



# CAREER GUIDE for RESIDENTS



## Featuring:

- When visits become 'on the record'
- See, and then stop, elderly abuse
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# 2019 Winter Career Guide for Residents

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# When visits become 'on the record'

By Mollie Frost

Ali Seifi, MD, FACP, hadn't considered the implications of patients or caregivers recording visits until he saw it happening without his permission.

A few years ago, during a meeting with a very ill patient's family members, he noticed that they were recording the conversation with a smartphone. "Honestly, at the beginning, I was feeling a little bit uncomfortable," said Dr. Seifi, associate professor of neurosurgery and neuro critical care and director of the neuro intensive care unit at the University of Texas Health Science Center at San Antonio. "I wasn't even sure if I could ask them to stop the recording, or is it something that's going to be against me?"

He then reached out to lawyers and colleagues about the legal and ethical rights of doctors, patients, and families and published a viewpoint on the issue in *JAMA* in March 2015. It turned out that, in Texas, it was legal for the family to record a conversation without his consent, even though it was off-putting. "Then, when I looked from a different angle, I found it's actually very helpful for the patient," Dr. Seifi said.

The issue of recording visits has come up in the past, but cell phones make it easier than ever for patients to hit that red button. "Practically everybody has an audio- and video-recording device in their pocket now," said Tom Bledsoe, MD, FACP, chair of ACP's Ethics, Professionalism and Human Rights Committee and clinical associate professor of medicine at the Alpert Medical School of Brown University in Providence, R.I.

Because of the ubiquity of recording devices today, physicians should be prepared to respond to patients and families who want to record visits (either in secret or with permission), experts said. They offered advice and outlined the benefits and drawbacks of being on the record.

## Legality and prevalence

In 39 states and Washington, D.C., it's perfectly legal for someone to audio record another party without his or her permission, as long as one party consents (and this can be the person who is recording), according to a *JAMA* viewpoint published in August 2017. The 11 states that have statutes requiring consent from all parties are California, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, New Hampshire, Oregon, Pennsylvania, and Washington.

It's difficult to pin down exactly how many patients may be taking advantage of their opportunity to record. One survey of about 130 U.K. patients found that 15% had secretly recorded visits, and 11% knew of someone who had done so, according to results published in 2015 by *BMJ Open*.

Even more patients would consider recording: 35% said they would do so secretly, and 34% would ask permission first. "My feeling is that that estimate's probably about right, and probably rising," said lead author Glyn Elwyn, MD, PhD,

MSc, professor at the Dartmouth Institute for Health Policy and Clinical Practice in Lebanon, N.H.

People may want to record for many reasons, such as when there are challenges to language, memory, or recall, or when caregivers want to capture all the details of a patient's complicated regimen, he said. A smaller group of people may be on the litigious side and want to have everything on record in case something goes wrong, Dr. Elwyn added. "But I don't think that's the majority whatsoever," he said. "I think most people want to have a recording for recall issues."

Dr. Seifi said that he now gets requests to record every week, mostly from family members of unconscious ICU patients who want to share updates with others near and far. In outpatient practice, however, the phenomenon seems to be uncommon, experts said. For Dr. Bledsoe, it's uncommon to the point of being rare. "It definitely makes doctors nervous. Because it's not common, many doctors will immediately worry about risk management issues, especially if recorded surreptitiously, wondering, 'Is there a problem in my relationship with this patient?'" he said.

Ana María López, MD, MPH, FACP, ACP's President-elect, said that patients in her oncology practice will occasionally ask to record visits, although it's not standard practice. She routinely agrees without feeling uncomfortable, "simply because it is complex, and people want to share the information with their loved ones."

## Addressing the situation

When it comes to recording visits, clinicians often voice concerns about altering the patient-physician relationship or incurring malpractice lawsuits, whereas patients typically react positively to the idea, said ACP Member Timothy P. Lahey, MD, an associate professor at the Dartmouth Institute for Health Policy and Clinical Practice who has written about the issue. "These disparate reactions to the concept are probably the thing that drives me most strongly to think it's a good idea to establish some ground rules," he said. "Our patients are requesting it. Doctors are worried. Negotiation seems like the right next step."

However, if a patient asks to record, experts said that it's OK for a physician to decline. "There should be a shared decision in which the goals and values of both the patient and the physician are taken into account," said Dr. Bledsoe. "A unilateral decision, either by the patient to record surreptitiously or the physician to refuse the request, may have negative consequences."

Dr. Lahey agreed, especially when the situation arises in states where it's illegal to record someone without consent. "It's probably inadvisable for [doctors] to say no, but I think it's their right as a person that's being recorded," he said.

Dr. López recommended that physicians who do not want





*Illustration by David Cutler*

to be recorded have an honest conversation with the patient to clarify the reasons why and come up with alternative ways to address them. For instance, writing down recommendations can help patients remember them, and bringing in loved ones or calling them on the phone during the visit may be another way to share information, she suggested.

Although Dr. Lahey said he's never declined a patient's request to record (which only happens about once a year in his practice), he gets the sense that his young patient population may be doing so in secret. "They all have their phones out on the desk, so my guess is sometimes those things are on, and that's fine," he said, even though he practices in New Hampshire, where the law requires consent to record.

Since covertly recording visits seems to be an unavoidable issue, clinicians need to prepare by starting an open conversation about managing the situation, said Dr. Lahey. "That would help lessen some of the fear," he said.

A **recent ACP ethics case study** modeled that scenario by presenting a hypothetical example of a patient who, after a visit with his doctor, pulls out his phone and presses a red button at the bottom of the screen, prompting his doctor to suspect he was covertly recording. Case study author Jon C. Tilburt, MD, FACP, recommended asking the patient in a face-to-face follow-up visit if he was recording and initiating a frank conversation about it. "Sometimes we infer what the patient's motivations are when we catch something that looks surreptitious, but my general sense is that we're too spooked sometimes when we ought not to be," he said.

Other potential responses to encountering a secret recording include saying nothing but being very guarded or even suspicious of the patient in the future, brushing it off without regret, or firing the patient, Dr. Bledsoe said. If that last option sounds drastic, consider this: Colleagues gasped in horror when he recently presented the scenario to them. "There was really a dramatic, toxic reaction to it," Dr. Bledsoe said.

However, their attitudes shifted when he twisted the case around to reflect a positive, long-term clinical relationship and a patient who asks for permission to record at the beginning of a visit for clear reasons. "Most of them said, 'Well yeah, I've had people do that,'" said Dr. Bledsoe.

In general, patients should ask permission to record, and it would probably behoove doctors to set some ground rules, such as no videotaping during sensitive parts of the physical examination, such as a pelvic exam, Dr. Lahey recommended. But physicians shouldn't worry too much about being recorded without consent, he said. "If you are behaving in a way that makes it so you have nothing to hide, then you might feel a little put off by the fact that you're being secretly recorded," Dr. Lahey said. "But in the end, is it really that big of a deal?"

Clinics may consider establishing office policies that address audio and video recordings. Because of the prevalence of social media, patients may not even realize they should ask before recording, said Dr. López, who is a professor of medicine at the University of Utah School of Medicine in Salt Lake City. "It's like the culture seeping in, so I think being able to ... proactively let people know how the practice is choosing to

address this might be helpful in this time period,” she said.

Individual practices may find it helpful to involve a patient and family advisory council in discussions about the root problem—that patients or their families have trouble remembering clinical recommendations, for instance—when coming up with a viable solution, Dr. Bledsoe suggested. “One of the possible approaches might be to record the visits or offer to record the visits,” he said. The Barrow Neurological Institute in Phoenix, for example, routinely offers patients video recordings of their visits, according to the 2017 JAMA viewpoint.

## Pros and cons

Experts agreed that one of the biggest benefits of recording visits is improving patients’ recall and understanding of their medical conditions.

Back in a 2012 blog post, internist Eric Bricker, MD, recommended that patients audio record their doctor visits. As chief medical officer of Compass Professional Health Services in Dallas, he had noticed that when patients called the health care technology and consulting company for help navigating the health care system, they often didn’t know, for instance, which specific scan they needed—or even their doctor’s full name. “I think recording doctor visits behooves all parties involved because it helps ensure the patient has an accurate understanding and record of the care being prescribed,” Dr. Bricker said.

Furthermore, recordings allow patients to accurately share information with caregivers and family members, no matter how far away they live, Dr. Bledsoe said. Dr. Seifi agreed, adding that “It’s like they are sitting in that meeting and they know exactly what I said.” He noted that he even encourages his own parents to record their doctors’ visits. “Interestingly, before they recorded, they didn’t remember anything after the session, but now because they can replay the record, they have better care,” Dr. Seifi said.

An on-the-record visit could also lead to better behavior on the doctor’s part, Dr. Bledsoe said. “Some doctors are abrupt or brusque or even rude, and if the tape is on, their behavior may actually be improved,” he said, adding that if something goes

wrong, a recording can serve as documentation of the recommendations given.

As far as the downsides, there is no guarantee that patients will actually go back and listen to their recorded visits and reap the aforementioned benefits, said Dr. Tilburt, professor of medicine and biomedical ethics at Mayo Clinic in Rochester, Minn. However, a scoping review, published in June 2014 by Patient Education & Counseling, found that across 33 studies, an average of 72% of patients listened to their recorded clinic visits, and about two-thirds shared them with others.

Another drawback is the potential for questions to arise during playback, added Dr. López. “One of the things I say to folks is that ‘We’re here together, and I’m able to answer your questions, but when you’re going to listen to it again, other questions may come up for you, and I’m not right there to help clarify,’” she said.

In addition, patients might not realize that the recommendations given at the end of the visit are the most meaningful and may neglect to listen through to the end of the recording, Dr. Bledsoe said. “My history-taking methods, my physical exam, and my planning are being built through the course of the visit, and what I say earlier in the visit may not be where I end up,” he said. “My assessment and my plans for the patient at the end of the visit is really what I want to share.”

Patient privacy is also always a concern, and there is a chance that people with bad intentions could obtain sensitive recordings and share them publicly, noted Dr. Seifi. “So the patient should be careful to keep their own information private,” he said. “That’s their downside, and that’s their responsibility.”

Recording visits is only going to become more common as time goes on, and people will more than likely become increasingly relaxed about it in the future, according to Dr. Elwyn. “My advice would be assume somebody is recording you ... [and] always behave as if you’re on record,” he said. ■

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# See, and then stop, elderly abuse

By Stacey Butterfield

Elder abuse is a crime, of course, but it often presents as a medical condition.

"A patient who is admitted, for instance, for dehydration and failure to thrive—that may be a reflection of underlying neglect by a caregiver. A patient who comes in with injuries that are reported to be due to a fall may actually be experiencing injuries as a result of physical abuse," described Ethan Cumbler, MD, FACP, professor of medicine and a hospitalist at the University of Colorado in Aurora.

Such abuse may be less frequently recognized but actually as common among older hospitalized patients as the diagnosis-related groups that hospitalists know best. Research has found a prevalence of abuse between 5% and 10% among elderly Americans.

"That statistic—one in 10—is in the community. If we're talking about the frail elderly who end up being hospitalized . . . I think the rate of abuse is likely to be much higher," said Dr. Cumbler. "If you ask the average hospitalist to think of the last 10 patients and what their problem list contained, it's unlikely that elder abuse will be on that list, which means we're probably missing it in some patients."

It's not just hospitalists who struggle with this issue, according to Mark Yaffe, MD, a professor of family medicine at McGill University in Montreal who has researched elder abuse. "There's reasonable data to suggest that physicians in general, regardless of where they are practicing, have a lot of difficulty 1) understanding elder abuse, 2) trying to identify it, 3) knowing what to do once they identify it, and 4) [dealing] with anxiety about the legal and ethical implications of reporting," he said.

However, if those challenges can be overcome, hospitalization may represent a prime chance to diagnose and treat elder abuse.

"Hospitalists are in a unique place to be able to comprehensively look at a patient . . . They have an opportunity to identify elder abuse and to reach out to the community or make appropriate referrals to break the cycle of violence or neglect," said Amy Berman, RN, LHD, senior program officer with the John A. Hartford Foundation, a New York-based nonprofit dedicated to improving care for older adults.

## Red flags

To help protect their elderly patients from abuse, hospital staff should recognize the most common signs that it may be occurring.

