INSIDE

Career: Outside the Fold: Exploring Nonclinical Work Opportunities for Physicians. Pg. 1

Career: Identifying a Cultural Fit in Physician Job Opportunities. Pg. 9

Clinical: Hormone Therapy for Postmenopausal Women, as published in the New England Journal of Medicine. Pg. 16

The latest physician jobs brought to you by the NEJM CareerCenter
Dear Physician:

As a primary care physician about to enter the workforce or in your first few years of practice, you may be assessing what kind of practice will ultimately be best for you. The New England Journal of Medicine (NEJM. org) is the leading source of information for job openings for physicians in the United States. To further aid in your career advancement we’ve also included a couple of recent selections from our Career Resources section. The NEJM CareerCenter website (NEJMCareerCenter.org) continues to receive positive feedback from physicians. Because the site was designed based on advice from your colleagues, many physicians are comfortable using it for their job searches and welcome the confidence it brings that keep personal information and job searches private.

At NEJM CareerCenter, you will find the following:

• Hundreds of quality, current openings — not jobs that were filled months ago
• Email alerts that automatically notify you about new opportunities
• Sophisticated search capabilities to help you pinpoint the jobs matching your search criteria
• A comprehensive Resource Center with career-focused articles and job-seeking tips
• An iPhone app that sends automatic notifications when there is a new job that matches your job search criteria

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

We’ve included a reprint of the January 30, 2020, article, “Clinical Practice: Hormone Therapy for Postmenopausal Women.” Our popular Clinical Practice articles offer evidence-based reviews of topics relevant to practicing physicians. We also have audio versions of Clinical Practice articles. These are available at our website or at the iTunes store and save you time, because you can listen to the full article while at your desk, driving, or working out.

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

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

Sincerely,

Eric J. Rubin, MD, PhD

March 19, 2020

Outside the Fold: Exploring Nonclinical Work Opportunities for Physicians

By Bonnie Darves

Most physicians go into medicine fully expecting to spend their careers in patient care, and the vast majority do just that for three decades or so. Some physicians, however, might decide that they want to expand or alter their horizons — or even leave clinical practice altogether — by pursuing other types of work. Twenty years ago, it might have been difficult to make a major transition from patient care to nonclinical work. That’s not the case anymore. Within the health care realm generally, there are many kinds of nonclinical work available, and much of that work can be done on either a part-time or full-time basis.

Residency-trained physicians, particularly those who have spent at least three to five years in patient care, find many nonclinical avenues where their skills and experience might yield gratifying work. Common areas where such jobs are plentiful include pharmaceutical drug development and consulting, medical technology and informatics, health insurance and utilization management, and within regulatory agencies. Public health, education, and hospital leadership also offer numerous nonclinical opportunities, as do nonprofit organizations. In addition, “side gigs” abound in chart review, expert witness work, and, of late, in biotechnology and the ever-growing health care business and technology startup sectors. Still others find gratifying, if not necessarily highly compensated, work in medical writing.

The reasons that physicians choose to explore nonclinical work are myriad, but the key ones are a desire to seek new challenges or the awakening that full-time patient care isn’t the best fit. In some cases, physicians pursue nonclinical work almost by happenstance, when they’re exposed to something in the course of their clinical practice or are trying to figure out their own next move.

That’s what happened for Heather Fork, MD, a dermatologist turned career coach. Although she liked dermatology, after a decade in the field she decided that she needed to find a different way to help people. That led her to become a master certified coach and start a coaching practice dedicated to physicians. Today, Dr. Fork operates The Doctor’s Crossing, a company that counsels physicians seeking to invigorate their careers or transition to nonclinical pursuits.

NEJMCareerCenter.org
Dr. Fork encourages physicians to explore new career options if they’re feeling stuck or less than gratified with patient care, but she cautions them to ensure they’re not just running away from something. “Before making any changes, I always recommend doing everything you can at your current position to make things better. Part of this process involves gaining clarity on what is and isn’t working,” she said. For some physicians, she explained, that process leads them to the realization that if they can work fewer hours and have more flexibility, their current job is actually okay. For others, who might be in a toxic environment, the solution might be finding a better practice setting. “A thorough self-assessment might also reveal that medicine was never the right fit to begin with, and that a new path is in order. Taking on new challenges and interests, either in medicine or outside medicine as a sideline or hobby, can help feed the mind and spirit,” she said.

Following interests to find nonclinical opportunities

Yasmine S. Ali, MD, a cardiologist at Vanderbilt University in Tennessee, was struggling with her decade-old career when she decided to shake it up by parlaying two of her longest interests — writing and preventive medicine — into two new ventures. Today, as president of LastSky Writing, LLC, Dr. Ali works with individuals and companies seeking medical consulting and writing services across a broad range of health and wellness areas. She also helps physicians launch their own writing careers, and now operates a preventive medicine practice. “In my cardiology practice, I felt like I was doing a lot of damage control, so I decided to pursue my interest in preventive medicine by starting my own practice and writing about health and wellness,” said Dr. Ali.

Today, Dr. Ali serves as chief editor of the atherosclerosis and congenital heart disease sections at Medscape. She also writes for pharmaceutical and nutrition companies, and she writes and speaks frequently on wellness and disease risk prevention. “It took me a long time to realize that I could help patients in other ways,” she said. “I’ve discovered the power of writing to expand my impact, and it’s been very gratifying.”

Nisha Mehta, MD, a radiologist in Charlotte, North Carolina, like Dr. Ali, turned the concept of exploring nonclinical opportunities into her own business. She founded and operates a Facebook forum called Physician Side Gigs, a three-year-old venture that now has 38,500 physician members.

“It’s a very active forum. It draws physicians who want to learn about business or finance or are looking to shift direction to pursue nonclinical opportunities or something they’re passionate about. Some simply want to supplement their income or pay off their loans faster,” said Dr. Mehta, by exploring opportunities in real estate or investing, for example. “What our group says, I think, is that it’s OK not to want to be a traditional doctor. We try to connect physicians to opportunities, regardless of whether they’re related to the physician market.” Overall, the forum has evolved as a vibrant networking forum, she adds, that connects physicians from across the specialties.

In Dr. Mehta’s case, Physician Side Gigs provides a revenue stream from public speaking and other activities associated with the forum. She practices full time at the VA. “For me personally, I think that my Sides Gigs venture is actually promoting my career longevity. It has enabled me to pursue something fulfilling in a different way,” she said.

Straddling clinical and nonclinical realms

Hodon Mohamed, MD, a Michigan obstetrician-gynecologist, also moves between clinical and nonclinical work. She still practices two shifts a week as an OB/GYN hospitalist but has pursued a handful of sidelines in recent years, as a medical director, in utilization management, and as a career coach for physicians. “I enjoy my specialty, but I was definitely feeling the burn from the system,” she says. “I wanted to try something new.”

Dr. Mohamed has enjoyed all her side gigs but finds the coaching — she focuses on physicians in transition — especially rewarding. “I have found that as physicians, we don’t really talk to each other about the issues we experience in our lives. That’s why I really enjoy helping physicians find their passions beyond medicine, whether they stay in clinical practice or not,” she said.

Some physicians decide to make the transition to nonclinical in a relatively rapid fashion. Ophthalmologist Frances Cosgrove, MD, did that when she moved from clinical practice to the pharmaceutical sector about a year ago. Today, she is a clinical case manager and medical reviewer in the Global Patient Safety division for Eli Lilly and Company in Indiana. As she tells it, she had reached a juncture in her medical career, after nearly a decade in practice, where she wasn’t sure she wanted to spend another 20 years doing essentially the same thing. She started out by doing contract work in the pharmaceutical field and found she liked it, then took the job at Eli Lilly.
The focus of her work now is looking at side effects and adverse events that might be associated with drugs that are either in development or already on the market, performing pharmacovigilance. It’s been a good move, even if it required substantial adjustment. “It’s been a while since I learned a whole new culture — one that’s very different than the one I knew. And I’ve enjoyed it,” she said. “I’ve been very impressed, too, by all the continuous learning opportunities in the industry.” She also appreciates the fact that it’s a Monday–Friday job. “No more nights and weekends,” she said.

Physicians who move into nonclinical work often do so for a combination of personal and professional reasons. Family medicine physician Lisa Ho, MD, was looking for more flexibility in her work life — she has four children — than a breakneck-paced practice would permit, without losing a connection to patients. She found it in a mixed portfolio of part-time jobs, as a Social Security disability consultant, nursing home reviewer, and Medicaid utilization management specialist. “I still get the chance to work as a doctor, but I’m not tied to an 8–5 — or sometimes 8–10! — job, and I get to work from home. The jobs are flexible, and I can choose my hours and the amount of work I do,” Dr. Ho said. “What I like best is that what I do is necessary, because I think we all realize that resource utilization is important.”

Gauging income potential in nonclinical work

Dr. Ho has also found that nonclinical work does not, as a rule, pay less than clinical work. “I think a lot of physicians think that they’ll take a pay cut, but that’s not necessarily the case,” she said. Other sources interviewed for this article concurred. What physicians will — or potentially can — earn in nonclinical work depends on several factors. These range from their time in practice, to their specialty, to their skills sets and their ability to wax entrepreneurial when the opportunity arises.

Some nonclinical jobs’ compensation is on par with a physician’s salary, Dr. Fork reported, while other jobs may be lower earning and still others, significantly higher. For example, entry-level jobs in health insurance, utilization management, the pharmaceutical industry, and physician-advising pay between $160,000 and $300,000, but there can be considerable upside income potential as physicians advance, Dr. Fork and other sources said.

Further, physicians who obtain business, health administration, or clinical informatics degrees are likely to find themselves in high demand and with the potential to command very good salaries. Those in highly compensated specialties such as surgery, however, might need to prepare for a drop in income, Dr. Fork said.

