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The latest physician jobs brought to you by the NEJM CareerCenter

## Residents and Fellows Edition

Featured Employer Profile





October 8, 2015

Dear Physician:

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 copy of the 2015 *Career Guide: Residents and Fellows* booklet is enclosed. This special booklet contains current physician job openings across the country. To further aid in your career advancement we've also included a couple of recent selections from our Career Resources section of NEJMCareerCenter.org.

The NEJM CareerCenter website (NEJMCareerCenter.org) continues to receive positive feedback from physician users. Because the site was designed specifically based on advice from your colleagues, many physicians are comfortable using it for their job searches and welcome the confidentiality safeguards that keep personal information and job searches private. Physicians have the flexibility of looking for both permanent and *locum tenens* positions in their chosen specialties and desired geographic locations.

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Our popular Clinical Practice articles are evidence-based reviews of topics relevant to practicing physicians. A reprint of the October 8, article, "Clinical Practice: Insomnia Disorder," 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.

NEJM.org offers an interactive and personalized experience, including specialty pages and alerts and access to multimedia features like Videos in Clinical Medicine, which allow you to watch common clinical procedures, and Interactive Medical Cases, which allow you to virtually manage an actual patient's case from presentation to outcome. Take a Case Challenge, which allows you to read the full case description of an upcoming Case Record of the Massachusetts General Hospital and vote on the diagnosis, and view the most recent Quick Take video, a concise overview of a multicenter trial of remote ischemic preconditioning for heart surgery published this week. You can learn more about these features at NEJM.org.

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.

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

Sincerely,

Jeffrey M. Drazen, MD

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

*Physicians seeking a practice opportunity might think of the cover letter as an old-fashioned, generally unimportant component of their application for or expression of interest in a position, but that is not the case. In this digital age of clipped, often rapid-fire communications, the cover letter has become more important than ever because it offers a way to differentiate the physician from other candidates. It provides a vehicle for sharing personal and professional information that might be important to prospective employers but doesn't quite fit in the CV. The cover letter should be brief, well written, professional and positive in tone, and absolutely error-free. It should also give the recipient the sense that the physician has researched the opportunity or organization before writing the letter.*

By Bonnie Darves

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

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

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

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

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

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

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

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

Jim Stone, co-founder and president of The Medicus Firm, a national physician search company, offers helpful guidance on incorporating a career

objective in the cover letter. “You may want to include a career objective or job search goals, but be careful not to be too specific or you may rule yourself out of consideration,” he advised. “Therefore, if there is one goal that really sums up your search, or some objective that is a must-have for you under any circumstances, it would be okay to include that.”

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

### Format and structure: short and targeted works

While there are no rules per se about a cover letter’s length or content, there are general guidelines for what works best and is likely to be well received. (See “Cover letters: What to do, what to avoid” section at the end of this article.) Dr. Tysinger, who counsels residents and practicing physicians on preparing CVs and cover letters, and frequently presents on the topic, recommends a single-page, three-paragraph format delivered in a professional, business letter layout, in simple language. Following is his basic guidance on the letter’s structure:

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

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



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

### **Professional tone, error-free content are musts**

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

Of course, word processing programs include spell-checkers and, usually, some grammar-checking functionality. That's helpful, but it isn't sufficient vetting to ensure the letter is in excellent shape. Because of the letter's potential importance, physicians should have several trusted individuals — on the professional and personal side — review the document, including a professional editor, if warranted. "If writing isn't your strong suit, or English isn't your first language, do get professional advice before you finalize the letter," Mr. Cebulka recommends.

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

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

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

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

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

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

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

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

### **Cover letters: What to do, what to avoid**

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

#### **Do:**

- Address the cover letter to an individual physician, practice administrator, recruiter, or other individual as the situation warrants, and not "to whom it may concern."
- Be upbeat and positive. Ensure that the letter's tone reflects your excitement about medicine, and that it reflects the way you would speak in an in-person interview.

- Include letters of reference with the cover letter if you're looking for a fellowship or are formally applying for a specific position.
- Close the letter with a call to action if it's an ideal opportunity (and likely a popular one). Let the recipient know that you will call in a few days to follow up, and indicate when you would be available to meet in person. It doesn't hurt to state the best ways to reach you.

#### Avoid:

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

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



## Capturing the Spirit of the Agreement

*By Thomas Crawford, MBA, FACHE, Faculty, Department of Urology, College of Medicine, Affiliate Faculty, Department of Health Services Research, Management and Policy College of Public Health and Health Professions, University of Florida and Mallory Freeman, JD, MHA Student, Department of Health Services Research, Management, and Policy, College of Public Health and Health Professions, University of Florida.*

Constance E. Bagley defines a contract as “a legally enforceable promise or set of promises.” (*Managers and the Legal Environment*, 2002). The definition is simplistic; however, it provides the perfect opportunity to highlight and underscore a fundamental and vitally important contracting fact: get it in writing. Please know that you cannot rely on anecdotal comments made during the recruitment process or pledges that are not captured within your contract. A vast majority of all employment contracts have an “Entire Agreement” covenant that specifies the following:

This agreement constitutes the entire agreement between the parties pertaining to the employment relationship between the hospital/practice and the physician and preempts and supersedes all prior and simultaneous agreements, negotiations, and understandings between the parties.

This means that if your recruitment promises are not reflected within your contract, your employer is not legally obligated to follow-through on any agreement, in particular those initial recruitment discussions.

**The Spirit of the Agreement** When negotiating the terms of an employment agreement, you may be told that you received the “standard contract.” Nevertheless, if it does not reflect the promises made to you, revise it. Unfortunately, physicians sign contracts on a daily basis based on good faith. As such, it should not be surprising that an estimated 22 physicians per business day are handing in their resignations within the first 12 months of employment. Protecting yourself from unwanted employment surprises begins at the initial interview. You need to be prepared to ask questions that are professionally (i.e., resources) and personally (i.e., call rotation) important to you. Additionally, and quite simply, you will also need to take notes; thus, allowing you the opportunity to capture every recruiting promise made to you during the interview process — this is the “spirit” in which you are deciding to accept an employment position.

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CLINICAL PRACTICE

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

Insomnia Disorder

John W. Winkelman, M.D., Ph.D.

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

**A 77-year-old overweight woman with hypertension and arthritis reports that she has had trouble sleeping for “as long as I can remember.” She has taken hypnotic medications nightly for almost 50 years; her medication was recently switched from lorazepam (1 mg), which had been successful, to trazodone (25 mg) by her primary care physician, who was concerned about her use of the former. She spends 9 hours in bed, from 11 p.m. to 8 a.m. She has only occasional difficulty falling asleep, but she awakens two to three times per night to urinate and lies in bed for over an hour at those times, “just worrying.” How should her case be managed?**

From the Sleep Disorders Clinical Research Program, Massachusetts General Hospital and Harvard Medical School — both in Boston. Address reprint requests to Dr. Winkelman at the Departments of Psychiatry and Neurology, Massachusetts General Hospital, 1 Bowdoin Sq., 9th Fl., Boston, MA 02114, or at [jwwinkelman@partners.org](mailto:jwwinkelman@partners.org).

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THE CLINICAL PROBLEM

**D**ISSATISFACTION WITH SLEEP OWING TO DIFFICULTY FALLING ASLEEP OR staying asleep or to waking up too early is present in roughly one third of adults on a weekly basis.<sup>1</sup> For most, such sleep difficulties are transient or of minor importance. However, prolonged sleeplessness is often associated with substantial distress, impairment in daytime functioning, or both. In such cases, a diagnosis of insomnia disorder is appropriate. Reductions in perceived health<sup>2</sup> and quality of life,<sup>3</sup> increases in workplace injuries and absenteeism,<sup>4</sup> and even fatal injuries<sup>5</sup> are all associated with chronic insomnia. Insomnia symptoms may also be an independent risk factor for suicide attempts and deaths from suicide, independent of depression.<sup>6</sup> Neuropsychological testing reveals deficits in complex cognitive processes, including working memory and attention switching,<sup>7</sup> which are not simply related to impaired alertness.

Older diagnostic systems attempted to distinguish “primary” from “secondary” insomnia on the basis of the inferred original cause of the sleeplessness. However, because causal relationships between different medical and psychiatric disorders and insomnia are often bidirectional, such conclusions are unreliable. In addition, owing to the poor reliability of insomnia subtyping<sup>8</sup> based on phenotype or pathophysiology, the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*<sup>9</sup> takes a purely descriptive approach that is based on the frequency and duration of symptoms (Table 1), allowing a diagnosis of insomnia disorder independent of, and in addition to, any coexisting psychiatric or medical disorders. The clinician should monitor whether treatment of such coexisting disorders normalizes sleep, and if not, treat the insomnia disorder independently.

COEXISTING CONDITIONS

Insomnia is more common in women than in men, and its prevalence is increased in persons who work irregular shifts and in persons with disabilities.<sup>2</sup> Although



An audio version of this article is available at [NEJM.org](http://NEJM.org)

Capturing the Spirit of the Agreement

Once you receive your employment contract, compare the document against the answers to your questions and the recruiting promises made to you. If you cannot find the answers and the promises within the contractual terms, you need to add the language. If you locate the language within the contract and find it to be nebulous or ambiguous, you need to add granular verbiage to ensure the clauses are easily interpreted. To illustrate this point, consider the following:

In previous positions, I interviewed and hired numerous employed physicians and I honored the contractual terms and the spirit of each agreement. However, those same contracts are now subject to the interpretation of new leaders that were not present during the recruiting, negotiating, and contracting processes. Point made.

Conclusion

We believe that you have an opportunity and an obligation (to yourself) to capture the spirit of the agreement through the interviewing and contracting processes and to create a legally binding document that protects your best interests as well as the interests of your potential employer. Nevertheless, it pays to understand that even the most seasoned health care lawyers are not going to bring contractual shortfalls to your attention if they are unaware of the recruitment promises made to you. Your best defense is to simply bring a pencil and paper and take notes. If your potential employer is hesitant to create contractual terms that reflect the promises made to you during the recruitment process, this may create issues for you immediately upon hire or after a change in leadership and you run the risk of being 1 of the 22 physicians that turned in their resignation on any given business day.

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





KEY CLINICAL POINTS

INSOMNIA DISORDER

- Prolonged insomnia is associated with an increased risk of new-onset major depression and may be an independent risk factor for heart disease, hypertension, and diabetes, especially when combined with sleep times of less than 6 hours per night.
- Evaluation of a patient with insomnia should include a complete medical and psychiatric history and a detailed assessment of sleep-related behaviors and symptoms.
- Cognitive behavioral therapy, which includes setting realistic goals for sleep, limiting time spent in bed, addressing maladaptive beliefs about sleeplessness, and practicing relaxation techniques, is the first-line therapy for insomnia.
- In those with acute insomnia due to a defined precipitant, use of Food and Drug Administration–approved hypnotic medications is indicated.
- Long-term use of benzodiazepine-receptor agonists, low-dose antidepressants, melatonin agonists, or an orexin antagonist should be considered for patients with severe insomnia that is unresponsive to other approaches.

the elderly are more likely than younger people to report insomnia symptoms, actual insomnia diagnoses are not more frequent in the elderly, because the effects of sleeplessness on daytime functioning appear to be less dramatic. Roughly 50% of those with insomnia have a psychiatric disorder,<sup>10</sup> most commonly a mood disorder (e.g., major depressive disorder) or an anxiety disorder (e.g., generalized anxiety disorder or post-traumatic stress disorder). Various medical illnesses are also associated with insomnia, particularly those that cause shortness of breath, pain, nocturia, gastrointestinal disturbance, or limitations in mobility.<sup>11</sup>

Although roughly 80% of those with major depressive disorder have insomnia, in nearly one half of those cases, the insomnia predated the onset of the mood disorder.<sup>12</sup> A meta-analysis of more than 20 studies concluded that persistent insomnia is associated with a doubling of the risk of incident major depression.<sup>13</sup> Associations have also been reported between insomnia and increased risks of acute myocardial infarction and coronary heart disease,<sup>14</sup> heart failure,<sup>15</sup> hypertension,<sup>16</sup> diabetes,<sup>17</sup> and death,<sup>18</sup> particularly when insomnia is accompanied by short total sleep duration (<6 hours per night).<sup>19</sup>

PREVALENCE AND NATURAL HISTORY

Insomnia is the most common sleep disorder, with a reported prevalence of 10 to 15%, depending on the diagnostic criteria used.<sup>1,2</sup> Insomnia symptoms commonly wax and wane over time, though roughly 50% of those with more severe symptoms who meet criteria for insomnia disorder have a chronic course.<sup>20</sup> The 1-year incidence of insomnia is approximately 5%. Difficulty main-

taining sleep is the most common symptom (affecting 61% of persons with insomnia), followed by early-morning awakening (52%) and difficulty falling asleep (38%); nearly half of those with insomnia have two or more of these symptoms.<sup>11</sup> Manifestations of insomnia often change over time; for example, a person may initially have difficulty falling asleep but subsequently have difficulty staying asleep, or vice versa.