"The hospital is one of the rare places where they can speak with an older adult apart from the caregiver. When the family caregiver doesn't want to separate from that person for a few



Image by Getty Images

moments, that is a red flag," said Dr. Berman.

There may also be clues in the way family members interact with a patient. "Some of the red flags I have noticed are family who are abusive verbally toward the patient while they are in the hospital, which can be a sign of psychological abuse," said Dr. Cumbler.

Interactions with hospital visitors can reveal another common type of elder abuse—financial exploitation. "If while in the hospital, there are people that come visit the patient that are not their relatives, asking them to sign papers," that could be

an indication of abuse, said Carmel Bitondo Dyer, MD, FACP, professor of geriatric and palliative medicine at the University of Texas Health Science Center at Houston.

Financial abuse may also come from relatives, she noted. "If your patient lacks decision-making capacity and they don't really know how their finances are being handled, this can be picked up in some instances because the power of attorney or the family member doesn't respond" to communications from the patient or hospital staff, Dr. Dyer said.

Or, if the person is present, "You might just get a sense that person responding for your patient doesn't seem to have their best interests at heart," she added.

Frequent readmissions are often a result of complex illness, but they can also be a sign of abuse. "You may want to have a heightened suspicion if you have people who are readmitted a lot," said Dr. Dyer.

Most of all, hospitalists should know the physical symptoms of abuse. "There's obvious injury for which there's no explanation—it's not an osteoporotic fall [or] there's another bone that was broken other than the usual suspects; the bruising is on the head, neck, torso, or in the perineal area," said Dr. Dyer. Skin tears in less common spots, that is, not on the extremities, may be another sign, she added.

"Any clinician should ask themselves, 'Is this consistent with the mechanism of injury which is being reported?'" said Dr. Cumbler.

## Raising the subject

After asking themselves about the possibility of abuse, hospitalists should ask the patient. "It's important to pull older adults aside and ask them if they feel safe," said Dr. Berman. "It may be that they don't want certain things uncovered."

Hospitalists and patients alike may be hesitant to dive into this delicate topic, noted Dr. Cumbler. "Part of the reason that we miss it may be because we don't ask the questions that would be necessary to elicit it. And one of the reasons that we may miss it is because patients may be unwilling or unable to tell us," he said. At his hospital, nurses perform an elder abuse screen and bring any positive results to the attention of the physicians.

Patients may be more willing to reveal abuse to a primary care physician than a hospitalist, but that carries its own complications, explained Dr. Yaffe. "The common example that's cited is Mrs. Jones sees her family doctor. She talks about the fact that her son has been gradually taking money out of her bank account and this is causing her some emotional grief and perhaps some financial hardship," he said.

The doctor responds with a plan to contact adult protective services (APS), but Mrs. Jones says, "Absolutely not, because if APS comes into this and my son is singled out, the consequences of this will be embarrassment to me, embarrassment to my family as a whole, and if somebody chooses to remove my son from our home, then I'm going to end up in a long-term care facility," Dr. Yaffe said.

Dilemmas like this have caused elder abuse to be considered more of a legal issue than a clinical one, said Dr. Yaffe. For example, he searched for the topic while editing an educational module about geriatric care and couldn't find it until he was

directed to the law and ethics section. "It's no wonder doctors aren't reporting stuff or detecting it. You're giving them a message that they're going to get mired in all sorts of legal issues," he said.

In most states, reporting suspected abuse is a legal requirement for physicians and other clinicians. "If a hospitalist should feel that there is reasonable suspicion of elder abuse, we would be obliged to contact adult protective services and the police," said Dr. Cumbler.

That responsibility to report applies to all individual clinicians. "When they see these things, they can't assume that somebody else has made the right referrals," advised Ms. Berman. However, the overall response to potential abuse of an elderly patient should be a team effort, the experts said.

"We don't have to confirm it in the same way that we would confirm a diagnosis of cancer," said Dr. Dyer. "Report it, and then there are the experts who take the time, make the collateral phone calls, visit the house, look at the bank records. They're the ones that actually confirm the diagnosis."

The team of experts may be in and outside the hospital. "We have access to resources to help us in navigating concerns about abuse and engaging community resources . . . Hospitalists should recognize that their hospital has a social worker and a case manager with expertise in this," said Dr. Cumbler.

## Positive impacts

It's also important for hospitalists to recognize that the consequences of reporting abuse might not be as dire as Mrs. Jones, the hypothetical patient, envisioned. "Making a report doesn't mean that family is indicted. It means that somebody who is a professional will begin to monitor and look into it," said Dr. Berman.

Dr. Dyer agreed. "A lot of times through investigations, patients will get more resources. Maybe they'll find that their house is cluttered and they are having trouble meeting these bills. In some states, they bring in a clean-up service or they try to connect them with a social service agency," she said.

Connecting patients and their caregivers with social services is also key to preventing elder abuse before it starts.

"Elder abuse is a terrible thing when it's happening, but it's not hard to imagine the stresses and pressures on caregivers that can devolve into abuse," said Dr. Cumbler. "So we try to think about additional supports that we can set up at hospital discharge, caregiver support groups, and involving social work early for caregivers that are taking care of patients with very high care burdens."

Such apparently small interventions can have a dramatic impact on patient outcomes, since elder abuse has been found to double the risk of mortality, Dr. Dyer reported.

"While making a referral doesn't always feel the same as saving a life, you might indeed be preserving somebody's dignity and function and even their life by getting these cases reported," she said. ■

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# Proper diagnosis takes time, reflection

*By Mollie Frost*

When the 49-year-old man presented to Stanford Hospital & Clinics with an unprovoked deep venous thrombosis (DVT), there were two others in the room. Speaking in Spanish through a translator, the patient's mother told the doctors that her son had never had this problem before. The third person identified himself simply as an Uber driver.

"Who is he [to the patient]?" presenter Kelley M. Skeff, MD, PhD, MACP, the faculty attending doctor that day, asked the audience at the Diagnostic Error in Medicine 11th International Conference, held in November 2018 in New Orleans. Upon reflection, audience members considered the possibilities: a friend, a coworker, his partner.

If the "Uber driver" was also the patient's partner, it might increase the likelihood of HIV or AIDS, revealed Dr. Skeff, who went home that night and realized that he had missed the diagnosis—again. Twenty years earlier, he said he and his team overlooked the possibility of AIDS in a patient with a pulmonary embolus. "We were all hunting for the infection caused by AIDS and hadn't realized this relationship; however, if you have time to think, get on the computer, and search using the terms HIV and DVT, the relationship between AIDS and venous thrombosis and pulmonary embolism shows up," Dr. Skeff said.

A simple internet search of possibly related medical causes for a diagnosis takes just a few seconds, but medicine as practiced today leaves little time to think, research, share, and learn, one expert said. Even though such a search takes just a few

seconds, proper diagnosis requires time to think, research, share, and learn, he said. But in modern medicine, "We have a system with people moving through care provision repeatedly, with little time for reflection," Dr. Skeff said.

Every nine minutes, someone in a U.S. hospital dies due to a delayed or missed diagnosis, according to the Society to Improve Diagnosis in Medicine (SDIM). He commended the organization for addressing the problem head-on. "Most say how many accidents they've prevented; SIDM says how many we've caused," said Dr. Skeff, a professor of medicine at Stanford University School of Medicine in California.

Drawing on nearly 50 years of teaching medical trainees, he said improving diagnosis is all about time: learning from time and making time for learning.

## Learning from time

When considering educational reasons for diagnostic errors, Dr. Skeff focused on what is taught in medical education. Namely, he questioned the dominant approach of teaching trainees to take and relate a patient history.

Many physicians find the format of a typical inpatient history of present illness (HPI) frustrating and unclear, Dr. Skeff said. "We have been teaching people to write the history in a manner that can be confusing, often blurring the evolution of the patient's illness within the text. ... We tell patients, students, residents, and physicians to convey the patient's story in paragraph form, but we think in analytical form," he said.

To improve upon the historical way of telling the patient narrative, Dr. Skeff recommended an alternative format called the chronology of present illness (CPI), which overtly maps patient symptoms to time. "It's different from the usual prose history of present illness in that the timeline is clear," he said, noting that the format may help physicians avoid diagnostic errors.

To develop the timeline, the physician asks patients to "go to the beginning" to when the symptoms started and highlight what changed and when it changed, said Dr. Skeff. "I've found that patients ... are gratified that I was open to their fully describing what has happened."

Drawing from John Sweller's Cognitive Load Theory, he noted that there are three types of cognitive load that impact working memory, which can only hold five (plus or minus two) concepts at one time. The intrinsic load of a task includes the essential aspects that must be performed, the germane load allows the person to deliberately learn, and the



Image by SARINYAPINNGAM

extraneous load contains nonessential aspects and “blurs the system,” Dr. Skeff explained.

Notes in paragraph form can have more of the extraneous load than the other more useful types of cognitive load, he said. To elucidate the amount of extraneous load in the paragraph form, Dr. Skeff recommends to students, “Please cross out all the words that you’re not going to use in your cognitive analysis of this patient.” In contrast to prose paragraphs, notes that use the outline-like format of the CPI contain more essential information that is relevant to the diagnostic process, Dr. Skeff said.

In addition, in a system that trains people to tell a history that supports their diagnosis, important details can be omitted if they are confounding, he noted. This legalistic approach, supporting one’s hypothesis with the story, has pitfalls, Dr. Skeff said. “We may leave out patient symptoms that we don’t understand and they may never surface again, as fast as we’re working today in our medical care system,” he said. “Instead, by clearly documenting the evolution of the patient’s illness, we can identify both types of issues, those that we do and do not understand, potentially decreasing diagnostic errors caused by illnesses with unfamiliar findings.”

In a pilot study, 22 of Stanford’s internal medicine residents were **asked to use the new format for all new patient histories during a week of night-float rotation**. The residents reported improvements in the quality of patient interactions, the clarity of written notes, the quality of the assessment and plan, and the clarity of their verbal morning sign-out, according to results published in the February 2017 *Journal of General Internal Medicine*.

## Making time for learning

In addition to using time to better understand the patient’s illness, Dr. Skeff said medicine must also address current time-based challenges to the profession. “Although physicians are doing a lot, we’re commonly using the ingenuity that we have in figuring out how to do things faster,” instead of using time for reflection and enjoyment of purpose, he said.

One well-known challenge is physician burnout, which also happens to be an important contributor to medical errors, Dr. Skeff noted. In a **recent survey of more than 6,500 practicing physicians**, the 54.3% who reported symptoms of burnout were more likely to also report making a medical error in the prior three months, according to results published in the November 2018 *Mayo Clinic Proceedings*.

To make matters worse, no physician specialty or subspecialty saw improvements in burnout from 2013 to 2017, according to the **Medscape Lifestyle Report 2017**, which surveyed more than 14,000 physicians. “Physician burnout is a cause of diagnostic errors, and we’re getting worse with time. If this were a study of patients on a drug, you would have stopped the study,” said Dr. Skeff.

He then made a bold statement: “The burnout rate should be 100%, but we’ve trained [physicians] to do whatever is required—to take care of patients at all costs, even if you don’t have time to do it well,” he said.

This lack of time is the reason that many of the young, vibrant, smiling people who go into medicine may not stay that way for long, Dr. Skeff said. “If we’re bringing in people with a love of humanity and love of science and depriving them of the time to think and the time to care, it’s no shock that [burnout] is the result,” he said, “because if you take the heart and soul away, it won’t matter what you do with the mind.”

Dr. Skeff recounted input from trainees and graduates. One told him he was worried that Dr. Skeff would “slow him down” on the rotation. Another former resident is starting a new company after deciding to go back to science because there was never enough time to spend with patients.

Little by little, time is being stripped away from clinicians, who either get used to it being gone or leave the profession, Dr. Skeff said. “And now we’re seeing physicians quit, residents becoming depressed, and two to three medical school classes per year of physicians committing suicide.”

