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The NEW ENGLAND JOURNAL of MEDICINE

March 22, 2018

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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 confidentiality safeguards that keep personal information and job searches private.

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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. Notably, in January, the NEJM.org website was updated to make it easier for you to find and use the information you trust to stay informed and at the forefront of your field.

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Sincerely,

Jeffrey M. Drazen, MD

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NEJM CareerCenter

Making the Most of the Physician Site Visit

Arriving prepared and being highly professional are key, but physicians should also plan their 'downtime'

By Bonnie Darves

When residents near the end of training, nothing says "you're almost there!" quite as dramatically as the act of setting the date for the first onsite job interview. For physicians, those basic phone or email transactions validate both the years of hard work and the fact that they'll soon start their first practice position — somewhere.

Even if the prospective employer or the organization's recruiter initiated the conversation that led to scheduling the site visit, that doesn't mean the job is guaranteed. Physicians should prepare for any site visit as if they're not the only candidates in the running. If the opportunity is in a highly desirable organization or location, there's a very good chance that other physicians are also being considered.

In other words, treat the site visit as the important event that it is: making the most of that day or two onsite and presenting as a consummate professional. "It's important for residents to keep in mind that the site visit is a job interview, first and foremost, and that their demeanor and appearance really matter," said Lynne Peterson, director of physician and advanced practice recruitment for Fairview Health Services in Minneapolis, Minnesota. "I have seen physicians show up wearing clothes that are far too casual, and that comes across as unprofessional."

What's too casual? "It is not a good idea to show up wearing a polo shirt and casual slacks," said Joelle Hennesey, manager of physician services for First Physicians Group and Sarasota Memorial Hospital in Sarasota, Florida. "Wear business attire, and when in doubt, don't worry about being overdressed." Ms. Hennesey pointed out that most of the young physicians she encounters are dressed for the occasion, but it's more often experienced physicians who commit the dress faux pas. "Then, as recruiters, we're faced with trying to figure out whether the wrong attire choice was just a personality quirk," she said.

Allen Kram, director of physician development for Westchester Medical Center, in Valhalla, New York, reminds residents that professional attire, the candidate's first opportunity to make an impression on arrival, sets the tone. "Dress is unequivocally important. Men should wear a clean,

pressed dress shirt and jacket, and women, the corollary to that. That's the standard of etiquette for an onsite interview," said Mr. Kram, a board member of the Association of Physician Staff Recruiters (ASPR). He and other recruiters interviewed indicated that residents might not receive sufficient coaching from their program staff on this aspect of the site visit.

Act — and be — prepared for the interview

Ideally, physicians planning for an onsite interview should prepare for the visit a week or two in advance. This preparation process should be fairly straightforward, depending on the practice opportunity. There is an abundance of information available online today about many health care organizations and the geographic areas and markets in which they operate. This means that physicians should arrive reasonably well informed. "It's pretty easy now to do research on a practice, facility, or organization, and the prospective employer will expect the resident or fellow to have done that research," said Craig Fowler, immediate past president of the National Association of Physician Recruiters and vice president of training, recruiting, and public relations for Pinnacle Health Group in Atlanta, Georgia. "There's no excuse for being unprepared for this aspect of the site visit, and I often remind residents that being uninformed could give the impression that they're not highly interested in the opportunity, even when they are."

The most efficient way to obtain a basic grounding on a practice, facility, or academic institution is to first review the organization's website and ask the recruiter to provide background information. If candidates aren't familiar with the geographic region or the health care environment within the area in question, they might find it helpful to look at both business and general-interest publications websites.

If possible, residents should reach out through professional channels to learn more about the organization or facility before the visit. This might entail asking training program faculty members if they have any contacts in the region, or tapping into the medical school or residency alumni networks to identify physicians who might have a helpful perspective.

The star candidates, Mr. Kram, a veteran recruiting professional, points out, "are those who show me and our [interviewing] physicians and administrators that they've done some checking — and that they've networked enough to know about the organization's history, and its physicians or its research." Knowing in advance, for example, that a health care system operates six hospitals and a large clinic network, or is well known for its cardiac care, will help the candidate steer the conversation toward how any of the attributes might affect the opportunity.

Ms. Hennesey observed that being prepared is also ultimately a matter of courtesy. Organizations have generally gone through considerable time and expense to prepare for a candidate's visit and schedule meetings with very busy physicians and administrators. As such, showing up unprepared or acting as if the site visit is just a casual opportunity to meet and greet could offend the hosting institution. It also could waste the candidate's time, if doing some homework might have ruled out a less-than-ideal opportunity.

"Young physicians should keep in mind that the number of site visits they can make is a finite number, and they should choose accordingly," Mr. Kram said. He and other sources stressed that candidates should never accept the offer of a site visit if they're not truly interested in exploring the opportunity.

Answer — and ask — the important questions

When candidates prepare for onsite interviews, they should first be ready to answer questions succinctly and professionally. At the same time, candidates should also be ready to ask questions of the physicians and administrators who participate in the interviews.

Of course, it's not always possible to predict the questions that will be asked. However, physicians should have a ready, ideally rehearsed answer to two all-important ones they're likely to hear: What do you think you would bring to our organization, and why are you interested in this opportunity?

The recruiters who contributed to this article reported nearly unanimously that most candidates can readily speak to how they're qualified to succeed clinically in the position. That's not necessarily the case when candidates are asked why they are interested in the position, recruiters said.

"Physicians should not answer the question by just saying 'my family lives in New Jersey,'" Mr. Kram advised.

"In my experience, the smart candidates really do their homework before they come for the site visit, and they come because they're interested in our organization or their prospective colleagues," Ms. Hennesey said.

It's also advisable for the candidate to ask specific questions during onsite interviews and conversations. "I sometimes think there's a misunderstanding

among residents about this," said Ms. Peterson. Prospective colleagues and other interviewers are in fact expecting questions from candidates, and they might be disappointed if those questions aren't posed, she said.

It is recommended, for example, that candidates ask specific questions about practice scope, procedure expectations, patient volumes and scheduling practices, operating room availability, organizational culture, and the organization's position in the marketplace and plans for growth, to name a few important ones. "Asking questions demonstrates a level of engagement and interest on the candidate's part. The key is to ask the questions respectfully," Ms. Peterson said.

On a deeper level, physician candidates are also encouraged to ask strategic questions during the interviews. Candidates might ask about the organization's perceived strengths and weaknesses, for example, with an eye to how their own qualifications might help the practice or facility address the latter. In this climate of consolidation in health care, it's also appropriate to ask whether the organization is contemplating a purchase, merger, or affiliation — or the prospective addition or removal of a particular clinical service — that might affect the candidate's own professional future.

Recruiters agree that candidates should reserve the formal interview forum primarily for addressing position-related questions, not to ask about things like recreational opportunities or schools. The community tour or conversations with real estate professionals is the appropriate time and place for those inquiries.

"If you're not sure what to ask during the interview, go to your program faculty leaders and ask them what *they* might ask, if they were getting ready for that particular site visit," said Ms. Peterson. "Their guidance can be very helpful."

"Candidates who have done research on the compensation in their specialty and who are concerned about ensuring they receive a certain salary level actually should ask questions of the recruiter before they schedule the site visit," Ms. Peterson said. "At the very least, it's OK for candidates to ask whether the expected compensation range is competitive with the range in their specialty and in that region, before proceeding."

Candidates who have a successful site visit and are very interested in the position should let their key interviewers know that right away, said Nahry Minars, president and chief executive officer of ProMedical Staffing, LLC, in Washington, D.C. "Candidates should always send a thank you to the prospective colleagues and the recruiter, ideally soon after they leave town and before they get back to their busy lives," she said, adding that she advises sending that note within 48 hours, to all key individuals. "That thank-you note is the perfect vehicle for letting the people you met know that you're very interested in the opportunity — and asking if they need anything else from you, so that your note requires a response. Waiting too long to let them know your interest can give the wrong impression."

Other site-visit do's and don'ts: the short list

Physicians who accept the offer of a site visit should plan ahead. To that end, the recruiters offered these additional tips:

Do request "downtime" — a few hours or an entire day, if needed — to check out the area alone. Most organizations will arrange a community tour of some sort if the site visit will be more than a single day (some organizations, as a rule, use a two-visit model, and reserve that return visit for seeing the community). Physicians who really want some time alone or with a significant other to explore the community should ensure that's set aside ahead of time.

Don't forget that everyone you encounter onsite is important, and treat all with the same degree of respect. A candidate's inappropriate or discourteous behavior to anyone may raise questions about the candidate's suitability for the position. Behaving inappropriately can "sink the opportunity quickly," as one recruiter put it.

Do ask if a spouse or partner can accompany you. Although most organizations are willing to accommodate a candidate's significant other, it's still a good idea to clear that person's prospective presence (and be clear about any associated expenses) ahead of time with the recruiter.

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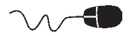

Seeking Work-Life Balance in Physician Practice Opportunities

Whether you are a Gen-Xer about to leave training or already in practice and considering a change in venue, establish a realistic set of essential work-life priorities before you negotiate with employers. Become familiar with the fiscal outlook, reimbursement models, staffing patterns, caseload, and coverage requirements. Communicate with other physicians who have recently been hired and keep your requests in line with the real or perceived norm for salary, benefits, and defined work time. Once you've established yourself as an indispensable member of the medical staff, it will be easier to attain your ideal work-life balance.

—John A. Fromson, MD

Young physicians can — and increasingly do — ask for preferred schedules or other accommodations, but there's a time and place and way to broach the subject

By Bonnie Darves

It's understandable that physicians coming out of training want to find a practice opportunity that not only suits their clinical interests and skill sets but also offers the potential for a reasonable balance between work requirements and their personal and family life. It's also understandable that the practices, hospitals, and health systems seeking to hire new graduates are eyeing balance as well. Ideally, they want candidates who are highly skilled and committed to providing good care and willing to help the organization meet its operational and financial requirements.

The issue — or challenge, in many cases, today — for employers is finding a way to structure and offer practice positions that meet their own and candidates' needs. And that's no small feat, in an environment where, particularly in primary care, demand for physicians far exceeds supply.

The recruiters who frequently find themselves in the middle of this equation report that they sometimes see a bit of a disconnect between the kinds of lifestyle accommodations and concessions physicians want and what the employing entities can reasonably offer. "What candidates ask in terms of schedule preferences or work week [structure] depends largely on whether there's a shortage in their specialty," said Chris Kashnig, a lead physician recruiter for Dean Medical Group in Madison, Wisconsin, part of SSM Health. "What I am seeing is that young physicians, in pediatrics, for example, want 'bounded' work — a strictly outpatient practice with a defined schedule. The problem is there aren't enough of those positions around." In primary care, he added, his organization is experiencing an increasing amount of requests for part-time positions, particularly from women and candidates with young children.

Some candidates these days, particularly in primary care, have no qualms about asking for special accommodations across the board, recruiters report. Here's an example: Residents in internal medicine or family medicine asking for a fairly substantial list of work-life balance accommodations — a four-day work week with flex time, loan repayment, a signing bonus, and relocation expense coverage. And on top of that, by the way, they would also like top-dollar compensation and no call duty.

What's wrong with that picture? For one thing, it doesn't imply — or leave — much room for give and take. Secondly, such an exhaustive set of requirements doesn't take into account the fact that the newly graduating physician is just that: a medical professional new to her or his career and the real-world practice environment, who'll require significant training and a substantial investment on the part of the hiring organization. Further, accommodating a wish list that's out of sync with what the organization's other physicians receive, expect, or experience might be politically untenable and is not particularly conducive to supporting collegiality.

"Candidates need to be reasonable with their expectations, and realize that they're going to be part of a team — that they'll have to make some concessions," said Patrice Streicher, a professional development coach and director of Vista Staffing Solutions' search division in Wisconsin. "Yes, we can get you a four-day work, but you should be prepared to give and take. It's also important, I think, for candidates to separate their needs vs. wants, before they talk to recruiters."

Understanding practices' needs

Another area of potential disconnect between graduates and hiring organizations is a limited understanding, on physicians' part, of the constant balancing act that practices face: They must staff to guarantee adequate care coverage for patients while ensuring that they don't pay more than they can afford for physician services. All recruiters interviewed for this article said that most young physicians they encounter have little understanding of the operational realities of managing practices, and staffing

hospitals and health systems. And residents likely aren't aware of the market realities and legal issues organizations contend with when they recruit.

That's understandable, perhaps, because most residents have not been exposed to such business concepts and have been focused on clinical skill-building. Nonetheless, this lack of awareness is a likely contributing factor to unreasonable expectations, some recruiters pointed out.

