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FALL 2022 CAREER GUIDE

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- Make yourself more marketable
- Internal medicine vs. family medicine
- Telemedicine's time has arrived
- Making the most of your fourth year
- New internists choosing to be hospitalists
- How much work is too much



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ACP's Career Connection 2022 Fall Career Guide

Table of Contents

Articles

| | |
|---|----|
| Creating an impactful CV | 2 |
| <i>By Tanja Getter</i> | |
| Make yourself more marketable | 4 |
| <i>By Calvin Bruce and James St. Clair</i> | |
| Internal medicine vs. family medicine | 6 |
| <i>From acponline.org, Medical Career Path</i> | |
| Telemedicine's time has arrived | 8 |
| <i>By Mollie Frost</i> | |
| Making the most of your fourth year | 11 |
| <i>From acponline.org, Medical Career Path</i> | |
| New internists choosing to be hospitalists | 13 |
| <i>By Stacey Butterfield</i> | |
| How much work is too much? | 15 |
| <i>By Stacey Butterfield</i> | |

Classifieds

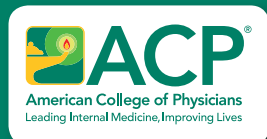
| | |
|--|----|
| <i>Annals of Internal Medicine</i> | 19 |
| <i>ACP Internist</i> | 25 |

Ads appeared in the October issues of *Annals of Internal Medicine* & *ACP Internist*.

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Creating an Impactful CV

By Tanja Getter

What makes a physician's CV stand out?

Keeping it short and sweet.

On average, physician recruiters take 30 seconds to glance at an initial CV. Yes, 30 seconds, which is why the first page of your CV is valuable real estate. Keeping it short and sweet is a relief for some; however, for others, it can cause stress related to what needs to be included.

Specifically, here are a few key areas of focus when it comes to a physician's CV: contact information, education/training, experience and eligibility to practice medicine, and interests and hobbies.

First and foremost, you want to tell them who you are right at the top of your CV. Include your contact information where you are most easily reached. This will most likely be your current home address, your cell phone number, and an e-mail address you check on a daily basis. Using an e-mail address other than your residency e-mail is the best option, since that e-mail may terminate once you graduate. Be professional. Silly e-mail addresses, such as cutedoc@email.com, do not give the impression you want to a future employer.

Next up is your education. Employers want to know where you completed residency and/or fellowship, went to medical school, and received your undergraduate degree. It is important to place these in reverse chronological order, with the most recent listed first. There is no need to list your day-to-day duties and responsibilities. The name of the program and/or university, your degree, the location, and the dates are really all you need. However, if you decide to start listing additional details (such as highlighting that you were the chief resident), use bullet points to keep it as easy to read as possible.

Your CV is essentially viewed as a timeline, so you will include the start and end dates (both month and the year) to make it very clear to the employer. Address any gaps in time at the outset. Include a brief summary in your cover letter/e-mail explaining where you were during these times, and be honest. Remember, you want to keep it short and sweet.

Following your education, include a section for your licenses and certifications—specifically, your state medical license and board eligibility/certifications. There is no need to provide the actual license numbers, but you will want to include the dates. Even if you have applied for a state license, you can indicate on your CV that it is in process. Most people also include other active certifications, such as BLS, ACLS, and PALS, in this segment.

For those of you who have been practicing medicine and/or have experience in addition to your current residency training, such as moonlighting or medicine-based volunteer work, you will include this section next. Format this the same as you did

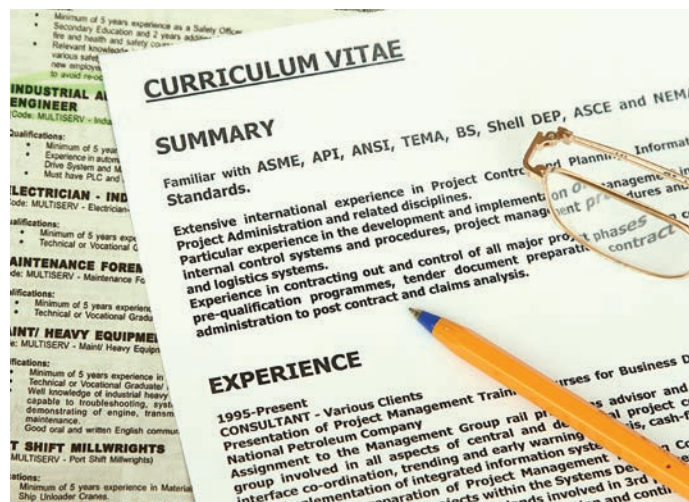
your education portion previously. List the name of the employer, your title/position, the location, and the timeframe. Once again, there is no need to list your duties and responsibilities.

A category to help complete your CV is a personal section listing your interests and hobbies, which may come as a surprise to many. Employers spend a lot of time and money recruiting the right physician for their opportunities and want to make sure that the recruited physician stays there for the long haul. Your interests and hobbies say a lot about who you are and why you would be interested in their location. If you enjoy outdoor sports, such as boating and fishing, you will most likely want to be located somewhere near water. Knowing these details helps paint a picture of who you are and helps get conversations started with potential employers.

There are many other sections you can highlight on your CV, including awards/honors, leadership, committees, memberships/affiliations, and academic accomplishments (such as research, publications, presentations, abstracts, and poster projects). For some, you may include all of these; others may include only a few. Those not going into an academic setting might not want to include any of your presentations or publications, and that is okay. Chances are, you probably will have two copies of your CV: one that is short and sweet for employment purposes and another that is lengthier and more academic based for academic positions and/or future speaking opportunities.

Remember, less is more, and your CV will always be updated as you move throughout your career.

For more information in creating your CV, take a look at the step-by-step CV Checklist.



Tanja Getter

Lead Director of Residency Education Team
Community Health Systems



Tanja Getter

For more than 10 years, Tanja Getter has educated residents on career planning and helped them become successful in finding the right opportunity. By attending Tanja's CV writing workshops/consultations, physicians receive an employer's perspective on what they are looking for in a candidate's CV regardless of where they practice.

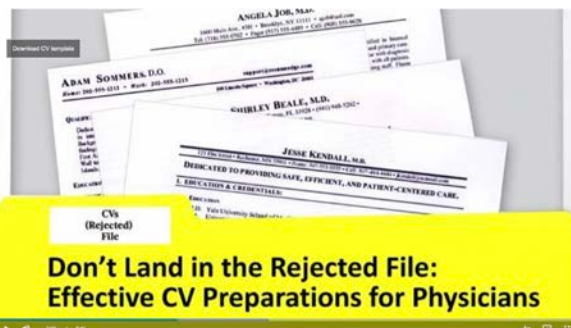
In addition, as she has traveled cross-country and met hundreds of residents, Tanja has also had the opportunity to introduce them to CHS hospitals and hundreds of physician opportunities available.

Community Health Systems, Inc. (CHS), is one of the nation's leading operators of general acute care hospitals. The organization's affiliates own, operate, or lease more than 80 hospitals in more than 15 states with approximately 15,000 licensed beds. For more information on CHS, visit www.chsmedcareers.com. ■

Career Advice Videos

Watch, learn, land the job.

Preparing for a job interview can be stressful. There are many factors worth considering when attempting to make the best possible first impression with a potential employer. ACP's video, "Don't land in the rejected file," addresses the do's and don'ts and offers a template to follow to create a successful CV.



Watch more career advice videos, brought to you by the American College of Physicians and CareerSpots.

Watch Videos



what to include in your CV

Always include:

• Contact information

- ☐ Name
- ☐ Specialty
- ☐ Professional email address
- ☐ Mailing address
- ☐ Phone number

• Education

Reverse chronological order – provide program, location and indicate start and end dates, including the month and year

- ☐ Fellowship
- ☐ Residency
- ☐ Medical school
- ☐ Undergraduate

• Licensures & Certifications

Indicate dates and status

- ☐ State medical licenses
- ☐ BLS/ACLS/PALS, etc
- ☐ Board certifications

• Professional experience/volunteer medical experience

Also in reverse chronological order with dates and locations

• Previous employment before medicine, if applicable

Additional sections could include:

• Professional interests, memberships, committees

• Leadership, honors/awards, community service

• Procedural skills, foreign languages, EMR proficiency

• Personal information

- ☐ Interests/hobbies
- ☐ Marital status
- ☐ Citizenship/visa status
- ☐ Children

• For Academic CVs, include:

- ☐ Presentations
- ☐ Publications
- ☐ Grants
- ☐ Teaching experience
- ☐ Poster projects
- ☐ Research
- ☐ Scholarships
- ☐ Abstracts

Key points to keep in mind:

• Cover Letter

Always include a **cover email** to introduce yourself; keep it short and to the point. Include:

- ☐ **Who you are** – current position, specialty, training, etc.
- ☐ **What you want to do** – desired position, specialty and type of practice setting
- ☐ **Why you want to be there** – employer reputation, location fit for your interests, hobbies, family, etc.
- ☐ **Explain any gaps** in education or work history in your CV

• Limit initial CV to two pages

• Attach your CV as a PDF file

• Do not include social security number, birth date or driver's license number

For more assistance with your CV or job search, visit

www.chsmedcareers.com

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Make Yourself More Marketable

Residency Career Guidance

By Calvin Bruce and James St. Clair, J&C Nationwide

Launching a successful career as an internist depends on more than acquiring a superior education and developing top-notch clinical skills. Despite our nation's generally strong economy, the job market is tightening for many professionals, including physicians. Furthermore, younger doctors face keen competition from more established physicians for the most outstanding practice opportunities.

Candidates who have a competitive edge in job-hunting tend to receive more, and better, employment offers. Just what gives a physician candidate that important competitive edge? The following practical suggestions are offered as starting points for further reflection on the matter.

During Residency

Residency programs provide in-depth, hands-on clinical knowledge of the fundamentals of medical practice and patient care. Along with receiving standard medical training, ambitious internists are advised to tailor their programs with specialized knowledge that will propel them to greater career success.

Become Technologically Savvy

Practicing medicine in the 21st century requires sophisticated familiarity with a wide variety of technology, especially the latest generation of computers and related Internet functionality.

Increasingly, medical informatics is becoming an important area of concentration for internists who want to be on the cutting edge of technological advancement. Having a working knowledge of hospital information systems, computer-aided instruction, image analysis, telemedicine, computerized medical records, and related information-based clinical applications provides a solid foundation for practicing medicine in an increasingly technologically sophisticated society.

Internists who are serious about acquiring such knowledge have numerous options. One is to pursue a medical informatics fellowship with health care organizations such as the Veterans Administration Medical System. A list of VA-based [fellowship programs](#) can be found on their Web site.

Other helpful sites are those of the International Medical Informatics Association, and the [American Medical Informatics Association](#).

The latter site provides detailed information on Masters-level and PhD-level programs, "informatics specialization within other degree programs," post-doctoral fellowships, certificate programs, short academic courses, and online distance education programs.

Physicians who are broad-visioned in their career planning realize how beneficial it is to acquire such a knowledge

base early in their career. This gives them a competitive edge throughout their professional life.

Acquire Broad Work Experience

Residency is, in a matter of speaking, a transition period from student-doctor to full-fledged practitioner. What helps make the transition smoother and more educationally beneficial is acquiring work experience in a variety of clinical settings.

Locum tenens opportunities offer such diversity of work involvement. Reputable employment agencies that specialize in placing internists are a good bet for matching a physician's clinical competence with a broad spectrum of practice opportunities.

In terms of competitive credentials, imagine an internist's CV indicating his or her total work history at only one teaching hospital. Contrast that with a doctor's CV that highlights clinical experience in private practice, at managed care institutions, and at several governmental medical facilities: Indian health reservations, correctional facilities, military installations, and Veterans Administration hospitals. Which physician presents more well-rounded work experience?

