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- Bringing teaching back to the bedside
- Virtual rounding beyond the pandemic
- Experts weigh in on ethics of social media success
- Learning to accept uncertainty in medicine
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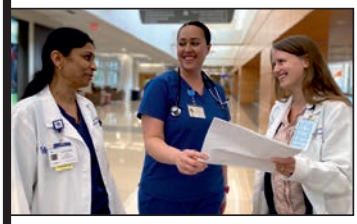


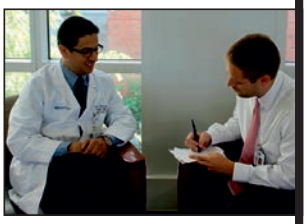

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Bringing Teaching Back to the Bedside

By Michael A. LaCombe, MD

Many faculty, trainees, students, and patients prefer bedside teaching to teaching without the patient present. Yet, estimates suggest that the occurrence of bedside teaching in academic centers varies from a low of less than 1% to a high of only 25% (1). Why don't we do it? Excuses abound—bedside teaching takes too much time, makes patients uncomfortable, confuses rather than improves patients' health-related knowledge, causes anxiety for trainees and students, and increases infection risk (2).

In their article, Becker and colleagues (3) address some of these excuses with an impressive amount of rigor. They report a randomized controlled trial that shows that although differences in patients' understanding of their medical care were minimal, bedside rounds took less time and, if one adds up the minutes saved over thousands of patients, could also save money. The researchers randomly assigned 919 adult medical patients who were hospitalized to either bedside or outside the room case presentation. The primary end point was patients' understanding their disease, the therapeutic approach being used, and further plans for care. Compared with patients in the outside the room group, those in the bedside presentation group reported a similar knowledge about their medical care, and an objective rating of patient knowledge by the study team was similar for the 2 groups. However, the bedside presentation group had higher ratings of confusion regarding medical jargon and uncertainty caused by team discussions. Bedside rounds were actually more, not less, efficient. Bedside presentation resulted in overall shorter durations of the ward round but more patient–physician interaction time. However, sensitive topics were less frequently addressed.

For me, these findings suggest that bedside teaching is efficient and that we should teach at the bedside, but doing so requires skilled communication to avoid patient confusion. Yet, we stick to the classroom, or at best, the hallway outside the patient's room. How might we bring teaching back to the bedside?

I believe that we should routinely expose trainees and students to this type of teaching. Wherever I have had the privilege to teach, I have insisted on going directly to the bedside. My learners are often surprised and concerned because they have never done it this way before. "There's no time, we must be done by noon; work rules, you know." "The patient has a substance use disorder, and we shouldn't discuss it in front of him." "Rounds are for work, not for teaching and learning; we do that in the conference room or classroom where we can look things up without making the patient worry that we don't know what we are doing." They fear embarrassment. They tell me, sotto voce, that some faculty have ridiculed them in front of patients.

We need to set rules for bedside teaching. Among them—ask permission from the patient. Encourage the patient to speak up if something we say is confusing or concerning. If a topic is thought to be too sensitive to address in front of the patient, we need to be sure to discuss it once the team leaves the room rather than neglecting it altogether. Respect the house staff's time constraints. If they resist because they think bedside rounds are inefficient, suggest that they look at Becker and colleagues' findings. Clean our hands before and after entering the room. Never embarrass anyone—do not call on a junior member of the team to answer a question a senior cannot.

A few U.S. training programs have embraced bedside teaching: Beth Israel Deaconess in Boston has a bedside rounds workshop (4); the University of Arizona, Tucson, completely reworked its medical school curriculum, with the accent on teaching at the bedside; and the University of California, San Francisco, has societies of bedside teaching (5).

Professional organizations, including the American College of Physicians, whose missions are education could and should also promote bedside teaching. Rather than traditional lecture formats, professional meetings should aim to integrate real patients into as many teaching sessions as possible—not just certain lectures or a special pathway but the entire program. The gravelly voice of the woman with myxedema, the perifollicular petechiae of the homeless man, and the patient with the de Musset sign would come front and center. Judicious selection of speakers known for their excellent bedside teaching and communication skills would be needed. Becker and colleagues, coming from faculty of Switzerland, a country with 4 official languages and a 45% fluency rate in English, would be excellent candidates. In addition to teaching procedures, such as joint injections and bedside ultrasonography, clinical skills sessions could focus on addressing sensitive topics with patients and how to communicate without medical jargon.

The most important lessons I have learned have been taught to me by patients at the bedside. Watching a skilled clinician extract a history from a patient can inspire learners' curiosity in ways that are infeasible without the patient present (6). The youth and energy in our students can reassure patients that the future of medicine is bright. The opportunity to contribute to medical education means a great deal to many patients. No classroom or hallway rounds can illustrate ways to embrace sensitive interactions with our patients.

Not too long ago, I brought a group of students to see an old man dying of metastatic disease. They were new to this and frightened at the prospect.

"What do we do?" one of them asked.

"Patients like to feel cared for," I answered.

After gathering at his bedside, hearing his story, we turned to leave. Spontaneously and without my instruction, the students lined up and one by one shook his hand.

I gave him a final glance and caught him mouthing the words, "Thank you." ■

References

1. **Gonzalo JD, Heist BS, Duffy BL, et al.** The art of bedside rounds: a multi-center qualitative study of strategies used by experienced bedside teachers. J Gen Intern Med. 2013;28:412-20. [PMID: 23129164] doi:10.1007/s11606-012-2259-2
2. **Ibrahim SM, Shuster S, Aina D, et al.** Seven ways to get a grip on facilitating bedside team rounding. Can Med Educ J. 2021;12: e85-e88. [PMID: 33680235] doi:10.36834/cmej.70481
3. **Becker C, Gamp M, Schuetz P, et al;** BEDSIDE-OUTSIDE Study Group. Effect of bedside compared with outside the room patient case presentation on patients' knowledge about their medical care. A randomized, controlled, multicenter trial. Ann Intern Med. 2021;174:1282-92. doi:10.7326/M21-0909
4. **Gonzalo JD, Chuang CH, Huang G, et al.** The return of bedside rounds: an educational intervention. J Gen InternMed. 2010;25:792-8. [PMID: 20386997] doi:10.1007/s11606-010-1344-7
5. **Alpert JS.** Some thoughts on bedside teaching. Am J Med. 2009;122:203-4. [PMID: 19272476] doi:10.1016/j.amjmed.2008.10.024
6. **Fitzgerald FT.** Curiosity. Ann Intern Med. 1999;130:70-2. [PMID: 9890857]

Virtual rounding beyond the pandemic

Hospitals have moved to hybrids of remote and in-person rounds.

By Janet Colwell

Many hospitals switched to virtual bedside rounding—with most care team and family members participating remotely—during the height of the pandemic. Now, some are hoping to carry forward some of the lessons learned and techniques developed.

At the University of Chicago Medical Center, clinicians initially shifted to an almost entirely virtual system during the first weeks of the pandemic with only the attending physician at the bedside and the rest of the team attending virtually. It was a major change from the typical 15-member in-person rounding team of physicians, trainees, nurses, and allied health professionals, said hospitalist Nicola Orlov, MD, MPH, assistant professor of pediatric hospital medicine at University of Chicago Medicine.

Image by Getty Images

While this abrupt change was necessary to respond to the crisis, the limitations of remote communication quickly became clear.

"One of the first things we learned is that it's critical for the presenting intern to be at the bedside," said Dr. Orlov, who led the hospital's June 2020 transition to a hybrid rounding system that called for three team members to be present at the bedside, while other clinicians and family members attended virtually. "We can all convey information on a screen, but being present, being able to read body language and respond to subtle cues, is a lot easier when you are physically present."

On the positive side, many academic and community hospitalists did find virtual rounding could be more efficient compared with in-person rounding, by making it easier for everyone to gather at the same time and those based off-site to participate. For example, it led to dramatic improvements in discharge planning, said Priti Nikte, MD, director of hospital medicine at Franciscan Health Crown Point, a community hospital in Crown Point, Ind., that implemented a virtual system in its 16-bed COVID unit.

"Having all team members present either in person or virtually allowed us to communicate directly rather than following up with calls and pages throughout the day," she said. "By the time we left a room, the discharge plan was done, patients and families had answers to their questions, and everyone knew the plan for the day."

How it worked

At the University of Chicago Medical Center, Dr. Orlov led development of a system known as "leapfrog rounds," where the attending physician, senior resident, an intern, and a nurse are present at the bedside while the remaining team members follow along virtually. Throughout rounds, the attending physician rolls a tablet attached to an IV pole with a conference-style speaker. Virtual rounding participants are video conferenced in to the patient visit.

One challenge was how to keep rounds moving efficiently on teams with multiple interns, said Dr. Orlov. The solution was for the interns to be at the bedside ready to present their own patients and listen to other visits on Zoom. Dr. Orlov and her colleagues called this leapfrogging—that is, while Intern No. 1 presented in patient room one, Intern No. 2 listened in remotely outside room two. When the team arrived at room two, Intern No. 2 presented while Intern No. 1 walked to the third room, and so on. They reported their results in the April 16, 2021, *Academic Pediatrics*.

"As the attending arrived, the intern was already there ready to present the case, so our process wasn't slowed down," said Dr. Orlov. "At the same time, it was more efficient for other team members, such as social workers, case managers, and pharmacists, because they could answer questions as needed instead of being physically present for the entire 90 minutes of rounds."