"Most young physicians don't have a clue about how staffing a practice works, so they don't have a sense of what they can reasonably ask for and what practices can actually do," said Regina Levison, vice president of client development for Jordan Search Consultants. "We're constantly educating clients about this." Ms. Levison said that the tenor of opportunity advertisements that detail the upsides but not the job requirements, fueled by the residency rumor mill, exacerbate the expectation disconnect. "When candidates hear that a colleague got a part-time primary care position that pays $250,000 and requires no call, they think they can ask for that too," she said, pointing out that such positions are rare and likely won't be in desirable urban areas.

"It would be helpful to all of us—residents and recruiters—if residency directors were a bit more in touch with the market and could share that information with young physicians," said Bruce Guyant, regional director of physician recruitment for LifePoint Health's western region. "I think that medical leadership needs to understand better what goes on in smaller communities and rural areas, from the business and market standpoint, because that's where the bulk of the jobs and patients are." Mr. Guyant noted that many of the rural hospital positions he recruits for offer high compensation and financial incentives, but can't be highly flexible in the schedule arena.

The 'Gen-X' factor

It's hard to pinpoint what is driving what appears to be a palpable shift in young physicians' expectations, but it's likely multiple factors. On the positive side, medical residents, like their fellow "Generation X" age peers in other fields, surveys show, appear more aware generally of the importance of avoiding job burnout and jeopardizing their feelings about their work. This particular generation, recruiters and residency directors report, places a commensurately higher value than their older counterparts on having a "quantifiable" work life and reserving defined time for non-work pursuits.

"The duty-hour restrictions [imposed in 2003] probably contributed to this shift," said Gopal Yadavalli, MD, director of the internal medicine residency program at Boston University. "Before, there was this expectation that you 'stay until the work is done,' but people graduating over the last decade have been in a different environment with the 80-hour work weeks and 16-hour shifts. This mindset influences the trainees, and perhaps colors their expectations too." Anecdotally, Dr. Yadavalli notes, he isn't hearing reports from recent graduates about mismatched workload expectations once the physicians get into practice. Those he has heard from, most of whom are in academic positions, "seem quite happy with their schedules," he said, even if some struggle to obtain protected time for non-clinical activities.

The case might be different for internal medicine graduates going into community practice settings, Dr. Yadavalli acknowledged, noting that graduates who choose hospitalist positions appear less satisfied with their schedules and associated demands than those in academic practice.

One upside of the new generation's quest for balance in their work and personal lives — young physicians want to be more available to spouses and children than perhaps their own parents were, and keep a routine workout schedule — might contribute to untenable expectations, observed Craig Fowler, immediate past president of the National Association of Physician Recruiters. "To their credit, this group of young physicians want to be all things to all people. They want to be high-performing clinicians but also show up at their child's soccer games, and be around most nights for dinner," said Mr. Fowler, senior vice president for the recruiting firm Pinnacle Health Group in Atlanta. "That's commendable, but it might not be ideal for the community or organization the physician wants to join."

Several recruiters reported that residents in the specialties generally don't request, or expect, as much in the way of work-life balance accommodations as those in primary care. This might be attributable to the culture in their residencies regarding work expectations, some recruiters ventured, or because they've had more exposure to practice-life realities because of the additional time they spend in training. And in specialties where supply does not outstrip demand, savvy residents might be less inclined to ask for concessions, some sources said.

"We see this more in primary care — physicians starting the conversation with questions about call and the work schedule, and the amount of compensation — than among specialists. The primary care physicians know

that because of the market, they can be very choosy," said Kathryn Zimmerman, MBA, director of physician network development with Adventist HealthCare in the Maryland region near Washington, DC. "At the same time, I see a lot of passion in these young PCPs and a commitment to good clinical care and outcomes. Still, it is a bit of a turnoff when people lead with special considerations."

The picture appears to be somewhat different in certain small specialties, where clinical practice and setting specifics might take higher priority than life-style considerations for job-seeking physicians. In child psychiatry, for example, even though the shortage is perennial, physicians might hold out for a type of practice structure, observed Eugene Beresin, MD, a professor of psychiatry at Harvard Medical School and senior medical educator in child and adolescent psychiatry. "Our trainees are seeking positions that enable them to achieve what they went into this field for — to help children and families, and to be able to do some psychotherapy. They're not wooed by positions that offer no call or high compensation," Dr. Beresin said. "At the same time, they're extremely aware of and concerned about the challenges they'll face in balancing their professional and personal lives."

What the ads don't say

The shortages in primary care and some specialties, often underscored by the barrage of communication residents receive about practice opportunities and the tenor of associated advertisements, might be skewing physicians' expectations about how flexible positions (and employers) might be. Several other sources mentioned the "sky's-the-limit" advertisements that are becoming commonplace in primary care and the specialties.

"For locations that are challenging to recruit to, we see advertisements that offer not only large sign-on bonuses and inflated starting salaries but also numerous life-style perks," said Katie Cole, head of Harlequin Recruiting in Denver, which specializes in the neurosciences. "Candidates coming out of training are bombarded by these offers and think that they're able to hold out for every item on their wish list. But that's not the case when the opportunities are in high-demand, desirable areas."

How and when to ask

While most physicians are gracious in making their requests, even if their "wish list" is a tad extensive, some are too aggressive and demanding, some recruiters maintain. Recruiters, and likely employers too, take issue with candidates who lead with the money card — asking for compensation above the median — but don't appear willing to perhaps work extra hours in exchange or let go of other work-life balance requests such as preferred work-week or call schedules.

A more appropriate approach to requesting work-life balance accommodations, Ms. Levison advises, is for candidates to first state what they bring to the table and in skills and qualifications, before divulging the wish list. Then, she added, physicians should be prepared to offer something to counter their request. "If a candidate doesn't want to work five days because she wants the fifth day for family, but is willing to work three or four long days, that will get the attention of groups that want to staff longer on weeknights or flex their staffing," she said.

What doesn't work, all recruiters interviewed agreed, is when candidates propose a lopsided arrangement with no give and take, from the start. Even worse, perhaps, is a candidate who goes through several conversations and a site interview before dropping a laundry list of work-life balance requirements on the table when an offer is imminent. In any conversation with a recruiter or prospective employer, physicians should be gracious, first and foremost, and should err or the side of appearing flexible, not rigid. "It's best to leave your demanding attitude at home," Ms. Levison said. (See "Do's and don'ts" at the end of the article.)

"When I recruit for internal medicine and family practice positions, many candidates today tell me exactly what they want in terms of work-life balance," said Mr. Kashnig. "So sometimes I have to counter by letting them know what we can accommodate and what we can't — and that we'll adapt within reason." For example, Dean Medical Group has structured its primary care practices to allow for part-time practice (a minimum of three-quarters time) and job sharing, where feasible. However, all physicians must work some evening or Saturday hours, and take very limited call.

What the medical group won't accommodate, Mr. Kashnig points out, are patently unreasonable requests — such as four-day work weeks, with Friday off, and no evenings or call. "Most physicians are civil, but we do occasionally run into graduates who want more [compensation] than we can

pay or aren't willing to work with our schedules. And if their expectations are unreasonable, we tell them," he said, adding that a demanding attitude in a new graduate is a definite "red flag."

Work-life balance requests: Do's and don'ts

Most medical practices and health care organizations will try to grant highly qualified physician candidates' requests for part-time schedules or other accommodations, within reason and to the extent feasible, provided the physician is willing to give something in return and the request doesn't conflict with established culture.

In these discussions, as in anything that involves potentially complex or sensitive negotiation, there's an etiquette of sorts. Recruiters who shared their perspectives for this article offered additional guidance for candidates on how to navigate these discussions.

Share your strengths before asking for accommodations. "What recruiters want to hear, before making concessions, is that is that you're highly qualified and committed to your specialty but also willing to put down roots, grow the practice, and cultivate patient loyalty," said Ms. Zimmerman.

Articulate what's important. Decide what's most important — is it a three-day work week or very limited night call because of family considerations? — and lead with that, Mr. Guyant advises. "Many candidates, when I ask what's most important or less important besides compensation, and why, can't always tell me."

Broach the big-picture or "must-have" needs early, before interviews start. Timing is important, Ms. Streicher reminds candidates, to avoid wasting anyone's time. "It's best to be open, early on, particularly if you want a part-time schedule, so that the recruiter can make a good match. And do ask questions about the job's fixed requirements, before you talk to anyone in leadership," she said.

Be prepared to pare your wish list — and keep it short. "You won't get 100 percent of what you want in schedule or life-style accommodations, so don't shoot for the moon. And do rate and rank your priorities, ideally before you start exploring opportunities," Mr. Fowler advises

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CLINICAL PRACTICE

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

Initial Treatment of Hypertension

Sandra J. Taler, 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.*

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A 56-year-old woman presents for elevated blood pressure, which was noted at a job-site screening. She has gained 20 lb (9.1 kg) during the past 5 years and takes naproxen sodium (at a dose of 220 mg daily) for joint pain. She has never smoked, and she consumes one or two alcoholic drinks daily. Both of her parents received a diagnosis of hypertension in their 50s. On examination, the blood pressure is 162/94 mm Hg in both arms while the patient is seated and 150/96 mm Hg while the patient is standing. The body-mass index (the weight in kilograms divided by the square of the height in meters) is 29. Her examination is notable only for abdominal obesity without bruits or masses. The serum level of sodium is 138 mmol per liter, potassium 3.8 mmol per liter, calcium 9.4 mg per deciliter (2.35 mmol per liter), fasting glucose 105 mg per deciliter (5.8 mmol per liter), and creatinine 0.8 mg per deciliter (71 μmol per liter). Urinalysis is negative. How would you further evaluate and treat this patient?

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

THE CLINICAL PROBLEM

Hypertension, the elevation of systolic blood pressure, diastolic blood pressure, or both above normal levels, is common in developed and developing countries and increases in prevalence with age. The threshold blood pressure for the diagnosis has declined over time on the basis of trials showing benefits of treatment to incrementally lower blood-pressure targets in reducing mortality and cardiovascular-event rates.[1] Although in recent years hypertension has been defined as a blood pressure of 140/90 mm Hg or more, the 2017 American College of Cardiology–American Heart Association (ACC–AHA) Hypertension Guideline adopted a lower threshold, in which hypertension is defined as a systolic blood pressure of 130 mm Hg or more or a diastolic blood pressure of 80 mm Hg or more (Table 1).[2] Among adults in the United States, the overall prevalence of hypertension was 31.9% under the previous definition (blood pressure, ≥140/90 mm Hg) and is 45.6% according to the 2017 ACC–AHA guideline definition (blood pressure, ≥130/80 mm Hg).[3] Similarly, the rate of hypertension control was 61.0% among those receiving treatment at a target of less than 140/90 mm Hg but only 46.6% at a target of less than 130/80 mm Hg.[3]

Hypertension is a leading risk factor for death and disability, including stroke, accelerated coronary and systemic atherosclerosis, heart failure, chronic kidney disease, and death from cardiovascular causes (Fig. 1). From 1990 through 2015, the estimated global annual rate of death associated with a systolic blood pressure of 140 mm Hg or more increased from 97.9 to 106.3 per 100,000 persons, where-

KEY CLINICAL POINTS

INITIAL TREATMENT OF HYPERTENSION

- The 2017 ACC–AHA Hypertension Guideline redefines hypertension as a systolic blood pressure of 130 mm Hg or more or a diastolic blood pressure of 80 mm Hg or more and lowers the blood-pressure target to less than 130/80 mm Hg.
- This blood-pressure target is supported by the SPRINT trial, which showed lower hypertension-associated morbidity and all-cause mortality with a systolic blood-pressure target of less than 120 mm Hg than with a target of less than 140 mm Hg; electrolyte abnormalities, syncope, and acute kidney injury were more common in the lower-target group.
- The initial assessment should consider coexisting conditions, including cardiovascular disease, diabetes mellitus, chronic kidney disease, and elevated risk of cardiovascular disease, in determining when to start blood-pressure–lowering medication.
- Recommended lifestyle modifications include restriction of dietary sodium intake, weight loss if the patient is overweight, exercise, moderation of alcohol intake, and increased consumption of potassium-rich foods.
- The initial antihypertensive agent should generally be selected from one of four drug classes shown to reduce cardiovascular events: ACE inhibitors, angiotensin-receptor blockers, calcium-channel blockers, and thiazide-type diuretics.
- Repeat visits are required to ensure ongoing hypertension control.