From the dread of documentation work to the soul sucking of the “sepsis alert,” time has a crucial impact on physicians’ gratification with their work and must be considered as the field moves forward, he said. “It doesn’t mean that all of the work we’ve been doing to analyze and understand the thinking process isn’t important,” Dr. Skeff said. “But there’s something very serious going on in our field that, if we don’t remedy [it], the rest of the work will go by the wayside.” ■

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# Now trending: Internal medicine podcasts for education

By Mollie Frost

The podcasting trend has reached internal medicine. Podcasts, or digital audio recordings that are available for download to computers and mobile devices, started to catch on around 2004 and are now soaring in popularity, with more than 550,000 active podcasts and 18.5 million episodes to choose from (and that's just on Apple Podcasts, as the company reported in June 2018). When Apple first supported podcasts on iTunes in 2005, it featured a much smaller offering: about 3,000 of the free audio shows.

While most podcast listeners gravitate to popular genres like comedy and music, a growing number of clinicians and trainees are using podcasts as an entertaining way to learn about medicine from virtually any location.

Hosts of some of the top internal medicine podcasts share how they got started, what keeps them going, and why they think podcasts are here to stay in medicine.

In resident education, **podcasts join Twitter and blogs as the social media platforms most frequently used to engage learners and enhance education**, according to a systematic review of the literature published in July 2017 by *Academic Medicine*. The fields of **emergency medicine and critical care adopted podcasts back in 2002** and had at least 42 by 2013, according to a February 2014 paper in the *Emergency Medical Journal*. Rather than calling podcasts "social media," however, the authors coined the term FOAM or FOAMed, which stands for free open-access medical education, to more precisely describe the didactic role of medical podcasts, videos, blogs, and, yes, even tweets.

While podcasts are adjuncts to, not a replacement for, traditional medical education, they have grown to become part of the modern physician's learning toolkit. Hosts of some of the top internal medicine podcasts shared how they got started, what keeps them going, and why they think podcasts are here to stay in medicine.

## In the beginning

Years ago, Gil Porat, MD, FACP, started looking for an internal medicine or hospitalist podcast but couldn't find one. He did, however, find one podcast, Puscast, that was created in 2005 by Mark Crislip, MD, the attending for his infectious diseases rotation in residency.

"It's much more vibrant than lecture hall learning. It reminded me of being on rotation with him because he podcasts the exact same way he taught me," said Dr. Porat, a hospitalist with Centura Health Physician Group in Colorado Springs.

In 2012, he recorded the first episode of his own podcast, named simply Hospital and Internal Medicine Podcast, and he still records new episodes from time to time. "When the show got above 10 million listens, it way exceeded what I thought



Image by iStock

would be a few dozen listeners for each episode," said Dr. Porat. "It is daunting and exciting to have more peer reviewers than any single hospitalist in history."

As a fan of several newer medical podcasts, he said he now feels less obligated to cover topics that have already been covered with excellence. "Medical podcasts will keep evolving to something new and different. As long as it stays grounded in the available evidence, it should continue to lead to great things," said Dr. Porat.

At first, "Podcasts don't seem very congruent with most of the medical literature and publications and rigorous data that people are used to," said ACP Member Laura Bishop, MD, who helped found the podcast Louisville Lectures with Michael Burk, MD, ACP Member, in 2015. As residents at the University of Louisville in Kentucky, they found that podcasts and other FOAM content can step in to help trainees learn.

The project began after Dr. Burk, an intern at the time, missed a lecture from a faculty member while taking care of a crashing patient during an ICU rotation. Although the lectures were recorded, they were difficult to access (especially from a mobile device), so he worked with Dr. Bishop and faculty to host didactic sessions and grand rounds within a website, YouTube channel, and podcast.

Medical students are big fans of the program. "When you think about it, the amount of medicine that they need to learn is always increasing from what we had to learn in the past," said Dr. Bishop, who is now faculty director of Louisville Lectures and associate program director for the university's medicine-pediatrics residency program.

The project has expanded to include a new series, called

Little Lectures, designed for the on-the-go resident with no time for a full lecture. “You want five or six minutes that you can listen to that review the highest-yield points when you’re clinically at bedside and you need that point-of-care resource,” Dr. Bishop said.

Empowering clinicians is the ultimate goal, she said, noting that the best feedback is seeing how the project impacts patient care. “We have comments [like these] from viewers in remote locations across the world that demonstrate our goal of making medical knowledge increasingly accessible: ‘I don’t feel like I have to refer to pulm anymore when I treat latent [tuberculosis]; I feel like I can handle most of it myself unless it’s a more complicated case,’” Dr. Bishop said.

## A labor of love

One of the most popular internal medicine podcasts to date, *The Curbsiders*, premiered in February 2016. Episodes are about an hour long and feature the podcast’s creator, Matthew Watto, MD, ACP Member, and his fellow early-career physician cohosts, Paul Williams, MD, FACP, and ACP Member Stuart Brigham, MD, as they interview experts on clinical topics. He said the name of the show says it all.

“The term curbside in internal medicine means that you’re asking an informal opinion of a colleague, who presumably knows more than you. That’s pretty much the whole basis of the show: We’re talking to people who know more than we do,” said Dr. Watto, a hospitalist and clinical assistant professor of medicine at Penn Medicine in Philadelphia.

Dr. Watto said he was motivated to make the show, which now has more than 100 episodes, because it’s “the kind of show that I wished existed.” Over time, an initial target audience of early-career academic clinicians has expanded to include medical students and advanced practice clinicians, he said. The episode on hyponatremia is the most popular to date, and other well-rated episodes cover basic topics like anemia, chronic obstructive pulmonary disease, and hypertension, Dr. Watto said.

Beginning in May, ACP partnered with *The Curbsiders* to develop certain episodes of the podcast that offer CME/MOC points for ACP members through ACP’s Online Learning Center (see sidebar for link). A new project launching this fall will offer exclusive content to ACP Resident/Fellow Members as well. The residency-focused episodes will be geared toward helping residents function better and succeed during training, said Dr. Watto.

*The Curbsiders* has also started a Women in Medicine series about gender equity issues. Podcasts present a prime opportunity for women physicians to be heard, said Shreya Trivedi, MD, a contributor to the series and executive producer of the Core IM podcast. The typical Core IM podcast is 10 to 30 minutes long, and biweekly segments with experts offer evidence-based pearls, explore knowledge gaps, and present case-based clinical reasoning. She said she always makes sure Core IM episodes feature at least one female voice.

“We’re in a more privileged time where we’re not limited by institutional hierarchy and we have social media and these other creative platforms where women’s voices can be heard just as equally as men’s,” said Dr. Trivedi, a general internal medicine fellow at New York University (NYU) Langone Medical Center.

While finishing her residency at NYU School of Medicine, Dr. Trivedi said she was putting in an extra 20 hours per week to start Core IM, which debuted in October 2017. She said the joy of having a creative outlet is worth the extra effort. Similarly, Dr. Watto, who chose to work as a hospitalist to accommodate his podcasting schedule, said that running the show actually helps him prevent burnout. “It keeps things fun, and I always have something to look forward to with the interviews,” he said.

## Stirring up controversy

One new addition to the internal medicine podcasting scene is *Annals On Call*, hosted by Robert M. Centor, MD, MACP, a past Chair of ACP’s Board of Regents and professor emeritus of medicine at the University of Alabama at Birmingham. Each 30-minute episode of the show, which launched in August 2018, follows Dr. Centor as he discusses and debates with a guest expert an article published in *Annals of Internal Medicine*. Like the journal, the podcast is a way to fulfill CME/MOC requirements.

Not all podcasts can dive right into controversies, but Dr. Centor, who started his Medical Rants blog in 2004, is not one to shy away from them (the first two episodes of the show are called “The Gout Wars” and “Hypertension Limbo”). He said podcasts can meet people’s desire for storytelling while putting clinical controversies into context.

“This is a great opportunity for any of us to be able to listen to the story of what’s going on,” he said. “I think it’s much more granular and much more interesting to have a conversation about the controversy than to just try to read about it on black-and-white paper.”

The podcast, which comes out with a new episode twice a month, also tackles topics like glycemic targets and oral pharmacological therapies in type 2 diabetes, diagnosing sepsis, and the physiology of diuretic resistance (based on an *Annals* paper from the 1990s that Dr. Centor said is one of his all-time favorite articles). Among the guest experts interviewed are members of professional guideline committees, he said.

And, as the namesake of the famous Centor criteria, he said he may even be amenable to talking about his own work. “After I’ve done enough [episodes], I think people would like to hear me talk about sore throats,” Dr. Centor said.

As of September 2018, ACP also partners with *Bedside Rounds*, a podcast in which creator and host Adam Rodman, MD, FACP, focuses on the history of medicine, offering members CME credits and MOC points for listening to select episodes.

Much like Dr. Centor on *Annals On Call*, Dr. Rodman happily discusses controversies. The first ACP-Bedside Rounds podcast episode, “Blood on the Tracks” (launched Sept. 10), tells the story of how historical bloodletting controversies led to the birth of population health.

As more internal medicine podcasts come on the air (and offer CME/MOC perks), tuning in is both easy and practical. Still, the biggest challenge for doctors may be finding the right shows—and finding the time. ■

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# Do's and don'ts for personal protective equipment

By Mollie Frost

A few years ago, as Ebola hit the U.S., personal protective equipment (PPE) was on many hospitalists' minds. The index case-patient was a man who traveled from West Africa to Dallas and died in a hospital there on Oct. 8, 2014. Two nurses who had cared for him tested positive for the virus but later recovered.

At the New York University (NYU) School of Medicine, clinicians were particularly focused on preventing transmission during the outbreak, said hospitalist Leora Horwitz, MD, MHS, FACP, partly because a physician infected with Ebola while volunteering in Guinea was hospitalized at Bellevue Hospital in Manhattan on Oct. 23, 2014. (The physician subsequently recovered.)

The outbreak was an eye-opening moment regarding the difficulty of properly using PPE and avoiding costly mistakes, said Dr. Horwitz, who is an associate professor in the departments of medicine and population health. "Health care professionals obviously did a much better job after the initial suboptimal performance in Texas," she said, noting that NYU staff needed step-by-step training and supervision.

The need for such training may be more widespread, according to a **study conducted at the University of Wisconsin Hospital in Madison**. Researchers observed as health care workers removed their PPE between Oct. 13 and Oct. 31, 2014. Thirteen of 30 (43%) workers removed their PPE in the correct order, and just five (17%) removed it in the proper order and also correctly disposed of it in the patient room, according to results published in July 2015 by the *American Journal of Infection Control*.

Even though Ebola increased awareness of careful PPE use, old habits proved hard to break. "When we went back and looked to see if people had changed their behavior—were they taking PPE off more carefully?—it turned out that that still wasn't the case," said senior author Nasia Safdar, MD, PhD, health care epidemiologist and professor of infectious diseases at the University of Wisconsin School of Medicine and Public Health in



Image by Getty Images

Madison and associate chief of staff for research at the affiliated William S. Middleton Memorial Veterans Hospital.

PPE is designed to 1) prevent health care workers from transmitting a pathogen from one patient who is in contact precautions to another who might be vulnerable, and 2) prevent health care workers from getting sick with the same pathogen, she explained. One factor may be more important than the other, depending upon what type of pathogen is present, said Dr. Safdar.

"It's an important distinction because why people take precautions in wearing PPE or not wearing PPE really depends on what they feel the perceived risk is," she said. Unlike with Ebola, transmission from patient to health care worker is unusual for *Clostridium difficile*, methicillin-resistant *Staphylococcus aureus* (MRSA), and other resistant bacteria, Dr. Safdar said.

Therefore, a more likely scenario in routine care is that a clinician with contaminated hands goes on to the next patient and transmits the organism. "It's very easy to get that contamination in our current way of wearing and taking off PPE because there's hardly ever any formal instruction given to us during training," said Dr. Safdar.

## A persistent problem

Some hospitals do have some form of PPE training, often led by the infection prevention team, but there are challenges to offering it, said Sarah L. Krein, PhD, RN, a research professor of internal medicine at the University of Michigan in Ann Arbor. Many staff members, from environmental services workers to clinicians, have to be trained, so turnover across the board can make it difficult to keep everyone up to date, she noted.

Therefore, some hospitals may train on the job rather than hold standardized group training sessions, but "If someone's training you but doing things improperly, they may pass along some of those practices," Dr. Krein said.

Even when hospitals do provide training, recent research

from Dr. Krein's group indicates that proper PPE use is still elusive. In 325 **direct observations of real-world PPE practices at two hospitals** between March 1 and Nov. 30, 2016, they found 283 failures, according to results published in the August 2018 *JAMA Internal Medicine*.

