. These opportunities are within well-established practices located in a beautiful seaside community south of Boston. Competitive salary and benefit package year residents encouraged to apply. Send CV/ inquiries to: recruitment@pmgphysician.com; or fax: 508-747-8274.

BARIATRICIAN, OBESITY MEDICINE, SOUTHERN NEW HAMPSHIRE — 30 minutes to Boston. Driving distance to ocean and mountains. BE/BC Bariatrician (IM or FP) to work NEW Bariatric Center. Manager obesity-related health issues including those who have had bariatric surgery, working closely with our Bariatric Surgery staff. Requirements: negotiable signing bonus, much more! Safe affordable community, excellent school systems. Beautiful Charm. Newhampshire@physician-openings.com

INTERNIST, CONNECTICUT PHYSICIAN — Central region with academic. Earnings potential $200K. Generous bonus incentives. Affluent community close to Hartford. Excellent opportunity for physician with strong interest in teaching. Outpatient only. Affluent community. Connecticut@physician-openings.com

INTERNIST, CONNECTICUT — Outpatient Primary Care opportunities. One of the largest health care systems in Connecticut. Established full practice expanding. Excellent opportunity for physician with strong interest in teaching. Outpatient only. Connecticut@physician-openings.com

CALEB MOORE, MD — Is seeking a highly qualified Internist to join his rapidly growing practice. The insurance-free business model offers the opportunity for tremendous growth both professionally and financially. The practice is located in Darien, Connecticut. 40 minutes from NYC. E-mail resumes to: calebmooremd@gmail.com

INTERNIST, NORTHERN, NJ — Busy, growing multispecialty, NCQA-PCMH, Physician ACO group. Join and grow with us. Competitive salary plus quality care incentives. Please send CV to: jbsch28@yahoo.com

INTERNIST — Established solo practitioner with physician assistant. Beautiful western Morris County (NJ). University-affiliated with hospitalist coverage. EMR. Excellent compensation package. Desire for ownership preferred. Response: cpm55@cornell.edu

INTERNIST, PRINCETON, NJ AREA — Established practice seeking IM to replace retired partner. Office-based, no hospital, EMR, easy call, strong PO, excellent quality of life. Only 3–4 patients/hour; four-day week. Partnership w/o buyin. Available immediately or Summer 2014, Full benefits. 401(k) Fax CV to: (609) 443-0041; or: Job@HightstownMedical.com

IM, MANHATTAN, NEW YORK CITY — Established IM outpatient practice. Full-time or part-time position available. Great opportunity for growth. Excellence in patient care. Affiliation with Weil Cornell Medical Center. E-mail: mgfanovich@yahoo.com

For the right opportunity, you need the leading source of information. NEJM CareerCenter.org

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LOWER WESTCHESTER COUNTY, NY — Unique opportunity with a large, prestigious, Mount Sinai affiliated multispecialty practice. The position is office based with minimal hospital on-site. Excellent opportunity for outstanding clinical quality and lifestyle. E-mail resume to: contact@docsmedical.com or fax: 914-725-0098.

IM OR FAMILY PRACTICE — BC/BE Internal Medicine and/or Family Practice physician to join multispecialty ambulatory practice with three locations on Long Island, NY. Existing services include cardiology, PMR, bariatric surgery, podiatry, nutrition, and diabetes education program. We provide competitive compensation and benefits package. Bilingual (Spanish) preferred. Forward resume to: jdelmont@delmonthealthcare.com; or: 516-706-1915. H-1B and J-1 Visa candidates accepted.

CLINICIAN RESEARCHER — The Division of General Internal Medicine, University of Pittsburgh, is seeking both clinician investigators with fellowship training and PhD investigators. We are particularly interested in health services research, clinical epidemiology, comparative effectiveness, and related areas. We welcome focus on Women’s Health, Disparities, and Vulnerable Populations. Academic rank will be Assistant, Associate Professor, or Professor level in the tenure stream. Salary and benefits compete with academic leaders in relevant specialties. Send letter of interest and CV to: Wisha Kapoor, MD, MPH, Pittsburgh, PA 15213; fax: 412-692-4838; or e-mail: nosoka@upmc.edu. The University of Pittsburgh is an Affirmative Action/Equal Opportunity Employer.

