NEJM CareerCenter

Career Guide

Physician jobs from the *New England Journal of Medicine* • October 2018

INSIDE

The latest physician jobs brought to you by the NEJM CareerCenter

Residents and Fellows Edition

Featured Employer Profile

Geisinger

860 Winter Street
Waltham, MA 02451

Presorted STD
US Postage Paid
Pewaukee, WI
Permit no. 1729

The NEW ENGLAND JOURNAL of MEDICINE

October 4, 2018

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 2018 *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 the NEJM CareerCenter website, NEJMCareerCenter.org.

The website continues to receive positive feedback from physician users. Because it 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.

At NEJM CareerCenter, you will find:

- Thousands of quality, current openings — not jobs that were filled months ago
- Email alerts that automatically notify you about new opportunities
- An iPhone app that allows you to easily search and apply for jobs directly from your phone
- Sophisticated search capabilities to help you pinpoint jobs that match your search criteria
- A comprehensive resource center with career-focused articles and jobseeking tips

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

Our popular Clinical Practice articles are evidence-based reviews of topics relevant to practicing physicians. A reprint of the June 21, 2018, Clinical Practice article, "Subclinical Hyperthyroidism," is included.

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; Interactive Medical Cases, which allow you to virtually manage an actual patient's case from presentation to outcome; and Quick Take video summaries, short videos published weekly to accompany a study or review article. 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

860 WINTER STREET, WALTHAM, MA 02451-1413 USA

NEJM GROUP

NEJM CareerCenter

Creating a Physician CV That Shines

Simple format, brevity, and absolute accuracy — and avoiding including extraneous details — are musts.

By Bonnie Darves

Physician residents and fellows who start writing their curriculum vitae (CV) usually approach the task expecting that it will be a straightforward matter of letting the world know where they've been and what they've done, in a document that is about three pages in length. In theory, that's about right. In practice, however, many young physicians, especially those about to launch their first job search, quickly find themselves sweating the details. They wrestle with how much detail to include and how to structure their CV as the selling tool they intend it to be: a document that sets them apart from the crowd.

Fretting a bit about getting it right is not a bad thing, say recruiters and physicians who are on the receiving end and who review scores of CVs each year. Too often, young physicians don't take the time to ensure that their CV is not only polished and error-free, but also an accurate reflection of important accomplishments that prospective employers care about.

John D. "Jack" Buckley, MD, vice chair for education in the department of medicine at Indiana University School of Medicine, frequently encounters CVs that leave out the kinds of details that might be differentiators: committee work, quality-improvement initiative involvement, medical student teaching or mentoring, or even assistance on a hospital IT project.

"Ideally, everything that is on your work calendar should be on your CV, and there should be a brief description and timeline of those roles or assignments," said Dr. Buckley. In his experience, residents usually include their research work but sometimes leave out these kinds of quasi-extracurricular activities, thus missing an opportunity to demonstrate their willingness to go above and beyond what's required of them.

Sapna Kuehl, MD, director of the internal medicine residency at Saint Agnes Healthcare in Baltimore, Maryland, also urges physicians to briefly describe their roles in committee, task force, or initiative work, and associated accomplishments. "People who are hiring physicians out of training are looking for evidence of dedication and persistence," she said.

Format: keep it simple

Choosing a CV format is perhaps the easiest aspect of preparing a professional-looking CV. Examples abound online, and most training programs provide a recommended template for physicians seeking structure guidance. The basic content and suggested order of information appearance, for trainees seeking an initial practice opportunity, are as follows:

- Name and contact information
- Education, undergraduate through internships, residencies, and fellowships — including specific clinical roles and any leadership roles
- Licensure (status of applications planned or underway, if any)
- Board certification or status
- Professional experience (medicine-related only), including procedure and patient volumes, if/as applicable to the specialty, and administrative roles or duties
- Activities and committee memberships, including roles and brief descriptions of associated accomplishments
- Honors, awards, and professional affiliations
- Publications and presentations

All dated entries should be chronologically arranged on the page from present to past, in a month/year format. Physicians should be prepared to explain any gap of more than three months in a conversation or a cover letter, all sources agreed, and should never attempt to "fudge" or cover up a gap. "A gap can be a red flag to a recruiter, even if the reason is completely understandable," said Laura Schofield, a recruiter with Boston-based Atrius Health, which employs approximately 950 physicians.

Christopher Shireman, who is chief executive officer of Western Neurosurgery Ltd., in Tucson, Arizona, and has vetted scores of physician candidates over his 20 years in health care leadership, expects physicians to explain any sizable timeline gaps in an accompanying cover letter, not in the body of the CV. "I had one candidate who had a one-year gap before medical school, who spent that year working in an emergency room. In another case, the candidate took off a year during training to take care of his dying mother," Mr. Shireman said. "Most of the time, it's just a matter of letting people know why there's a gap."

Regarding date and timeline entries, physicians should doublecheck all dates before finalizing the document and ensure that the CV is up to date, according to Jeffery Johns, MD, medical director of the Vanderbilt Stallworth Rehabilitation Hospital in Nashville, Tennessee. "It's important that your CV is up to date as of the day you send it. If you have an entry that reads '2013–present,' for example, ensure that's correct," said Dr. Johns. Failing to address such an important detail reflects poorly on the physician. "When I review CVs, I am looking for meticulous attention to detail."

The CV should be rendered in a simple sans serif font in an easily readable font size — at least 11 or 12 points — and physicians should stick to a single font and size, and a very simple presentation format. "Remember that this is not an art contest," Dr. Buckley said.

Brenda Reed, who is director of physician and medical staff recruitment at Atrius Health, considers a "busy" CV — one with several fonts or font sizes, or documents that contain graphics — not only annoying but also cause for mild suspicion. It can give the impression that the physician is trying too hard. "I have seen a beautiful CV hide a candidate who had serious performance issues or other problems, so I am a bit wary when I see a fancy CV," she said.

In that same vein, Dr. Johns recommends that physicians who are preparing hard copies of their CVs to hand out at conferences or job fairs use a decent-quality paper stock — something slightly heavier than 20 lb. bond copier paper — but nothing dense, elaborate, or textured.

Keep recipient in mind

Rita Essaian, DM, MHA, executive administrator, human resources, at the Southern California Permanente Medical Group (SCPMG), which employs more than 9,000 physicians, stresses the importance of ensuring that the CV is error-free and professional in appearance. "The CV should be crisp, clean, and clearly written — no grammar or spelling errors — but also succinct," Ms. Essaian said. SCPMG hired between 500 and 900 physicians annually in the past three years, and its recruiters receive more than 4,000 CVs in a given year, she explained. A recent cardiology position posting, for example, attracted 100 CVs. Given such volume, a physician whose CV is illegible, error-ridden, or difficult to follow might not make the first cut.

"Physicians should always have their CVs reviewed and proofread before sending them," Ms. Essaian said. She added that potential candidates reaching out about a particular posted position should also ensure that

the CV and cover letter clearly indicate relevance to the position of interest. The recruiters who do the initial screening, she said, will first match CVs to posted opportunities, and also screen on the basis of criteria the department chief provides before forwarding CVs to reviewing physicians.

Dr. Buckley agreed. "Residents and fellows should always have someone they trust review their CV draft," he said. Several sources recommended that trainees whose first language is not English should seek professional help crafting and polishing the document if such services are not readily available through their program.

Physicians should also pay attention to seemingly minor formatting details that, if not handled properly, could frustrate potential readers who review scores of CVs as part of their job. Page numbers and an identifying footer including the physician's name should appear on all pages. Further, ensure that the document's file name isn't cryptic, urges Ms. Reed. "One of my pet peeves is when candidates send a perfectly lovely CV, but then name the file 'myCV.' Always think about how something will be received on the other end," she said, because attachments can and do get separated from the email message. She and other sources gave their votes to file names that start with the physician's last name, followed by first name.

Finally, it's advisable to prepare the CV in PDF format. That's not a guarantee that the CV won't be altered by a recipient — unfortunately, this does happen, recruiters said. Using a PDF is a deterrent, at least, because someone who decides to alter the document for whatever reason would have to first go through the trouble of converting it to another file format.

What to include, or possibly exclude

Regarding information that should not be included in the physician CV, sources interviewed for this article had mixed opinions in some cases. Most sources advised against residents including a career statement or job objective at the top, below contact details. That information is usually more appropriate for a cover letter or accompanying email note, unless its inclusion in the CV is requested.

There might be exceptions, however, depending on the employer. The Permanente medical groups' recruiters and physician reviewers appreciate seeing a brief opening statement in a CV, especially if the physician has been in practice for several years. "In those cases, we really like to see a half-page career summary on the first page," Ms. Essaian said. Another reasonable exception, several sources acknowledged, might be for internal medicine physicians who know that they only want a hospitalist position, not an outpatient practice job.

Regarding whether cover letters or explanatory notes should be supplied with CVs, the general consensus was that doing so is usually helpful and is definitely in the category of "can't hurt." At the very least, the accompanying document provides an opportunity for the physician to state why she or he is interested in either the organization or a posted position.

Dr. Kuehl, who favors a brief personal statement or cover letter, advises that the document should be employer focused. "It shouldn't be too 'I' focused," she said. "It's an opportunity to talk about what you would bring to the organization that might distinguish you from other candidates — such as work in population management, IT expertise, patient counseling skills, or practice improvement experience," she said.

Ms. Essaian noted that her organization also likes to see evidence in the cover letter that the candidate has gone to the effort to learn something about Kaiser Permanente health plan and its medical groups, which are independent entities that care for health plan members.

Sources offered mixed opinions on whether to include test scores. The general consensus was that unless the scores are very high, such as 220 or higher on the USMLE, it's best not to include them.

Some recruiters and physicians favored a final section that lists personal interests and hobbies; others considered such detail extraneous. Ms. Essaian, for instance, said that her organization prefers not to see any personal details. Those who voted for including personal interests stressed the importance of employing brevity — two lines at most — and, of course, using good judgment in choosing what to reveal.

"I appreciate knowing a little bit about physician candidates' interests — if they like hiking or snorkeling or skiing, for example, because that often helps with icebreakers and gives me a sense of who they are," said Ms. Reed.

In the hobbies category, short-and-sweet is a must, according to Janet Jokela, MD, MPH, acting regional dean at the University of Illinois College of Medicine at Urbana. "I counsel residents that they don't need to include their interests. But if they do, it should be a simple, short list, separated by commas, with no explanatory detail," she said. "A resident who once asked me to review his CV draft had included three sentences on his basement home-brewing operation — not advisable."

Mr. Shireman, who has reviewed numerous physician specialists' CVs, appreciates knowing about candidates' personal interests for the same reason Ms. Reed cites. "Especially in an intense field like neurosurgery, I want to see that information — just a line or two — because it shows me they're human and that they have a life outside of medicine," he said.

The issue of whether to include a photo elicited varying responses, but most sources advised against including one — and definitely not embedded in the CV document — unless a photo is requested. "There is always the possibility of unconscious bias, so I think it's best to avoid including one," Dr. Buckley said. Ms. Schofield noted that some training programs encourage their international medical graduates to send photos and that some hospitals seeking candidates may require them, though she herself opposes the idea.

It should go without saying that physicians should never inflate, embellish, or mischaracterize their achievements in an attempt to give a better impression. Besides being dishonest, such tactics are likely to backfire at some point, with potentially career-damaging repercussions. "Honesty and complete accuracy are the most important aspects of a CV. Physicians should never inflate anything," Dr. Jokela said.

Sources agreed that physicians should keep to the standard order of information appearance while attempting to position potentially distinguishing details on the first page, if possible. "Residents and fellows who have received awards or special recognition should consider moving up that information so that it appears on the first page, if it's not too awkward to do so," said Dr. Jokela. At the very least, she added, important awards shouldn't be buried at the bottom of the document.

There appears to be general agreement that the following information generally should not be included on the physician CV, under most circumstances:

Birthdates, Social Security numbers, and any other official identification number. These should be excluded for both security and bias-avoidance reasons.

Marital status. This detail falls under the category of extraneous information, all sources agreed. Besides, if a candidate proceeds to a site interview or even a formal pre-interview call, that detail will likely emerge in the context of a conversation, even though recruiters and individuals involved in hiring are prohibited by law from asking for such information.

References. Including references before they've been requested can give a recipient the wrong impression. And besides, Mr. Shireman points out, references usually won't be checked until a candidate has completed a site interview and the organization is considering setting a second site interview or drafting an offer. "Listing references before they're asked for can make it look like you're trying too hard," he said.

Extensive publication details. Ideally, the publication citations should include only the basic details — the article author(s), title, and journal name and publication date.

Conference attendance. Several sources mentioned that they have occasionally received residents' CVs that list conferences attended. This isn't an important detail, except in cases when the resident gave a presentation or talk at the conference. That information would go under the category of invited speeches/presentations, below publications.

CV length and 'version control'

The ideal length for a physician CV varies depending on the individual and the type of position being sought. In most cases, residents' CVs can and should be rendered in a few pages (three or fewer) unless the trainee happens to have an unusually extensive research or publishing history.

Most sources thought that a single CV version should suffice in most cases, but several noted that there might be situations that warrant creating a short and long version. Physicians seeking a research position, for instance, might create a short version including the basics and a longer version detailing their research interests and accomplishments, and then offer recipients the opportunity to receive the longer one. Likewise, physicians seeking an administrative position or one in which special skills in health care IT are a plus, for example, might craft an additional document or addendum that describes their related experience.

"In most cases, a longer-version CV is really more appropriate for senior faculty members than for young physicians," Dr. Jokela said.

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**.

Physician Employment Benefits See Some Shifts

In some areas, benefits are becoming richer; in others, they're stagnating or declining

By Bonnie Darves

Many young physicians who are evaluating compensation packages — or if they're fortunate, comparing two attractive offers — focus primarily on the cash salary component and how competitive that number is. That's an important consideration, of course, but looking at salary outside the context of the entire compensation package is short-sighted. Benefits, those humdrum components of the picture, are much more important from a financial perspective than some physicians might realize, experts say, in both the short term and the long term.

"To compare two compensation packages, you have to really look at the details of the benefits and the monetary value of the benefits," said Mary Heymans, managing director and senior advisor for physician services at Integrated Healthcare Strategies in Minneapolis, which advises health care organizations and physician groups on physician compensation plans. "One plan might have a cash component that's $10,000 higher, but if the other plan has much richer benefits, the physician might lose as much as $35,000 by taking the higher-salary position."

As example of the potential difference, Ms. Heymans notes, is in employers' 401(k) retirement plan offerings. If one organization offers a 5% employer-paid match for plan contributions and the other has no matching provision, the difference over even a 10-year period could be substantial. Likewise, if one organization picks up the tab for 90% of health care premiums and covers dependents, and another organization pays only 80% and requires a higher cost-sharing expense for family members' coverage, the difference might significantly affect the physician's annual finances.

Full employer-paid health insurance coverage, as in 100% of premiums and no cost-sharing, is pretty much gone, as is the case in most industry sectors today because of the rising expense. The data from SullivanCotter & Associates, a national health care workforce consulting firm, illustrates the new reality. The firm's 2018 compensation survey found that typical health coverage cost sharing is now an 80%/20% employer/employee split, and a 70/30 split for dependent coverage.

"From a design perspective, physicians are usually eligible for the same basic health coverage, dental coverage, and qualified retirement plans as other employees," said Mark Rumans, MD, chief medical officer and a managing principal at SullivanCotter. "Most organizations offer several different coverage options, from a PPO to an HMO or a high-deductible plan."

On a countering note, health care employers are increasingly incorporating wellness programs that might qualify the physician — or any employee — for a discount on premiums. "Approximately 80% of physician employers offer wellness programs now," Ms. Heymans said, "and 75% of those will reduce your premium if you participate in the program."