Thomas Jefferson University Hospital in Philadelphia similarly switched to a hybrid model during the pandemic, with the attending hospitalist at the bedside while other team members logged in remotely, said Sang H. Woo, MD, FACP, who has since become head of hospital medicine at Northshore University Health System in Chicago. For patient emergencies, a nurse and physician went to the bedside while the rest of the team listened in on an intercom outside the room.

Regions Hospital-HealthPartners, a large teaching hospital in St. Paul, Minn., adapted the telemedicine program that had been used to provide virtual care for patients in critical access rural hospitals, said Benji Mathews, MD, chief of hospital medicine. During COVID-19 surges, the same system was used within the main hospital. One resident or attending physician evaluated the patient at the bedside while other team members and students were able to watch and interact with patients via video.

Adventist Health Hanford, a rural community hospital in Hanford, Calif., implemented telerounding in its COVID unit during the summer of 2020, said director of hospital medicine and Vituity medical director Maria Marmol, MD, ACP Member. In that system, nurses went to the patient's bedside with a tablet while the attending hospitalist logged in remotely. Patients could also invite family members to participate via phone or Facetime.

"Telerounding allowed us to see patients efficiently while still giving them the personal attention they need," she said. "Patients liked the predictability of knowing when the doctor would arrive and being able to see their face with no personal protective equipment."

Adapting pandemic rounding

Positive experiences with virtual rounding during the pandemic have led to longer-term changes for some hospitals.

Dr. Orlov's team is looking into using video technology to facilitate educational experiences for first and second-year medical students, including interdisciplinary shadowing of social workers, physical therapists, and others involved in patient care. Virtual technology may also allow busy attending physicians to observe students during patient encounters from their offices when they cannot be at the bedside, she noted.

Virtual platforms have improved resident training at Regions-Health Partners by allowing hospitalists to conduct quick educational sessions remotely, said Dr. Mathews. A physician at the bedside can broadcast over a large screen in a resident teaching room.

"Recently we had a patient with a marked facial/neck rash that only the resident had seen," he said. "We were able to virtually call in to the room to together see and learn from the physical exam findings."

In addition, virtual rounding continues to be used to supplement traditional in-person rounds, said Dr. Mathews. Whenever necessary during the day, team members can check on or talk to patients virtually via video communication software on a tablet in the patient's room. While virtual care is useful as a supplement to the bedside evaluation, it is not appropriate for all patients, he noted. For example, patients with advanced dementia or critically ill patients requiring end-of-life care discussions typically require in-person assessments.

The hospital is offering specific training and feedback for clinicians on communication techniques to optimize the use of virtual care.

"Just as bedside manner encompasses much more than one's appearance in person, 'webside manner' transcends how one looks on camera," said Dr. Mathews, who coauthored an article published in the April 26, 2021, *Diagnosis* that discusses ways to translate bedside etiquette into virtual encounters. "It is also about empathy and understanding the totality of the encounter translated via virtual medium."

Virtual rounding carries pros and cons when it comes to getting patients subspecialty care, the experts said. Dr. Nikte noted that smaller hospitals with limited staffing can face challenges doing rounds virtually when patients have diverse diagnoses and needs. "It would be very difficult to organize when different consultants are needed for every patient," she said.

However, it also became clear during the lockdown that telemedicine carries the potential to significantly increase patient access to specialists, especially in rural areas, said Dr. Woo.

"One of the remarkable things that happened during the pandemic was expanded inpatient specialist consultations across the board because specialists were able to participate virtually," he said. "By studying this model and understanding any potential limitations and benefits, we may be able to improve access to specialist care for patients in rural hospitals."

Even at larger hospitals, virtual technology is likely to expand use of subspecialists at the bedside, said Dr. Mathews. Virtual platforms make it easier for hospitalists to comanage patients with top subspecialists regardless of their location.

Virtual technology also encourages participation by family members, although there is no one-size-fits-all approach, according to a study coauthored by Dr. Woo, published in *General Internal Medicine and Clinical Innovations*, that reported on a pilot program at Jefferson Hospital. The study showed the importance of identifying patients interested in virtual rounds at admission, determining any barriers to their participation, and investing time in implementation, such as involving legal services to establish a telehealth consent procedure.

The pandemic jumpstarted use of virtual technology that already existed but was not always widely embraced or used, said Dr. Orlov, who expects positive effects as clinicians return to in-person rounds. "We all prefer real-life rounds—it's just easier to engage other human beings when you are face-to-face," she said. "However, now that we've gotten used to the technology, we're starting to see many other ways it can be leveraged to improve patient care and education." ■

Janet Colwell is a freelance writer in West Hartford, Conn.

Experts weigh in on ethics of social media success

To some extent, physicians on social media must rely on their own best judgment informed by professional standards of conduct.

By Janet Colwell

Social media allows physicians to reach far larger audiences than was possible through traditional media outlets in the past. Many are using it to benefit patients by disseminating accurate health and medical information and countering false health claims. However, ethical issues can arise when influencers with large followings reap significant profits from endorsements or advertising revenue.

"I wouldn't say that physicians should never receive any kind of reimbursement related to their social media use, but if they do, it should always be disclosed," said Matthew DeCamp, MD, PhD, FACP, associate professor in the Center for Bioethics and Humanities at the University of Colorado in Aurora. "And there is probably a point where the profit is too high and a conflict shouldn't be permitted, but where to draw that line is a subject of much debate."

While extremely high earnings may appear to cross the ethical line of promoting self-interest over public good, there are nuances to consider, one expert said. Image by Urupong

A recent case study from ACP's Center for Ethics and Professionalism, accessible on Medscape (login required), noted that the definition of professionalism demands that "physicians put patient care above their own self-interest," a principle that can't be upheld when influencers "effectively put their medical credential up for sale." The case describes a hypothetical second-year resident who receives compensation for promoting several health-related products through his Instagram account, where he shares personal and professional anecdotes with about 40,000 followers.

Case commentators acknowledged the benefits of social media when used in the service of promoting public health and education, or sharing professional experiences. However, reaping financial or nonfinancial rewards from such activity clearly falls in the category of self-interest, without any obvious benefit to patients or the community.

"Once we start to stray from our professional persona and use it to influence audiences on social media, the ethical waters become more tricky to navigate," said ACP Resident/Fellow Member Vishal Khetpal, MD, MSc, an internal medicine resident at Brown Medical School in Providence, R.I., and a coauthor of the case study. "When in doubt, ask yourself whether whatever you're posting on social media really relates to your practice of medicine."

Ethics of profiting online

Physicians with the largest social media followings earn high financial returns, notes the ACP case study. But even influencers in the lowest tier, with 1,000 to 5,000 followers, make an estimated $30,000 to $60,000 annually.

While extremely high earnings may appear to cross the ethical line of promoting the public before self-interest, there are nuances to consider, said New York-based internist Dana Corriel, MD, founder of the website SoMeDocs, which helps physicians establish an online presence as thought leaders.

"Medicine is an altruistic field that we all went into with the intention of doing right by the patient," said Dr. Corriel, who left private practice about a year ago to run SoMeDocs full time. "However, we live in a capitalistic society where businesses move ideas and messages, and the health of our patients is clearly affected by social media."

As a result, physicians should be judged on how and why they use social media rather than solely whether they earn a profit, she said. In building SoMeDocs, for example, Dr. Corriel saw social media as both an alternative career path and a way to have a much broader impact on patients than would have been possible in her private practice.

"As a practicing primary care physician, I was feeling the pressure of what I saw as a broken health care system," she said. "At the same time, social media had huge potential to benefit the patient-physician relationship. It offered me a chance to create a new space that empowers physicians to impact health care and public health in a positive way."

Ethical considerations around influencer accounts should focus on how physicians conduct themselves online versus purely profits, agreed Austin Chiang, MD, MPH, a gastroenterologist and chief social media officer for Jefferson Health in Philadelphia.

"First and foremost we must beware of promoting anything that carries health risk. Physicians should never back products or services that are not evidence based or that pose potential harm," said Dr. Chiang, who also started the nonprofit Association for Healthcare Social Media, a social media

resource for health care professionals. "Beyond that, there should be transparency about how the physician is profiting from such promotions."

Physicians should adhere to the Federal Trade Commission's rules of disclosure, which place the onus on the influencer to make followers aware of their connection to brands or sponsors, said Dr. Chiang. Physicians can also look for guidance from employers, although most corporate or institutional policies tend to be broad, with much left open to interpretation, he said.

Social media companies themselves have also developed ways to help readers sort through health-related information, said Dr. Chiang. Twitter and Instagram now award an official blue check mark to influencers who satisfy certain criteria, including verification of their professional credentials.

In addition, physicians can independently signal their support of accuracy and transparency by using certain hashtags or linking to outside verification sites (such as the American Board of Medical Specialties' Certification Matters, which allows readers to quickly check on a doctor's board certification). Dr. Chiang launched the #verifyhealthcare campaign on Twitter and Instagram in 2018, which urges readers to check credentials and asks physicians to disclose their qualifications.

To some extent, however, physicians must rely on their own best judgment informed by standards of conduct set by ACP and other professional societies, said Thomas Bledsoe, MD, FACP, clinical associate professor at Brown Medical School and chair of the Rhode Island Hospital Ethics Committee in Providence. He advised physicians to remember that even the appearance of impropriety can undermine public trust in the medical profession as a whole.