EXCELLENT PACKAGE FOR BOARD CERTIFIED/ELIGIBLE — Internal Medicine/Family Practice physician in Northern Virginia, Washington, DC. H-1B/J-1 Visas sponsored. No hospital calls. Growth opportunity. Contact: 540-338-3360; admin@medicususa.com

OUTPATIENT INTERNAL MEDICINE POSITION; IN CHARLOTTESVILLE, VIRGINIA — Martha Jefferson Hospital, a member of Sentara Healthcare, has an employment opportunity for a board certified/board eligible internal medicine physician. Physician will work in collaboration with other providers in the practice and be an active part of the hospital owned primary care group. Inpatient care is provided by 24-hour hospitalist group. At Martha Jefferson, we strive to create a healthcare environment where safety and quality are the cornerstones to delivering exceptional healthcare, and our physicians are actively involved with the Hospital in continuously improving clinical quality and the quality of the patient’s experience. Competitive salary and benefits. This is a J-1 or H-1B Visa opportunity. Contact Kathy Banner at: kabennel@sentrygra.com

OUTPATIENT PRIMARY CARE MEDICINE POSITIONS; IN CHARLOTTESVILLE, VIRGINIA — Martha Jefferson Hospital, a member of Sentara Healthcare, has an employment opportunity for board certified/board eligible primary care physicians. Physicians work in collaboration with other providers in the practice and be an active part of this hospital owned primary care group. Inpatient care is provided by 24-hour hospitalist group. At Martha Jefferson, we strive to create a healthcare environment where safety and quality are the cornerstones to delivering exceptional healthcare, and our physicians are actively involved with the Hospital in continuously improving clinical quality and the quality of the patient’s experience. Competitive salary and benefits. This is not a J-1 or H-1B Visa opportunity. Contact David Stiebhs at: dcs@sentara.com

DUKE MULTISPECIALTY PRACTICE SEEKS INTERNIST — Kernodle Clinic, a 50-member Duke faculty practice with reputation for innovation and quality care, provides services in 15 medical and surgical specialties. Research opportunities available. Centrally located in Burlington, NC, 30 minutes from Durham, Chapel Hill, and Greensboro. Please send CV to: suzanne.anderson@duke.edu

PRACTICE AT THE BEACH — A group of two physicians in Murrells Inlet, coastal South Carolina, are looking for a partner with at least three years of experience in Internal Medicine or Family Practice. Our office is located just minutes from the beach. We practice outpatient medicine but also provide consultations at the acute rehabilitation unit of Waccamaw Community Hospital, less than two miles from the office. We offer an income guarantee, sign-on bonus, and excellent benefits. Motivated candidates, please fax CV to: 843-357-6770.

BC/BI IM OR FM NEEDED IN KENTUCKY — Competitive salary and benefits with signing bonus. No weekend calls. Weekday 1/8. Located in Bath and Menifee County, Kentucky. Could reside in Lexington. J-1/H1 acceptable. CV: 606-674-3036; or e-mail: cklina@ucmc.org

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 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: 866-670-0534; or dkennermountainmed.net

CHICAGO — Internist/practice care needed to join a group in NW suburb of Chicago. Top compensation, PT/FT, loan payment. Bilingual (Spanish or Mandarin) is a plus. Fax CV to: 847-717-6872; or e-mail to: midwestmedicine@gmail.com

PRIMARY CARE PHYSICIAN — Seeking Internal Medicine provider for large friendly practice in SE New Mexico. J-1 applicants welcome. Moderate four day work week. No call. Excellent opportunity for off-site/remote/tele-medicine. University affiliated practice. Send CV to: manda@elanmed.com

IN PATIENT PRIMARY CARE MEDICINE, IN CHARLOTTESVILLE, VIRGINIA — Martha Jefferson Hospital, a member of Sentara Healthcare, has an employment opportunity for a board certified/board eligible internal medicine physician. Physician will work in collaboration with other providers in the practice and be an active part of the hospital owned primary care group. Inpatient care is provided by 24-hour hospitalist group. At Martha Jefferson, we strive to create a healthcare environment where safety and quality are the cornerstones to delivering exceptional healthcare, and our physicians are actively involved with the Hospital in continuously improving clinical quality and the quality of the patient’s experience. Competitive salary and benefits. This is not a J-1 or H-1B Visa opportunity. Contact David Stiebhs at: dcs@sentara.com

SANTA CLARA VALLEY MEDICAL CENTER (SCVMC) — A public teaching hospital, affiliated with the Stanford University School of Medicine, located in the heart of Silicon Valley in San Jose, California is seeking BC/BE internist or family medicine physician for a small group practice that serves a correctional/re-entry population within a large safety net system. Candidates should submit a letter of intent and CV to: roya.rousta@hhs.sccgov.org. SCVMC is an Equal Opportunity Employer.

NEPHROLOGY


NEPHROLOGIST — Busy, employed group in Rochester, NY with a unique mix of academic and clinical practice seeking a full-time BC/BE Nephrologist. Part of award-winning Rochester General Health System, our state-of-the-art offices house a 48-station hemodialysis unit and a home dialysis unit. Strong referral base, clinical research opportunities, and excellent compensation package. Shared call for high quality of life. To apply, visit: www.rochestergeneral.org or e-mail your CV to: kathy.peishel@rochestergeneral.org. EOE/AA M/F/D/V.