Testing the nonclinical waters, over time

Following personal and professional interests where they lead, in an incremental fashion, is a prudent way to find a new career path, some physicians contend. That’s how a long-term journey from patient care-focused practice to clinical informatics evolved for pediatrician Feliciano “Pele” Yu, MD, chief medical information officer at Arkansas Children’s Hospital in Little Rock. He began his transition nearly two decades ago, when he became interested in computers, learned to code, and developed a “miniature” electronic medical record (EMR) for his practice. Over the ensuing years, while still practicing pediatrics, he did a fellowship in health services research via a National Institutes of Health award and picked up degrees in public health and health informatics.

Today, Dr. Yu works in a full-time administrative role in which he focuses on the intersection of health informatics, outcomes research, and quality of care. Although he misses direct patient care, in his view he is still involved by extension. “I truly feel that I am still taking care of patients, but in a different way now,” he said, “and it’s an exciting time for clinical informatics.” From an informal sideline that once attracted a handful of “geeky” physicians, clinical informatics is now an American Board of Medical Examiners-designated specialty, and there are 33 ACGME-accredited programs.

For physicians who are interested in informatics but don’t want, or aren’t ready to leave their practice positions, there are avenues, paid and volunteer, to explore the field part time, Dr. Yu said. Health care organizations of all sizes are seeking physicians who can act as subject-matter experts (SMEs) to help them optimize their existing EMRs and information systems to improve quality and extract useful data. He also recommends attending informatics conferences (or devoted presentations or tracks at specialty conferences). In addition, medical software and information systems vendors are often looking for physicians to act as SMEs or consult on their products.

“There are plenty of opportunities for physicians to pursue their interests or check out the field,” Dr. Yu said. He added that physicians working in informatics full time are also happy to connect with young physicians.
Like Dr. Yu, Jeffrey Grice, MD, also took the long road to his nonclinical career. As medical director for member experience and branding for Kaiser Permanente in Washington, the Seattle-based obstetrician-gynecologist has held numerous leadership roles over the years. He helped build a women’s cancer department, served as department chair and later chief of medicine, and then, in 2015, took a senior role in corporate human resources and compliance in Kaiser’s California headquarters before taking his current position. He reluctantly stepped away from part-time clinical practice because it just wasn’t feasible to continue, but Dr. Grice finds that his current work still provides the satisfaction that he is helping patients.

“In a typical week, I’ll bounce from working with the marketing and branding team, to analyzing data on our performance, to spending time with a patient who experienced a complication of surgery and didn’t feel supported enough,” Dr. Grice said. He urges young physicians to try something new every seven to 10 years, to challenge themselves intellectually and keep their professional lives fresh. He also counsels physicians to rejuvenate themselves by looking first for opportunities around them, whether that is working on a committee that interests them, engaging in quality improvement, doing peer review, or taking leadership courses. “It’s helpful to start by looking for an unmet need that interests you and taking it from there,” he said.

Be prepared for pushback

One issue that physicians contemplating nonclinical work face is concern about what their colleagues — especially their mentors — will think. That’s a valid consideration, but it shouldn’t deter physicians from seeking another path. The thing to keep in mind, Drs. Ali and Mohamed said, is that being true to yourself is a lot more important than reacting to what others say or think. That response, in most cases, will be fleeting, as most physicians are more focused on their own careers than those of a former residency or clinical colleague.

“At first, there was a reaction of surprise to what I was doing, and then the conversation began to go in a different direction. People started asking questions,” Dr. Ali said. “The thing to remember is that when people appear to question what you’re doing, it’s really more about their perceptions and opinions than it is about you.”

“There will be some backlash — but you’ll get over it,” Dr. Hodon said. “I think that will change, though. The younger generation of physicians is saying ‘this is my life, and I should do what I find gratifying.’” Physicians who enter leadership nonclinical roles, whether early or mid-career, might also face opposition from colleagues, whether that sentiment is uttered or not, Dr. Grice admitted. “Unfortunately, there’s still a bit of the us-versus-them mentality, that physicians who go into leadership in nonclinical roles have ‘gone to the dark side.’ You have to remember that the work you are doing still benefits patients, but in a different way,” he said.

Planning the transition

The physicians interviewed for this article offered a range of helpful tips for their colleagues who are considering moving into nonclinical work on a part-time or full-time basis. Here are a few:

Thoroughly explore your options — and your motivations. Dr. Fork recommends that physicians spend considerable time looking at what’s out there in the way of nonclinical work, by visiting social media sites (see Resources) and doing research. “It’s also very important to talk to someone who doesn’t have an agenda to help you sort out your thoughts and feelings,” Dr. Fork said. “A trusted colleague or mentor can be helpful. What’s not helpful is talking with physicians who are very negative about their situation but are unwilling to do anything about it.”

Start networking and keep doing it. Physicians tend to underestimate both the importance and value of networking when they’re considering any kind of shift, Dr. Cosgrove said, but it’s critically important. “I think many physicians are concerned about saying out loud that they want to make a change, but every time I reached out and heard someone’s story or sought their counsel, it made me feel a bit better about what I was considering,” she said.

Don’t quit your day job — yet — and don’t expect greener pastures. Physicians considering leaving clinical medicine altogether should plan on a minimum two-year transition timeframe, according to Dr. Hodon. They should also be prepared to invest in themselves by gaining skills during that period and finding people in the envisioned pursuit to guide them. Dr. Fork adds that physicians should really ensure that they’re not running away. “Doing an honest self-assessment about what you truly want [from a] job and
what would be a good match for your personality, skills, and interests is a key part of avoiding career-change mistakes. You don’t want to end up in a remote nonclinical job that doesn’t interest you and where you’re tied to a computer,” she said.

**Resources**

Nonclinical careers podcast  
https://vitalpe.net/pnc-podcast

Physician Side Gigs  
www.facebook.com/groups/PhysicianSideGigs

The Doctor’s Crossing  
https://doctorscrossing.com

Nonclinical Job Hunters  
www.facebook.com/groups/NonclinicalJobHunters

---

**Identifying a Cultural Fit in Physician Job Opportunities**

**Self-assessment, up-front research, and ample time for interactions are key.**

By Bonnie Darves

Practicing medicine in an organization that has established a strong, positive culture can make all the difference in terms of physician satisfaction, studies and surveys have found, just as a toxic culture can create a miserable experience for all practice staff. In fact, a negative or unsupportive culture is consistently among the leading reasons physicians cite when they leave a job.

So, how can job-seeking physicians, particularly residents and fellows eyeing a first job, ensure that they’re not heading into a bad situation when they explore practice opportunities? It’s not always easy to spot a “problem practice,” but by doing some advance research and asking the right questions, physicians might be able to avoid this pitfall. This is not to suggest that undesirable culture is rampant among practices and physician organizations, but rather that young physicians generally aren’t proactive enough about looking into a practice’s culture before accepting opportunities, according to recruiters.

One of the first steps physicians should take when looking for a good cultural fit is to identify what’s important — or possibly even nonnegotiable — in the practice’s cultural environment. Ideally, this self-assessment should occur before starting the job search. Patrice Streicher, senior operations manager for Vista Staffing Solutions, recommends that physicians create a list of “absolute must-haves” and “would be nice to have” to guide their discussions with recruiters and, later, with the prospective employers’ hiring team. These categories, Ms. Streicher said, can be very helpful overall in evaluating practice opportunities and gauging potential cultural fit.

Ms. Streicher also stresses the importance of physicians being honest with themselves (and recruiters) about what they’ll need to practice successfully in any cultural environment. “Physicians should be realistic about their abilities, their competency level, and their confidence in their own autonomy. These answers will inform the degree of collegial support they’ll need in a new position,” she said.
Physicians who have identified their preferred practice location should start their culture research even before they start scheduling site interviews, advises Louis Caligiuri, director of physician services for North Shore Medical Center, in Peabody, Massachusetts. “It’s important to connect with other physicians in the area — physicians in your field in several practices and people you trained with, in addition prospective colleagues, if possible — to get a sense of the cultural environment in area practices,” Mr. Caligiuri said. “Those connections can be very meaningful and informative.”

Self-assessment key in determining cultural fit

In the early stages of a job search, physicians should also tap their recruiter’s expertise and experience to help identify a potentially positive match. And that means vetting the recruiter to determine how well she or he knows the opportunities under consideration, according to Michelle Baker, a recruitment director for Merritt Hawkins & Associates. “Once candidates do that, they should let the recruiter know their specific needs and concerns about cultural fit, and what their priorities are for themselves and their families,” she said.

A well-informed recruiter should be able to provide ready answers to the following: Why there’s an opening, when the other physicians joined the practice, and what the physician turnover rate is. Candidates should also ask about physician satisfaction scores and for a view of the “day or week in the life” of prospective physician colleagues (or the physicians who left). The responses to such questions are often good indicators of the organization’s culture, Ms. Baker said.

Brigitta Glick, founder and chief executive officer of the staffing firm Provenir Healthcare in San Antonio, Texas, advises physicians to get into the nitty-gritty with the recruiter about the working environment, which is often predictive of both culture and physician-satisfaction levels. “Physicians should ask about the makeup of the team and the logistics of the working environment,” she said. For example, physicians should find out if they would essentially be working “on an island” or with dedicated, accessible staff in close proximity. “You want to know if you’ll be essentially in a pod or on your own, and whether you’d be working with your own support staff rather than ‘borrowed’ extenders,” she said.

Ms. Baker reminds candidates that the organization’s scheduling practices and financial priorities might also be helpful cultural barometers. For example, if there’s a focus on schedule flexibility, structured hours, and minimal call, the opportunity will “fall on the quality-of-life end of the [culture] spectrum,” she said. Conversely, an opportunity that entails aggressive production goals and a more intensive schedule “reflects a more entrepreneurially, financially driven culture,” Ms. Baker said.