"As physicians, we have a responsibility to seek trust and be deserving of it. If you're selling the latest thing for profit and it's not based on science, or if you're using social media only to make money or become famous, you're not following that code," said Dr. Bledsoe. "Social media offers useful tools to get the word out about important topics but when people present themselves as physicians in problematic ways, it's bad for all of us."

Positive influencers

Many physician influencers are using social media in positive ways to educate and inform the public, said Dr. Chiang. That's been especially apparent during the COVID-19 pandemic. Twitter and Instagram tend to be the most popular platforms with physician influencers, with many younger physicians also favoring TikTok, he said.

"Social media allows physicians a convenient tool to assemble facts and explain them in a digestible way that provides context, which has been really important during the pandemic," he said. "When people hear rumors that COVID is a hoax, for example, we can speak to our actual experiences treating patients in the hospital."

Physician influencers can add context to sensational headlines, such as those containing misleading information about the effectiveness of or adverse reactions to new vaccines, said Dr. Khetpal. By posting regularly, physicians can help followers interpret and sort through rapid developments in a fast-moving health crisis.

Social media has also been helpful in reaching people who may be hesitant to get the vaccine, added Dr. Bledsoe, who serves on Rhode Island's COVID-19 Vaccine Subcommittee. "Social media is an efficient way to talk to lots of people, to make recommendations as physicians, and share accurate medical information with people who need to hear it," he said.

Besides posting timely information, physicians should remember to correct past posts that may no longer be correct, in general as well as with COVID-19, said Dr. DeCamp. "The evidence base with COVID-19 is coming about so quickly and changing so rapidly that it can be challenging to be sure one's content is accurate," he said. "Although we like to think of social media as transient and fleeting, it actually has incredible longevity and posts can be continuously rediscovered."

At the same time, physicians should be honest about what is and isn't known about COVID-19 as well as other important medical topics and be prepared to lend their perspectives to ongoing issues and debates, said Dr. Khetpal.

"Physicians should have a voice on the platforms where the latest medical topics are being discussed," he said. "In a way that's what we're here for, and one could argue that when we represent ourselves as doctors on these platforms we have an ethical responsibility to engage in content and counter false claims of public health." ■

Janet Colwell is a freelance writer in Hartford, Conn.

Tips for ethical posting

- **Consider your goals.** Becoming an influencer shouldn't be your primary goal, experts advised. Instead, focus on posting accurate content that informs, educates, and promotes public health, and your following will grow naturally.
- **Be transparent.** If you receive any kind of compensation as a result of your posts, follow Federal Trade Commission guidelines for making disclosures (See "Disclosures 101 for Social Media Influencers") Also consider using hashtags, such as #verifyhealthcare, to signal your commitment to transparency.
- **Get verified.** Twitter and Instagram issue a blue check mark to influencers who satisfy certain criteria, including verified credentials.
- **Seek support.** Ask seasoned influencers for advice and connect with others to share experiences. For example, the nonprofit Association for Healthcare Social Media offers networking opportunities and social media resources for health care professionals.

Learning to accept uncertainty in medicine

Physicians with low tolerance of uncertainty were more likely to burn out, a study found.

By Mollie Frost

Hospitalists often have to make decisions in the face of clinical uncertainty, especially during the COVID-19 pandemic. But their tolerance of uncertainty varies and may influence their well-being, a study found.

Researchers looked at tolerance of uncertainty, physician characteristics, and well-being metrics by surveying 2,020 clinically active faculty in the Massachusetts General Physicians Organization, measuring responses to the statement, "I find the uncertainty involved in patient care disconcerting."

Dr. Simpkin Begin

Lower tolerance of uncertainty was found in women, primary care clinicians, and those without a trusted advisor, according to results published in April by the *Journal of General Internal Medicine*. More experienced physicians were found to have higher tolerance of uncertainty. The study also showed that physicians with low tolerance of uncertainty were more likely to burn out, less likely to be satisfied with their career, and less likely to be engaged at work.

Lead author Arabella Simpkin Begin, MD, MMSc, an assistant professor of medicine at Harvard Medical School in Boston, recently spoke with *ACP Hospitalist* about the study results and provided tips on how to accept uncertainty during COVID-19.

Q: What led you to study this issue?

A: Uncertainty is rife in health care, yet the culture of medicine evinces a deep-rooted unwillingness to acknowledge and embrace it. Several studies have shown an association between lower tolerance of uncertainty and increased risk or presence of provider burnout, but these have largely been small-number studies. To date, findings relating to associations between tolerance of uncertainty and sociodemographic characteristics have been inconsistent. Understanding and acknowledging uncertainty and acquiring proper coping strategies is now regarded as one of the core clinical competencies for medical graduates and trainees in the U.K., U.S., Australia, and much of Europe. We were keen, therefore, to examine factors associated with tolerance of uncertainty, including well-being metrics such as burnout.

Q: Which of your findings were most interesting to you?

A: We were interested to see the strong relationship between tolerance of uncertainty and physician well-being that was evident across specialties, generating the hypothesis that [improving] tolerance of uncertainty might improve physician well-being. This feels particularly topical at present in the context of the current pandemic, which is likely to leave in its wake a raft of economic and social costs and repercussions that will likely extend COVID-19-associated uncertainties well into the next decade. As health care organizations look to improve tolerance of uncertainty among their physicians, it may be helpful to focus on potentially modifiable factors associated with lower tolerance of uncertainty.

Q: What can be done to address the factors associated with lower tolerance of uncertainty?

A: Our findings showed that female sex, primary care specialty, and lack of experience were associated with lower tolerance of uncertainty. This suggests particular attention likely needs to be paid to those with less experience, and perhaps those in specialties with high rates of undifferentiated illness and uncertainty, such as primary care. Having a trusted advisor appears to be associated with higher levels of tolerance of uncertainty, which may reflect an ability for individuals to talk openly and express anxieties and concerns with a colleague in a safe space.

Q: Why do you think tolerance of uncertainty was linked to well-being?

A: Large bodies of research have demonstrated that uncertainty provokes fear, worry and anxiety, perceptions of vulnerability, and avoidance of decision making. In particular, the need for closure—the desire for any firm belief on a given topic, as opposed to uncertainty—is a fundamental motivation for human behavior. … It makes intuitive sense that stress could follow from consistently having to make decisions in the face of uncertainty, especially as few strategies or training opportunities exist in medical education to help physicians embrace uncertainty. … Efforts to improve the management of uncertainty may be useful for addressing burnout. Longitudinal prospective trials are needed to test the conceptual model.

Q: What are some potential strategies that may help physicians increase their tolerance for uncertainty?

A: Empowering individual physicians to help themselves sit comfortably with uncertainty begins [with] the process of reframing uncertainty as a surmountable challenge, rather than as a threat. Some potential strategies that the individual physician can use to recognize and modify their individual reaction to uncertainty were described in an article I coauthored. (See sidebar.)

Q: What are your tips for hospitalists and attendings on talking openly about uncertainty in the clinical environment?

A: It can be very reassuring to hear from peers and senior

colleagues that uncertainty is not only appropriate but also an expected component of medical practice and nothing to be ashamed about. Talking openly about uncertainty in the clinical environment helps normalize the experience of uncertainty not only for colleagues but also for learners, modelling that it is safe and necessary to express uncertainty and setting a new culture that embraces uncertainty. ■

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Tackle uncertainty

Arabella Simpkin Begin, MD, MMSc, and colleagues offered 12 tips for thriving in the face of clinical uncertainty in an article published in the March 2019 *Medical Teacher*. The advice included the following:

- Understand your gut reaction to uncertainty. By identifying areas where you can anticipate feeling uncertain, you can prepare yourself to face these situations rather than being blindsided.
- "Diagnose" the type of uncertainty. Make the distinction between "knowable" and "unknowable" forms of knowledge underlying uncertainty. Identifying, articulating, and prioritizing the minimization of "unnecessary uncertainties" (that is, the knowable unknowns) can help you manage clinical uncertainty better.
- Learn to hold uncertainty. Pause when making medical decisions and ask if there is any uncertainty you're avoiding: Do you feel confident in your reasoning? What else have you left out? "Holding" uncertainty can allow more possibilities to remain in play.
- Plan for uncertainty. By creating safety nets and following up, you can reduce the potential harms of uncertainty and catch outcomes that run the risk of veering off course sooner.
- Don't worry alone. Lean on colleagues to share experiences and break down stigma and silos.

Physicians as patients with COVID-19

Physicians who contracted COVID-19 share their perspectives on how the disease has changed their personal and professional lives.

By Charlotte Huff

COVID-19 cases were surging in Texas in July 2020, and ACP Member Jayne Garcia, MD, was among the hospitalists who worked seven-day rotations in the dedicated COVID-19 unit at Baylor Scott & White Medical Center-Temple.

By the sixth day of her first rotation on that unit, she started to feel worn out. "I thought, 'Well, of course I'm tired, I'm working a very stressful week.'" On day seven, she wrapped up her shift and, exhausted, left the Temple, Texas, hospital. Later that night, Dr. Garcia developed a fever.

By November 2021, the pandemic had infected more than 740,000 U.S. health care personnel, according to CDC data. Image by Boyloso

Dr. Garcia, who tested positive for SARS-CoV-2, said that she primarily experienced fever and exhaustion at first. "The exhaustion was just incredible. It was difficult to even get off the couch," she said. But once those symptoms eased, about a week after she got ill, a relentless cough kicked in, lasting several more weeks.

"It was fairly continuous, especially if I moved around, walked around the house," the 50-year-old physician recounted. "I would have to take frequent breaks and just sit down and catch my breath."