The point to emphasize is that by working locum tenens assignments, you will interact with numerous distinguished senior physicians, learn new procedures, and treat a wide variety of patients. All this contributes to an enriched learning experience and increased well roundedness as a practitioner.

Become Familiar with Medical Spanish

Persons of Hispanic descent are the fastest-growing ethnic group in the United States. According to the U.S. Census Bureau, Hispanics in the U.S. numbered 35.6 million in July 2000. This number is projected to increase to over 49.7 million by 2010 and 66.3 million by 2020 (Source: Population Division, U.S. Census Bureau, August 14, 2008).

Whether in your first job or later on, you will likely encounter a significant involvement with Spanish-speaking patients. Being able to converse comfortably in "medical Spanish" helps to maintain confidentiality during patient contact and increase the comfort level of Hispanic patients in seeking timely medical treatment.

If you were not able to learn medical Spanish during medical school, there are other opportunities to acquire such familiarity. For example, Interactive Drama, Inc. offers a moderately priced "virtual conversations" learning program covering the basics of conversational Spanish. The video component of the program is designed to make the learning experience more relevant to persons who need to pick up visual cues when using the language in a medical setting.

Other companies offer seminars and “total immersion” weekends devoted to learning Spanish and cross-cultural awareness for professionals, such as health care workers.

Consider a Dual Residency

Physicians who are skilled in more than one medical specialty certainly have an advantage over those who concentrate in one medical field. Residents who are dual trained in complementary specialties, such as internal medicine and psychiatry, benefit from acquiring a broader body of medical knowledge and skill sets.

Obviously, the cost and time commitment involved in doing a dual residency are prohibitive for many young physicians. On the other hand, those who can afford the extra cost and time commitment (one or two years) to complete a second residency are in a position to leverage their careers tremendously. Without doubt, they are more marketable from the outset, and throughout their career they will have more diversified employment options to consider.

When Job Hunting

Well before you finish your residency or internship program, it's time to seriously consider competing on the job market. Employers are most impressed by candidates who demonstrate a sophisticated understanding of the search process, have well-defined professional goals, and can make a good case as to how their career goals dovetail with the hiring objectives of the practice.

Present Yourself as a Serious Candidate

The first rule of job-hunting is to give the employer good reason to consider you a bona fide candidate based on seriousness of interest along with impressive qualifications.

Let's face it, some candidates will take almost any decent job offer that comes along. During an interview, they convey the impression that they will go practically anywhere in order to be on someone's payroll. Such over-eagerness is a drawback, not an asset, in employment consideration.

The more impressive candidates have done their homework. They understand what drives the employer's search, the market trends in the given draw area, and how an employment offer would potentially be a good match in terms of mutual professional expectations. In an interview, they clearly communicate why they consider the current opportunity to be a good, long-term career move.

Realistically, it will take several years before you become fully productive to the practice. Nevertheless, prospective employers need to be convinced that they will get a good return on their investment, including the cost of hiring you. That involves initial compensation, relocation expenses, and perhaps a signing bonus.

This being the case, be prepared to share some thoughts on how you intend to build a loyal patient base. During an interview, mention the reason for your attraction (and connections) to the area and the kinds of professional contacts you intend to develop as a springboard for practice development.

As a further indication of seriousness as a candidate, start the licensure process early, especially if you seek employment in California, Texas, or Florida. Due to the tremendous influx of

new homesteaders (including physicians) flocking to warmer climates, getting licensed in any of those states is a lengthier and more involved process.

By mentioning in an interview that you have applied for the appropriate state license, you present yourself as someone who has acted on his or her commitment to start the employment process without undue delay.

On the flip side, don't minimize the importance of taking your boards prior to starting full-time employment. Increasingly, most practices stipulate in their employment contracts that physicians finishing their residency become certified as soon as possible.

Mentioning to an employer that you are ready to go to work mid-July (if you're an MD) can be construed as lack of seriousness about preparing for the boards in August. The better course of action is to indicate the importance you place on becoming certified without delay by taking the exams while medical training is fresh in your mind. This serves the employer's purposes as well as your own.

Be Flexible in Your Expectations

The second rule of thumb for job seekers is to go where you're needed. Compensation and job security will reflect this as times go by.

No doubt, you've thought about what the *ideal* job would be in terms of practice size, compensation, patient load, call schedule, and so on. Bear in mind, though, that attaining the elusive ideal position early in one's career is not always possible.

A more realistic outlook is to evaluate a given opportunity both in terms of the trade-offs and the opportunity for professional advancement. Rather than concentrating on what you must have in order to sign an agreement, focus on how valuable you expect to be to the practice as you establish yourself and begin to “carry your weight” as a revenue producer.

To illustrate: Ultimately, you may want to work as a hospitalist at a large, prestigious facility. Initially, the more appropriate course of action might involve working in a traditional internal medicine role to prove your abilities and demonstrate appropriate professional growth. As you establish a name and reputation for providing quality patient care, opportunities for career advancement will present themselves over time.

Indicating a willingness to fit in wherever you can make the greatest contribution will score you points in a job interview. Similarly, being flexible on starting compensation will be viewed favorably and can give you a competitive edge over job seekers who are more rigid in their expectations.

Whatever you can do to distinguish yourself as a well-prepared internal medicine candidate with a promising future will pay off now and in the future. ■

Calvin Bruce serves as Senior Staff Writer with J&C Nationwide in Atlanta. James St. Clair works for the firm in internal medicine permanent placement, and for the last three years he has earned the designation “Recruiter of the Year.”

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Internal Medicine vs. Family Medicine

Medical Student Career Path

This is perhaps one of the most confusing questions for many students (and patients alike), particularly when referring to internists who practice general internal medicine. However, there are fundamental differences in the focus, training, and patient care activities of these two specialties.

Historically, internal medicine and family medicine developed from very different backgrounds. Internal medicine grew out of the increasing application of scientific knowledge into the practice of medicine starting in the late 1800s. This “scientific” approach to medicine was unique at the time and was progressively applied to the wide spectrum of diseases that commonly affect adults. With the growth and development of pediatrics as a separate specialty devoted to the care of children in the early 1900s, internal medicine continued its primary focus on adult patients.

The specialty of family medicine grew out of the general practitioner movement in the late 1960s in response to the growing level of specialization in medicine that was seen as increasingly threatening to the primacy of the doctor-patient relationship and continuity of care. Conceptually, family medicine is built around a social unit (the family) as opposed to either a specific patient population (i.e. adults, children, or women), organ system (i.e., otolaryngology or urology), or nature of an intervention (i.e., surgery). Consequently, family physicians are trained with the intent to be able to deal with the entire spectrum of medical issues that might be encountered by the members of a family unit.

Much of the confusion likely arises because the majority of patients seen by family physicians are adults, thus overlapping with the patient population focused on by internists. A general estimate is that a typical family medicine practice might see 10% to 15% children, meaning that 85% to 90% of patients will be adults, the same population seen by internists. Additionally, an increasing number of family physicians do not include obstetrics, neonatology, or significant surgery as part of their practices, which makes the care provided to adults appear similar to that provided by internists. These factors make it easy to see that the differences between general internal medicine and family medicine may not be easily understood.

However, there are significant differences in the training and clinical approach of internists and family physicians^{1,2}. Although the length of basic training for both is three years, internal medicine focuses only on adults (internists who wish to include the care of children in their practice may choose dual training in internal medicine and pediatrics, frequently referred to as “med-peds”; you can find out more about this [career path](#)). Required internal medicine training

centers on common general medical conditions, but also includes significant experience in each of the internal medicine subspecialties (such as endocrinology, rheumatology, and infectious diseases) and neurology. Trainees must also gain adequate experience in psychiatry, dermatology, ophthalmology, office gynecology, otorhinolaryngology, non-operative orthopedics, palliative medicine, sleep medicine, geriatrics, and rehabilitation medicine to comprehensively care for adults. Internal medicine training must also take place in both outpatient and inpatient settings. All trainees are required to have a longitudinal outpatient continuity clinic experience in which residents develop continuous, long-term therapeutic relationships with a panel of general medicine patients. In addition to this continuity clinic experience, trainees also see outpatients during the course of their subspecialty clinical rotations. At least one year of internal medicine training must involve caring for hospitalized patients, with at least three months of work in intensive/critical care settings. Most training programs require more than one year of hospital-based work with additional training on inpatient subspecialty services such as cardiology, hematology-oncology, or gastroenterology.

Family medicine training is typically based in dedicated outpatient training centers in which residents work throughout the course of their training. Trainees are required to provide acute, chronic, and wellness care for a panel of continuity patients, with a minimum number of encounters being with children and older adults. Family medicine trainees are also required to have at least 6 months of inpatient hospital experience and 1 month of adult critical care, and up to 2 months of care for children in the hospital or emergency settings. Additional requirements include 2 months of obstetrics, a minimum number of newborn encounters, 1 month of gynecology, 1 month of surgery, 1 month of geriatric care, and 2 months of training in musculoskeletal medicine. Family medicine trainees must also have experiences in behavioral health issues, common skin diseases, population health, and health system management, and there is a particular emphasis on wellness and disease prevention.

These differences between internal medicine and family medicine training result in unique skill sets for each discipline and different strengths in caring for patients. Because internal medicine education focuses only on adults and includes experience in both general medicine and the internal medicine subspecialties, training in adult medical issues is comprehensive and deep. The general and subspecialty nature of training equips internists to develop expertise in diagnosing the wide variety of diseases that commonly affect adults and in managing

ing complex medical situations where multiple conditions may affect a single individual. Internists are well prepared to provide primary care to adults through their outpatient continuity experience during training, particularly for medically complicated patients. Their training also enables them to effectively interact with their internal medicine subspecialty colleagues in co-managing complex patients (such as those with transplants, cancer, or autoimmune disease) and easily managing the transitions from outpatient to inpatient settings (and vice versa) for their patients who require hospitalization. Additionally, the extensive hospital experience during training uniquely prepares internists who choose to focus their clinical work in inpatient settings (learn more about [hospital medicine](#)).

Family medicine education is broader in nature than internal medicine since it involves training in the care of children and procedures and services often provided by other specialties. This breadth of education equips family physicians to deal with a wide range of medical issues, and this broad skill set may be particularly valuable in communities or geographical areas where certain specialists and subspecialists may not be available. Because of their broad skill set, family physicians typically adapt the nature of their practices to meet the spe-

cific medical needs of their community. Although the depth of training in adult medical issues may be less than in internal medicine, the emphasis on outpatient medicine, continuity of care, health maintenance, and disease prevention allows family physicians to function as primary care physicians for adults as part of a family unit depending on individual medical need. And family physicians are trained to coordinate care among different specialists and subspecialists when these services are needed by their patients.

Thus, it can be seen that there are important differences between internal medicine and family medicine. Both have unique skill sets and important roles in the care of adult patients and providing primary care depending on the practice setting and the specific needs of the patient. ■

¹Accreditation Council on Graduate Medical Education (ACGME) Revised Common Program Requirements for Internal Medicine, July 1, 2016 (Accessible at: <http://www.acgme.org/>)

²Accreditation Council on Graduate Medical Education (ACGME) Revised Common Program Requirements for Family Medicine, July 1, 2016 (Accessible at: <http://www.acgme.org/>)

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Telemedicine's time has arrived

As the need for remote health care expands, medical educators and residents continue to refine the best ways to teach and learn telemedicine.

By Mollie Frost

ACP Resident/Fellow Member David J. Savage, MD, PhD, was halfway through his residency at the Cleveland Clinic in March 2020 when, suddenly, it was time to learn telemedicine from scratch.

"Up until that point, I had never done a virtual visit at all," he said. "And I would say, by and large, the faculty members, just a handful of them were doing some form of virtual visits."