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EIGHT-PHYSICIAN NEPHROLOGY GROUP — In Coastal Southeastern United States looking for board certified/board eligible physician. Academic affiliation with Medical School and Residency program. Rapidly growing regional expansion. Strong Nurse Practitioner program to support physician activities. Competitive salary and benefits. Partnership track available. Send resume to: newphysician@yahoo.com

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- geriatrics
- metabolism
- metabolomics
- muscle biology
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Cleveland Clinic
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Cleveland, OH 44195
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Interested candidates should submit a letter of interest, and their curriculum vitae and bibliography to:

Han Xiao, M.D., Chair
Medical Oncology Service Chief Search
c/o Clara Irizarry, Administrative Manager
Office of Academic Recruitment, MH
Memorial Sloan-Kettering Cancer Center
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- Family Practice (ABQ, Clovis, Ruidoso, Socorro)
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For more information in Albuquerque contact:
Kay Kernaghan
Tel: 866-757-5263
or e-mail: kkernaghan@phs.org
For more information for the other locations contact:
Tammy Duran – Porras
Tel: 866-757-5263 or email: tduran2@phs.org
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To apply, send a cover letter and CV to the Program Director(s) at the sites of interest.

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- David Eibling
- Tatjana Bulat
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### Lexington, KY
- Richard Frankel
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Email: shat.grigsby@trinityhealth.org

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For more information contact:
Kay Kernaghan
Tel: 866-757-5263
or e-mail: kkernaghan@phs.org

HOSPITALIST

Evenings, 6:30pm-2:30am

Beth Israel Deaconess HealthCare, a large network of highly-skilled primary care physicians, specialties and a growing referral network. We are an Affirmative Action/Equal Opportunity Employer.

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We are a full-service, not-for-profit hospital with a 24/7 surgical support, 2014. We have an unparalleled reputation for patient care backed by a superior support team. Candidates can expect some of the most competitive physician benefits in the Boston area.

Please send a CV and letter of interest electronically to:

Monique Riebe
Beth Israel Deaconess HealthCare
Email: mribe@bidmc.harvard.edu

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Beth Israel Deaconess HealthCare

We are an Affirmative Action/Equal Opportunity Employer. Women and minorities are encouraged to apply.

Kaiser Permanente Los Angeles Medical Center, Cardiovascular Surgical Intensive Care Program

At Kaiser Permanente Southern California, we believe our achievements are best measured by the health and wellness of the community we serve. That's why we provide a fully integrated system of care guided by values such as integrity, quality, service and, of course, results. If you would like to work with an organization that gives you the tools, resources and freedom you need to get the best outcomes possible for your patients, come to Kaiser Permanente.

CARDIAC INTENSIVIST - Los Angeles, CA

The Southern California Permanente Medical Group’s Regional Department of Cardiac Surgery is the largest open heart surgery program in California. We are looking for qualified physicians to join our elite group of intensivists to do the preoperative and postoperative care of cardiovascular surgical patients. Physicians who are board certified or board eligible in cardiac surgery, cardiology, or critical care from any discipline should apply.

The advantages of working with us reach far beyond our comprehensive network of support and state-of-the-art electronic medical records system. As part of our cross-specialty team, you'll also have access to a compensation and benefits package that's designed to impress you. And our surroundings are equally inspiring. Breathtaking natural beauty, year-round recreational amenities, an amazing climate and more will greet you when you arrive at Kaiser Permanente in Southern California.

As a fully integrated health care system, we are recognized nationally for our quality and information technology achievements. SCPMG, celebrating its sixtieth anniversary, offers an excellent salary, benefits and stability in today’s rapidly changing health care environment. For consideration, please forward your CV to Zorij.Elterman@kp.org, or call: (877) 608-0044. We are an AAP/EEO employer.

THE CHRIST HOSPITAL HEALTH NETWORK

CINCINNATI, OHIO

MEDICAL ONCOLOGIST

The Christ Hospital Health Network is seeking a full-time BC/BE medical oncologist to join our expanding oncology services in the Greater Cincinnati area. We are a compassionate, dedicated group committed to providing the highest quality care in the region. The candidate will be an outstanding, motivated clinician who will be able to work in a collaborative environment with a strong interest in clinical trial enrollment. Although the candidate is expected to care for all cancer types, a specialty interest is encouraged. The position will include a highly competitive compensation package with a full benefits package, including relocation assistance.

THE CHRIST HOSPITAL HEALTH NETWORK ORGANIZATION: The Christ Hospital Health Network (TCHHN) is a regional system of care that extends The Christ Hospital's nearly 125 years of superior care and leadership to more than 100 locations in the Greater Cincinnati area. The Network delivers integrated, individualized healthcare and wellness services through its comprehensive physician network, advanced specialty services and the region's leading hospital, a 555-bed, not-for-profit acute care facility.