By November 2021, the pandemic had infected more than 740,000 U.S. health care personnel and caused 2,600 deaths, according to CDC data. Dr. Garcia, who didn't require oxygen, counts her blessings that she avoided hospitalization and doesn't have lingering symptoms. But some physicians still have not completely shaken their bout with the virus.

Jeffrey Siegelman, MD, an attending emergency medicine physician at Atlanta's Grady Memorial Hospital, developed a relatively mild case of COVID-19 in August 2020. But even several months later, he was still wrestling with fatigue as well as "a rotating constellation of symptoms," including fever, headache, dizziness, palpitations, tachycardia, and others, he wrote in a Nov. 24, 2020, piece published in *JAMA*. Evelina Grayver, MD, a cardiologist at North Shore University Hospital in Manhasset, N.Y., said it took her longer than she had anticipated to regain her prior vitality.

The 43-year-old physician, who directs the hospital's cardiac intensive care unit, describes herself as "sort of a workhorse." She returned to the hospital Feb. 22, 2021, 13 days after she tested positive. She was still coping with some degree of fatigue, shortness of breath, cough, and dizziness. But she had fulfilled the hospital's quarantine requirement, her fever had broken, and her symptoms were improving.

"I think it was a little bit too soon," Dr. Grayver said. "But like they say, hindsight is 20/20." She wasn't the only clinician to jump back too soon, she noted, given the rigors of working in a hospital.

"Coming back fully, seeing anywhere between 20 to 40 patients a day, being in the unit and everything else," she said, "actually is what I think led to some of my very long-haul symptoms that I felt for months later."

The viral impact

Dr. Grayver was fully vaccinated—she had gotten her second Pfizer-BioNTech shot on Jan. 12, 2021—when worsening fatigue began to slow down her pace in early February, until "walking down the [hospital] hallway that I usually would sprint down was the longest walk of my life." She also had severe body aches.

"Everything was hurting," she said. "It literally felt like somebody took bamboo sticks and beat me with them."

Worried that she had developed anemia or a thyroid problem, Dr. Grayver got a full blood workup on Feb. 8. A COVID-19 test was also ordered, but she didn't think twice about it, given her vaccination and regular mask wearing. The next day, the result came back positive.

David Burkard, MD, an emergency medicine resident at Spectrum Health Butterworth Hospital in Grand Rapids, Michigan, was diagnosed Nov. 6, 2020, after developing fever, cough, and body aches. But the shortness of breath didn't kick in until six days later.

His boss got him a pulse oximeter, and the 28-year-old resident watched his readings creep lower, starting in the low 90s. When they reached the mid-80s, he called his primary care doctor, who told him to head straight to the emergency department. "I showed up and they said, 'You don't look so good.' And I said, 'Yep, I'm not here to work.'"

Dr. Burkard needed oxygen initially but was able to wean off it prior to discharge. He was treated in the hospital for three days. The hospital had a no-visitors policy at the time, so even his fiancée could not see him. (She also had the virus, but it

wasn't clear where she got it, he said.) Dr. Burkard's coworkers would leave goodies outside his hospital room door, yelling "Hi," from the opposite side. "I went home with way more gummy bears than any one man needs," he said.

Dr. Burkard had been accustomed to running four to five times a week but didn't recover his previous level of fitness until springtime rolled around. Two months after his hospitalization, he went skiing. "In between every run of skiing, I had to take a little break because I was so exhausted from just skiing," he said. "I used to be able to ski all day."

In those days before the vaccine, Dr. Burkard knew that he was vulnerable to catching the virus but thought that his younger age and fitness would buffer him from its severity. "I just thought that if I got it, it would be very simple."

ACP Member Jeff Krimmel-Morrison, MD, then a chief medical resident at the University of Washington Medical Center in Seattle, was more fortunate. The then-31-year-old physician initially thought he had picked up "a run-of-the-mill cold" when he developed a sore throat and a bit of a runny nose in late March 2020.

To be on the safe side, he took a test and was shocked when it came back positive. Still, he only missed about a week of work and didn't have any other symptoms.

"I really didn't feel that bad," said Dr. Krimmel-Morrison, who now works as a hospitalist at the University of Washington Medical Center-Northwest. "This felt on the scale of all of the colds I've had, like one of the more mild colds I've ever had."

Work-related impacts

Though he did not feel fully back to normal, Dr. Burkard returned to the emergency department 15 days after he became ill. He wasn't pressured into returning, he said. But the cases were surging in Michigan, and he wanted to pitch in. "It felt like I wasn't really doing my part."

Once he returned, Dr. Burkard worked thirteen 12-hour days straight in the intensive care unit treating patients, nearly all of them sick with COVID-19. While he had not become as ill as many of these patients, given that he wasn't intubated, Dr. Burkard empathized with what it felt like to lie in that hospital bed.

"At least I understood a little bit of the loneliness that comes with it," he said. "I remember how scared my fiancée was and my parents were" as he updated the loved ones of patients each day. "I went home tired, but it was like a good tired."

From the start, Dr. Grayver puzzled over how she became ill. She was far more vulnerable to potential exposure when she was not vaccinated and worked many hours on the COVID-19 unit during the spring surge of 2020, she pointed out. She later learned, after sequencing by the CDC, that she contracted one of the then-emerging variants, specifically the alpha variant.

After Dr. Grayver returned to work, her dizziness worsened. It took a while to sort out that she had developed postviral dysautonomia; at first, she blamed her symptoms on not being hydrated or skimping on sleep.

She was accustomed to swinging through the rooms of the cardiac intensive care unit during several hours of rounds without pausing or sitting down. Suddenly, after rounding in one patient room, she would "start to feel so dizzy that if I did not sit down, I felt like I was about to pass out," she said.

By the summer of 2021, Dr. Grayver's longer-term symptoms were gone, and she had fully resumed her exercise routine. But her personal experience with COVID-19 has been brutal. Both of Dr. Grayver's parents, as well as her grandparents, became ill in the spring of 2020. Her grandfather died in April 2020 in her own hospital's intensive care unit. "In my own hospital, in my own unit, in my own arms," she said.

A single parent, Dr. Grayver took every step feasible during the spring surge of 2020 to protect her 13-year-old daughter. While she parked her car after work, her daughter would leave a garbage bag outside the front door of their Queens home and Dr. Grayver would nearly completely undress outside before racing for the shower.

Then, a few days after she tested positive, her daughter did too. Thankfully, her daughter's symptoms were mild, she said, but that did not assuage her guilt. "The worst feeling in the world," she said. "I really just wanted the earth to open up and swallow me whole."

Practice perspective

As of November 2021, 15 months after he was infected, Dr. Siegelman still was not working full-time, could not taste his food, and lived with ongoing symptoms including "brain fog and dizziness which come on with any sustained physical or cognitive exertion," the 41-year-old physician wrote in an email.

Dr. Siegelman's ongoing symptoms also have shifted his professional perspective regarding chronic illness. "I look well but do not feel well, much like many of my patients," he wrote. "That does not mean that there is nothing wrong or that a physician should psychologize my symptoms, assuming they come from mental illness. Hopefully, my patients will benefit from my new perspective."

Similarly, Dr. Grayver said she has become even more attuned to listening to her patients' unusual symptoms. "I think the one thing that this illness could have taught me is that we have to think outside of the box," she said. "We can't dismiss weird or vague symptoms as just nothing."

Dr. Garcia, who was back to work after a month, said that she has been open about her COVID-19 encounter as she's treated COVID-19 patients.

"It's not going to make their COVID go away," she said. "But I think it does help them at least maybe feel a little bit more at ease that here is someone in front of them who survived this thing, got through it, and is now telling them about it."

But it is certainly not an experience that she ever wants to repeat.

"I've had the flu two or three times in my life, but I have never been as sick as I was with COVID," Dr. Garcia said. "It was like night and day." ■

Charlotte Huff is a freelance writer in Fort Worth, Texas.

Doctoring With a Double Disability

By Carolyn Stern, MD

March 11, 2020, my nightmare began.

"Ready to switch?" asks my American Sign Language interpreter during an all-day virtual conference. Switching from speaker view to gallery view, I search for a different speaker's interpreter among numerous attendees, pin her video, and switch back to speaker view. This interpreter updates me on what I missed during the transition.

I do this every half hour throughout the conference, peering through my reading glasses while viewing a microscopic workspace—the split-screen display shows the speakers and interpreters on one side and slides on the other. It is as though I am watching a virtual tennis match, my eyes going back and forth to see both nearly simultaneously while the presenter talks without pause. Should I ignore the slides and focus on the interpreter? Should I review the slides and tell the interpreter to cease for a moment? Should I message the speaker, asking them to pause so I can review the slides? Should I just grin and bear it?

It is exhausting, yet I am unable to plug in headphones, walk around, or stretch; I can't even close my eyes while listening. However, this is what I signed up for. The only way I can obtain information is by watching the interpreters.

I am a Deaf family physician working in urgent care. Fortunately, I speak well and am fluent in American Sign Language; these factors let me navigate between Deaf and hearing communities. I doggedly pursued my medical career, taking on premed coursework and medical school. I survived Me'nière disease during residency, although the overnight loss of my residual hearing and the incessant tinnitus and vertigo almost floored me. Still, I persisted. I have consulted with many accreditation organizations and fought for disability accommodations for health care professionals throughout my career.