Benefits' dollar value rising

The thing to keep in mind is that the value of employer-paid benefits is a big-ticket item that easily tops $30,000 annually and might even be double that amount. Benefits' value is likely to be the equivalent of between 10% and 20% of total cash compensation, depending on the physician specialty. Data from the American Medical Group Association's 2018 Medical Group Compensation and Productivity Survey found that employer-sponsored benefits' value commonly ranges from 12% to 18% of cash compensation.

"Specialties with higher cash compensation usually have a lower benefits expense as a percentage of compensation," said Wayne Hartley, MHA, chief operating Officer of AMGA Consulting. That means that the percentage is less meaningful across specialties than within them, because benefits will account for a higher percentage of a pediatrician's salary than a neurosurgeon's.

Ms. Heymans cites, as an example, a typical primary care physician compensation range. Her company's 2017 Integrated Healthcare Strategies/Arthur J. Gallagher & Co. National Physician Survey Report found that median benefit expenditures for a physician earning $250,000 is 18.92%, which equates to $47,300. "This is the amount the employer pays on the physician's behalf," she said. For comparison purposes, the benefits component typically includes medical, dental, and vision coverage, life insurance, short-term and long-term disability coverage, a retirement plan, and payroll taxes including Social Security and Medicare.

Jennifer Moody, an associate principal with the ECG Management Consultants in Dallas, reports that her firm has seen a continuing increase in the dollar value of physician benefits packages in recent years.

The average in 2015, per ECG research, was $47,780; last year, it was $50,626. "We're seeing a lot of benefits going from 'nice to have' to 'must have,'" she said, citing the example of more employers offering and subsidizing both short- and long-term disability, including private groups. "Those groups have had to step up their benefits to compete in this market."

What's up, what's down, and what's changed?

From a big-picture perspective, physicians considering hospital or health system employment can expect comprehensive benefits coverage across the board, from health and disability insurance to retirement benefits, paid vacation, and payroll taxes. Life insurance is frequently offered as a benefit, and like health insurance, its value varies. A competitive life insurance benefit would be at least as much as but ideally two times the physician's salary (or provide the ability to buy up to that amount), in Ms. Heymans' view. "I've seen some packages where employers are offering only $50,000, and that's definitely too low," she said.

On the perks side, sign-on bonuses and education-loan repayment remain common and can be generous, especially in hard-to-recruit-to locations. Both tend to have serious strings attached. The bonus might be repayable if the physician leaves employment before a specified time; likewise for the education-loan repayment. "Loan forgiveness is more common in very rural markets than in urban ones," Mr. Hartley, said noting that it "usually includes a 'claw-back' or pay-back period of several years of service — typically three to five years."

The recent Merritt Hawkins survey of physician incentives found that loan forgiveness offerings ranged from $10,000 to a high of $260,000 for physicians, with a three-year payout term most common (72%) and one-year payout almost unheard of (5%).

Angie Caldwell, a principal with the health care consulting and accounting firm PYA in Tampa, Florida, advised job-searching physicians to expect that a signing bonus will be predicated on the contract term or a specified period, typically three to five years, and that the money will likely have to be paid back proportionally if the physician leaves early. "That bonus is essentially 'earned' through the contract," she said, "so it's important to look at the payback terms." For example, if a physician receives a $30,000, three-year signing bonus and leaves at the end of two years, she or he might have to repay the employer $10,000.

Overall, Mr. Hartley observed, there is continued movement toward using benefits as a retention tool. For example, retirement or pension options might include five-year or longer vesting periods, he said. "Many organizations have continued to add wellness benefits such as gym memberships," he added.

Paid CME and relocation-expense allocation remain prevalent, too, but both are generally flat — with CME topping out in the $4,000-annually range and relocation increasingly subject to a cap of around $10,000 in many organizations. It's worth noting that relocation reimbursement is now taxable to the physician, regardless of the amount. In evaluating CME benefits, physicians should ask whether the benefit includes associated paid time off and travel expenses.

In terms of new or relatively new benefits, many physician employers now offer Section 125 flexible-spending plans for managing health and child-care expenses through payroll deductions. There's also a trend toward offering long-term disability coverage at reduced group rates if it's not fully employer paid — rare these days, several sources said.

The AMGA survey data found that typical long-term disability protection covers 60% to 66% of the physician's salary, Dr. Rumans noted, and that only 28% of organizations offer full salary continuation.

PTO: More generous but less flexible

One area where things are shifting is paid time off, or PTO. "PTO has become much more clearly defined in recent years," Ms. Caldwell said. Organizations today are stating the exact number of permitted days off (four to six weeks annually is the common range now), defining what constitutes paid vs. unpaid leave, and being firm on what happens with accrued leave that isn't taken.

Things used to be more negotiable in the PTO area, but that's no longer the case with most large physician employers, Ms. Caldwell observed. "Fewer employers are offering PTO buyout anymore," she said, referring to the option of converting unused PTO days to cash. She added that the current generation of millennial physicians also tend to want to use their PTO, not bank it.

"It's more common to see 'use it or lost it' PTO systems now," Ms. Heymans said.

Several sources cautioned that rich PTO benefits are less common in independent physician groups than in hospital- or health system-employment models. Mr. Hartley noted that AMGA has seen some movement away from PTO or vacation pay for physicians who work in production-based compensation plans.

Another area where there's potentially wide variation among employers or groups is physician retirement plans. Although most organizations that employ physicians offer some defined-contribution (employee funded through deferrals) retirement plan – 76%, according to SullivanCotter survey data – employer matching might be either rich or nonexistent, depending on the organization. Last year, 22% of organizations SullivanCotter surveyed provided an employer-funded nonqualified benefit of between 3% and 7% of salary.

Physicians who work in government-employed positions for county, state, or national organizations will have access to potentially richer retirement benefits than their private-sector counterparts, possibly including a defined-benefit plan, which is effectively a pension plan. However, physicians in academic centers generally earn lower salaries — sometimes far lower — than those working for hospitals, health systems, or large physician groups.

At the outside, most financially attractive end of the retirement-plan spectrum, Mr. Hartley pointed out, are employer-sponsored deferred-compensation options or supplemental retirement benefits, designed to help earners reduce their tax burden. "Those are still available in some organizations and can be very valuable over the long run," he said. Ken Sammut, vice president of recruiting at Cejka Search, a national firm, noted that such options are far more common in private groups than in health systems.

Comparing packages? Be thorough, and ask questions

Young physicians who are evaluating and ultimately comparing practice opportunities' compensation packages tend to be too focused on the cash component and too casual about the benefits, all sources agreed. That's inadvisable for two reasons. First, the total value and availability of benefits might vary significantly from one employer organization to another.

In addition, the details and minutiae matter, and can make a big difference in areas such as health coverage and retirement plans.

Although few prospective employers provide complete financial details on benefits unless they're prepared to make an offer, organizations should be willing to provide a comprehensive listing of all benefits, according to Ms. Moody. "If they're not, that's a potential red flag," she said.

Mr. Sammut advises physicians to be somewhat assertive, ideally toward the end of a successful onsite interview, about obtaining an opportunity to review benefits. "A good way to handle this is to say, 'should things go well, is there someone who can walk me through the benefits that you offer?'" he said. He cautioned that the first site visit is not the time to try to negotiate benefits.

Following are other issues physicians should keep in mind when they review or compare benefits in the context of an employment offer:

Request a pro forma document that details the benefits' monetary value. This document, Ms. Moody explains, should provide full details on the value of the individual benefits and any out-of-pocket costs that physicians will or might have to absorb. "If the physician is expected to assume high costs for health insurance or other benefits, that usually means the organization isn't competitive," she said.

Understand how much employers would pay on your behalf. Even if an organization offers a wide array of benefits, it's important to look at the employer's outlay for those benefits. That amount might vary considerably from one organization to another, Ms. Heymans said.

Keep employers' constraints and economic considerations in mind. In a highly competitive market, physicians might be tempted to request benefits adjustments or more perks, but that might not be feasible. For one, employers might be prohibited legally from offering anything deemed above fair market value. Also, employers don't want to risk political fallout from an arrangement that smacks of unequal treatment or favoritism.

Mr. Sammut urges young physicians to keep in mind that benefits' total value and, to some extent, composition, tend to be very regionally based and driven by market factors. In the Northeast, where large numbers of physicians train and many want to remain, benefits packages, like cash compensation, are generally less rich than in rural areas, for example, or the Southeast. The same goes for incentives. A signing bonus of

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.

$10,000 to $20,000 is a common range, but he has seen bonuses as high as $50,000 in recruitment-challenged areas.

Finally, Mr. Hartley reminds physicians that groups, hospitals, and health systems operate in a somewhat volatile revenue and reimbursement environment, and they don't necessarily have the "deep pockets" that some physicians might think they have. "There is cost pressure everywhere. Employers attempt to be competitive for their local and national market, but they have limits on what they can offer physicians," he said.

CLINICAL PRACTICE

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

Subclinical Hyperthyroidism

Bernadette Biondi, M.D., and David S. Cooper, M.D.

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

A 65-year-old woman is seen for routine evaluation. She has a history of paroxysmal atrial fibrillation and osteoporosis, which has been treated with a bisphosphonate. She has no history of thyroid disease and reports no symptoms of hyperthyroidism. Her pulse is 80 beats per minute. The left thyroid lobe is enlarged, but the results of physical examination are otherwise normal, as are the results of electrocardiography. The serum thyrotropin level is 0.2 mU per liter (reference range, 0.5 to 4.5) and the free thyroxine (T_4) level 1.2 ng per deciliter (reference range, 0.8 to 1.8). How should this patient be evaluated and treated?

THE CLINICAL PROBLEM

In overt hyperthyroidism, serum levels of free T_4 and triiodothyronine (T_3) or levels of T_3 alone are elevated, and serum thyrotropin levels are suppressed. In subclinical hyperthyroidism, levels of free T_4 and T_3 are normal, thyrotropin levels are suppressed, and thyroid hormone levels are usually in the middle to upper range of normal.[1,2] The prevalence of overt hyperthyroidism ranges from 0.7 to 1.8% in iodine-sufficient populations and 2 to 15% in persons with mild iodine deficiency. Between 65% and 75% of persons with subclinical hyperthyroidism have serum thyrotropin levels of 0.1 to 0.4 mU per liter (referred to here as mild subclinical hyperthyroidism), and the remainder have thyrotropin levels of less than 0.1 mU per liter (severe subclinical hyperthyroidism).[3-5]

CAUSES

The causes of subclinical hyperthyroidism are the same as the causes of overt hyperthyroidism (Table S1 in the Supplementary Appendix, available with the full text of this article at NEJM.org). The common endogenous causes include toxic multinodular goiter or toxic adenoma[3-5] and Graves' disease, with the latter accounting for 40% of cases in populations with sufficient iodine intake.[2,5] Exogenous subclinical hyperthyroidism resulting from excessive intake of levothyroxine, liothyronine, or desiccated thyroid may reflect inadvertent overtreatment, purposeful overuse (often surreptitious) by the patient, or intentional use to suppress the production of thyrotropin.[6] Exogenous subclinical hyperthyroidism is far more common than endogenous subclinical hyperthyroidism. In endogenous cases, serum T_3 levels are typically normal or at the high end of the reference range, whereas T_3 levels are usually in the middle or lower part of the reference range in patients receiving levothyroxine.[5,7] It is not known whether differences in patterns of thyroid hormone levels between endogenous and exogenous subclinical hyperthyroidism result in disparate effects on the cardiovascular and skeletal systems.

From the Department of Clinical Medicine and Surgery, University of Naples Federico II, Naples, Italy (B.B.); and the Division of Endocrinology, Metabolism, and Diabetes, Johns Hopkins School of Medicine, Baltimore (D.S.C.). Address reprint requests to Dr. Cooper at the Division of Endocrinology, Metabolism, and Diabetes, Johns Hopkins School of Medicine, 1830 E. Monument St., Suite 333, Baltimore, MD 21287, or at dscooper@jhmi.edu.

N Engl J Med 2018;378:2411-9.
DOI: 10.1056/NEJMcp1709318

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

KEY CLINICAL POINTS

SUBCLINICAL HYPERTHYROIDISM

- Subclinical hyperthyroidism, in which serum thyroid hormone levels are within the reference range but serum thyrotropin levels are subnormal (≤0.4 mU per liter), may be caused by overproduction of endogenous thyroid hormone or excessive ingestion of exogenous thyroid hormone.
- Progression to overt hyperthyroidism may occur, especially when serum thyrotropin levels are less than 0.1 mU per liter.
- Even without progression to overt hyperthyroidism, subclinical hyperthyroidism can be associated with adverse outcomes, including cardiovascular disease (e.g., atrial fibrillation, heart failure, and coronary heart disease), bone loss, fractures, and dementia, particularly in persons older than 65 years of age with severe disease.
- Although data are lacking from randomized clinical trials to guide treatment decisions, professional organizations recommend treatment of subclinical hyperthyroidism in persons older than 65 years of age and postmenopausal women, especially when serum thyrotropin levels are less than 0.1 mU per liter.

POTENTIAL CLINICAL CONSEQUENCES

The potential clinical consequences of subclinical hyperthyroidism include progression to overt hyperthyroidism, cardiovascular conditions, bone loss, fractures, and dementia. Each is discussed below (see also Table 1).

Progression to Overt Hyperthyroidism

The best predictor of progression from subclinical hyperthyroidism to overt hyperthyroidism is the baseline serum thyrotropin level[20,21] rather than the cause of the disease.[22] Serum thyrotropin levels in patients with mild subclinical hyperthyroidism frequently normalize during follow-up, whereas patients with thyrotropin levels lower than 0.1 mU per liter usually have persistent disease or progression to overt hyperthyroidism.[20,21,23] Patients with nodular thyroid disease and subclinical hyperthyroidism are at increased risk for progression to overt hyperthyroidism after exposure to a large iodine load.[24] Pretreatment with methimazole may reduce this risk, but its efficacy is uncertain.[25]

Cardiovascular Conditions

Sinus tachycardia, premature atrial and ventricular beats, and diastolic dysfunction are associated with severe subclinical hyperthyroidism.[26,27] Population-based studies,[9-11] prospective observational studies,[12] and meta-analyses[13,14,28] have shown a significantly higher risk of atrial fibrillation,[9,10,12,13] heart failure,[11,14] death from coronary heart disease,[13] death from any cause,[11,13,28] and major adverse cardiovascular events[11] among patients who have severe subclinical hyperthyroidism than among those who do not (Tables S2 and S3 in the Supplementary Appendix). Some studies indicate greater cardiovascular risks, especially the risk of atrial fibrillation, with greater thyrotropin suppression[13,14]; absolute risks, but not relative risks, increase with age.[11,13,14] Increases in cardiovascular disease and arrhythmia[29] and cardiovascular mortality[30] are also associated with doses of thyroxine that suppress thyrotropin to levels below 0.1 mU per liter.