Table 1. Classification of Blood Pressure in Adults.*

Blood-Pressure Category	Definition
Normal	Systolic pressure of <120 mm Hg and diastolic pressure of <80 mm Hg
Elevated	Systolic pressure of 120–129 mm Hg and diastolic pressure of <80 mm Hg
Hypertension	
Stage 1	Systolic pressure of 130–139 mm Hg or diastolic pressure of 80–89 mm Hg
Stage 2	Systolic pressure of ≥140 mm Hg or diastolic pressure of ≥90 mm Hg

* Definitions are derived from the 2017 American College of Cardiology–American Heart Association Hypertension Guideline.[2] Persons with systolic blood pressure and diastolic blood pressure in different categories should be designated in the higher blood-pressure category. Diagnosis is based on the average of two or more readings taken on two or more occasions.

as the number of disability-adjusted life-years increased from 5.2 million to 7.8 million.[4]

Lifestyle factors that are associated with an increased risk of hypertension and greater severity include high sodium intake,[5] weight gain and obesity,[6] excess alcohol intake,[7] and the use of certain medications, particularly nonsteroidal antiinflammatory drugs (NSAIDs), stimulants, and decongestants. There is often a genetic predisposition that is probably polygenic for most persons. Hypertension that manifests during pregnancy as preeclampsia or gestational hypertension is associated with an increased likelihood of future sustained hypertension and cardiovascular events.[8]

STRATEGIES AND EVIDENCE

EVALUATION

The first step is to confirm the diagnosis of hypertension. Guidelines recommend at least two blood-pressure measurements on at least two occasions with the use of a standardized measurement technique and validated equipment, including a cuff of correct size.[2] Measurements should be made with the back supported, legs uncrossed, feet on the floor, and the measurement arm supported on a table at heart level after the patient has sat quietly for 5 minutes.

Current methods rely on aneroid sphygmomanometers or oscillometric devices in which

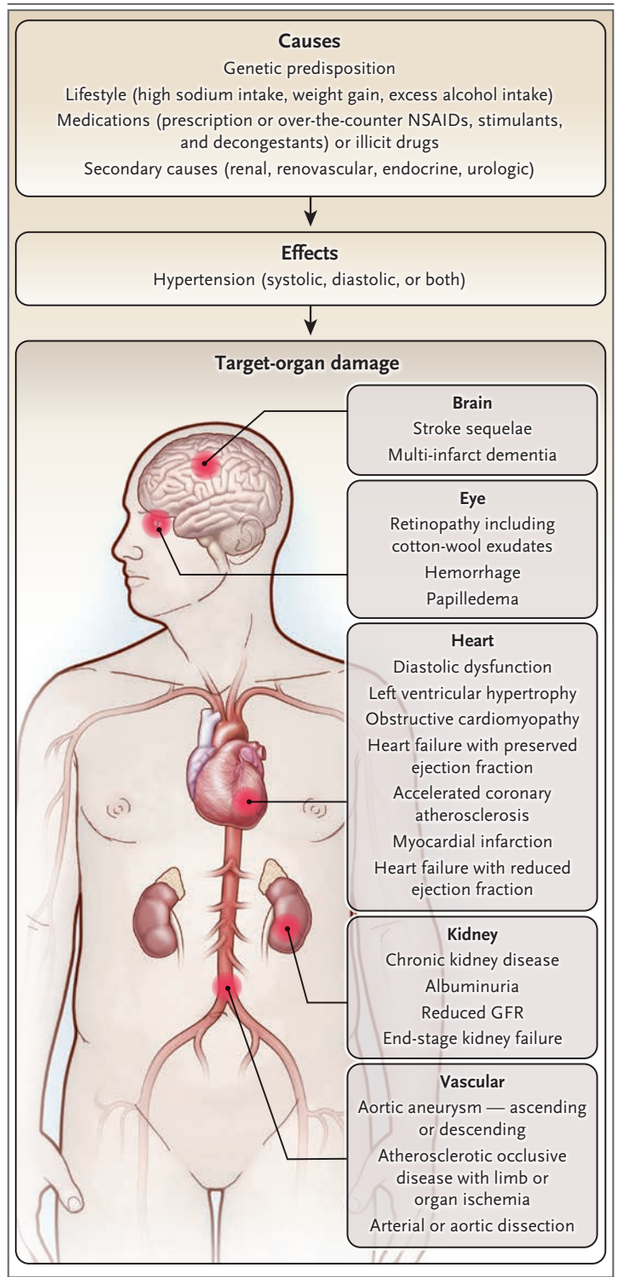

Figure 1. Pathophysiology of Hypertension.
GFR denotes glomerular filtration rate, and NSAIDs nonsteroidal antiinflammatory drugs.

blood pressure is calculated from maximal oscillations of the blood-vessel wall during cuff deflation (defined as mean arterial pressure), with systolic and diastolic pressures calculated with the use of proprietary algorithms.[9] Automated devices that take two to six serial measurements and determine the mean are increasingly used in outpatient clinics, and the readings correlate closely with those of ambulatory blood-pressure monitoring while the patient is awake.[10] These devices allow an attendant to place the cuff and leave the room, minimizing the "white coat" effect (i.e., blood pressure elevated in the office but normal outside).

Masked hypertension should be considered when office blood pressures are controlled but the patient has elevated home measurements or a greater severity of hypertension-associated target-organ damage than expected. Ambulatory blood-pressure monitoring is useful in assessing these possibilities; if such monitoring is unavailable or for measurements obtained over several days, home blood-pressure monitoring is an alternative.[11]

Once the diagnosis is confirmed, a careful history taking should assess coexisting conditions and contributing factors, including lifestyle practices, other cardiovascular risk factors that are associated with hypertension, and features to suggest a secondary cause of hypertension. A gradual rise in blood pressure that is associated with weight gain, in combination with a positive family history, supports primary hypertension, whereas severe or resistant hypertension, accelerated target-organ damage, or other symptoms or signs suggest a secondary cause that merits further testing and referral (Table S1 in the Supplementary Appendix, available with the full text of this article at NEJM.org). The physical examination should include cardiac and vascular evaluation and assessment of target-organ damage (Fig. 1). A thigh blood-pressure measurement is recommended for adults younger than 30 years of age to exclude aortic coarctation, and blood-pressure measurement while the patient is standing is recommended for older adults to assess orthostatic blood-pressure changes.

Initial laboratory testing should assess for coexisting conditions that may affect the patient's response to medication and assess for target-organ damage. Such testing includes assessment

of serum levels of sodium, potassium, calcium, uric acid, creatinine (with estimated glomerular filtration rate), hemoglobin, and thyrotropin; a lipid profile; urinalysis; and electrocardiography. Patients with diabetes mellitus or chronic kidney disease should have the urinary albumin-to-creatinine ratio checked initially and annually.

MANAGEMENT

Treatment of hypertension includes nonpharmacologic and pharmacologic approaches. Treatment decisions depend on whether there is preexisting cardiovascular disease, diabetes mellitus, or chronic kidney disease. For patients with stage 1 hypertension and without these conditions, the 2017 ACC–AHA guideline recommends calculation of the estimated 10-year risk of cardiovascular disease (http://tools.acc.org/ASCVD-Risk-Estimator/).[2] If this risk is less than 10%, it is reasonable to implement lifestyle modifications alone for a period of 3 to 6 months. For those with stage 2 hypertension or with preexisting cardiovascular disease, diabetes mellitus, chronic kidney disease, or a 10-year risk of cardiovascular disease of 10% or higher, both lifestyle change and medication are recommended. For all patients with hypertension, a blood-pressure target of less than 130/80 mm Hg is advised.

Lifestyle Changes

Recommended strategies include restriction of dietary sodium intake below 1500 mg per day,[12,13] weight loss if the patient is overweight or obese,[14] aerobic or resistance exercise for 90 to 150 minutes per week,[15,16] moderation of alcohol intake (≤2 drinks daily for men and ≤1 drink for women),[17,18] and enhanced intake of potassium-rich foods.[19] Each of these strategies is likely to reduce systolic pressure by 3 to 8 mm Hg and diastolic pressure by 1 to 4 mm Hg.[20] The Dietary Approaches to Stop Hypertension (DASH) diet, which emphasizes the consumption of fresh produce, whole grains, and low-fat dairy products and which limits sodium intake, was associated with a reduction of 11.4/5.5 mm Hg in blood pressure, as compared with a control diet.[21] Patients should be encouraged to minimize the use of NSAIDs, decongestants, and amphetamines (as used for attention deficit–hyperactivity disorder). Other behaviors that are associated with cardiovascular risk, including tobacco use and a sedentary lifestyle, should also be addressed.

Evidence Supporting Pharmacologic Therapy

Multiple clinical trials — including (but not limited to) the Veterans Administration Cooperative Study[22,23] (focusing on diastolic hypertension), the Systolic Hypertension in the Elderly Program trial,[24] and the Systolic Hypertension in Europe trial[25] — have shown that blood pressure can be effectively reduced by medications and that doing so results in a reduced incidence of target-organ events.

Other trials have compared first-line therapies with the use of different drug classes.[26,27] The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) randomly assigned more than 40,000 patients at high cardiovascular risk to initial therapy with chlorthalidone, amlodipine, lisinopril, or doxazosin and allowed additional medications to achieve a blood pressure of less than 140/90 mm Hg.[27] The doxazosin group was stopped early owing to a higher incidence of heart failure. Chlorthalidone-based therapy resulted in lower blood-pressure levels than the other agents, fewer heart-failure events than amlodipine, and fewer combined cardiovascular events, strokes, and heart-failure events than lisinopril.

More recently, the Systolic Blood Pressure Intervention Trial (SPRINT) randomly assigned 9361 persons with a systolic blood pressure of 130 to 180 mm Hg and high cardiovascular risk to a systolic blood-pressure target of either less than 120 mm Hg or less than 140 mm Hg.[28] The trial was stopped early after 3.3 years for demonstrated benefit of the lower blood-pressure target with respect to the primary composite outcome (myocardial infarction, other acute coronary syndromes, stroke, heart failure, or death from cardiovascular causes) (hazard ratio, 0.75; 95% confidence interval [CI], 0.64 to 0.89) and all-cause mortality (hazard ratio, 0.73; 95% CI, 0.60 to 0.90). Patients in the intensive-treatment group required an average of one additional medication (2.8 drugs, as compared with 1.8 for standard treatment).

The Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial, with a trial design nearly identical to that of SPRINT but involving 4733 participants with type 2 diabetes, showed no significant benefit for the lower blood-pressure target with respect to the primary outcome, although there was a significant difference in the incidence of stroke that favored the lower target.[29] A possible contributor to the negative results of the ACCORD trial was the power of the trial, with fewer events than predicted in the group with a higher blood-pressure target.

Drug Selection

The initial agent can be selected from one of four drug classes: angiotensin-converting–enzyme (ACE) inhibitors, angiotensin-receptor blockers (ARBs), calcium-channel blockers, and thiazide-type diuretics; each class has been shown to reduce cardiovascular events (Table 2).[27] The patient's lifestyle, coexisting conditions, and clinical characteristics should be considered in selecting an agent. For example, patients with a high salt intake (e.g., eating primarily processed foods) may have a greater blood-pressure reduction with diuretic therapy, whereas those restricting salt intake may have a greater response to blockade of the renin–angiotensin system. This approach has been extended by some providers to use the patient's age and race as predictors of blood-pressure response[30] and by others to use renin profiling for drug selection,[31] although data are not conclusive.

Caution is advised with thiazide use in patients 65 years of age or older, particularly in women[32] and in patients of either sex who have hyponatremia or a low normal sodium level at baseline; in such patients, the serum level of sodium should be checked within 1 to 2 weeks after a thiazide diuretic has been started or the dose has been increased. If hyponatremia develops, an agent from a different class can be selected. If a diuretic is needed later, a long-acting loop diuretic can be used.

ACE inhibitors are effective and have an acceptable side-effect profile in most patients, although cough develops in up to 20% of patients.[33] Angioedema is an infrequent complication overall but is two to four times as common among blacks as among whites (estimated incidence, 3.9 cases per 1000 person-years among blacks and 0.8 cases among whites).[34] If angioedema occurs, an ARB can usually be substituted. Thiazide-type diuretics or calcium-channel blockers were more effective than ACE inhibitors as first-line agents for black patients with hypertension in ALLHAT.[27] However, calcium-channel blockers are associated with additional side effects, primarily edema for the dihydropyridine agents (nifedipine, amlodipine, and others) and constipation for the nondihydropyridines (verapamil and diltiazem). In most cases, these agents are better used for add-on therapy if blood pressure remains uncontrolled. (Table S2 in the Supplementary Appendix provides information on other agents that may be used for blood-pressure control.)