Despite the novelty of telemedicine, internal medicine programs recognized the immense, immediate need to deliver patient care safely from a distance. "We, just like everywhere, had canceled a lot of our ambulatory clinics while we were figuring out what to do with COVID, and ... we were scrambling as a program to figure out how we could continue to keep residents seeing patients, since everybody was going to be virtual," Dr. Savage said.

Across the country, the volume of virtual visits soared. Prepandemic, Johns Hopkins Medicine in Baltimore did 50 to 80 telemedicine visits a month across ambulatory services, said ACP Member Brian Hasselfeld, MD, medical director of digital health and telemedicine, during the C. Wesley Eisele Lecture on the future of telemedicine at Internal Medicine Meeting 2022, held in April in Chicago.

"In March of 2020, obviously, all of that changed, and by April, May, and June, we were nearing 100,000 outpatient telemedicine visits across our footprint—over 1,000 times increase in a period of 60 days," he said.

The trend remained stable through 2020. During that year, the overall number of Medicare visits conducted through telehealth in the U.S. grew to 52.7 million, a 63-fold increase from about 840,000 televisits in 2019, according to an HHS report published in December 2021.

Since then, telemedicine use has leveled off but still hovers above prepandemic figures. In 2021, about 20% of total ambulatory visits at Johns Hopkins were conducted via telemedicine, according to Dr. Hasselfeld.

As policymakers continue to assess regulatory issues, medical educators and residents continue to refine the best ways to teach and learn telemedicine.

Pros and cons

Prior to the pandemic, telehealth was a blip on the radar in medical education, said ACP Member Ryan Jelinek, DO, during an ACP Telemedicine 201 webinar in January. "[It] never really garnered much significant attention amongst medical educators, given the higher-yield competing priorities that it was up against within such jam-packed curricula," he said.

Telemedicine appears to be here to stay. However, more than one year into the pandemic, a survey of residents at Accreditation Council for Graduate Medical Education (ACGME)-accredited training programs in the Minneapolis/St. Paul, Minn., region found that only 15% reported any formal training around the provision of care via telehealth, according to results published in July 2021 by Telehealth and Medicine Today.

"I suspect that this finding is consistent in many academic medical centers across the country. ... Many medical education programs either didn't have the capacity or bandwidth to develop curriculum or have yet to prioritize the creation of strategies to properly train learners in telehealth," said Dr. Jelinek, coauthor of the study and medical director of telemedicine and access for the department of medicine at Hennepin Healthcare.

A big reason why there has been such limited education on telehealth up to this point relates to a lack of guidance or expectations from governing organizations within academic medicine, he noted. "Without this, many programs did not feel that telehealth education was something that warranted prioritization among the vastness of internal medicine training," Dr. Jelinek said.

This changed with the 2021 ACGME updates, which incorporate digital health as a milestone for internal medicine, he noted. The milestones state that Level 1 learners should be able to identify the required components for a telehealth visit, Level 2 learners should be able to perform assigned telehealth visits using approved technology, Level 3 learners should be able to identify clinical situations that can be managed through a telehealth visit, Level 4 learners should be able to integrate telehealth effectively into clinical practice for the management of acute and chronic illness, and Level 5 learners should be able to develop and innovate new ways to use emerging technologies to augment telehealth visits.

"With this guidance in place, it's clear that this is a field of medicine that has gained prominence and is worthy of the attention of internal medicine educators," Dr. Jelinek said.

In addition to following ACGME guidance, he recommended that educators train learners in the importance of telehealth from a patient-centered lens. "Many studies published over the past two years have shown great support and patient satisfaction with these virtual modalities of care delivery," Dr. Jelinek said. "With this, there is also a growing body of evi-



Telemedicine is here to stay, and medical educators are now working to incorporate it into curricula. Image by FilippoBacci

dence to support the efficacy of virtual care centered around patient outcomes and cost savings.”

Despite telehealth’s potential to improve longitudinal care, trainees and educators have faced many challenges with virtual modalities throughout the pandemic. In one study that surveyed 95 internal medicine residents in August 2020 in New York City, only 2% believed the patient received the same level of care when comparing telemedicine visits with in-person visits, according to results published in February 2021 by PLOS One.

The survey showed that 83% of residents preferred in-person visits during their training, 65% thought the telemedicine experience will affect their future career choice, and 67% would prefer to have less than half of their visits be telemedicine in the future. No respondents thought patients were always comfortable discussing their medical conditions over the phone, and 74% agreed that telemedicine visits increase the chance of patients being lost to follow-up.

Lead author and ACP Resident/Fellow Member Chia-Yu Chiu, MD, who was a third-year resident at the time of the study, offered a few potential reasons why residents may not be so keen on having a tall telemedicine workload in the future.

First, he said, since telemedicine curricula are not well established, residents may feel rushed into using the technology or otherwise poorly prepared. “Language barrier is also a problem, and another thing is the lack of physical examination,” Dr. Chiu noted.

His study is one of the first to document telemedicine from an internal medicine trainee perspective, said Dr. Chiu, now a second-year infectious diseases fellow at the University of Texas Health Science Center at Houston. (Jacob Quinton, MD, MPH, FACP, Chair of the ACP Council of Resident/Fellow Members from 2020 to 2021, led a survey study on resident and fellow perspectives on COVID-19’s impact last year, although it doesn’t principally address telemedicine; results are pending publication.)

“My study’s conclusion is that we are not ready for telemedicine,” Dr. Chiu said. “We need more supervision, and we need to have a good protocol.”

Working out the kinks

Educators and trainees may have been unprepared for telemedicine visits when the COVID-19 pandemic hit, but more recently, programs have made inroads in designing effective curricula.

One model is the four quadrants of telehealth teaching, developed by Ben Li, MD, MBA, and Julian Genkins, MD, ACP Resident/Fellow Member. These include facilitating learning, optimizing logistics, building skills, and innovating, explained Pamela Vohra-Khullar, MD, FACP, during the ACP webinar.

To facilitate learning as an educator, promote learner engagement by explaining the benefits of telemedicine, and encourage independent problem solving, as telemedicine requires creativity, she said. As with teaching in general, it helps to be kind and understanding and to admit your own weaknesses, since telemedicine is new for everyone, Dr. Vohra-Khullar said.

Optimizing logistics, on the other hand, can be a more complicated matter. “I probably spent the first few months of the pandemic just working on this part to try and perfect some things,” said Dr. Vohra-Khullar, who is an assistant professor of general internal medicine at Emory University in Atlanta.

She recommended meeting in person with trainees if possible, exchanging cell phone numbers, and identifying colocation procedures (e.g., the learner and preceptor are colocated in person, with the patient remote). While the level of supervision will vary based on the learner and the preceptor’s comfort level, be sure the learner knows how to ask for help during a virtual visit (e.g., secure messaging, texting, muting the call and speaking by phone), Dr. Vohra-Khullar recommended.

Building skills is the “real crux of the teaching,” she said. Teaching after a telephone visit should focus on proper phone

communication skills (i.e., empathetic, no jargon), triage skills, and counseling patients about self-management, while teaching after a video visit should review webside manner (i.e., working with others who are virtually present, setting up the camera), the virtual physical exam, and counseling about COVID-19 public health measures, Dr. Vohra-Khullar noted.

Innovation, the final quadrant, can include repurposing highly effective tools for in-person learning for virtual formats, such as simulation labs, said Dr. Jelinek. "Training learners on how to tackle some of the more common connectivity issues the patient might have in a simulated environment is a great way to help improve efficiency and comfort around these types of issues that most learners have never received any training for in the past," he said.

Indeed, medical educators should test their virtual visit platform out first, according to the "T" in the TELEMEDS framework, presented in a March 2021 article published by JMIR Medical Education. The rest of the mnemonic recommends that medical educators evaluate their schedule, lay out an agenda, establish visit rules, modify their speech, encourage patient engagement, demonstrate positive nonverbal communication, and summarize next steps.

But back in March 2020, such frameworks weren't readily available to scrambling internal medicine residency programs. As the Cleveland Clinic tried to figure out how to properly train its residents in virtual visits, program leaders tapped the three residents in the Clinician Educator Track for help.

"They said, 'Is this something you can help us with?' Because we need to come up with something pretty quick,'" said Dr. Savage, who was a second-year resident in the track at the time and is now a second-year hematology/oncology fellow at Scripps Health in San Diego.

Word had gotten out that the residents had started thinking about creating a telemedicine curriculum just one month prior to the pandemic. "At the time, we didn't have a whole lot; we just had a lot of brainstorming, and so that's what really spurred us to start working hard on it," he said.

The team finalized the curriculum in five weeks. It included introducing a formal training program for residents, creating a resource guide for different video communication tools, and training preceptors to supervise care. The majority of residents who responded to a preparticipation survey had no prior telemedicine experience and expressed only slight comfort with the modality. In a span of 10 weeks, residents performed more than 2,000 virtual visits; 64.9% of those who responded to a postparticipation survey said they had acquired new knowledge as a result.

Dr. Savage said that he initially envisioned doing a capstone project during residency, not designing a telemedicine curriculum during a pandemic. "But it ultimately turned into this, and this was the most impactful, meaningful thing that I never could have imagined coming in," he said.

Soon after designing the curriculum, Dr. Savage moved with his spouse across the country and started his third year

of residency in August 2020 at the University of California, San Diego. He was surprised to see similar progress in telehealth at a different residency program.

"Everybody was doing exactly what we had talked about at a brainstorming session six months prior, where it seemed like, 'Well, maybe in five years we could be doing this,'" Dr. Savage said.

He attributed that innovation solely to the pandemic, noting that newer trainees seem to be much better prepared for telemedicine visits due to exposure in medical school.

"It felt so new and so abrupt and so futuristic to be doing it in real time as the pandemic started, but now, people are getting exposure further down in the education pipeline. They come into residency or fellowship, and it's just kind of part of their standard workflow," Dr. Savage said. "I feel like [the pandemic] just catapulted the way we do ambulatory health care forward by years." ■

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Making the Most of Your Fourth Year

Medical Student Career Path

It is often easy to forget in the midst of preparing for the Match that once it is over, you still have significant time remaining in your medical school experience. To make the most of this time, it is helpful to think ahead about what may want to accomplish until you graduate.

Remember that the fourth year is intended to allow you to reinforce and consolidate what you have learned over the past three years and continue to expand your clinical horizons as you prepare for residency training. Here are several things to remember about your post-Match fourth year that may help you achieve that goal:

- **Avoid the temptation to make the transition to residency too quickly.** Medical school is challenging and in many ways exhausting, and there is obviously great excitement at the prospect of moving on to the next step in your professional life; these factors make it easy to disengage from medical school as soon as the Match is over. However, taking off as much time as possible or minimizing your participation in school activities (sometimes called “senioritis”) diminishes your own learning and does not allow others to benefit from your knowledge and experience.
- Despite the fact that ideally there should not be a focus on your evaluations and grades during medical school training, being **post-Match allows you to learn for the sake of learning without feeling the pressure of how you will be assessed or the potential influence a specific clinical rotation may have on your application.** This usually makes your subsequent clinical experiences much more comfortable and allows you to approach them with a more collegial demeanor than before. However, remember that as with all educational experiences, you will get out of them what you put into them, so it is important to put forth a good effort.
- **Remember that if you are planning to train in internal medicine, it is not necessary to focus only on internal medicine content and skills.** Residency programs are structured to provide you with all of the skills needed to learn to be an internist, and although having knowledge and experience in as many areas as possible would be helpful as you start your training, you should not miss other learning opportunities available during medical school. You will be training intensively for three years in internal medicine and the options to experience diverse and unique learning opportunities are more limited.
- **Consequently, take advantage of what your school has to offer.** For example, if you have elective time, consider taking a non-medicine elective that might be of interest to you and might be of help in your future career (such as dermatology, pathology, ophthalmology, or a surgical rotation). The fourth year is also a great time to travel and experience medicine in other venues (such as in other medical systems or countries). Other electives or coursework might be helpful in developing specific interests you might have, such as medical education or leadership skills. If there isn't a specific course or activity that meets your needs, many schools allow you to develop an individualized elective to allow you to pursue areas of interest. These types of experiences will broaden your skill set and enrich your abilities as a physician.
- **Be a leader.** Although your remaining time at your school is limited, as a later fourth year student you can play a major role in helping and mentoring other students. You have learned an incredible amount during medical school and have experienced about everything there is to experience at your institution. Helping guide others through this process is not only invaluable to them but can be highly rewarding to you.