Finally, the recruiter can also play a vital “messenger” role in assessing cultural fit in the early job-search stages, according to Katie Cole, president of Harlequin Recruiting in Denver. “The recruiter can ask the uncomfortable questions of the prospective employer, and that won’t be held against the candidate personally,” said Ms. Cole, whose firm focuses on surgeon recruitment. “If there’s a specific aspect of culture that the physician wants to avoid, the recruiter can determine the related situation before an engagement or scheduling a site visit.”

Ms. Streicher adds a further recommendation regarding the tough questions: Don’t relegate such important discussions to informal electronic exchanges. “I advise against written discussions over email or via text messages,” she said. “Sensitive disclosure about cultural aspects or practice preferences should take place during a telephone conversation with a professional recruiter.” Such formal discussions, she added, also help the physician evaluate the recruiter’s credibility, working knowledge, and communication professionalism.

All recruiters interviewed for this article concurred that physicians tend to avoid asking the sensitive questions or delving into the organization’s culture, before they agree to site visits. The sources also agreed that relatively few young physicians, in their experience, ask very direct questions in the site-interview setting, about matters that would be key in ensuring a good cultural and professional fit.

“As for practice culture, for most physicians, a compatible atmosphere is understandably going to be based on their individual style, preferences, and value systems,” Ms. Streicher said, “so they should be very clear about what they’re seeking in those regards.”

When onsite, ask focused questions

Physicians who’ve done their due diligence before agreeing to a site interview should still be prepared to revisit the important questions with the interviewing team. The tone, tenor, and completeness of that interviewers’ responses will either validate what the candidate has already discovered or, possibly, raise new questions or concerns.
The best place to start, recruiters advise, is by focusing on the cultural “must haves” and potential concerns. For example, the surgeon who seeks adequate support staff in a collegial environment in which colleagues are available to pitch in as needed when call gets unmanageable should articulate that in a direct question. She might ask, Would I have dedicated clinical support staff, and if not, how is staffing arranged to ensure I have the support I need?

Likewise, the internist who wants to ensure that he’ll be able to attend his son’s Thursday afternoon soccer games regularly, as feasible, will have to pose a question whose response will indicate how family-friendly the culture is. An example might be the following: How does the practice accommodate physicians who want to schedule time away for family activities during the work week?

**When assessing culture, expect answers to challenging questions**

“The two things physicians should keep in mind are that no questions about culture are ’off limits’ and that good practices really want physicians to ask the challenging questions,” Ms. Glick said, because that’s an indication of how seriously they’re considering the opportunity. “Physicians should be prepared to show up as they are and be very clear about what they’re seeking and what they hope to avoid.” She offers the following as examples of questions whose responses provide insight into the practice culture:

- How are decisions made in the practice, and how are physicians involved in that process?
- What causes conflict here, and when that happens, how is conflict resolved?
- Who has the power to get things done in the practice?
- What do you celebrate here — and how do you celebrate?
- How does the organization support professional growth?

Ms. Glick said that even tangential questions, such as how much physician PTO (personal time off) is left on the table at the end of the year, can provide a good sense of culture and expectations, and how well the practice is structured to permit the promised time off.

The point, Ms. Baker said, is that candidates have to raise the issues that are important to them, from not only a professional standpoint but also a personal one. For example, she thinks it’s appropriate to ask questions about topics such as gender diversity and neutrality, and whether internal medical graduates are accepted by colleagues and patients. “Physicians should also ask about practice or hospital leaders — do they value physician input or is it our way or the highway?” she said.

When inquiring about the reason for the job opening and physician turnover, physicians should ask detailed questions and expect honest, detailed answers, Mr. Caligiuri said. “If the interviewers say that they don’t know the [turnover] data or aren’t candid about why there’s an opening, that’s not a good sign,” he said.

**Don’t skimp on social time with potential colleagues**

In preparing for the onsite interview, physicians should request time outside of the interview to meet with prospective colleagues, ideally outside the workday and the practice setting, Mr. Caligiuri suggests. “It’s best to schedule a dinner or lunch meeting offsite, when physicians won’t be running off to see the next patient,” he said.

Don’t skimp on social time with potential colleagues. In preparing for the onsite interview, physicians should request time outside of the interview to meet with prospective colleagues, ideally outside the workday and the practice setting, Mr. Caligiuri suggests. “It’s best to schedule a dinner or lunch meeting offsite, when physicians won’t be running off to see the next patient,” he said.

Job-seeking physicians often don’t set aside enough time for such interactions, as important as those encounters are, according to Ms. Glick. “In my experience, residents and fellows often do themselves a big disservice by trying to cut the visit short,” Ms. Glick said, or by trying to fit in too many site interviews in a short period of time.

“You really need two days to get a good feel for a practice,” she said. “It’s not beneficial to try to fit in eight site visits in a few months; do your research and due diligence to narrow the list, and then pursue three or four opportunities.”

Ms. Glick and Ms. Caligiuri both recommend that candidates request a few hours to shadow a prospective colleague, to observe a typical workday and to thoroughly assess the level of physician support and the cultural environment. If a practice is reluctant to allow for offsite social opportunities or a shadowing experience, that might indicate problems or issues that the practice is trying to hide.
“It’s a red flag if the practice doesn’t facilitate those interactions or if the head of the practice doesn’t make the time to meet with the candidate,” Mr. Caligiuri said. He also stressed the importance of candidates visiting all practice locations where they might work. In his organization, candidates are encouraged to come back for a second visit if the initial schedule doesn’t accommodate requested social and worksite activities.

“The social setting may provide the best opportunity to gauge whether you fit culturally,” Ms. Baker pointed out. Such opportunities enable candidates to find out whether the potential partners share your sense of humor, your values, or even your attitude toward raising children, she added. “That social gathering can tell you a lot about the ‘feel’ of the practice,” she said, “that you might not get during the interview.”

Mr. Caligiuri adds another important reminder for job-searching physicians: practices are also looking for a good match, and the social gathering gives prospective colleagues an opportunity to gauge whether the candidate will fit in. “It gives them a chance to ascertain the candidate’s suitability — and that’s obviously important for everyone involved,” he said.

Although being well informed and proactive and asking the important questions can go a long way toward finding a good cultural fit, at a certain point the candidate also needs to just trust his or her instincts, Ms. Streicher said, because those are telling, too. “If you have concerns that there is a misalignment of your beliefs with the core values or practice culture with an opportunity, I suggest keep looking,” she said, “because the right practice culture match is out there.”
Hormone Therapy for Postmenopausal Women
JoAnn V. Pinkerton, M.D.

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

A healthy 53-year-old nonobese, menopausal woman presents with an 8-month history of menopausal symptoms, noting worsening hot flashes, soaking night sweats, and sleep disruption with fatigue that is affecting her work. Her mother had breast cancer at 75 years of age. Results of a recent mammogram were negative. The patient has heard that hormone therapy may be harmful but worries about functioning at work. How would you advise this patient?

THE CLINICAL PROBLEM

As women age and estrogen levels decline, risks increase for osteoporosis, cardiovascular disease, and cognitive decline. Although 70 to 80% of menopausal women notice hot flashes and night sweats (vasomotor symptoms), transient sensations of heat, sweating, flushing, anxiety, or chills lasting for 1 to 5 minutes (or some combination thereof), only 25% seek help. With declining estrogen levels, the thermoregulatory zone narrows, leading to hot flashes in symptomatic women.1 Risks for hot flashes include early or surgical menopause; black race or Hispanic ethnic group; a high body-mass index or sedentary lifestyle; smoking; stress, anxiety, and depression; or posttraumatic stress disorder, partner violence, and sexual assault1–14; and use of selective estrogen-receptor modulators or aromatase inhibitors.

Vasomotor symptoms, prevalent among late perimenopausal and recently menopausal women, are associated with decreased sleep quality, difficulty concentrating, irritability, reduced quality of life, poorer health status, and bone loss15 and are linked to an increased risk of cardiovascular disease and cognitive changes.16 Longitudinal data from a large U.S. study indicated that hot flashes persist longer than initially thought — a median of 7.4 years17 — and that duration varied according to race or ethnic group — 5 years among Asian women, 7 years among white women, 9 years among Hispanic women, and 10 years among black women.18 Genitourinary syndrome of menopause, with changes in the bladder, vulva, and vagina, affects almost half of postmenopausal women. Symptoms include vaginal dryness, burning, irritation, lack of lubrication, dyspareunia (painful sex), urinary urgency and frequency, dysuria, and recurrent urinary-tract infections.19 Under-diagnosis and undertreatment adversely affect relationships and quality of life.20 Postmenopausal hormone therapy provides relief for hot flashes and night sweats, reduces bone loss and risk of fractures, and (administered locally) addresses genitourinary syndrome of menopause. Observational studies have suggested reduced risks of cardiovascular disease and dementia with postmenopausal hormone therapy21 but the benefit from a randomized, controlled trial conducted by the Women’s Health Initiative (WHI) and sponsored by the National Heart, Lung, and Blood Institute reported increased risks of cardiovascular disease, venous thromboembolism (VTE), and breast cancer.22 Widespread panic ensued among women and providers, with millions of patients discontinuing hormone therapy. The Food and Drug Administration (FDA) issued a boxed warning about the risks of cardiovascular disease and breast cancer seen in the WHI trial, stating that “estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals,” and applied this warning to all doses and routes of administration for estrogen and progestogen products.

This article reviews the benefits and risks of menopausal hormone therapy overall and in specific groups of women. Alternative therapies for the management of menopausal symptoms are also reviewed.