The researchers categorized errors as violations ( $n=102$ ), mistakes ( $n=144$ ), and slips ( $n=37$ ) to understand which may be modifiable. Violations included intentional rule-breaking, such as a clinician forgoing PPE and entering a room with the intent of talking to a patient in contact precautions without touching anything in the room.

"We saw that happen quite frequently. One of the problems with that is . . . often, once you're in the room, the patient needs something or you're brushing up against things in the environment," said Dr. Krein, also a research career scientist at the VA Ann Arbor Healthcare System.

Mistakes occurred when staff were trying to follow protocol but something went awry, such as when they improperly removed PPE or took their badges out from beneath their gowns to log into the computer. And slips, which are "probably the most difficult" to address, comprised unconscious behaviors, such as wiping one's face with a gowned arm or pushing one's glasses up with a gloved hand, Dr. Krein said. The instinct to answer a ringing device was also considered a slip.

One factor that could have contributed to the PPE violations is the debate over when contact precautions are necessary. Some hospitals have made the decision not to use contact precautions for more endemic organisms, such as MRSA, especially if it's just a patient colonization, Dr. Krein noted. "But we're concerned about multidrug-resistant organisms and the emergence of new pathogens, so I don't think these precautions are going to go away anytime soon," she said. "It's just that what they're being used for may change a little bit."

## Do's and don'ts

For all the situations in which PPE is used, experts offered hospitalists the following do's and don'ts for keeping themselves and their patients safe:

**Do** be more mindful of your behaviors when caring for patients with contact precautions. Slowing down a little bit and making sure to **follow PPE protocols properly** is preferable to rushing through the process, "which I think happens a lot, unfortunately," said Dr. Krein. One way to get clinicians to be more aware of their behaviors may be videotaping them, she suggested. "It's being used in some other areas, especially in infection prevention. I think if people see themselves, for example, touching their face, maybe they'd be a little more aware the next time around," Dr. Krein said.

**Do** make sure to tie the gown behind you so it doesn't fall off when you're in the patient's room, Dr. Safdar said. Otherwise, "Not a lot of thought has to go into [putting on the gear] except that you want to make sure you are covered in the areas that you think you will get contaminated," she said.

**Do** properly remove PPE without touching any potentially contaminated areas, Dr. Safdar said. Even though this advice may seem obvious, the removal step is where contamination happens. "Since there isn't gross contamination, it's nothing that you can see. That's why you often don't realize that you

actually haven't correctly taken off your PPE," she said. Take the gown off very carefully, rolling it up and away so it does not come in contact with clothing, Dr. Safdar said. "The same thing with a mask: You reach for the sides of the mask, not the front, because the front is where the contamination is," she said. Same with the gloves: Roll them inside out. "These are things that once you get into the habit, they're not hard to do," Dr. Safdar said.

**Don't** make hard-and-fast hospital policies requiring PPE if they're not necessary, said Dr. Horwitz. Hospital policymakers should review rules around PPE to make sure they make sense to clinicians, she recommended. "If people don't believe in the necessity of your policies, then they will violate deliberately," Dr. Horwitz said. "That's an insidious culture to have at an institution because then they're violating other rules, especially when there's no consequence."

**Don't** touch your badge, pager, phone, or other uncontaminated items when wearing PPE in the patient's room. If there is a chance of clean surfaces becoming contaminated, Dr. Safdar recommended frequently using alcohol gel to decontaminate hands. If you've got to answer that page, the ideal solution is taking off PPE, leaving the room to answer, and coming back into the room after putting on the protective gear again, which "can get very annoying quite quickly." A more practical option is to take the contaminated gloves off, answer the page, and perform hand hygiene before putting on a fresh pair of gloves, Dr. Safdar said.

**Do** work with colleagues from infection prevention, human factors, and/or engineering to come up with some better strategies to address the logistical issues surrounding proper PPE use, Dr. Krein recommended. "It's a little hard—your hospital is already designed and you can't really change the room—but there are environmental factors that I think could be looked at," she said. For example, rooms often don't have many places to put down items while staff are taking off their PPE. Another common setup challenge is having the sink in the back of the room. "With certain organisms, you have to wash your hands with soap and water rather than using alcohol hand gels," Dr. Krein said. "But as you can imagine, you take everything off and then you have to walk to the back of the room to wash your hands." And although most hospitals have signage outside patients' doors that explain exactly what PPE to put on, they may have no signage at all inside the room that explains how to take it off, she added. "That could be a simple strategy to help with some of these issues."

**Do** consider asking for training on proper PPE use, which should include troubleshooting common problems identified in studies, Dr. Horwitz said. "When you do training, focus it around evidence like this that shows what it is that people are messing up and help people work through challenges," she said.

**Don't** forget that the **CDC's standard precautions** apply to all patients. Depending on the exposure that's anticipated, such as a patient with diarrhea, clinicians should use appropriate PPE and hand hygiene whether or not contact precautions are in place, Dr. Safdar said. ■

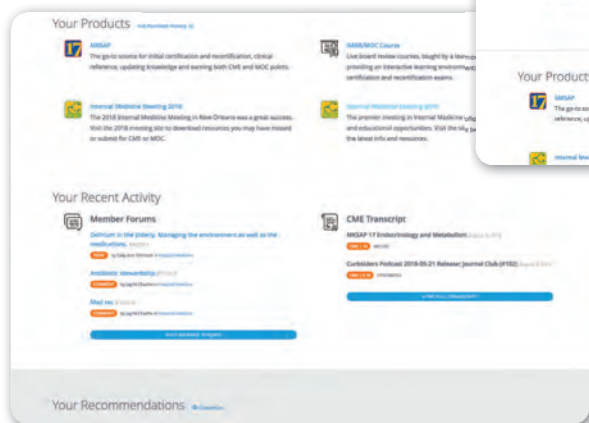
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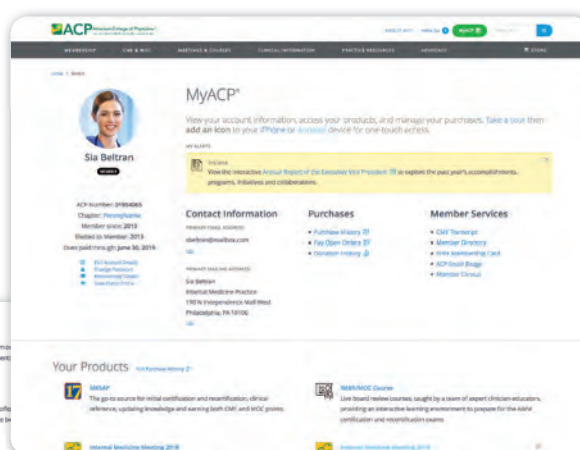
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## Job Postings: \$350

Must be a physician attending Internal Medicine 2019,  
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#### FOR DETAILS CONTACT:

Vera Bensch  
215-351-2630  
[vbensch@acponline.org](mailto:vbensch@acponline.org)

Sean Corrigan  
215-351-2768  
[scorrigan@acponline.org](mailto:scorrigan@acponline.org)

Maria Fitzgerald  
215-351-2667  
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## HIRING INTERNAL MEDICINE PRIMARY CARE PHYSICIANS

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### Full Time Internal Medicine Primary Care Physician for Large Public Health and Hospital System in Silicon Valley

Santa Clara Valley Medical Center (SCVMC), a large public teaching hospital, affiliated with Stanford University School of Medicine, in San Jose CA, is seeking a full-time BC/BE internal medicine-primary care physician to join our dynamic primary care practice in our Department of Medicine. We offer the unparalleled opportunity to gain the long-term personal and professional satisfaction of serving our patients and our diverse community, while teaching the next generation of health care providers, in one of the best places to live in the United States. Santa Clara Valley Health and Hospital System (SCVHHS), the second-largest County-owned health and hospital system in California is committed to improving the health of the 1.8 million people of Santa Clara County. As an integrated health care system, SCVHHS includes a 574-bed central hospital, SCVMC, a large primary care network comprised of nine health centers throughout the County (including our newest center in downtown San Jose, which opened in 2016), a broad-range of specialty services in our Valley Specialty Center, a large behavioral health department, public health, EMS, and Valley Health Plan. SCVMC itself hosts five residency training programs and partners with Stanford University Medical Center for the training of residents and fellows in many Stanford-based specialties. SCVMC also features a Level 1 Trauma Center, Burn Center, Primary Stroke Center, and a CARF-accredited Rehabilitation Center. Providers in our health system also have the unique opportunity to use our integrated electronic health record (Epic), which brings together system-wide patient information. Recently, the Health Information Management Systems Society (HIMSS) recognized SCVMC for achieving its highest level of success (Stage 7), based on our continuous innovation and optimization of our inpatient and outpatient EHR. SCVMC located in San Jose, California in the heart of Silicon Valley, offers a diverse choice of cultural, recreational, and lifestyle opportunities. Our physicians live in a range of communities, including urban (e.g., San Francisco), university (e.g., Palo Alto), high tech (e.g., many cities of Silicon Valley), mountain (e.g., Los Gatos), beach (e.g. Santa Cruz), and rural/agricultural (e.g., Gilroy). Situated in one of the most desirable regions of the country, our physicians enjoy a very high quality-of-life. The Division of Primary Care in Department of Medicine, with 55 internal medicine primary care physicians, provides primary care services at eight health centers, from Sunnyvale to Gilroy. Internal medicine primary care physicians who join our department are pleased to find a very collegial work environment with robust specialty and ancillary support, and the opportunity to teach internal medicine residents from our large internal medicine residency training program. We offer competitive compensation, generous comprehensive benefit package (including 53 days of leave per year), paid malpractice, vibrant professional environment, opportunity for career growth, and the opportunity to serve a multicultural patient population SCVMC is an Equal Opportunity employer.

If you are interested in joining a practice with unparalleled personal and professional advantages, submit your letter of interest and CV to [MD.Recruitment@hhs.sccgov.org](mailto:MD.Recruitment@hhs.sccgov.org)

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Our Primary Care practices offer providers an exceptional opportunity:

- Established hospital based practices
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- Affiliation with University of Massachusetts Medical School and University of New England College of Osteopathic Medicine
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For more information on Primary Care opportunities please contact:

Liz Mahan, Physician Recruitment Specialist  
Berkshire Health Systems  
(413) 395-7866

Mdrecruitment@bhs1.org  
www.berkshirehealthsystems.org



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## Internal Medicine/ Family Medicine Outpatient Opportunity 25 miles from Manhattan, NY

White Plains Hospital Physician Associates, a division of White Plains Hospital, is seeking an experienced Internal Medicine / Family Medicine physician for its outpatient practice in Westchester county. This is an exciting opportunity to build a practice from ground up with excellent support from a highly qualified and dedicated team. White Plains Hospital is a multiple award winning, Magnet designated hospital, just 25 miles from Manhattan. We offer an exceptional comp/benefits package and a phenomenal work environment.

Please submit your CV for consideration to  
Sharon O.Alfonso  
Email: salfonso@wphospital.org  
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Please contact:  
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### INTERNAL MEDICINE / PRIMARY CARE

BE/BC Internist for part time and advancement to full time position with early partnership. Well established internal medicine group in beautiful suburban Chester NJ, one hour from NYC. July 2019 start date.

Please email your CV to  
chestermedical@aol.com

### Assoc Medical Director of Primary Care Brigham and Women's - Boston, MA

Sr. leadership role within BWH Primary Care  
50% clinical + 25%-50% admin.  
Boarded IM & PC clinical experience required.  
Email CV to: Paul Porter - Recruitment Director  
PPorter@BWH.Harvard.edu

### IM PRACTICE FOR SALE

Private Internal Medicine practice is for sale in north suburb of Los Angeles Glendale. Stable busy practice established for over 30 years. Excellent payer mix with high gross income and low overhead.