Bone Loss and Fractures

The risk of osteoporotic fractures is significantly increased among patients with severe endogenous subclinical hyperthyroidism[15-17]; some studies also show an increased risk of fracture among those with mild cases of the disease (Table S2 in the Supplementary Appendix). Exogenous subclinical hyperthyroidism in patients whose serum thyrotropin levels are lower than 0.03 mU per liter has also been associated with an increased risk of fractures and fracture-related deaths.[29] Subclinical hyperthyroidism among men older than 65 years of age has been associated with an increased risk of frailty.[31]

Dementia

Associations have been reported between subclinical hyperthyroidism and cognitive impairment or dementia.[18,32] A prospective cohort study involving persons in their 70s showed a higher risk of dementia among participants with severe subclinical hyperthyroidism (but not among those with mild subclinical hyperthyroidism) than among those with normal thyroid function.[19]

Table 1. Clinical Outcomes in Mild and Severe Endogenous Subclinical Hyperthyroidism and Possible Benefits of Treatment.*

Outcome	Strength of Association†	Benefits of Treatment
	Mild Subclinical Hyperthyroidism‡	
Symptoms	Insufficient data	Possible in young patients; usually absent in patients older than 65 yr
Risk of progression	Progression may occur but less frequently than in patients with severe disease; risk increases after large iodine load	Definite according to prospective studies
Cardiovascular manifestations or ectopic rhythm§	Insufficient data	Possible
Atrial fibrillation	Definite, especially in middle-aged and elderly patients with risk factors for atrial fibrillation	Definite
Heart failure	Possible, especially with advanced age and in patients with risk factors for heart failure	Definite
Death from coronary heart disease	Possible, especially in adults with cardiovascular risk factors	Definite
Stroke[8]	Available data suggest no statistically significant increase in risk, but data are limited and conflicting	Insufficient data
Cognitive dysfunction or dementia	Data from prospective studies are limited and conflicting	Definite according to meta-analyses
Osteoporosis	Possible in patients with risk factors for osteoporosis; unlikely in young adults without risk factors for osteoporosis	Definite
Fractures	Possible, especially in patients with risk factors for osteoporosis; unlikely in young adults without risk factors for osteoporosis	Definite in postmenopausal women, elderly men, and patients with risk factors for osteoporosis
		Nonrandomized studies involving young adults with severe subclinical hyperthyroidism suggest benefit
		Early treatment can prevent development of known adverse effects of overt hyperthyroidism
		Nonrandomized studies involving patients with severe subclinical hyperthyroidism suggest benefit
		Insufficient data
		Insufficient data
		Insufficient data
		Insufficient data
		Insufficient data
		Nonrandomized studies involving postmenopausal women with severe subclinical hyperthyroidism suggest improvement in bone density; data insufficient to inform benefits in elderly men
		Insufficient data

* Data on stroke are derived from are derived from Chaker et al.[8]. All other data are derived from Cooper and Biondi;[1] Vadiveloo et al.,[9] Selmer et al.,[10,11] Cappola et al.,[12] Collet et al.,[13] Gencer et al.,[14] Yan et al.,[15] Blum et al.,[16] Yang et al.,[17] Rieben et al.,[18] and Aubert et al.[19]

† Associations are considered to be definite when supported consistently by results of meta-analyses, possible when there are some but inconsistent supporting data (including heterogeneous results of meta-analyses), and insufficient when data are limited.

‡ Mild subclinical hyperthyroidism is defined as a thyrotropin level of 0.1 to 0.4 mU per liter, and severe subclinical hyperthyroidism as a thyrotropin level of less than 0.1 mU per liter.

§ Cardiovascular manifestations include sinus tachycardia while at rest, premature atrial and ventricular beats, reduced variability in heart rate, increased left ventricular mass, diastolic dysfunction, and reduced exercise tolerance.

Table 2. Overt Primary Hyperthyroidism, Subclinical Hyperthyroidism, and Other Causes of Low Serum Thyrotropin Levels.

Overt primary hyperthyroidism

Suppressed thyrotropin levels and elevated levels of free thyroxine (T_4) and triiodothyronine (T_3) or elevated levels of T_3 only

Subclinical hyperthyroidism

In mild cases, low but detectable serum thyrotropin levels (0.1 to 0.4 mU per liter) with normal levels of free T_4 and T_3

In severe cases, undetectable serum thyrotropin level (<0.1 mU per liter) with normal levels of free T_4 and T_3

Other causes of low serum thyrotropin levels

The following causes of low serum thyrotropin levels should be ruled out before a diagnosis of subclinical hyperthyroidism is made:

- Severe nonthyroidal illness
- Administration of drugs that suppress serum thyrotropin levels (e.g., dopamine, high doses of glucocorticoids, dobutamine, somatostatin analogues, amphetamines, bromocriptine, and bexarotene)
- Pituitary or hypothalamic disease that causes thyroid hormone or thyrotropin deficiency
- Psychiatric illness
- Late first-trimester of pregnancy
- Hyperemesis gravidarum
- Older age (i.e., age-induced changes in the hypothalamic–pituitary thyroid axis in areas of the world with iodine deficiency)
- African descent (thyrotropin levels are below the reference range in 3 to 4% of patients

STRATEGIES AND EVIDENCE

EVALUATION

Older patients with subclinical hyperthyroidism are usually asymptomatic,[33] but younger persons may have mild adrenergic symptoms.[26] Physical examination may reveal an enlarged or nodular thyroid or Graves' ophthalmopathy, but tachycardia, tremor, and other adrenergic signs of thyroid overactivity may be absent. The diagnosis of subclinical hyperthyroidism is based on laboratory results, but several other common clinical situations are associated with similar laboratory findings (see Table 2). Levels of free T_4 and T_3 should be promptly assessed in patients with a serum thyrotropin level of less than 0.1 mU per liter to rule out overt hyperthyroidism. In the absence of overt disease, it is reasonable to defer further evaluation for 2 to 3 months, at which time repeat testing should be performed; subnormal serum thyrotropin levels are transient in up to 50% of patients,[34] most often in those with mild disease.[20,21,23] If a subnormal serum thyrotropin level persists, further testing is indicated to determine the cause.[3,4] Table 3 reviews tests that are useful in the diagnosis of subclinical hyperthyroidism and the assessment of potential complications of the condition.

TREATMENT

Data from randomized trials are lacking regarding the effects of treatment on symptoms and adverse outcomes in patients with previously untreated subclinical hyperthyroidism. Uncontrolled studies have shown improvements in various cardiac measures (e.g., effects on premature beats and exercise capacity after antithyroid drug therapy,[27] radioiodine therapy,[35-37] or beta-blockade[38]). Beta-blockers may be considered in symptomatic patients with thyroid cancer who are taking thyrotropin-suppressive doses of levothyroxine.[38] Several nonrandomized studies have shown more stability in bone mineral density with treatment than with no treatment among postmenopausal women who have subclinical hyperthyroidism,[39,40] but not among premenopausal women.[41]

The goal of treatment, when initiated, is normalization of serum thyrotropin levels. The adverse effects of persistent subclinical hyperthyroidism in older persons has led professional organizations to recommend treatment of severe and possibly mild subclinical hyperthyroidism in persons older than 65 years of age, despite the absence of hard evidence of benefit[3,4] (Fig. 1). Doses of levothyroxine should be lowered in patients with hypothyroidism and in those with low-risk thyroid cancer with no measurable disease. Among patients with thyroid cancer with measurable disease, the benefits of suppression must be weighed against the risks of iatrogenic thyrotoxicosis.[6]

Endogenous subclinical hyperthyroidism may be treated with methimazole (propylthiouracil is no longer a first-line therapy owing to its association with the rare complication of hepatotoxicity), radioiodine therapy, or surgery (Fig. 2). Methimazole is appropriate for adults with Graves' disease who are 65 years of age or younger, since Graves' disease may remit after 12 to 18 months of therapy, and remission is more likely in patients with mild disease than in patients with more severe disease[42,43] (Fig. 2). Some experts recommend definitive treatment in patients with Graves' disease who are older than 65 years of age, since remissions are not necessarily lifelong, and relapses may be asymptomatic and thus go unrecognized[3,4] (Fig. 2). Radioiodine is preferred in patients with subclinical hyperthyroidism that is caused by toxic multinodular goiter or toxic adenoma[3,4] (Fig. 2). Surgery is reserved for patients with large goiters and compressive symptoms or coexisting hyperparathy-

Table 3. Means of Establishing the Cause and Assessing the Risks Associated with Subclinical Hyperthyroidism.

Objective	Patient Population	Rationale or Interpretation
Establishment of cause		
Evaluation of anti–thyrotropin-receptor antibodies (thyroid-stimulating antibody or thyroid-stimulating immunoglobulin)	Patients with normal results on thyroid examination or those in whom Graves' disease is suspected (e.g., diffuse thyroid enlargement, Graves' ophthalmopathy)	Positive result for anti–thyrotropin-receptor antibodies is virtually diagnostic of Graves' disease; however, test is less sensitive in patients with milder disease (e.g., subclinical hyperthyroidism) than in those with overt disease.
Color-flow Doppler ultrasonography of thyroid to document and characterize thyroid nodules and goiter	Patients in whom thyroid nodule or goiter is suspected on physical examination	Documentation of ≥1 nodule on ultrasonography, especially if >2 cm in diameter, suggests one or more autonomous thyroid nodules are causing subclinical hyperthyroidism.
Thyroid scintigraphy and 24-hr radioactive iodine uptake to identify autonomous thyroid tissue	Patients with one or more thyroid nodules or goiter detected on ultrasonography	Documentation of functional thyroid nodules establishes the likely cause of subclinical hyperthyroidism (radioiodine is the preferred therapy). Low uptake suggests thyroiditis or iodine exposure.
Assessment of 24-hr urinary iodine excretion	Patients with suspected or known excessive exposure to iodine, usually from iodinated contrast agents	Patients with nodular thyroid disease are susceptible to iodine-induced thyrotoxicosis (the Jod–Basedow phenomenon), especially in areas of the world with iodine insufficiency.
Assessment of risks		
Evaluation for cardiovascular risk factors, underlying cardiovascular disease, or both	All patients, especially those >65 yr	Patients >65 yr may be at increased risk for cardiac consequences of chronic subclinical hyperthyroidism, especially if they have underlying cardiovascular disease.
Electrocardiography	Patients with symptoms of cardiovascular disease (e.g., palpitations)	Assessment of heart rate and detection of arrhythmias.
Holter monitoring	Patients with symptoms of cardiovascular disease and patients with underlying heart disease or new-onset atrial fibrillation, heart failure, or coronary heart disease	Assessment of heart rate and detection of arrhythmias.
Echocardiography	Patients with symptoms of cardiovascular disease and patients with underlying heart disease, heart failure, atrial fibrillation, or coronary heart disease	Assessment of cardiac structure and ventricular function.
Assessment for risk factors for stroke	Patients with atrial fibrillation	Hypertension, diabetes mellitus, history of congestive heart failure, older age (≥65 yr), history of stroke or transient ischemic attack are associated with increased risk of stroke.
Dual-energy radiographic absorptiometry (bone-density test)	Postmenopausal women, men >65 yr, and patients with other risk factors for low bone mineral density	If bone mineral density is low, intake of calcium and vitamin D should be increased. Antiresorptive therapy should be considered in patients with osteoporosis after assessment of the risks and benefits of therapy.

roidism or those in whom thyroid cancer is suspected[3,4] (Fig. 2).

Adverse effects of methimazole include agranulocytosis (<0.5% of patients) and drug-induced liver disease (<0.1%).[43,44] However, the small doses (e.g., 5 to 10 mg per day) generally administered to patients with subclinical hyperthyroidism are less likely than higher doses to cause adverse effects.[43,44] Radioiodine causes hypothyroidism routinely in patients with Graves' disease and infrequently in those with nodular thyroid disease. Radioiodine may also result in transient worsening of hyperthyroidism[3,4]; pretreatment with antithyroid drugs may be considered in patients older than 65 years of age.[3] Among patients with Graves' disease, radioiodine may worsen ophthalmopathy, and radioiodine is generally contraindicated in patients with active eye disease.[3,4] Surgery results in hypothyroidism and may cause hypoparathyroidism (<2% of patients) or recurrent laryngeal nerve damage (<1% of patients)[3,4]; rates are lower with experienced surgeons.

AREAS OF UNCERTAINTY

Data are lacking in regard to the effectiveness of treatment in reducing the risks of the adverse outcomes associated with subclinical hyperthyroidism (Table 3). It is not known whether the effects of treatment vary according to the cause of subclinical hyperthyroidism, patient age, or serum thyrotropin level.

GUIDELINES

The U.S. Preventive Services Task Force found insufficient evidence to recommend screening or treatment for subclinical thyroid disease.[44] Both the American Thyroid Association[4] and the European Thyroid Association[3] have published guidelines for the evaluation and management of the condition. In general, the recommendations in this article are consistent with these guidelines (see Figs. 1 and 2).

CONCLUSIONS AND RECOMMENDATIONS

The patient described in the vignette meets the criteria for mild subclinical hyperthyroidism, with a serum thyrotropin level between 0.1 and 0.5 mU per liter and a normal free T_4 level. She has a history of paroxysmal atrial fibrillation and osteoporosis, both of which can be caused or exacerbated by mild hyperthyroidism in older persons. The patient should be asked whether she has taken levothyroxine or had recent exposure to iodinated contrast material.

Since mild suppression of the serum thyrotropin level often resolves over time, her thyrotropin level should be measured again within 2 to 3 months. If the thyrotropin level remains low, we would recommend ultrasonography of the thyroid to determine whether there is a nodule on the left side of the thyroid. If a nodule is found, radionuclide scanning should be performed to determine whether the nodule is functional. If no nodule is found, Graves' disease is the most likely diagnosis.

Given the patient's age, history of atrial fibrillation, and osteoporosis, we would favor treat-

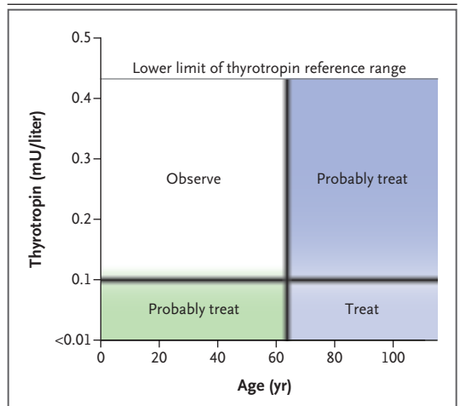


Figure 1. General Therapeutic Approach to Endogenous Subclinical Hyperthyroidism.

Postmenopausal women and patients older than 65 years of age should be treated if serum thyrotropin levels are persistently lower than 0.1 mU per liter. Older patients with serum thyrotropin levels between 0.1 and 0.4 mU per liter should be considered for treatment. Premenopausal women and younger patients should be considered for treatment if serum thyrotropin levels are less than 0.1 mU per liter and they have symptoms of hyperthyroidism or coexisting conditions such as osteopenia, osteoporosis, or cardiovascular disease. There is no indication for treatment in younger patients who do not have coexisting conditions if the serum thyrotropin level is 0.1 mU per liter or higher. The blurring of the boundaries between the quadrants is intended to illustrate that the cutoffs of age and thyrotropin level for therapy are not precisely defined.