PATHOPHYSIOLOGY

Insomnia is commonly conceptualized as a disorder of nocturnal and daytime hyperarousal, which is both a consequence and a cause of insomnia and is expressed at cognitive and emotional as well as physiological levels.<sup>21</sup> People with insomnia often describe excessive worry, racing thoughts, and selective attention to arousing stimuli. Hyperarousal is manifested physiologically in those with insomnia as an increased whole-body metabolic rate, elevations in cortisol level, increased whole-brain glucose consumption during both the waking and the sleeping states, and increased blood pressure and high-frequency electroencephalographic activity during sleep.<sup>21</sup>

STRATEGIES AND EVIDENCE

EVALUATION

The evaluation of insomnia requires assessment of nocturnal and daytime sleep-related symptoms, their duration, and their temporal association with psychological or physiological stressors. Because there are many pathways to insomnia, a full evaluation includes a complete medical and psychiatric history as well as assessment for the presence

Table 1. Criteria for the Diagnosis of Insomnia Disorder.\*

Dissatisfaction with sleep quantity or quality, with one or more of the following symptoms:

Difficulty initiating sleep

Difficulty maintaining sleep, characterized by frequent awakenings or trouble returning to sleep after awakenings

Early-morning awakening with inability to return to sleep

The sleep disturbance causes clinically significant distress or impairment in daytime functioning, as evidenced by at least one of the following:

Fatigue or low energy

Daytime sleepiness

Impaired attention, concentration, or memory

Mood disturbance

Behavioral difficulties

Impaired occupational or academic function

Impaired interpersonal or social function

Negative effect on caregiver or family functioning

The sleep difficulty occurs at least 3 nights per week, is present for at least 3 months, and occurs despite adequate opportunity for sleep

\* From the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition.<sup>9</sup>

of specific sleep disorders (e.g., sleep apnea or the restless legs syndrome). Questioning the patient regarding thoughts and behaviors in the hours before bedtime, while in bed attempting to sleep, and at any nocturnal awakenings may provide insight into processes interfering with sleep. A daily sleep diary documenting bedtime, any awakenings during the night, and final wake time over a period of 2 to 4 weeks can identify excessive time in bed and irregular, phase-delayed, or phase-advanced sleep patterns.

There is often a mismatch between self-reported and polysomnographically recorded sleep in those with insomnia, in which the self-reported time to fall sleep is overestimated and total sleep time is underestimated.<sup>22</sup> Because polysomnography cannot distinguish those with insomnia from those without it,<sup>23</sup> the diagnosis of insomnia is made clinically. Polysomnography is not indicated in the evaluation of insomnia unless sleep apnea, periodic limb movement disorder, or an injurious parasomnia (e.g., rapid-eye-movement [REM] sleep behavior disorder) is suspected or unless usual treatment approaches fail.

MANAGEMENT

The choice of treatment of insomnia depends on the specific insomnia symptoms, their severity and expected duration, coexisting disorders, the will-

ingness of the patient to engage in behavioral therapies, and the vulnerability of the patient to the adverse effects of medications. Patients with an acute onset of insomnia of short duration often have an identifiable precipitant (e.g., a medical illness or the loss of a loved one). In such cases, Food and Drug Administration (FDA)–approved pharmacologic agents (discussed below) are recommended for short-term use. In patients with chronic insomnia, appropriate treatment of coexisting medical, psychiatric, and sleep disorders that contribute to insomnia is essential for improving sleep. Nevertheless, insomnia is often persistent even with proper treatment of these coexisting disorders.<sup>24</sup>

Treatment for chronic insomnia includes two complementary approaches: cognitive behavioral therapy and pharmacologic treatments.

Cognitive Behavioral Therapy (CBT)

CBT addresses dysfunctional behaviors and beliefs about sleep that contribute to the perpetuation of insomnia (Table 2), and it is considered the first-line therapy for all patients with insomnia,<sup>25</sup> including those with coexisting conditions.<sup>26</sup> CBT is traditionally delivered in either individual or group settings over six to eight meetings. In a meta-analysis of randomized, controlled trials involving persons with insomnia without coexisting

Table 2. Components of Cognitive Behavioral Therapy for Insomnia.		
Component	Intended Effect	Specific Directions for Patients
Sleep restriction	Increase sleep drive and stabilize circadian rhythm	Reduce time in bed to perceived total sleep time (not less than 5–6 hours), choose specific hours on the basis of personal preference and circadian timing, increase time in bed gradually as sleep efficiency improves
Stimulus control	Reduce arousal in sleep environment and promote the association of bed and sleep	Attempt to sleep when sleepy, get out of bed when awake and anxious at night, use the bed only for sleep or sexual activity (e.g., no watching TV in bed)
Cognitive therapy	Restructure maladaptive beliefs regarding daytime and health consequences of insomnia	Maintain reasonable expectations about sleep; review previous insomnia experiences, challenging perceived catastrophic consequences
Relaxation therapy	Reduce physical and psychological arousal in sleep environment	Practice progressive muscle relaxation, breathing exercises, or meditation
Sleep hygiene	Reduce behaviors that interfere with sleep drive or increase arousal	Limit caffeine and alcohol, keep bedroom dark and quiet, avoid daytime or evening napping, increase exercise (not close to bedtime), remove bedroom clock from sight

conditions, CBT had significant effects on time to sleep onset (mean difference [CBT group minus control group], –19 minutes) and time awake after sleep onset (mean difference, –26 minutes), though benefits with regard to total sleep time were small (mean difference, 8 minutes), a finding consistent with the restrictions on overall time spent in bed.<sup>27</sup> The benefits were generally maintained in studies lasting 6 to 12 months. In short-term, randomized trials comparing behavioral treatments with benzodiazepine-receptor agonists (discussed below) in persons with insomnia without coexisting conditions, CBT had less immediate efficacy, but the intervention groups did not differ significantly in time to sleep onset or total sleep time at 4 to 8 weeks,<sup>28</sup> and CBT was superior when assessed 6 to 12 months after treatment discontinuation.<sup>29</sup> A barrier to the implementation of CBT is the lack of providers with expertise in its delivery. This limitation has begun to be addressed by the use of shorter therapies<sup>30</sup> and Internet-based CBT,<sup>31</sup> which have shown efficacy similar to that of longer and face-to-face delivery of CBT. However, sleep hygiene alone (Table 2), which is commonly recommended as an initial approach for insomnia, is not an effective treatment for insomnia.<sup>32</sup>

Adherence to CBT is less than optimal in clinical practice,<sup>33</sup> probably as a result of the extensive behavioral changes required (e.g., reducing time spent in bed and getting out of bed when awake), the delay in efficacy (during which there are of-

ten short-term reductions in total sleep time),<sup>34</sup> and pessimism that such approaches can be effective.

Pharmacologic Therapy

Several medications, with differing mechanisms of action, are used to treat insomnia, reflecting the multiple neural systems that regulate sleep (Table 3). Roughly 20% of U.S. adults use a medication for insomnia in a given month,<sup>35</sup> and many others use alcohol for this purpose. Nearly 60% of medication use is with nonprescription sleep aids, primarily antihistamines. In the few existing placebo-controlled trials, however, diphenhydramine had at best modest benefit for either mild intermittent insomnia<sup>36</sup> or insomnia in the elderly<sup>37</sup> and caused daytime sedation and anticholinergic side effects (e.g., constipation and dry mouth) that are particularly problematic in older persons.

Benzodiazepine-Receptor Agonists

Benzodiazepine-receptor agonists include agents with a benzodiazepine chemical structure and “nonbenzodiazepines” without this structure. There is little convincing evidence from comparative trials that these two subtypes differ from each other in clinical efficacy or side effects. Because benzodiazepine-receptor agonists vary predominantly in their half-life, the specific choice of drug from this class is usually based on the insomnia symptom (e.g., difficulty initiating sleep vs. difficulty maintaining sleep). FDA approval of these medications is for bedtime use, with the

Table 3. Medications Commonly Used for Insomnia.				
Medication	Dose in Adults		Half-Life	Most Common Side Effects
	<65 yr of age	≥65 yr of age		
	mg			
Benzodiazepine-receptor agonists				Daytime sedation, ataxia, anterograde amnesia, complex sleep-related behaviors (e.g., sleepwalking)
Temazepam (Restoril)*	7.5–30	7.5–15	8–10	
Lorazepam (Ativan)	0.5–2	0.5–1	8–12	
Eszopiclone (Lunesta)*	2–3	1–2	6–9	Unpleasant taste†
Zolpidem (Ambien)*	5–10	2.5–5	2.5	
Triazolam (Halcion)*	0.125–0.5	0.125–0.25	2.5	
Zaleplon (Sonata)*	5–20	5–10	1	
Antidepressants				
Trazodone (Desyrel)	25–100	25–100	6–8	Daytime sedation, orthostasis
Mirtazapine (Remeron)	7.5–30	7.5–30	20–30	Daytime sedation, anticholinergic effects, weight gain
Doxepin (Sinequan, Silenor)*	10–50 (3–6 approved)	10–50	12–18	Daytime sedation, anticholinergic effects, weight gain (not at approved doses)
Orexin antagonist: suvorexant (Belsomra)*	10–20	10–20	9–13	Daytime sedation
Melatonin agonist: ramelteon (Rozerem)*	8	8	1	Daytime sedation
Anticonvulsant: gabapentin (Neurontin)	100–900	100–900	5–9	Daytime sedation, dizziness, weight gain

\* The medication has been approved by the Food and Drug Administration (FDA) for the treatment of insomnia. Since 1984, all FDA-approved hypnotic medications have had no limitations on their duration of use.  
† This side effect is in addition to the other side effects of benzodiazepine-receptor agonists.

exception of specifically formulated sublingual zolpidem (1.75 mg for women and 3.5 mg for men). Although not FDA-approved or rigorously studied for middle-of-the-night use, short-acting agents (e.g., zolpidem at a dose of 2.5 mg, and zaleplon at a dose of 5 mg) can also be used effectively to promote a return to sleep as long as 4 hours remain before the user plans to get up in the morning. The use of very-long-acting benzodiazepines (e.g., clonazepam, which has a half-life of 40 hours) for uncomplicated insomnia (i.e., in the absence of a daytime anxiety disorder) is not recommended owing to the risk of daytime side effects.

In a meta-analysis of randomized, controlled polysomnographic trials involving patients with chronic insomnia without coexisting conditions, benzodiazepine-receptor agonists showed significant effects on time to sleep onset (mean difference [group receiving benzodiazepine-receptor agonist minus control group], –22 minutes), time awake after sleep onset (mean difference, –13 min-

utes), and total sleep time (mean difference, 22 minutes).<sup>38</sup> In placebo-controlled trials, persistent self-reported efficacy for insomnia was shown for nightly use of eszopiclone for 6 months<sup>39</sup> and for intermittent use of extended-release zolpidem over a period of 6 months.<sup>40</sup> A randomized, controlled trial involving patients with chronic insomnia showed that as compared with CBT alone, the combination of CBT and a benzodiazepine-receptor agonist was associated with a larger increase in total sleep time at 6 weeks as well as a higher remission rate at 6 months.<sup>29</sup>

Benzodiazepine-receptor agonists have a number of potential acute adverse effects, including daytime sedation, delirium, ataxia, anterograde memory disturbance, and complex sleep-related behaviors (e.g., sleepwalking and sleep-related eating, which are most common with the short-acting agents). As a result, they have been associated with an increase in motor-vehicle accidents<sup>41</sup> and, in the elderly, falls (albeit inconsistently)<sup>42</sup> and fractures. Recent longitudinal research sug-



gests an association of long-term use of benzodiazepines with Alzheimer’s disease,<sup>43</sup> but interpretation of these results is complicated by the possibility of confounding by indication, because anxiety and insomnia may be early manifestations of this disorder. Abuse of these agents is uncommon among persons with insomnia,<sup>44</sup> but they should not be prescribed to persons with a history of substance or alcohol dependence or abuse.