STRATEGIES AND EVIDENCE

VASOMOTOR SYMPTOMS
In the absence of contraindications, systemic hormone therapy remains the most effective therapy for vasomotor symptoms related to menopause (Table 1 and Fig. 1, and Table S1 in the Supplementary Appendix, available with the full text of this article at NEJM.org). A Cochrane review that included 24 randomized, controlled trials reported that estrogen alone or in combination with progestogen (progestrone or synthetic progestin; hereafter, combination therapy) reduced the weekly frequency of hot flashes by 75% and the severity by 87%,16 with no clear differences in effect between conjugated estrogens and oral or transdermal treatment.17

RISK OF CARDIOVASCULAR DISEASE IN THE WHI TRIAL
Treatment of both groups in the WHI trial was stopped early to prevent possible harm. Provision of combination therapy (0.625 mg of conjugated equine estrogens [CEE] plus 2.5 mg of medroxyprogesterone acetate in women who had not undergone hysterectomy) was stopped at a median of 5.6 years owing to the probability that greater harm than benefit was being conveyed. As compared with placebo, combination therapy increased the annual risk of coronary heart disease events of 0.6 per 1000 women and of stroke and breast cancer of 0.9 per 1000 women.23 Provision of estrogen (0.625 mg of CEE in women who had undergone hysterectomy) was stopped at a median of 7.2 years because of an annual increase in the risk of stroke of 2.1 per 1000 women, as compared with placebo, with no cardiovascular benefit.24 Early subgroup analyses of both groups showed no significant effect of a 1-year treatment according to age or time since menopause. However, subsequent post hoc analyses conducted according to age and time from the onset of menopause (with menopause defined as 12 months without a menstrual period) suggested a significantly increased risk of coronary heart disease and stroke among WHI participants who started hormone therapy after the age of 60 years, with greater risk after the age of 70 years and with no increased risk of stroke after the age of 70 years.25 Although adjusted for multiple interim analyses, these observations support the “timing hypothesis” of the
cardiovascular benefit of hormone therapy when started close to the onset of menopause (within 10 years) and harm when started further from the onset of menopause (more than 10 years after onset or in women older than 60 years of age).26 Owing to first-pass hepatic metabolism, oral estrogen increases levels of sex hormone–binding globulin, triglycerides, and C-reactive protein; these effects are avoided through transdermal administration. Observational studies suggest lower risks of VTE and stroke with transdermal therapy than with oral therapy.21,22 Transdermal administration is preferable for women with obesity and for those with hyperglycemia or low lipids.23

The combination of a daily dose of 20 mg of the selective estrogen-receptor modulator bazedoxifene with 0.45 mg of CEE is a non-progestogen therapy that has been approved for the treatment of vasomotor symptoms and the prevention of osteoporosis. Randomized trials with durations of up to 2 years have reported that mammographic breast density and rates of breast tenderness and vaginal bleeding with this therapy were similar to those reported with placebo.50

FDA-approved bioidentical hormones include systemic treatments (delivered orally or through the transdermal route) and vaginal cream, estradiol (delivered in creams, a ring, tablets, or suppositories), and oral progesterone, as well as an oral combination capsule that delivers 1 mg of estradiol and 100 mg of progesterone, which became available in April 2019. Safety concerns related to compounded products not approved by the FDA and produced with minimal government regulation and monitoring include the potential for overdosing and underdosing; the presence of impurities; and the lack of sterility, efficacy and safety data, and a label that outlines risks.4,27 Compounding is recommended only when there is a medical need for an unusual dosing regimen or ingredients or when patients have allergies to approved therapies.4,27

Table 1. Selected Nonhormonal Treatments for Vasomotor Symptoms.*

<table>
<thead>
<tr>
<th>Type of Therapy</th>
<th>Pharmacologic</th>
<th>Effect in RCT</th>
<th>Adverse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>Frequency and severity of hot flashes reduced as compared with placebo</td>
<td>Headache, nausea, diarrhea, fatigue, insomnia, nervousness, dry mouth, sexual dysfunction, risk of discontinuation syndrome, and in rare instances risk of suicidal thoughts</td>
<td>Avoid in women taking tamsulosin</td>
</tr>
<tr>
<td>SSRIss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paroxetine, 10–25 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paroxetine salt, 7.5 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escitalopram, 10–20 mg/day</td>
<td>Positive supporting data stronger than for citalopram or fluoxetine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citalopram, 10–20 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoxetine, 20 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNRIs</td>
<td>Hypertension, nausea, constipation, agitation, tremor, anxiety, risk of discontinuation syndrome, and in rare instances suicidal thoughts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venlafaxine, 37.5–75 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desvenlafaxine, 50 mg once or twice daily</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gabapentinoids</td>
<td>Headache, dizziness, drowsiness, ataxia, tiredness, insomnia, weight gain, edema, and in rare instances suicidal thoughts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregabalin, 75 to 150 mg twice per day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gabapentin, 100 mg, nightly up to 900 mg divided doses</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clonidine patch, 0.1 mg, 0.2 mg, or 0.3 mg weekly</td>
<td>Mixed results, rarely used</td>
<td>Dry mouth, hypotension, elevated blood pressure with abrupt cessation</td>
<td></td>
</tr>
<tr>
<td><strong>Nonpharmacologic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>Fewer trials than for pharmacologic therapy provide support, and support weak even when positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phytostrogenes</td>
<td>No clear benefit over placebo</td>
<td>Possibly estrogenic</td>
<td></td>
</tr>
<tr>
<td>Black cohosh</td>
<td>No clear benefit over placebo</td>
<td>Black cohosh–induced hepatitis</td>
<td></td>
</tr>
<tr>
<td>Cognitive behavior therapy</td>
<td>Reduced distress but not frequency of hot flashes</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Mindfulness-based stress reduction</td>
<td>Reduced distress from hot flashes</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Hypnosis</td>
<td>Inconsistent effects on hot-flash frequency as compared with sham control</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Inconsistent effects on hot-flash frequency with abrupt cessation</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Yoga</td>
<td>Reduced mood, reduced distress; no apparent effect on hot-flash frequency</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td>Inconsistent effects</td>
<td>Minimal risks; effect may depend on fitness level</td>
<td></td>
</tr>
</tbody>
</table>

**Table 1.** Selected Nonhormonal Treatments for Vasomotor Symptoms.*

* The therapies listed are those currently in use. RCT denotes randomized, controlled trial, SNRI serotonin–norepinephrine reuptake inhibitor, and SSRI selective serotonin-reuptake inhibitor.

† Paroxetine is currently the only nonhormonal treatment approved by the Food and Drug Administration for vasomotor symptoms in accordance with the findings from two RCTs, one conducted for 12 weeks and one for 24 weeks.

‡ Antidepressant discontinuation syndrome may include flu-like symptoms or the syndrome of anxiety or depression.

§ Behavioral and lifestyle therapies may involve multiple visits to providers, and provider availability may be limited in some areas.

¶ Fewer cases of new-onset diabetes were reported in WHI trials among both women who received estrogen alone and those who received estrogen combined with progesterone than among those assigned to placebo.26

Women in the trial who underwent 4 to 5 years of combination therapy had a higher risk of breast cancer than those assigned to placebo.26 Although no increase in risk was seen at 7 years among women in the trial who took estrogen alone or after 11 years of cumulative follow-up,6,17 prospective observational data have shown an increased risk of breast cancer by 4 years among women who received any postmenopausal estrogen therapy except vaginal estrogen.26 The risk of endometrial neoplasia increases with use of estrogen alone,25 and the risk is further increased with longer durations of treatment or higher doses.

Although observational data have suggested a reduced risk of cognitive dysfunction with hormone therapy,24 in the WHI trial hormone therapy was associated with an increased risk among women 65 years of age and older.26 Post hoc analysis involving long-term follow-up did not reveal an increased risk of cognitive dysfunction among women who initiated therapy at the age of 50 through 59 years.24

In the WHI trial, both combination therapy and estrogen alone decreased the risk of hip fracture by approximately 33%, while combination therapy reduced the risk of colorectal cancer.24 Although some observational studies have shown an increased risk of ovarian cancer with hormone therapy,50 no significant increase in risk was observed in the WHI trial.6 During the cumulative 18-year follow-up period, which included the intervention period and postintervention period, no significant increase in overall mortality or in mortality related to cardiovascular disease or cancer was found to be associated with systemic hormone therapy.24

**Dosing, Formulation, and Route of Administration**

Oral and transdermal estrogens relieve hot flashes and night sweats at standard doses, with benefits typically observed within 2 weeks.25 Lower doses may avert excess risks of VTE, breast tenderness, and unexpected bleeding,2,17 but symptomatic relief may take up to 8 weeks. An ultra-low-dose patch that delivers 0.04 mg per day has been approved for the prevention of osteoporosis and also reduces hot flashes.4

Owing to first-pass hepatic metabolism, oral estrogen increases levels of sex hormone–binding globulin, triglycerides, and C-reactive protein; these effects are avoided through transdermal administration. Observational studies suggest lower risks of VTE and stroke with transdermal therapy than with oral therapy.21,22 Transdermal administration is preferable for women with obesity and for those with hyperglycemia or low lipids.23

The combination of a daily dose of 20 mg of the selective estrogen-receptor modulator bazedoxifene with 0.45 mg of CEE is a non-progestogen therapy that has been approved for the treatment of vasomotor symptoms and the prevention of osteoporosis. Randomized trials with durations of up to 2 years have reported that mammographic breast density and rates of breast tenderness and vaginal bleeding with this therapy were similar to those reported with placebo.50

FDA-approved bioidentical hormones include systemic treatments (delivered orally or through the transdermal route) and vaginal cream, estradiol (delivered in creams, a ring, tablets, or suppositories), and oral progesterone, as well as an oral combination capsule that delivers 1 mg of estradiol and 100 mg of progesterone, which became available in April 2019. Safety concerns related to compounded products not approved by the FDA and produced with minimal government regulation and monitoring include the potential for overdosing and underdosing; the presence of impurities; and the lack of sterility, efficacy and safety data, and a label that outlines risks.4,27 Compounding is recommended only when there is a medical need for an unusual dosing regimen or ingredients or when patients have allergies to approved therapies.4,27