So take advantage of the freedom and your accumulated wisdom during your fourth year – you'll be a better physician if you do! ■

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New internists choosing to be hospitalists

A study finding that inpatient practice was the overwhelming practice choice of recently certified general internal medicine physicians highlights problems with medical payments and training, experts said.

By Stacey Butterfield



Photos courtesy of Dr. Baron (left) and Dr. Gray (right); graphic from Getty Images

The growing popularity of hospital medicine was made apparent in a recent analysis of the practice choices of new general internal medicine physicians.

The American Board of Internal Medicine (ABIM) analyzed the practice settings of 67,902 internists who were initially certified from 1990 to 2017. Not surprisingly, they found that entirely inpatient practice became a significantly more common choice over the years, as did fully outpatient practice, with mixed inpatient-outpatient practice becoming rare.

The study, which was published by *Annals of Internal Medicine* on May 17, also found dramatic differences across generations of physicians. By 2018, 71% of newly certified general internists in the study practiced as hospitalists and only 8% had gone into outpatient-only practice. The portion of internists who practiced in both settings dropped from 52% to 23% over the study. Newly minted physicians also appeared to be sticking with their choice: 86% of those who were hospitalists in 2013 had the same practice type five years later.

ACP Hospitalist recently discussed the implications of these findings with Bradley Gray, PhD, lead author of the study and health services researcher at ABIM, and Richard J. Baron, MD, MACP, president and CEO of ABIM in Philadelphia.

Q: What motivated this study?

A: Dr. Gray: My job is to go out and get data so that we can get a better understanding of what doctors are really doing out there in the field. One area of interest was hospitalists, and the Medicare data that we were using to do that research was

just screaming out at me—this incredible increase in the share of general internists that were spending most of their time in the hospital, and also a tremendous increase in those that were spending no time in the hospital.

Q: What do these trends mean for the physician workforce?

A: Dr. Gray: A lot of new physicians were just being hospitalists, and the older physicians were seeing more and more patients in the outpatient setting and less and less in the inpatient setting. That pattern was driven by increased efficiency for outpatient physicians resulting from time saving with reduced travel time to hospitals and time spent with hospitalized patients, freeing up time for outpatient care. This may have helped address the well-documented primary care shortages. But as the older, outpatient doctors retire, there's going to be a shock to the system.

Dr. Baron: I think I'm probably not the only ACP member or reader who is either personally having trouble finding a primary care doctor, or talking to lots of people who are asking me how to find a doctor, and I don't have any good advice for them. That study is a bright red flashing light. I think it's an "all hands on deck" situation figuring out how to make primary care viable. It's definitely about resources, but it's also about training.

Q: Could you explain more?

A: Dr. Baron: What got me out of practice was leading the Comprehensive Primary Care Initiative at the Innovation Center at CMS. And we failed to show, to the satisfaction

of the actuary, that spending more money in primary care reduced total cost of care. I really believe that we don't have a cadre of doctors out there who are trained to know what to do with those extra resources in a way that will improve patient safety and improve patient outcomes and decrease total costs of care. ... We're training the cardiologists how to use all the wonderful resources that they have. We're not giving the ambulatory care people in training any resources, so they're not learning how to use them, and now when the payer is trying to throw money at the problem, the doctors don't reliably know how to spend it.

Q: What can physicians do about this?

A: Dr. Baron: There's an opportunity for doctors to step up to redesign care, engaging with the question "How can we improve the health of a defined population within a fixed budget?" Because that's what's happening in various forms of value-based contracting or population-based payment.

Q: Is there a role for hospitalists?

A: Dr. Baron: Hospitalists have much more experience and much more of a track record of helping manage the inpatient system. But population health is about a lot more than what happens in the hospital. The same kind of skills and thinking are relevant to designing an ambulatory office, but I don't think that the health systems have created the structures that engage physicians in solving those problems in most places.

Q: Is there a precedent for fixing this problem?

A: Dr. Baron: How did hospital medicine come to be a discipline? I think the honest answer to that is [diagnosis-related groups] and global payments for hospitals. [In mixed practice], I got to the hospital at seven in the morning, so I could see the hospital patients, then I spent the day in the office. A patient might have been ready for discharge at one in the afternoon, based on some lab results, and I wasn't looking at those. I wasn't discharging that patient. I wasn't turning over that bed, to make it available for the next paying customer. ... That economic benefit that the hospitals were getting they figured out how to share with hospitalists. I think as you move toward global population payment, people who can figure out how to avoid costs have more value, and well-resourced ambulatory practices can make care safer and more efficient and reduce unnecessary care.

Q: Going back to the study, were there any other noteworthy findings?

A: Dr. Gray: Whenever we talk to people about this study, they weren't surprised that we saw this increase in hospitalists, but they thought that people were just spending a short amount of time as hospitalists at the beginning of their careers. In fact, it wasn't a temporary thing. In our research, we found out that they were basically spending big chunks of their career in the hospital, so that was very surprising.

Dr. Baron: Yes, they're not just going into it, they're staying, and that's pretty interesting, because I think there were people who were wondering, is [being a hospitalist] just what they do to mark time before they do something else? For a lot of them, at least in the five-year study period, they're not leaving it.


Q: Do these findings offer any other takeaways for physicians?

A: Dr. Gray: It suggests to me that you're going to have kind of a wonkiness in the labor market. We have all these young physicians that are hospitalists. Eventually for new physicians, there won't be as many jobs as hospitalists, and they'll either go into primary care or they'll try to subspecialize. It's really unclear how that's all going to play out.

Dr. Baron: Be alert to opportunities to help health systems solve the problems they face. Of course, a lot of people are burned out and demoralized and feel like 'That's one more committee meeting they're not paying me for,' but I think stepping up to leadership and really trying to help own the solutions of the problem can be interesting. It can be fun, it can be challenging. It's an opportunity for professional and personal growth.

When I talk to people who are struggling to find a primary care doctor, I candidly admit I left practice to go to CMS to fix this problem, and I failed. I would not want to come across as making anybody think this is easy. But I do think it starts with people feeling like they have some agency here and being willing to step up. ■

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A graphic designed to look like a spiral-bound notebook with a green cover and yellow pages. The title "ACP's Career Connection To-Do List" is written in a bold, sans-serif font. Below the title is a list of five tasks, each preceded by a green checkmark in a box. The tasks are: "Check out the New ACP's Career Connection.", "Upload CV.", "Enroll in job alerts.", "Search and apply to jobs.", and "Get hired." At the bottom of the graphic, the website "careers.acponline.org" is displayed in a white, sans-serif font against the green background.

ACP's Career Connection

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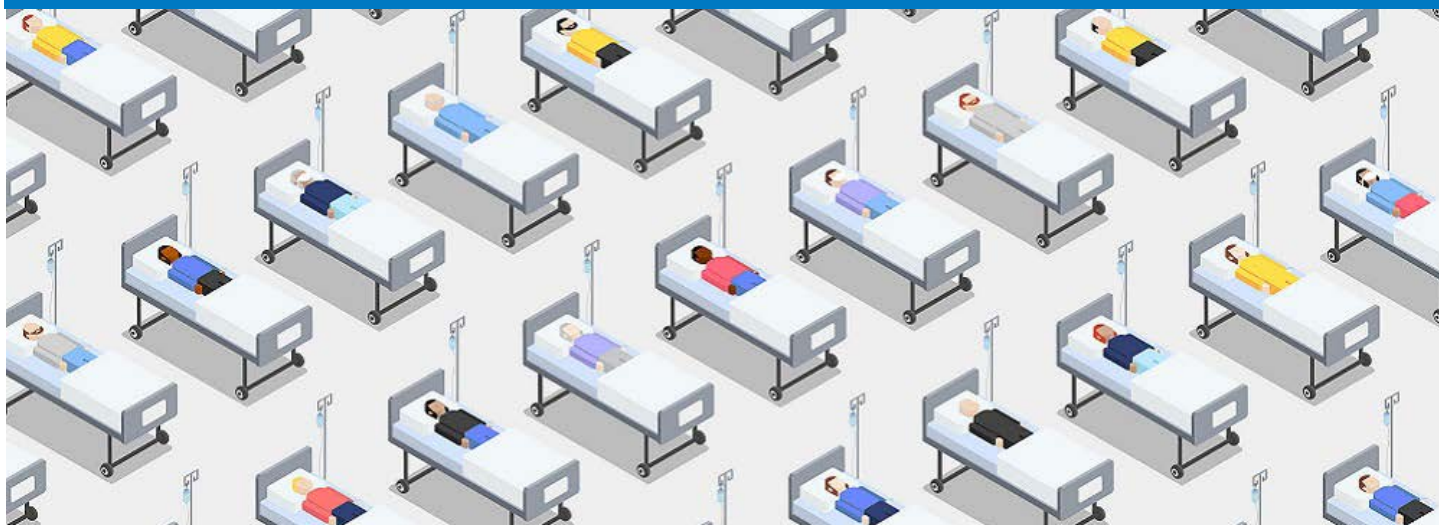
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How much work is too much?

Researchers are working to identify the effects of heavy workload on hospitalists and their care.

By Stacey Butterfield



There are many differences between being a hospitalist and being a resident or a nurse, of course, but for workload researchers, there's a particularly important one: patient caps.

"On June 30, you're taking care of the 10 patients that you get as a resident, and then on July 1, once you become an attending, the sky's the limit," said Sarwat Chaudhry, MD, a professor of medicine and director of research for the program in hospital medicine at the Yale School of Medicine and Yale-New Haven Hospital in New Haven, Conn.

Registered nurses (RNs) have caps set not only by their hospitals, but in some places, such as California, by the government, noted Mona Al-Amin, PhD, associate professor of healthcare administration at Suffolk University in Boston.

"Some states have mandated or are considering mandating minimum RN staffing levels," she said.

The pandemic only intensified the issue of workload, said Mia Djulbegovic, MD, recalling her work as a hospitalist in spring 2020. "When I think back to that time, when I cared for a higher volume of patients than ever before, it just really highlighted how strained our system is and that we didn't have a solution for it. The solution was just to stretch the hospitalist as far as they could go."

It seems obvious that putting this load on hospitalists could carry consequences for the physicians themselves, patients, and hospitals, but the project of identifying these effects and averting them is challenging and relatively nascent, according to researchers.

"Empirical research that gives us accurate findings is still scarce. I've been arguing for the past few years that we need to put as much emphasis on understanding what determines

hospitalists' staffing levels as we spend on understanding what determines registered nurses' staffing levels," said Dr. Al-Amin. "I think now we have all the right settings for research to go deeper into this."

ACP Hospitalist reader poll

What's your ideal maximum patient load as a hospitalist?

- ☐ Less than 12
- ☐ 12-14
- ☐ 14-16
- ☐ 16-18
- ☐ More than 18

[Results](#)

The latest research

Some of the latest evidence on hospitalist workload comes from a study by Drs. Chaudhry, Djulbegovic, and colleagues at Yale. It was motivated by the pressures and concerns physicians there felt even before the pandemic.

"We would talk about the days where we were only responsible for caring for 12 or 14 patients. We felt like the care we were giving those patients was so much better than on the days that we were taking care of 20 or more patients," said Dr. Djulbegovic, a hospitalist clinician and researcher at the time, now a hematology/oncology fellow at the University of Pennsylvania in Philadelphia.