In 2013, The Christ Hospital placed three patient care programs among the nation’s best in U.S. News & World Report’s Best Hospitals 2013-14 rankings. The Christ Hospital is nationally ranked for Orthopaedics (29), Geriatrics (29) and Diabetes & Endocrinology (31). The report also ranks The Christ Hospital as the #1 hospital in the Cincinnati metro area and #4 in the state of Ohio, with high performing programs in cancer; cardiology & heart surgery; ear, nose and throat; gastroenterology & GI surgery; gynecology; nephrology; neurology & neurosurgery; pulmonology; and urology. This is the 14th consecutive year The Christ Hospital has been recognized among the nation’s top 50 hospitals by U.S. News.

The Christ Hospital has also been recognized by National Research Corporation (NRC) for seventeen consecutive years as Cincinnati’s Most Preferred Hospital, and in 2010 achieved Magnet® Status from the American Nurses Credentialing Center. The Christ Hospital has also been named one of the nation’s 50 Top Cardiovascular Hospitals by Truven Health Analytics, formerly Thomson Reuters.

Our physicians: The Christ Hospital medical staff includes many of the most well-renowned physicians in the Tri-state area. In fact, National Research Corporation (NRC) ranks them as the area’s best. A number of our physicians are nationally and internationally acclaimed—for their contributions to patient care, teaching and research. The staff includes more than 1,000 physicians across dozens of specialties, including nearly 200 physicians who are employed by The Christ Hospital Health Network.

CONFIDENTIAL INQUIRIES

Chelsea Bramel
Chelsea.bramel@thechristhospital.com

TheChristHospital.com
The Mount Sinai Medical Center’s Department of Medicine is seeking General Internists to develop a robust clinical practice at this first-class medical center.

Competitive salary and compensation packages will be offered along with an opportunity to join our world class organization. Please send your CV to: Aida Vega, MD, Director, Faculty Practice Associates, Department of Medicine, 10 East 102 Street, 5th Floor, New York, NY 10029 or e-mail: aida.vega@mountsinai.org

The Mount Sinai Medical Center is an equal opportunity/affirmative action employer. We recognize the power and importance of a diverse employee population and strongly encourage applicants with various experiences and backgrounds. Mount Sinai Medical Center — An EEO/AA-D/V Employer.

Candidates can expect some of the most competitive compensation and benefits packages in New England.

For all positions, please send a CV and letter of interest electronically to: Monique Riebe, Beth Israel Deaconess HealthCare.
Email: mribe@bidmc.harvard.edu

The Mount Sinai Medical Center is an equal opportunity/affirmative action employer. We recognize the power and importance of a diverse employee population and strongly encourage applicants with various experiences and backgrounds. Mount Sinai Medical Center — An EEO/AA-D/V Employer.

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The Department of Cardiology within the John Ochsner Heart and Vascular Institute in Baton Rouge, Louisiana is searching for a Non-Interventional Cardiologist to join our multispecialty group practice.

We are looking for an energetic non-interventional or non-invasive cardiologist to join our 5 physician Cardiology group at our Baton Rouge campus. Ochsner has a multispecialty physician group of more than 150 physicians based in Baton Rouge (www.ochsner.org) with a 201-bed hospital, the Ochsner Medical Center of Baton Rouge.

The Ochsner Baton Rouge Cardiology group is part of and supported by the larger system-wide Department of Cardiology that includes 41 Board certified cardiologists practicing at eight locations throughout Southeastern Louisiana. The Baton Rouge cardiology group offers a full-service cardiovascular practice including all phases of state-of-the-art cardiovascular disease management including advanced imaging, percutaneous coronary revascularization and open heart surgery.

Baton Rouge, the state capital, is a vibrant, modern city, located less than an hour west of New Orleans. The Baton Rouge metropolitan area has a population of over 600,000 and is home of both Louisiana State University and Southern University.

Please e-mail CV to: cwhite@ochsner.org

Christopher J. White, M.D.
System Chairman for Cardiovascular Diseases
John Ochsner Heart and Vascular Institute
(504) 842-3717

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The Institute of Medicine of the National Academies (IOM) seeks an Executive Officer. This is an exceptional opportunity for a dynamic and creative leader with strong managerial skills who is well versed in health policy, has experience with federal health programs, and seeks to make a positive impact on the public’s health.

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The successful candidate will work closely with the IOM President and will provide intellectual, operational and financial leadership for IOM’s programs and staff in accordance with the policy guidance of the IOM President.