Regular reassessment of the benefits and risks of benzodiazepine-receptor agonists is recommended. If discontinuation is indicated, gradual, supervised tapering (e.g., by 25% of the original dose every 2 weeks), in combination with CBT for insomnia, is strongly recommended for chronic users. Roughly one third of patients who used these discontinuation methods had resumed benzodiazepine use by 2 years of follow-up.<sup>45</sup>

Sedating Antidepressants

The use of sedating antidepressants to treat insomnia takes advantage of the antihistaminergic, anticholinergic, and serotonergic and adrenergic antagonistic activity of these agents. At the low doses commonly used for insomnia, most have little antidepressant or anxiolytic effect. Although data from controlled trials to support its use in insomnia are limited, trazodone is used as a hypnotic agent by roughly 1% of U.S. adults,<sup>35</sup> generally at doses of 25 to 100 mg. Its side effects include morning sedation, orthostatic hypotension (at higher doses), and (in rare cases) priapism. Doxepin, a tricyclic antidepressant, is FDA-approved for the treatment of insomnia at doses of 3 to 6 mg. It has shown significant effects on sleep maintenance (time awake after sleep onset and total sleep time) but no significant benefit for sleep-onset latency beyond 2 days of treatment.<sup>46</sup> Few side effects were observed at these doses. Mirtazapine has antidepressant and anxiolytic efficacy at doses used for insomnia and is a reasonable first option if patients have insomnia coexisting with those disorders, but it may cause substantial weight gain.

Other Agents

The orexin antagonist suvorexant, which was approved by the FDA in 2014 for the treatment of insomnia, showed decreased time to sleep onset, decreased time awake after sleep onset, and increased total sleep time in short-term randomized trials.<sup>47</sup> At higher doses (30 to 40 mg, which were not approved by the FDA owing to a

10% rate of daytime sedation), suvorexant showed persistent efficacy for these measures after 1 year of nightly use<sup>48</sup>; lower doses have not been studied for more than 12 weeks. Its major side effect at lower doses is morning sleepiness (5% of patients).

Ramelteon is a melatonin-receptor agonist that is FDA-approved for the treatment of insomnia. Short-term studies as well as a controlled 6-month trial showed small-to-moderate benefits for time to sleep onset but no significant improvement in total sleep time or time awake after sleep onset.<sup>49</sup> Side effects were limited to rare next-day sedation. A meta-analysis of trials of melatonin for insomnia (at a wide range of doses and in immediate-release and controlled-release forms) showed small benefits for time to sleep onset and total sleep time.<sup>50</sup> However, the quality control of over-the-counter melatonin products is unclear.

Although controlled clinical trials to support its use are lacking, gabapentin is occasionally used for insomnia, predominantly in patients who have had an inadequate response to other agents, who have a contraindication to benzodiazepine-receptor agonists (e.g., a history of drug or alcohol abuse), or who have neuropathic pain or the restless legs syndrome. Potential side effects include daytime sedation, weight gain, and dizziness.

AREAS OF UNCERTAINTY

Insomnia is an independent risk factor for depression, cardiovascular disease, and diabetes. Controlled studies are needed to determine whether long-term treatment of insomnia with CBT or medications (or both) can reduce the risk of these disorders.

Both sleeplessness and the pharmacologic therapies used to treat insomnia are associated with complications. In those who do not choose CBT or do not have a response to it, long-term randomized trials comparing benzodiazepine-receptor agonists, sedating antidepressants, and the orexin antagonist suvorexant to inform the choice of medications are lacking.

GUIDELINES

The American Academy of Sleep Medicine<sup>25</sup> and the National Institutes of Health<sup>51</sup> have published guidelines for the diagnosis and management of insomnia. The recommendations in this

article are generally consistent with those guidelines.

CONCLUSIONS AND RECOMMENDATIONS

The woman in the vignette has a long history of insomnia, now complicated by nocturia and pain. Recently, owing to her physician’s concerns about her benzodiazepine use, she was switched to a low dose of trazodone, but she reports frequent and prolonged awakenings. Attempting to discontinue lorazepam and replacing it with trazodone were reasonable, given the amnestic and psychomotor side effects of benzodiazepines, although data from studies that directly compare these agents are limited. I would strongly recommend a trial of CBT, including (but not limited to) educating her that 7 hours is an adequate amount of sleep, reducing the time from bedtime to final awakening to that amount, and

advising her to get in bed only when sleepy and to get out of bed when not sleeping. Over time, these approaches should reduce the duration of nocturnal awakenings, although she should be cautioned initially about an increase in daytime sleepiness. Attention to her nocturia and nocturnal pain will further minimize her nocturnal awakenings and their duration. If these approaches are ineffective, I would consider an increase in the trazodone dose (if this does not cause unacceptable side effects) or a return to lorazepam, informing her of (and regularly reassessing) benefits and potential risks.

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

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**UNIVERSITY OF TENNESSEE HEALTH SCIENCES CENTER, DIVISION OF CARDIOVASCULAR DISEASES** — Seeks a noninvasive cardiologist with board certification/eligibility in cardiovascular medicine and echocardiography, together with expertise in exercise and dobutamine echo. Clinical interest in heart failure with research interests in heart failure and echo preferred. Competitive salary and academic rank commensurate with qualification. Send inquires and CV to: Guy L. Reed, MD, Chair, Department of Medicine and Chief, Cardiovascular Diseases ([glreed@uthsc.edu](mailto:glreed@uthsc.edu)). The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment program and services.

### Dermatology

**THE BERKSHIRES, WESTERN MASSACHUSETTS** — Berkshire Health Systems seeks a BE/BC Dermatologist to join a busy, well-established private practice. Competitive salary and benefits package is available. Visa candidates, including J-1 are encouraged to apply. Excellent opportunity to practice in a beautiful and culturally rich area while being affiliated with a health system with award winning programs, nationally recognized physicians, world class technology, and easy access to both Boston and New York City. Please contact Brenda Lepicier, Manager, Physician Recruitment: 413-395-7866; or apply online at: [www.berkshirehealthsystems.org](http://www.berkshirehealthsystems.org). EOE.

### Emergency Medicine

**EMERGENCY ROOM PHYSICIAN** — Needed at Bronx, NY, hospital. Please e-mail CV to: [jcoffey@bronxleb.org](mailto:jcoffey@bronxleb.org)

### Endocrinology

**ATTENDING PHYSICIAN, ENDOCRINOLOGY, MINEOLA, NY** — Examine, diagnose, and treat patients w/endocrine system disorders at hospital and office. On-call schedule and travel between worksites in Mineola and Garden City, NY, required. BC in Internal Medicine and completion of 24 mos. Fellowship in endocrinology, diabetes, and metabolism. E-mail CV to Winthrop-University Hospital, Attn: M. Fink: [mfink@winthrop.org](mailto:mfink@winthrop.org). EOE m/f/d/v.

**ENDOCRINOLOGIST, MEDSTAR WASHINGTON HOSPITAL CENTER** — The largest and busiest academic medical center in the Washington, DC, metropolitan area, is seeking additional full-time endocrinologist to join its integrated Section of Endocrinology. Clinical activities occur at an ancillary local facility and at MedStar Washington Hospital Center; education and research occur at the MedStar Washington Hospital Center. Candidates should be board-certified in endocrinology. MedStar Washington Hospital Center is a 926-bed acute care hospital/academic medical center. MedStar Washington Hospital Center offers a competitive compensation plan and generous benefits package. Interested applicants should send their CV to: Kenneth Burman, MD, Director, Section of Endocrinology, Department of Medicine, 110 Irving Street, NW, Room 2A-72, Washington, DC 20010; or respond by e-mail to: [Kenneth.D.Burman@medstar.net](mailto:Kenneth.D.Burman@medstar.net); or fax: 202-877-6588.

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

**NEW ENGLAND INPATIENT/OUTPATIENT OPPORTUNITY. ONE HOUR TO BOSTON** — Long-standing, well-respected physician group. Independent practitioner (optimal support staff on-site) within a hospital-owned outpatient clinic. \$300K Income guarantee for first year. Earning potential much greater! Student loan forgiveness, relocation. Call 1:6. North-Central Massachusetts, easy access to shoreline, lakes, and mountains. Please send CV to: [ellen.goderre@heywood.org](mailto:ellen.goderre@heywood.org)

**MAINE, GRAY FAMILY HEALTH CENTER (GFHC)** — Part of the Central Maine Medical Family, seeks BE/BC family practitioner to join its well-established two-physician practice. The long-standing outpatient practice utilizes Central Maine Medical Center's Adult and Pediatric Hospitalist services and provides routine care and minor office procedures to patients of all ages. The outpatient-only position offers a very attractive call schedule (approximately 1:20), medical school student loan assistance, competitive salary, and the opportunity to practice in physician-friendly Maine! Be a part of a group which is dedicated to their mission of caring for community members throughout their lifespan. Interested candidates should forward CV and cover letter to: Gina Mallozzi, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240; call: 800-445-7431; e-mail: [MallozGi@cmhc.org](mailto:MallozGi@cmhc.org); or fax: 207-344-0696.

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MAINE: FAMILY HEALTH CARE ASSOCIATES (FHCA) — Part of the Central Maine Medical Family, seeks BE/BC family practitioner to join its well-established six-physician and three nurse practitioner group. The long-standing outpatient practice utilizes Central Maine Medical Center's Adult and Pediatric Hospitalist services and provides medical care to a local private school, adding variety to the providers' work schedules. A modern, state-of-the art office space has an in-house lab, uses EMR, and staffs a part-time dietician/diabetic educator and embedded LCSW. Generous medical student loan assistance is available. Be a part of a group which is dedicated to their mission of caring for community members throughout their lifespan. Interested candidates should forward CV and cover letter to: Julia Lauver, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240; call: 800-445-7431; e-mail: jlauver@cmhc.org; or fax: 207-795-5696.

MECHANIC FALLS, MAINE — Central Maine Medical Center, a growing regional referral center in Lewiston, is seeking a BE/BC Family Medicine physician to join their Mechanic Falls Family Medicine office. Our small rural two-physician and one-nurse practitioner clinic provides routine care and minor office procedures to patients of all ages. The outpatient-only position offers a very attractive call schedule (approximately 1:20), medical school student loan assistance, competitive salary, and the opportunity to practice in physician-friendly Maine! Please forward your CV to: Julia Lauver, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240; call: 800-445-7431; e-mail: jlauver@cmhc.org; or fax: 207-795-5696. Not a J-1 opportunity.

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

COASTAL MAINE — Central Maine Medical Family seeks Family Medicine physician for its employed practice. Join colleagues committed to excellence. This office based position offers a four-day work week, outpatient only call (approximately 1:12), and full EMR. Operating hours will include weekends and evenings to be split among the providers in the region. An attractive compensation and benefits package, including loan repayment, are enhanced by the scenic beauty and abundant outdoor adventure Maine lifestyle affords. Combine your talent and skills with our established excellent reputation of the best physician care. Interested candidates, send CV or call: Gina Mallozzi, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240. Fax: 207-344-0696; e-mail: MallozGi@cmhc.org; or call: 800-445-7431. Not a J-1 opportunity.

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CENTRAL VERMONT MEDICAL CENTER (CVMC) — A partner in the University of Vermont Health Network, is recruiting BC/BE Family Medicine physicians. CVMC employs over 120 physicians with 23 primary and specialty care practices throughout our service area. Located in the heart of the Green Mountain state, CVMC has a reputation of clinical excellence with a staff that is deeply rooted in our community. You will find leadership at CVMC to be transparent and supportive. Excellent benefits accompany the wonderful lifestyle! Tuition loan repayment, relocation assistance, and four seasons of activity at your doorstep. Contact: Sarah Child, Manager of Physician Services: sarah.child@cvmc.org; 802-225-1739.