She and her colleagues decided to gather evidence to assess the accuracy of their anecdotal impressions. "Was it actually true that we gave inferior care or potentially kept

patients in the hospital longer than necessary when we were responsible for more of them?" Dr. Djulbegovic asked.

The answer, published by the Journal of Hospital Medicine on June 6, was less than definitive. If a hospitalist had 16 patients on the day he or she admitted a patient, the patient's length of stay was 0.05 day longer than if the hospitalist had 13 patients, which was a statistically significant difference.

"There was a positive association between those two things, meaning that the number of patients that the hospitalist carried did affect length of stay," said Dr. Djulbegovic. "But it was a very mild association." The study also found that patients' risk of readmission did not appear to vary by their hospitalists' workload.

The observational study has many potential confounders, she noted. "When hospitalists take care of more patients, it's probably because there are more patients in the hospital. ... You can imagine that when the hospital is full, the hospitalist is motivated to discharge patients sooner, so that turnover can happen."

In addition, while the observed increase in length of stay may not matter much on the individual patient level, it will eventually add up, Dr. Chaudhry pointed out. "If you multiply that over hundreds and thousands of patients over the course of a month, quarter, year, for a busy hospital, it does start to make a difference," she said.

The authors of another recent analysis of hospitalist workload encountered similar results and challenges. Their study, published as a research letter by JAMA Network Open on Jan. 20, compared outcomes of admitted Medicare patients by how many of them a hospitalist was handling at the time. Length of stay was a little longer when hospitalists were busy, but rates of readmission and mortality did not differ, and resource use was actually a little lower.

"We certainly weren't anticipating a lot of patient harm, but we anticipated that there might be some consequences, particularly for outcomes that seem like they might be dependent more on any individual's ability to manage their workload in any given day," said lead author Jennifer P. Stevens, MD, MS, an assistant professor of medicine at Harvard and director of the Center for Healthcare Delivery Science at Beth Israel Deaconess Medical Center in Boston.

Again, the study design limited conclusions that could be drawn from the results. "It was solely done in Medicare patients, and the number of Medicare patients that you admit on a given day may not entirely reflect all the patients that you admit on a given day," said Dr. Stevens.

Another challenge to identifying effects of workload is variation between hospitals. The study of Medicare patients used data from almost 1,000 hospitals.

"It's very institution-specific. What I do every day might be very different than what someone does across the street. ... Our magic number might be different than someone else's, dependent on patient complexity, patients' social needs, other

demands, service structure, and roles of ancillary or support staff," said Ajay Bhasin, MD, an assistant professor of medicine and pediatrics at Northwestern Medicine in Chicago. "For us, 12 to 14 patients might be fine or might be too much, whereas elsewhere 16 to 18 may feel the same as our 12 to 14."

Many characteristics could have an effect, from a hospital's size and level of team support to its contracts with hospitalists, according to Dr. Al-Amin. "The bigger the hospital, the more the complexity, the more responsibilities hospitalists have, because now they're dealing with many other departments, specialists, protocols, policies and so on," she said.

Her research has shown that whether a hospital employs its hospitalists or they work under contract could also affect workload-related outcomes. Higher hospitalist staffing was associated with higher performance scores from CMS, but not if the hospitalists worked under individual contracts, according to results published in the February 2020 Health Services Research.

"The knowledge and understanding of a hospital's policies and processes, its culture, the patient population, are all different based on the contract, and I think that also has an impact on what should determine staffing levels," said Dr. Al-Amin. She foresees a future point when researchers could account for hospital, patient, and hospitalist factors to determine a "magic staffing number" for each hospital or hospital medicine service.

"You can picture a table where if you're a major teaching hospital, that's your RN staffing level, and [if] you're located in an urban location, among other factors, this is the recommended number of hospitalists or number of patients per hospitalist," Dr. Al-Amin said. "I think that is doable. ... We're not close to being there yet."

Perceptions of workload

One big factor not mentioned so far, or in most of the existing research on the topic, is the perspective of hospitalists on their workload. "If we trust hospitalists to take care of patients, we have to also trust them when they talk about the amount of patients they can take care of in a day," said Dr. Al-Amin.

However, a recent study did ask hospitalists to talk about their workload. Dr. Bhasin and colleagues studied the effect of increasing the number of dedicated admitters from three to four during the late afternoon and early evening. "We had noted that during the admitting shifts, people were getting—for lack of a better term—crushed during this midday surge," he said. "We were undergoing a staffing expansion, so we decided to study whether the presence of an extra admitter during a peak stress hour would translate to perceived change."

To determine whether this intervention alleviated the crush, the researchers not only tallied the number of admissions each hospitalist handled but also surveyed them every weekday at 5 p.m. using the NASA Task Load Index, a validated survey that gauges workload across six domains. Results were published in the June 2020 Journal of General Internal Medicine.

They were pleased to find significant reductions in both admissions per hospitalist and work stress, including frustration, according to Dr. Bhasin. "If we saw an improvement in both absolute workload and how people perceived it, you can definitely directly tie how much work you're doing in a short time to how much stress you're feeling. If we didn't see a difference, maybe there are other factors contributing to work stress that need to be studied," he said.

The stress on hospitalists themselves should be a key consideration in workload analysis, all the researchers agreed.

One potential conclusion of Dr. Stevens' study is "that hospitalists can rise to many challenges," she said. "We cannot extend these findings to some of the extreme case burdens that physicians are having to face right now as they are covering for colleagues who might be out sick or are taking care of patients who have had to delay care for the past two years."

Dr. Chaudhry offered similar thoughts when speculating about why her own research didn't show negative effects on patients of physicians with higher workloads. "Is this just the hospitalist hustling to make it work against all odds? But what's the price of that?" she said. "We don't measure things like fatigue."

On-the-ground observation could potentially analyze such factors, according to Dr. Djulbegovic. "You may even be able to measure both subjective and potentially objective assessments of their fatigue, irritability, frustration, satisfaction. How much time do they spend with patients? Do they feel that they're providing safe and effective care? How do the patients feel about the care that they're receiving?"

If the answers to these questions reveal impacts on patients' or physicians' feelings, it could give hospital administrators more reason to care about workload. "There could be potential return on that investment in hiring more hospitalists upfront to decompress the workload," Dr. Djulbegovic said. "A balanced workload that allows clinicians to stay in the workforce longer could reduce turnover, which has huge costs."

Allowing hospitalists time to work on hospitals' quality and efficiency is critical as well, noted Dr. Al-Amin. "They are the ones who might help us improve processes of care. We want them not to just deliver patient care. We want them to also be able to see the bigger picture and improvement opportunities."

Given their firsthand knowledge of their own workload, Dr. Al-Amin encourages hospitalists to talk about these issues with researchers and leaders. "We need to hear from them, too. It cannot just be us looking at numbers," she said.

Dr. Chaudhry hopes that the data she and other researchers have been able to provide so far will help spur that involvement. "The best thing that could come out of this is if our study really inspires more conversations, more analysis, more study," she said. "As hospitals have gotten busier and busier and hospitalists' workloads have gotten higher and higher, there hasn't really been a lot of discussion. ... People need reasonable caps on their workload." ■

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California: Bakersfield, Santa Cruz

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Primary Care Opportunities at a top 100 Hospital in the Berkshires of Massachusetts! 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:

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- Opportunities for new and experienced providers
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For more information on Primary Care opportunities please contact:

Dustin Burdette, Executive Recruiter
Berkshire Health Systems
(413) 447-2736
Mdrecruitment@bhs1.org
dburdette@bhs1.org



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103165



OUTPATIENT INTERNAL MEDICINE PHYSICIANS

Openings throughout Southern California

Southern California Permanente Medical Group, a physician-led partnership organization with a patient-centered and evidence-based approach to high quality medicine, is actively seeking Outpatient Internal Medicine Physicians to join our clinics.

Potential teaching opportunities in the Kaiser Permanente School of Medicine and SCPMG Residency.

SCPMG is proud to offer its physicians:

- No overnight call, and vacation coverage includes in-box and lab results
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- A fulfilling practice free from the hassles of running an office, developing a patient base, prior authorizations, and insurance billing
- Either a standard or alternative schedule to achieve work-life balance
- An excellent salary and compensation package
- Robust retirement plans: Pension Plan, 401K and Keogh
- Partnership eligibility after 3 years

For consideration or to apply, please visit our website at: <https://scpmgphysiciancareers.com/internal-medicine-outpatient>

For additional information about these opportunities, contact Jolanta Buschini at: Jolanta.U.Buschini@kp.org or call **800-541-7946**.

We are an AAP/EEO employer.

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The **Answer** to Health Care in America.



Hospitalist Opportunities – Full Time, Part Time, & Per Diem

**NYC + Suburbs
Northwell Health**

The Department of Medicine at Northwell Health is seeking Board Certified/Board Eligible **Internal Medicine and Family Medicine Physicians** to join our **Hospital Medicine Program**. Opportunities are available for full-time and per diem hospitalist positions. We have a wide variety of locations available across the New York metropolitan area. This is an exciting time to join Northwell Hospital Medicine as we continue to grow and drive improvement in the quality of care provided to the patients we serve.

Northwell Health is committed to training, supporting and nurturing physicians from all backgrounds. We fully understand that diversity is integral for our institutional excellence and a means to attaining health equity. As a result our diversity and inclusion efforts are a part of everything we do, from education, to clinical care, to research, to physician well-being. Diversity and inclusion permeates our educational and clinical initiatives. We have set a goal to make sure every one of our physicians receives training on how to deliver high quality, culturally competent care. Recent educational areas of focus have been on social determinants of health and community engagement. One of our many strengths is our diverse patient population and our expectation they receive equitable care, irrespective of who they are. As a result, we continually recruit a diverse physician workforce to meet their needs.

Northwell Health is New York State's largest health care provider and private employer, with 23 hospitals, 830 outpatient facilities and more than 16,600 affiliated physicians. We care for over two million people annually in the New York metro area and beyond, thanks to philanthropic support from our communities. Our 76,000 employees – 18,900 nurses and 4,800 employed doctors, including members of Northwell Health Physician Partners – are working to change health care for the better. We're making breakthroughs in medicine at the Feinstein Institutes for Medical Research. We're training the next generation of medical professionals at the visionary Donald and Barbara Zucker School of Medicine at Hofstra/Northwell and the Hofstra Northwell School of Nursing and Physician Assistant Studies. For information on our more than 100 medical specialties, visit Northwell.edu and follow us @NorthwellHealth on Facebook, Twitter, Instagram and LinkedIn.

We offer a competitive salary and comprehensive benefits package. **Physicians will be employed as members of Northwell Physician Partners**, the seventh largest medical group in the country. Academic Appointment to The Donald and Barbara Zucker School of Medicine at Hofstra/Northwell is commensurate with credentials and experience.

**For additional information and to apply, please contact us at:
Northwell Health, Office of Physician Recruitment,
OPR@northwell.edu**

EOE M/F/D/V

Exciting Physician Leadership Position! Chair of Emergency Medicine—Lahey Hospital & Medical Center

Lahey Hospital & Medical Center (LHMC), part of Beth Israel Lahey Health, is seeking a visionary leader for the Division of Emergency Medicine. Lahey is one of a few academic multi-specialty clinic model institutions in the country

- Physician-led
- Institutional commitment to a "Patient-first" priority
- Cutting edge, high quality care, coordinated under one roof, for the benefit of our patients

The Division Chair of Emergency Medicine is a unique opportunity for an exceptionally qualified individual to design an Emergency Medicine department of the future.