Patients with certain coexisting conditions may benefit from specific agents (Table 2, and Table S2 in the Supplementary Appendix). For example, sustained-release beta-blockers are indicated in patients with congestive heart failure, after myocardial infarction, for arrhythmias, and for migraine prophylaxis and will also treat the patient's hypertension. An ACE inhibitor or ARB should be prescribed for most patients with chronic kidney disease with albuminuria, with referral to a nephrologist for advanced chronic kidney disease (stage 3b or higher).

If the first agent that is selected has unacceptable side effects, it should be discontinued and an agent from a different drug class should be started. If the selected agent has an acceptable side-effect profile but is not effective, the dose may be increased or a second agent with a complementary mechanism of action can be added. In a recent meta-analysis, dual therapy involving at least one agent at a low dose had similar efficacy to that of higher-dose monotherapy but had fewer adverse effects.[35] The use of combination agents can reduce pill burden and shorten the time needed to reach blood-pressure goals; however, it may be prudent to use combination agents only after one component has been shown to have an acceptable side-effect profile in the patient, because an adverse reaction would potentially remove both agents as treatment options.

Additional Considerations

The need to take daily medications for a condition that is usually asymptomatic is challenging for many patients, particularly if they have adverse effects associated with a medication. A recent SPRINT substudy showed no significant differences between the intensive-therapy and standard-therapy groups in quality-of-life measures.[36] Electronic-monitoring data indicate that

Table 2. Initial Choices for Antihypertensive Agents and Usual Doses.*

Drug Class and Primary Agents	Usual Dose	Indications	Cautions and Side Effects
Thiazide-type diuretics			
Chlorthalidone	12.5–25 mg once daily	First-line therapy or add-on as second or third agent	Hyponatremia (more likely in older women), hypokalemia, orthostatic hypotension, hypovolemia
Hydrochlorothiazide	12.5–50 mg once daily		
Indapamide	1.25–2.5 mg once daily		
ACE inhibitors			
Benazepril	5–80 mg/day, in one or two doses	First-line therapy or add-on as second or third agent; CKD with albuminuria; congestive heart failure; after myocardial infarction	Do not use in combination with ARB or direct renin inhibitor; hyperkalemia; may cause serum creatinine elevation in patients with CKD or bilateral renal-artery stenosis; angioedema is infrequent but is 2 to 4 times as common among blacks as among whites; contraindicated in pregnancy
Fosinopril	10–80 mg/day, in one or two doses		
Lisinopril	5–40 mg once daily		
Moexipril	7.5–30 mg/day, in one or two doses		
Perindopril	4–16 mg/day, in one or two doses		
Quinapril	10–80 mg/day, in one or two doses		
Ramipril	2.5–20 mg/day, in one or two doses		
Trandolapril	2–8 mg/day, in one or two doses		
ARBs			
Azilsartan	40–80 mg once daily	First-line therapy or add-on as second or third agent; CKD with albuminuria; congestive heart failure; after myocardial infarction; alternative for patients with chronic cough or ACE-inhibitor–associated cough	Do not use in combination with ACE inhibitor or direct renin inhibitor; hyperkalemia; may cause serum creatinine elevation in patients with CKD or bilateral renal-artery stenosis; contraindicated in pregnancy
Candesartan	8–32 mg/day, in one or two doses		
Eprosartan	600 mg/day, in one or two doses		
Irbesartan	150–300 mg once daily		
Losartan	25–100 mg/day, in one or two doses		
Olmesartan	20–40 mg once daily		
Telmisartan	20–80 mg once daily		
Valsartan	80–320 mg once daily		
Calcium-channel blockers			
Dihydropyridine type			
Amlodipine	2.5–10 mg once daily	First-line therapy or add-on as second or third agent; no effect on serum creatinine level; minimal effect on cardiac output	Edema of the legs and feet; may worsen proteinuria; may worsen left ventricular outflow tract obstruction
Felodipine	2.5–10 mg once daily		
Isradipine	5–10 mg/day, in two doses		
Nicardipine ER	5–20 mg once daily		
Nifedipine ER	30–120 mg/day, in one or two doses		
Nisoldipine ER	17–34 mg once daily		
Nisoldipine ER, core coated	20–60 mg once daily		
Nondihydropyridine type			
Diltiazem SR	180–360 mg/day, in two doses	Tachycardia, left ventricular outflow tract obstruction, hyperdynamic cardiac function, migraine prophylaxis	Constipation; heart block if used in combination with beta-blocker
Diltiazem ER	120–480 mg once daily		
Verapamil SR	120–480 mg/day, in one or two doses		
Verapamil delayed-onset ER	100–480 mg once daily		

* ACE denotes angiotensin-converting enzyme, ARB angiotensin-receptor blocker, CKD chronic kidney disease, ER extended release, and SR sustained release.

adherence rates decline as the number of medications and overall pill burden rises: 79% for one daily dose, 69% for two doses, 65% for three doses, and 51% for four doses.[37] Nonpharmacologic therapy requires a strong ongoing commitment to be effective. Ultimately, the best strategies combine lifestyle efforts with medical therapies to achieve greater effect with the use of fewer medications and lower doses. Dose adjustment is recommended until blood-pressure goals are achieved, with interval laboratory testing to monitor for electrolyte disturbances or decline in renal function. Home blood-pressure measurements should be encouraged, although data are lacking to show that they improve blood-pressure control.[38,39] Home monitors should be checked annually for accuracy, and the technique for their use should be reviewed regularly. Inclusion of a nurse or pharmacist in the care team may facilitate more timely addition of new agents or adjustment of the dose when indicated.

AREAS OF UNCERTAINTY

There is continued debate regarding preferred blood-pressure targets and the benefits and risks of lower targets. In SPRINT, it was necessary to treat 61 patients at the lower systolic target of less than 120 mm Hg (vs. 140 mm Hg) to prevent one additional cardiovascular event and to treat 90 patients to prevent one additional death over a period of 3.26 years. Such estimates will vary with the absolute individual level of cardiovascular risk. Attendant costs of tight blood-pressure control warrant consideration, including higher rates of serious adverse events (hypotension, electrolyte abnormalities, syncope, and acute kidney injury) with intensive treatment than with standard treatment in SPRINT and additional pill burden. There is particular concern about harms of tight control in elderly persons, although a SPRINT substudy[40] involving patients 75 years of age or older showed significant benefit with the systolic blood-pressure target of less than 120 mm Hg, with absolute rates of and relative risks of hypotension, syncope, and electrolyte abnormalities that were similar to those in the overall SPRINT population; this substudy extended the benefits seen in an earlier trial involving elderly persons with a systolic blood-pressure target of less than 150 mm Hg.[41] Failure to measure blood pressure correctly may produce higher office readings and limit achievement of blood-pressure targets.

In addition, evidence is lacking to show that tight control prevents the progression of chronic kidney disease. Studies of blockers of the renin–angiotensin system have shown slowing of diabetic nephropathy,[42-44] yet such agents have not slowed the progression of chronic kidney disease in patients without albuminuria,[45-47] a finding that suggests the need for new approaches for this patient population.

GUIDELINES

In 2013, the National Heart, Lung, and Blood Institute transferred the development of hypertension guidelines to the ACC and the AHA. The 2017 ACC–AHA guideline replaces the 2014 guideline of the Eighth Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure,[48] which was completed before the publication of SPRINT. (Blood-pressure targets of these and other guidelines are summarized in Table S3 in the Supplementary Appendix.) Recommendations in the present article are generally concordant with the 2017 ACC–AHA guideline.

CONCLUSIONS AND RECOMMENDATIONS

The patient in the vignette probably has primary hypertension, with a positive family history and contributing lifestyle factors, including weight gain and NSAID use. Her alcohol intake, at more than one drink per day, may be a contributor. I would initiate single-agent therapy for her stage 2 hypertension and encourage lifestyle changes, including sodium restriction, weight reduction, and discontinuation of contributing medications; attention to the lipid profile and glucose level is also warranted. A thiazide-type diuretic or ACE inhibitor is a reasonable first agent to prescribe, with follow-up blood-pressure and electrolyte measurements in 3 to 4 weeks. Dose increases and additional medications may be needed. I would recommend regular visits during dose adjustment, combined with home blood-pressure measure-

ments; lifestyle factors and medication adherence should be assessed at each visit. Once her blood pressure is at goal (<130/80 mm Hg), I would recommend follow-up at 6-month intervals.

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

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

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Phone: 1-781-893-3800
Website: **nejmcareercenter.org**

How to Calculate the Cost of Your Ad

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

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

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

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

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

How to Respond to NEJM Box Numbers

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

Classified Ads Online

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

Policy on Recruitment Ads

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

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

Classified Ad Deadlines

Issue	Closing Date
April 26	April 6
May 3	April 12
May 10	April 20
May 17	April 27

Cardiology

CARDIOLOGY GROUP LOCATED ON THE JERSEY SHORE, CLOSE TO NEW YORK CITY — Is looking for a Cardiologist. This is an excellent opportunity to join a busy Cardiology practice. Top salary and benefits offered. Collegial work environment, possible partnership track, and much more. Please e-mail: cardiologyresumehr@gmail.com

EXCEPTIONAL CARDIOLOGY PRIVATE PRACTICE — Is looking to add an enthusiastic and hardworking cardiologist to join the team. Manhattan Cardiology is a state-of-the-art cardiology practice located in the heart of Midtown Manhattan. The position is 100%. Board Certification is preferred in general cardiology, echocardiography, nuclear, and ideally RPVI. Job Type: full time with competitive salary with excellent benefits. Qualified candidates please e-mail your resume to: nikkoh@manhattancardiology.com

ACCEPTING APPLICATIONS FOR NEWLY ACCREDITED FELLOWSHIP TRAINING PROGRAM IN CARDIOVASCULAR DISEASE — Northern Virginia, Washington, DC, Suburbs. The Inova Heart and Vascular Institute (IHVI) is inviting applications for its newly ACGME-accredited three-year Fellowship Training Program in Cardiovascular Disease, for the training year beginning July 1, 2018. Under the leadership of CEO, Christopher M. O'Connor, MD, IHVI is on a major growth trajectory, dedicated to research and academic excellence, and passionate about excellent patient care. Applicants must have completed an ACGME-accredited Internal Medicine Fellowship program. Interested candidates, please contact: CVFellowship@inova.org

LARGE CARDIOLOGY PRACTICE — Located on the beautiful Treasure Coast of Florida seeking a noninvasive cardiologist to join our busy and expanding practice. Full service practice. Eight physicians, four ARNPs. Three office locations. Competitive salary and benefits. Visit: www.stuartcardiology.com for more information. E-mail CV to: joe@gageonline.com

Family Medicine (see also IM and Primary Care)

PRIMARY CARE PHYSICIAN — Seeking Family Practice Provider for large friendly practice in SE New Mexico. J-1 applicants welcome. Moderate four season climate with exceptional outdoor recreational opportunities. Exceptional schools, private and public, a state university, and culturally diverse. Twelve providers with 100 support staff, four modern/new clinics in Roswell, Carlsbad, and Hobbs. Ancillary services include lab and radiology. Compensation above national average plus bonus structure, complete benefits package. Please e-mail: dave.southward@kymeramedical.com; or visit our website: http://kymeramedical.com

Geriatrics

GERIATRICS MEDICINE, PHYSICIAN/MEDICAL DIRECTOR OPPORTUNITIES: Parkville, Maryland (Oak Crest); Warminster, Pennsylvania (Ann's Choice); Ashburn, Virginia (Ashby Ponds). If you are seeking an opportunity to practice high quality geriatric medicine with all the support of a company committed to best practices and health care innovation, please consider a position with Erickson Living, America's largest developer of continuing care retirement communities. A job with Erickson provides professional satisfaction, financial security, and a lifestyle unmatched by traditional practice settings. No administrative hassles; salaried employment with annual bonus, wonderful benefits, 401K, profit sharing, generous time off, and much more! Other Erickson Living locations include Colorado, Michigan, Massachusetts, NC, Texas, Kansas, NJ, and Florida. Please call: 443-297-3131 or forward your CV/cover letter to: medprovideropps@erickson.com; fax: 410-204-7273. www.ericksonliving.com

Hospitalist

HOSPITALISTS — Baystate Medical Practices, Inc. (BMP) has multiple positions available in Springfield, Massachusetts, for BE/BC (Board Eligible or Board Certified) internists to provide inpatient internal medicine medical care to hospitalized patients. Willingness to travel to other hospital locations in Western Massachusetts as needed, required. Apply to: Carolynn Hartman, HSP17, Office of Physician & Advanced Practitioner Recruitment, Baystate Health, 280 Chestnut Street, 1st Floor, Springfield, MA 01199.