**Table 1.** Selected Nonhormonal Treatments for Vasomotor Symptoms.*

<table>
<thead>
<tr>
<th>Type of Therapy</th>
<th>Pharmacologic</th>
<th>Effect in RCT</th>
<th>Adverse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>Frequency and severity of hot flashes reduced as compared with placebo</td>
<td>Headache, nausea, diarrhea, fatigue, insomnia, nervousness, dry mouth, sexual dysfunction, risk of discontinuation syndrome, and in rare instances risk of suicidal thoughts</td>
<td>Avoid in women taking tamsulosin</td>
</tr>
<tr>
<td>SSRIs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paroxetine, 10–25 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paroxetine salt, 7.5 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escitalopram, 10–20 mg/day</td>
<td>Positive supporting data stronger than for citalopram or fluoxetine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citalopram, 10–20 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoxetine, 20 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNRIs</td>
<td>Hypertension, nausea, constipation, agitation, tremor, anxiety, risk of discontinuation syndrome, and in rare instances suicidal thoughts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venlafaxine, 37.5–75 mg/day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desvenlafaxine, 50 mg once or twice daily</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gabapentinoids</td>
<td>Headache, dizziness, drowsiness, ataxia, tiredness, insomnia, weight gain, edema, and in rare instances suicidal thoughts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregabalin, 75 to 150 mg twice per day</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gabapentin, 100 mg, nightly up to 900 mg divided doses</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clonidine patch, 0.1 mg, 0.2 mg, or 0.3 mg weekly</td>
<td>Mixed results, rarely used</td>
<td>Dry mouth, hypotension, elevated blood pressure with abrupt cessation</td>
<td></td>
</tr>
<tr>
<td><strong>Nonpharmacologic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>Fewer trials than for pharmacologic therapy provide support, and support weak even when positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phytostrogenes</td>
<td>No clear benefit over placebo</td>
<td>Possibly estrogenic</td>
<td></td>
</tr>
<tr>
<td>Black cohosh</td>
<td>No clear benefit over placebo</td>
<td>Black cohosh–induced hepatitis</td>
<td></td>
</tr>
<tr>
<td>Cognitive behavior therapy</td>
<td>Reduced distress but not frequency of hot flashes</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Mindfulness-based stress reduction</td>
<td>Reduced distress from hot flashes</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Hypnosis</td>
<td>Inconsistent effects on hot-flash frequency as compared with sham control</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Inconsistent effects on hot-flash frequency with abrupt cessation</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Yoga</td>
<td>Reduced mood, reduced distress; no apparent effect on hot-flash frequency</td>
<td>Minimal risks</td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td>Inconsistent effects</td>
<td>Minimal risks; effect may depend on fitness level</td>
<td></td>
</tr>
</tbody>
</table>
The new england journal of medicine

Menopausal symptoms

- Hot flushes or night sweats
- Vaginal dryness
- Painful intercourse
- Night sweats

Risks of hormone therapy greater than benefits

- Increased risk of breast cancer
- Elevated risk of thrombosis
- Diabetes
- Obesity or metabolic syndrome
- Osteoporosis

Contraindications to hormone therapy

- Age ≥60 yr or >10 yr from menopause
- History of breast cancer
- Family history of breast cancer
- Personal history of breast cancer
- Personal history of endometrial cancer
- Personal history of ovarian cancer
- Personal history of prostate cancer
- Personal history of liver cancer
- Personal history of melanoma
- Personal history of other hormone-associated cancers

Extended Use of Hormone Therapy

Initiating systemic hormone therapy in women older than 60 years of age in general is not recommended. Discontinuation is typically suggested after 5 years or by the age of 60. However, up to 8% of women continue to have hot flashes for 20 years or more after menopause. Although the American Geriatrics Society has warnings against the use of hormone therapy in women over 65 years of age, two societies, the American College of Obstetricians and Gynecologists and the North American Menopause Society,4,2,27 suggest that the decision to continue or stop hormone therapy should include assessment of its risks and its benefits, which may include relief from hot flashes, protection against bone loss, and preservation of quality of life.4,5,7 The risks of hormone therapy increase with age and duration of use and appear to be less marked in patients who take estrogen alone.4,6

Nonhormonal Therapies

Nonhormonal therapies are recommended for symptomatic menopausal women who have a history of or an elevated risk of breast cancer, coronary heart disease, VTE, or stroke, or who have contraindications to hormone therapy (Table S1) or for whom the side effects are unacceptable, or women who prefer to avoid hormone therapy (Table 1). Other options include changes in lifestyle, such as using fans, keeping cooler indoor temperatures, wearing layered clothing, and avoiding spicy food, alcohol, cigarettes, and hot drinks. Nonprescription therapies that have been found to be no more effective than placebo in higher-quality randomized trials of vasomotor symptoms4,5,9 include black cohosh (which is associated with liver toxicity), dong quai, evening primrose oil, flaxseed, maca, n−3 fatty acids, ginseng, red clover, and vitamin E.2,7 Trials of phytoestrogens and soy isoflavones have shown mixed results, and there is concern about estrogenic effects.1,2 Limited data from randomized trials associate reductions in hot flashes with weight loss, stress,
Genitourinary Syndrome of Menopause

Low-dose vaginal therapies are recommended for vulvovaginal symptoms (vaginal dryness, itching, recurrent vaginitis, and dyspareunia) and urinary symptoms (urinary urgency and recurrent urinary-tract infections) not relieved with lubricants and vaginal moisturizers. Vaginal preparations (creams, tablets, suppositories, and low-dose rings) reduce vaginal epithelium, flora, moisture, and secretions, increase the number of superficial cells, and normalize acidic vaginal pH. Whereas incontinence was increased in the WHI trial with administration of oral systemic CEE, the use of vaginal estrogen diminishes urinary urgency and decreases the risk of recurrent urinary-tract infections.†

Despite the absence of evidence that vaginal estrogen increases the risk of breast and endo-
macular cancer, coronary heart disease, stroke, and VTE, it carries the same boxed warning as systemic hormone therapy. Circulating estrogen levels transiently increase with the first application of vaginal estrogen on atrophic vaginal tissues. The vaginal estradiol ring (which releases 7.5 μg daily) and vaginal estradiol (4 μg daily) are associated with the least systemic absorption; absorption is also very low with twice-weekly administration of vaginal tablets and inserts (10 μg daily) and with conjugated estrogen and estradiol creams (at doses of 0.5 mg daily). On the basis of safety data collected over 1 year, a pro-

The use of both ospemifene, a selective estrogen-receptor modulator, and daily intravaginal de-
hydroepiandrosterone suppositories has been ap-

A AREAS OF UNCERTAINTY

Data are needed to inform the long-term bene-
fits and risks of menopausal hormone therapy other than those used in the WHI trial and of alternative therapies, to determine the effects of extended use in women initiating therapy close to menopause, to guide the timing of and approach to discontinuation of hormone therapy, and to determine whether transdermal therapy confers a lower risk of thromboembolism than oral therapy. It is unclear whether the reported associations between postmenopausal health outcomes and breast cancer risk are not treated and an increased risk of cardio-

vascular disease or dementia are causal, and if so, whether treatment improves outcomes. Potential therapies currently under study for relief of vaso-
motor symptoms include oxybutynin, solifenacin, and extended-release transdermal estradiol and estrone. For the treatment of genitourinary issues, intravaginal energy-based therapies (administered
Conclusions and Recommendations

The woman described in the vignette is healthy, younger than 60 years of age and less than 10 years from the onset of menopause, has an intact uterus, and is seeking therapy for vasomotor symptoms. In line with professional guidelines, discussion with this patient should address the benefits and risks of hormone and nonhormone therapies and the uncertainties regarding the effects of longer-term hormone use. In this case, an appropriate recommendation would be to taper and eventually discontinue treatment. If symptoms persist, lower doses or transdermal therapy could be offered, with periodic reevaluation of the risks and benefits. If vaginal moisturizers are not sufficient for genitourinary desiccation after discontinuation of treatment, low-dose vaginal hormone therapy could be offered.

Dr. Pinkerton reports receiving grant support, paid to the University of Virginia, from TherapeuticsMD. No other potential conflicts of interest relevant to this article are disclosed.

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

SSM Health is more than one of the largest Catholic, nonprofit, integrated health care systems in the Midwest. We are a healing ministry of more than 10,000 providers and 40,000 professionals practicing with one shared purpose:

**Through our exceptional health care services, we reveal the healing presence of God.**

Physicians join SSM Health so that they can use their advanced training, clinical expertise and drive to provide compassionate care alongside likeminded professionals who are driven to practice meaningful medicine.

By working together, united by purpose, we utilize our collective wealth of talent, expertise and resources to transform health care, seek innovations and provide an exceptional care environment that improves the health of our communities and the lives of the physicians who practice medicine here.

Discover the difference of practicing with purpose at SSM Health.

Visit JoinSSMHealth.com to find the right opportunity for you.
Search and apply for jobs from your phone!