- Articulate an aspirational vision for the Department that is aligned with the future of Emergency Medicine nationally as well as institutional strategic plans and goals with a priority toward sustained growth.
- In partnership with the Vice President, Executive Director and Business Manager, develop and implement operating and capital budgets for the Department.
- Identify key performance measures for the Department based on strategic objectives.
- Evaluate performance and provide regular feedback to ensure that targets are achieved, including patient access, volumes, demand, patient satisfaction, patient outcomes, provider productivity, and financial outcomes.
- Assess colleague satisfaction; encourage conditions that foster satisfaction and promote changes for improvement when dissatisfaction is indicated.
- Ensure that the work environment is free from sexual harassment and discrimination for reasons of race, gender, age, religion, sexual orientation, veteran's status, or mental or physical disability consistent with the policies developed by LHMC.

- Supports environment for successful training of staff, residents, fellows and students.
- Effectively mentor Department members in pursuit of scholarly activities and professional growth.

Key Division characteristics:

- 27 physicians, 9 Advanced Practice Providers, 4 PharmD, 110 RNs, and 35 medical assistants
- 64,000 patients across two campuses (Burlington and Peabody)
- Level One ACS verified Adult Trauma Center as well as a DNV verified compressive stroke center with an active Neurointerventional team
- 3 cardiac cath laboratories, 3 EP laboratories and full Cardiothoracic surgery support
- Primary affiliate of the Boston University Emergency Medicine Residency Program

Required Qualifications

Education:

- Board Certification in Emergency Medicine
- Eligibility for or current licensure in Massachusetts
- Background consistent with appointment at the rank of Associate Professor or Professor
- Additional business and leadership training is desirable

Experience:

- At least 10 years of experience as a practicing Emergency Physician
- Leadership experience in a collaborative clinical environment
- A track record in change management, innovation and team building
- Experience in leading quality, safety, educational and research initiatives

Conveniently located, Burlington, Massachusetts is 17 miles north of Boston and a short drive to the mountains, lakes and seaside of New England as well as cultural opportunities of Boston.

Qualified applicants should send a cover letter and curriculum vitae to Ellen Haggerty, Physician Recruiter, ellen.haggerty@lahey.org

Beth Israel Lahey Health. Lahey Hospital & Medical Center Department of Hospital Based Specialties is committed to recruiting and supporting residents, fellows, faculty, and staff from diverse backgrounds that represent the diversity of our patients and community. The Department is additionally committed to ensuring an environment that is inclusive and imbues a sense of belonging for historically excluded people including racial, ethnic and religious minorities, LGBTQ+ individuals, and people with disabilities.



Now Hiring!


AnMed is currently recruiting multiple Internal Medicine physicians for our hospital-owned, primary care office. These positions offer competitive compensation, opportunities for incentives, excellent benefits, relocation assistance and the opportunity to be part of an excellent team.

At a glance:

- Newly renovated space that accommodates future expected growth
- Large network of referring physicians
- Out-patient only - No nights or weekends
- Epic EHR
- Supportive leadership & collegial medical staff
- Family oriented community with affordable cost of living

AnMed is a healthcare system with over 50 owned physician practices, recognized for patient safety and clinical excellence and known as a regional health care leader.

Summer Smith, Physician Recruiter
summer.smith1@anmedhealth.org
 864-512-3766
AnMed.org/Careers

Harvard Vanguard Medical Associates, Dedham Medical Associates, Granite Medical Group and PMG Physician Associates.

Primary Care - Greater Boston

30 locations in Massachusetts

At Atrius Health, primary care is the foundation of our success as a value based accountable care organization. We are a forward thinking, well-established, physician led, outpatient multispecialty healthcare organization nationally recognized for transforming healthcare.

Join a team committed to population health, preventative medicine and interested in developing and sharing best practices. Atrius Health currently employs over 650 physicians and 405 APC providers practicing across 32 specialties. Our organization delivers a highly effective system of coordinated and connected care to more than 705,000 patients across our 30 medical practice locations located in Boston, Eastern and Central Massachusetts.

Work close to home, Massachusetts offers access to exceptional public schools, the arts and cultural activities of Boston, the Cape Cod national seashore, ski resorts, hiking and so much more.

Opportunity Highlights:

- **Team based care with APC teaming model** and 1:1 MA support.
- Outstanding support through Advanced Practice Clinicians, Nursing, Complex Care Managers, Clinical Pharmacists and Population Managers.
- An organization that leverages technology to support physicians, with **automated Rx renewals**, e-consults and more.
- Minimal call schedules with **telecom services operated by our own APCs**.
- Expertise in clinical informatics and predictive analytics embedded in a fully integrated EMR (Epic).
- Teaching opportunities through our affiliations with **Harvard Medical School and Tufts University School of Medicine**.
- **Highly competitive salaries** and an exceptional benefits package.

If you share in our mission of providing high-quality, value based care with a focus on the patient and the health of communities, consider us.

To learn more and to apply, visit us www.atrariushealthproviders.org, or send confidential CV to: Brenda_Reed@atrariushealth.org



UNIVERSITY OF MICHIGAN

DIVISION OF HOSPITAL MEDICINE

The University of Michigan Division of Hospital Medicine seeks board certified/board eligible internists to join our growing and dynamic division. Hospitalist duties include teaching of medical residents and students, direct patient care in our non-resident and short-stay units and involvement in quality improvement and patient safety initiatives. Novel clinical platforms that feature specialty concentrations (hematology/oncology service, renal transplant service, medical procedure service and bone marrow transplant teams) as well as full-time nocturnist positions are also available. Our medical short stay unit provides care for both observation and inpatient status patients and incorporates advanced practice providers as part of the medical team.

Successful candidates will receive mentorship from international experts in patient safety and quality improvement, a generous discretionary funding/startup package and may be eligible for a sign on bonus. The ideal candidate will have trained at, or have clinical experience at a major U.S. academic medical center. Sponsorship of H1B and green cards is considered on a case-by-case basis for outstanding individuals. Research opportunities and hospitalist investigator positions are also available for qualified candidates.

HOW TO APPLY

Interested parties may apply online at www.medicine.umich.edu/hospital-medicine.

If you have any questions please reach out to hm-recruitment@med.umich.edu.

Michigan Medicine seeks to recruit and retain a diverse workforce as a reflection of our commitment to serve the diverse people of Michigan and to maintain the excellence of the University. We welcome applications from anyone who would bring additional dimensions to the University's research, teaching, and clinical mission, including women, members of minority groups, protected veterans, and individuals with disabilities. The University of Michigan as a whole, is committed to a policy of nondiscrimination and equal opportunity for all persons and will not discriminate against any individual because of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status. The University of Michigan is an Equal Employment Opportunity/Affirmative Action Employer.

U-M COVID-19 Vaccination Policy

COVID-19 vaccinations, including boosters, 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.

TOWER HEALTH
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Transforming Lives.

HIRING ACADEMIC INTERNAL MEDICINE PHYSICIANS

Tower Health provides healthcare and wellness services to a population of 2.5 million people in several counties within 60 miles of Philadelphia.

Reading Hospital, the flagship of Tower Health, offers more than 20 residency and fellowship programs approved by the Accreditation Council for Graduate Medical Education and the American Osteopathic Association. We have partnered with **Drexel University College of Medicine** to open a new medical school one-half mile walking distance from Reading Hospital.

- Academic Hospitalist
- Academic IM Outpatient

To learn more visit careers.towerhealth.org or contact Cynthia Fiorito, at 484-628-6737 or Cynthia.Fiorito@TowerHealth.org.

www.towerhealth.org

Tower Health is an Equal Opportunity Employer committed to creating a diverse and inclusive environment reflective of the communities we serve.

ACP'S Career Connection Virtual Career Fair

October 27, 2022 | 6:00 PM-9:00 PM EDT

Contact Vera Bensch for more information on how to register.

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

<https://app.brazenconnect.com/a/american-college-of-physicians/e/RI05Z>



Department of Medicine Chair

Hennepin Healthcare in Minneapolis MN is a leading urban academic safety-net health system dedicated to equitable clinical care, education, and research. Seeking a proven physician leader for 200+ Physicians and APPs spanning 14 divisions. Responsible for promoting a culture of excellence, equity, justice, and scholarship. Strategic thinker & skilled collaborator/mentor.

For full details, visit
www.hennepinhealthcare.org/careers
(search job 221847)

Reply to: Laura.Hood@hcmcd.org
(Recruiter)

www.hennepinhealthcare.org



DAY HOSPITALISTS OR 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 or 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

Sunrise Medical Associates is looking for a full time/part time Hospitalist to join our ambitious team in Southern California. Successful candidates will demonstrate skills in inpatient medicine and teamwork and be either an MD or DO and BE/BC in IM/FP. Great incentives are available. H1B/J1 visa can apply.

Please send CV to smamedoffice@gmail.com or fax to 951-339-8461 for consideration.

Multiple positions are available.



Apogee Physicians is the largest entirely physician-owned and operated Hospitalist group in the nation. Apogee's success is attributed to our dedication to its grassroots mission: What's best for the Patient is best for the Practice.™ Apogee has established programs in Alabama, Arizona, Delaware, Florida, Georgia, Iowa, Illinois, Indiana, Kentucky, Louisiana, Michigan, North Carolina, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Wisconsin and West Virginia. Apogee is committed to creating the best opportunity for the best Hospitalists.

Please send your CV to Mica Sylvain
at mica@apogeephysicians.com
or call 208-292-4088
or visit www.apogeephysicians.com

ACP's Career Connection



Check out these features and functionalities to help you easily find your next job:



Access new and exclusive career resources, including webinars, articles, job-searching tips, and tools.



Search for and apply to jobs at organizations that value your credentials.



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Visit careers.acponline.org.

PERMANENTE MEDICINE®

Northwest Permanente



Come join us as a Nocturnist in the Pacific Northwest!

\$125K student loan assistance program and \$25K signing bonus

Northwest Permanente, the region's largest physician-led, self-governed, multi-specialty group, is currently seeking a BC/BE **Internal Medicine or Family Medicine** physician to join our Hospital Medicine team as a Nocturnist in **Portland or Salem, OR and Vancouver, WA**. When you join Northwest Permanente, you are joining a practice that provides unparalleled opportunities for a meaningful career in medicine.

Every organization believes it's different. But at Northwest Permanente, we walk the talk by providing benefits you're unlikely to find just anywhere.

Our program offers:

- Collaboration/mentorship
- Exceptionally strong retention
- A collegial, hardworking, and compassionate team
- Competitive compensation
- Excellent benefits
- Very attractive living communities

Applications welcomed at:
nwpermanente.com

Or contact Jason Dulin at:
Jason.R.Dulin@kp.org or
971-221-9260.



Curious about Northwest Permanente?





PERMANENTE MEDICINE®

Professionally Proactive

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

Since our founding, Permanente physicians have pursued new and better ways to practice medicine, solely to improve the health of our patients.

That's why Permanente physicians pioneered a prepaid health plan in the 1940s and electronic health records in the 1960s. In the 2010s, we developed mobile apps to help manage chronic conditions and created pain-management protocols that helped us dramatically reduce opioid prescriptions.

The constant pursuit to improve the delivery of care to our patients is at the heart of Permanente Medicine. We work together to develop techniques and technologies that make providing effective and personalized health care easier and better. Join us and help discover the medicine of tomorrow.

<https://permanente.org>

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

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.We hunt@kp.org

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





The Department of Medicine at the University of Maryland School of Medicine is seeking additional internal medicine physicians to join our expanding programs in General Internal Medicine at the University of Maryland Medical Center Midtown Campus:

Medical Director, Hospitalist Service (3-309-1110) The Medical Director will be responsible for managing, directing, and coordinating all aspects of the Hospitalist Program, including oversight of 15 hospitalist physicians and 5 advanced practice clinicians. Other key administrative responsibilities include resolving clinical and operational issues, developing protocols and procedures, advising the program in recruitment and retention, and guiding the program in meeting specified quality/safety and utilization metrics. This position will also be expected to serve as a physician advisor to hospital leadership. Clinical service will be expected on both our teaching and non-teaching services.