THE BERKSHIRES, WESTERN MASSACHUSETTS — Berkshire Health Systems, located in the beautiful Berkshire Hills is currently seeking a BC/BE Gastroenterology physician to join our already established team of three Gastroenterologists providing excellent patient care to the community. BHS offers a competitive salary and benefits package, including relocation assistance. This is an excellent opportunity to live and work in an area known for its diverse cultural and recreational activities and just hours from both Boston and New York City. Please contact: Antoinette Lentine, Berkshire Health Systems, 725 North Street, Pittsfield, MA; alentine@bhs1.org. Phone: 413-395-7866. Interested candidates are invited to apply online at: [www.berkshirehealthsystems.org/physicianrecruitment](http://www.berkshirehealthsystems.org/physicianrecruitment)

MAINE, SEEKING TWO GASTROENTEROLOGISTS — Central Maine Healthcare is seeking two highly trained and talented gastroenterologists to join a high volume group of six to seven employed gastroenterologists in central-southern Maine including Central Maine Medical Center (CMMC). CMMC is the flagship hospital of Central Maine Healthcare. The medical center is located in Lewiston, Maine; approximately 35-45 minutes north of Portland and 40-50 minutes from the Atlantic coast. The medical center has 250 inpatient beds and offers a broad range of services that include, among many, a Level II trauma center, cardiovascular medicine, vascular and cardiac surgery including a structural heart disease program, and a superb group of general, bariatric, and oncologic surgeons. The Central Maine Medical Group is comprised of approximately 400 providers, approximately half of which are in primary care. Overall, the medical group delivers care across almost 2500 square miles at numerous outpatient sites and four hospitals, including CMMC and two critical access hospitals. The Health system places great emphasis on quality and safety and CMMC has consistently earned an "A" Leapfrog rating. The primary endoscopy suite is a state-of-the-art facility with nine procedure rooms that include ERCP and EUS capabilities. Last year, the gastroenterology group performed 8500 procedures in this facility. Candidates for the position must be able to demonstrate excellent clinical training. The ability to function well within a complex healthcare environment is a must. Qualified candidates must be board certified/board eligible in gastroenterology. These are full-time positions. To apply, please send or e-mail a CV and cover letter to: Julia Lauver, Physician Recruiter, Central Maine Medical Family, 300 Main Street, Lewiston, ME 04240. E-mail: lauverju@CMHC.org. Telephone: 800-445-7431.

ACADEMIC GASTROENTEROLOGIST — The University of Tennessee Health Science Center in Memphis is actively recruiting a clinically oriented academic gastroenterologist for a faculty position in its Division of Gastroenterology. Candidates are expected to be accomplished in their area of expertise and have a desire to provide outstanding clinical gastroenterology patient care. Excellence in teaching medical students, residents, and fellows required. Candidates must be eligible for Tennessee licensure and be board certified in Internal Medicine and Gastroenterology. Please forward letter of interest and CV to: the attention of Colin Howden, MD, Chief of Gastroenterology, Department of Medicine, University of Tennessee Health Science Center, via fax at: 901-448-7091. The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment program and services.

IMMEDIATE OPENING FOR BC GERIATRICIAN TO JOIN FULL-TIME FACULTY — At Maimonides Medical Center in Brooklyn, NY. Position includes house staff and fellow education and patient care across the continuum including nursing home, hospital, and outpatient. Please e-mail: bparis@maimonidesmed.org with CV.

HEMATOLOGIST/ONCOLOGIST NEEDED FOR SINGLE SPECIALTY GROUP PRACTICE BY JULY 1, 2016 — Superb opportunity for appropriate candidate. Must be board certified/eligible in both hematology/oncology. Conveniently located midway between New York and Boston in attractive setting. Private practice with strong hospital affiliation. Practice located in a newly constructed Cancer Center, a state-of-the-art building with high visibility and beautiful views. Interest and experience in clinical research necessary. Patients actively enrolled on cooperative group and pharmaceutical industry research protocols. Teaching opportunity and university affiliation also part of the practice, as well as an affiliation with Memorial Sloan Kettering Cancer Center. Excellent salary and benefits. Please e-mail CV to: shh6219316@sbcglobal.net

BC/BE HEME/ONC FOR FULL-TIME OR PART-TIME POSITION — Join busy two-physician private practice in lovely community hospital near Philadelphia. Attractive salary leading to partnership. Send CV to: mhoessly@yahoo.com

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**Hospitalist**

HOSPITALIST OPPORTUNITY AVAILABLE, JOIN THE HEALTHCARE TEAM AT BERKSHIRE HEALTH SYSTEMS! — Berkshire Health Systems is currently seeking a BC/BE Internal Medicine physician to join our comprehensive Hospitalist Department. Previous Hospitalist experience is preferred. Our Hospitalist Department is currently working 10-hour shifts on a 7 on/7 off, block shift schedule with a closed ICU/CCU and has a full spectrum of Specialties to support the team. Serving a diverse population in Western Massachusetts, Berkshire Medical Center, BHS's 302-bed community teaching hospital, is a major teaching affiliate of the University of Massachusetts Medical School. With the latest technology and a system-wide electronic health record, BHS is the region's leading provider of comprehensive healthcare services. We understand the importance of balancing work with a healthy personal lifestyle. Located just 2.5 hours from Boston and New York City, the Berkshires offers small town New England charm and the endless cultural opportunities of a big city. With excellent public and private schools, world renowned music, art, theater, and museums, as well as year round recreational activities from skiing to kayaking, this is an ideal family location. This is a great opportunity to practice in a beautiful and culturally rich area while being affiliated with a health system with award-winning programs, nationally recognized physicians, and world class technology. Berkshire Health Systems offers a competitive salary and benefits package, including relocation. Elizabeth Mahan, Berkshire Health Systems, 725 North Street, Pittsfield, MA 01201. Phone: 413-395-7866. Apply online at: [www.berkshirehealthsystems.org](http://www.berkshirehealthsystems.org)

HOSPITALIST (BOSTON, MASSACHUSETTS) — Sought by Brigham & Women's Physicians Organization to provide primary internal medicine inpatient care to patients admitted to the hospitals from ICU, Emergency Department, or other wards of the hospital. Responsible for caring for patients, providing advice to outpatients, maintaining medical records and charts, and communicating effectively with patients, physicians, and hospital staff. Participate in review and interpretation of cases, as well as hospital-wide committees formed to deal with various health issues. Some weekend work required. To apply, e-mail resume and cover letter to: [kdriscoll2@partners.org](mailto:kdriscoll2@partners.org)

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THE HOSPITAL MEDICINE PROGRAM AT MASSACHUSETTS GENERAL HOSPITAL, BOSTON — Is recruiting BC/BE internists to provide outstanding care on its multiple, dynamic General Medicine inpatient services. Position includes a Harvard Medical School faculty appointment (Instructor/Assistant Professor, commensurate with experience and qualifications) as well as teaching, research, and health care administration opportunities. Flexible schedule, competitive salary/benefits package. Nocturnist positions are available. Interested candidates should forward cover letter and CV to: Dr. Melissa Mattison, Chief, Hospital Medicine Unit, c/o Thaisha Guerrier at: [tguerrier@partners.org](mailto:tguerrier@partners.org). Massachusetts General Hospital/Harvard Medical School is an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

BOSTON AREA HOSPITALIST — Beth Israel Deaconess Medical Center is seeking hospitalists for day and night, teaching and non-teaching opportunities at its Harvard affiliated teaching hospital in Boston and community hospitals in Milton, Needham, and Plymouth. We have both leadership and staff positions available, please apply at: [www.hmfphysicians.org](http://www.hmfphysicians.org); Joseph Li, MD, [chart@bidmc.harvard.edu](mailto:chart@bidmc.harvard.edu); 617-754-4677; fax: 617-632-0215. [www.bidmc.org/hospitalists](http://www.bidmc.org/hospitalists) EEO/AA/M/F/Vet/Disability.

HOSPITALIST POSITION, MOUNT AUBURN HOSPITAL — Voted one of the best places to work in Boston by the *Boston Business Journal*. The department of Medicine at Mount Auburn Hospital, a teaching hospital of Harvard Medical School, is seeking a full-time physician to join our career oriented team of collegial hospitalists. Ideal candidates will be BC/BE and have an interest in hospitalist medicine, medical education, and quality initiatives. Faculty appointment will be commensurate with qualifications. Salary and benefits are competitive and the work environment is collegial and supportive. Applicants should send a CV and brief cover letter to: [searchco@mah.harvard.edu](mailto:searchco@mah.harvard.edu)

HOSPITALIST AND NOCTURNIST OPPORTUNITIES — Our Connecticut Shoreline suburban community hospital is hiring into its hospital based physician group providing oversight of hospital inpatient medical activities. As a member of this BC group of IM professionals, you will participate in ensuring maximum quality care and cost effective health outcomes. Intensive care experience is desirable. Full-time, half-time, and per diem positions available. Rotational night, weekend, and holiday coverage is required. We offer a competitive salary and liberal benefits package. Apply, indicating salary requirements, to: the Director of Human Resources, Milford Hospital, 300 Seaside Avenue, Milford, CT 06460; [HR@milfordhospital.org](mailto:HR@milfordhospital.org). Fax: 203-876-4224; phone: 203-876-4095. EOE.

ACADEMIC HOSPITALISTS — Danbury Hospital, a member of Western Connecticut Health Network and Level II trauma hospital, seeks experienced physicians for our inpatient adult general medical service. Our highly successful program manages all general medical inpatient admissions and there are no ICU responsibilities or procedures. We are easily accessible from I-84. Submit CV to Jennifer Ferriuolo: [jennifer.ferriuolo@wcthealth.org](mailto:jennifer.ferriuolo@wcthealth.org). EOE.

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CENTRAL NJ HOSPITALIST, LOOKING FOR IM TO JOIN A GROUP — No codes or RRT, several models available; 7 on/7 off, and day models. H-1 Visas welcome. Please contact: [knjhospitalist@gmail.com](mailto:knjhospitalist@gmail.com)

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

INFECTIONOUS DISEASES. CLINICIAN/EDUCATOR POSITION AVAILABLE — In the Division of Infectious Diseases, Department of Medicine, University of Tennessee Health Science Center, Memphis, Tennessee. BC/BE in Infectious Diseases required. Responsibilities may encompass ID consultation, hospital epidemiology and infection prevention, antibiotic stewardship, ambulatory practice, and clinical teaching. Academic rank based on qualifications. Send CV/cover letter to: James B. Dale, MD, Chief, Division of Infectious Diseases, 956 Court Avenue, Room E332, Memphis, TN 38163.

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: 1:15. Signing bonus and guaranteed salary leading to Stockholdership. Excellent fringe benefits. Please send CV to: Acton Medical Associates, PC, 321 Main Street, Acton, MA 01720, Attention: Joseph B. Berman, COO or e-mail to: [HR@actonmedical.com](mailto:HR@actonmedical.com). Visit us at: [www.actonmedical.com](http://www.actonmedical.com)

THE SECTION OF GENERAL INTERNAL MEDICINE IS SEEKING TALENTED AND DEDICATED PRIMARY CARE PHYSICIANS — To join our faculty. As the primary teaching affiliate of Boston University, our practice is active in teaching and research, and is reorganizing around a vision for team-based care and patient-centered medical home, including a focus on integrating behavioral health, population, and care management. In addition to direct patient care, opportunities for quality improvement, clinical leadership, or medical education may be available depending on the applicant's experience and interests. Desired skill sets and attributes include strong leadership abilities, quality improvement training, and systems thinking, good communication skills, and a dedication to serving marginalized populations. Boston Medical Center is committed to providing excellent and accessible health services to all and is the largest safety-net hospital in New England. Interested applicants are encouraged to apply. Please send a cover letter and CV via e-mail to: Charlotte Wu MD, GIM Primary Care Medical Director: [charlotte.wu@bmc.org](mailto:charlotte.wu@bmc.org)



IM/GERIATRICS OR FP — To join three-MD/ five-PA private practice in Rhode Island. Focus in post acute, LTC, and ambulatory care. Excellent compensation and benefit package. Partnership track. J-1 applicable. E-mail CV to: HH@MEDLTC.com

COASTAL MAINE — Central Maine Medical Center offers an exciting practice opportunity to a BC/BE Internist for its employed practice. Join colleagues committed to excellence. This office based position offers a four-day work week, outpatient only call (approximately 1:12), and full EMR. Operating hours will include weekends and evenings to be split among the providers in the region. An attractive compensation and benefits package, including loan repayment, are enhanced by the scenic beauty and abundant outdoor adventure Maine lifestyle affords. Combine your talent and skills with our established excellent reputation of the best physician care. Interested candidates, send CV or call: Gina Mallozzi, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240. Fax: 207-344-0696; e-mail: MallozGi@cmhc.org; or call: 800-445-7431. Not a J-1 opportunity.