This position requires an M.D., a Ph.D. in a related field, or equivalent knowledge relevant to this position, and 10 years of related professional experience, including 5 years in a supervisory capacity.

For more information about this challenging career opportunity and to apply, please visit our website at http://national-academies.org - click on Careers - select Current Opportunities - and search openings by Department – Institute of Medicine.

Established in 1970 under the charter of the National Academy of Sciences, the Institute of Medicine provides independent, objective, evidence-based advice to policymakers, health professionals, the private sector, and the public. The National Academy of Sciences, National Academy of Engineering, Institute of Medicine, and National Research Council make up the National Academies. Headquartered in Washington, DC, EOE/M/F/D/V.

Chief, Medical Genetics
Department of Genetics
Yale University School of Medicine

The Department of Genetics at Yale University School of Medicine invites applications for the position of Chief of Medical Genetics. The new Chief will direct a comprehensive program including Medical Genetics for the Yale New Haven Health System, a strong research program, and residency training in Medical Genetics. There will be opportunity for additional recruitment. The successful candidate will have an established track record in clinical care, research and education and show exceptional promise for future leadership in the field. Faculty rank will be commensurate with experience.

The Section has primary responsibility for all aspects of Medical Genetics, including prenatal diagnosis, newborn screening, evaluation of children and adults with genetic syndromes, cardiac genetics and cancer genetics as well as cytogenetics and DNA diagnostics. The Section is based in the Department of Genetics, which comprises an exceptional faculty with a storied history in medical genetics as well as strong research in genetics and genomics of human disease, fundamental aspects of genetic and epigenetic regulation of gene expression and development, and deep expertise in model systems including flies, worms, fish and mice. In addition, the Yale Center for Genome Analysis, which is responsible for next generation DNA sequencing and is involved in human disease gene discovery, clinical diagnosis, and other basic research is under direction of members of the Department. The Section is closely allied with clinical care in Pediatrics, Maternal Fetal Medicine, Internal Medicine, Surgery and other clinical specialties.

Review of applications will begin immediately and continue until the position is filled. Curriculum vitae and a concise statement of clinical and research interests should be sent electronically to:

genetics.admin@yale.edu
to the attention of:
Richard Lifton, Chair, Department of Genetics

Yale University is an Equal Opportunity/Affirmative Action Employer and strongly encourages applications from women and minority candidates.

Chief, Medical Genetics
Department of Genetics
Yale University School of Medicine

The Division of Cardiology, Department of Medicine at the University of Washington (UW) School of Medicine is recruiting a full-time Head of the Section of Cardiology based at Harborview Medical Center (HMC). The Cardiology Section at HMC is a full service program with integrated UW medicine and cardiovascular training programs. The successful candidate will have documented effective leadership experience with a strong commitment to patient care, medical education, and research. Evidence of publications; a proven record of collaboration in clinical, translational and health services research; and a demonstrated track record of mentoring fellows and junior faculty is required.

Applicants must have an M.D. (or foreign equivalent) and be board certified/eligible in cardiovascular diseases (or foreign equivalent). In order to be eligible for University sponsorship for an H-1B visa, graduates of foreign (non-US) medical schools must show successful completion of all three steps of the U.S. Medical Licensing Exam (USMLE), or equivalent as determined by the Secretary of Health and Human Services. The successful applicant must qualify for appointment to the full-time faculty at the University of Washington at the Associate Professor (without tenure due to funding) or Full Professor (without tenure due to funding) level commensurate with qualifications.

University of Washington faculty engage in teaching, research and service. Position will remain open until filled.

The University of Washington is building a culturally diverse faculty and strongly encourages applications from women and minority candidates. The University of Washington is an Equal Opportunity/Affirmative Action employer.

Interested applicants should mail, fax or email your cover letter and CV to:

Elizabeth Cito, Manager
University of Washington, Division of Cardiology
Box 356422, 1959 NE Pacific St., Seattle WA 98195-6422
Phone: (206) 616-1040, Fax: 206-616-4847
email: ecito@cardiology.washington.edu

Chief, Medical Genetics
Department of Genetics
Yale University School of Medicine

The Department of Genetics at Yale University School of Medicine invites applications for the position of Chief of Medical Genetics. The new Chief will direct a comprehensive program including Medical Genetics for the Yale New Haven Health System, a strong research program, and residency training in Medical Genetics. There will be opportunity for additional recruitment. The successful candidate will have an established track record in clinical care, research and education and show exceptional promise for future leadership in the field. Faculty rank will be commensurate with experience.

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genetics.admin@yale.edu
to the attention of:
Richard Lifton, Chair, Department of Genetics

Yale University is an Equal Opportunity/Affirmative Action Employer and strongly encourages applications from women and minority candidates.