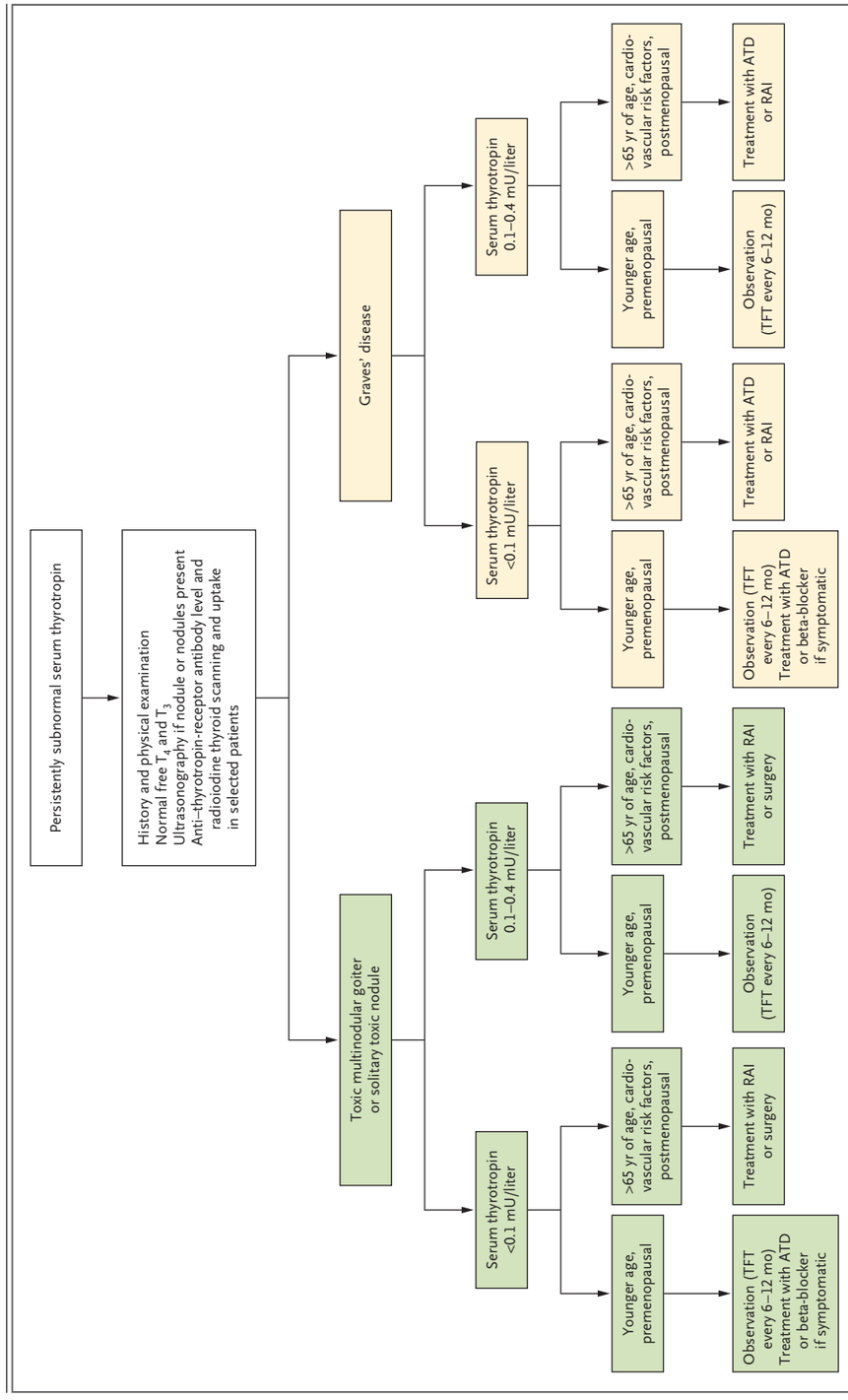


Figure 2. Management of Endogenous Subclinical Hyperthyroidism.

Once subclinical hyperthyroidism is verified with normal levels of free thyroxine (T_4) and triiodothyronine (T_3) and a persistently subnormal level of serum thyrotropin, a diagnosis should be made on the basis of laboratory tests for antithyrotropin-receptor antibodies (to test for Graves' disease), imaging studies (radionuclide scanning or ultrasonography), or both, depending on the clinical circumstances. The decision to treat and the nature of the treatment depend on the underlying diagnosis, the degree of thyrotropin suppression, patient age, and any coexisting conditions. Antithyroid drugs or radioiodine are the preferred treatment in patients with Graves' disease, whereas radioiodine is preferred in patients with toxic nodular disease. Surgery is an option in patients with large goiters that are causing obstructive symptoms when the patient has no major coexisting conditions. ATD denotes antithyroid drug, RAI radioactive iodine, and TFT thyroid function test.

ment, even though her thyrotropin level is only mildly suppressed.[3,4] If her thyroid function worsens and the serum thyrotropin level falls below 0.1 mU per liter, treatment would clearly be advisable. If a functioning left thyroid nodule is found, we would discuss with the patient the benefits and risks of radioiodine therapy. Low-dose methimazole or radioiodine therapy would be recommended if the patient has Graves' disease.

No potential conflict of interest relevant to this article was reported.

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

REFERENCES

1. Cooper DS, Biondi B. Subclinical thyroid disease. Lancet 2012;379:1142-54.
2. Carlé A, Andersen SL, Boelaert K, Laurberg P. Management of endocrine disease — subclinical thyrotoxicosis: prevalence, causes and choice of therapy. Eur J Endocrinol 2017;176:R325-R337.
3. Biondi B, Bartalena L, Cooper DS, Hegedüs L, Laurberg P, Kahaly GJ. The 2015 European Thyroid Association guidelines on diagnosis and treatment of endogenous subclinical hyperthyroidism. Eur Thyroid J 2015;4:149-63.
4. Ross DS, Burch HB, Cooper DS, et al. 2016 American Thyroid Association guidelines for diagnosis and management of hyperthyroidism and other causes of thyrotoxicosis. Thyroid 2016;26:1343-421.
5. Biondi B, Cooper DS. The clinical significance of subclinical thyroid dysfunction. Endocr Rev 2008;29:76-131.
6. Biondi B, Cooper DS. Benefits of thyrotropin suppression versus the risks of adverse effects in differentiated thyroid cancer. Thyroid 2010;20:135-46.
7. Jonklaas J, Davidson B, Bhagat S, Soldin SJ. Triiodothyronine levels in athyreotic individuals during levothyroxine therapy. JAMA 2008;299:769-77.
8. Chaker L, Baumgartner C, den Elzen WP, et al. Subclinical hypothyroidism and the risk of stroke events and fatal stroke: an individual participant data analysis. J Clin Endocrinol Metab 2015;100:2181-91.
9. Vadiveloo T, Donnan PT, Cochrane L, Leese GP. The Thyroid Epidemiology, Audit, and Research Study (TEARS): morbidity in patients with endogenous subclinical hyperthyroidism. J Clin Endocrinol Metab 2011;96:1344-51.
10. Selmer C, Olesen JB, Hansen ML, et al. The spectrum of thyroid disease and risk of new onset atrial fibrillation: a large population cohort study. BMJ 2012;345:e7895.
11. Selmer C, Olesen JB, Hansen ML, et al. Subclinical and overt thyroid dysfunction and risk of all-cause mortality and cardiovascular events: a large population study. J Clin Endocrinol Metab 2014;99:2372-82.
12. Cappola AR, Fried LP, Arnold AM, et al. Thyroid status, cardiovascular risk, and mortality in older adults. JAMA 2006;295:1033-41.
13. Collet TH, Gussekloo J, Bauer DC, et al. Subclinical hyperthyroidism and the risk of coronary heart disease and mortality. Arch Intern Med 2012;172:799-809.
14. Gencer B, Collet TH, Virgini V, et al. Subclinical thyroid dysfunction and the risk of heart failure events: an individual participant data analysis from 6 prospective cohorts. Circulation 2012;126:1040-9.
15. Yan Z, Huang H, Li J, Wang J. Relationship between subclinical thyroid dysfunction and the risk of fracture: a meta-analysis of prospective cohort studies. Osteoporos Int 2016;27:115-25.
16. Blum MR, Bauer DC, Collet TH, et al. Subclinical thyroid dysfunction and fracture risk: a meta-analysis. JAMA 2015;313:2055-65.
17. Yang R, Yao L, Fang Y, et al. The relationship between subclinical thyroid dysfunction and the risk of fracture or low bone mineral density: a systematic review and meta-analysis of cohort studies. J Bone Miner Metab 2018;36:209-20.
18. Rieben C, Segna D, da Costa BR, et al. Subclinical thyroid dysfunction and the risk of cognitive decline: a meta-analysis of prospective cohort studies. J Clin Endocrinol Metab 2016;101:4945-54.
19. Aubert CE, Bauer DC, da Costa BR, et al. The association between subclinical thyroid dysfunction and dementia: the Health, Aging and Body Composition (Health ABC) Study. Clin Endocrinol (Oxf) 2017;87:617-26.
20. Das G, Ojewuyi TA, Baglioni P, Geen J, Premawardhana LD, Okosieme OE. Serum thyrotrophin at baseline predicts the natural course of subclinical hyperthyroidism. Clin Endocrinol (Oxf) 2012;77:146-51.
21. Díez JJ, Iglesias P. An analysis of the natural course of subclinical hyperthyroidism. Am J Med Sci 2009;337:225-32.
22. Díez JJ, Iglesias P. Predictors of outcome in patients with endogenous subclinical thyrotoxicosis. Clin Endocrinol (Oxf) 2011;75:142-3.
23. Vadiveloo T, Donnan PT, Cochrane L, Leese GP. The Thyroid Epidemiology, Audit, and Research Study (TEARS): the natural history of endogenous subclinical hyperthyroidism. J Clin Endocrinol Metab 2011;96(1):E1-8.
24. Rhee CM, Bhan I, Alexander EK, Brunelli SM. Association between iodinated contrast media exposure and incident hyperthyroidism and hypothyroidism. Arch Intern Med 2012;172:153-9.
25. Nolte MR, Muller R, Siggelkow H, Emrich D, Hufner M. Prophylactic application of thyrostatic drugs during excessive iodine exposure in euthyroid patients with thyroid autonomy: a randomized study. Eur J Endocrinol 1996;134:337-41.
26. Biondi B, Palmieri EA, Fazio S, et al. Endogenous subclinical hyperthyroidism affects quality of life and cardiac morphology and function in young and middle-aged patients. J Clin Endocrinol Metab 2000;85:4701-5.
27. Sgarbi JA, Villaça FG, Garbeline B, Villar HE, Romaldini JH. The effects of early antithyroid therapy for endogenous subclinical hyperthyroidism in clinical and heart abnormalities. J Clin Endocrinol Metab 2003;88:1672-7.
28. Yang LB, Jiang DQ, Qi WB, et al. Subclinical hyperthyroidism and the risk of cardiovascular events and all-cause mortality: an updated meta-analysis of cohort studies. Eur J Endocrinol 2012;167:75-84.
29. Flynn RW, Bonellie SR, Jung RT, MacDonald TM, Morris AD, Leese GP. Serum thyroid-stimulating hormone concentration and morbidity from cardiovascular disease and fractures in patients on long-term thyroxine therapy. J Clin Endocrinol Metab 2010;95:186-93.
30. Klein Hesselink EN, Klein Hesselink MS, de Bock GH, et al. Long-term cardiovascular mortality in patients with differentiated thyroid carcinoma: an observational study. J Clin Oncol 2013;31:4046-53.
31. Virgini VS, Rodondi N, Cawthon PM, et al. Subclinical thyroid dysfunction and frailty among older men. J Clin Endocrinol Metab 2015;100:4524-32.
32. Gan EH, Pearce SH. Clinical review — the thyroid in mind: cognitive function and low thyrotropin in older people. J Clin Endocrinol Metab 2012;97:3438-49.
33. Rosario PW, Carvalho M, Calsolari MR. Symptoms of thyrotoxicosis, bone metabolism and occult atrial fibrillation in older women with mild endogenous subclinical hyperthyroidism. Clin Endocrinol (Oxf) 2016;85:132-6.
34. Meyerovitch J, Rotman-Pikielny P, Sherf M, Battat E, Levy Y, Surks MI. Serum thyrotropin measurements in the community: five-year follow-up in a large network of primary care physicians. Arch Intern Med 2007;167:1533-8.
35. Kaminski G, Michalkiewicz D, Makowski K, et al. Prospective echocardiographic evaluation of patients with endogenous subclinical hyperthyroidism and after restoring euthyroidism. Clin Endocrinol (Oxf) 2011;74:501-7.
36. Kaminski G, Dziuk M, Szczepanek-Parulska E, Zybek-Kocik A, Ruchala M. Electrocardiographic and scintigraphic evaluation of patients with subclinical hyperthyroidism during workout. Endocrine 2016;53:512-9.
37. Faber J, Wiinberg N, Schifter S, Mehlsen J. Haemodynamic changes following treatment of subclinical and overt hyperthyroidism. Eur J Endocrinol 2001;145:391-6.
38. Biondi B, Fazio S, Carella C, et al. Control of adrenergic overactivity by beta-blockade improves the quality of life in patients receiving long term suppressive therapy with levothyroxine. J Clin Endocrinol Metab 1994;78:1028-33.
39. Mudde AH, Houben AJ, Nieuwenhuijzen Kruseman AC. Bone metabolism during anti-thyroid drug treatment of endogenous subclinical hyperthyroidism. Clin Endocrinol (Oxf) 1994;41:421-4.
40. Faber J, Jensen IW, Petersen L, Nygaard B, Hegedüs L, Siersbaek-Nielsen K. Normalization of serum thyrotrophin by means of radioiodine treatment in subclinical hyperthyroidism: effect on bone loss in postmenopausal women. Clin Endocrinol (Oxf) 1998;48:285-90.
41. Yönem O, Dökmetaş HS, Aslan SM, Erselcan T. Is antithyroid treatment really relevant for young patients with subclinical hyperthyroidism? Endocr J 2002;49:307-14.
42. Cooper DS. Antithyroid drugs. N Engl J Med 2005;352:905-17.
43. Burch HB, Cooper DS. Management of Graves disease: a review. JAMA 2015;314:2544-54.
44. Rugge JB, Bougatsos C, Chou R. Screening and treatment of thyroid dysfunction: an evidence review for the U.S. Preventive Services Task Force. Ann Intern Med 2015;162:35-45.

IMAGES IN CLINICAL MEDICINE

The *Journal* welcomes consideration of new submissions for Images in Clinical Medicine. Instructions for authors and procedures for submissions can be found on the *Journal*'s website at NEJM.org. At the discretion of the editor, images that are accepted for publication may appear in the print version of the *Journal*, the electronic version, or both.

Sponsor Profile

EXCELLENCE AT WORK.

At Geisinger, we treat our patients with compassion and respect by giving our physicians more time to deliver their best care. By extending appointments to 40 minutes for patients over 65, our physicians have quality time to care for seniors. Wherever your future takes you at Geisinger, our commitment to you is what differentiates us.

To learn more, contact us at geisingercareers@geisinger.edu.

Geisinger | *The future of health is in you.*
geisinger.org/careers

The NEW ENGLAND JOURNAL of MEDICINE

Classified Advertising Section

Sequence of Classifications

Addiction Medicine
Allergy & Clinical Immunology
Ambulatory Medicine
Anesthesiology
Cardiology
Critical Care
Dermatology
Emergency Medicine
Endocrinology
Family Medicine
Gastroenterology
General Practice
Geriatrics
Hematology-Oncology
Hospitalist
Infectious Disease
Internal Medicine
Internal Medicine/Pediatrics
Medical Genetics
Neonatal-Perinatal Medicine
Nephrology
Neurology
Nuclear Medicine
Obstetrics & Gynecology
Occupational Medicine
Ophthalmology
Osteopathic Medicine
Otolaryngology
Pathology
Pediatrics, General
Pediatric Gastroenterology
Pediatric Intensivist/ Critical Care
Pediatric Neurology
Pediatric Otolaryngology
Pediatric Pulmonology
Physical Medicine & Rehabilitation
Preventive Medicine
Primary Care
Psychiatry
Public Health
Pulmonary Disease
Radiation Oncology
Radiology
Rheumatology
Surgery, General
Surgery, Cardiovascular/ Thoracic
Surgery, Neurological
Surgery, Orthopedic
Surgery, Pediatric Orthopedic
Surgery, Pediatric
Surgery, Plastic
Surgery, Transplant
Surgery, Vascular
Urgent Care
Urology

Chiefs/Directors/ Department Heads
Faculty/Research
Graduate Training/Fellowships/ Residency Programs

Courses, Symposia, Seminars
For Sale/For Rent/Wanted
Locum Tenens
Miscellaneous
Multiple Specialties/ Group Practice
Part-Time Positions/Other
Physician Assistant
Physician Services
Positions Sought
Practices for Sale

Classified Advertising Rates

We charge $9.04 per word per insertion. A 2- to 4-time frequency discount rate of $6.71 per word per insertion is available. A 5-time frequency discount rate of $6.50 per word per insertion is also available. In order to earn the 2- to 4-time or 5-time discounted word rate, the request for an ad to run in multiple issues must be made upon initial placement. The issues do not need to be consecutive. **Web fee:** Classified line advertisers may choose to have their ads placed on NEJM CareerCenter for a fee of $99.00 per issue per advertisement. The web fee must be purchased for all dates of the print schedule. The choice to place your ad online must be made at the same time the print ad is scheduled. **Note:** The minimum charge for all types of line advertising is equivalent to 30 words per ad. Confidential reply boxes are an extra $75.00 per insertion plus 4 words (Reply Box 0000, NEJM). We will send the responses directly to you every Tuesday and Thursday. Purchase orders will be accepted subject to credit approval. For orders requiring prepayment, we accept payment via Visa, MasterCard, and American Express for your convenience, or a check. All classified line ads are subject to the consistency guidelines of NEJM.