MAINE — Central Maine Medical Center offers an exciting practice opportunity to a BC/BE Internist for its employed practice. Join colleagues committed to excellence. This office based position offers a 4- or 4.5-day work week, outpatient only call (weekend call approximately 1:10), and full EMR. An attractive compensation and benefits package, including loan repayment, are enhanced by the scenic beauty and abundant outdoor adventure Maine lifestyle affords. Combine your talent and skills with our established excellent reputation of the best physician care. Interested candidates, send CV or call: Gina Mallozzi, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240. Fax: 207-344-0696; E-mail: MallozGi@cmhc.org, or call: 800-445-7431. Not a J-1 opportunity.

POMPTON PLAINS, NEW JERSEY — Office based internal medicine practice with three internists, seeks part-time internist, 20 hours/week, no hospital, no weekends. E-mail resume to: PHAbilling@optonline.net; or fax to: 973-835-0531.

CHARLES B. WANG COMMUNITY HEALTH CENTER, NEW YORK CITY — CBWCHC, a FQHC with sites in Queens and Manhattan, is seeking full-time BC/BE Internal Medicine physicians. The Health Center provides comprehensive primary care, social services, and health education with a focus on underserved Asian Americans in New York City. The Health Center is a NCQA-certified Level III Medical Home and uses electronic health records to spur innovation and quality improvement. Opportunities for teaching and research are available. NYS license is required. Bilingual English/Chinese abilities are strongly preferred. Salary and benefits are competitive with options to apply for loan repayment through the National Health Service Corps. Please apply through our website: www.cbwchc.org

INTERNAL MEDICINE DOCTORS, NEW YORK CITY — Large, private multispecialty medical group affiliated with prestigious academic medical center, seeking BC internist/primary care physician for superb opportunity for part-time/full-time office-based practice, turn-key set up in midtown Manhattan. Please forward CV via e-mail: cmgmddcareers@gmail.com

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INTERNAL MEDICINE OR FAMILY PRACTICE PHYSICIAN REQUIRED FOR A BUSY PRACTICE — Well-furnished office available, rent free, for three months. Contact Dr. S. A Khan at telephone number: 618-439-2508, or cell number: 618-534-0011. Send CV to: Dr. Saeed Khan MD, Benton Medical Center, 205 Bailey Lane, Benton, IL 62812.

KANSAS: UNIVERSITY COMMUNITY NEAR KANSAS CITY — Independent group offers freedom to incorporate subspecialty or procedural interests. Light call, \$350,000 potential. Contact Monica Douglas: 913-341-7117; mdouglas@sherriff.com

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THE UNIVERSITY OF NEW MEXICO, HEALTH SCIENCES CENTER — Department of Internal Medicine, seeks faculty members to join the Division of Hospital Medicine and work in our newly opened community hospital in Rio Rancho, New Mexico, adjacent to Albuquerque. These positions are open rank and open track. Salary and rank will be commensurate with experience and education. Collegial atmospheres in a physician run program and career development are highlights of these positions. We offer an excellent benefit and compensation plan, and a rich quality of life in the high desert of New Mexico. For best consideration, apply by 9/10/15. Please see the UNM jobs application system at: https://unmjobs.unm.edu. For more information, contact: Rebecca Bair, MD (rbair@salud.unm.edu). EEO/AA. Positions are open until filled.

## Nephrology

EXCELLENT OPPORTUNITY WITH AN ESTABLISHED SMALL PRIVATE PRACTICE IN THE PITTSBURGH AREA — The new Nephrologist will share rotating schedule at hospitals and be given an even share of the dialysis population. Call coverage every third week. Generous vacation time given. Please send CV to: pghneph@gmail.com

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

NEPHROLOGY PRACTICE LOCATED ONE HOUR EAST OF ATLANTA IN UNIVERSITY TOWN — Desire to add Nephrology associate to meet growing need. Call 1 in 4 weekend. Competitive salary and benefits. H-1 or J-1 can apply. E-mail your CV at: bash6750@bellsouth.net

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

WEST FLORIDA NEPHROLOGY GROUP SEEKING BC/BE NEPHROLOGIST — To join our busy practice, involved in all aspects of Nephrology including opportunities to teach, and research. Competitive salary, benefits, and with opportunities to participate in dialysis joint ventures. Excellent location on the West Coast of Florida for work and family. Please e-mail CV to: jgreco@renal-center.com or fax: 727-497-0028.

SINGLE SPECIALTY NEPHROLOGY GROUP — Immediate opening in Columbus, Ohio looking to expand. IM certified and at least board eligible for nephrology. Must be able to work in the US without restrictions. CV to: conainc@hotmail.com

NEPHROLOGISTS FOR A SOLO THRIVING CONSULTATIVE PRACTICE IN INDIANAPOLIS — We seek one associate now and one for July 2016. Early partnership track. Investment opportunity in independent Dialysis Centers. Apply: idc200080@yahoo.com

NEPHROLOGIST, MICHIGAN — Immediate opening, two nephrologists and one PA need third nephrologist. Busy practice in great family area. Competitive salary and benefits. Send CV to: Dialysis.consultants@gmail.com

WEST MICHIGAN: SIX-PHYSICIAN NEPHROLOGY PRACTICE — Seeking BC/BE nephrologist to join our group practice. Competitive salary and benefit package. Excellent location to work and enjoy life on the shores of Lake Michigan. Please forward CV to: wmn4932@gmail.com; or mail to: West Michigan Nephrology, 1250 Mercy Drive, Suite 101, Muskegon, MI 49444.

LARGE WELL-ESTABLISHED, GROWTH ORIENTED NEPHROLOGY PRACTICE — Is seeking an experienced Transplant Nephrologist for South Suburban Chicago area. Please send CVs to: Charlotte.Chapple@ainmd.com

NEPHROLOGY, OKLAHOMA KIDNEY CARE, OKLAHOMA CITY, OK — Three women Nephrologists seeking to hire a BC/BE Nephrologist. Good work/lifestyle balance and income potential with a strong 3rd-year partnership track. Call is 1 in 4. No H1-B or J-1. Send resume to: lori\_blew@yahoo.com

PIKES PEAK NEPHROLOGY ASSOCIATES (PPNA) — A long-standing and successful Colorado Springs medical practice, is actively recruiting a physician to join its team to assist with growing patient demand. The ideal candidate will have the training and experience to successfully assume responsibility for a full patient workload, to include a busy clinic schedule and rounding in a number of dialysis centers. We are unable to provide sponsorships for J-1 candidates. We offer a competitive compensation package, and excellent benefits. Colorado Springs has exceptional schools, many cultural amenities, is a short drive to the state's premier ski towns, and enjoys 300-plus days of sunshine per year. For more information and consideration, please submit a cover letter and your CV to Phil Mella, Practice Administrator: Phil.Mella@pikespeaknephrology.com

NEPHROLOGY GROUP IN THE DESERT SOUTHWEST — Looking for a clinical Nephrologist. Practice is 100% Nephrology. Competitive salary and partnership available. Please submit CV to: nephrologygpc@yahoo.com

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THE BERKSHIRES, WESTERN MASSACHUSETTS — Berkshire Health Systems, located in the beautiful Berkshire Hills is currently seeking a BC/BE Psychiatrist to join our thriving Psychiatry Department in providing excellent patient care to the community. BHS offers a competitive salary and benefits package, including relocation assistance. This is an excellent opportunity to live and work in an area known for its diverse cultural and recreational activities and just hours from both Boston and New York City. Please contact: Antoinette Lentine, Berkshire Health Systems, 725 North Street, Pittsfield, MA; alentine@bhs1.org. Phone: 413-395-7866. Interested candidates are invited to apply online at: www.berkshirehealthsystems.org/physicianrecruitment

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THE BERKSHIRES, WESTERN MASSACHUSETTS — Berkshire Health Systems, located in the beautiful Berkshire Hills is currently seeking a BC/BE Rheumatology physician to join our already established Rheumatology Department in providing excellent patient care to the community. BHS offers a competitive salary and benefits package, including relocation assistance. This is an excellent opportunity to live and work in an area known for its diverse cultural and recreational activities and just hours from both Boston and New York City. Please contact: Antoinette Lentine, Berkshire Health Systems, 725 North Street, Pittsfield, MA; alentine@bhs1.org. Phone: 413-395-7866. Interested candidates are invited to apply online at: www.berkshirehealthsystems.org/physicianrecruitment

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

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Director, Breast Cancer Multidisciplinary Care and Research  
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We are seeking a senior level academic medical oncologist to serve as Director, Multidisciplinary Care and Research, of the University Hospitals Seidman Cancer Center Breast Cancer Program. Located on the campus of Case Western Reserve University, Cleveland, Ohio, University Hospitals is a member of the NCI-designated Case Comprehensive Cancer Center. The Director will have oversight authority for all aspects of breast cancer care and clinical research. We are seeking a dynamic leader who will have a record of accomplishment commensurate with an endowed professorship. The Director will be a member of the Division of Hematology and Oncology in the Department of Medicine at University Hospitals Case Medical Center/ Case Western Reserve University. The ideal candidate will have a history of significant administrative leadership, program development, and academic accomplishment as evidenced by publications, development of a robust clinical research portfolio, and extramural funding.

Candidates should be nationally-recognized investigators at the Associate or Full Professor rank with established accomplishment in research along with a strong clinical reputation, and must be US Board eligible or certified in Medical Oncology. Appointment at the level of Associate Professor requires a recognized track record of academic accomplishment, and appointment at the level of professor will additionally require a significant national reputation for academic excellence.

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Interested individuals should forward a curriculum vitae via email to:

Jessica French, M.D.  
Senior Associate  
Korn Ferry

200 Park Avenue, Floor 33, New York, NY 10166  
Jessica.French@kornferry.com  
212.973.5889

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Interested candidates should submit their application/CV online at:

<http://jobs.brassring.com/TGWebHost/jobdetails.aspx?partnerid=25898&siteid=5281&careq=5062BR>

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**Gastrointestinal and Thoracic Cancer Clinical Investigators  
Division of Hematology and Oncology  
Case Western Reserve University**

The Hematology and Oncology Division of the Department of Medicine at University Hospitals Case Medical Center and the NCI-designated Case Comprehensive Cancer Center of Case Western Reserve University seeks highly qualified clinical investigators with expertise in gastrointestinal or thoracic cancers.

Candidates should be investigators appropriate for the Assistant or Associate professor rank with established accomplishment in research along with a strong clinical reputation, and must be US Board eligible or certified in Medical Oncology. Candidates at the Assistant Professor level should demonstrate promise in research and teaching excellence; Associate Professor candidates should have a significant track record of academic accomplishment and professional reputation.