Ideal candidates will possess outstanding clinical and organizational skills, and a strong commitment to quality patient care. All candidates must be board certified/eligible in internal medicine and eligible for an unrestricted license in the State of Maryland. Applicants must be eligible for US employment immediately and for at least one year from hire date.

Qualified candidates should apply online at the following link:

<https://umb.taleo.net/careersection/jobdetail.ft?job=2200003T&lang=en> Please include a cover letter, CV and names of three references. Though not required, you are also invited to include a perspective statement on equity, diversity, inclusion and civility.

Academic Hospitalist (3-309-1112) This position will provide attending hospitalist responsibilities on our internal medicine resident teaching service, which also includes rotating medical students from the University of Maryland School of Medicine, as well as the non-teaching Direct Care Hospitalist Service.

Ideal candidates will possess outstanding clinical and organizational skills, and a strong commitment to quality patient care. All candidates must be board certified/eligible in internal medicine and eligible for an unrestricted license in the State of Maryland. Applicants must be eligible for US employment immediately and for at least one year from hire date.

Qualified candidates should apply online at the following link:

<https://umb.taleo.net/careersection/jobdetail.ft?job=2200000M&lang=en> Please include a cover letter, CV and names of three references. Though not required, you are also invited to include a perspective statement on equity, diversity, inclusion and civility.

The expected faculty rank for all positions is Assistant Professor or higher, however, final rank, tenure status and salary will be dependent upon selected candidate's qualifications and experience. We offer an excellent salary and benefits package through the State of Maryland.

UMB is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by law or policy. We value diversity and how it enriches our academic and scientific community and strive toward cultivating an inclusive environment that supports all employees. UMB was ranked 13th in 'Forbes' 2021 America's Best Large Employers Survey.

If you need a reasonable accommodation for a disability, for any part of the recruitment process, please contact us at HRJobs@umaryland.edu and let us know the nature of your request and your contact information. Please note that only inquiries concerning a request for reasonable accommodation will be responded to from this email address.

For additional questions after application, please email facultypostings@som.umaryland.edu

Hospitalists and General Internists

We're seeking Hospitalists and General Internists to join Mayo Clinic's world class clinical and academic communities throughout the country.

Mayo Clinic was recognized by *U.S. News & World Report* as America's '#1 hospital' and a world-class academic medical center.

Here, physicians are actively engaged in clinical care, teaching, research and leadership, and are part of teams focused on resident teaching, cancer care and perioperative medicine consults. You'll deliver comprehensive medical care to acutely ill patients, with extensive clinical opportunities.

The Division of General Internal Medicine is one of the largest academic general internal medicine divisions in the nation providing consultative and referral care to a rich patient mix involving regional, national, and international patients.

Our practices are located in some of the most beautiful and welcoming states in the country, including Arizona, Florida, Iowa, Minnesota, and Wisconsin.

Mayo Clinic's multi-disciplinary group practice focuses on providing high quality, compassionate medical care that assures "the needs of the patient come first." Consider bringing your skills and experience to a position that will challenge you, an organization that will support you, and a community that will welcome you with open arms.

To learn more about Mayo Clinic and apply, please visit jobs.mayoclinic.org/internalmedicine



Post offer/pre-employment drug screening is required. Mayo Clinic is an equal opportunity educator and employer (including veterans and persons with disabilities). ©2022 MFMER.

VANDERBILT UNIVERSITY MEDICAL CENTER



Internal Medicine Faculty Position Nashville, Tennessee

The Division of General Internal Medicine and Public Health at Vanderbilt University Medical Center seeks talented BC/BE Internal Medicine and Med-Peds physicians to join the full-time faculty at the level of Assistant, Associate, or full Professor, on a clinical, educator, or research track.

Clinical positions, including inpatient Hospitalist and outpatient Primary Care, are available for well-trained physicians who wish to focus on direct patient care and medical consultation. We offer flexible scheduling, collaborative care with top specialists, and opportunities to engage in teaching, quality improvement, and scholarship. An academic clinician-educator track position begins at 80% clinical, with additional responsibilities in teaching, scholarship, quality improvement, and administration for qualified candidates. A physician-scientist track provides approximately 80% time for research in collaboration with established investigators in health services research, clinical epidemiology, decision sciences, quality improvement, patient safety, behavioral sciences, and biomedical informatics.

Vanderbilt University Medical Center is a leader in providing high-quality, cost-effective care. We are an equal opportunity employer who values diversity. With robust programs in quality improvement and clinical research, a highly-developed electronic health record, Magnet Recognition for nursing care, competitive salaries and benefits, and a highly supportive environment for faculty, Vanderbilt is a great place to work. With a booming economy and friendly environment, Nashville, TN is a top place to live.

Candidates who are legally authorized to work in the US and BE/BC can submit a letter of interest and CV to:

Tom A. Elasy, MD, MPH
Director, Division of General Internal Medicine and Public Health
c/o Anne Axon, Sr. Program Manager, Vanderbilt Hospital Medicine
anne.axon@vumc.org

Vanderbilt University Medical Center is committed to principles of equal opportunity and affirmative action.



Tulane University School of Medicine is seeking **full-time Primary Care physicians** to join our ambulatory care faculty of general internists and family medicine in several locations across New Orleans. We are a primary and multispecialty group practice consisting of nearly 500 physicians and other healthcare professionals with diverse expertise in medical and surgical subspecialties. Tulane Medicine is a nationally recognized academic health system with 3 hospitals in a physician-led work environment with access to a network of specialists committed to comprehensive, equitable, and collaborative care for even the most complex cases. Our faculty are pushing boundaries in our research labs and training the next generation of physicians and scientists in relentless pursuit of better medicine. Diversity, equity, and inclusion are core to Tulane Doctors and underrepresented minority applicants are encouraged to apply!

Physicians enjoy competitive salaries and benefits package including:

- wRVU productivity bonus available
- Tuition waiver for self and dependents at Tulane University for full-time physicians
- Paid malpractice insurance
- Relocation assistance
- Excellent vacation time including 20 days of vacation, 5 days of CME, and 7 clinic holidays.
- Excellent health, dental, and vision insurance
- 403b and life insurance coverage options

Qualifications:

- Medical or Osteopathic Degree required
- Board certification/board eligibility in Internal Medicine or Family Medicine.
- Eligible for medical license in the state of Louisiana as well as CDS and DEA required
- Ability to work as part of a professional team and to collaborate effectively with individuals within the University as well as with outside contractors
- Skill in the understanding of, and sensitivity to, persons of all social, cultural, economic and educational backgrounds

Application Instructions:

Interested applicants should submit a CV to Interfolio at the link below. Please reach out to Dr. Geraldine Menard, Section Chief of General Internal Medicine and Geriatrics, by email at gmenard@tulane.edu with any questions about the position.

<http://apply.interfolio.com/106133>

Equal Employment Opportunity Statement:

Please Note: Tulane University has officially adopted a mandatory COVID-19 vaccination policy. All employees and visiting faculty must be fully vaccinated with a COVID-19 vaccination or obtain approval for a medical or religious exemption prior to beginning employment.

Tulane University is located in New Orleans - a city with tremendous history of diverse cultures, community, and languages. Tulane is actively building a campus culture grounded in our values of EDI and anti-racism. We seek and welcome candidate applications from historically underrepresented groups, such as BIPOC (Black, Indigenous, People of Color), women, LGBTQ+, and those living with disabilities as well as veterans.

Tulane University is an Equal Employment Opportunity/Affirmative Action institution committed to excellence through diversity. Tulane University will not discriminate based on race, ethnicity, color, sex, religion, national origin, age, disability, genetic information, sexual orientation, gender identity or expression, pregnancy, marital status, military or veteran status, or any other status or classification protected by federal, state, or local law. All eligible candidates are encouraged to apply.

Program Director for Internal Medicine and Transitional Year Residency Programs

St. Luke's University Health Network is seeking a **dynamic Program Director** for our Internal Medicine and Transitional Year Residency Programs at our state-of-the-art Anderson Campus. St. Luke's has been recently ranked as the **#1 teaching hospital in the nation**, a recipient of the prestigious 15 Top Health System award as well as recognized as a 100 Top Hospital for the ninth time by Watson Health.

The Program Director is responsible for the administration and operations of the program, including all activities related to recruitment, selection, instruction, supervision, advising, evaluation, advancement, and readiness of residents for practice, retention of residents, academic productivity, maintenance of all academic records, and overall program leadership. The Program Director ensures continuing accreditation of the program through application of Common and Specialty requirements.

The Program Director will have, on average, 60% dedicated time for administrative, educational, strategic, and research initiatives and provide oversight and development of the Internal Medicine and Transitional Year Residency programs and participate in our academic mission through our Temple/St. Luke's School of Medicine partnership. An average of 40% dedicated time for professional services including precepting in the inpatient and outpatient arenas. In addition, the Program Director will be expected to have a small clinical practice, thus educating and leading by example.

In joining St. Luke's University Health Network, you will enjoy:

- Team-based care with well-educated, dedicated support staff
- Teaching, research, quality improvement and strategic development opportunities
- A culture in which innovation is highly valued and supported
- Exceptional compensation package
- Rich benefits package, including malpractice, health and dental insurance, CME allowance

Qualifications

- Board-Certification in Internal Medicine (ABIM or AOBIM)
- Eligibility for academic appointment
- Demonstrated clinical, administrative and/or research leadership accomplishments as well as an aptitude for mentoring and staff development.
- Excellent leadership, management, and communication skills
- In addition, candidates must have:
 - o Three years of participation as an active faculty member in an ACGME or AOA accredited internal medicine residency program.
 - o PA State medical license (at the time of employment)

About St. Luke's and the Anderson Campus

St. Luke's has been recently ranked as the **#1 teaching hospital in the nation!** Our Graduate Medical Education program consists of 38 accredited programs with 387 residents and fellows and boasts a greater than 95% board passing rate. Please click here to learn more about our Graduate Medical Education.

St. Luke's Anderson Campus features advanced services in the Hospital, Cancer Center, Medical Office Building and the Women & Babies Pavilion. Patients are benefiting from inpatient care; emergency room services; surgical services; radiology services and more. Our patients experience a combination of a state-of-the-art facility, technology, equipment and a great team working together with the patient at the center of it all.

Founded in 1872, St. Luke's University Health Network (SLUHN) is a fully integrated, regional, non-profit network of more than 16,000 employees providing services at 12 hospitals and 300+ outpatient sites. With annual net revenue greater than \$2 billion, the Network's service area includes 11 counties: Lehigh, Northampton, Berks, Bucks, Carbon, Montgomery, Monroe, Schuylkill and Luzerne counties in Pennsylvania and Warren and Hunterdon counties in New Jersey.

About the Lehigh Valley

The Lehigh Valley is in close proximity to NYC, Philly, DC and the Jersey Shore. Outstanding higher education facilities include Lehigh University and Moravian College. Cost of living is low and coupled with minimal congestion; choose among a variety of charming urban, semi-urban and rural communities your family will enjoy calling home. There is easy access to outdoor activities like skiing, snowboarding, white water rafting, and zip lining. The Lehigh Valley encompasses three unique cities in one suburban area. For more information please visit www.discoverlehighvalley.com.

If you are interested in learning more about the position, please send your CV to:

Jillian Fiorino
Physician Recruiter
St. Luke's University Health Network
Jillian.Fiorino@sluhn.org



What kind of Doctor works in Corrections?

DOCTORS JUST LIKE YOU.

By now, doctors know California Correctional Health Care Services (CCHCS) offers more than just great pay and State of California benefits. Whatever your professional interest, CCHCS can help you continue to hone your skills in public health, disease management and education, addiction medicine, and so much more.