How to Advertise

All orders, cancellations, and changes must be received in writing. E-mail your advertisement to us at ads@nejmcareercenter.org, or fax it to 1-781-895-1045 or 1-781-893-5003. We will contact you to confirm your order. Our closing date is typically the Friday 20 days prior to publication date; however, please consult the rate card online at **nejmcareercenter.org** or contact the Classified Advertising Department at 1-800-635-6991. Be sure to tell us the classification heading you would like your ad to appear under (see listings above). If no classification is offered, we will determine the most appropriate classification. Cancellations must be made 20 days prior to publication date. Send all advertisements to the address listed below.

Contact Information

Classified Advertising
The New England Journal of Medicine
860 Winter Street, Waltham, MA 02451-1412

E-mail: ads@nejmcareercenter.org
Fax: 1-781-895-1045
Fax: 1-781-893-5003
Phone: 1-800-635-6991
Phone: 1-781-893-3800
Website: **nejmcareercenter.org**

How to Calculate the Cost of Your Ad

We define a word as one or more letters bound by spaces. Following are some typical examples:

Bradley S. Smith III, MD..... = 5 words
Send CV ..... = 2 words
December 10, 2007 ..... = 3 words
617-555-1234 ..... = 1 word
Obstetrician/Gynecologist ... = 1 word
A ..... = 1 word
Dalton, MD 01622 ..... = 3 words

As a further example, here is a typical ad and how the pricing for each insertion is calculated:

MEDICAL DIRECTOR — A dynamic, growth-oriented home health care company is looking for a full-time Medical Director in greater New York. Ideal candidate should be board certified in internal medicine with subspecialties in oncology or gastroenterology. Willing to visit patients at home. Good verbal and written skills required. Attractive salary and benefits. Send CV to: Reply Box 0000, NEJM.

This advertisement is 58 words. At $9.04 per word, it equals $524.32. Because a reply box was requested, there is an additional charge of $75.00 for each insertion. The price is then $599.32 for each insertion of the ad. This ad would be placed under the Chiefs/Directors/ Department Heads classification.

How to Respond to NEJM Box Numbers

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

Classified Ads Online

Advertisers may choose to have their classified line and display advertisements placed on NEJM CareerCenter for a fee. The web fee for line ads is $99.00 per issue per advertisement and $170.00 per issue per advertisement for display ads. The ads will run online two weeks prior to their appearance in print and one week after. For online-only recruitment advertising, please visit nejmcareercenter.org for more information, or call 1-800-635-6991.

Policy on Recruitment Ads

All advertisements for employment must be non-discriminatory and comply with all applicable laws and regulations. Ads that discriminate against applicants based on sex, age, race, religion, marital status or physical handicap will not be accepted. Although the *New England Journal of Medicine* believes the classified advertisements published within these pages to be from reputable sources, NEJM does not investigate the offers made and assumes no responsibility concerning them. NEJM strives for complete accuracy when entering classified advertisements; however, NEJM cannot accept responsibility for typographical errors should they occur.

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

Classified Ad Deadlines

Issue	Closing Date
November 8	October 19
November 15	October 26
November 22	November 2
November 29	November 8

Cardiology

NEW ENGLAND/MASSACHUSETTS/ BERKSHIRES/SPRINGFIELD — We have two opportunities for BE/BC cardiologists. Growth in our practice has created a need for both a Non-Invasive Cardiologist and an Advanced Heart Failure Specialist. Pioneer Valley Cardiology Associates (PVCA) is a practice of 14 physicians and 14 Advanced Practice Providers. We provide care to patients in two hospitals, three office locations, all within close proximity. This opportunity affords access to a tertiary academic center with Cardiac Surgery, Fellowship training program, designated Level 1 Trauma Center, and teaching opportunities with UMass-Baystate. Partnership track, generous vacation, and benefit package. Our single specialty practice is located in the "Five College Region" of western Massachusetts, surrounded by many desirable New England communities. Easily accessible to Boston, NYC, and Hartford, CT, Airport (Bradley) for domestic and international flights. If you find the opportunity of interest, send your letter of application and CV to: Attn: Practice Administrator, Physician Recruitment, Pioneer Valley Cardiology Associates, 2 Medical Center Drive, #410, Springfield, MA 01107. Fax: 413-748-7099; MDrecruitment@pvcardiology.com

NATIONALLY RENOWNED SINGLE SPECIALTY CARDIOLOGY PRACTICE — Located in beautiful, tax-free southern New Hampshire seeks a Heart Failure Certified Cardiologist to join our growing Congestive Heart Failure team. This high caliber, large volume program has a dedicated inpatient CHF rounding service and a dedicated outpatient clinic with four APPs and four RNs. We have an outpatient IV Lasix program, a CardioMEMS program with local implant and follow up, and an advanced CHF Clinic providing follow up care of LVAD and post cardiac transplant patients. We offer a local CHF support group for advanced heart failure patients and their families, and have an active research department engaged in major CHF trials. Please send CV to Janet Frongillo, at: Janet.Frongillo@cmc-nh.org

NATIONALLY RENOWNED, SINGLE SPECIALTY CARDIOLOGY PRACTICE — Located in beautiful, tax-free southern New Hampshire seeks a Non-Invasive Cardiologist. This hospital owned practice offers the latest advances in noninvasive cardiology, interventional, and electrophysiology. Extremely competitive compensation with sign-on bonus, comprehensive benefits, attractive call schedule, and a collegial environment with supportive administration, all less than one hour to Boston, the Atlantic Ocean, and fabulous lakes and mountains. Please forward CV to Janet Frongillo: Janet.Frongillo@cmc-nh.org

BOARD CERTIFIED INTERNIST/CARDIOLOGIST — To join multispecialty Internal Medical Practice located in Nassau County, NY. Must perform all duties as Internist as well as Cardiologist. If you meet these criteria, please forward your resume to: vixen1@optonline.net

NON-INVASIVE CARDIOLOGIST IN UPSTATE NEW YORK — Outstanding opportunity to join a premier full-service private practice group with a team of 26 physicians, six mid-level providers, emerging structural heart program, and advanced echocardiography and electrophysiology programs. Full EMR with full-time IT support staff. ICANL and ICAEL accredited labs. Progressive group practice culture focused on quality and growth. Great work/life balance in a great community with numerous recreational/cultural opportunities and top public schools. Close to Boston, New York City, and the Adirondacks. Competitive compensation, comprehensive benefit package, and excellent call schedule. Partnership track. Please fax CV and cover letter to: 518-374-5918 or e-mail to: dmeyers@heartdocs.com. Visit our website: www.heartdocs.com

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

Dermatology

NORTHERN NJ — BC/BE Dermatologist sought by busy multispecialty practice. Favorable compensation, on-call, and office environment in beautiful NYC suburb. E-mail CV to: rturk@bergenmed.com

Endocrinology

NORTHERN NJ — BC/BE Endocrinologist sought by busy multispecialty practice. Favorable compensation, on-call, and office environment in beautiful NYC suburb. E-mail CV to: rturk@bergenmed.com

Gastroenterology

GASTROENTEROLOGISTS (BC/BE) WANTED — To join a large, well-established, multispecialty group in northern New Jersey. Excellent salary and benefit package. Please e-mail CV to: terri.urgo@comprehensivehealthcarenj.com

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

THREE-MEMBER GROUP IN CARY, NC, AREA, LOOKING FOR FOURTH PARTNER — Practice with state-of-art endoscopy center with pathology lab. ERCP/EUS experience preferred to start EUS program. Send CV to: singh@centerfordigestivediseases.com

Geriatrics

IM/GERIATRICS BC/BE PHYSICIAN — To join busy private group with four-MD/five-PA, specialized in subacute, LTC, with primary care office base, hospital rounds optional, in superb Providence-Cranston, RI, with Brown U/Boston U med school affiliated hospital privileges. Competitive compensation, with benefits. Calls every 4-5 weeks. Full-time preferred. J-1, HI-B applicable. Please send CV to: HH@MedLTC.com and: KW@MedLTC.com

Hematology-Oncology

TEN-PHYSICIAN, INDEPENDENT ONCOLOGY-HEMATOLOGY SINGLE SPECIALTY GROUP — In southern New Hampshire seeks full-time BC/BE oncologist/hematologist. Forward-thinking practice with collegial office atmosphere. DFCI and Alliance affiliation. Active in clinical research. One-in-nine call responsibility. Hospitalist coverage. Excellent quality of life; less than one hour from Boston, the White Mountains, and the ocean. Competitive compensation + benefit package offered for this excellent practice opportunity. Send CV to Eliza Browne, Practice Administrator at: e.browne@nhoh.com; or via fax: 603- 622-7498.

THRIVING RCCA PRACTICE IN NJ — Looking for BC/BE Hematologist/Oncologist. Single office on hospital campus. 30+ year reputation in community with established referral base. Forward CV to: abernstein@regionalcancercare.org

MEDICAL ONCOLOGIST/HEMATOLOGIST — Princeton Medical Group, P.A., a 38-provider multispecialty practice in Princeton, NJ, is seeking a BC/BE Hematologist/Medical Oncologist to join a strong oncology section in July 2019. Join four established physicians who provide a full range of care, including infusion therapy at two office locations. Great work/life balance. Excellent opportunity leading to partnership. Unique position offers the ability to deliver high level, sophisticated care in a community setting. E-mail cover letter and CV to Joan Hagadorn at: jhagadorn@princetonmedicalgroup.com

HEM/ONC TO JOIN FIVE-MEMBER GROUP, CHICAGO METROPOLITAN AREA, FOR 2018/2019 — Competitive compensation package, American College of Surgeons accredited cancer program, infusion center, true beam. E-mail CV: hemoncmd1@gmail.com

IMMEDIATE OPENING — A busy Oncology practice in Southern California looking for highly motivated BC/BE oncologists. Join our five-person group in Riverside county area, one hour east of Los Angeles. Excellent salary, benefits, pension. Nice working environment and call schedule. Please e-mail CV: medionc18@gmail.com

Hospitalist

HOSPITALIST — The Division of General Internal Medicine, Department of Medicine at the University of Pittsburgh is building a large academic hospitalist program. The positions provide exciting opportunities for long term careers in patient care or a combination of patient care, teaching, and research. Competitive compensation commensurate with qualifications/experience. Send letter of interest and CV to: Jane Liebschutz, MD, 200 Lothrop Street, 933 West MUH, Pittsburgh, PA 15213; fax: 412-692-4825; or e-mail: marchinettit@upmc.edu. EO/AA/M/F/Vets/Disabled.

Infectious Disease

EXCELLENT OPPORTUNITY FOR EXCELLENT CLINICIAN — To join the leading Infectious Disease group in southern New Jersey/suburban Philadelphia, based in Mt. Laurel. We are a growing, thriving, 100% ID group integrated in an innovative high-quality health care system. We are comprised of excellent, highly respected clinicians from leading training programs who perform ID consultations both in hospital and office. We perform and direct Infection Control, Antibiotic Stewardship, provide antibiotic office infusion therapy, travel health, and HBO therapy/wound care. Position available now or July 2019. This excellent location with outstanding schools and beautiful neighborhoods has easy travel and access, 15 minutes from Philadelphia and easy ride to NYC/beaches. Excellent compensation and benefits. E-mail to: awetzel@virtua.org

EXCELLENT OPPORTUNITY IN ATLANTA SUBURB FOR BC/BE PHYSICIAN — To join a unique, seven-doctor, four-location ID Practice with ACHC Accredited Office Infusion Center including a state-of-the-art clean room with staff pharmacist, as well as comprehensive wound care provided by CWCNs. Please e-mail CV to: atlanta.docs@gmail.com

INFECTIOUS DISEASE CONSULTS, MD PA IS RECRUITING AN AMBITIOUS INFECTIOUS DISEASE PHYSICIAN — For an opening with our Altamonte Springs, Florida, location. Primary responsibilities will include some outpatient clinic with hospital rounding being the main focus. As a member of the largest ID private practice in the central Florida area we can offer a stimulating balanced ID practice with a comfortable call schedule and lifestyle. Please e-mail your resume to: gfender@idcorlando.com

Internal Medicine (see also FM and Primary Care)

GERIATRIC MEDICINE — Physician/Medical Director Opportunities: Hingham, Massachusetts (Linden Ponds); Parkville, Maryland (Oak Crest); New Providence, New Jersey (Lantern Hill). If you are seeking an opportunity to practice high quality geriatric medicine with all the support of a company committed to best practices and health care innovation, please consider a position with Erickson Living, America's largest developer of continuing care retirement communities. A job with Erickson provides professional satisfaction, financial security, and a lifestyle unmatched by traditional practice settings. No administrative hassles; salaried employment with annual bonus, wonderful benefits, 401K, profit sharing, generous time off, and much more! Please call: 443-297-3131; or forward your CV/cover letter to: medprovideropps@erickson.com; fax: 410-204-7273. www.ericksonliving.com

SINCE 1991, INN HOUSE DOCTOR — Has provided exceptional house call service to Boston hotels and condominiums. We have provided care to travelers from all over the world. If you would like to make extra money, without being locked away for 12 hours, then call: 781-551-0666; or e-mail: Mail@Inn HouseDoctor.Com. You will enjoy the venue!

LEMUEL SHATTUCK HOSPITAL IS SEEKING — A full-time BC/BE IM physician with/without subspecialty for 0.5-1.0 FTE position that balances inpatient and outpatient patient care with teaching of residents and students. LSH is located in Boston, and serves as a MA DPH teaching hospital affiliate of Tufts University School of Medicine. Competitive salary, full benefit package, and Academic appointment at Tufts University School of Medicine will be offered. Please e-mail cover letter and CV to: Ireta.Ashby@state.ma.us. This is not a H-1/J-1 opportunity.

MEDICAL DECISION SUPPORT — Growing Boston-based company seeks multiple sub-specialty physicians to provide comprehensive decision support services to patients pursuing better clinical outcomes. Flexible schedule (10+ hours per week), home based, and competitive pay. E-mail resume/cover to: HR@consumermedical.com. Visit: www.consumermedical.com

Nephrology

NORTHERN NEW JERSEY — Looking for a Clinical Nephrologist and a Transplant Nephrologist to join well-established 100% nephrology practice. Spanish speaking is desirable. Send CV: melmdbbs@aol.com

NEPHROLOGY ASSOCIATE NEEDED — For growing practice in University town in NE Georgia. Competitive salary and benefits, call 1 in 4. Med Directorship offered. J-1 or H-1 can apply. E-mail resume at: bash6750@bellsouth.net

PRIVATE PRACTICE NEPHROLOGY GROUP IN MUSKEGON, MICHIGAN — Well-established group practice is pursuing a BC/BE nephrologist. We offer a competitive salary, benefits, and partnership package. Beautiful location adjacent to Lake Michigan. Please respond via e-mail to: WMN4932@gmail.com

DESERT KIDNEY ASSOCIATES, PLC — Is seeking Nephrologists to work in the Metro Phoenix, Arizona, area. MD or equivalent; completion of accredited Nephrology Fellowship program; possess or eligible for Arizona medical license. Competitive salary/benefits package and partnership track. J-1 opportunities available. Please fax CV to: 480-268-7905, Attn: Margaret; or e-mail to: mgreiner@desertkidney.com

Neurology

VICE CHAIR OF AMBULATORY OPERATIONS AND QUALITY IN NEUROLOGY — The Department of Neurology at the Mount Sinai Health System in New York is seeking a Vice Chair of Ambulatory Operations and Quality. This full-time position (60% administrative, 40% clinical practice) in the Icahn School of Medicine at Mount Sinai will have academic rank in accordance with experience and qualifications. Partnering with over 80 clinician faculty and 100+ staff at five outpatient neurology practices across Manhattan and Queens, primary responsibilities are to provide administrative leadership to improve and optimize access and care quality, optimize capture of clinical revenue, and enhance provider well-being and practice workflow. Should be board certified in neurology with at least seven years of clinical administrative experience in an academic or private practice. Send CV to: barbara.vickrey@mssm.edu

Otorhinolaryngology

NORTHERN NJ — BC/BE ENT sought by busy multispecialty practice. Favorable compensation, on-call, and office environment in beautiful NYC suburb. E-mail CV to: rturk@bergenmed.com

Rheumatology

NORTHERN NJ — BC/BE Rheumatologist sought by busy multispecialty practice. Favorable compensation, on-call, and office environment in beautiful NYC suburb. E-mail CV to: rturk@bergenmed.com

Urology

NORTHERN NJ — BC/BE Urologist sought by busy multispecialty practice. Favorable compensation, on-call, and office environment in beautiful NYC suburb. E-mail CV to: rturk@bergenmed.com

Practices For Sale

INTERNAL MEDICINE — Established, healthy, solo, office-based concierge IM practice available for purchase in Sacramento, California. Groups are good. This is better. Income easily exceeds that for "employed" positions, with bonuses of independence, control, and time for family. Send BC/BE CV to: MDReplyBox@gmail.com

Anne Arundel Medical Group

With our growth comes YOUR opportunity – Annapolis, Maryland

Based in the state capital of Maryland situates Anne Arundel Medical Center (AAMC), a progressive state-of-the-art healthcare system. Located in picturesque Annapolis. AAMC is becoming a distinctive teaching institution. Be part of a health system that delivers health-care across four counties. AAMC is a non-profit which means you may be eligible to apply for the Federal Loan Forgiveness Program!