The Division of Hematology and Oncology in collaboration with University Hospitals Seidman Cancer Center and the NCI-designated Case Comprehensive Cancer Center provides a rich environment for clinical investigation. A robust centralized infrastructure supports clinical investigators. Active scientific programs in drug discovery and developmental therapeutics, cancer imaging, cancer genetics, molecular oncology, and medical decision making, and investments in genomic medicine facilitate the opportunity for translational efforts. Candidates will be provided competitive salaries, protected time for scientific effort, and committed senior mentorship to ensure success. Interested individuals should forward a current curriculum vitae and letter describing their clinical research interests to:

**Neal Meropol, M.D.**  
**Chief, Division of Hematology and Oncology**  
**University Hospitals Case Medical Center**  
**Case Western Reserve University**  
11100 Euclid Avenue  
Lakeside 1200  
Cleveland, OH 44106  
neal.meropol@case.edu

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**UNIVERSITY OF MINNESOTA  
INFECTIOUS DISEASES & PROGRAM IN HIV MEDICINE**

**Physician-Scientists / Basic Scientists**

The Division of Infectious Diseases and International Medicine of the Department of Medicine at the University of Minnesota is recruiting up to 5 full-time faculty members at the Assistant, Associate, or Full Professor level in the tenure or research track pathways. Successful candidates will have a M.D., Ph.D., or M.D./Ph.D. degree and will have demonstrated a track record of accomplishment in infectious diseases research. At least three of these positions will be in the Program in HIV Medicine, where successful candidates will contribute to interdisciplinary teams to identify mechanisms of HIV persistence in tissue reservoirs, study adaptive and innate immunity of chronic viral disease, and/or perform clinical trials of interventions designed to cure HIV infection. Areas of emphasis include innate and adaptive mechanisms of virus persistence, HIV comorbidities, and HIV-related co-infections, including TB. At least one of these positions is intended for candidates interested in building a career in HIV clinical research.

Successful candidates will have the opportunity to collaborate with faculty in the Department of Microbiology and Immunology, Center for Immunology, Center for Clinical and Translational Research, Center for Drug Design, Center for Infectious Disease and Microbiology Translational Research, and the Institute for Molecular Virology at the University of Minnesota. Individuals licensed to practice medicine in the State of Minnesota will also have the opportunity to provide outpatient care for HIV-infected patients or general ID patients at the University of Minnesota HIV/ID clinic and to provide inpatient ID consultation. Salary will be commensurate with qualifications and expertise.

*Qualified applicants are invited to apply on-line at:*

<https://www.myu.umn.edu/employment>  
(search key words "Infectious Diseases")

In addition to the on-line application, applicants are strongly encouraged to send a letter describing research interests and expertise, along with a current curriculum vitae and names of three references by e-mail to:

**Paul Bohjanen, M.D., Ph.D., IDIM Division Director**  
**and Timothy Schacker, M.D., Director of the Program in HIV Medicine**  
c/o: Sheryl Broad (broad002@umn.edu).

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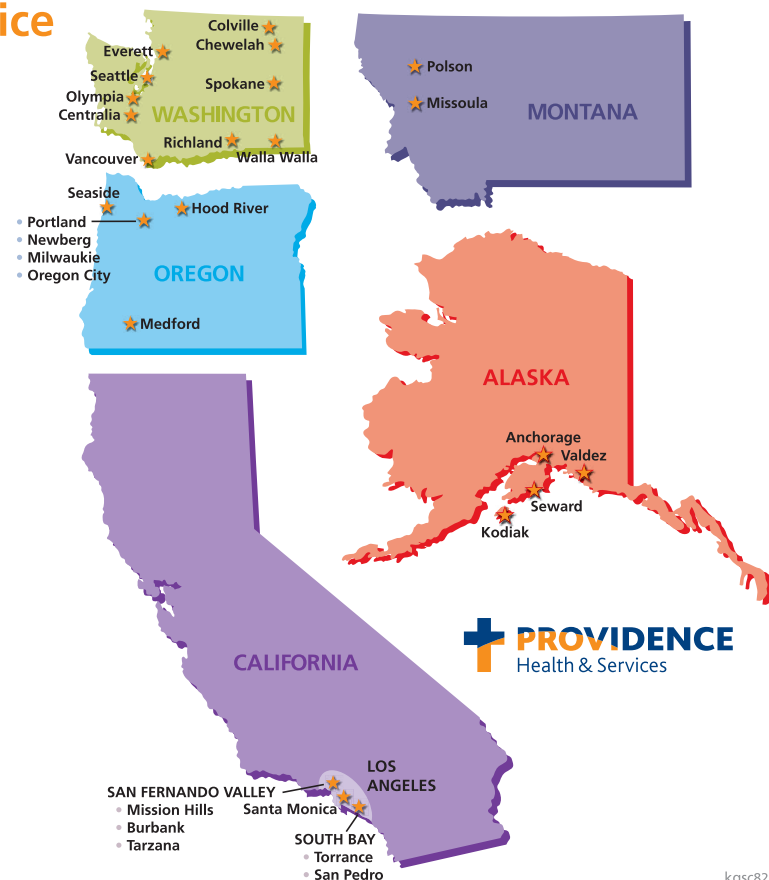
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**Chair, Department of Anesthesiology**

Northwestern University Feinberg School of Medicine invites applications and nominations for the position of Chair of the Department of Anesthesiology. The new Chair will report directly to the Dean of the medical school with accountability to clinical leadership at Northwestern Medicine. In this role, the Chair is responsible for oversight of the academic, research, clinical, and administrative affairs of the Department at Northwestern Memorial Hospital, Northwestern Medical Group, and the Feinberg School of Medicine.

The Department of Anesthesiology is home to over 115 faculty who provide inpatient and outpatient care with programs in pain medicine, obstetric anesthesiology, critical care medicine, cardiac anesthesiology, pediatric anesthesiology, and regional anesthesia.

Clinical faculty in the medical school practice in three *U.S. News & World Report* Honor Roll hospitals: Northwestern Memorial Hospital, Ann & Robert H. Lurie Children's Hospital of Chicago, and the Rehabilitation Institute of Chicago. Principal investigators appointed through the Feinberg School of Medicine are supported by \$399 million of annual research funding.

Successful candidates will possess an MD or MD/PhD with board certification and be eligible for a faculty appointment as a full-time Professor with proven scholarly accomplishments and national recognition in a clinical or science discipline.

Please email nominations and CVs of appropriate candidates to Ila Allen, recruitment coordinator, [anesthesiasearch@northwestern.edu](mailto:anesthesiasearch@northwestern.edu). Applications will be taken until the position is filled.

Northwestern University is an Equal Opportunity, Affirmative Action Employer of all protected classes, including veterans and individuals with disabilities. Women and minorities are encouraged to apply. Hiring is contingent upon eligibility to work in the United States.





## Section Chief, Gastroenterology

Central Maine Healthcare is seeking a strong innovative Section Chief to lead a high volume group of five employed gastroenterologists in central-southern Maine including Central Maine Medical Center (CMMC). CMMC is the flagship hospital of Central Maine Healthcare. The medical center is located in Lewiston, Maine; approximately 35-45 minutes north of Portland and 40 – 50 minutes from the Atlantic coast. The medical center has 250 inpatient beds and offers a broad range of services that include, among many, a Level II trauma center, cardiovascular medicine, vascular and cardiac surgery including a structural heart disease program, and a superb group of general, bariatric, and oncologic surgeons. The Central Maine Medical Group is comprised of approximately 400 providers, approximately half of which are in primary care. Overall, the group delivers care across almost 2500 square miles at numerous outpatient sites and four hospitals, including CMMC and two critical access hospitals. The Healthsystem places great emphasis on quality and safety and CMMC has consistently earned an “A” Leapfrog rating.

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Julia Lauver, Physician Recruiter  
Central Maine Medical Family  
300 Main Street  
Lewiston, ME 04240

Email: [lauverju@CMHC.org](mailto:lauverju@CMHC.org) Telephone 800/445-7431

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Please send CV's to **Laura Schofield, Sr. Director of Physician Recruitment, Cambridge Health Alliance, 1493 Cambridge St., Cambridge MA 02139.** Email: [Lschofield@challiance.org](mailto:Lschofield@challiance.org); Phone: 617-665-3555; Fax: 617-665-3553.

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If you are interested in advancing your career as a hospitalist with Northwestern Medicine Lake Forest Hospital, please email your CV and cover letter to [RMPRecruitment@nmff.org](mailto:RMPRecruitment@nmff.org).

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Email your CV to [BMGProviderRecruitment@BayCare.org](mailto:BMGProviderRecruitment@BayCare.org).

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## Assistant/Associate Professor of Medicine Clinical Electrophysiologist

The Division of Cardiology in the Department of Medicine is looking to hire a clinical electrophysiologist at the Assistant/Associate Professor level. Required qualifications include, MD or MD/Ph.D., board certification in Internal Medicine and board certification/eligibility in Cardiovascular Diseases and Cardiac Electrophysiology. Applicants must have proven experience and expertise in advanced ablation techniques for atrial fibrillation and ventricular tachycardia with a demonstrated commitment to innovative clinical research.

To qualify for appointment as an Associate Professor, the candidate must meet the criteria established by the School of Medicine (School of Medicine's Criteria for Appointment, Promotion and Tenure ).

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

Javed Butler, MD, MPH  
Division Chief of Cardiology  
Department of Cardiology  
Health Sciences Center, Level 16, Room 080  
Stony Brook University  
Stony Brook, NY 11794-8167  
Fax: (631) 444-1054

For a full position description, or to see the application procedure(s), visit:  
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| * Internal Medicine   | * Interventional Cardiology |
| * Med/Peds            | * Gastroenterology          |
| * Hospitalist         | * Neuro Hospitalist         |
| * Pulmonary/CC        | * Rheumatology              |
| * Endocrinology       | * Medical Genetics          |
| * Urgent Care         | * Emergency Medicine        |
| * Hematology/Oncology |                             |

Marshfield Clinic is overseen by an 11-member physician Board of Directors and a physician executive director. Marshfield Clinic physicians and staff serve more than 350,000 unique patients each year through accessible, high quality health care, research and education. With over 700 physicians in 86 medical specialties and subspecialties as well as 6,800 employees in about 60 locations in Wisconsin, Marshfield Clinic is nationally recognized for innovative practices and quality care.

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In 2016, Marshfield Clinic will celebrate 100 years of innovation and clinical excellence! There's never been a better time to join Marshfield Clinic!

Please contact:

Marshfield Clinic –Physician Recruitment  
physrect@marshfieldclinic.org or 715-221-5770  
www.marshfieldclinic.org/careers

Marshfield Clinic is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

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Physician and Advanced Practitioner Recruitment,  
Phone: 413-794-2571  
ChooseBaystateHealth.com/Brand/NEJM1

Together we deliver a higher state of caring.™

Baystate Health is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or Protected Veteran status.



The Veterans Affairs Pittsburgh Healthcare System (VAPHS) and University of Pittsburgh School of Medicine (UPSOM) are seeking qualified U.S. Citizens for the following positions:

**Physician, Academic Hospitalist, Full-Time**

VA Pittsburgh Healthcare System is seeking a full-time, Physician, Academic Hospitalist. The preferred candidate will be proficient in large volume therapeutic paracentesis in order to run a weekly outpatient large volume paracentesis clinic, will possess at least 5 years of experience as a Hospitalist with a minimum of 1 year as an Academic Hospitalist, and will be BC in Internal Medicine

**Physician, Chief of Plastic Surgery, Full-Time**

VA Pittsburgh Healthcare System is seeking a BC/BE Chief of Plastic Surgery to be primarily responsible for coverage of the Plastic Surgery Service. Responsibilities include managing hospitalized patients and all phases of plastic surgical and hand surgery interventions from pre-operative evaluation to post-operative follow-up. The preferred candidate will have expertise in microsurgical reconstruction with specialization in hand surgery and experience in performing reconstructive procedures including breast, head & neck, and soft tissue. Selectee will teach fellows, residents, and medical students through an academic affiliation with the University of Pittsburgh Medical Center School of Medicine.

**Physician, Chief of Occupational Health, Full-Time**

VA Pittsburgh Healthcare System is seeking a full-time, Physician, Section Chief for Occupational Health. The preferred candidate will be BC/BE in OEM, possess a minimum of 3 to 5 years of OEM clinical experience, and have a minimum of 3 to 5 years of supervisory experience. Responsibilities include building, maintaining, and sustaining the operations of Occupational Health.

**CVs should be submitted to:**

Jessica Lakari (Jessica.Lakari@va.gov)  
Human Resources Specialist, VAPHS

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University of Cincinnati College of Medicine  
General Internal Medicine Opportunities  
as Academic Hospitalist

The Section of Hospital Medicine at the University of Cincinnati College of Medicine, Cincinnati, Ohio, is seeking Board Eligible Internists to join our faculty as academic hospitalists. Hospitalist faculty are members of the Division of General Internal Medicine, which performs the bulk of resident and student teaching for the Department of Medicine.