Join doctors just like you in one of the following locations:

- California Health Care Facility — Stockton*
- Central California Women's Facility — Chowchilla
- California State Prison, Solano — Vacaville
- High Desert State Prison — Susanville

Competitive compensation package, including:

- 40-hour workweek (affords you true work-life balance)
- State of CA retirement that vests in 5 years (www.CalPERS.ca.gov for retirement formulas)
- Relocation assistance for those new to State of CA service

In addition to a CA medical license, you must possess an X-waiver (or ability to attain within 14 days of hire) as well as documentation of COVID-19 vaccination or medical/religious exemption.

PHYSICIANS
\$302,424 - \$317,556
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PHYSICIANS
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(Lifetime Board Certified)

PHYSICIANS
\$272,184 - \$285,804
(Pre-Board Certified)

* PHYSICIANS
\$347,784 - \$365,184
(Time-Limited Board Certified)

* PHYSICIANS
\$330,360 - \$346,908
(Lifetime Board Certified)

* PHYSICIANS
\$313,008 - \$328,680
(Pre-Board Certified)

* Doctors at select institutions receive additional 15% pay.



Submit your CV to CentralizedHiringUnit@cdcr.ca.gov
or apply online at www.cchcs.ca.gov.





Inspire health. Serve with compassion. Be the difference.

Hospitalist Opportunities Gorgeous Lakes, Ideal Climate, Award-winning Downtown

Prisma Health is a not-for-profit health company and the largest healthcare system in South Carolina. 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. Prisma Health'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.

Greenville, South Carolina is a beautiful place to live and work and 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 mountain ranges, beaches and lakes, we enjoy a diverse and thriving economy, excellent quality of life and wonderful cultural and educational opportunities. Check out all that Greenville, SC has to offer! #yeahTHATgreenville

Ideal candidates:

- BC/BE Internal Medicine Physicians
- IM procedures highly desired, but not required. Simulation center training & bedside training available if needed.
- Comfort managing ICU patients with critical care consultation

Details Include:

- Group comprised of career hospitalists with low turnover
- Relocation allowance available
- EPIC Electronic Medical Record system
- 7 on/7 off schedule with 1 week of time off per year
- Additional shifts paid at a premium

Available Opportunities:

Nocturnist, Greenville Memorial Hospital

- \$360K base salary with \$10K incentive bonus and CME stipend
- Up to \$40K sign on bonus
- Minimum of 4 physician night coverage team
- Academic appointment and resident/student supervision opportunity
- Comfortable with IM procedures, preferred but not required
- Codes run by critical care team
- Full subspecialist back up

Hospitalist, Greenville Memorial Hospital

- \$280K – \$295K base salary with \$30K incentive bonus and CME stipend
- Academic appointment and resident/student supervision opportunity
- Full subspecialist back up
- Comfortable with IM procedures preferred, but not required

Hospitalist, Laurens County Hospital

- \$301K base salary with \$30K incentive bonus and CME stipend
- Up to \$40K sign on bonus for a 4-year commitment
- Academic appointment and student supervision opportunity
- Full subspecialist back up
- Comfortable with IM procedures preferred, but not required

Hospitalist, Baptist Easley Hospital

- \$295K base salary with \$30K incentive bonus and CME stipend
- Up to \$40K sign on bonus for a 4-year commitment
- Academic appointment and resident/student supervision opportunity
- Full subspecialist back up
- Comfortable with IM procedures preferred, but not required

Hospitalist, Hillcrest Hospital

- \$295K base salary with \$30K incentive bonus and CME stipend
- Up to \$40K sign on bonus for a 4-year commitment
- Academic appointment and resident/student supervision opportunity
- Full subspecialist back up
- Comfortable with IM procedures preferred, but not required

Med-Peds Hospitalist or Nocturnist, Greer Memorial Hospital

- BC/BE in internal medicine-pediatrics
- \$295K with a \$30K incentive bonus and CME stipend for Med – Peds Hospitalist
- \$360K with a 10K incentive bonus and CME stipend for Med – Peds Nocturnist
- Up to \$40K sign on bonus for a 4-year commitment
- Academic appointment and resident/student supervision opportunity
- Adult and pediatric specialist support in house or by phone
- Comfortable with IM procedures preferred, but not required

Please submit a letter of interest and CV to:
Natasha Durham, Physician Recruiter,
Natasha.Durham@PrismaHealth.org



Inspire health. Serve with compassion. Be the difference.

Hospitalist – Dedicated Floater Opportunities Gorgeous Lakes, Ideal Climate, Award-winning Downtown

Prisma Health is a not-for-profit health company and the largest healthcare system in South Carolina. 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. Prisma Health'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.

Greenville, South Carolina is a beautiful place to live and work and 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 mountain ranges, beaches and lakes, we enjoy a diverse and thriving economy, excellent quality of life and wonderful cultural and educational opportunities. Check out all that Greenville, SC has to offer!

#yeahTHATgreenville

Ideal candidates:

- BC/BE Internal Medicine Physicians
- IM procedures desired, but not required. Simulation center training & bedside training available if needed.

Details Include:

- Group comprised of career hospitalists with low turnover
- Relocation allowance available
- EPIC Electronic Medical Record system
- 7 on/7 off schedule with 1 week of time off per year
- Additional shifts paid at a premium

Available Opportunities:

Hospitalist – Dedicated Float – Greenville Memorial Hospital

- \$295,900 base salary with \$30K incentive bonus and CME stipend
- Admitting and consultation only
- Shift: 12pm – 12 am
- Part of a multi-physician admission team
- Academic appointment and resident supervision opportunity
- Full subspecialist back up

Hospitalist – Dedicated Float – Baptist Easley Hospital

- \$295,000 base salary with \$30K incentive bonus and CME stipend
- Up to \$40K sign on bonus
- Admitting and consultation only
- Shift: 11 am – 11 pm
- Part of a multi-physician admission team
- Academic appointment and resident supervision opportunity
- Full subspecialist back up

Please submit a letter of interest and CV to:
Natasha Durham, Physician Recruiter,
Natasha.Durham@PrismaHealth.org

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For more information call us at
(352) 224-2404 or e-mail your CV to
careers@SIMEDHealth.com

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new joint ID/EIS fellowship
program. Learn more at
idsociety.org/IDEISfellowship.



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Physician – Hospitalist Opportunities in Beautiful Upstate, SC

Prisma Health, the largest healthcare provider in South Carolina, seeks a BC/BE Internal Medicine Physician Hospitalist to join our growing team in the beautiful “Golden Corner” of upstate SC.

Prisma Health Oconee Memorial Hospital, in Seneca, SC, is one of the newest hospitals to join Prisma Health in Upstate SC, serving approximately 80,000 people. The town and medical campus are surrounded by the Foothills of the Blue Ridge Mountains, three beautiful lakes (Hartwell, Jocassee, and Keowee), magnificent waterfalls, 11 golf courses, Clemson University, and two excellent school systems to choose from- making this area a wonderful place to raise a family. Enjoy easy access for hiking, whitewater rafting, kayaking and fly fishing and the ability to live in the mountains or on the lakefront and still be just minutes from work.

Located equal distance between Atlanta, Ga, and Charlotte, NC, Seneca is only ten minutes from Clemson University, and a short drive to Greenville, SC.

Prisma Health is a not-for-profit health company and the largest healthcare system in South Carolina. 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. Prisma Health'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.

Details Include:

- EPIC Electronic Medical Record system
- 7 on/7 off schedule with 1 week of time off per year
- Additional shifts paid at a premium
- IM procedures highly desired, but not required.
- Simulation center training & bedside training available if needed.
- Up to \$40K sign on bonus

Available Opportunities:

Nocturnist, Oconee Memorial Hospital

- \$360K base salary with \$10K incentive bonus and CME allowance
- eICU coverage at night
- One in house nurse practitioner and one nurse practitioner covering floor calls

Hospitalist, Oconee Memorial Hospital

- \$295k base salary with \$30K incentive bonus and CME allowance
- Academic appointment and resident supervision opportunity
- Full subspecialist back up

Hospitalist, Dedicated Float, Oconee Memorial Hospital

- \$295,900 base salary with \$30K incentive bonus and CME allowance
- Admitting and consultation only
- Shift: 12pm – 12 am
- Part of a multi-physician admission team
- Academic appointment and resident supervision opportunity
- Full subspecialist back up

APP (Nurse Practitioner or Physician Assistant) Hospitalist, Oconee Memorial Hospital

- All shifts are 12 hours
- Relocation allowance available
- EPIC Electronic Medical Record system
- 7 on/7 off schedule with 160 hours of time off per

Excellent compensation and benefits packages, relocation benefit, and paid malpractice with tail coverage.

Qualified candidates should submit a letter of interest and CV to:

Natasha Durham, Recruiter, Physician Recruiter,
Natasha.Durham@prismahealth.org

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



Inspire health. Serve with compassion. Be the difference.

Hospitalist Fellowship Opportunity

Greenville, SC

Prisma Health, the largest not-for-profit healthcare provider in South Carolina, seeks an MD/DO to complete Prisma Health's Hospitalist Fellowship Program. New and recent internal medicine and family medicine graduates are encouraged to apply.

Details:

- Complete a one-year intensive training program focused on the care of hospitalized patients in both a tertiary care academic medical center as well as in community hospitals.
- Rotate through the intensive care units, floor and specialty units, pre-operative clinic, transitional care clinic, and hospitalization at home program.
- Receive supervised procedural training for central venous catheter insertion, arterial line insertion, paracentesis, thoracentesis, lumbar punctures, and endotracheal intubation.
- Complete a POCUS course and receive certification.
- Specialty and elective rotations available, including critical care, palliative medicine, informatics, solid organ transplant, advanced heart failure, and stroke.
- Participate in hospital processes including quality improvement, utilization review, and medical education

Highlights:

- Competitive salary
- Paid Relocation and Malpractice with tail coverage
- Professional allowance
- Generous benefits including retirement, health, dental and vision coverage.
- Public Service Loan Forgiveness Employer

With nearly 30,000 team members, 18 hospitals, 2,984 beds and more than 300 physician practice sites, Prisma Health serves more than 1.2 million unique patients annually. Its 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.

Greenville, South Carolina is a beautiful place to live and work and the 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.

Qualified candidates should submit
a letter of interest and CV to:

Natasha Durham, Physician Recruiter,
Natasha.Durham@prismahealth.org



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, including boosters, 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/>



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*



**CHARLES B. WANG
COMMUNITY HEALTH CENTER**
王嘉康社區醫療中心

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 located 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**

**Your career
in a rural or
underserved
area is out
there.**

**It starts
HERE.**



**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.

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

HOSPITALIST POSITION

Position available in tertiary care center in Metro Detroit.

H1B Visa accepted.

Email CV to

Iulniculescu@yahoo.com



ACP's Career Connection Virtual Career Fair

October 27, 2022 6:00 PM-9:00 PM EDT

<https://app.brazenconnect.com/a/american-college-of-physicians/e/RI05Z>





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 13 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**

Location, Location, Location



Hospitalist Service

- Hospitalist and Nocturnist

Outpatient Primary Care Opportunities with established practices

- Acton with satellites in Harvard, Hudson and Littleton
- Concord
- Groton

Please visit our website at www.emersonhospital.org to learn more about our hospital.

If you are interested in pursuing a position with the Emerson Hospital Hospitalist Service or one of the affiliated Primary Care Practices, please feel free to contact Diane Forte Willis at 978-287-3002 or by email dfortewillis@emersonhosp.org to discuss the opportunities available.

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
Health**

emersonhospital.org

ACP'S Career Connection Virtual Career Fair



October 27, 2022 | 6:00 PM-9:00 PM EDT

- The ACP's Career Connection Virtual Career Fair will connect you directly with organizations actively hiring.
- The online, cloud-based platform makes it easy and fun for you to participate.
- Engage in 1-on-1 text-based chats with representatives from multiple hospital systems.
- Share your background and experience, and get all your questions answered.

<https://app.brazenconnect.com/a/american-college-of-physicians/e/RI05Z>