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### Assoc Medical Director of Population Health Brigham and Women's - Boston, MA

Sr. leadership role within BWH Primary Care  
25% clinical + 75% admin.  
Boarded IM & Pop Health experience required.  
Email CV to: Paul Porter - Recruitment Director  
PPorter@BWH.Harvard.edu

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## Internal Medicine and Primary Care

### California

**Established Primary Care practice seeking full-time Internist/FP.** Office located in desirable South Bay area of Los Angeles, 1 mile from the beach. Competitive salary with benefits. No night call or weekend responsibilities. Contact Dr. David Weiss at Dmdubx@hotmail.com or (310) 873-8470 W-38751

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### Massachusetts

**INTERNAL MEDICINE and PRIMARY CARE- NEWTON, MA.** Alexander Kopp MD PC, Newton, Massachusetts – Full-Time/Part-Time Internal Medicine Physician BC. Internal Medicine/Gastroenterology private practice on campus at Newton-Wellesley Hospital. Excellent earning potential, productivity driven salary. Must have completed US IM Residency and licensed to practice in MA. Send CV to: akopp@drkoppmd.com W-38360

## Hospitalist

### National

**Apogee Physicians Nationwide Hospitalist Opportunities.** Apogee Physicians is the nation's largest, entirely physician-owned and operated, Hospitalist group. Founded in 2002, Apogee has grown to 750 physicians and nurse practitioners in 25 states. We are committed to creating the best opportunity for the best Hospitalists. Apogee has established programs in; Alabama, Arizona, Delaware, Georgia, Iowa, Illinois, Indiana, Kentucky, Louisiana, Michigan, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and Wisconsin. Please send your CV to Mica Sylvain at mica@apogeephysicians.com or call 208-292-4088. Visit [www.apogeephysicians.com](http://www.apogeephysicians.com). W-38684

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## ICU Hospitalist/Nocturnist -CHA Everett Hospital

**Cambridge Health Alliance (CHA)** is a well-respected, nationally recognized and award-winning public healthcare system, which receives recognition for clinical and academic innovations. Our system is comprised of three hospital campuses in Cambridge, Somerville and Everett with additional outpatient clinic locations throughout Boston's Metro North Region. CHA is an academic affiliate of both Harvard Medical School (HMS) and Tufts University School of Medicine. We are a clinical affiliate of Beth Israel Deaconess Medical Center. CHA is recruiting for an ICU Hospitalist/Nocturnist to cover Everett Hospital.

- Position requires PM shifts (7p-7a) plus weekend day shifts
- Work collaboratively with CHA's intensivists MDs to round on inpatients within the CHA Everett Hospital ICU
- Cross coverage of med/surg inpatient unit included as part of clinical responsibility (10% of total FTE)
- Applicants should be comfortable with procedures including central lines, vent management, intubation, etc.
- Internal training and maintenance program exists to assist in certification of these skills competencies
- Academic appointment is available commensurate with medical school criteria

Applicants should be trained and Board Certified in Internal Medicine or Family Medicine and possess excellent clinical and communication skills plus a demonstrated commitment to CHA's multicultural, underserved patient population.

At CHA we have a supportive and collegial clinical environment, strong leadership, infrastructure. CHA has a fully integrated electronic medical record system (Epic) throughout our inpatient units and outpatient clinics and competitive salary/benefits package. We offer a competitive, guaranteed base salary and comprehensive benefits package.

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

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

## ACADEMIC HOSPITALISTS AT BETH ISRAEL DEACONESS MEDICAL CENTER IN BOSTON

The Division of Hematology Oncology at Beth Israel Deaconess Medical Center, a teaching Hospital of Harvard Medical School, seeks board eligible and certified internists for both day and night positions, with focus on inpatient care of oncology patients. A Harvard appointment will be offered commensurate with academic qualifications. We seek qualified applicants whose primary interest is in the delivery of outstanding clinical care.

Please send expressions of interest, curriculum vitae and bibliography in one document by applying online at: <http://www.hmfphysicians.org/careers/>

Requisition # 171826  
Attention: Myrna Campbell,  
Administrative Coordinator to the Hematology/Oncology Search Committee

HMF/APHMFP offers equal employment opportunity to all applicants for employment and to all employees regardless of race, color, religion, sex, gender identity or expression, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law.

**Check out ACP's collection of 20 job search videos available at [acponline.org/careervideos](http://acponline.org/careervideos)**

## MA HOSPITALIST


Beth Israel Deaconess Hospital Medicine is looking for Hospitalists. We staff at Beth Israel Deaconess Hospitals in Boston, Plymouth, Milton & Needham. Opening available at BID-Plymouth Hospital.

**Please apply at: [www.hmfphysicians.org](http://www.hmfphysicians.org)**  
**Joseph Li, MD • [pjcurley@bidmc.harvard.edu](mailto:pjcurley@bidmc.harvard.edu) • 617-754-4677**

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Western Connecticut Medical Group is seeking Hospitalists for our network at Danbury and Norwalk Hospitals in Fairfield County, CT. Generous hiring bonus may be available for full time day and night positions. Part-time and per diem shifts may also be available. H-1B sponsorship may be available for full time Nocturnist positions. Join our busy, established programs in our family-friendly communities. WCHN is committed to medical education through its Residency and medical student teaching programs. As teaching hospitals, we are affiliated with the University of Vermont College of Medicine, Ross University, American University of the Caribbean, and Yale School of Medicine.

At Western Connecticut Medical Group, our priorities are to provide our population of patients with personalized and attentive care, help manage chronic medical conditions, and enable our patients to get and stay as healthy as possible. We have the ability to coordinate primary care and specialty care needs through our network of over 400+ employed Physicians and 150+ Advanced Practice Providers and 3 member community hospitals.

We offer a highly competitive compensation and benefits package for our full time employed positions including base salary plus quality incentives and generous allowances for CMEs and Dues expenses as well as paid time off.

**Job Requirements:**

- MD or DO with CT State license, Federal DEA and State Controlled Substance Registration
- Successful completion of an Internal Medicine or Family Medicine Residency program.
- Board Certified or Board Eligible

**Send your resume to: [amy.rosoff@wchn.org](mailto:amy.rosoff@wchn.org)**

**To learn more about Western Connecticut Health Network:**  
Visit our website at: <http://www.westernconnecticuthealthnetwork.org/>

*Western Connecticut Health Network and its affiliates are equal opportunity employers. This philosophy calls for equal opportunities for employment, training, and advancement regardless of sex, race, creed, age, marital status, national origin, ancestry, religion, disability, sexual orientation or any other status protected by law.*


## DAY HOSPITALISTS AND NOCTURNISTS

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

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

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

Please submit your CV for consideration to Sharon O. Alfonso  
Email: [salfonso@wphospital.org](mailto:salfonso@wphospital.org)  
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## Hospitalists and Nocturnists

*To serve. To heal. To educate.*

The Division of Hospital Medicine of Cooper University Hospital seeks motivated physicians to join a dynamic team of 115 physicians and 30 nurse practitioners at 12 locations in Southern New Jersey.

### Highlights

- Full-time or part-time Hospitalist positions
- Day or night shifts available
- Flexible scheduling
- Teaching opportunities with residents and medical students
- Emphasis on patient experience, quality and safety
- Secure employment with low physician turnover
- Potential for career advancement in administrative, quality or educational roles

Cooper University Hospital is a 635 bed teaching hospital. We are the only tertiary care center and the first Advanced Certified Comprehensive Stroke Center in Southern New Jersey. We employ more than 900 physicians and 325 trainees in all medical and surgical specialties. Cooper University Hospital has its own on-campus medical school, the Cooper Medical School of Rowan University. The Cooper Health System maintains multiple partnerships with local and national institutions, including the MD Anderson Cancer Center.

**Close to Center City Philadelphia, Adventure Aquarium, and Rutgers University!**



### Employment Eligibility

Must be Board Certified/Eligible in Internal or Family Medicine.

### Contact Information

Program Contact	Lauren Simon, Administrative Supervisor
Phone	856•342•3150
E-mail	Simon-Lauren@cooperhealth.edu
Website	www.cooperhealth.org



### Hospitalist Opportunities with Penn State Health

Penn State Health is a multi-hospital health system serving patients and communities across central Pennsylvania. We are seeking Hospitalists interested in joining the Penn State Health family in various settings within our system.

#### What We're Offering:

- Community Setting Hospitalist opportunities (Lancaster and Berks County positions)
- We'll foster your passion for patient care and cultivate a collaborative environment rich with diversity
- Commitment to patient safety in a team approach model
- Experienced hospitalist colleagues and collaborative leadership
- Salary commensurate with qualifications
- Relocation Assistance

#### What We're Seeking:

- Completion of an accredited training program
- Ability to acquire license in the State of Pennsylvania
- Must be able to obtain valid federal and state narcotics certificates.
- Current American Heart Association BLS and ACLS certification required.
- BE/BC in Family Medicine or Internal Medicine (position dependent)

No J1 visa waiver sponsorships available

#### What the Area Offers:

Penn State Health is located in Central Pennsylvania. Our local neighborhoods boast a reasonable cost of living whether you prefer a more suburban setting or thriving city rich in theater, arts, and culture. Our surrounding communities are rich in history and offer an abundant range of outdoor activities, arts, and diverse experiences. **We're conveniently located within a short distance to major cities such as Philadelphia, Pittsburgh, NYC, Baltimore, and Washington DC.**

For more information, please contact:  
Heather Peffley, PHR FASPR Physician Recruiter,  
Penn State Health hpeffley@pennstatehealth.psu.edu

Penn State Health is committed to affirmative action, equal opportunity and the diversity of its workforce.  
Equal Opportunity Employer - Minorities/Women/Protected Veterans/Disabled.



## HOSPITALIST REGIONAL MEDICAL DIRECTOR OPPORTUNITIES IN EASTERN PA STARTING BONUS AND LOAN REPAYMENT

**St. Luke's University Health Network (SLUHN) is interviewing for Hospitalist Regional Medical Director Candidates for our growing 10-hospital network.** This is an opportunity to lead a dynamic group of physicians at several campuses, engage them as a team and work to assure consistent high quality. All campuses have a closed ICU, strong advanced practitioner assistance and all specialty back up, in addition to an opportunity for upward mobility within the Network.

#### We offer:

- Starting bonus and up to \$100,000 in loan repayment
- Medical Director stipend
- 7 on/7 off schedules
- Attractive base compensation with incentive
- Excellent benefits, including malpractice, moving expenses, CME
- Moonlighting opportunities within the Network

**SLUHN** is a non-profit network comprised of physicians and 10 hospitals, providing care in eastern Pennsylvania and western NJ. We employ more than 800 physician and 200 advanced practitioners. St. Luke's currently has more than 220 physicians enrolled in internship, residency and fellowship programs and is a regional campus for the Temple/St. Luke's School of Medicine. Visit [www.sluhn.org](http://www.sluhn.org).

Our campuses offer easy access to major cities like NYC and Philadelphia. Cost of living is low coupled with minimal congestion; choose among a variety of charming urban, semi-urban and rural communities your family will enjoy calling home.

For more information visit  
[www.discoverlehighvalley.com](http://www.discoverlehighvalley.com)

Please email your CV to Jillian Fiorino at  
[Jillian.Fiorino@sluhn.org](mailto:Jillian.Fiorino@sluhn.org)



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## A Place to Practice. A Place to Call Home.

### Hospitalist Opportunities in Eastern PA – Starting Bonus and Loan Repayment



We have day positions at our Miners Campus in beautiful Schuylkill County and at our newest hospital in Monroe County set in the Pocono Mountains. Both campuses offer you an opportunity to make a difference in a Rural Health Community yet live in your choice of family friendly, thriving suburban areas. In addition, you'll have access to our network's state of the art technology and Network Specialty Support Resources. We also have opportunities at our Quakertown campus, where a replacement hospital will open in 2019.

We offer:

- Starting bonus and up to \$100,000 in loan repayment
- 7 on/7 off schedules
- Additional stipend for nights
- Attractive base compensation with incentive
- Excellent benefits, including malpractice, moving expenses, CME
- Moonlighting Opportunities within the Network

SLUHN is a non-profit network comprised of physicians and 10 hospitals, providing care in eastern Pennsylvania and western NJ. We employ more than 800 physicians and 200 advanced practitioners. St. Luke's currently has more than 220 physicians enrolled in internship, residency and fellowship programs and is a regional campus for the Temple/St. Luke's School of Medicine. Visit [www.sluhn.org](http://www.sluhn.org).

Our campuses offer easy access to major cities like NYC and Philadelphia. Cost of living is low coupled with minimal congestion; choose among a variety of charming urban, semi-urban and rural communities your family will enjoy calling home.