Before the pandemic, I interacted with patients without an interpreter. Over time, my finely honed armamentarium allowed me to prevail in the hearing world. I studied salient nonverbal behaviors, such as facial expressions and body language; developed a mental filing cabinet of appropriate responses given situational contexts; and harnessed my residual hearing and dexterity in speechreading to understand and communicate with patients. I requested interpreters for occasional meetings, social events, medical or patient–family conferences, and phone calls.

After COVID-19 hit, my world turned upside down.

Everyone started wearing masks that covered their faces from nose to chin. Meetings and events became virtual nightmares. Communication, once manageable and enjoyable, became exponentially more difficult. I could see only eyebrows and crinkles in the corners of eyes that might hint at happiness or anger. My years of experience and communication techniques no longer sufficed. I felt lost, even despondent. People offered to lower their masks to help me understand; although they meant well, this simple act would put us all at risk. If a patient or colleague knew American Sign Language, information exchange was easier but imperfect. American Sign Language requires facial expressions for full comprehension, and masks block most of these. Although we had a common language, my ability to communicate at work was diminished.

No one anticipated how the pandemic would impact their Deaf colleagues' work environment and career opportunities. Yet, 15% of adults report some form of hearing difficulty. This number increases dramatically with advancing age, with 50% of those aged 75 years or older experiencing hearing difficulty. The exact number of Deaf/Hard of Hearing (DHH) physicians and other health care providers is unknown. However, according to the Association of Medical Professionals With Hearing Losses, the numbers have increased over the past few decades. This increase is in part due to legislation (such as the Americans With Disabilities Act of 1990) and evolving technologies (such as electronic and visual stethoscopes and speech-to-text applications). Although these changes have enabled more DHH professionals to work in health care, none was sufficient to address the COVID-19 pandemic's effect on DHH physicians.

I grieved this change in my life. I could not rely on my usual communication methods to understand people. To succeed in this new reality, I had to advocate for full-time interpreters at work to treat my patients, urgently help a colleague with their shift, or attend a last-minute meeting. I needed to select skilled, compatible interpreters while consciously redesigning my work environment to consider their needs, methods, and availability.

Interpreters showed me what I was missing after COVID-19—and even before, such as a nurse asking for lunch orders, someone announcing a department event, or a colleague discussing an interesting case. My interpreters are part of the care team; they accompany me when I see patients. They wear masks with clear panels so I can see most of their face while they interpret.

Telehealth, now an integral part of the daily workload, creates possibilities but still hinders success. I thought telehealth would be easy. I could see the patient's entire face—they usually do not wear a mask at home. Yet, even this is not straightforward. One patient had to show me a rash, so she moved the camera to her arm and continued to talk before returning the phone to her face. For this reason, a simple telehealth call requires an interpreter.

Even with interpreters and clear masks, state requirements and institutional policies in response to COVID-19 (such as room occupancy limits and space requirements) impeded my career development by eliminating my opportunity to work with,

mentor, and teach students. These policies were drafted without considering the needs of, and effects on, diverse professionals, ultimately affecting the entire workforce.

Although masks and technology are challenging, they often lead to innovation and Deaf Gain. *Deaf Gain* is the concept that the majority hearing community gains from the cultural diversity and human capital of the Deaf community. For example, captioning started in the Deaf community, and the DHH community influenced the spread of text messaging—both now widely used by the hearing community all around the world. The pandemic spurred development of clear masks for DHH health care professionals; these are now loved by hearing patients and colleagues because they enhance communication and improve the doctor–patient relationship. Deaf speakers on virtual platforms pause and give people time to review slides before speaking; if hearing speakers do the same, it will benefit DHH and hearing participants.

Practicing medicine as a Deaf physician is an uphill battle in the best of circumstances; COVID-19's effect on policies, networking, scholarship, and in-person and virtual interactions has added new dilemmas. My experiences remind us that information exchange, whether in person or virtual, requires thoughtful consideration of the many aspects of communication: facial expressions, body language, volume, tone, and cadence.

Modifications—both digital and physical—used by DHH health care professionals should be embraced by the hearing community. When we understand and learn from DHH clinicians, we do not only support DHH co-workers; these accommodations can benefit all. Deaf and Hard of Hearing professionals have much to offer the medical community. Learning from our experiences reinforces why a diverse and inclusive environment leads to innovation, workplace satisfaction, and better patient care.

We all prudently anticipate further COVID-19 mutations and variants. This pandemic is far from over. Deaf Gain has made us more ready for this eventuality. However, what other changes are coming in the near future that will disenfranchise others within our profession? What of climate change, with its torrid fires in the West and the horror of flooding in the Northeast? Is medicine prepared for the predicted population shifts? What of global terrorism? Can medicine accommodate a huge influx of immigrants with their own special cultures and languages that we do not share? How will medicine assist governments in dealing with antiscience sentiment in misinformed, politically divided countries?

An equally important question is, how can Medicine partner with DHH professionals and the DHH community, who have already fought major battles, to confront these revolutionary changes in our profession? ■

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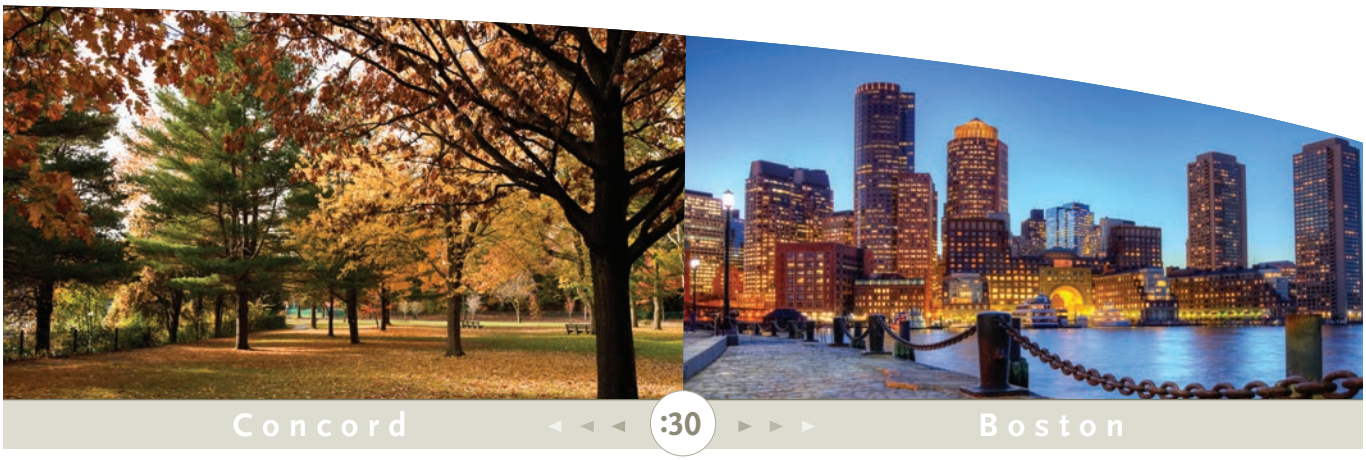

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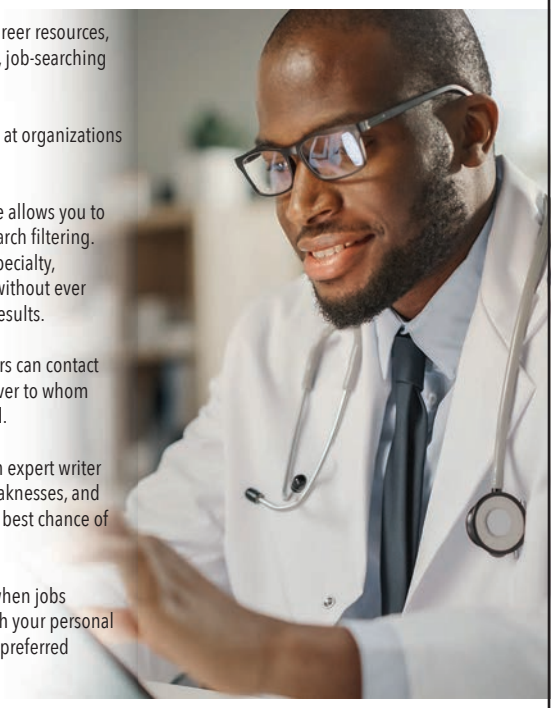

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The job duties will be flexible, can include inpatient and/or outpatient care, and may be tailored to optimize work-life balance. Up to 20% salaried, protected time provided for educational duties and scholarship along with compensation from clinical collections. Competitive pay, flexible time, comprehensive benefits package, generous CME allowance and relocation support provided.

This position requires a strong interest in medical education. Faculty participate in curriculum development and innovations in residency and medical school education. Interested candidates must be ABIM certified/board eligible or equivalent

The area offers award-winning public school systems, no state income tax and a family friendly environment for the outdoor enthusiast. Women and minorities are encouraged to apply. AA/EOE

Contact: Kari Heaton, heatonka@etsu.edu
https://www.etsu.edu/com/intmed/employment.php

DAY HOSPITALISTS AND NOCTURNISTS

White Plains Hospital, a leading Magnet designated hospital in Westchester, 25 miles from Manhattan, NY, is seeking full time and per diem **Day Hospitalists and Nocturnists** for our expanding Adult Hospitalist Program.

Hospitalists/Nocturnists will have a 7on/7off or 5on/5off schedule, closed ICU, with full sub specialty back up. Procedures are optional.

We offer an exceptional comp/benefits package and phenomenal work environment.