OCHSNER HEALTH SYSTEM in New Orleans is searching for a CHAIR OF THE DEPARTMENT OF RHEUMATOLOGY. The successful candidate will be a strong clinician with leadership and management abilities. This position will include 20% protected administrative/research time with the majority of Chairman’s time spent in clinical activities. Salary offered will be competitive and commensurate with experience and training.

The department includes six physician members who practice all aspects of Rheumatology including musculoskeletal ultrasound. Teaching and mentoring opportunities include involvement with our medical students, medicine residents and four fellows in our two-year accredited fellowship training program.

Ochsner Health System is a physician-led, non-profit, academic, multi-specialty healthcare delivery system dedicated to patient care, research, and education. The system includes nine hospitals and more than 40 health centers throughout Southeast Louisiana. Ochsner employs over 900 physicians representing all major medical specialties and sub-specialties. We conduct over 300 ongoing clinical research trials annually. We also enjoy the advantage of practicing in a favorable malpractice environment in Louisiana. For additional information, please visit our website at www.ochsner.org.

Ochsner Health System and The University of Queensland School of Medicine Clinical School at Ochsner, providing U.S. medical students with an unprecedented educational experience.

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.

Please visit us during the ACR/ARHP 2013 Annual Meeting in San Diego on October 27-29, 2013, at Booth # 1000.

Interested physicians should send curriculum vitae for review to:

Christopher J. White, M.D.
Associate Medical Director for Medical Specialties
email: profrecruiting@ochsner.org, Ref. # ARCD09
Information: (800) 488-2240. EOE.
Chief, Section of Nephrology  
Department of Medicine  
University of Chicago

The Department of Medicine at the University of Chicago invites applications for the position of Chief, Section of Nephrology. The ideal candidate is an accomplished program builder with a strong background in all aspects of clinical nephrology, an experienced leader to support the Section’s clinical, research and educational efforts, and has a national reputation in scholarship with independent grant funding.

The Section of Nephrology is comprised of 15 full-time faculty and ranked among the best nephrology programs in the country. The strength of the Section reflects the quality and dedication of its faculty, trainees and staff, and is enhanced by the rich environment at the University of Chicago. The clinical programs in the Section of Nephrology are diverse and comprise a number of sub-specialty areas including: end-stage renal disease, renal transplantation, acute renal failure, kidney stones, diabetic nephropathy, and immunological renal diseases. The faculty oversees three hemodialysis centers in the Hyde Park vicinity, as well as an active home dialysis program. The renal transplant program is very active, and provides a variety of options for renal transplantation. The Section, particularly in the areas of end-stage renal disease, transplantation and kidney stones, carries out a diversity of clinical research. Like our clinical activities, the basic science research is also diverse, and includes investigations into acute renal failure, epithelial cell transport and gene expression. The Chief will provide leadership, support and mentoring of faculty for an outstanding clinical and scholarly Section. To apply for this position, please submit a cover letter and CV to Posting Number 01879 at the University of Chicago’s Academic Career Opportunities website at: https://academiccareers.uchicago.edu/applicants/isp/shared/Welcome_css.jsp

Academic appointment will be at the rank of Associate or full Professor, commensurate with years of experience and accomplishment. Compensation includes an excellent benefits package. Applicants must be BC/BE in Nephrology and/or an international equivalent and be eligible for medical licensure in the State of IL.

The University of Chicago is an Affirmative Action/Equal Opportunity Employer.

Dartmouth-Hitchcock Medical Center of the Dartmouth-Hitchcock system is located in Lebanon, NH on the Vermont/New Hampshire border and is New Hampshire’s only integrated, academic, Level 1 trauma center. Home to the prestigious Ivy League Dartmouth College, the Lebanon/Hanover area is a vibrant, academic and professional community offering excellent schools, lively arts, and an unmatched quality of life in a beautiful, rural setting. Dartmouth-Hitchcock Medical Center includes a modern 400-bed tertiary care hospital, research and clinical facilities for the Geisel School of Medicine at Dartmouth, Norris Cotton Cancer Center, the Children’s Hospital at Dartmouth (ChAd) and the Dartmouth-Hitchcock Clinic. In addition, we have been consistently rated one of America’s Best Hospitals by U.S. News & World Report.

Our physicians receive a salary and academic appointment commensurate with experience as a member of the faculty of the Geisel School of Medicine at Dartmouth.

Interested applicants are requested to please send a CV and cover letter to:

MDcareers@dhphysicians.org

Additional information can be found online at:
dartmouth-hitchcock.org

- Acute/Trauma General Surgery
- Employee Wellness
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- Gastroenterology
- Hematology/Oncology
- Internal Medicine (General and/or Geriatrics)
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- Neuroradiology
- Pediatric Gastroenterology
- Thoracic Surgery
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University of Nevada School of Medicine

Assistant/Associate/Full Professor, Endocrinologist (Las Vegas)

The Department of Internal Medicine at the University of Nevada School of Medicine is seeking a dynamic physician to provide excellent patient care and participate in our important mission of teaching medical students, residents, fellows, and pharmacy students. For more information, please contact Search Chair, Dr. Kenneth Izura at 702-671-2345.