For more information visit [www.discoverlehighvalley.com](http://www.discoverlehighvalley.com)

Please email your CV to Jillian Fiorino at [Jillian.Fiorino@sluhn.org](mailto:Jillian.Fiorino@sluhn.org)



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- Occurrence-based malpractice and relocation allowance

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## The Ohio State Wexner Medical Center

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As one of the nation's largest academic hospitalist programs, we lead a variety of teaching and non-teaching inpatient and consultative services. OSUWMC Division of Hospital Medicine is dedicated to the health and well-being of our patients, team members, and our OSUWMC community. Our mission is to improve the lives of our patients and faculty by providing personalized, patient-centered, evidence-based medical care of the highest quality. We are currently seeking exceptional physicians to join our highly regarded team. Preferred candidates are BC/BE in Internal Medicine or Internal Medicine-Pediatrics, have work experience or residency training at an academic medical center, and possess excellent inpatient, teamwork, and clinical skills.



Natasha Durham, DAsPR  
[natasha.durham@osumc.edu](mailto:natasha.durham@osumc.edu)  
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## 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 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.

The ideal candidate will have trained at, or have clinical experience at a major US 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.

The University of Michigan is an equal opportunity/affirmative action employer and encourages applications from women and minorities.

### HOW TO APPLY

Interested parties may apply online at [www.medicine.umich.edu/hospital-medicine](http://www.medicine.umich.edu/hospital-medicine) or email cover letter and CV to Vineet Chopra, MD, MSc, Chief, Division of Hospital Medicine at [kcreeed@umich.edu](mailto:kcreeed@umich.edu).

**[WWW.MEDICINE.UMICH.EDU/HOSPITAL-MEDICINE](http://WWW.MEDICINE.UMICH.EDU/HOSPITAL-MEDICINE)**



### A Transformational Opportunity for a Hospitalist to Join our Inpatient Team

Our community is growing and so are the needs of our patients.

Older than the brand of Coca-Cola, CHI Saint Alexius Health Bismarck is a level II Trauma Center. Our facility is a 306-bed, full-service, acute care medical center offering a full line of inpatient and outpatient medical services. We are actively recruiting an Internal Medicine Physician to join our team of outstanding providers in a well-established, hospital-employed position to meet the demands of our community.

If you are looking for the perfect balance between family life and medical practice, you will find it here. Nestled along the scenic shores of the Missouri River, the Capital of North Dakota, Bismarck, is a hub of culture, history and shopping. Bismarck has been rated among the safest cities in the country, no traffic snarls, low taxes, great public and private schools. As part of the thriving oil boom, Bismarck is a great place to enjoy all four seasons with fun outdoor activities such as fishing, hunting, biking, downhill skiing, and so much more.

Friendly and welcoming people make Bismarck an ideal place to begin and nurture a family.

#### Position Includes:

- Generous salary with bonus and quality incentive
- CME, retirement, health, vision, and dental insurance, professional liability insurance
- Block schedule: 7 days on / 7 days off with 12 hour shifts
- University of North Dakota Clinical Academic Title – offers the opportunity to teach, if eligible and interested, medical student residents and fellows
- Current Hospitalist team includes 16 Hospitalists, 1 Fellow, and 4 NP/PA's

As the largest healthcare delivery system in central and western North Dakota, CHI St. Alexius Health covers more square miles and sees more patients than anyone else in the region. CHI St. Alexius Health was honored as one of "America's 50 Best Hospitals" by Becker's Hospital Review and the "Best Regional Hospital, Great Plains, ND Recognized in 6 Types of Care 2018-19" U.S News and World Report. CHI St. Alexius Health Bismarck is proud of its outstanding reputation as a caring, high quality medical center and of its many awards for clinical excellence, customer satisfaction and community service.

This is an excellent opportunity to join a busy, established and growing practice.

Come discover why more than 4000 physicians and providers choose to call Catholic Health Initiatives home.

Interested candidates should contact:

Bruce Robinson  
701.530.8896  
[gbrinson@primecare.org](mailto:gbrinson@primecare.org)



## HOSPITALIST OPPORTUNITY LAWRENCE KANSAS

**Lawrence Hospitalist Physicians** provides adult inpatient care for Lawrence Memorial Hospital, a 175-bed not-for-profit community-owned hospital with excellent specialist support.

Lawrence is an exceedingly desirable city of 96,000 residents, home of the University of Kansas.

11 full-time Board Certified physicians and 6 advanced practice providers.  
7 days on/7 days off, night coverage every 10 weeks.

**Highly competitive salary with signing bonus.**  
Benefits include: incentive bonus, health insurance, retirement plan, reimbursed medical and professional expenses, malpractice insurance, and CME allowance.

Physician applicants require Board-Certification or Board-Eligibility in Internal Medicine or Family Practice with hospitalist experience, and U.S. citizenship or permanent residence.

For more information about this position, contact:

Dr. Marc Scarbrough at **(785) 505-3350**  
or email: [marc.scarbrough@lmh.org](mailto:marc.scarbrough@lmh.org)

Lawrence Hospitalist Physicians does not discriminate on the basis of race, religion, age, ethnicity, culture, sex, sexual orientation, gender identity or expression, national origin, or physical disability.



I WORK FOR ENVISION PHYSICIAN SERVICES BECAUSE ...

I FEEL LIKE I AM PART OF A  
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Opportunities in Georgia, Florida,  
Tennessee, Kentucky and Virginia

**877.265.6869**

**InpatientJobs@evhc.net**





## Hospitalists

Call This "Top 10" Community Home

McFarland Clinic is seeking a BE/BC Hospitalist and a Nocturnist to join our extraordinary team and provide exceptional care within Iowa's largest multidisciplinary clinic. Consistently ranked in the top 10 "Best Places to Live" by Money Magazine and CNNMoney.com, this thriving town has been ranked in the top 3 cities in the country for job growth.

- 220 bed hospital
- Epic EMR System
- Excellent support staff
- Highly educated patient base
- Physician owned and governed
- Large, established referral network
- One of the least litigious states in the country
- Will consider J1 candidates
- "#1 Best State to Practice Medicine" - *Wallet Hub*



Ames, Iowa is a family friendly town that offers top-quality education with the best school district in the state. This Big 12 city has been voted the "Best College Town" by Livability.com. Our proud community boasts the cultural, recreational and entertainment amenities of a big city while maintaining the charm that you would expect from small-town living. Become part of Ames, a place that will quickly become your hometown.

EEO/AA Employer/Protected Vet/Disabled

Contact Doug Kenner

866.670.0334 or [dkenner@mountainmed.net](mailto:dkenner@mountainmed.net)



Extraordinary Care, Every Day

**Washington University School of Medicine is seeking full-time hospitalists, nocturnists and oncology hospitalists** for our expanding program at Barnes-Jewish Hospital and Barnes-Jewish West County Hospital. MD/DO, internal medicine board certification or eligibility, and eligibility for licensure in the state of Missouri required.

OFFERING

- Comprehensive liability insurance (no tail required)
- 403b Retirement, with match
- Flexible, block schedule
- Teaching opportunities available
- Competitive base salary
- Health, dental, vision
- Professional allowance
- Bonus eligibility

**Barnes-Jewish Hospital** is a 1,300-bed Level-I trauma center serving the St. Louis metropolitan and outlying areas. It is ranked as one of the nation's top 12 hospitals by *US News & World Report*.

*This position is not J-1 eligible. All qualified applicants will receive consideration for employment without regard to sex, race, ethnicity, protected veteran, or disability status.*

Interested candidates should apply: [facultyopportunities.wustl.edu](http://facultyopportunities.wustl.edu)  
Select "Internal Medicine" and see "Hospitalist".



## Great Opportunity for a Hospitalist in the Southwest

San Juan Regional Medical Center in Farmington, NM is recruiting for a Hospitalist. This opportunity not only brings with it a great place to live, but offers a caring community and hospital environment with team dedicated to providing personalized, compassionate care.

You can look forward to:

- \$275,000-\$295,000 base salary plus productivity and quality bonuses
- 100% Hospitalist work
- Wide variety of critical care
- Lucrative benefit package, including retirement
- Sign on and relocation
- Student loan repayment
- Quality work/life balance



San Juan Regional Medical Center is a non-profit and community governed facility. Farmington offers a temperate four-season climate near the Rocky Mountains with world-class snow skiing, fly fishing, golf, hiking and water sports. Easy access to world renowned Santa Fe Opera, cultural sites, National Parks and monuments. Farmington's strong sense of community and vibrant Southwest culture make it a great place to pursue a work-life balance.

Contact Terri Smith

888.282.6591 or 505.609.6011 | [tsmith@sjrmc.net](mailto:tsmith@sjrmc.net)  
[sanjuanregional.com](http://sanjuanregional.com) or [sjrmcdocs.com](http://sjrmcdocs.com)

ACP Internal Medicine Meeting 2019

PHILADELPHIA, PA • APRIL 11-13



Job Postings:

**\$350**

Must be a physician attending Internal Medicine 2019, ACP Job Placement Center Sponsor or exhibitor

## LOOKING TO HIRE A PHYSICIAN?

Submit a **Job Posting** to the **ACP Job Placement Center** & receive **Physician Profiles**

Go to: [annualmeeting.acponline.org/jpc/exhibitor](http://annualmeeting.acponline.org/jpc/exhibitor)  
or email: [jobplacementcenter@acponline.org](mailto:jobplacementcenter@acponline.org)

FOR DETAILS CONTACT:

Vera Bensch  
215-351-2630  
[vbensch@acponline.org](mailto:vbensch@acponline.org)

Sean Corrigan  
215-351-2768  
[scorrigan@acponline.org](mailto:scorrigan@acponline.org)

Maria Fitzgerald  
215-351-2667  
[mfitzgerald@acponline.org](mailto:mfitzgerald@acponline.org)

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HealthCare Partners is looking for candidates for the following full-time positions - Skill Nursing Facility-Hospitalist, Hospitalists (Day and night shift opportunities are available in Acute and Post-Acute settings) to join our team in Las Vegas. The clinicians we seek are those who practice medicine with a focus on patient care, not volume.

We offer competitive pay, with financial incentives for yielding strong metrics on quality care while seeing a lower than average census, an excellent benefit package which includes leadership pathways, CME reimbursement, paid license renewals and many other benefits.

You may also contact Anita Prince, Clinician Recruiter, at (702) 528-6276 or [aprince@hcnv.com](mailto:aprince@hcnv.com).

#### Hospitalist Position Details

New graduates are welcome for all Hospitalist opportunities.



#### Hospitalist (Day shift)

- Monday-Friday, 8-hour days; 1 weekend every third week. Opportunities to pick up extra shifts are available
- Avg Daily Patient Census: 15-17/day
- Cover one hospital

#### Post-Acute SNF Hospitalist (Day shift)

- Monday through Friday, 8 am-5 pm and every 4th weekend
- Avg Daily Patient Census: 15/day
- Telephonic call required

#### Nocturnist

- 7-on/7-off
- Avg Daily Patient Census: 5-8 at night
- Round routinely at 3-4 hospitals

#### Requirements

- Must have or be eligible to have a current and unrestricted MD or DO license to practice medicine in Nevada
- BE/BC in Internal Medicine
- Must have or be eligible to have a Nevada Pharmacy and DEA License
- ACLS/BLS

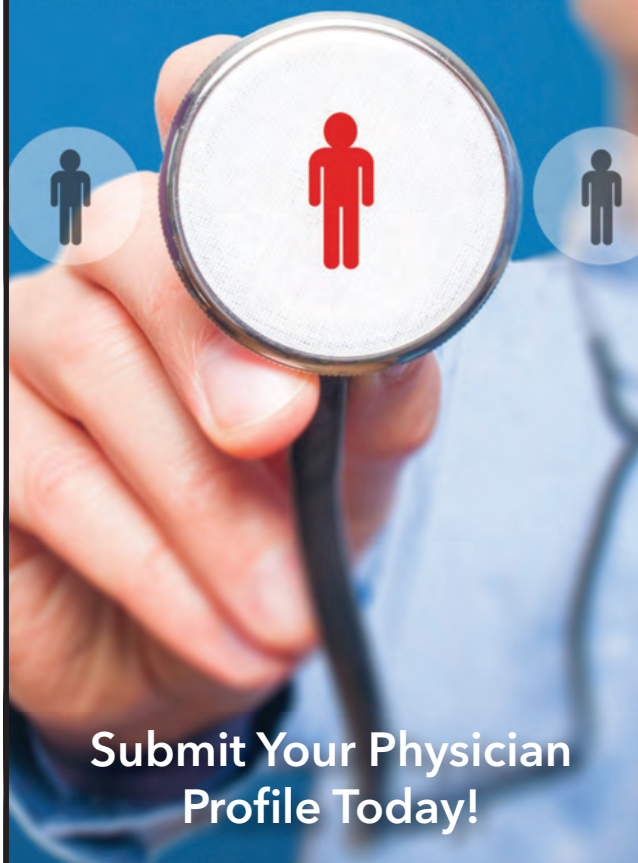
#### Preferences

At least one year of Hospitalist experience, but new grads are welcomed to apply.