Please submit your CV for consideration to Sharon O. Alfonso
Email: salfonso@wphospital.org
Phone: 914-681-2768

White Plains Hospital
Exceptional, every day

GREEN SPRING
Internal Medicine, LLC

Internal Medicine—Lutherville MD
Part-time to Full-time

Independent Internal Medicine practice in Lutherville, MD, located on a Johns Hopkins campus, is seeking a BC/BE internal medicine or geriatric physician to join our well-regarded, thriving advanced primary care practice either part-time or full-time.

WE OFFER:
- Competitive starting salary with benefits
- Bonus opportunity
- Team-based approach
- Televisits for some sessions
- Flexible hours
- Partnership track
- Part-time faculty appointment possible
- Payment structure aligned with value-based medicine

REQUIREMENTS:
- Active State of Maryland License
- ABIM Board Certification
- Efficient in the use of EHR for real-time documentation
- Proficiency in Office 365, Teams, Excel

To apply, email cover letter and CV to:
hrdahlman@greenspringmed.com

Sunrise Medical Associate is looking for full time/part time Hospitalists to join our ambitious team in the Los Angeles and Inland Empire areas. Successful candidates will demonstrate skills in inpatient medicine and teamwork and be an MD or DO BE/BC in IM/FP. Great Incentives available. Mandarin speaking physicians are strongly encouraged to apply.

Please send CV to
smamedoffice@gmail.com
or fax to 951-339-8461
Multiple positions available.

sunrise MEDICAL ASSOCIATES

ACP's Career Connection

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Focus on what matters most

Practicing Permanente Medicine means doing what's right for patients.

We believe that care should be led by you.

As a Permanente physician, you'll work with your patients to make care decisions based on the latest clinical evidence and your expert judgment. Together, you'll determine the right course, with the collaboration of experienced colleagues.

More than 23,000 Permanente physicians have found the freedom to make a difference in people's lives — join us and find joy in the practice of medicine.

physiciancareers.kp.org

Adult and Family Physicians

Contact a regional recruiter

Colorado Permanente Medical Group
Andrea.C.Hughes-Proxmire@kp.org

Hawaii Permanente Medical Group
Thao.Hartford@kp.org

Mid-Atlantic Permanente Medical Group
Robert.F.Hickey@kp.org

Northwest Permanente
Marisa.E.Walter@kp.org

Southern California Permanente Medical Group
Jolanta.U.Buschini@kp.org

The Permanente Medical Group (Northern California)
Harjit.X.Singh@kp.org

The Southeast Permanente Medical Group
Laurie.Wehunt@kp.org

Washington Permanente Medical Group
Kelly.A.Pedrini@kp.org

We are an EOE/AA/M/F/D/V Employer

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INTERNAL MEDICINE OPPORTUNITIES IN MASSACHUSETTS

Location, Location, Location

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Find out why so many top physicians are practicing at Emerson Hospital. At Emerson you will find desirable practice locations, strong relationships with academic medical centers, superb quality of life, competitive financial packages, and more...

Emerson Hospital has several opportunities for board certified or board eligible physicians.

Emerson Hospital Internal Medicine Opportunities

- Acton Medical Associates
  - Acton
  - Harvard
  - Hudson
  - Littleton
- Emerson Practice Associates
  - Bedford
  - Concord
  - Groton

If you would like more information please contact:

Diane Forte Willis
dfortewillis@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.

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

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

Emerson Hospital
Premium Care. Personal Touch.

T1221

Internal Medicine Hospitalist Opportunity

The University of Iowa Department of Internal Medicine is recruiting part-time and full-time BC/BE physicians for clinical faculty positions that offer a dynamic mix of activities within the Division of General Internal Medicine. Based upon individual's interest, hospitalists can rotate on resident based teaching teams, attending only teams, transition of care follow up clinic, virtual hospitalists providing care at distant hospitals at both the University of Iowa Hospitals and Clinics (UIHC) and the Iowa City VA Medical Center (VAMC), physician led Advanced Practice Provider (APP) inpatient teams, staff the APP run observation unit, or the resident based surgical co-management services. We recently opened the University of Iowa Health Network Rehabilitation Hospital, a venture with Encompass Health, where our hospitalists co-manage patients with PMR staff. Additionally, general medicine hospitalists can rotate on two subspecialty services, the hem-onc service, in collaboration with hematologists, oncologists, the cardiology service, which provides collaborative care with cardiologists, and we plan to introduce a third subspecialty service, gastroenterology hospitalist.

Candidates must have a M.D. degree or equivalent. Applications will be accepted for positions at the rank of Associate, no track, or Clinical Assistant Professor, commensurate with experience and training. Position requires completion of an ACGME-accredited Residency Program

Primary practice sites are the University of Iowa Hospitals and Clinics (UIHC), which is consistently recognized as one of the top health care employers by Forbes and has consistently ranked as one of the top 15 medical centers in the U.S. by US News and World Report. Iowa City is a diverse and family-friendly community located in the heart of the Midwest. As the site of the University of Iowa, it combines access to many of the cultural amenities of a larger city with the ease of living in a smaller town.

For further information, contact
Evelyn Kinne at evelyn-kinne@uiowa.edu

Interested candidates are invited to search the Jobs@UIOWA site: https://jobs.uiowa.edu/content/faculty/ and search for requisition # 73980

The University of Iowa is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, national origin, age, sex, pregnancy, sexual orientation, gender identity, genetic information, religion, associational preference, status as a qualified individual with a disability, or status as a protected veteran. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. Women and Minorities are encouraged to apply for all employment vacancies.

ACP Internal Medicine Meeting 2022

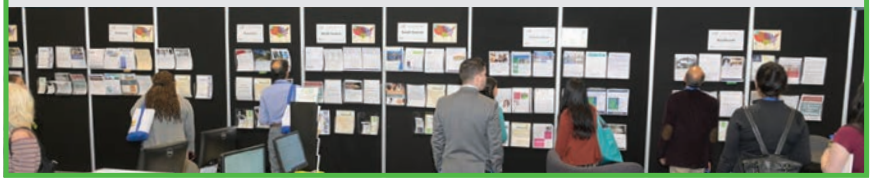
Visit us at the
ACP Job Placement Center
Chicago's McCormick Place West Convention Center

Chicago, IL • April 28-30, 2022

For more information, please contact:

Vera Bensch
215-351-2630
vbensch@acponline.org

Jennifer Sampson
215-351-2623
jsampson@acponline.org



Confluence HEALTH

Internal Medicine
Moses Lake, Washington

Seeking
- Board Certified or Board Eligible Outpatient Internal Medicine Physician
- New graduates are welcome to apply

Why join Confluence Health
- Four or Five-day workweek
- Multi-specialist clinic with easily accessible support
- Medicare approved ambulatory surgery center

We are Located in north central Washington State:
- A 12,000 square-mile service area
- Two hospitals, 30+ medical specialties
- 300 physicians, 160 APPs

We offer
- One year partnership track in physician-owned Wenatchee Valley Medical Group
- Multiple loan repayment opportunities
- Generous benefits package

Why we live here
- World-class outdoor recreation
- Welcoming, friendly community
- Great standard of living

For more information or to apply email us at:
JoinUs@confluencehealth.org

ACP's Career Connection
To-Do List

- Check out the New **ACP's Career Connection**.
- Upload CV.
- Enroll in job alerts.
- Search and apply to jobs.
- Get hired.

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PRISMA HEALTH SM

Inspire health. Serve with compassion. Be the difference.

Outpatient Internal Medicine Physician Upstate, SC

Prisma Health, the largest healthcare provider in South Carolina, seeks BC/BE Internal Medicine physicians to join our rapidly expanding Department of Internal Medicine. Our healthcare professionals adhere to a high standard of excellence in medical practice, making use of the best that evidence-based medicine, innovative technologies, and clinical research have to offer. Our goal is to transform health care across the Upstate utilizing a clinically integrated network, MyHealthFirst Network. Clinical and Academic positions are available.

Prisma Health-Upstate employs 16,000 people, including 1,200+ physicians on staff. Our system includes clinically excellent facilities with 1,627 beds across 8 campuses. Additionally, we host 14 residency and fellowship programs and a 4-year medical education program: University of South Carolina School of Medicine–Greenville, located on Prisma Health-Upstate's Greenville Memorial Medical Campus. Prisma Health-Upstate also has developed a unique Clinical University model in collaboration with the University of South Carolina, Clemson University, Furman University, and others to provide the academic and research infrastructure and support needed to become a leading academic health center for the 21st century.

Upstate South Carolina is a beautiful place to live and work and the GHS catchment area is 1.3 million people. Greenville is located on the I-85 corridor between Atlanta and Charlotte, and is one of the fastest growing areas in the country. Ideally situated near beautiful mountains, beaches and lakes, we enjoy a diverse and thriving economy, excellent quality of life and wonderful cultural and educational opportunities.

We offer great compensation and benefit plans, in addition to malpractice insurance and full relocation packages.

We are a Public Service Loan Forgiveness (PSLF) Program Qualified Employer!*

Please submit a letter of interest and CV to:
Natasha Durham, Physician Recruiter,
Natasha.Durham@PrismaHealth.org
ph: 864-797-6114

PRISMA HEALTH SM

Inspire health. Serve with compassion. Be the difference.

Outpatient Internal Medicine Physician Columbia, SC

Prisma Health, the largest not-for-profit healthcare provider in South Carolina, seeks BC/BE Internal Medicine physicians to join our Department of Internal Medicine.