**Responsibilities include:**

- Providing patient care in several settings, including attending on traditional resident-led ward teams, attending on the resident-led medical consultation service, and leading a hospitalist team including an intern;
- Teaching in our Internal Medicine Residency program which has been granted status as an ACGME Educational Innovations Program; and
- Teaching medical students on clinical rotations.

**Academic opportunities include:**

- Direct teaching of medical students in all four years of our new clinical curriculum;
- Collaboration with researchers in our Center for Clinical Effectiveness and Center for Health Informatics; and
- Participation in Hospital quality improvement activities.

Opportunities also exist for training in Improvement Sciences and traineeships with mentored research experiences in Outcomes and Clinical Effectiveness leading to a Master's degree in Clinical and Translational Research.

Our hospitalists are leaders in improving both patient care and clinical processes at the University of Cincinnati Medical Center and have a passion for teaching and improving patient care.

Salaries are competitive, with opportunities for increases based on productivity.

If you are interested in joining the University of Cincinnati in Hospital Medicine, applicants should contact: Mark Eckman, Director, Division of General Internal Medicine via email at [Mark.Eckman@uc.edu](mailto:Mark.Eckman@uc.edu).

We are recruiting for July 2016.

The University of Cincinnati is an affirmative action/equal opportunity employer



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- OB/GYN (Monett)
- Oncology Hematology
- Orthopedic Surgery
- General (Monett)
- Pulmonary Critical Care
- Rheumatology
- Urology

### Opportunities in Branson, Mo.

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- Hospitalist - Nocturnist
- Geriatric Nursing Home
- Internal Medicine - Outpatient only
- Interventional Cardiology
- Neurology
- OB/GYN
- Orthopedic Surgery
- Pulmonology Critical Care

### Family Medicine opportunities

- Cassville – (NHSC) R\*
- Harrison, Ark. – (NHSC) R\*
- Monett – (NHSC) R\*
- Monett – OB (NHSC) R\*
- Willow Springs – (NHSC) R\*

NHSC – National Health Service Corps R – Rural area

For more information:  
Paula.Johnson@coxhealth.com  
1-800-869-4201

coxhealth.com



The Division of Pulmonary, Allergy, and Critical Care Medicine (PACCM) at the University of Pittsburgh Medical Center is seeking physicians and physician scientists at the level of Associate Professor and Professor, both in the tenure stream and outside the tenure stream. The PACCM is seeking established investigators with proven track record in extramural NIH funding, and mentoring of junior investigators. Attractive resources are available to establish a vibrant research program. The PACCM supports active basic and clinical research programs in asthma, COPD, cystic fibrosis, sleep disorders, ILD, and ARDS/ALI, and fellowship training at its major teaching hospitals, Presbyterian University Hospital, the Oakland VA Medical Center, and Shadyside Hospital.

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

Interested individuals should submit a letter and CV to:

**Rama Mallampalli, M.D.**  
Chief, Pulmonary, Allergy  
and Critical Care Medicine  
c/o Dorothy M. Voith  
University of Pittsburgh  
School of Medicine  
MUH 628 NW, 3459 Fifth Avenue  
Pittsburgh, PA 15213

## INTERVENTIONAL CARDIOLOGIST



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

Ochsner Medical Center Kenner is a 125-bed acute care teaching hospital with a new cardiac catheterization laboratory and a dedicated peripheral vascular suite. A cardiovascular hospitalist is available to help coordinate and manage inpatient care. There is a tremendous growth opportunity to expand this established subspecialty practice with the support and encouragement of experienced colleagues. The Ochsner Department of Cardiology includes 50 cardiovascular physicians working together to achieve the best possible patient access, satisfaction, and outcomes. Ochsner Cardiology is perennially recognized as one of the top Heart and Heart Surgery programs by *US News & World Report* as well as *Thomson Reuters*.

Ochsner Health System is a physician-led, not-for-profit, multi-specialty group practice dedicated to patient care, research, and education. Our mission is to Serve, Heal, Lead, Educate and Innovate. The system includes Ochsner's 25 owned, managed and affiliated hospitals and more than 50 health centers. Ochsner is the only Louisiana hospital recognized by *U.S. News & World Report* as a "Best Hospital" across six specialty categories caring for patients from all 50 states and more than 90 countries worldwide each year representing all major medical specialties and subspecialties. Please visit our website at [www.ochsner.org](http://www.ochsner.org).

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

Please e-mail CV and letter of interest to:

**profrecruiting@ochsner.org**  
For review by Christopher J. White, M.D.  
Professor and Chair of Medicine  
System Chairman for Cardiovascular Diseases  
John Ochsner Heart and Vascular Institute  
(800) 488-2240

Sorry, no J1 visa opportunities available.

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

## PHYSICIAN CAREERS AT The US Oncology Network

The US Oncology Network brings the expertise of nearly 1,000 oncologists to fight for approximately 750,000 cancer patients each year. Delivering cutting-edge technology and advanced, evidence-based care to communities across the nation, we believe that together is a better way to fight. [usoncology.com](http://usoncology.com).

To learn more about physician jobs, email [physicianrecruiting@usoncology.com](mailto:physicianrecruiting@usoncology.com)



The US Oncology Network is supported by McKesson Specialty Health.  
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## Gastroenterologist

The Providence VA Medical Center and the Division of Gastroenterology and Hepatology are seeking an academic gastroenterologist to join the Department of Medicine at the Alpert Medical School of Brown University. The successful candidate will serve as staff gastroenterologist at the Providence VAMC and a faculty member of the Division of Gastroenterology and Hepatology at the Alpert Medical School of Brown University. Applicants must have demonstrated truly excellent qualifications in clinical care and education, and be supportive of research. Board Certification/Board Eligibility in Internal Medicine and Gastroenterology is required. Clinical responsibilities include inpatient and outpatient Gastroenterology, as well as performance of general endoscopic procedures. Proficiency and experience performing diagnostic and therapeutic upper endoscopy and colonoscopy procedures is required. Experience in biliary, and pancreatic disorders and skills in advanced procedures (EUS/ERCP) are preferred. Candidates must have an MD or DO degree and an unrestricted medical license. Successful candidates must be proficient in spoken and written English. Applicants must be US citizens; however, non-citizens may be appointed when it is not possible to recruit qualified citizens. Salary is commensurate with qualifications and experience. The Providence VAMC and Alpert Medical School of Brown University are EEO/AA employers and encourage applications from minorities and women. Review of applications will begin immediately and will continue until the position is filled or the search is closed. **Interested individuals should upload a letter of interest and curriculum vitae online at <http://apply.interfolio.com/30103>.**



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- ▲ Integrated EMR
- ▲ Supportive environment and strong infrastructure
- ▲ Start date Summer 2016 or sooner for the right candidate

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Send CVs to:

**Daniel Larson, M.D.**  
Chief Medical Officer  
Hudson Headwaters  
and Victoria Wirth  
Director of Medical Recruiting  
[vwirth@hhhn.org](mailto:vwirth@hhhn.org) [www.hhhn.org](http://www.hhhn.org)



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[PhysicianJobsIntermountain.org](http://PhysicianJobsIntermountain.org)



Memorial Sloan Kettering  
Cancer Center.

### CHIEF, PLASTIC AND RECONSTRUCTIVE SURGERY SERVICE DEPARTMENT OF SURGERY MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES MEMORIAL SLOAN KETTERING CANCER CENTER

The Department of Surgery of Memorial Hospital seeks qualified applicants for the position of Chief of the Plastic and Reconstructive Surgery Service. Memorial Hospital has gained international recognition for its contributions to patient care and research in cancer. The Plastic and Reconstructive Surgery Service members have extensive expertise in reconstruction of the breast, head and neck, chest wall, extremity and other sites. There is an active program of free tissue transfer flaps and microsurgery. Maintaining excellence in clinical care and increasing the scope of service are priorities. The Service has a robust program of research in patient-reported outcomes and translational investigation in lymphedema.

The Chief will have academic, clinical, research, and administrative responsibilities for the Plastic and Reconstructive Surgery Service. He/she will lead collaborations with multidisciplinary disease management teams that include surgeons, medical oncologists, pathologists, radiation oncologists, diagnostic radiologists, and interventional radiologists. He/she will promote technological advancement. There will be potential to expand the research activity of the service. A vital function will be to foster an interactive and cooperative environment of education and research among the faculty, surgical fellows, residents, and other staff.

The applicant should be widely known as an outstanding surgeon and regarded as an effective leader by their peers and trainees. A track record of successful mentoring is essential. The individual should be accomplished in clinical, translational, or laboratory research.

Please forward a letter of interest, curriculum vitae, and bibliography to:

**Ronald P. DeMatteo, M.D. FACS, Vice Chair, Department of Surgery**  
Memorial Sloan Kettering Cancer Center  
c/o Clara Irizarry, M.P.A., Academic Administrative Manager  
Office of Academic Recruitment  
1275 York Avenue, New York, NY 10065  
E-mail: [irizarrc@mskcc.org](mailto:irizarrc@mskcc.org)  
Tel: 212-639-5819

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# PRESIDENT

## HOWARD HUGHES MEDICAL INSTITUTE

**The Trustees of the Howard Hughes Medical Institute invite nominations and applications for President of HHMI.** The President serves as HHMI's chief executive officer. It is anticipated that the President will be an internationally recognized scientist with diverse leadership experiences who is passionate about advancing biomedical research and science education.

HHMI is a nonprofit medical research organization that plays a powerful role in advancing basic research and science education across the U.S. As one of the nation's largest philanthropies, HHMI has provided over \$8 billion in direct support for research and science education over the past decade. In 2014, the Institute invested \$706 million in U.S. research and provided \$77 million in grants and other support for science education.

Unlike most science funders, HHMI invests in people, not projects. HHMI believes that scientists of exceptional talent, commitment, and imagination will make fundamental biological discoveries if given the resources, time, and freedom to pursue challenging questions. Through rigorous national competitions, HHMI selects top researchers to become HHMI investigators. Today, over 300 HHMI investigators lead laboratories at approximately 70 host institutions (universities, research institutes, and hospitals). HHMI scientists and lab staff are employees of the Institute and supported by a nationwide team of dedicated professionals.

HHMI is known for experimenting with how science is done. In addition to its Investigator program, the Institute developed its own

research campus, Janelia Research Campus, in Ashburn, Virginia, to tackle some of science's most profound questions in a collaborative, interdisciplinary culture. Researchers at Janelia engage in active bench science, computational analysis, and theoretical work to probe fundamental questions and pursue groundbreaking discoveries in the field of neuroscience.

As a complement to its research programs, HHMI operates a significant grants program to enhance science education for students at all levels, with a particular focus on innovative undergraduate science education. To inspire the next generation of scientists, HHMI creates exceptional films, classroom resources, and teaching strategies for use in high schools, colleges, and universities across the country.

Founded in 1953 by Howard R. Hughes, the aviator and industrialist, HHMI is headquartered in Chevy Chase, Maryland, and employs close to 3,000 people across the U.S. It has an endowment of nearly \$19 billion. More information about HHMI is available at [www.hhmi.org](http://www.hhmi.org); more information about the position of President is available at <http://www.hhmi.org/presidential-search>.

Responses should be directed to [PresidentSearch@hhmi.org](mailto:PresidentSearch@hhmi.org) and should include a current curriculum vitae with a cover letter summarizing the candidate's scientific interests and accomplishments and administrative experience.

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**Please apply on-line at:**  
<http://scholarapplication.rockefeller.edu/>

**For additional information contact:**  
**Dr. Barry Collier; Laboratory of Blood and Vascular Biology,  
The Rockefeller University, 1230 York Avenue,  
New York, NY 10065.**



The Rockefeller University is an Equal Opportunity Employer with a policy that forbids discrimination in employment for protected characteristics. The Administration has an Affirmative Action Program to increase outreach to women, minorities, individuals with disabilities, and protected veterans.

### DIRECTOR, SECTION OF RESEARCH

The Department of Nephrology and Hypertension in the Glickman Urological and Kidney Institute (GUKI) at Cleveland Clinic invites applications for the position of **Director of Research**. The Director of Research oversees all research activities within the department including ongoing NIH-sponsored multicenter clinical trials. The candidate should have demonstrated an ability to initiate original research, mentor junior staff, nephrology fellows and medicine residents and secure external research funding. The position requires productive collaboration with other researchers, world-class clinicians and researchers in our institutes, departments and centers. Candidates should have a medical degree.