NEJM CareerCenter, the physician jobs companion website of the New England Journal of Medicine, has a **NEW iPhone app**. Access our nationwide database to find quality jobs from a source you can trust:

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

NEJM CareerCenter.org

**Classified Advertising Section**

**Sequence of Classifications**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>NEJM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Medicine</td>
<td>Neuronal-Perinatal Medicine</td>
</tr>
<tr>
<td>Allergy &amp; Clinical Immunology</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Obstetrics &amp; Gynecology</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Occupational Medicine</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Osteopathic Medicine</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Orthopaedic Surgery</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Pediatric Gastroenterology</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Pediatric Intensive/Critical Care</td>
</tr>
<tr>
<td>General Practice</td>
<td>Pediatric Neurology</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Pediatric Pulmonology</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>Pediatric Pulmonology</td>
</tr>
<tr>
<td>Hospitalist</td>
<td>Physical Medicine &amp; Aging</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine/Pediatrics</td>
<td></td>
</tr>
<tr>
<td>Medical Genetics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Classified Advertising Rates**

We charge $9.80 per word per insertion. A 2- to 4-time frequency discount rate of $7.15 per word per insertion is available. A 5-time frequency discount rate of $6.90 per word per insertion is also available. In order to earn the discount 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: $9.80 per word per insertion. Advertisers may choose to have their ads placed on NEJM CareerCenter for a fee of $115.00 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 your 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 8000, 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. Email your advertisement to us at adv@nejmcareercenter.org, or fax it to 1-781-895-1043 or 1-781-895-3003. We will contact you to confirm your order. Our classifying date is typically the Friday 20 days prior to publication date; however, please consult the rate card online atnejmcareercenter.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 advertising to the address listed below.

**Contact Information**

Classified Advertising
The New England Journal of Medicine
840 Winter Street, Waltham, MA 02451-1412
E-mail: adv@nejmcareercenter.org
Phone: 1-800-635-6991
Fax: 1-781-895-1043
Fax: 1-781-893-5003
Fax: 1-781-895-3003

Web site: 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, 2001 ............... = 3 words
Obstetrician/Gynecologist........ = 1 word
A ............................................. = 1 word
Dallas, TX 75212 ................. = 2 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, family practice medical director is needed in greater New York. Ideal candidate should be board certified in internal medicine with subspecialty 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 8000, NEJM.**

This advertisement is 58 words. At $9.80 per word, it equals $568.40. Because a reply box was requested, there is an additional charge of $75.00 for each insertion. The price is then $643.40 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 $115.00 per issue per advertisement and $190.00 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 reserves the right to refuse any advertisement 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.
THE CARDIOVASCULAR MEDICINE DIVISION AT THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES — Is recruiting two Interventional Cardiologists to serve in the interventional laboratory and the outpatient clinic. One of the positions will be recruited as the Interventional Lab Director. We are a growing program with 17 faculty, 12 general fellows, three interventional fellows, and two EP fellows. Individuals with all levels of experience and seniority will be considered. Compensation and benefits are highly competitive. Letters of interest with curriculum vitae should be communicated to Paul Mounsey, MD, PhD, Director of Cardiovascular Medicine, UAMS, Little Rock, AR: rthompson2@uams.edu

Nephrologist
NEPHROLOGIST, VALHALLA, NY — Customary duties of physician including patient care, on-call service, regular hospital rounds, and related professional duties. Req: Medical Degree, three years internal medicine residency, two years nephrology fellowship, BC/BE in Nephrology, NYS medical license. Send resume to: Wincheser Medical Center Advanced Physician Services, PC, at: Emily-Mehodiow@winchehs.org

Rheumatologist
RHEUMATOLOGIST PHYSICIAN TO JOIN A LARGE MULTI-SPECIALTY GROUP IN NORTHERN NEW JERSEY — Excellent salary and benefits package. Please email CV to: terri.sung@heartandvasculardc.com

Geriatrics
WE ARE LOOKING FOR A GERIATRICIAN OR INTERNSITY FOR AN EXCITING PRACTICE OPPORTUNITY — At one of the oldest and most successful Programs of All-Inclusive Care of the Elderly (www.npapoint.org/pace-nj) in the country, in Chattanooga, Tennessee. We practice evidence-based medicine and shared decision making. Our providers give or supervise all the care that participants receive and must approach all recommendations made by specialists. They don’t have to follow Medicare requirements for nursing home or other facility care. There are no out-of-pocket costs for our participants. Interested candidates can e-mail resume/cv/cover letter to: ndesbiens@ascension.org

Pediatrians, General
OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC., IN MERIDIAN, MISS. — FULL-TIME PHYSICIAN (PEDIATRICS) — In Binghamton, New York, to render professional medical services as a Physician (Pediatrics); The Physician (Pediatrics) will provide coordination, treatment, and consultation for the clinical practice of medicine, and primarily non-surgical care and services, to infants and adolescents. Contact: Cathy J. Haskes, Provider Recruitment, 169 Riverside Drive, Binghamton, NY 13905.

Hiring is a numbers game — place your ad in 3 issues and get the 4th FREE.

For more information, contact: (800) 635-6991
ads@nejmcareercenter.org

Vol. 382 No. 12 • March 19, 2020
The new england journal of medicine
Classified Advertising

At Reliant, more impact is within your reach. Care for patients where support is the norm and collaboration drives treatment plans. Here, innovation and technology allow you to focus on your patients and practice at the top of your license.

A great career begins with
COLLABORATION

Opportunities exist in:
• Adult & Family Medicine
• Dermatology
• Endocrinology
• Gastroenterology
• General Surgery
• Hematology/Oncology
• Otolaryngology
• Psychiatry
• Rheumatology
• Urgent Care
• Urology

NEJM CareerCenter

practiceatreliant.org

Central and Boston MetroWest Massachusetts

NEJM CareerCenter
Part of OptumCare®
Utah and Idaho have no shortage of outdoor adventure. To meet the needs of Utah’s and Southern Idaho’s rapid growth, Intermountain Healthcare is hiring for numerous physician specialties.

- **Employment with Intermountain Healthcare** • Relocation provided, up to $15K
- **Full benefits that include medical, dental, 401K match, & CME**
- **Competitive salary with transition to production and additional compensation for meeting quality goals for most positions**
- **Unless otherwise specified, visa sponsorship not available**

**Top reasons to choose the Intermountain West:**

- World-Class Skiing, Hiking, and Biking • Incredible National Parks
- Distinct Seasons • Endless Outdoor Recreational Opportunities

**Income guarantee** while you build your panel of patients! Full benefits, which also included paid time off for your CMES and CME dollars. Live and work in one of the best places in Maryland. The schools are EXCELLENT and there is a abundance of history, cultural arts, colonial charm and the Chesapeake Bay. You can work, live and play here!

Email your CV to Kim Collins, CMSR at Anne Arundel Medical Group – kcollins7@aahs.org

---

Be seen as a person, not just a white coat

When it comes to finding you the right job, your credentials matter. But who you are matters even more. We get to know every professional we place because you can’t find someone the perfect fit unless you know who that person is.

From locum tenens to permanent placements, let’s find what’s right for you.

[comphealth.com](http://comphealth.com) | 844.217.9193
Join the Team That’s Advancing Health Care

BayCare Medical Group (BMG) is a physician-led group and part of BayCare Health System, a nationally recognized 2018-2019 Great Place to Work* and Fortune 100 Best Companies to Work For* not-for-profit health care organization in West Central Florida.

Our current opportunities include:

- Cardiology – Heart Failure
- Cardiology – Interventional
- Cardiovascular Surgery
- Family/Internal Medicine
- Gastroenterology
- General Surgery
- Hematology-Oncology
- Hospitallist/Nocturnist
- Intensivist eCU
- Pediatric General Surgery
- Psychiatry
- Urology

To learn more about BMG and our current opportunities, visit BMGPhysicians.org, email your CV to bmgproviderrecruitment@baycare.org or call (813) 586-8237.

WHAT KIND OF DOCTOR WORKS IN CORRECTIONS?

DOCTORS JUST LIKE YOU.

By now, doctors know California Correctional Health Care Services offers more than just great pay and Federal Correctional benefits. Whatever your professional interest, we can help you continue to hone your skills in public health, disease management and education, addiction medicine, and so much more. All without the burdens of building insurance companies or unrealistic RVUs.

PHYSICIANS W/F/T
$292,716 – $298,328
(Pre-Board Certified)

PHYSICIANS W/F/T
$260,000 – $281,700
(Lifetime Board Certified)

PHYSICIANS W/F/T
$253,592 – $266,700
(Time-Limited Board Certified)

*Physicians at these institutions receive additional 15% pay.

WE ALSO OFFER A COMPETITIVE COMPENSATION PACKAGE, INCLUDING:

- 40-hour workweek
- State of California retirement that vests in 5 years
- Relocation assistance for those new to State of California service
- Robust 401K and 457 retirement plans – tax defer up to $11,000 - $52,000 per year

About Concord, MA and Emerson Hospital

Located in Concord, Massachusetts Emerson is a 179-bed community hospital with satellite facilities in Westford, Croton and Sudbury. The hospital provides advanced medical services to over 300,000 individuals in over 25 towns.

Emerson has strategic alliances with Massachusetts General Hospital, Brigham and Women’s and Tufts Medical Center.

Concord area is rich in history, recreation, education and the arts and is located 20 miles west of downtown Boston.
At UCH, 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

**PHYSICIAN (Multiple Positions)**

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

If you are a physician with primary care or specialty expertise in medicine and/or surgery, 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 degree. 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 April 30, 2020, although applicants will be considered as resumes are received. Please reference Job Code: OTAT-19-07-NE

**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**
At The Villages Health, you will find a team of health care professionals dedicated to keeping people healthy and healing people quickly. We’ve designed a unique care model that gives us the time and resources to truly care for our patients - along with a company culture that supports a healthy work-life balance.

An Empowering Care Model
• More Time with Patients
• Lower Patient Panel
• Collaborative Team-Based Approach
• Top 1% for Quality
(4.7 STAR Rating)

SUBMIT YOUR CV
clinician.recruitment@thevillageshealth.com | TheVillagesHealth.com/Recruitment

TOP REASONS TO Become a Physician at The Villages Health

At The Villages Health, you will find a team of health care professionals dedicated to keeping people healthy and healing people quickly. We’ve designed a unique care model that gives us the time and resources to truly care for our patients - along with a company culture that supports a healthy work-life balance.