Apply online: http://apprkr.com/375409. AA/EEO Employer: Women and underrepresented groups are encouraged to apply. Please note: Positions funded by Federal contracts may be subject to the E-Verify process for employment eligibility verification.

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To learn more and/or submit a CV, please go to: www.wvmedical.com/careers

Steward Health Care is the largest fully integrated community care organization and community hospital network in New England. Headquartered in Boston, Massachusetts, Steward has more than 17,000 employees serving more than one million patients annually in more than 150 communities. We take pride in our commitment to providing comprehensive health care services to the people in the communities we serve. Opportunities for qualified physicians to join our rapidly expanding system are available at our community-based practices across the Steward Health Care network. Opportunities include working with our affiliated groups, employment model or private practice providers.

You can view all our openings, apply and learn more about Steward on our physician microsite.

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If you are seeking a position with an organization committed to achieving and maintaining a standard of excellence, please take a moment to look at the opportunities available at Steward Health Care System.

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Come see why Money magazine annually ranks cities and towns throughout Massachusetts some of the nation’s ‘best places to live’. Recently voted ‘the best city for families’ by Parenting magazine, the City of Boston boasts some of the countries top ranking schools and an array of cultural attractions. We invite you to explore all the area has to offer with its close proximity to the beautiful Seacoast, tranquil lakes, panoramic White Mountains and fabulous city living.

Research Fellowship Program

Cardiac Imaging

The Cardiac Imaging Program at St. Francis Hospital is accepting applications for its Research Fellowship Program for July, 2014. Opportunities are available in Cardiac CT, Cardiac MRI, Advanced Echocardiography (including 3D and intraoperative echocardiography), and Nuclear Cardiology (including PET/CT). Candidates who have completed clinical cardiology fellowship are strongly preferred. Level III clinical training is integrated into the program where appropriate. The program is affiliated with the Cardiology Division and the Biomedical Engineering Department, SUNY Stony Brook and the faculty consists of eleven full time Academic Imaging Cardiologists and four PhDs with expertise in MR Physics, Nuclear Imaging and Biostatistics.

St. Francis Hospital’s cardiovascular program is ranked 8th nationally by U.S. News & World Report. To apply, please send CV and personal statement to: Nathaniel.Reichek@chsli.org or Nathaniel Reichek, MD, FACC, Director, Research Department, St. Francis Hospital, 100 Port Washington Boulevard, Roslyn, NY 11576, fax (516) 622-4551, phone (516) 622-4552.

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Sentara Physician Recruitment Manager
KMMILLE1@Sentara.com
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We currently have opportunities in the following specialties:
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Please send CV to: Lin Fong, Physician Recruitment
Harvard Vanguard Medical Associates
275 Grove Street, Suite 3-300, Newton, MA 02466-2275
Fax: (617) 559-8255, E-mail: lin_fong@atriushealth.org or call (800) 222-4606, or (617) 559-8275 within Massachusetts
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The Department of Critical Care at the University of Pittsburgh Medical Center is actively seeking a Critical Care Chief to provide leadership at UPMC-Hamot. The Chief will oversee the 24x7 management of a 45 bed ICU service providing care to medical, surgical, trauma, cardiac and neurosurgical patients. An ideal candidate will have excellent communication and organizational skills and a record of accomplishment in clinical care and administration.

Responsibilities will include providing administrative leadership for clinical operations and quality improvement. The candidate will be expected to take a significant role as a physician leader in this supportive institution. Salary will be commensurate with experience and training.

UPMC Hamot, located in Erie, PA, is a 412-bed non-profit tertiary care hospital and a fully accredited Level II Trauma Center. UPMC Hamot is consistently an award winning hospital, most notably being recognized nationally by Thomson Reuters and US News & World. 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., Search Committee Chair. Call for information: (800) 488-2240. Ref. #ADCHO2.

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DEPARTMENT CHAIR
HEMATOLOGY & ONCOLOGY

Ochsner Medical Center New Orleans is seeking qualified candidates for the Department Chair of Hematology & Oncology. This newly-created position has been created in order to integrate, harmonize and simplify the wide range of departmental educational activities. These activities currently range from education of medical students, through residents/fellows, and practicing radiologists, as well as professionals in radiologic technology and medical physics.

Successful candidates will have a solid record of experience and innovation in medical education.