Details:

- All practices are accredited Patient Centered Medical Homes
- Innovative use of Digital Health services
- Remote Patient Monitoring for chronic disease management
- Centralized Call Center and nursing triage
- Access to Pharm D's and Behavioral Health at each practice
- One instance of Epic EMR
- Excellent Patient Experience Scores
- High provider engagement, collaboration, and retention
- Practices proximity hospitals and specialty practices
- Aggressive primary care growth strategy
- Opportunity to work with medical students, and residents.

Highlights:

- Competitive Compensation Package
- Flexible Scheduling
- Sign-on bonus
- Relocation Expenses
- Paid malpractice with tail coverage
- Public Service Loan Forgiveness Employer

With nearly 30,000 team members, 18 acute and specialty hospitals, 2,947 beds and more than 300 outpatient sites with nearly 2,000 physicians, Prisma Health serves more than 1.2 million unique patients annually in its 21-county market area that covers 50% of South Carolina. It's goal is to improve the health of all South Carolinians by enhancing clinical quality, the patient experience and access to affordable care, as well as conducting clinical research and training the next generation of medical professionals. For more information, visit PrismaHealth.org .

Columbia is the state capital with a diverse population and a large selection of cultural amenities due to the University of South Carolina's 30,000 students. In addition to having an affordable cost of living, it is very family friendly with good schools, a revitalized downtown, nationally ranked zoo and children`s museums. Outdoor activities are a premium due to its rivers, 650 miles of Lake Murray shoreline and state and national parks within 30-minute drives.

Qualified candidates should please submit a letter of interest and CV to:
Natasha Durham
Physician Recruiter,
Natasha.Durham@PrismaHealth.org
ph: 864-797-6114

Summit Health

We are actively recruiting for board-certified/board-eligible Internal Medicine Physicians in New Jersey, New York and Oregon to join our expanding clinical team. If you are looking for a collaborative, dynamic environment where you can learn, grow and excel in providing comprehensive, patient-centered care, then Summit Health is the place to be!

We Offer:

- Competitive compensation
- Shareholder opportunity
- Comprehensive benefits package
- Generous CME funding
- Opportunities for professional growth
- Complete administrative and care management support

Who We Are

Summit Health is a physician-led, patient-centric network committed to simplifying the complexities of health care. We work every day to deliver exceptional outcomes and exceed expectations to bring our patients a more connected kind of care. We empower and support our teams with the resources to deliver exceptional outcomes and stay passionate about their work. Formed by the 2019 merger between Summit Medical Group, one of the nation's premier independent multispecialty medical groups, and CityMD, the leading urgent care provider in the New York metropolitan area, Summit Health has been doing more than strategically extending our geographic reach. We have been connecting our network with the intuitive technologies needed to deliver on the promise of truly integrated care. Care and compassion that extends to the patients we serve and the practitioners that make it all possible.

If you are an interested candidate, please reach out to our recruitment email: providerrecruitment@summithealth.com or apply online at www.joinsummithealth.com

We are a smoke and drug-free environment.
EOE M/F/D/V

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

ACADEMIC PRIMARY CARE DIVISION OF GENERAL MEDICINE

The University of Michigan, Division of General Medicine, seeks BC/BE internists to join our expanding Academic Primary Care faculty. Duties for Primary Care faculty include providing direct patient care in an outpatient setting with teaching opportunities. There are also opportunities to engage in population management and quality/safety activities. Prior training or clinical experience in an academic teaching environment is preferred.

EXCELLENT BENEFITS:

- Compensation package with guaranteed salary plus incentive bonuses
- Relocation support
- Generous signing bonus

PRIMARY CARE LOCATIONS

- Briarwood Medical Group
- East Ann Arbor Health Center
- West Ann Arbor Health Center
- Brighton Health Center
- Canton Health Center
- Northville Health Center
- Saline Health Center
- Taubman Health Center

INTERESTED INDIVIDUALS SHOULD FORWARD A COVER LETTER AND CV TO:

Eve A. Kerr, MD, MPH, MACP
Chief, Division of General Medicine
GenMedFacultyRecruit@umich.edu

Application review will continue until the positions are filled.

The University of Michigan is an affirmative action, equal opportunity employer, dedicated to the goal of building a culturally diverse and pluralistic faculty and staff committed to teaching and working in a multicultural environment and strongly encourages applications from women, minorities, individuals with disabilities and covered veterans. COVID-19 vaccinations are now required for all University of Michigan students, faculty, and staff across all three campuses, including Michigan Medicine. This includes those working or learning remotely. More information on this policy is available on the Campus Blueprint website. https://campusblueprint.umich.edu/vaccine/

Confluence HEALTH

Infectious Diseases Physician, Full-Time, Wenatchee, WA

Wenatchee Valley Medical Group is currently seeking a BC/BE Infectious Diseases Physician to join our team, replacing a retiring ID physician. This is an excellent opportunity for both new and experienced physicians to join an established practice as part of a multi-specialty hospital-based group. Current practice is 60% inpatient and 40% outpatient, with an opportunity to expand outpatient volume in the future. Excellent relationship with a robust hospitalist service who provides a reliable referral base. The practice spans the breadth of Infectious Diseases except for Transplant ID: this includes inpatient and outpatient general ID consultative services, outpatient hospital follow-ups, HIV care with 280 patients in the practice, travel medicine, infection control and prevention, antimicrobial stewardship, and teleconsultation services for smaller rural critical access hospitals. Interesting disease pathology including occasional tropical medicine cases.

Serving a population of 250,000 in North/Central Washington, WVMG/Confluence Health serves a 193-bed tertiary-care community hospital and is a teaching affiliate of the University of Washington Medical School, but teaching is not an obligation of the position. Supported by advanced technology and Epic EHR, we are the 4-county region's leading provider of comprehensive healthcare services.

We understand the importance of balancing work with a healthy personal lifestyle. The Wenatchee valley offers a small town feel and endless year-round outdoor recreational activities; this is an ideal family location.

WVMG offers a competitive salary and benefits package, including relocation.

For more information or to apply email us at: JoinUs@confluencehealth.org

The Portland Clinic – Outpatient IM

You'll enjoy a healthy work-life balance at The Portland Clinic, an independent outpatient practice of over 100 physicians and advanced practice providers in beautiful Portland, Oregon. Having celebrated our centennial in 2021, we look forward to the next 100 years of serving our community. Join us in one of five locations as we provide extraordinary, coordinated care in a multispecialty setting. Owned and governed by the physicians who practice here, we have a solid business plan to maintain our independence. We currently seek collaborative and patient-centered BC/BE internists to join our truly team-oriented practice. A competitive compensation and benefits package is offered, as well as the potential for future partnership opportunities. The Portland Clinic – a place where relationships matter.

Visit our website at www.ThePortlandClinic.com/about-us

Please contact:
Shauna Rhodes, Director of Provider Relations
(503) 221-0161 x2059
SRhodes@tpcllp.com

The Portland Clinic is an equal opportunity employer.

The Portland Clinic

WISCONSIN
Internal Medicine Positions

Get detailed information on hospitalist and general outpatient internal medicine positions in Wisconsin in both rural and urban communities. These positions are with multi-specialty groups, independent clinic systems, hospitals, and large integrated health systems. The Provider Placement Program for Wisconsin, a physician recruitment entity located within the Wisconsin Office of Rural Health, is a non-profit arm of the University of Wisconsin School of Medicine and Public Health in Madison, WI. We have been assisting internal medicine physicians with their job search in Wisconsin for over 25 years.

For a complete list of all positions and information on each please contact:

Tim Dybevik
Wisconsin Office of Rural Health
University of Wisconsin School of Medicine and Public Health
310 N Midvale Blvd, #301
Madison, WI 53705
608 608 692-8322
Dybevik2@wisc.edu

WISCONSIN OFFICE OF Rural Health

North Carolina

Outpatient Internist *and* Nocturnist needed in family community 30 minutes from Pinehurst area, 45 minutes from Fayetteville and under 2 hours from beaches, RDU, and Charlotte. Scotland Health Care is ranked as one of the Top 49 Hospitals in nation. Family community. LOAN REPAYMENT for Outpatient and PSLF for nocturnist. Competitive packages with sign on bonus.

SCOTLAND HEALTH CARE SYSTEM
Closer Care. Better by Far.

To apply contact Melisa at Melisa.ciarrocca@scotlandhealth.org, 910-291-7540, or text 910-280-1337

INTERNAL MEDICINE OPPORTUNITIES

Lexington Medical Center in West Columbia, S.C. is seeking board-certified or board-eligible Internal Medicine practitioners to join our network.

ABOUT LEXINGTON MEDICAL CENTER:

Lexington Medical Center is anchored by a 557-bed, multispecialty hospital located in the Midlands of South Carolina. Our continuous, steady growth is complemented by an impeccable reputation as an employer, community member, and vital resource for physician practices and health care businesses.

Our internal medicine physicians and health care professionals provide continuing, comprehensive health care for individuals at 7 convenient locations in the Midlands of South Carolina.