For more information, please visit <https://hcnv.com>



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## Submit Your Physician Profile Today!

[annualmeeting.acponline.org/jpc/attendee](https://annualmeeting.acponline.org/jpc/attendee)

- Reach employers participating in the Job Placement Center.
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- Attendance NOT required.
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## Have a suggestion for future editorial content?



## E-mail your suggestion to

[acphospitalist@acponline.org](mailto:acphospitalist@acponline.org).

## ADVENTIST HEALTH PORTLAND

Adventist Health Portland seeks a Board Certified internal medicine or family medicine physician to join the Hospitalist Service team at Adventist Health Portland in Portland, Oregon. Current residents planning to take the boards right after residency are also welcome to apply. The qualified candidate will join a stable group practice of 19 Hospitalists who provide comprehensive inpatient care to all medical patients in the hospital. We have an open ICU and are looking for candidates excited about critical care and being the primary attendings for most medical ICU patients. The Pulmonary/critical care service is highly involved in the ICU and is available for assistance 24/7. The hospitalist candidate must be interested in procedures, occasional night shifts, and working 12-16 shifts per month. Our scheduling is not a set 7on/7off and offers some flexibility for physician preference.

The mission of those who serve at Adventist Health Portland is living God's love by inspiring health, wholeness and hope. Located in the magnificent Pacific Northwest, the Portland area offers a high quality of life, gorgeous scenery, a vibrant downtown, and year-round outdoor activities.

For more information and to submit CV for consideration, visit [PhyJobs@ah.org](mailto:PhyJobs@ah.org). All inquiries will be kept in confidence. This is not an H1B or J1 eligible opportunity.

**Candidates are strongly encouraged to submit a cover letter with the CV and application.**



## HOSPITALIST

Jefferson Healthcare, an innovative and award winning healthcare system, is seeking a BC/BE Hospitalist to join our team. Our hospitalists are a close-knit team who provide incredible service to our community. We work in a collaborative environment and strongly encourage work/life balance.

- Salary \$249,500 for a 1.0 FTE
- Fulltime = 1848 hours or 154 shifts
  - o Shifts vary from 9-12 hours
  - o Schedule is flexible; both days and nights; 6-9 months in advance
- 25 bed CAH hospital
- Sign on bonus and relocation assistance
- Amazing benefits package!
- BC/BE Internal Medicine physician
- Full and part time positions available!

### Our Facility

Jefferson Healthcare is a DNV accredited, fully integrated health care system, with numerous accreditations and awards. We are the primary healthcare provider for more than 25,000 residents of East Jefferson County on the Olympic Peninsula. We are a 25 bed, critical access public hospital providing services to residents of east Jefferson County. We recently received a 90% on our employee survey on "I would work here again."

### Our Home

Port Townsend has been named as one of the coolest small towns in America ... with good reason. There are festivals almost every weekend, endless recreational/hiking/skiing/sailing activities, great places to eat, and a strong and vibrant community feel. National Geographic calls Port Townsend "one of the most sophisticated places west of Seattle" and we continue to receive awards year after year.

### Our Benefits

We have a benefits package rated in the top 1% in state including CME dollars, retirement and more! You'll have the entire community behind you to help get you settled.

Please apply through our website at:

<https://jeffersonhealthcare.applicantpro.com/jobs/?classification=provider>

For additional information, please contact:

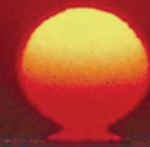
Allison Crispen, Recruiter [acrispen@jeffersonhealthcare.org](mailto:acrispen@jeffersonhealthcare.org)

## ACP's Career Connection

Physicians Connecting with Positions

**[acponline.org/careers](http://acponline.org/careers)**

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**Career Opportunities  
for  
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Hospitalists,  
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Build, edit and store your profile to submit to employers.

## Search Jobs:

Search positions nationwide that suit your criteria and preferences from current issues of *Annals of Internal Medicine*, *ACP Internist*, and *ACP Hospitalist*.

## Early Job Notifier:

A valuable service that provides emailed alerts when jobs meeting your criteria become available.



## Internal Medicine Physicians

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At Summit Medical Group New Jersey, Summit Medical Group Oregon – Bend Memorial Clinic, and Summit Medical Group Arizona, we take great pride in our long-standing history of exceptional care and our talented team who positively impacts the lives of our patients each and every day. As one of the largest physician-owned multispecialty medical practices in the nation, we promote a care model that frees our physicians to focus on patient care in a framework designed to achieve superior clinical outcomes, better quality and higher patient satisfaction.

If you're a board certified /board eligible Internal Medicine Physician looking for a collaborative environment, where you can learn, grow, and excel in providing effective and efficient care, then the Summit Medical Group family is the place to be!

### *Opportunities in Multiple Specialties Also Available!*

We offer competitive salaries, shareholder opportunities, comprehensive benefits, and dynamic work environments.

To apply and/or explore opportunities, visit our career pages:

**New Jersey** – [jobs.summitmedicalgroup.com](http://jobs.summitmedicalgroup.com)

**Arizona** – [jobs.summitmedicalgroup.com/smga](http://jobs.summitmedicalgroup.com/smga)

**Oregon** – [bendmemorialclinic.com/contact-us/careers](http://bendmemorialclinic.com/contact-us/careers)



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ACP Internist



**Adventist Health** offers full- and part-time physician careers all along the West Coast and Hawaii. We offer a comprehensive employment package:

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### The Portland Clinic – Outpatient IM

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

Visit our website at

[www.ThePortlandClinic.com/about-us](http://www.ThePortlandClinic.com/about-us)

Please contact:

Jan Reid, Director of Provider Relations  
(503) 221-0161 x4600  
[JReid@tpcllp.com](mailto:JReid@tpcllp.com)

The Portland Clinic is an equal opportunity employer.





## PHYSICIANS

**\$276,684 - \$290,520**

(Time-Limited Board Certified)

**\$249,012 - \$261,468**

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## \*PHYSICIANS

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CALIFORNIA CORRECTIONAL  
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# 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. All without the burdens of battling insurance companies or unrealistic RVUs.

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

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- California Medical Facility\* (Psychiatric Inpatient Program) - Vacaville
- High Desert State Prison - Susanville
- Pelican Bay State Prison - Crescent City
- Salinas Valley State Prison\* (Psychiatric Inpatient Program) - Soledad
- Sierra Conservation Center - Jamestown
- Substance Abuse Treatment Facility\* - Corcoran

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For more information, contact Danny Richardson,  
at (916) 691-3155 or [CentralizedHiringUnit@cdcr.ca.gov](mailto:CentralizedHiringUnit@cdcr.ca.gov).



EOE

Physician-Led Medicine in Montana

## Internal Medicine Residency Faculty



## Billings Clinic

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

### Stipend & generous loan repayment

- Region's tertiary referral center
- Flexible practice styles
- Consensus-based teamwork
- Academic mentoring
- Grant funded for rural care innovations
- Competitive Medical Student Clerkships
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- "America's Best Town of 2016"



Contact: Rochelle Woods  
1-888-554-5922  
[physicianrecruiter@billingsclinic.org](mailto:physicianrecruiter@billingsclinic.org)  
[billingsclinic.com](http://billingsclinic.com)



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

#1 in Montana



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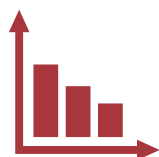


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Act now to help ensure that your family has the financial security they need—when they need it the most. **Visit [ACPGroupInsurance.com](https://www.acpgroupinsurance.com)** or call **1-888-643-0323** to learn more!\*



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## 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

### **Interested individuals should forward their curriculum vitae via email to:**

Laurence McMahon, MD, MPH,  
Chief, Division of General Medicine  
[GenMedFacultyRecruit@umich.edu](mailto:GenMedFacultyRecruit@umich.edu)

*Application review will continue until the positions are filled.*

**[WWW.MEDICINE.UMICH.EDU/GENERAL-MEDICINE](http://WWW.MEDICINE.UMICH.EDU/GENERAL-MEDICINE)**

*The University of Michigan is an equal opportunity/affirmative action employer.*

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- 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

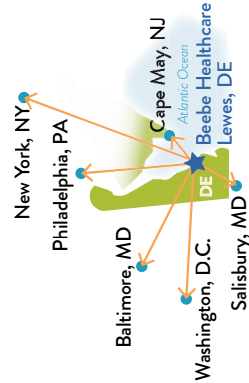
# Big City Medicine. Small Town Charm.



## Primary Care Internal Medicine Opportunities in South Coastal Delaware

Beebe Healthcare is a progressive, not-for-profit community health system with a 210-bed hospital, solid growth and a \$183,000,000 expansion underway. We're located in the family-friendly coastal area where the Atlantic Ocean

meets the Delaware Bay, and where you'll find an optimum work-life balance, offering a challenging, rewarding medical career and an active lifestyle. Beebe is committed to attracting and retaining top clinical talent. **Beebe Healthcare. Rich in History, Focused on the Present, with an Eye to the Future.**



*One location in Lewes, a short drive from major East Coast destinations.*

Beebe has excellent opportunities for Internal Medicine physicians with Beebe Medical Group and with private practice.

- Outpatient Internal Medicine (primary care) BE/BC
- Employed opportunities are with Beebe Medical Group, our large multi-specialty hospital network
- Operations are taken care of so you can focus on patient care
- Competitive compensation with incentives
- Generous benefits, including sign-on bonus, relocation and CME allowances and more

### About Beebe Healthcare:

- High patient satisfaction and quality of care ■ Cardiac surgery, interventional cardiology, cancer center with radiation, 256-slice CT, 3.0T MRI, PET CT Scan, da Vinci Xi robot, 20-bed ICU, 3D mammography, and hyperbaric chambers ■ 400+ providers on staff; 48,000+ Emergency Department visits
- Margaret H. Rollins School of Nursing on site

### Southern Delaware location:

- Relaxed community where recreational opportunities include water sports, outdoor life, golf and cycling ■ Cultural offerings range from beach life and festivals to theater, fine art and superb dining ■ Praised for the quality of our beaches and boardwalks (*National Geographic, Parents Magazine, Travel & Leisure*) ■ Private, charter and public school options ■ Low taxes and no sales tax

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**GENERATION** *of* CARE  
**Beebe Healthcare**

Email cover letter and CV to Marilyn Hill, Director of Physician Services, [mhill@beebehealthcare.org](mailto:mhill@beebehealthcare.org) • [www.beebehealthcare.org](http://www.beebehealthcare.org)  
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# ACP Internist



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**Carris Health is a multi-specialty health network located in west central and southwest Minnesota.**

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Current opportunities available for internists. Excellent opportunities to provide care and support to a wide variety of patients while achieving work/life balance in beautiful Minnesota communities.

### FOR MORE INFORMATION:

Shana Zahrbock, Physician Recruitment  
Shana.Zahrbock@carrishealth.com  
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**CarrisHealth**

**CENTRAcare**

Carris Health is an innovative health care system

committed to reinventing rural health care in West Central and Southwest Minnesota. Carris Health was formed in January 2018 and is part of CentraCare Health.

Jefferson  
Healthcare

InternalMedicine/Family Medicine/Primary Care

Jefferson Healthcare ([www.jeffersonhealthcare.org](http://www.jeffersonhealthcare.org)) has an exciting opportunity for a Primary Care Physician! We are seeking a compassionate and experienced provider to join our medical community. This is a unique opportunity to invest yourself in a close-knit community and a strong, supportive team. Become a part of an incredible environment that makes a daily impact in your neighbors' lives and get that work-life balance you've always dreamed of!