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

Infectious Disease

INDIANA UNIVERSITY'S ACCREDITED AND NATIONALLY-RENOWNED INFECTIOUS DISEASE FELLOWSHIP — Is looking for Internal Medicine physicians interested in escape from the mundane. Two years of fellowship could mean a lifetime of fascinomas, clinical mysteries, and interesting puzzles. IU has experience and expertise in clinical infectious disease, HIV, global health, care for the underserved, infection prevention, antibiotic stewardship, transplant ID, development of clinical educators, and research at the cutting edge of these fields. Flexible scheduling and call schedules prioritize your learning style and lifestyle first. Start date would be 7/1/2018. For those interested, please send curriculum vitae with degrees, prior training, work experience, and Visa status to sairbutt@iu.edu or cbeeler@iu.edu for consideration.

Internal Medicine (see also FM and Primary Care)

NOCTURNISTS — Baystate Medical Practices, Inc. (BMP) has multiple positions available in Springfield, Massachusetts, for BE/BC (Board Eligible or Board Certified) internists to provide inpatient internal medicine medical care to hospitalized patients. Willingness to work night shifts required. Willingness to travel to other hospital locations in Western Massachusetts as needed, required. Apply to: Carolynn Hartman, NHSP17, Office of Physician & Advanced Practitioner Recruitment, Baystate Health, 280 Chestnut Street, 1st Floor, Springfield, MA 01199.

INTERNAL MEDICINE OR FAMILY PRACTICE — MD/DO with experience and interest in the medical complications of Substance Use Disorder. Full Benefits. M-F No: N/W/E/Call. Great collaborative environment. To apply: https://massanf.taleo.net/careersection/ex/jobdetail.ftl?job=170005MO&tz=GMT-05%3A00

OUTPATIENT-ONLY INTERNAL MEDICINE WITH LOAN REPAYMENT AND SIGN-ON BONUS — The Central Maine Medical Group seeks BE/BC Internal Medicine physician to join cohesive, well-established, hospital-employed practice in Lewiston, Maine. We offer up to $200K in medical student loan repayment, $50K sign-on bonus, up to $12K moving allowance, four-day work week/generous outpatient call, healthy work/life balance. Central Maine affords easy access to the coast and mountains where you can enjoy four seasons of outdoor activities. We have a growing arts and restaurant scene in a very safe affordable area to live and raise a family. To join our growing team, contact: Gina Mallozzi, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240. E-mail: MallozGi@cmhc.org; Fax: 207-344-0696; Call: 800-445-7431; or visit our website: http://recruitment.cmmc.org

AN EXPANDING STATE-OF-THE-ART MULTISPECIALTY GROUP — Is seeking an enthusiastic, hard working and responsible board certified primary care physician/internist or family medicine. The office is located in the heart of Midtown Manhattan. The position is 100% outpatient and offers an excellent salary with great potential for growth. Please e-mail your resume to: nikkoh@manhattancardiology.com

INTERNIST — Join four internists in Primary Care department of multi-disciplinary Shenandoah Community Health. Salary and quarterly incentive compensation, standard benefits, signing bonus, relocation assistance. Potential for loan repayment. Federal Tort Claims Act professional liability coverage. Located only 90 minutes from Washington/Baltimore, Martinsburg, WV, is a dynamic community with a vibrant cultural life and many outdoor recreation options. www.shencommhealth.com. Contact: Tina Burns, 304-596-2610, ext 1066; tburns@svms.net

Neonatal-Perinatal Medicine

CLINICAL NEONATOLOGIST — Massachusetts, Cambridge. Harvard University affiliated teaching hospital seeks Board-Certified/Eligible neonatologist to join the clinical team transitioning from a Level IIA to IIB unit including CPAP, NIPV, and short term SIMV for infants with a GA of 32+ weeks. The unit supports a 2,700 birth OB service with 24-hour in-house coverage. The annual clinical responsibility includes three months of on-service time, 36 night shifts, 12 weekend shifts, and shared holiday coverage. Additionally, back-up coverage from home, split between four neonatologists, when pediatricians are covering the unit. Competitive salary and benefits, including one week of CME and four weeks of vacation. Women and minorities are particularly encouraged to apply. Please forward current CV to: searchco@mah.harvard.edu

Nephrology

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

BC/BE NEPHROLOGIST — Is needed immediately to join a solo nephrology practice in southern West Virginia. Excellent salary and benefits. J-1 or H-1 Visas are accepted. Send CVs to: wvnephrology@gmail.com

NEPHROLOGY OPPORTUNITY IN CENTRAL GEORGIA — Rapidly growing five-member Nephrology practice south of Atlanta seeking a BC/BE Nephrologist. Outstanding compensation and benefit package. E-mail CV to: ganephrologycareers@gmail.com

NEPHROLOGIST BC/BE, JACKSONVILLE, FLORIDA — Well-established seven-physician practice in Nephrology, seeking new associate. Good benefits with competitive salary. Please e-mail: drkidney@bellsouth.net

THE UNIVERSITY OF TOLEDO IS PLEASED TO ANNOUNCE — An opening for a Nephrology/Critical Care Fellowship position starting July 1, 2018. Two years of Nephrology training would be followed by one year of Critical Care. Interested applicants should contact: deepak.malhotra@utoledo.edu; or: 419-383-3705.

INDIANAPOLIS: SEEK NEPHROLOGISTS FOR PURE CONSULTATIVE PRACTICE — Large Home Therapy program. Salary: 200K, Early Partnership, productivity bonus. Offer partnership in new dialysis ventures. Permanent residents or Citizens preferred. drajain1@yahoo.com

KIDNEY CARE OF MICHIANA IS A PRIVATE PRACTICE LOOKING FOR AN EXCEPTIONAL NEPHROLOGIST — In Indiana, home of the University of Notre Dame. We are a growing Nephrology practice seeking to add a new physician to join our team. We have an impeccable reputation and a strong following with referring physicians. Our physicians cover three hospitals and four local dialysis facilities. Kidney Care of Michiana offers a salary guarantee competitive to the market and includes opportunities for performance and quality bonuses that increase in potential annually. Two-year partnership track and an excellent benefit package as well. Interested candidates please send your CV to: lsteinike@kidneycareofmichiana.com to begin the application process. For further details regarding the position, please contact Lisa at: 574-607-4724.

PRIVATE PRACTICE NEPHROLOGY GROUP — In Muskegon, Michigan, is seeking BC/BE Nephrologist. All aspects of Nephrology. Competitive salary and benefits. Excellent location for work and family along the shores of Lake Michigan. No J-1 or H1-b Visa. Please respond via e-mail to: WMN4932@gmail.com

PRIVATE PRACTICE IN NORTHERN CALIFORNIA — Well-established four-nephrologist group has an opening for a dedicated Nephrologist. Competitive salary, excellent benefits and full partnership after two years. Our group continues to build new dialysis centers. New partner has this excellent opportunity for dialysis joint venture shares. Our practice is located in the Central Valley, California. 90 minutes away from the Bay Area and Sacramento. Please send CV to: lisa.rhodeman@modestokidney.com

Neurology

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

Primary Care

HAVE YOU ASKED ABOUT WORK LIFE BALANCE? — Berkshire Health Systems offers providers the opportunity to live and work in a beautiful and culturally rich community. Live, Work and Play: you can do it all here. One of the most beautiful settings in the northeast makes it easy to balance work with a healthy personal lifestyle. The Berkshires offers small town New England charm and the endless cultural opportunities of a big city. We are proud of our commitment to people, programs, and nationally-recognized medical care. Join an outstanding medical faculty at a long-established teaching hospital in a unique New England setting. Our Primary Care practices offer providers an exceptional opportunity: Established hospital based practices; Award winning 302-bed community teaching hospital; Affiliation with University of Massachusetts Medical School and University of New England College of Osteopathic Medicine; Opportunities for new and experienced providers; Specialty support; Leadership Opportunities. For more information on Primary Care opportunities, please contact Liz Mahan, Physician Recruitment Specialist, Berkshire Health Systems: 413-395-7866; Mdrecruitment@bhs1.org; www.berkshirehealthsystems.org

CAPE COD, MASSACHUSETTS – Exceptional opportunities for BE/BC Primary Care Physicians to join our practices across Cape Cod's market region. Don't wait for your golden years for a golden opportunity like this. Please send CV to: cdombrowski@capecodhealth.org

RURAL PRIMARY CARE PHYSICIAN OPPORTUNITY — With mission leave and medical school loan repayment. Artesian Valley Health System in Southwest Kansas includes a critical access hospital, long term care unit, two rural health clinics, and is currently seeking primary care physicians. Very competitive salary plus great benefits. Contact Kelly Thornton, at: kthornton@avhealthsystem.com; or: 620-873-2141.

Pulmonary Disease

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

Rheumatology

RHEUMATOLOGIST — Prestigious multispecialty practice in desirable NJ university town is seeking a BC/BE rheumatologist. Join two established rheumatologists who provide a full range of rheumatological care, including ultrasound, infusions, and injections. Great work/life balance. Excellent opportunity leading to partnership. Unique position offers the ability to deliver high level, sophisticated care in a community setting. E-mail cover letter and CV to Joan Hagadorn, at: jhagadorn@princetonmedicalgroup.com

MASSACHUSETTS GENERAL HOSPITAL
CANCER CENTER

HARVARD MEDICAL SCHOOL

Massachusetts General Hospital Cancer Center
Division of Hematology/Oncology

Clinical Faculty Position in Hematology/Oncology: Myeloma

Massachusetts General Hospital Cancer Center invites applications from board-certified or board-eligible medical oncologists/hematologists for a faculty position emphasizing clinical care and clinical research in hematologic malignancies with a focus on multiple myeloma at the level of Instructor or Assistant Professor of Medicine at Harvard Medical School. The selected applicant will join a multidisciplinary and translational research team in the Center for Multiple Myeloma, participating in patient care, teaching and clinical research at MGH and its affiliates.

A strong commitment to patient care and an interest in conducting clinical trials with translational components from basic research is highly valued. Emphasis is placed on the ability to foster interactions between clinicians and clinical investigators and to build cooperative teams. Women and minority candidates are urged to apply.

Please submit by email a curriculum vitae, cover letter, and three letters of reference to:

Noopur Raje, M.D.
Director, Center for Multiple Myeloma,
Massachusetts General Hospital Cancer Center
nraje@mgh.harvard.edu
cc: Bethyl Rose
55 Fruit Street, LRH-208
Boston, MA 02114
brose@partners.org

Massachusetts General Hospital is an Equal Opportunity/Affirmative Action Employer.

A Rewarding Primary Care Career Awaits You at Steward Health Care in Massachusetts

Steward Health Care, the nation's largest private hospital operator, invites primary care physicians to join our dynamic, growing network of care. We are a physician-led health services organization committed to providing the highest quality of care in the communities where our patients live and work. We employ approximately 4,800 providers, including primary care, and a full range of specialists.

At Steward, our patients are at the center of all that we do, combining the science of medicine with the art of compassionate care. We are dedicated to innovation and technology to advance the delivery of care and inspire best outcomes for our patients. Our physicians also have direct access to our physician leadership.

Along with a competitive and generous compensation package, we offer numerous avenues for joining our team, including:

- Employment through Steward Medical Group, our physician-led multi-specialty practice, as part of an established practice
- Affiliation with Steward as an independent practitioner, and more.

To learn more contact:
Jacqueline Storella, Regional Director, Network Development
617-823-4703 jacqueline.storella@steward.org

We also have a terrific opportunity for **Chair, Department of Medicine** at St. Elizabeth's Medical Center in Boston.

To learn more contact:
Megan D'Eramo, Regional Director, Network Development
617-791-7063 megan.deramo@steward.org

All inquiries will remain confidential.

Physician-Led Medicine in Montana

Internal Medicine Residency Faculty

Billings Clinic

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

- ***Stipend & generous loan repayment***
- Region's tertiary referral center
- Flexible practice styles
- Consensus-based teamwork
- Academic mentoring
- Grant funded for rural care innovations
- Competitive Medical Student Clerkships
- J-1 waivers

"Top 10 Fittest Cities in America 2017" – Fitbit

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

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

PHYSICIAN CAREERS AT The US Oncology Network

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

To learn more about physician jobs, email physicianrecruiting@usoncology.com

The US Oncology Network

SSMHealth

Presence is the ability to engage with patients and remain fully vested in the moment.

At SSM Health, an award-winning and nationally recognized integrated health care delivery system, our physicians and providers personify presence every day.