An Empowering Care Model
• More Time with Patients
• Lower Patient Panel
• Collaborative Team-Based Approach
• Top 1% for Quality
(4.7 STAR Rating)

SUBMIT YOUR CV
clinician.recruitment@thevillageshealth.com | TheVillagesHealth.com/Recruitment

LOCUMS SIMPLIFIED.

We’ve streamlined every step of the locums process, from your first phone call to the last day of your assignment.

FM Opportunities: CA | CO | NE | NV | WY

At the end of the day, this is where you want to be.
Join the Banner Health Team, with practice options that meet your lifestyle in the west (California | Colorado | Nebraska | Nevada | Wyoming) – where you’ll have the time to connect with your patients, your practice, your family and the great outdoors! We offer dedication to work-life balance unmatched in our industry. Meaning you get to spend more time doing what you love. That’s HEALTH CARE made easier. LIFE made better! Ask about educational loan repayment in many rural locations!

› Physician-led
› System focus on patient and provider well-being
› Non-profit status means continuing reinvestment
› Antonomy in your practice
› Access to research and academics
› Robust compensation & total rewards

Email CV to: doctors@bannerhealth.com and learn more at bannerdocs.com

Regional Medical Director, Primary Care
Cambridge Health Alliance • Cambridge, MA

Cambridge Health Alliance (CHA) is a Harvard Medical School and Tufts University School of Medicine teaching affiliate and award winning, academic public healthcare system. CHA is recruiting a full time primary care physician leader for the Regional Medical Director opportunity at our CHA Windsor Street Care Center.

• Will practice clinically and have dedicated time devoted to leadership and management of the provider team at our CHA Primary Care Windsor location
• Engage and participate in ambulatory strategy, primary care and specialty care integration, and initiatives to access and improve financial and operational performance
• Lead and encourage innovation, community involvement, and primary care growth
• Participate in all CHA related initiatives including population health

CHA is inclusive of three hospital campuses, an established network of 15 primary care clinics and integrated outpatient medical specialty services. We are located throughout Cambridge, Somerville and Boston’s metro-north area. We serve an ethnically and socio-economically diverse patient population. CHA is clinically affiliated with Beth Israel Deaconess Medical Center

Qualified candidates will be Board Eligible/Certified in Family Medicine, Internal Medicine or Internal Medicine/Pediatrics and have demonstrated experience leading physicians and care teams. Candidates should possess a strong desire to provide the highest quality care to our diverse patient populations.

Interested candidates please visit www.CHAproviders.org or apply through our secure and confidential portal. Alternatively, candidates may apply via email to Melissa Kelley, CHA Provider Recruiter, at ProviderRecruitment@challiance.org

CHA Provider Recruitment may be reached by phone at (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.

866.951.2926 weatherbyhealthcare.com

866.951.2926
At the end of the day, this is where you want to be.
Join the Banner Health Team, with practice options that meet your lifestyle in the west (California | Colorado | Nebraska | Nevada | Wyoming) – where you’ll have the time to connect with your patients, your practice, your family and the great outdoors! We offer dedication to work-life balance unmatched in our industry. Meaning you get to spend more time doing what you love. That’s HEALTH CARE made easier. LIFE made better! Ask about educational loan repayment in many rural locations!

› Physician-led
› System focus on patient and provider well-being
› Non-profit status means continuing reinvestment
› Antonomy in your practice
› Access to research and academics
› Robust compensation & total rewards

Email CV to: doctors@bannerhealth.com and learn more at bannerdocs.com
Outpatient Internal Medicine/Dualist

Seeking BE/BC outpatient internists and dualists to join our growing team of physicians and faculty providers in Montana’s premier, state-of-the-art medical center, which serves as the region’s tertiary referral center.

Stipend & generous loan repayment
• Flexible practice styles
• Consensus-based teamwork
• Option for academic mentoring
• Grant funded for rural care innovations

Mayo Clinic Care Network provides clinical resources and direct access to Mayo Clinic specialists
• “One of the Top 25 Best Places to Live” – Livability.com

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

Billings Clinic
Billings, Montana

Billings Clinic is nationally recognized for clinical excellence. Billings, Montana, is a friendly college community located near the magnificent Rocky Mountains with great schools, safe neighborhoods and abundant family activities. Exciting outdoor recreation is just minutes from home. 300 days of sunshine every year!

Billings Clinic
100 Great Hospitals
in America 2019

PHYSICIAN CAREERS AT
The US Oncology Network

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

Get the facts at locumstory.com

Translational Development
Leadership Position

Visterra, Inc., a Waltham, MA based biotech dedicated to ‘building better biologics’ announces a unique leadership opportunity in translational drug development. We are seeking a physician-scientist trained in nephrology and/or immunology to join our development team. The successful candidate will have a track record of cutting-edge research and deep mechanistic insight into kidney disease. The candidate will join an exceptional group of scientists at Visterra in the evaluation of emerging science and target opportunities for interventions to treat kidney disease.

Responsibilities
• MD or MD/PhD degree with subspecialty training in nephrology, rheumatology or immunology
• No less than 10 years of relevant basic or translational science research experience
• A track record of discovery and innovation, published in high-level peer reviewed literature
• Has achieved the academic rank of Associate Professor (preferable) or Assistant Professor
• Excellent interpersonal, oral and written communication skills

Criteria for Consideration
• Will become a key member of our senior R&D team
• Collaborate in the identification of novel therapeutic targets to improve kidney health
• Establish leadership in preclinical and research-to-development strategies for preclinical kidney programs
• Nurture and build academic relationships, fostering collaborative discovery
• Serve as a key Visterra point of contact for the kidney disease community
• Mentor young scientists and clinical development team members

Interested candidates should submit their cover letter and curriculum vitae to: John Grossman, Head of HR, Visterra, Inc.
jgrossman@visterrainc.com
www.visterrainc.com

The University of Texas Health Science Center at San Antonio
Joe R. and Teresa Lozano Long School of Medicine

Director, Greehey Children’s Cancer Research Institute

The Long School of Medicine at the University of Texas Health Science Center at San Antonio (also UT Health San Antonio) seeks an individual with an outstanding record of leadership, scientific and educational achievement, and faculty/staff recruitment and mentoring as its Director, Greehey Children’s Cancer Research Institute (GCCRI). Dynamic leadership, clear communication, strong interpersonal skills, and a keen strategic vision are crucial characteristics required for success. Reporting to the Dean of the Long School of Medicine, the Director will be responsible for continuing to build and maintain excellence in research programs, high-quality educational programs, and a collegial interactive culture. The UT Health San Antonio is an Equal Employment Opportunity/Affirmative Action/Non-Discrimination organization through diversity among its faculty, staff and students including protected veterans and persons with disabilities.

Candidates must have a PhD and/or MD, and academic experience consistent with eligibility for full Professor with tenure. The ideal candidate will have a widely-recognized national reputation in their field. The ability to foster a culture of collaboration, innovation, and accountability across the Health Sciences Center is important. This is a wonderful opportunity for a visionary leader. UT Health San Antonio is a research-intensive institution located in San Antonio and it sits in the gateway to the picturesque Texas Hill Country. San Antonio is a vibrant, multicultural city with year-round recreational activities and an attractive cost-of-living.

Interested individuals should submit a letter of interest along with a current CV electronically via the UT Health Careers portal. For inquiries and to receive a full job prospectus contact Shelly Evans, Long School of Medicine Chief of Staff at stevans@uthscsa.edu.

All faculty appointments are designated as security sensitive positions.

Secure a Fulfilling Practice and More Balanced Lifestyle.

Our experienced recruiters guide you every step of the way. Let them help you find practice opportunities that match your life and career needs.

Find Your Next Dream Job at
jobs.jacksonphysiciansearch.com

Full-time career or locum tenens?

Full-time, part-time, or any-time. Whatever your current work situation, locums is a viable (and great) option.

Get the facts at locumstory.com
When opportunity knocks, it's probably us.

For over 30 years, Cross Country Search has served as a trusted recruitment partner to healthcare organizations nationwide. Let us open the door to your next big opportunity.

crosscountrysearch.com

Family Medicine Physician Opportunity Available

Have You Asked About Work Life Balance?

Family Practice Associates
- Small town New England charm alongside endless cultural opportunities of a big city
- Excellent public and private schools, world renowned music, art, theater, and museums, as well as year round recreational activities from skiing to kayaking
- Recreational opportunities including skiing, hiking, fishing, nature preserves,

This is an exceptional outpatient opportunity for new and experienced providers:
- Full range of care for all ages from infants to seniors
- Skilled and dedicated team of physicians and advanced practice providers board certified in Family Practice and Internal Medicine.
- Cohesive and collaborative practice environment
- Specially support including both Internal Medicine and Med/Peds Hospitalist teams
- An environment where you will be challenged and respected

For more information please contact: Liz Mahan, Physician Recruiter, Berkshire Health Systems (413-396-7896) emahan@bh1.org www.berkshirehealthsystems.org

WORK & PLAY IN NORTHWEST MONTANA

Seeking Family Medicine Physician in Kalispell and Polson, Montana

Just a stone’s throw from Glacier National Park, Kalispell, Montana offers an active, outdoor lifestyle with amazing scenery and adventure. Kalispell Regional Healthcare provides a unique collegial medical environment that is committed to excellence. The need for primary care is growing in the Flathead Valley and we have Family Medicine opportunities in both Kalispell and Polson, Montana. Learn more about physician employment opportunities at krmc.org/joinourteam.

- Seeking energetic BC/BE Family Medicine Physician committed to clinical excellence
- Competitive compensation package
- Full-time opportunity with a four-day work week
- Unparalleled quality of life with limitless recreational opportunities

To learn more about this opportunity please contact:
Jared Wilson, Physician Recruiter
(406) 751-5318 jwilson@krmc.org

YaleNewHavenHealth
Northeast Medical Group

Yale New Haven Health, the largest and most comprehensive healthcare system in Connecticut, is inviting internal and family medicine-trained physicians to join established primary care practices in Connecticut.