An M.D. or equivalent degree, as well as substantial evidence in Radiology education is required. Academic rank will be commensurate with experience, but we expect this appointment to be at the Associate Professor level.

Interested candidates should send a letter of interest and a CV to:
BWH Radiology Vice Chair for Education Search Committee Chair
C/o Suzanne E Nagle
Department of Radiology
Brigham and Women’s Hospital
75 Francis Street, Suite OBC-3-010
Boston, MA 02115
Fax: 617-525-7533
Email: snagle@partners.org

Brigham and Women’s Hospital and Harvard Medical School are Equal Opportunity/Affirmative Action employers. Women and under-represented minority individuals are encouraged to apply.
The Oklahoma City Veterans Affairs Medical Center is seeking a full-time Hematology/Oncology Section Chief in Medical Service. The Oklahoma City VAMC is a tertiary care facility serving Oklahoma and part of northern Texas and an integral part of the educational and research mission of the University of Oklahoma Health Sciences Center.

QUALIFICATIONS: Candidates will be considered who are U.S. or naturalized citizens. Non-citizens may be appointed when it is not possible to recruit qualified citizens. Candidates must be proficient in spoken and written English, Board Certified/Board Eligible in Hematology and Medical Oncology, and have a current, full, and unrestricted license to practice in a state, territory or commonwealth of the United States or District of Columbia.

POSITION SUMMARY: The Section Chief will ensure compliance with all quality, policy, and regulatory requirements and the availability of an appropriate well-trained staff. Responsibilities include planning, developing, and directing all clinical, research and educational functions of the section. Candidate will participate in providing inpatient and outpatient care of the highest quality to patients with hematologic/oncologic diseases, teaching, and research in the field of hematology/oncology. The candidate will apply national and VA guidelines to patient screening, surveillance and management of hematologic/oncologic diseases. The candidate will participate in the education and supervision of trainees. A successful candidate must qualify for a faculty appointment at the University of Oklahoma Health Sciences Center.

We offer excellent benefits that include vacation/sick leave, health/life insurance coverage and retirement package including a tax deferred savings plan.

Interested candidates should apply on-line at www.usajobs.gov and search for Job Announcement Number RT-13-963319-GCR or for additional information you may contact:

Nancy McClure, Recruiter
VA Medical Center, 921 N.E. 13th Street (05)
Oklahoma City, OK  73104
E-mail: Nancy.McClure@va.gov
Or fax:  405-456-5943
Phone:  405-456-5777

Lahey Hospital & Medical Center

Lahey Primary Group Practice Opportunities

Danvers Internal Medicine
The Lahey Danvers practice seeks a highly motivated BC/BE physician leader to join this established Internal Medicine practice. The practice currently consists of three Internal Medicine Physicians, three Pediatricians and two Nurse Practitioners. Call is shared with eight physicians within the Beverly, Danvers and Ipswich group. Patients are admitted locally within the Lahey Health System utilizing the 24/7 hospitalist services.

Located 20 minutes north of Boston the practice has provided care in their community for more than 30 years. The providers have developed a strong relationship with patients and families in Danvers as well as the surrounding communities of Beverly, Ipswich and Manchester-by-the-Sea.

Merrimac Family Practice
We are seeking a BC/BE Family Practitioner to join the Lahey Merrimac practice located north of Boston practice serving community for more than 15 years. You will join one physician and one nurse practitioner providing care to a culturally diverse patient population from the Merrimac area and surrounding communities. The physicians share light call coverage within the Lahey Amesbury, Merrimac and Haverhill group. Patients are admitted locally and within the Lahey Health system using the Hospitalist model.

On the New Hampshire border, Merrimac is a well-established suburban community practice located 45 minutes north of Boston close to the mountains and seacoast; providing cultural and recreational opportunities throughout the year.

Hamilton-Wenham Family Practice
Lahey Hamilton-Wenham Family Practice has served the community for over thirty years. You will join three physicians and two nurse practitioners providing care to adult and pediatric patients within the communities we serve. Call is shared among the Hamilton and Lynnfield practices. Using their Hospitalist services, patients are admitted within the Lahey Health system. Located 30 minutes north of Boston, with an excellent school system, Hamilton is within minutes of the seacoast and offers abundant cultural and recreational activities for every season.

Lahey Hospital & Medical Center is comprised of medical centers in Burlington, Lexington, and Peabody, MA., as well as more than a dozen community primary care and satellite specialty care locations throughout northeastern Massachusetts and southern New Hampshire.

Joan Patriakeas
Human Resources Administrator
Lahey Community Group Practices
Joan.E.Patriakeas@Lahey.org

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• Chief of Pediatrics
• Pulmonary/Critical Care
• Endocrinology
• Dermatology
• ENT
• General Surgery/Breast Surgery
• Interventional Radiology

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: 617-665-3553.
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