We're seeking talented and compassionate board-certified or board-eligible **Primary Care Physicians** to further our Mission of delivering exceptional health care services to the communities we serve.

View our latest opportunities at **JoinSSMHealth.com.**

A Thriving Community's Health Care Hub

Lexington Medical Center is a 428-bed hospital in West Columbia, South Carolina. It anchors a health care network that includes five community medical centers and employs a staff of more than 6,500 health care professionals. Lexington Medical Center operates one of the busiest Emergency departments in South Carolina treating nearly 85,000 patients each year. The hospital delivers more than 3,500 babies each year and performs more than 23,000 surgeries. Lexington Medical Center is currently undergoing the largest hospital expansion in South Carolina history by creating a new patient tower that will open in 2019. Lexington Medical Center has a reputation for the highest quality care.

Physician Opportunities in:

- Cardiology
- Cardiovascular Surgery
- Critical Care
- General Surgery
- Gynecologic Oncology
- Hematology/Oncology
- Hospital Medicine
- Neurology
- Neurosurgery
- Obstetrics & Gynecology
- Oral Surgery
- Orthopaedics
- Otolaryngology
- Pain Management
- Physiatry
- Physical Medicine
- Urogynecology
- Vascular Surgery

In High Demand:

- Family Medicine
- Internal Medicine
- Urgent Care

LEXINGTON MEDICAL CENTER

For additional information, please contact:

Robin Revels
PhysicianRecruitment@lexhealth.org
(803) 791-2415
LexMed.com

South Nassau COMMUNITIES HOSPITAL
where quality matters

Transcending Community Care

Physician – Emergency Medicine

Situated on the sunny south shore of western Long Island, minutes from Jones Beach and thirty minutes from NYC, is an exceptional Magnet®-designated Level II Trauma Center focused on quality and excellence, one that celebrates professional achievement and a passion for patients … South Nassau Communities Hospital.

Our 455–bed Hospital is staffed by world-class surgeons and residents providing superior services to our community. SNCH provides critical emergency care to 65,000+ patients each year in our Oceanside and Long Beach facilities. The Oceanside campus has 24 hour in-house anesthesiologist, Obstetrics attending, pediatric attending, and trauma surgeon as well as residents across multiple specialties. The ED maintains double coverage overnight as well as 24 hour coverage with physician assistants.

South Nassau is an equal opportunity employer. All qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. EOE M/F/D/V

Apply online at southnassaujobs.org

We currently seek a BC/BE MD with at least 3 years Emergency Medicine, with a NYS medical license. We offer exceptional career opportunities along with benefits.

VA | U.S. Department of Veterans Affairs

The Northeast Ohio VA Healthcare System is a tertiary healthcare facility which provides care to over 100,000 Veterans in Northeast Ohio. We provide care through our medical facility at the Cleveland campus and 13 community based outpatient clinics. We currently seek Nurse Practitioners and Physicians.

We are part of the largest integrated health system in the country. Care of the Veteran has been transformed to the medical home model with a true primary care based system. Each provider is part of a team including a RN, a LPN and an Advanced Medical Support Assistant. You would practice in a facility that is ultra-modern, clean and a very pleasant place in which to work.

Northeast Ohio provides its residents with many benefits of big-city living while maintaining its charm as a medium-sized Midwestern region. Residents experience art and culture from around the world. World-class hospitals and numerous area universities provide excellent care and an enriching learning environment. With the cost of real estate estimated at less than half of the national average, Northeast Ohio is as affordable as it is enjoyable.

For consideration, please send an updated resume/CV to:

Charles Kelades, RN, MSN, CCM
Nurse Recruiter
The Northeast Ohio VA Healthcare System
Community Outpatient Services
8787 Brookpark Road
Parma, Ohio 44129
Phone: 216.739.7000 ext. 2103
***Email:* charles.kelades@va.gov**

Physician opportunities near Boston

Melrose-Wakefield Hospital
A clinical partner of Tufts Medical Center

Adult Inpatient Psychiatry (Melrose, MA)

Lawrence Memorial Hospital of Medford
A clinical partner of Tufts Medical Center

Geriatric Inpatient Psychiatry (Medford, MA)

Hallmark Health System is dedicated to patient recovery and family support through sophisticated care services built on a simple philosophy of trying to help those who suffer with mental illness through intelligent, respectful, empowering and compassionate collaboration. Behavioral Health services at Hallmark Health are recognized for innovative and best practices by accrediting agencies.

Faculty appointments at Tufts University School of Medicine at appropriate rank are available.

Hallmark Health is an academic affiliate of Tufts University School of Medicine. Psychiatry residents at Tufts Medical Center rotate at Lawrence Memorial Hospital of Medford and Melrose-Wakefield Hospital.

Highlights of Hallmark Health's Psychiatric Services:

- Patient-centered, trauma-informed care, utilizing a holistic approach
- Interdisciplinary teams with experienced and passionate staffs
- Broad continuum of care, spanning inpatient and outpatient services
- Treatment of all adult psychiatric conditions in a full-service medical hospital
- Diverse patient populations
- Active inpatient and outpatient ECT service
- Highly regarded and longest running medical-psychiatric program in Massachusetts
- Teams of "excellent" psychiatrists who enjoy a high degree of collegiality
- Generous salary and benefits program

Our hospitals are working in growing clinical collaboration with Tufts Medical Center.

***Contact:* Alison Bruyn**
abruyn@hallmarkhealth.org
781-338-7505

Primary Care opportunities in Connecticut and Massachusetts.

Trinity Health Of New England—the region's largest nonprofit health system—seeks BC/BE Internists and Family Medicine Physicians to join our medical groups at Saint Mary's Hospital in Waterbury, Connecticut; Saint Francis Hospital and Medical Center in Hartford, Connecticut; and Mercy Medical Center in Springfield, Massachusetts.

Our providers value their patients and colleagues above all else, and thrive as the driving force within our integrated health care delivery system—serving a population of more than 3 million people.

As part of our team, you'll join a network of world-class providers and facilities, where you'll receive all the tools and assistance you need to succeed in our patient-centered practices—including a fully implemented EMR with excellent clinical support. Join us in our mission to fulfill our triple aim of better health, better care and lower cost for all our patients.

Additionally, Trinity Health Of New England providers are active in training the next generation of great physicians through academic alliances with some of the premier universities in southern New England, including the schools of medicine and nursing at the University of Connecticut; the Frank H. Netter MD School of Medicine at Quinnipiac University and its affiliated doctoral nursing and PA programs; and Yale University's schools of medicine and nursing and physician assistant programs.

Trinity Health Of New England's collaborative practice model empowers physicians to work at their highest level—and allows time for professional development and family life. Whether you are focused on providing outstanding patient-centered care, teaching the next generation of care providers or growing into a leadership role, it's time to join Trinity Health Of New England.

For more information, please call Christine Bourbeau, Regional Director, Physician & Advanced Practitioner Recruitment, Trinity Health Of New England, at 855-894-5590 today, or email your CV and letter of interest to CBourbea@stfranciscare.org.

www.JoinTrinityNE.org/NEJMPCP/Careers

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

Trinity Health Of New England

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

Weill Cornell Medicine

The Primary Care Division of the Weill Cornell Medicine Physician Organization is currently seeking exceptional Board Certified/Eligible internal medicine physicians to join one of our existing ambulatory practice sites in Manhattan and Brooklyn.

You will provide care to the full range of primary care patients in one of our existing multi-specialty primary care practices. **Applicants with a special interest and/or experience in caring for patients within the LGBT community, including the primary care treatment of HIV and the use of pre-exposure HIV prophylaxis, will be given special consideration.**

These are **full-time faculty positions at Weill Cornell Medicine** with an emphasis on clinical practice with opportunities for medical student teaching.**Applicants must have outstanding credentials and training and possess excellent communication and interpersonal skills with a desire to build a successful clinical practice and be part of a long-term growth strategy.**

This is a unique opportunity to join a prestigious, well-established primary care group, working in a collegial and collaborative academic environment with ample clinical and administrative staff, a system-wide electronic health record (Epic) and the advantages of faculty appointment at Weill Cornell Medicine and NewYork-Presbyterian Hospital. **There is outstanding income potential and full benefits including tuition, CME and retirement. Weekend on-call responsibilities approximately 1 in 10 with no inpatient call responsibility.**

Please forward letter of interest and CV to:

Adam R. Stracher, M.D.
Director, Primary Care Division
Weill Cornell Medicine Physician Organization
Email: primarycarejobs@med.cornell.edu

medicalassociates
Adult Primary Care in Central Virginia

Practice: Partnership - Internal Medicine $300,000 Income

- Multi-Specialty Group Consisting of 11 IM's, 3 Endo's, and 5 mid-levels
- Base Salary: $225,000, Year 1
- Partnership Offered After 1st Year. Current Partners Making $300,000
- Sign-On Bonus $20,000 PLUS relocation assistance
- Phone Consults Only: Call: 1:8 Weekdays, and 1:8 Weekends
- 100% Outpatient – See an Average of 18-20 patients per day
- Join the Largest ACO in the state of Virginia, positioned for tremendous success in value based healthcare reimbursement

Location: Virginia Blue Ridge Mountains

- Over 250,000 Population in the immediate area
- Very attractive cost of living
- Nestled in the foothills of the Blue Ridge Mountains, this community offers a wealth of activities and leisure for all
- Whether you are in search of family fun, an outdoor experience, or a lesson in history, it can be found in our Central Virginia location
- It's safe to say that we offer something exciting to everyone Shopping, Fine Dining, Night Life, Parks, Museums, Opera, Fine Arts, & Local Regional Airport
- 45-minute drive to a major ski resort
- 30-minute drive to a beautiful recreational lake
- Reasonable driving access to Washington, DC, Charlottesville, and the Atlantic Coast

Visa Waivers Not Available.

If interested, please submit CV to: **admin@macvmd.com**

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JACKSON
Physician Search

FOR ALL OUR COMMUNITIES, WE'RE HERE TOGETHER, FOR YOU.

WITH OVER 60 PHYSICIANS REPRESENTING 29 MEDICAL SPECIALTIES, WE ARE LOOKING FOR ADDITIONAL PHYSICIANS TO

JOIN OUR TEAM: WE'RE LOOKING FOR THE FOLLOWING SPECIALTIES

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- Urology
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- Convenient to Land Between the Lakes Outdoor Recreation - hike, camp, hunt, golf, boat, and enjoy.
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- 100 Best Communities for Young People
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To find out more about joining our team - Call Stephanie Nutter-Osborne, Physician Liaison, 270.762.1583 or email sdosborne@murrayhospitalorg

Practice Where Your Skills Will Shine!

Team with Banner Health in Arizona.

PRIMARY CARE PHYSICIANS | Phoenix Metro and Tucson

At Banner Health, you'll have the opportunity to perform a critical role in the community where you practice. Banner Health provides both primary and specialty care throughout the six western states in which we operate. We do this in a variety of settings – from growing practices along the Northern Colorado Front Range and Banner Medical Clinics in rural locations in Nebraska, Wyoming and Nevada to large multi-specialty practices like the Banner Arizona Medical Clinic and Banner Pediatric Specialists in the metropolitan Phoenix area. In addition, Banner Health and University of Arizona Health Network have come together to form Banner – University Medicine, a health system anchored in Phoenix and Tucson that makes the highest level of care accessible to Arizona residents. Banner – University Medicine includes Banner – University Medical Center Phoenix, Banner – University Medical Center Tucson and Banner – University Medical Center South, Banner Children's at Diamond Children's Medical Center, the University of Arizona Cancer Center, physician clinics and a health plan division.

We're experiencing growth at locations throughout the Phoenix Metro Area and Tucson, for employed BE/BC PRIMARY CARE/FAMILY MEDICINE PHYSICIANS to enhance our ability to deliver our nonprofit mission of making health care easier so life can be better.

Banner Health offers attractive benefit package options that provide security for you and your family, including:

- Generous salary plus incentives
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- Paid CME plus allowance

SUBMIT YOUR CV FOR IMMEDIATE CONSIDERATION TO: doctors@bannerhealth.com **For questions regarding Phoenix area opportunities, contact Pam Disney,** 602-747-4397; **for Tucson, contact Tiffany Lewis,** 602-747-4578. **Visit our web site at:** www.bannerdocs.com

As an equal opportunity and affirmative action employer, Banner Health recognizes the power of a diverse community and encourages applications from individuals with varied experiences and backgrounds. Banner Health is an EEO/AA -M/W/D/V Employer.