POSITION HIGHLIGHTS

- Excellent compensation and comprehensive benefits
- Limited call schedule (phone calls only)
- No inpatient call
- Customized marketing materials
- Established reputation within the community to rapidly build your patient panel
- Collegial and supportive environment

COMPREHENSIVE BENEFITS

- DAY 1 BENEFITS INCLUDE:
  - o Retirement plans with matching percentage
  - o Health, dental and vision
  - o Healthcare FSA
  - o Daycare FSA
- Life, Accident, and Critical Illness Insurance
- Short and Long-term disability
- College Plans
- Relocation assistance
- Annual CME allowance
- Malpractice coverage
- 24/7 Epic EMR support

LIFE IN SOUTH CAROLINA

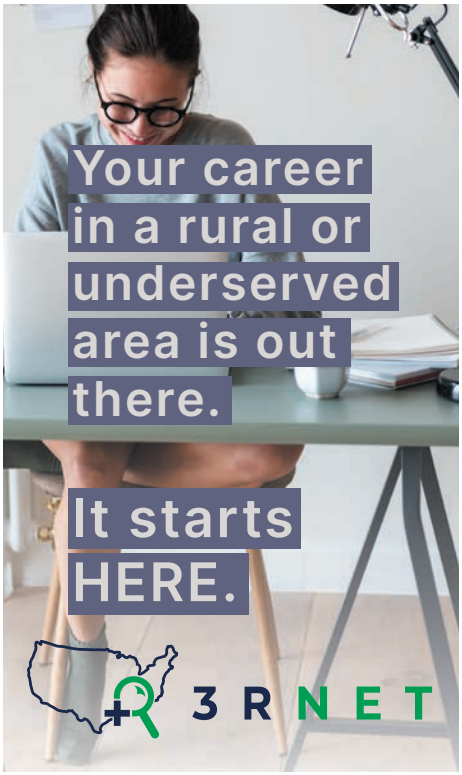
Columbia's cost of living is hard to beat

Get across town in ten minutes

Enjoy your porch in December

Lexington Medical Center is located near the capital city of Columbia, South Carolina, home to the University of South Carolina. Enjoy SEC Division I sporting events, top quality entertainment at the Colonial Life Arena and the Koger Center for the Arts, energetic nightlife in the Congaree Vista, or stroll Main Street during the Saturday morning Soda City Market. Its central location, favorable economic environment, cultural diversity, and recreation opportunities make the Columbia area an ideal place to work, live, and play.

For more information contact:
Michelle White, Physician Recruiter
Hollie Harmon, Provider Sourcing Specialist
(803) 791-2415 | PhysicianRecruitment@lexhealth.org
Visit our website at www.lexmed.com or www.lmcphysicians.com



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Internal Medicine & Primary Care Opportunity in Naples, FL

NCH Healthcare System

MAYO CLINIC CARE NETWORK
Member

The NCH Healthcare System (a not for profit 501 (c)(3) organization) is actively recruiting for **BE/BC Internal Medicine Physicians** to join our growing employed medical group in Southwest Florida.

- Excellent compensation package including quality & production bonuses
- Sign-on bonus and relocation assistance
- Flexible scheduling
- Access to robust team of specialists on staff
- Team-based work environment
- Collegial, supportive staff and colleagues

For information contact Karla Alvarez at:
Karla.Alvarez@nchmd.org or 239-624-4016

ACP Internal Medicine Meeting 2022

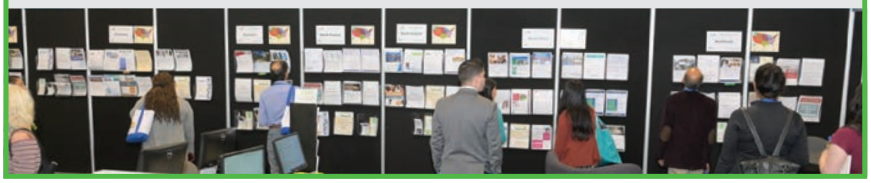
Visit us at the
ACP Job Placement Center
Chicago's McCormick Place West Convention Center

Chicago, IL • April 28-30, 2022

For more information, please contact:

Vera Bensch
215-351-2630
vbensch@acponline.org

Jennifer Sampson
215-351-2623
jsampson@acponline.org



Charles B. Wang Community Health Center
王嘉廉社區醫療中心

Internists and Family Practitioners
Flushing and Manhattan, New York

The Charles B. Wang Community Health Center, an award-winning federally qualified community health center, is seeking Internists and Family Practitioners to join our growing practice with offices locate in Flushing and Manhattan, New York. We are looking for team-oriented individuals interested in delivering high quality primary care in a community health setting. Our collegial outpatient-only practice offers strong ancillary support, including nursing support, referral coordinators, specialists, health educators, on-site mental health services and social workers.

We do not require hospital rounding. Call is limited to telephone only. We also provide opportunities for teaching, research, and community outreach.

The Health Center provides excellent benefits including malpractice coverage, medical and dental insurance, 403(b) retirement plan, flexible spending accounts (transit, parking, health, and dependent care), CME time and allowance, and National Health Services Corps loan repayment programs.

To learn more about the positions, please check out the following links.

Location: 268 Canal Street, Manhattan, New York
- **Internist**
  https://cbwchc.csod.com/ats/careersite/JobDetails.aspx?id=336&site=5&source=ACP
- **Family Practitioner**
  https://cbwchc.csod.com/ats/careersite/JobDetails.aspx?id=432&site=5&source=ACP

Location: 37th Avenue, Flushing, New York
- **Internist**
  https://cbwchc.csod.com/ats/careersite/JobDetails.aspx?id=564&site=5&source=ACP

Location: 45th Avenue, Flushing, New York
- **Family Practitioner**
  https://cbwchc.csod.com/ats/careersite/JobDetails.aspx?id=457&site=5&source=ACP

For consideration, please apply online or send CV to Annie Ma, Human Resources Manager – ama@cbwchc.org

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ACP's Career Connection
To-Do List

- Check out the New **ACP's Career Connection**.
- Upload CV.
- Enroll in job alerts.
- Search and apply to jobs.
- Get hired.

careers.acponline.org

UK HealthCare

ACADEMIC HOSPITALIST POSITIONS

We are an academic practice of more than 100 hospitalists who are engrained in leadership roles throughout the healthcare system. We are looking for hospitalists who want to build a career in hospital medicine. We offer opportunities for professional development in medical education, quality improvement, research, business and leadership. We have multiple service lines that include resident, acting intern, APP-resident, PA-student, oncology, malignant hematology, perioperative medicine, medical-surgical comanagement, triage, and nights-evenings.

The division members participate in and direct numerous quality improvement, educational and operational efforts for the College of Medicine and UK Healthcare. Thirty-six percent of the faculty is supported for their extra-clinical roles and new opportunities become available all year around. Full-time, non-tenure eligible faculty positions are available at a rank commensurate with experience.

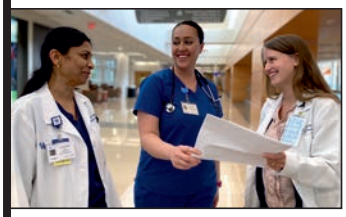
Practice features

- 175 clinical shifts
- Less than 12 average encounters
- Highly competitive salary and exceptional benefits
- Differential payment models for evening and nights
- Closed ICU
- Fully integrated EMR (Epic)
- Robust onboarding and administrative support

Lexington, KY, is consistently ranked in the top places to live in the US.

We support H1B visa and can sponsor green card. We are unable to support J1 visa.

Please email cover letter and CV to:
Romil Chadha, MD, MBA, MPH, SFHM, FACP
Chief, Division of Hospital Medicine
University of Kentucky Healthcare
MN604, 800 Rose St, Lexington KY, 40536
Phone: 859-218-2658
Email: ukhm@uky.edu
https://internalmedicine.med.uky.edu/hospital-medicine




HOSPITAL MEDICINE FELLOWSHIP

The Division of Hospital Medicine at the University of Kentucky is offering a two-year Fellowship program with two tracks.

Executive Leadership Track

The Executive Leadership track is directed by Dr. Paula Bailey. The fellow will complete a Master in Health Administration or a Master in Business Administration. The fellow will gain knowledge and real-world experience in leadership skills including strategic planning, value-based care requirements, utilization review, and documentation/billing requirements. Graduating from this Executive Leadership program puts you on an administrative leadership career path.

Educator Track

The Educator track is directed by Dr. Jagriti Chadha. The fellow will complete an MS in Instructional Systems Design or MS in Research Methods in Education. The fellow will gain knowledge regarding teaching skills and get to observe seasoned educators during bedside and small group teaching. In turn, they will get feedback from mentors/core faculty during bedside teaching, small group teaching, and large group presentations. Graduating from the Educator program puts you on a leadership in medical education career path.

The fellows will be connected with mentors in their respective areas.

To apply, please send the following to ukhm@uky.edu:

- **CV**
- **Cover Letter with a statement on why you believe this fellowship is a good fit for your career**
- **3 Letters of Recommendation**

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The New

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- Enroll to receive job alerts when jobs become available that match your personal profile, skills, interests, and preferred locations.

Visit careers.acponline.org

PERMANENTE MEDICINE®

Focus on what matters most

Practicing Permanente Medicine means doing what's right for patients.

We believe that care should be led by you.

As a Permanente physician, you'll work with your patients to make care decisions based on the latest clinical evidence and your expert judgment. Together, you'll determine the right course, with the collaboration of experienced colleagues.

More than 23,000 Permanente physicians have found the freedom to make a difference in people's lives — join us and find joy in the practice of medicine.

physiciancareers.kp.org

Adult and Family Physicians

Contact a regional recruiter

Colorado Permanente Medical Group
Andrea.C.Hughes-Proxmire@kp.org

Hawaii Permanente Medical Group
Thao.Hartford@kp.org

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