Opportunities available:

Leadership Roles:

- Chair of Surgical Oncology
- Chief of Acute Care Surgery
- Medical Director of Radiation Oncology
- Chair of Oncology
- Chief Medical Informatics Officer

Rural Location Positions Eastern Shore:
(Eligible for the MD Rural Medicine Loan Forgiveness):

- Internal Medicine or Family Medicine
- Neurology
- Endocrinology

Annapolis and Surrounding Area:

- Hospitalist and Nocturnist (Full-time)
- Intensivist (Full-time)
- Hematology/Oncology Lead
- Psychiatrist
- Surgical Hospitalist
- Surgical Hospitalist (Part-time)
- Orthopedic Trauma Surgeon
- OB Hospitalist (Per diem)

Comprehensive Benefit Package; Competitive Salary, Holidays, PTO, Health, Dental, Vision, 403(b) /w match; CME Allowances and so much more.

To learn more call
Kim Collins, CMSR or Courtney Gould at
443-481-5166 or fax your CV to 443-481-5914.

UT Health San Antonio

Chief of Geriatrics
UT Health San Antonio

UT Health San Antonio (UTHSA) seeks outstanding candidates for Chief of the Division of Geriatrics, Gerontology and Palliative Medicine in the Department of Medicine. UT Health San Antonio is a national leader in aging research. The Barshop Institute for Longevity and Aging Studies, housing both a Nathan Shock Center of Excellence in the Basic Biology of Aging and Claude D. Pepper Older Americans Independence Center, is among the top five organizations funded by the Division of Aging Biology of the National Institute on Aging. The newly established Biggs Institute for Alzheimer's and Neuro-degenerative Diseases provides additional infrastructure and faculty expertise in diseases affecting older people. The Division is closely integrated with the Audie L. Murphy Memorial VA Hospital, including its GRECC and GEC service lines. The Division sponsors a Geriatrics fellowship and a large Palliative Medicine fellowship program. The Department of Medicine has established strengths in NIH funded research across several programs including Nephrology, Diabetes and Heme-Oncology and mitochondrial based research.

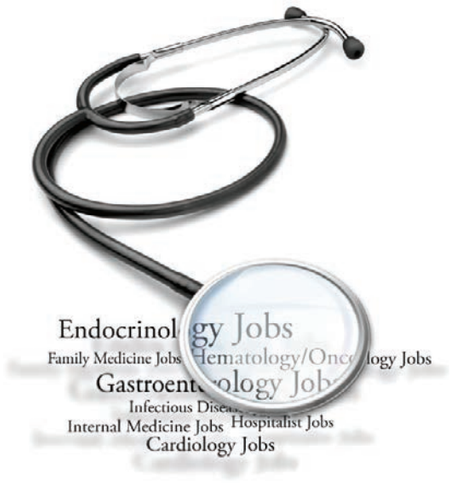
Candidates should have excellent leadership, clinical, teaching, organizational and motivational skills and an established research program. This is an exciting opportunity for an energetic, forward-thinking Geriatrician or Palliative Physician to lead the growth of clinical, educational and research programs within an established academic Division of Geriatrics. Resources will be available for the new Chief to build on existing strengths and achieve national prominence for the division.

UTHSA offers a competitive salary, a comprehensive insurance package, and a generous retirement plan. For more information, visit our website at:
http://uthscsa.edu/hr/benefits.asp

Interested applicants should apply at:
https://uthscsa.taleo.net/careersection/ex/jobdetail.ftl?job=18000463
and click Apply Online. Applicants should include a letter of interest, curriculum vitae, and three reference letters.

All faculty appointments are designated as security sensitive positions.

The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer, including protected veterans and persons with disabilities.



SEARCH AND APPLY FOR JOBS FROM YOUR iPHONE.

- Search or browse quality physician jobs by specialty and/or location
- Receive notification of new jobs that match your search criteria
- Save jobs with the touch of a button
- Email or tweet jobs to your network
- Apply for jobs directly from your phone!

NEJMCareerCenter.org

NEJM CC

Download or update the FREE iPhone app and start your search today!

NEJM CareerCenter

The NEW ENGLAND JOURNAL of MEDICINE

We get you the perfect job because we get you.

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

CompHealth.

comphealth.com | 844.217.9193

UCDAVIS MEDICAL GROUP

UC Davis Medical Center rates as Sacramento's top hospital in *U.S. News & World Report* metro-area rankings, and area consumers consistently name UC Davis the area's top and most-preferred hospital for overall quality and image.

Primary Care Physicians – Northern California – Greater Sacramento Area

The UC Davis Network and Affiliates department employs more than 125 internists, family practitioners and pediatricians at the primary care medical offices in 11 Sacramento-area communities.

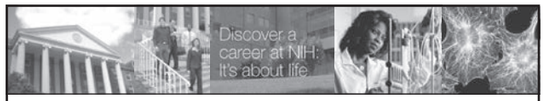
- **32 clinical hours per week**
- Minimal after hours call supported by 24/7 Nurse Triage Program
- 501(c)3/ Public Service Loan Forgiveness Program
- Flexible work schedule
- Extraordinary benefits package. Includes **pension**, medical, dental and more
- Competitive salary and incentive plan
- NCQA recognized Patient-Centered Medical Home

Hospitalist Physicians – Lodi, California

UC Davis provides hospitalist medicine services for patients at Lodi Memorial Hospital. Full-time opportunities available.

- 12 hr shifts
- Competitive salary and Incentive plan
- Affiliated with Adventist Health
- Generous benefits package

We welcome you to apply to join our team! To learn more about our Primacy Care opportunities, please send your CV to our Physician Recruiter, Lisa Carey at lwcarey@ucdavis.edu
For our Hospitalist opportunites, please send to Joanne Goring at jqgoring@ucdavis.edu



Senior Scientific Officer
Position Available at NIDDK

The **National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)** is seeking exceptional candidates to serve as Director of a Program in Acute Kidney Injury and Renal Pathophysiology in the extramural Division of Kidney, Urologic and Hematologic Diseases (DKUHD).

The incumbent will serve as a Program Director and a Senior Scientific Officer within and outside the NIDDK. The successful candidate will join a group of highly interactive scientists and clinicians directing research programs in all areas of kidney, urologic and hematologic disease. S/he will be expected to evaluate and administer extramural research with the goal of building and implementing a cutting edge clinical and basic research program on acute kidney injury and the biology of renal disease.

The position involves initiating research activities and providing advice to the Director, DKUHD on current and future AKI studies and in other areas of nephrology, managing multi-center clinical studies, and administering a portfolio of basic, translational, and clinical research grants focusing on AKI. In addition to these activities, the incumbent identifies areas of innovation and priorities for development and application of research initiatives. He/she participates in the planning of meetings and workshops involving members of the NIH and general research community. The position has substantial trans-NIDDK and trans-NIH programmatic responsibilities and requires frequent interactions with other federal agencies and diverse groups of professional and lay organizations, as well as advocacy groups.

The NIDDK seeks candidates who have a significant track record of scientific research achievement and outstanding communication skills.

Applicants must possess an M.D., Ph.D., or equivalent degree, with sub-specialization in nephrology, and national recognition for kidney research.

Individuals interested in learning more about opportunities to serve as a Senior Scientific Officer in DKUHD are invited to contact:

Robert Star, M.D., Director, DKUHD, starr@niddk.nih.gov

HHS and NIH are Equal Opportunity Employers

NIH National Institute of Diabetes and Digestive and Kidney Diseases

---

LSU Health SHREVEPORT

LSUHSC-Shreveport in the Section of Hematology-Oncology, Feist-Weiller Cancer Center is seeking three full-time physicians at the Assistant or the Associate Professor level with an interest in either Palliative Care, Hematology, Lung, Breast and/or GI oncology.

Practice includes all facets of the Department of Medicine and the Feist-Weiller Cancer Center; serves as an attending faculty on the clinical services staffed by the Section of Feist-Weiller Cancer Center. Great potential for administrative advancement in the near future.

Expected to participate in overall faculty activities, including medical student, house staff and fellowship teaching responsibilities; conduct research and publish findings in journals and make presentations at medical conferences; M.D. or equivalent. Generous seed packages available as support towards new start up research programs. Faculty with Translational and/or Clinical Research interest is a plus. J1 waiver visa applicants are welcome.

Applicants must qualify for a Louisiana license. BE/BC necessary. Opportunities available now. Positions will remain open until filled.

Please send C.V. & 3 letters of reference to:

Gary Burton, M.D., Professor of Medicine
Chief, Section of Hematology and Oncology
***at* gburto@lsuhsc.edu**
***and* Mike Leon at mleon@lsuhsc.edu**

LSUHSC-Shreveport 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.

Trinity Health Of New England—the region's largest nonprofit health system—seeks dedicated physicians to join our expanding teams in Hartford and Waterbury, Connecticut and in Springfield, Massachusetts.

This is an excellent opportunity to be part of a multi-location, integrated health system. We continue to expand and broaden our specialized services and have exciting opportunities at prestigious facilities throughout the Trinity Health Of New England family of hospitals.

We currently have opportunities in the following areas:

- Dermatology
- General Surgery
- Gastroenterology
- Neurology
- OBGYN
- Orthopedics
- Physical Medicine and Rehabilitation
- Primary Care

About Us

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

For additional information, please call Daniele Howe, Senior Physician and Advanced Practitioner Recruitment Specialist, Trinity Health Of New England, at 413-523-0824 today. Or email your CV and letter of interest to Daniele.Howe@sphs.com

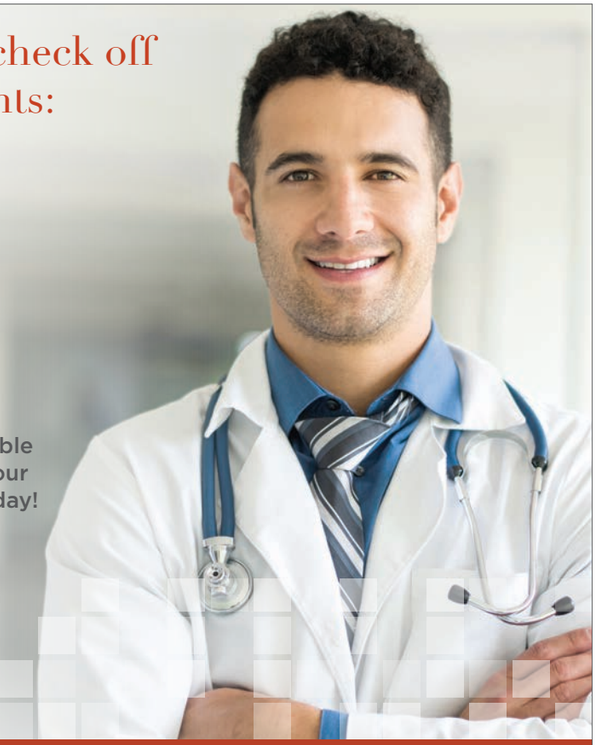
For Details:
www.jointrinityne.org/NEJM/Careers

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

Trinity Health Of New England

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

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



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

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

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

cejka search

cejkasearch.com | 800.296.2698 4 CityPlace Drive, Suite 300 | St. Louis, MO 63141

The Weather Is Beautiful. Wish You Were (Practicing) Here.

Life's too short to practice medicine just anywhere. An inviting career opportunity awaits you with BayCare Medical Group, part of BayCare Health System, a leading and dynamic multihospital Florida health care organization. BayCare Medical Group is offering opportunities in:

- Cardiology – heart failure
- Cardiology – interventional
- Cardiovascular surgery
- Dermatology
- Endovascular surgery
- Family and internal medicine
- Gastroenterology (EUS/ERCP)
- General surgery
- Hematology/oncology
- Hospitalist/nocturnist
- Infectious diseases
- Neurohospitalist
- Neurology
- Neurosurgery
- Neurosurgery w/endovascular
- Pediatric neurosurgery

To learn more about rewarding physician opportunities:
(813) 636-2009

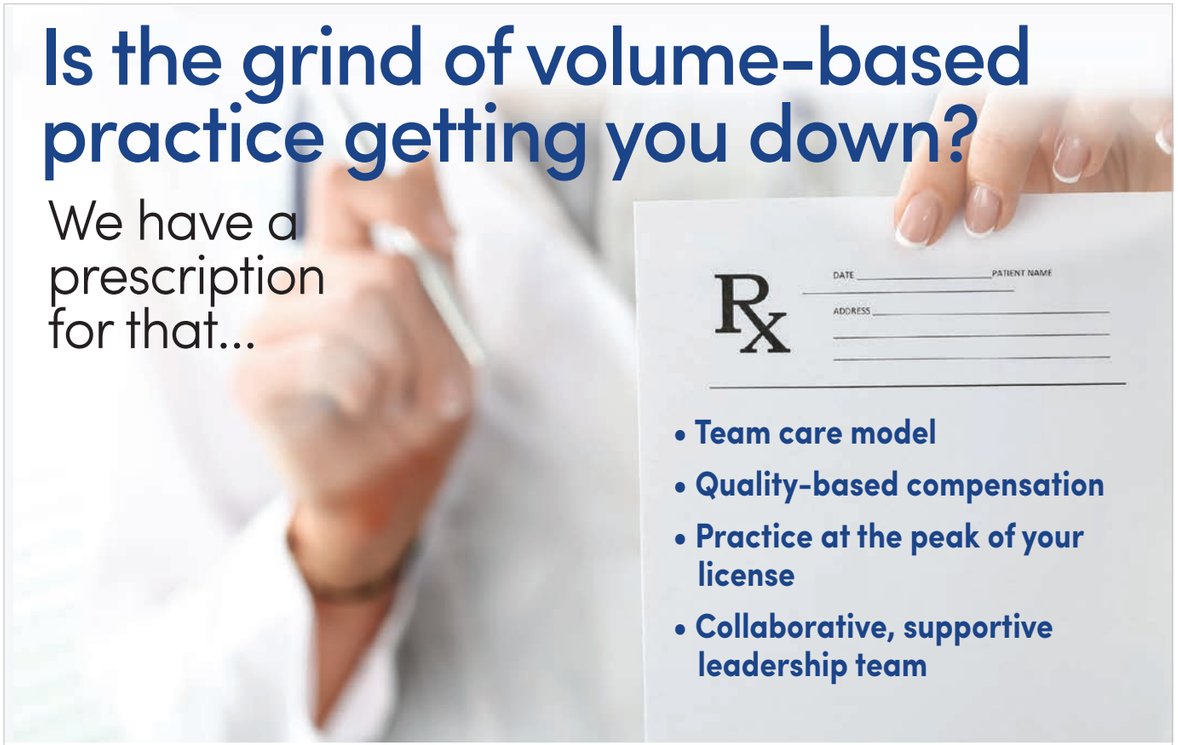
BayCare Medical Group

Email your CV to BMGProviderRecruitment@BayCare.org.