Banner Health

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teamhealth.com/join or call **866.694.7866**

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Northwestern Medical Group seeks primary care physicians to join our thriving outpatient practices in Chicago's northern suburbs. One of Chicago's largest medical practices, Northwestern Medical Group is a primary and multispecialty group practice that consists of nearly 1,300 physicians and other healthcare professionals with expertise in 40 medical specialties.

As part of Northwestern Medicine, Northwestern Medical Group provides an exceptional patient experience and seamless patient care. Northwestern Medicine is a nationally recognized academic health system with seven hospitals and more than 100 locations in communities throughout Chicagoland. Together with Northwestern University Feinberg School of Medicine, Northwestern Medicine is pushing boundaries in our research labs, training the next generation of physicians and scientists, in relentless pursuit of better medicine.

If you are interested in advancing your career as a Northwestern Medical Group primary care physician, please email your CV and cover letter to **mark.myers@nm.org**. Visit **nm.org** to learn more.

BETTER

Northwestern Medicine®

Yale NewHaven Health
Smilow Cancer Hospital

Yale CANCER CENTER
A Comprehensive Cancer Center Designated by the National Cancer Institute

Chief, Section of Hematology Professor

The Yale Cancer Center invite applications from board-certified/board eligible medical oncologists to serve as the Chief for the Section of Hematology. The incoming Chief should have a demonstrated academic record consistent with the level of Professor at Yale School of Medicine. In addition to being active clinically, this position has the administrative responsibility of overseeing the Section of Hematology, which includes faculty committed to lymphoid and myeloid malignancies, stem cell transplantation, and benign hematology. The incoming physician leader will have responsibility for the clinical and academic activities of the Section, strategic planning, faculty recruitment and retention, and faculty development/mentorship. Of particular importance is experience building leading extramurally funded programs in clinical, translational, or basic science research, a track record as an accomplished individual investigator, mentorship of young investigators, oversight of a growing clinical operation, and building strong cooperative teams across disciplines. This position involves research activities, expectations for participating in the teaching mission, and a commitment to clinical medicine.

Yale values diversity in its faculty, students, and staff and strongly encourages applications from women, members of minority groups, persons with disabilities, and protected veterans.

Review of applications will begin immediately and continue until the position is filled. All application materials, including CV and a letter of interest, should be submitted electronically to:

http://apply.interfolio.com/49102

Yale University School of Medicine is an Equal Opportunity/Affirmative Action Employer.

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We offer our providers advantages that matter most to them:

- Attractive, well-managed practice locations
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- Primary care delivery with an organized, resourced emphasis on population health management

Plus, unparalleled resources to support your practice.

- Behavioral health specialists in every primary care office
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We're just two hours from Boston and New York City in stunningly beautiful New England communities. If competitive pay, robust benefits and work/life balance matter to you, let's talk.

Hartford HealthCare

Contact Patricia Lowicki, Director of Physician Recruitment, at **patti.lowicki@hhchealth.org**, or call **860-558-6591**.
www.joinhartfordhealthcare.com.

Career | Family | Patients | Lifestyle | *Everything Matters*

University of California San Francisco
UCSF
School of Medicine
Fresno Medical Education Program

UCSF FRESNO INTERNAL MEDICINE GENERALIST OPPORTUNITY

The UCSF Fresno Medical Education Program and Central California Faculty Medical Group (CCFMG) are recruiting for a Generalist. The successful candidate will see patients in the ambulatory setting in both a teaching and non-teaching environment. Applicants must be board certified or board eligible in Internal Medicine. Have excellent clinical skills, and be willing to actively participate in medical education. Must be able to obtain a California medical license at the time of hire. UCSF Fresno has undergone an expansion with a new UCSF Medical Education and Research Building and initiated successful faculty practice sites.

The program is based in Fresno, California, where residents enjoy a high standard of living combined with a low cost of living. The result is a quality of life uniquely Californian, yet surprisingly affordable. Limitless recreational opportunities and spectacular scenery is all accessible in a community with abundant affordable housing. While there is much to see and do in Fresno, the city is ideally located for fast, convenient getaways to the majestic Sierra (just 90 minutes away) as well as the scenic Central Coast, just two and one-half hours away. Fresno is the only major city in the country with close proximity to three national parks, including renowned Yosemite National Park.

PLEASE APPLY ONLINE AT: https://aprecruit.ucsf.edu/apply/JPF01692

Visit our websites at: **www.universitymds.com and www.fresno.ucsf.edu**

UC San Francisco seeks candidates whose experience, teaching, research, or community service that has prepared them to contribute to our commitment to diversity and excellence. The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.

MAINE: Central Maine Medical Center, a growing regional referral center in Lewiston, is looking for a BE/BC Family Practitioner to join their expanding practice.

We offer:

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- Generous Sign On Bonus
- Ample Moving Allowance
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Our practice site is within easy access to the coast for boating and the mountains for hiking and skiing and all kinds of outdoor activities. We've got an amazing arts and restaurant scene, too, all in a very safe state to live and raise a family.

To join our growing team, contact:

Gina Mallozzi
Central Maine Medical Center
300 Main Street
Lewiston, Maine 04240
fax: 207-344-0696
E-mail: MallozGi@cmhc.org
call: 800/445-7431
or visit our website:
http://recruitment.cmmc.org

Not a J1 opportunity.

Atrius Health, (Dedham Medical, Harvard Vanguard Medical Associates, Granite Medical Group), a well-established, physician-led, nonprofit healthcare organization, is nationally recognized for transforming healthcare through clinical innovations and quality improvement. Renown for continuously improving the care delivered in our communities, our practices are NCQA level 3 and are located throughout the greater Boston area.

We have excellent opportunities for **primary care internists** who are committed to providing high quality, evidenced based medicine to a diverse and growing patient population. We have openings in our **Boston, Norwood and Somerville practices.**

These positions offer excellent opportunities for both personal and professional growth in a collaborative and innovative practice environment. Teaching and research opportunities exist through our affiliations with **Harvard Medical School** and **Tufts University School of Medicine.**

Ideal candidates will have exceptional clinical and communication skills, work well in a team environment and be BC/BE in Internal Medicine. Minimal call and outpatient responsibilities only.

At Atrius Health, we offer a robust integrated EMR system (Epic), excellent practice supports and an environment of like-minded colleagues who are similarly committed to population health and preventative medicine. Our physicians enjoy extremely competitive salaries and an exceptional benefits package.

Send confidential CV to:

Laura Schofield Physician Recruitment
Atrius Health, 275 Grove Street
Suite 3-300 Newton, MA 02466
T: 800-222-4606 or 617-559-8275 within Massachusetts
E: laura_schofield@atriushealth.org

EOE/AA.

www.atriushealth.org

How do I approach working locum tenens?

How can I find the best assignment for me?

Who will pay for my malpractice?

Who can guide me through the process?

Who provides the best support?

The answer:
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Weatherby HEALTHCARE™
weatherbyhealthcare.com

University of California San Francisco
UCSF
School of Medicine
Fresno Medical Education Program

UCSF FRESNO
CHIEF/VICE CHAIR OF INTERNAL MEDICINE
UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO FRESNO
MEDICAL EDUCATION PROGRAM

The University of California San Francisco Fresno campus and Central California Faculty Medical Group are recruiting a Chief and Vice-Chair of Medicine. The successful candidate should have experience as a teaching faculty member, have leadership experiences, have excellent communication skills, understand ACGME expectations for training in Internal Medicine, and have a background in clinical research. This position will lead an existing Department of Medicine on the Fresno campus with over 100 core faculty, a Residency in Medicine, and 7 subspecialty Fellowships. The department has a clinical research program that is currently adding capacity with the expansion of cancer services. In addition to Resident and Fellow training, the Medicine department has an active medical student training experience with students from both UCSF and UC Davis who rotate through the Fresno campus. The successful candidate will hold the Valley Medical Foundation Endowed Chair in Medicine and will hold the position of Vice Chair of Medicine in the UCSF Department of Medicine. Medicine is one of eight Residency programs in the UCSF Fresno Medical Education Program. UCSF Fresno MEP has over 320 graduate trainees including trainees in 17 total Fellowships.

Fresno offers a high standard of living combined with a low cost of living. The result is a quality of life uniquely Californian, yet surprisingly affordable. Limitless recreational opportunities and spectacular scenery are all accessible in a community with abundant affordable housing. While there is much to see and do in Fresno, the city is ideally located for fast, convenient getaways to the majestic Sierras, as well as the scenic Central Coast, and Yosemite, Sequoia, and Kings Canyon National Parks.

https://aprecruit.ucsf.edu/apply/JPF01192

For more information visit our websites:

www.fresno.ucsf.edu **www.universitymds.com**

www.communitymedical.org

UC San Francisco seeks candidates whose experience, teaching, research, or community service that has prepared them to contribute to our commitment to diversity and excellence.

The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status.

LIVE AND WORK OCEANSIDE – Cape Cod, Massachusetts

Don't wait until your Golden years for this Golden Opportunity! Seeking BE/BC Primary Care physicians to join our practices across Cape Cod's market region. Cape Cod Healthcare is looking for highly motivated, dynamic, approachable individuals to work in our outpatient-only practices. Take a look at our website - **www.capecodhealth.org/recruitment**

Highlights include:

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- No Inpatient Responsibilities, Hospitalist team provides all in-house coverage allowing you to **enjoy a balanced lifestyle**

Enjoy coastal living at its best! Miles of sandy beaches for your enjoyment, quaint villages, and beautiful sunsets over Cape Cod Bay make this a great place to practice medicine and enjoy the amenities the Cape has to offer. Cape Cod has it all ... Presidential history, incredible natural beauty, maritime history, hiking and bike trails, and cranberry bogs. It is truly a wonderful place to live and work.

Cassandra Dombrowski
Physician Recruitment
Phone: 508-862-7882
Email:
cdombrowski@capecodhealth.org

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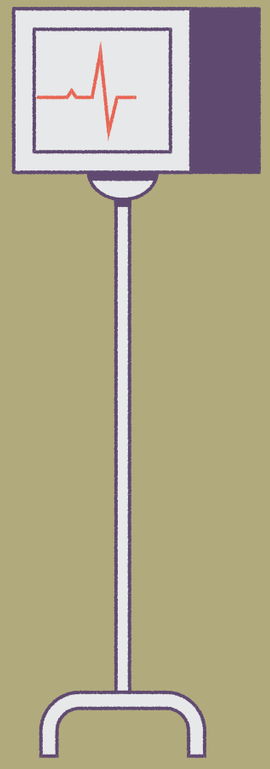

You may be wondering what locum tenens can do for your career. Quite a lot, actually. The good news is, you can raise your locums IQ without taking out a single loan. Better yet, it might just change your career.

Get the facts at locumstory.com/IQ

Director and Faculty, Digestive Diseases Division

UMMC
THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

The Department of Medicine at the **University of Mississippi Medical Center (UMMC)** is seeking an experienced board certified gastroenterologist at associate professor or full professor level to lead the Division of Digestive Diseases. As part of our strategic growth, we are also hiring additional gastroenterologists, including for the areas of hepatology and endoscopy. For Director, the department is searching for an individual who is energetic and collegial with an established record of leadership and scholarship, and vision for strategic expansion of an academic division across the spectrum of tertiary care, education of trainees at all levels, and development of a robust research program.

Located in Jackson, MS, UMMC is the state's only academic health science center with the mission to improve the lives of Mississippians by educating tomorrow's healthcare professionals, by conducting health sciences research, and by providing cutting edge patient care. A major goal of the Medical Center is the elimination of differences in health status of Mississippians based on race, geography, income, or social status.

Considerable opportunities exist for the right candidate to develop an internationally reputable division. Opportunities also exist for providing a full spectrum of gastroenterology services including inpatient and outpatient consultative services, liver transplants, and interventional procedures in a free- standing endoscopy suite. The UMMC physiology department, ranked in the top 10 in the United States for NIH funding, has extensive basic and translational research opportunities. UMMC is the home of two NIH cohort studies that provide opportunities for epidemiologic, including genetics, and translational research. The new clinical trials center will provide facilities for Phase I to IV studies. The Center for Telehealth extensively links rural communities in Mississippi, providing novel opportunities for clinical care and implementation science research. The UMMC Patient Explorer Data Warehouse has data on over 650,000 patients and 19 million encounters including hospitalizations, clinic visits, medications, and laboratory data that are available for outcomes research, big data analysis, or preliminary/feasibility data for other projects. Many other opportunities also exist.

Resources include competitive compensation and benefits, generous start-up package, ability to hire more faculty, strong support staff, and excellent career growth opportunities.