We are proud to offer:
- Highly competitive compensation and comprehensive benefits
- Generous loan assistance program
- Flexible schedules to ensure work-life balance
- A collegial environment with access to expert specialists of one of the nation’s leading health systems
- Volunteer faculty appointment opportunities with Yale School of Medicine
- Supportive practice services so you can focus on patient care
- Epic electronic medical record to share patient information with every clinician in our health system
- Enjoy all four seasons in beautiful New England and family-oriented residential communities with some of the best schools in the nation
- Conveniently located between New York City and Boston

To learn more, please contact our In-House Physician Recruiter: Sophie Kotomski at Sophie.Kotomski@ynhh.org
Call: 203-502-6537
Website: www.northeastmedicalgroup.org/careers

Physician Health Services, Inc.

Managing Workplace Conflict
IMPROVING LEADERSHIP AND PERSONAL EFFECTIVENESS

THURSDAY AND FRIDAY, APRIL 2–3, 2020
Massachusetts Medical Society Headquarters at Waltham Woods, Waltham, Massachusetts

To register for this event, go to www.massmed.org/mwc. For more information, contact PHS at 781.434.7404.
Baystate Health offers:
 Supportive Work Environment
• Nurse Triage- Daytime, Nighttime, first call after hours and weekends
• Scribes
• 1:1 Medical Assistant
• Direct access to a large multidisciplinary staff including Behavioral Health services
• Flexible scheduling
• Access to technology and equipment
• None of the above system with technology support

 Work Life Balance
• Reader work schedules
• Full-time 4 day work week
• Built-in administration time and ramp up time for new physicians

 Outstanding Benefits Package
• CME Allowance and time, high quality, low cost medical/dental, vision insurance
• 403(b) retirement plan
• 1:1 Medical Assistant

 Academic & Nurturant Partners
• Faculty participation in schools of medicine and practice dependent on practice setting

 Access to Research & Academics
• Direct access to a large multidisciplinary staff including Behavioral Health services
• Access to technology and equipment

 Facilitate placement of physicians into private practice
• Full-time 4 day work week
• Benefits

 Outstanding Benefits Package
• CME Allowance and time

 Generous compensation package
• CME Allowance and time
• Full-time 4 day work week

 Generous compensation package
• CME Allowance and time
• Full-time 4 day work week

At Baystate Health (BH), our extensive and experienced primary care network is the foundation on which our health system is built. Comprised of Baystate Primary Care Physicians (academic and community), Baystate Medical Center, a 716-bed tertiary care hospital and the region’s only Level 1 trauma center, 3 community hospitals and Baystate Children’s Hospital, we have practice settings that fit your career goals. Baystate Health is a well-established and growing organization, which has the resources and support to start or advance your career. Are you ready to advance your career with us?

All correspondence can be directed to: Elizabeth Fox, DASPR
Physician and Advanced Practitioner Recruitment
Email: Elizabeth.Fox@baystatehealth.org
Fax: 413-794-5059

At the end of the day, this is where you want to be. Primary Care: FM & IM Positions in Arizona Phoenix-Metro | Tucson | Payson | Maricopa

Come Grow With Us in beautiful Arizona. Banner Health continues to grow with clinic expansions and innovative new health centers. We are adding primary care physicians in some of the country’s fastest growing communities, including a new health campus under construction in Glendale. This is an excellent opportunity to join an integrated system that offers dedicated support to its physicians (including physician wellness and development initiatives). Join Banner Health and enjoy quality care for your patients and quality time with those that you love!

- Physician-led
- System focus on patient and provider well-being
- Non-profit status means continuing reinvestment
- Autonomy in your practice
- Access to research and academics
- Robust compensation & total rewards

Email CV to: doctors@bannerhealth.com and learn more at bannerdocs.com

Join us at Williamstown Medical of BMC, located in one of the most beautiful settings in the country, where it’s easy to balance work with a healthy personal lifestyle.

- Our practice is in idyllic Williamstown, MA, home to the top ranked Williams College
- We are surrounded by culture, including the legendary Williamstown Theatre Festival, Clark Art Institute, MassMOCA, and much more
- The Berkshires offer year-round recreational opportunities including skiing, hiking, kayaking and state forests

For more information, please contact:
Liz Mahan, Physician Recruitment Specialist, Berkshire Health Systems
413-395-7666 or emahani@bhst1.org

Join an outstanding medical team at a long-established practice in a unique New England setting.
Greater Boston Primary Care

Atrius Health, a physician-led, nonprofit, community-based healthcare organization, is nationally recognized for transforming healthcare through clinical innovations and quality improvement. We are an organization that has always valued primary care and over 50% of our clinicians practice primary care. We continue to be a national leader in value based health care and developing ambulatory primary care systems for the future. We have several openings for BC/BE IM or FM physicians.

Opportunity Highlights
- 30 Practices located in Boston and throughout eastern Massachusetts for work options near your home and family
- Outstanding practice supports: 1:1 MA staffing ratios, NP/PA teaming, clinical pharmacists, and population health managers embedded in our comprehensive medical home model
- Ambulatory-based positions, full or part time, minimal call requirements due to our call coverage system
- Robust EMR system (Epic) designed for an outpatient practice, data warehouse, and predictive analytics
- Academically affiliated with Harvard Medical School and Tufts University School of Medicine
- Professional Development opportunities in leadership, quality, teaching or research - tailored to your interests

We are committed to:
- Primary care/Preventive, evidence based medicine which is at the core of our organization’s mission and strategic initiatives
- Our staff, ensuring that they have a work environment that allows for work/life balance
- Transforming the traditional ways that quality, accessible care is delivered
- Clinician wellness

At Atrius Health, Dedham Medical Associates, Granite Medical Group, Harvard Vanguard Medical Associates, PMG Physician Associates and VNA Care Network & Hospice, our physicians enjoy close collegial & clinical relationships, excellent salaries and an exceptional benefits package.

Please send CV to:
Laura Schofield 275 Grove Street, Suite 3-300, Newton, MA 02466-2275
E-mail: Laura_Schofield@atriushealth.org

AA/EOE
The Department of Nephrology and Hypertension in the Glickman Urologic and Kidney Institute (GUKI) at Cleveland Clinic is seeking an experienced general Nephrologist to join our regional practice. The practice involves outpatient clinic, Family Health Centers, hospital rounding at Cleveland Clinic hospitals and rounding at multiple dialysis units. Preference is given to candidates with community nephrology practice experience. The candidate should bring skills in practice development and leadership to build upon existing talent and infrastructure and to create a ‘best in class’ program.

Home dialysis interest is a plus. Salary and Faculty appointment at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University will be commensurate with experience.

The Nephrology and Hypertension Department at Cleveland Clinic is committed to achieving excellence as healthcare evolves through healing, teaching, and respect for the individual. We offer unparalleled resources and opportunities for both professional satisfaction and career advancement and emphasize equity in work–life balance.

Cleveland Clinic has been delivering innovative healthcare since 1921. In over 90 years we have done some remarkable things including the world’s first coronary artery bypass in the 1950s to assisting in America’s first facial transplant. Our department staff have been innovators in patient care and research in hypertension, CKD, dialysis, and kidney transplantation for 50+ years.

About the Department of Nephrology and Hypertension:
The Department has 27 physicians, 13 Advanced Practice Providers and 8 Fellows treating patients in all subspecialties at over 20 locations in Northeast Ohio. In 2019, we are on track to complete more than 25,000 office visits and over 26,000 dialysis treatments. Patients come to us from every state in the United States and more than 82 countries.

Please apply: http://jobs.clevelandclinic.org/physicians.html

The same vitality that charges Cleveland Clinic extends to almost every aspect of life in Greater Cleveland. The melting-pot culture that has helped establish Cleveland as a vibrant and versatile metropolitan area adds a unique flair to the lifestyle here. The Cleveland area is a very comfortable and affordable place to live with a variety of available activities, excellent school systems, world renowned orchestra, theaters and entertainment, and a great place to raise a family.

Equal Employment/Affirmative Action Employer – Min/Fem/Disability/Vet/Smoke Drug Free Environment

Most physicians caring for adults are asked at some point to make decisions about the work status of their patients. But few are taught much about this topic in medical training, including the health impact of these decisions. This new, engaging, online case-based course will teach you the importance of including work recommendations in your patient-centered treatment plan. It will also equip you with the tools for discussing these decisions with patients. Using guided, simulated conversations, you will have a chance to practice talking with patients about their work issues. There are eight modules in this course, each takes 15 to 30 minutes to complete, offering up to 3.5 CME credits. The modules can be taken in any order.

Most physicians caring for adults are asked at some point to make decisions about the work status of their patients. But few are taught much about this topic in medical training, including the health impact of these decisions. This new, engaging, online case-based course will teach you the importance of including work recommendations in your patient-centered treatment plan. It will also equip you with the tools for discussing these decisions with patients. Using guided, simulated conversations, you will have a chance to practice talking with patients about their work issues. There are eight modules in this course, each takes 15 to 30 minutes to complete, offering up to 3.5 CME credits. The modules can be taken in any order.

Accreditation Statement
The Massachusetts Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA Credit Designation Statement
The Massachusetts Medical Society designates this internet enduring material for a maximum of 3.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This course is offered by the Massachusetts Medical Society and endorsed by the New England College of Occupational and Environmental Medicine.
SSM Health believes that our talented and compassionate physicians are the hearts and hands of our healing ministry, so our leadership actively partners in their practice. We rely on the wealth of talent and expertise of our providers. We engage and empower them to seek innovations, technologies and new programs or services that will lead to high-quality integrated care for our patients. Working together, we are providing exceptional health care services that reveal the healing presence of God.

Discover the difference of practicing with purpose at SSM Health.

Visit JoinSSMHealth.com to find the right opportunity for you.