BC1609058-917

BMGPhysicians.org

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



- **Team care model**
- **Quality-based compensation**
- **Practice at the peak of your license**
- **Collaborative, supportive leadership team**

Reliant is an award-winning, multi-specialty, physician led organization that's truly dedicated to our patients and the providers who care for them. Our progressive team-care model allows each provider to thrive in a uniquely collegial environment.

If you share our passion for transforming how care is given, we'd love to hear from you. We currently have opportunities in the following areas:

- Dermatology
- Pulmonology/Critical Care
- Rheumatology
- Adult & Family Medicine
- Urgent Care
- Psychiatry
- Otolaryngology
- Geriatrics

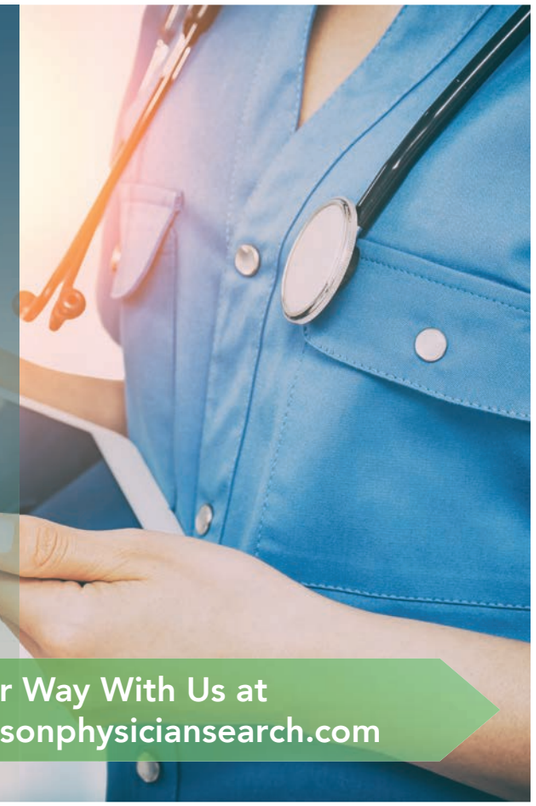
Learn more by visiting *practiceatreliant.org* or contacting **Emerson Moses**
emerson.moses@reliantmedicalgroup.org

RELIANT MEDICAL GROUP
Part of OptumCare®

Boston MetroWest/Central Massachusetts

Practice Opportunities Matched to Your Career (and Life) Style

Our experienced recruiters help you find your next practice opportunity while balancing your life needs and career needs.



JACKSON Physician Search

Find Your Way With Us at jobs.jacksonphysiciansearch.com

KAISER PERMANENTE®
The Permanente Medical Group, Inc.

PHYSICIAN OPPORTUNITIES IN A VARIETY OF SPECIALTIES
Openings in Northern & Central California

The Permanente Medical Group, Inc. is one of the largest medical groups in the nation with over 9,000 physicians, 22 medical centers, numerous clinics throughout Northern and Central California and a 70-year tradition of providing quality medical care.

WE OFFER:

- Mission driven, patient-centered care and one of the largest progressive medical groups in the nation!
- Technology-driven innovation
- Physician-led organization – career growth and leadership opportunities
- Multi-specialty collaboration and integration
- Opportunity to deliver culturally responsive and compassionate care to a diverse population

EXTRAORDINARY BENEFITS:

- Shareholder track
- Moving allowance and home loan assistance (approval required)
- Malpractice and tail insurance
- Three retirement plans, including pension
- Reimbursement of new CA medical license fees
- Paid holidays, sick leave, education leave (with generous stipend)

For more information about current openings, please forward your CV to MDRecruitment.tpmg@kp.org, call 800-777-4912 or visit http://physiciancareers-ncal.kp.org.

We are an EOE/AA/M/F/D/V Employer.
VEVRAA Federal Contractor

CONNECT WITH US:

U.S. FOOD & DRUG ADMINISTRATION

MEDICAL OFFICER (Multiple Positions)

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

If you specialize in Internal Medicine or any of the Internal Medicine subspecialties to include Hematology/Oncology, Family Medicine, Ophthalmology, Neurology, or Pediatrics, we are looking for you.

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

SALARY: Salary will be commensurate with education and experience. An excellent federal employee benefits package is available. Team lead or supervisory positions may be filled through this advertisement, and candidates may be subject to peer review prior to appointment. Additional selections may be made within the same geographical area FDA-wide.

LOCATION: Silver Spring, MD

HOW TO APPLY: Submit electronic resume or curriculum vitae (CV) and supporting documentation to **CBER.Employment@fda.hhs.gov.** Supporting documentation may include: educational transcripts, medical license, board certifications. Applications will be accepted through **January 31, 2019**, although applicants will be considered as resumes are received. Please reference Job Code: **OTAT-18-0012-NEJM**.

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

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

Memorial Sloan Kettering Cancer Center

Genitourinary Medical Oncologist

Division of Solid Tumor Oncology, Department of Medicine

Memorial Sloan Kettering Cancer Center (MSK) is one of the world's premier cancer centers, committed to exceptional patient care, leading-edge research, and superb educational programs. The blending of research with patient care is at the heart of everything we do. The institution is a comprehensive cancer center whose purposes are the treatment and control of cancer, the advancement of biomedical knowledge through laboratory and clinical research, and the training of scientists, physicians and other health care workers.

The Division of Solid Tumor Oncology is made up of over 120 medical oncologists in 10 subspecialty Services, including the Genitourinary Oncology Service, Breast Medicine, Early Drug Development, Gastrointestinal Oncology, Gynecologic Medical Oncology, Head and Neck Oncology, Clinical Cancer Genetics, Melanoma and Immunotherapeutics, Sarcoma and Thoracic Oncology practicing in multiple sites in New York City and regionally in New York and New Jersey.

We currently have positions available in the **Genitourinary Oncology Service** in the Division of Solid Tumor Oncology, Department of Medicine. We are seeing full-time faculty members for Academic Clinician and Clinical Investigator positions. For the Academic Clinician Positions, candidates should possess superb clinical skills as well as strong interpersonal skills. For Clinical Investigator positions, candidates should have superb clinical and interpersonal skills, an established and focused research agenda, and a track record of outstanding leadership in clinical research.

Interested and qualified applicants should send their CV, bibliography and brief statement of interests to rosenbj1@mskcc.org. Please specify the Position title in the email subject line and include your cover letter as the body of the email. MSKCC offers competitive salaries and benefits.

Memorial Sloan Kettering Cancer Center is an EO M/F/Disability/Vet Employer.

Conquering Cancer TOGETHER

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

We are currently seeking:

- **Laboratory Pathologist**
- **Radiation Oncologists**
- **Hematologist/Oncologists**
- **Urologist**

Competitive salary and benefits.

Applicants please email or send C.V. to:
Robert Nicoletti, Chief Human Resources Officer
Email: rnicoletti@nycancer.com
Fax: (631) 675-5066
New York Cancer and Blood Specialists
1500 Route 112, Building 4 – First Floor
Port Jefferson Station, NY 11776

An EOE m/f/d/v

NEW YORK CANCER & BLOOD SPECIALISTS
Conquering Cancer Together™

Location: Greater New York Metro area/Long Island

www.NYcancer.com

Physician-Led Medicine in Montana

Internal Medicine Residency Faculty

Billings Clinic

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

Stipend & generous loan repayment

- Region's tertiary referral center
- Flexible practice styles
- Consensus-based teamwork
- Academic mentoring
- Grant funded for rural care innovations
- Competitive Medical Student Clerkships
- "Top 10 Fittest Cities in America 2017" – *Fitbit*
- "America's Best Town of 2016" Outside Magazine

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

100 Great Hospitals in America 2017

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

Where work and life balance.

At UCHealth, we coined the phrase, "Work hard. Play hard." Here, we provide personalized care at the highest level, offering some of the most innovative procedures, advanced treatments and medical technologies in the nation. Then, life seamlessly transitions from work to play in the Rocky Mountain region.

Explore new opportunities:
joinuchealth.org
physician.careers@uchealth.org

uchealth

You have a gift that connects with patients.

PRESENCE

Providers like you possess it — the ability to engage with patients, to truly listen and understand them, not just their illness or condition. Presence is exceptional care that delivers exceptional outcomes, and we practice it every day. Come join more than 24 hospitals, 10,000 providers and 40,000 professionals in four states, backed by the latest technologies and research. All dedicated to advancing medicine, person to person.

SSMHealth

JoinSSMHealth.com

BWH BRIGHAM AND WOMEN'S HOSPITAL | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

BRIGHAM AND WOMEN'S HOSPITAL
ACADEMIC CYTO/SURGICAL PATHOLOGIST

The Department of Pathology at Brigham and Women's Hospital, a teaching affiliate of Harvard Medical School, is seeking an academically oriented, Board certified faculty pathologist with appropriate training, experience and established skills in both cytopathology and surgical pathology, basic and translational research and multidisciplinary investigation. The relative distribution of clinical service/patient care responsibilities (mixed or pure subspecialty) between cytopathology, general surg path or a specific subspecialty will be tailored to the successful applicant's experience and career goals. The successful candidate will likely be appointed as Associate Director of Cytopathology. Expertise in head and neck pathology could be an advantage but is not a requirement. The Department is staffed by more than 120 faculty and more than 55 residents and clinical fellows in anatomic and clinical pathology in a predominantly subspecialty-oriented model. The Anatomic Pathology services collectively handle over 85,000 surgicals, 45,000 cytology specimens and 10,000 cytogenetics samples annually. The environment provides substantial opportunities for clinical/translational research as well as collaborations with investigators in multiple Harvard-affiliated institutions, including the Dana Farber Cancer Institute, wherein there are busy multidisciplinary oncology programs. Applicants should be committed to excellent patient care, as well as research, scholarship, and effective teaching. Academic rank at Instructor, Assistant or Associate Professor and salary will be commensurate with experience and accomplishments.

Please send curriculum vitae and names and addresses of three references to:

Christopher D.M. Fletcher, M.D., FRCPath
Vice Chair for Anatomic Pathology
Department of Pathology, Brigham and Women's Hospital
75 Francis Street, Boston, MA 02115
cfletcher@bwh.harvard.edu

We are 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, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.

CHA Cambridge Health Alliance AFFILIATED WITH

Beth Israel Deaconess Medical Center | Mount Auburn Hospital | Harvard Medical School Teaching Hospital | Harvard Dental School | Harvard T.H. Chan School of Public Health | Tufts University School of Medicine

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

We are currently recruiting for the following departments and positions:

- **Psychiatry/Psychology**
  Adult & Child/Adolescent Divisions
  Inpatient & Outpatient
- **Primary Care**
  Internal Medicine
  Family Medicine
  Med/Peds
  Pediatrics
- **Physician Assistants**
  Surgery
  Physiatry
  Orthopedics
  Gastroenterology
- **Hospitalist/Nocturnist**
- **Nocturnist w/ Critical Care**
- **Non-invasive Cardiology**
- **Medical Retina Specialist**
- **Obstetrics/Gynecolgy**
- **Neurology**
- **Vascular Surgery**
- **Dentistry**
  Residency Program/Clinical Director
- **General Surgery**

To apply please visit www.CHAProviders.org or submit CV via email to Lauren Anastasia, Manager, CHA Provider Recruitment - Lanastasia@challiance.org.
CHA Provider Recruitment - Tel: 617-665-3555/Fax: 617-665-3553
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.

PHYSICIAN JOB OPENINGS FOR BRAND-NEW INPATIENT UNITS IN ADULT, CHILD, AND GERIATRIC PSYCHIATRY

The Department of Psychiatry at North Shore Medical Center (NSMC), in affiliation with Massachusetts General Hospital (Mass General), has outstanding opportunities for **full-time or part-time BC/BE psychiatrists** to work in a new, state-of-the-art, 120-bed psychiatric inpatient facility on the NSMC campus in Salem, MA. The facility, opening in the fall of 2019, will feature two adult units, one child and adolescent unit, and one geriatric unit. A full range of behavioral health services will be provided, including substance use disorder treatment and dementia care.

Qualified candidates will receive a clinical appointment at both NSMC and Mass General, offering interested candidates an ideal opportunity for education and research engagement and broader collaboration. The Department of Psychiatry at Mass General is consistently ranked among the best in the nation by U.S. News and World Report and works with NSMC as a community partner. There are multiple opportunities for teaching on-site, as well as robust educational and research opportunities at Mass General and Harvard Medical School for the appropriate interested candidate.

There is no call required, but evening and weekend call are available for significant additional compensation. Each unit will include social workers and an NP or PA to support physicians, optimize workflow, and improve patient care.

Salem is located on the North Shore of Massachusetts, only 15 miles north of Boston. This region features all the advantages of proximity to a wonderful metropolitan area.

North Shore Medical Center is an affirmative action/equal opportunity employer. Minorities and women are strongly encouraged to apply. Pre-employment drug screening is required.

Interested individuals should send their CV and letter of interest to Louis Caligiuri, Director of Physician Services at lcaligiuri@partners.org. www.joinnspg.org/Psychiatry/JoinUs

NSMC NORTH SHORE MEDICAL CENTER

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

Weill Cornell Medicine
Cardiology

Cardiology Positions

The Division of Cardiology at Weill Cornell Medicine of Cornell University is currently seeking highly qualified non-invasive cardiologists to join our division for full-time faculty positions. Weill Cornell Cardiology is located in New York City, is part of the New York-Presbyterian Hospital healthcare delivery system and is ranked #4 in the U.S. for cardiac care.

Current physician opportunities available are:

Academic Echocardiographer – Seeking highly qualified applicants with clinical expertise in echocardiography and who have demonstrated an investigative track record and plan to secure independent funding. Please send CV to: **rbdevere@med.cornell.edu**

Clinical Cardiologist – Seeking highly qualified applicants for a full-time faculty position in clinical cardiology. An interest in cardio-oncology or clinical cardiovascular genetics is also desirable. Please send CVs to: **pokin@med.cornell.edu**

Clinical Electrocardiographer – Seeking highly qualified applicants for a full-time faculty position in clinical cardiology with an emphasis on electrocardiography. Opportunity for clinical research for qualified candidates. Please send CVs to: **pokin@med.cornell.edu**

Clinical Cardiologist – Seeking highly qualified applicants for a full-time faculty position in clinical cardiology and noninvasive imaging (including echocardiography, vascular imaging and nuclear cardiology) at Lower Manhattan Hospital. The hospital is a fully integrated extension of the Cornell Division of Cardiology and a campus site of New York Presbyterian Hospital. Please send CV to: **pokin@med.cornell.edu**

Weill Cornell Medicine is an employer and educator recognized for valuing AA/EOE/M/F/Protected Veterans, and Individuals with Disabilities.

Academic Clinical Endocrinologists

The Division of Endocrinology at University of Pittsburgh Medical Center (UPMC) seeks full-time BC/BE Endocrinologists to join our premier, academic, high-volume outpatient and inpatient practices. Our nationally ranked Endocrinology program provides a diverse patient mix and substantial opportunity for academic and career growth. Successful candidates will have a strong foundation in endocrinology and diabetes and a desire to participate in all aspects of the academic mission (clinical care, education, and scholarly work). Candidates with an interest in telehealth are particularly desirable to help grow our expanding telehealth program.