Interested candidates may send CV and cover letter to:

Javed Butler, MD MPH MBA
University of Mississippi Medical Center
Department of Medicine
2500 N. State Street, Jackson, MS 39216
Telephone #: 601-984-5600, Fax #: 601-984-5608
Jbutler4@umc.edu

EOE-M/F/D/V

UMMC is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, sex, religion, color, national origin, or ethnic origin, disabilities, either military or non-military related, veteran or military status. Inquiries or complaints may be referred to the Director, Equal Employment Office, 2500 North State Street, Jackson, MS 39216-4505.

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

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- **Team care model**
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- **Collaborative, supportive leadership team**

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

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

- Dermatology
- Family Practice
- Geriatrics
- Internal Medicine
- Psychiatry
- Urology

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

RELIANT MEDICAL GROUP

Boston MetroWest/Central Massachusetts

Baystate Health | University of Massachusetts Medical School

PRIMARY CARE OPPORTUNITIES THROUGHOUT WESTERN MA AND NORTHERN CT!

Baystate Health, home of the University of Massachusetts Medical School-Baystate, is seeking Internal Medicine, Med-Ped, and Family Medicine physicians to join our NCQA-recognized practices. Baystate Health System is comprised of 5 local hospitals, including Baystate Medical Center, our 716-bed tertiary and level-1 trauma center.

Position Highlights:

- Community-based primary care offices recognized by NCQA as Patient Centered Medical Homes
- Flexible work schedule
- Generous relocation bonus per IRS standards
- Opportunity to discuss loan forgiveness options
- CME Allowance
- Allocated time for professional development
- Outstanding compensation package commensurate with experience
- Robust subspecialty support
- Faculty appointment to UMASS School of Medicine (dependent on practice setting).
- Employed position with large integrated healthcare system

Qualified applicants must be ABMS board certified or board eligible in Family Medicine, Internal Medicine or Internal Medicine/Pediatrics.

Facebook.com/baystatecareers
Twitter @baystatecareers

For more information, please visit:
www.choosebaystatehealth.org
Or, contact Ariana Caraballo, Physician Recruiter.
Phone: 413-794-8701 • Fax: 413-794-5059
Email: Ariana. Caraballo@baystatehealth.org
Baystate Health is an Equal Opportunity employer.

Anne Arundel Medical Group

Primary Care Physician
– Annapolis and Eastern Shore Maryland Region –
INCOME GUARANTEE

Become part of a larger presence.....Situated in the beautiful area of Annapolis, Maryland, is Forward-Thinking Leadership that is adapting to the transforming healthcare systems and progressing into Preventative Healthcare! Get paid for your clinical expertise and professionalism, not your keyboard skills. We offer a supportive innovative work environment and help you to succeed in the era of MACRA and Maryland's new payment models.

Anne Arundel Medical Group is looking to add to their primary care groups throughout the Annapolis and Eastern Shore region - **offering income guarantee while you build your panel of patients**.

We have five physician offices throughout the area looking to add to their growing practice. Do you want to live in an area where you can see the changing of the seasons, travel in a car to the ocean or to the mountains to ski? This is the perfect place to raise a family.

BENEFITS INCLUDE:

- COMPREHENSIVE MEDICAL, DENTAL, VISION INSURANCE
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- 403B WITH MATCHING
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- ...MUCH MORE

Kim Collins, Physician Recruiter
***please email your CV to* kcollins7@aahs.org**
***or fax to* (443) 481-3728**

CENTRAL MAINE HEART & VASCULAR INSTITUTE GENERAL CARDIOLOGY POSITION

(Covering Consultative Services Only!)

Central Maine Heart & Vascular Institute (CMHVI) in Lewiston, Maine, seeks General Cardiology physicians to join our established program. We are a unique facility offering innovative programs in minimally invasive valve surgery, transcatheter valve therapies, structural heart disease, population health with a particular focus on genetic lipoprotein disorders and contemporary diagnostic and therapeutic cardiac electrophysiology. The Central Maine Medical Family includes a large number of Primary Care providers, which creates an abundant referral base as well as a sophisticated medical and surgical subspecialty support system to support the Institute.

Maine is a wonderful state in which to raise a family, with a broad range of schooling and housing options. We are centrally located both near the mountains and coast providing easy access to an abundance of activities, ideal for the outdoor enthusiast yet close enough to Boston to take advantage of all it has to offer.

Interested candidates should submit a letter of application and curriculum vitae to:

Dr. Andrew Eisenhauer
Medical Director of CMHVI
***at:* eisenhan@cmhc.org *or* 207/786-1647**
***or send CV to* Gina Mallozzi,**
CMMC Medical Staff Recruiter *at:*
MallozGi@cmhc.org *or* 800/445-7431

www.cmmc.org

Yale NewHaven Health Smilow Cancer Hospital
Yale CANCER CENTER
A Comprehensive Cancer Center Designated by the National Cancer Institute

Director, GI Medical Oncology
Associate Professor or Professor

The Yale Cancer Center and Section of Medical Oncology, invite applications from board-certified/board eligible medical oncologists to serve as the Director of GI Medical Oncology. The incumbent should have a demonstrated academic record consistent with the level of Associate Professor or Professor at Yale School of Medicine. In addition to being active clinically, this position has responsibility for leading the research and clinical priorities of the GI oncology disease program as it strives to meet its scientific, teaching, and clinical missions. Of particular importance is experience in participating as an investigator and leading the clinical/translational research effort, mentoring young investigators, and building strong cooperative teams across disciplines. This position involves research activities, expectations for participating in the teaching mission, and a commitment to clinical medicine. Dr. Roy Herbst, Chief of Medical Oncology, will lead this search.

Yale values diversity in its faculty, students, and staff and strongly encourages applications from women, members of minority groups, persons with disabilities, and protected veterans.

Review of applications will begin immediately and continue until the position is filled. All application materials, including CV and a letter of interest, should be submitted electronically to:

https://apply.interfolio.com/42912

Yale University School of Medicine is an Equal Opportunity/Affirmative Action Employer.

CHA Cambridge Health Alliance
AFFILIATED WITH Beth Israel Deaconess Medical Center | MassGeneral Hospital for Children | Harvard Medical School Teaching Hospital

Cambridge Health Alliance
Primary Care Opportunities

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

- Opportunities available for physicians specializing in Family Medicine, Internal Medicine, Pediatrics, Med/Ped, and Family Medicine with Obstetrics
- All sites are NCQA certified level 3 PCMH
- Fully integrated EMR (Epic)
- Teaching opportunities and academic appointments available
- Competitive base salaries plus incentives and
- Comprehensive, generous benefits package

Candidates should be BE/BC and passionate about working with our underserved, multicultural patient population. Our robust primary care department is expanding and incoming physicians will work with a collegial group of providers who share our mission and values.

Please visit our website at **www.CHAproviders.org** to review our opportunities and apply through our portal. Canaidates may also send CVs to:

Lauren Anastasia, Manager, Provider Recruitment
***at* lanastasia@challiance.org**

Department of Provider Recruitment can be reached at
(617) 665-3555 or by fax at (617) 665-3553

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

RESPONSE.

RESPONSE.

RESPONSE.

NEJM

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- Highly collaborative patient care environment.
- Comprehensive cancer care center includes a state-of-the-art radiation department with stereotactic radiosurgery capabilities.
- Medical oncologists enjoy the support of a dedicated social worker, nurse navigators, oncology dietician and other members of the clinical team.
- A robust weekly tumor board with a full complement of highly engaged physicians including pathology with slide review in real-time, radiology with imaging analysis, surgical and medical specialists.

Carolyn Lane, Area Director of Physician Recruitment
(707) 445-8121 Ext 7508
Carolyn.Lane@stjoe.org
www.stjoehumboldt.org

Hematology/Oncology Physician Opportunities on California's Beautiful North Coast

***Lonely Planet's* Top US Destination in 2018.**
Also recognized by *National Geographic, National Geographic Traveler, Outdoor Magazine, Backpacker Magazine, California Cultural District Designation, Top 100 Best Small Art Towns in America, and more!*

Employed positions with competitive salary, full comprehensive benefits, sign-on/ relocation. BC/BE required.

Carilion Clinic, in Virginia's Blue Ridge Mountains, is changing the way we care for patients. We invite you to join our nationally recognized team of over 700 physicians.

CARILIONCLINIC

Our innovative approach to primary care lets you focus on your patients and seamlessly coordinate care with specialists in nearly 70 fields. With electronic medical records (Epic) and a medical home approach, our physicians are collaboratively healing patients and improving outcomes.

In the Roanoke, Shenandoah and New River valleys you'll find a year found outdoor recreation destination that offers a low cost of living and cultural experiences.

Student loan and additional incentives are available in all locations. Visa sponsorship is available in Giles, Tazewell, Martinsville, and Smith Mountain Lake.

For more information, contact Amy Silcox, physician recruiter, at 800-856-5206 or amsilcox@carilionclinic.org.

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Your Primary Career has found its Perfect Match

Hartford HealthCare

At Hartford HealthCare, the most comprehensive, integrated health care system in CT, we know what matters most when it comes to building a fulfilling career in primary care. Our physician led multi-specialty group invites **BC/BE Internal Medicine and Family Medicine physicians** to join more than 400 engaged colleagues who provide Primary care and specialty care in more than 30 specialties in our innovative and responsive organization.

WE OFFER TRAINING STIPENDS and LOAN FORGIVENESS TO RESIDENTS COMPLETING TRAINING IN 2018 & 2019!

Schedule a Working Interview and experience our resources and commitment to Primary Care

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- Formal Mentorship Program for new physicians
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- Outstanding compensation and robust benefits include generous 401K match, CME and paid time off
- Flexible scheduling offering more choices for work/life balance

Located just two hours from Boston and New York City, we are in the heart of some of New England's most stunning communities offering your family nationally acclaimed school systems, a choice to live at the shore, in vibrant urban areas, near a major university or in a Kiplinger **"Top 10 Best City to Raise a Family"** and Travel & Leisure's "Coolest Suburb in America".

So you will love heading to work, and heading home!

To learn more please email Patricia Lowicki, Director of Physician Recruitment and Retention at **860-558-6591** or email **patti.lowicki@hhchealth.org.**

And for more information about current opportunities, the HHC system and our region please visit **www.JoinHartfordHealthCare.com.**

Career | Family | Patients | Lifestyle | *Everything Matters*

Director, Nephrology Division

UMMC

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

The Department of Medicine at the **University of Mississippi Medical Center (UMMC)** is seeking an experienced board certified nephrologist at associate professor or full professor level to lead the Division of Nephrology. The department is searching for an individual who is energetic and collegial with an established record of leadership and scholarship, and vision for strategic expansion of an academic division across the spectrum of tertiary care, education of trainees at all levels, and development of a robust research program.

Located in Jackson, MS, UMMC is the state's only academic health science center with the mission to improve the lives of Mississippians by educating tomorrow's healthcare professionals, by conducting health sciences research, and by providing cutting edge patient care. A major goal of the Medical Center is the elimination of differences in health status of Mississippians based on race, geography, income, or social status.

Considerable opportunities exist for the right candidate to develop an internationally reputable nephrology division. The division provides a full spectrum of renal services including inpatient and outpatient consultative services, renal transplants, and dialysis. The UMMC physiology department, ranked in the top 10 in the United States for NIH funding, has extensive basic and translational research opportunities to study renal physiology at the Cardiovascular and Renal Research Center. UMMC is the home of two NIH cohort studies, Jackson Heart Study and Atherosclerosis Risk in the Community Study, that provide epidemiologic to translational science opportunities to study kidney disease. The new clinical trials center will provide facilities for Phase I to IV studies, including invasive human studies. The Center for Telehealth extensively links rural communities in Mississippi, providing novel opportunities for clinical care and implementation science research. The UMMC Patient Explorer Data Warehouse has data on over 650,000 patients and 19 million encounters including hospitalizations, clinic visits, medications, and laboratory data that are available for outcomes research, big data analysis, or preliminary/feasibility data for other projects. Many other opportunities also exist.

Resources available include potential for an endowed chair, generous start-up package, ability to hire more faculty, competitive compensation and benefits, strong support staff, and excellent career growth opportunities.

Interested candidates may send CV and cover letter to:

Javed Butler, MD MPH MBA
University of Mississippi Medical Center
Department of Medicine
2500 N. State Street, Jackson, MS 39216
Telephone #: 601-984-5600
Fax #: 601-984-5608
Jbutler4@umc.edu

EOE-M/F/D/V

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If you would like more information please contact:

Diane Forte
dforte@emersonhosp.org
phone: 978-287-3002
fax: 978-287-3600

About Concord, MA and Emerson Hospital

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

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