Faculty positions in the Cleveland Clinic Lerner College of Medicine of CWRU are commensurate with level of experience and academic credentials.

As part of the Cleveland Clinic, our department offers unparalleled resources and opportunities, including internal funding dedicated to research activities. We are committed to using our size and resources to create efficient and effective renal care paths.

Interested candidates should submit an application online by going to [www.clevelandclinic.org](http://www.clevelandclinic.org) and go to Cleveland Clinic Careers and search under Physician Opportunities.



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Neurology  
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For questions about the position please contact **Sandlin Davenport** at [sandlin.davenport@unchealth.unc.edu](mailto:sandlin.davenport@unchealth.unc.edu). To apply for the position directly, please visit the Rex Careers page at [www.rexhealth.com/rh/careers](http://www.rexhealth.com/rh/careers) and apply to requisition 15107.



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Interested applicants should send their CV to:

*Jeff Simeone, Director of Talent Acquisition, EBSCO Health, at [jsimeone@ebSCO.com](mailto:jsimeone@ebSCO.com)*

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## Director, Section of Rheumatology

MedStar Washington Hospital Center, the largest and busiest academic medical center in the Washington D.C. metropolitan area, is seeking an academic rheumatologist to lead its growing Section of Rheumatology. The section is known for excellence in clinical care, innovation in medical education at the resident and fellow level, and cutting edge research. The section is part of the larger Department of Medicine which has 125 full-time faculty, 130 medical residents and fellowship programs in all subspecialties. The successful candidate should be board certified in Internal Medicine and Rheumatology and have a track record of progressive leadership in a clinical academic environment.

Candidates should be eligible for a faculty appointment at Georgetown University at the Associate Professor level or above. All inquiries and applications will be kept in the strictest confidence.

MedStar Washington Hospital Center offers a competitive compensation plan and generous benefits package.

*Interested applicants should send their CV to:*

**Carmella Cole, M.D.**  
**Interim Chair Department of Medicine**  
**110 Irving St., N.W. Room 1A-50**  
**Washington, D.C. 20010**  
or email to [carmella.a.cole@medstar.net](mailto:carmella.a.cole@medstar.net)

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  - Specialty Director Obstetrics & Gynecology

Please send CV to: Lin Fong, Physician Recruitment  
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or call (800) 222-4606, or (617) 559-8275 within Massachusetts  
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seeking qualified U.S. Citizens for the following positions:**

### Sleep Medicine Physician, Full-Time

VA Pittsburgh Healthcare System and the University of Pittsburgh School of Medicine are seeking a full-time, BC/BE, Sleep Medicine Physician. The preferred candidate will possess training in either Pulmonary or Critical Care Medicine. Responsibilities include interpreting sleep studies, attending in the sleep clinic, sleep SIGMAs and DIGMAs, obtaining sleep center accreditation, and development of a sleep research program. The Sleep Physician is expected to participate in training internal medicine residents, serve as preceptor to medical students and fellow rotations in pulmonary/critical care/sleep.

### Physician, Orthopedic Surgeon, Full-Time

VA Pittsburgh Healthcare System is recruiting for a full-time Orthopedic Surgeon. The preferred candidate will possess specialty fellowship training or equivalent experience in shoulder and upper extremity procedures to include arthroscopic shoulder, elbow, wrist, and finger interventions; total shoulder and wrist arthroplasty, sports medicine of the upper extremity, reconstructive hand surgery, and comprehensive upper extremity fracture management. The preferred candidate will have sufficient expertise to cover general orthopedic surgery including total knee and hip replacements. The selectee will be required to meet qualifications for faculty appointment at the University of Pittsburgh Medical Center to permit participation in resident training.

### Physician, Diagnostic Radiologist, Full-Time

VA Pittsburgh Healthcare System is recruiting for full-time, Diagnostic Radiologist Physician. The preferred candidate will be BE/BC, with fellowship training, and skills in Neuro/Body MR/PET/CT, light procedures (e.g. myelography, aspirations, thyroid biopsies). Responsibilities include performing CT, MRI, Ultrasound, and Plain Film scans in all body regions.

### CVs should be submitted to:

**Jessica Lakari (Jessica.Lakari@va.gov)**  
**Human Resources Specialist, VAPHS**

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### Director of the Advanced Lung Diseases Program (ALDP)

#### Section of Pulmonary, Critical Care, and Sleep Medicine, Yale School of Medicine

The ALDP Director is an Associate to full Professor level who provides leadership and management of clinical activities related to the subspecialty programs within the practice of the Section, including inpatient, ambulatory, and outreach sites. The ALDP director reports to the Section Chief and the Clinical Chief and works closely with the directors of the ambulatory services, the MICU and the subspecialty programs. The director is responsible for integrating care between inpatient and ambulatory settings, optimizing and streamlining that care, developing and supporting initiatives to enhance the quality and safety of the subspecialty pulmonary practices, and enhancing efficiency, collegiality and cooperation. The director also works together with leaders of research and subspecialty programs to ensure that research is integrated seamlessly in ALDP.

#### Responsibilities include, but are not limited to:

Demonstrate the professional skills and behaviors to promote integrated subspecialty pulmonary care across various programs. Develop clinical and communication strategies that will ensure comprehensive, seamless, and cost effective care across ambulatory, inpatient, and outreach settings. Adhere to the principles of patient-centered care. Develop quality and safety initiatives that will enhance health-care delivery to patients with advanced pulmonary diseases. Develop clinical protocols that will enable streamlining transitions of care. Facilitate clinical research in the pulmonary subspecialty programs. Partner with Yale New Haven Hospital administration and Yale University and other physician leaders to assure the highest quality of patient care. Work collaboratively with the Director of Ambulatory Services and the clinic managers to enhance operations, problem solve, and assure a cohesive approach to policy and planning. Monitor competency, including performance of annual reviews of all subspecialty programs. Work together with Section Chief, Clinical Chief and all program leaders to ensure seamless integration of research and clinical missions. Monitor the health status of the patients served by the ALDP, maintaining awareness of current evidence-based interventions and best practices that meet these health status needs.

#### Minimum Qualifications:

Qualified and licensed to practice medicine in the State of Connecticut. Board certified or board eligible in Pulmonary Medicine and Critical Care Medicine, with at least five years of responsibility in a position as a leader and administrator in ambulatory care. Nationally Recognized expertise in one of the subspecialty areas with the ALDP. Excellent written and verbal communication skills. Expertise with EPIC electronic health record (preferred). Experience with Clinical and Patient-Centered Outcomes research (preferred)

**Review of applications will begin October 15, 2015** and will continue until position is filled. Please send a cover letter and CV to:

**Teretha Brooks**  
**HR Manager for Pulmonary, Critical Care and Sleep Medicine**  
**PO Box 208057, New Haven, CT 06520-8057**

Email: [teretha.brooks@yale.edu](mailto:teretha.brooks@yale.edu)

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- **Epidemiology:** Multiple faculty positions to focus on global health, cancer, molecular, health disparities, environmental, tobacco, social, infectious disease, maternal and child health, and nutritional epidemiology
- **Health Education and Behavioral Science:** Multiple faculty positions to focus on global health, obesity, physical activity, nutrition, alcohol, tobacco, and mental health
- **Health Systems and Policy:** Faculty member to focus on global health, mental health, behavioral economics, vulnerable populations, healthcare reform, maternal and child health, and health policy

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For more information, contact:


Colleen Schmidt, CPC, Director, Physician Relations  
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[colleen.schmidt@ozarksmedicalcenter.com](mailto:colleen.schmidt@ozarksmedicalcenter.com)

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## Chief of Medicine Cambridge Health Alliance

Cambridge Health Alliance (CHA) is currently recruiting for a Chief of Medicine to oversee a well-established and talented Department of Medicine. The Chief of Medicine will provide both clinical and administrative leadership and have oversight of the delivery of high quality services throughout CHA. The Department of Medicine consists of over 15 subspecialties. Our health system is comprised of three hospital campuses and an integrated network of both primary and specialty care practices in Cambridge, Somerville and Boston's Metro North Region. CHA is a teaching affiliate of Harvard Medical School (HMS).

Qualifications and experience should be commensurate with a full-time faculty appointment at Harvard Medical School at either the Associate or Full Professor level in the Department of Medicine.

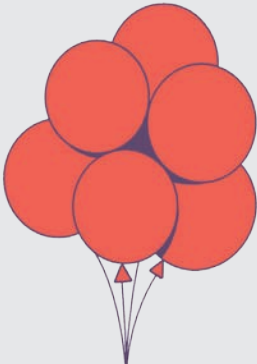
The successful candidate will have an M.D. and at least 7 years of progressive leadership experience as well as a successful track record of recruitment, retention, professional development and mentoring of junior staff. An advanced degree in business management and/or public health is desirable. Demonstrated ability to implement department wide protocols, identify clinical process improvement and quality initiatives in a multi-site system is essential. Candidates must have excellent clinical/communication/organizational skills, an understanding of Accountable Care Organization/Patient-Centered Medical Home strategies, previous experience in interdisciplinary collaboration and strategic planning. Candidates must also possess a strong commitment to our underserved, multi-cultural patient population and have relevant experience in Internal Medicine or Medical Specialties. Previous employment in an academic, safety net system is a plus. Experience with developing and overseeing graduate and undergraduate medical education and research programs is preferred.

CHA is a nationally renowned health care system with strong clinical, academic, and research programs. Our faculty have a passion for teaching, and a strong desire to improve the health of the community. As an affiliate of Harvard Medical School, CHA has provided top educational opportunities for over 30 years through numerous residency and fellowship programs as well as serving as the pioneer site for the nationally recognized Cambridge Integrated Clerkship.

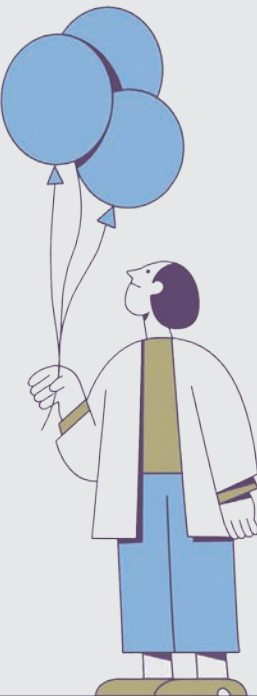
At CHA, we offer a supportive and collegial environment with a strong infrastructure - including a fully integrated Electronic Medical Record system (Epic), as well as the opportunity to work with dedicated colleagues similarly committed to providing high quality health care to a diverse patient population. Excellent opportunities exist for teaching medical students/residents.

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

Letters of interest, a curriculum vitae and summary of research interests may be submitted to **Laura Schofield, Senior Director of Physician Recruitment**, Cambridge Health Alliance, 1493 Cambridge Street, Cambridge MA 02139. **Telephone** (617) 665-3555, **Fax** (617) 665-3553 or via **e-mail**: [Lschofield@challiance.org](mailto:Lschofield@challiance.org). For further information regarding about Cambridge Health Alliance, please see [www.challiance.org](http://www.challiance.org)



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Princeton, NJ

## Chair of Medicine

Princeton HealthCare System is seeking an outstanding leader to assume the position of Chair of Medicine. This is an extraordinary opportunity to participate in the leadership of one of the nation's finest Healthcare Systems, and set the future direction for the Department of Medicine. The new Chair will guide the Department's clinical, educational and administrative efforts with a particular emphasis on the improvement of quality, physician integration, and ensuring the cost effective delivery of care to patients. The Chair will also lead the educational and clinical operations of the Department.

We seek a progressive medical leader, clinician, and educator who will respect the traditions and rich heritage of Princeton HealthCare System while leading the department in its quest to produce the highest possible quality care and innovation, grow its patient base, provide new services to the community, and deliver a top notch educational experience for its residents.

Confidential nominations or requests for additional information may be obtained by contacting Randy Dietrich directly at [PrincetonChairOfMedicine@wittkieber.com](mailto:PrincetonChairOfMedicine@wittkieber.com).

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