Interested candidates should send a cover letter, curriculum vitae, and contact information for three references to:

Erin E. Kershaw, M.D.
Chief of Endocrinology
care of Chelsea Dempsey
(email: cad183@pitt.edu)

EEO/AA/M/F/Vets/Disabled

OVERTON BROOKS
VA MEDICAL CENTER
U.S. Department of Veterans Affairs
SHREVEPORT, LA

Overton Brooks VA Medical Center in Shreveport, LA is seeking full-time and/or part-time Board Eligible/Board Certified Staff Physicians in the following areas:

- ✭ Anesthesiology
- ✭ Anesthesiology/Pain Management Physician
- ✭ Supervisory Interventional Cardiologist (Section Chief)
- ✭ Interventional Cardiologist
- ✭ Supervisory Gastroenterologist (Section Chief)
- ✭ Gastroenterology
- ✭ Internal Medicine – Hospitalist
- ✭ Ophthalmology (Surgical)
- ✭ Otolaryngology (part-time)
- ✭ Orthopedic Surgeon
- ✭ Palliative Care
- ✭ Physiatry – Physical Medicine & Rehabilitation
- ✭ Psychiatry
- ✭ Primary Care (vacancies located in Shreveport, LA, Monroe, LA and Longview, TX)
- ✭ Primary Care Medical Director (Monroe, LA)
- ✭ Pulmonary/Critical Care
- ✭ Rheumatology
- ✭ Urology
- ✭ Vascular/Thoracic Surgeon

Candidates must be U.S. /Naturalized Citizen and possess a valid & unrestricted license in any state. Some positions may require a faculty appointment at the affiliated LSU Health Sciences Center. Duties include clinical practice (inpatient/outpatient), and/or supervision of fellows/residents/medical students (except for ER). Interested applicants should e-mail a CV w/cover letter to Human Resources Management Service mail group at:

VHASHRHRRECRUITMENTANDPLACEMENT@va.gov

Equal Opportunity Employer

Physician Careers in New England

Foundation Medical Partners is a dynamic, provider-led, multi-specialty medical group with more than 70 practices in southern NH. Our leadership model cultivates high-satisfaction through an innovative and collaborative approach to shared decision making.

Why Foundation Medical Partners?

- 4-season living, close to Boston, the seacoast and mountains
- No state sales or income tax
- Competitive compensation
- Work-life balance
- Growth and leadership opportunities
- Part of a thriving health system

Learn more at: **snhproviders.org**

southern new hampshire health
Foundation **Medical** Partners
BEST 2018 COMPANIES TO WORK FOR BUSINESSNH

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

CHA Cambridge Health Alliance
AFFILIATED WITH
Beth Israel Deaconess Medical Center · Mass General Hospital for Children · Harvard Medical School Teaching Hospital · Harvard School of Dental Medicine · Harvard T.H. Chan School of Public Health · Tufts School of Medicine

Cambridge Health Alliance – Cambridge, MA
Family Medicine Opportunities

Cambridge Health Alliance (CHA), a Harvard Medical School and Tufts University School of Medicine teaching affiliate, is an award winning, academic public healthcare system receiving national recognition for innovation and community excellence. Our system includes three campuses as well as an established network of primary and specialty practices in Cambridge, Somerville and Boston's metro-north area. We proudly serve the ethnically and socio-economically diverse patient population within our communities.

CHA is currently expanding our primary care services and we are seeking Family Medicine Physicians for our various neighborhood health centers. Our neighborhood health centers are NCQA certified level 3 Medical Homes, and CHA is a national leader in primary care innovation.

CHA physicians enjoy a collegial, vibrant and dynamic environment and great work/life balance. We have opportunities for teaching, and academic appointments are available commensurate with medical school criteria.

CHA's strong infrastructure includes fully integrated EMR (Epic) and clinical and administrative supports for primary care providers including onsite lab services, radiology, pharmacy, behavioral health, medical and surgical specialties, and more!

Ideal candidates will possess excellent clinical/communication skills and a strong commitment to and passion for our multicultural, underserved patient population.

Please visit www.CHAproviders.org to learn more and apply through our secure candidate portal. CVs may be sent directly to Lauren Anastasia, Manager, CHA Provider Recruitment via email at LAnastasia@challiance.org. CHA's Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax at (617) 665-3553.

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.

PS+D Provider Solutions + Development

psdrecruit.org

Your Clinical Career Navigator

Where does your career path go?

With 800+ provider career opportunities at some of the nation's top not-for-profit health systems, we can navigate you to the perfect practice for a lasting career.

+ Find your perfect practice at psdrecruit.org

Representing not-for-profit health systems across the nation, including: PROVIDENCE Health & Services · St. Joseph Health · SWEDISH · pacific medical centers · KADLEC · AND MANY OTHERS

Cleveland Clinic

Vascular Medicine Fellowship

Cleveland Clinic is accepting applications for 1-year clinical fellowship beginning **July 2019**. Applications accepted thru **Dec. 15th, 2018**.

Structured program directed at internal medicine graduates and cardiology fellow graduates with interest in acquiring expertise training in the non-invasive diagnosis and treatment of peripheral arterial disease, arterial and venous thrombosis, hyper-coagulable states, venous insufficiency, varicose veins, lymphatic diseases, and vascular wound care. We have an active noninvasive vascular laboratory with ample opportunities for clinical research.

Fellows are eligible to sit for the American Board of Vascular Medicine and Registered Physician in Vascular Interpretation exams upon graduation.

Submit CV, three letters of recommendation, including one from the Program Director or supervising physician, and personal statement to:

Dr. Marcelo Gomes
Cleveland Clinic
9500 Euclid Avenue (J3-5)
Cleveland, OH 44195
or contact **Millie Cuevas, (216) 636-6932**
or **cuevasm@ccf.org**

Atrius Health

Dedham Medical Associates, Granite Medical Group,
Harvard Vanguard Medical Associates, and VNA Care Network & Hospice
PMG Associates after Harvard Vanguard Medical Associates

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

At Atrius Health we are working together to develop and share best practices to coordinate and improve the care delivered in our communities throughout eastern Massachusetts. We are a teaching affiliate of **Harvard Medical School/ Tufts University School of Medicine** and offer both **teaching and research opportunities**.

Our physicians enjoy close clinical relationships, superior staffing resources, minimal call, a fully integrated EMR (Epic), excellent salaries and an exceptional benefits package.

We have openings in the following specialties:

⊠ Chief of Urgent Care ⊠ Medical Director – Primary Care
⊠ Primary Care - Internal Medicine/Family Medicine (outpatient only)
⊠ Adult and Pediatric Weekend Urgent Care ⊠ OB/GYN
⊠ Adult and Child Psychiatry ⊠ Nephrology

Visit our website at **www.atriushealth.org**

or send confidential CV *to*:

Brenda Reed
275 Grove Street, Suite 3-300
Newton, MA 02466-2275
E-*mail*: **Brenda_Reed@atriushealth.org**

Cardiovascular Institute of the South

Interventional Cardiologists - Cardiovascular Institute of the South (CIS) is currently seeking BC/BE Interventional Cardiologists

1. Peripheral Vascular Interventional Fellowship with Dr. Craig Walker in Houma, LA. Interventional Fellows will work with the country's leading peripheral inter-ventionalist in this one year program designed for the interventional cardiologist who have an interest in PAD diagnosis and interventions. We have modern cath labs and excellent hospital relationships.
2. Join 9 established cardiologists to fill growing needs and a rapidly expanding practice in Meridian, MS. Excellent location, with easy access to international airports and driving distance to New Orleans entertainment, Birmingham shopping, and Florida's beautiful beaches.
3. Join 15 established cardiologists in our expanding cardiology practice in Lafayette, LA. Lafayette serves as a hub; located in the center of eight parishes and continues to expand its advanced medical services with state-of-the-art facilities.

CIS is a physician owned, well-established, growing practice founded in 1983 and is one of the nation's most respected groups of cardiologists, representing nearly every specialty in heart and vascular medicine. CIS and its staff of over 700 dedicated team members, 55 physicians and 45 nurse practitioners bringing comprehensive cardiovascular care close to home by serving patients in 16 locations in Louisiana and Mississippi. Surround yourself with highly-trained physicians and nurse practitioners, skilled nurses and tech-nologists, and a supportive, expert management team.

- Great income potential with exceptional benefits
- Partnership opportunities.
- Excellent hospital relationships
- Balanced workloads with clinical support
- State-of-the-art cath labs and leading edge technology
- Opportunities to participate in tele-cardiology, device and pharmaceutical research trials.

Visit website
http://www.cardio.com/for-physicians/physician-recruitment
***Email CV to* michelle.wimberly@cardio.com**

New York City Internal Medicine

Patient load 8-12 patients in 8 hours

No 'quality' or 'productivity' measures, no RVU's, no meaningful use or any other such artificial practice management tools.

JIB Medical, PC is the medical facility for a large, non-profit, self-funded union/multi-employer benefit plan that handles around 50,000 visits yearly for a variety of services. We are seeking several full-time physicians.

We know that the highest quality medicine requires a strong doctor-patient relationship and enough time to be a Good Doctor. We supply the support, time and ancillary help needed for that.

Our only measurement: giving every patient the very best care.

- Our work environment is relaxed, collegial, friendly, respectful of work-life balance and supportive
- Our leadership is academically based. We use a team approach valuing the contribution of every person on our staff. Being self-funded, we have no conflicts of interest and freedom to apply our own standards
- Our unique CardioPrevention Program is among the best available
- We provide the opportunity to practice medicine as you would want

We offer a competitive base up to $200,000 plus over $10,000 in reimbursement of FICA taxes, and a comprehensive benefits package including 10% of your salary for our employer contribution to your 401K without matching; as well as free health, dental, life and vision insurance; paid holidays, vacation and CME, malpractice coverage and much else.

Located in Fresh Meadows, Queens, NY, minutes from Manhattan. We provide free on-site parking or accessible by public transportation.

We require current ABIM certification in Internal Medicine, NYS Medical License Registration, current D.E.A. Registration and demonstrated dedication to patient care, preferably with an academic background.

TO JOIN OUR TEAM, SUBMIT YOUR CV TO: JIBHR@jibei.com
JIB Medical is open Monday thru Saturday;
our physicians are required to work some Saturdays.

JIB Services LLC/JIB Medical P.C. is an Equal Opportunity Employer

Make your move to the Southwest

San Juan Regional Medical Center in Farmington, NM has exciting opportunities for providers.

- Cardiology – *Electrophysiology*
- Cardiology – *Invasive Interventional*
- Endocrinology
- Family Medicine
- Gastroenterology
- Hospitalist
- Internal Medicine
- Neurology
- Neurosurgery
- Pediatrics
- Psychiatry
- Rheumatology
- Urgent Care

SAN JUAN REGIONAL MEDICAL CENTER

Interested candidates should address their C.V. to:
Terri Smith | tsmith@sjrmc.net
888.282.6591 or 505.609.6011
sanjuanregional.com or
sjrmcdocs.com

Southern California

Recently trained BC/BE IM sought for a unique hospitalist-outpatient position with prestigious, private primary care group. Competitive salary leading to full partnership with outstanding Bonus Structure. Signing Bonus. Generous benefits package and lifestyle. Submit CV, Karen Don, M.D. at: **K_Don@edingermedicalgroup.com**

EDINGER MEDICAL GROUP

Edinger Medical Group (EMG) is a physician-owned private practice founded over 55 years ago with office and hospitalist care in Southern California. As a practice committed to offering the best medical care in the county, Edinger has been consecutively named Platinum Award winner by the State of California for patient care, as well as, Top Medical Group by *Consumer Reports* and the Integrated Healthcare Association. Additionally, EMG has been named #1 Medical Group by the *Orange County Register*. Affiliated with the best hospitals, such as Orange Coast Memorial Medical Center and Hoag Hospital, Edinger is dedicated to remaining a leading name in the industry.

Edinger's community also boasts some of the best schools in the state and is nationally recognized as a great place to raise a family. EMG is a prime opportunity for an exceptional candidate seeking to join a dynamic medical group known for its exceptional patient care, unmatched employee satisfaction, and unsurpassed locale.

Benefits include:

- Four day work week and six weeks of vacation yearly
- 1:10 weekend shared rotation call
- Competitive salary leading to full partnership with outstanding bonus structure
  *historically exceeding the 95th percentile in income relative to other internists locally and nationally
- Relocation bonus

MICHAEL E. DEBAKEY VETERANS AFFAIRS MEDICAL CENTER | IQUEST | Baylor College of Medicine

Deputy Director
Health Services and Outcomes Research

The Center for Innovations in Quality, Effectiveness and Safety (IQuESt), a combined Baylor College of Medicine and VA HSR&D Center, is seeking a highly qualified, academically successful leader for the position of **Deputy Director**. IQuESt is a nationally-renowned multidisciplinary health services research and health policy program with an extensive portfolio of more than 100 research projects, 41 core investigators, a budget of over $17 million, and a training program for both MD and PhD postdoctoral researchers. More details about IQuESt can be found at:

http://www.houston.hsrd.research.va.gov

The Deputy Director is expected to provide leadership in two major areas:

1. Carry out independent, high quality, nationally funded research program in health services research and health policy, preferably within our mission and goals.
2. Provide administrative and research leadership that promotes the careers of young investigators and fosters the career promotion and satisfaction of mid- and senior-level researchers.

Required Qualifications:

- Must be a U.S. citizen
- M.D. or Ph.D.
- Background and experience in health services research
- Excellent interpersonal and communication skills and ability to work in an interdisciplinary environment

Please forward CV and letter of interest in confidence to:

Laura A. Petersen, MD, MPH, FACP
Director, IQuESt
Michael E. DeBakey VA Medical Center,
HSR&D (152)
2002 Holcombe Blvd., Houston, TX 77030

Applications will be reviewed as received and will be accepted until the position is filled.

Sarasota Personal Medicine-Concierge Medicine

Primary care evolved. Practice medicine the way you intended.

Sarasota Personal Medicine is seeking an experienced board certified Internist with exceptional clinical skills. This is an excellent career opportunity to join a successful established practice. Ideal for a physician looking to provide the highest quality of care while making a meaningful impact in patients' lives.

- **No restraints with commercial insurance or Medicare**
- **Smaller patient panel**
- **Extended patient visit times**
- **More focus on Wellness and Proactive care**

Sarasota is a coastal cosmopolitan city located on the West Coast of Florida with beautiful beaches and an abundance of cultural amenities, a very sought after location to raise a family or to retire. Sarasota attracts a sophisticated and highly educated population with many residents that prioritize their healthcare and are willing to pay a premium to access personalized healthcare from a reputable physician.

Competitive compensation package with salary, incentive bonus structure and benefits package. Interested candidates please submit CV & letter of interest to **srqmed@gmail.com**.

Required Certification or Experience:

- Board certification in Internal Medicine.
- Subspecialty fellowship training in pulmonary/critical care, nephrology or geriatrics is welcomed.
- Preference is for a candidate with greater than 2 years experience, although final year residents and fellows with outstanding training will be considered.

SARASOTA PERSONAL MEDICINE

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

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

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

Intermountain® Healthcare
physicianrecruit@imail.org | 800.888.3134
PhysicianJobsIntermountain.org

How do I approach working locum tenens?

How can I find the best assignment for me?

Who will pay for my malpractice?

Who can guide me through the process?

Who provides the best support?

The answer:
Weatherby Healthcare.

Weatherby HEALTHCARE™

weatherbyhealthcare.com

KINDNESS
AT WORK.

What you do at Geisinger shapes the future of health and improves lives – for our patients, communities, and you. Our commitment to leading healthcare change runs deep. We use iOS technology to engage and empower our patients to take charge of their health. Innovative tools like MyChart Bedside keep our physicians better connected and patients more engaged – and allow you to work in a totally different, more impactful way. If you are ready to make the impact on health care that you were meant to, then explore our career opportunities.

To learn more, contact us at geisingercareers@geisinger.edu.

Geisinger | *The future of health is in you.*
geisinger.org/careers

AA/EOE: disability/vet