- MGMA Competitive Salary + RVU incentives!
- Fulltime = Four, 10 hour days
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- Sign-on bonus AND relocation assistance!
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- And much, much more

Here is just a little bit about us

### Our Facility

Jefferson Healthcare is a DNV accredited, fully integrated health care system, with numerous accreditations and awards. We are the primary healthcare provider for more than 25,000 residents of East Jefferson County on the Olympic Peninsula. We are a critical access, public hospital district providing services to residents of east Jefferson County. It is operated as a municipal corporation with five elected commissioners who oversee the district's operations. We recently received a 90% on our employee survey on "I would work here again."

### Our Home

Port Townsend has been named as one of the coolest small towns in America ... with good reason. There are festivals almost every weekend, endless recreational/hiking/skiing/sailing activities, great places to eat, and a strong and vibrant community feel. National Geographic calls Port Townsend "one of the most sophisticated places west of Seattle" and we continue to receive awards year after year, such as 2015 Best Small Towns in America (Smithsonian Magazine), 50 Safest Cities in Washington (Safewise.com), and 16 Best Places to Live in the US in 2015 (Outdoors Magazine).

### Application Instructions

To apply and/or inquire about this position, please contact our Provider Recruiter, Allison Crispen at [acrispen@jeffersonhealthcare.org](mailto:acrispen@jeffersonhealthcare.org).

You can also visit our Careers Website at <https://jeffersonhealthcare.applicantpro.com/jobs?classification=provider>

**You are more than an Internist.  
We are more than a job.**

Consider joining the YVFWC family. With locations throughout Washington and Oregon you will live, work, and play in the breathtaking Pacific Northwest. With clinics in both urban and rural areas, there are opportunities to suit a variety of lifestyles. YVFWC provides a wide range of services for the primary care patient in a community-based clinic. The interdisciplinary staff is dedicated to remaining a patient-centered, integrated healthcare organization.

### We are looking for:

- An Internist passionate about community health.
- A healthcare professional committed to working with the underserved.

### For Internists:

- We offer \$238k as median compensation
- We offer a \$1,500 resident stipend
- We offer a generous hiring and relocation package
- We provide you with the option to participate in a four week Medical Spanish Immersion Program in Guatemala.

### Current opportunities in:

- Toppenish, WA
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### For interest contact:

Araceli Saldivar  
[aracelisal@yvwfc.org](mailto:aracelisal@yvwfc.org)  
(509) 865-6175 Ext. 3607

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we are family

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## North Carolina



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Call 800-764-7497, text 910-280-1337  
or fax 910-291-7093

Melisa.Ciarrocca@scotlandhealth.org  
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# GUNDERSEN HEALTH SYSTEM®

Internal Medicine is at the heart of Gundersen Health System, based in the vibrant and historic city of La Crosse, Wis. Whether you are **a new or seasoned internist, you have the opportunity to step into the exact type of practice you have in mind.** Women's Health, Preadmissions, traditional Internal Medicine (purely outpatient or a blend of inpatient and outpatient) and Geriatric medicine are all possible in this position – the option is yours.

## Women's Health

- Purely ambulatory practice with a Monday through Friday daytime schedule

## Preadmissions

- Monday through Friday daytime schedule – no nights, no weekends, no call
- Work collaboratively with the support and collegiality of our anesthesiology, surgery, primary care, subspecialty consultative services, nursing and pharmacy teams to assess risk and medically optimize patients prior to undergoing procedures

## Ambulatory & Hybrid

- Purely ambulatory (at our La Crosse, Onalaska or Boscobel, Wis. Clinics):
  - Monday through Friday daytime schedule. No inpatient work, minimal at-home call with no overnight coverage.
- Traditional/hybrid (outpatient and inpatient mix – La Crosse, Wis.):
  - When in clinic - Monday through Friday daytime schedule. No inpatient work, minimal at-home call with no overnight coverage.
  - When on inpatient service - clinic schedule is protected. No overnight coverage responsibilities.

## Geriatrics (formal fellowship training or certification in Geriatrics required)

- Provide growth in the outpatient aspects of Geriatric care with opportunities for leadership development

## For more information, contact:

**Kalah Haug, physician recruiter**

**Medical Staff Recruitment, (608) 775-1005**

**kjhaug@gundersenhealth.org**

**[gundersenhealth.org/medcareers](http://gundersenhealth.org/medcareers)**

Gundersen Lutheran Medical Center, Inc. | Gundersen Clinic, Ltd. | 28171-2\_1018



Equal Opportunity Employer

## HAVE YOU ASKED ABOUT WORK LIFE BALANCE?

Berkshire Health Systems offers providers the opportunity to live and work in a beautiful and culturally rich community. Live, Work and Play - you can do it all here. One of the most beautiful settings in the northeast makes it easy to balance work with a healthy personal lifestyle. The Berkshires offers small town New England charm and the endless cultural opportunities of a big city. We are proud of our commitment to people, programs and nationally-recognized medical care. Join an outstanding medical faculty at a long-established teaching hospital in a unique New England setting.

## OUR PRIMARY CARE PRACTICES OFFER PROVIDERS AN EXCEPTIONAL OPPORTUNITY:

- Established hospital based practices
- Award winning 302 bed community teaching hospital
- Affiliation with University of Massachusetts Medical School and University of New England College of Osteopathic Medicine
- Opportunities for new and experienced providers
- Specialty support
- Leadership Opportunities

For more information on Primary Care opportunities please contact: Liz Mahan, Physician Recruitment Specialist Berkshire Health Systems (413) 395-7866 - [Mdrecruitment@bhs1.org](mailto:Mdrecruitment@bhs1.org)

[WWW.BERKSHIREHEALTHSYSTEMS.ORG](http://WWW.BERKSHIREHEALTHSYSTEMS.ORG)



# UPSTATE MEDICAL UNIVERSITY

## ACADEMIC GENERAL INTERNIST

Become a member of a well established growing team of 26 academic internists at Upstate University Medical Center, Syracuse, New York. If you enjoy mixing patient care with a broad array of teaching opportunities, or you're an excellent clinician looking for a change, consider joining our diverse group. Primary responsibilities will include direct patient care and supervision of residents at an outpatient ambulatory practice, inpatient service or both. Responsibilities also include teaching of students and residents. MD or foreign equivalent, BC/BE internist, NYS license or eligible. We are committed to high quality patient care, excellence in teaching and faculty development.

Send CV to Deborah J. Tuttle, PHR, SUNY Upstate Medical University, Department of Medicine, 550 East Genesee Street, Suite 201, Syracuse, NY 13202 or email to [tuttled@upstate.edu](mailto:tuttled@upstate.edu) SUNY HSC is an AA/EEO/ADA employer committed to excellence through diversity. Women and minorities are encouraged to apply.

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## Full Time Internal Medicine Primary Care Physician for Large Public Health and Hospital System in Silicon Valley

### Better Health for All

Santa Clara Valley Medical Center (SCVMC), a large public teaching hospital, affiliated with Stanford University School of Medicine, in San Jose CA, is seeking a full-time BC/BE internal medicine physician to join our dynamic primary care practice in our Division of Primary Care in the Department of Medicine.

We offer the unparalleled opportunity to gain the long-term personal and professional satisfaction of serving our patients and our diverse community, while teaching the next generation of health care providers, in one of the best places to live in the United States.

### About the organization

Santa Clara Valley Health and Hospital System (SCVHHS) is the second-largest County-owned health and hospital system in California and is committed to improving the health of the 1.8 million people of Santa Clara County. As an integrated health care system, SCVHHS includes a 574-bed central hospital (SCVMC), a large primary care network comprised of nine health centers throughout the County (including our newest center in downtown San Jose, which opened in 2016), a broad-range of specialty services in our Valley Specialty Center, a large behavioral health department, public health, EMS, and Valley Health Plan.

SCVMC itself hosts five residency training programs and partners with Stanford University Medical Center for the training of residents and fellows in many Stanford-based specialties. SCVMC also features a Level 1 Trauma Center, Burn Center, Primary Stroke Center, and a CARF-accredited Rehabilitation Center. Owing to its geographic location and specialty offerings, SCVMC not only serves the County, but also the larger region.

Providers in our health system also have the unique opportunity to use our integrated electronic health record (Epic), which brings together system-wide patient information. Recently, the Health Information Management Systems Society (HIMSS) recognized SCVMC for achieving its highest level of success (Stage 7), based on our continuous innovation and optimization of our inpatient and outpatient EHR.

### About the community

SCVMC is located in San Jose, California in the heart of Silicon Valley, offering a diverse choice of cultural, recreational, and lifestyle opportunities. Our physicians live in a range of communities, including urban (e.g., San Francisco), university (e.g., Palo Alto), high tech (e.g., many cities of Silicon Valley), mountain (e.g., Los Gatos), beach (e.g. Santa Cruz), and rural/agricultural (e.g., Gilroy). Situated in one of the most desirable regions of the country - only 45 minutes from the Monterey Bay and three hours from the Sierra Nevada - our physicians enjoy a very high quality of life.

About the Division of Primary Care in the Department of Medicine: The Division of Primary Care in Department of Medicine with 55 internal medicine primary care physicians provides primary care services at eight health centers, from Sunnyvale to Gilroy. Internal medicine primary care physicians who join our department are pleased to find a very collegial work environment with robust specialty and ancillary support, and the opportunity to teach internal medicine residents from our large internal medicine residency training program.

### About compensation and benefits

We offer competitive compensation, generous comprehensive benefit package (including 53 days of leave per year), paid malpractice, vibrant professional environment, opportunity for career growth, and the opportunity to serve a multicultural patient population

SCVMC is an Equal Opportunity employer.

If you are interested in joining a practice with unparalleled personal and professional advantages, then please submit your letter of interest and CV to MD.Recruitment@hhs.sccgov.org

## IM RESIDENCY PROGRAM DIRECTOR Phoenix, Arizona

The Creighton University Arizona Health Education Alliance (the "Alliance"), a collaboration between Creighton University (School of Medicine), Maricopa Integrated Health System (MIHS) and Dignity-St Joseph's Hospital and Medical Center (SJHMC) is seeking a highly qualified, experienced **IM Residency Program Director** to lead the upcoming merger of two excellent, fully ACGME accredited IM residency programs from MIHS and SJHMC that will become a single Creighton sponsored IM program. Both current programs have produced scores of residents over many decades that have gone on to successfully practice in the state of Arizona, attend highly sought after fellowships and become exceptional clinician educators.

Minimum qualifications for the position include active ABIM certification, AZ medical license, five (5) year minimum experience in an academic GME program and be able to be appointed at least at the level of Associate Professor of Medicine at the Creighton University School of Medicine. The Alliance seeks candidates whose experience has prepared them to not only be able to teach the core competencies of the ACGME but help the Alliance achieve excellence in educating IM residents to be facile in emerging areas of training. These include incorporation of clinical informatics into patient care, promotion of safety, quality and developing more contemporary models of patient care including population health management and team based care.

Creighton, MIHS and SJHMC have individually demonstrated proven expertise in operating health systems and highly successful ACGME residency programs. The Alliance is a collaboration of these institutions in Phoenix, Arizona that seeks to be at the forefront of medical education, research and training a new generation of physicians, nurses, and allied health professional all of whom will improve the health outcomes of our community, state and nation.

For consideration please email CV to: [practice@dmgaz.org](mailto:practice@dmgaz.org)



## Healthcare Jobs Across the Nation

The **National Rural Recruitment and Retention Network (3RNet)** members are non-profit organizations helping medical professionals find jobs in rural and underserved areas throughout the country. Some of the medical professions we serve and the kinds of jobs posted may include:

Residency and Fellowship	Cardiology
Family Practice	Infectious Disease
Pediatrics	Dermatology
OB/GYN	Endocrinology
Internal Medicine	Gastroenterology
Psychiatry	Geriatrics
General Surgery	Rheumatology
Emergency Medicine	Neurology
Hospitalist	Hematology/Oncology
Physician Assistants	Nephrology
Nurse Practitioners	Pulmonary / Critical Care

Please visit our web site for more information on positions in Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming as well as the Cherokee Nation, Veterans Affairs, Indian Health Service and Saipan.

[www.3rnet.org](http://www.3rnet.org)

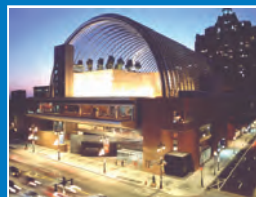
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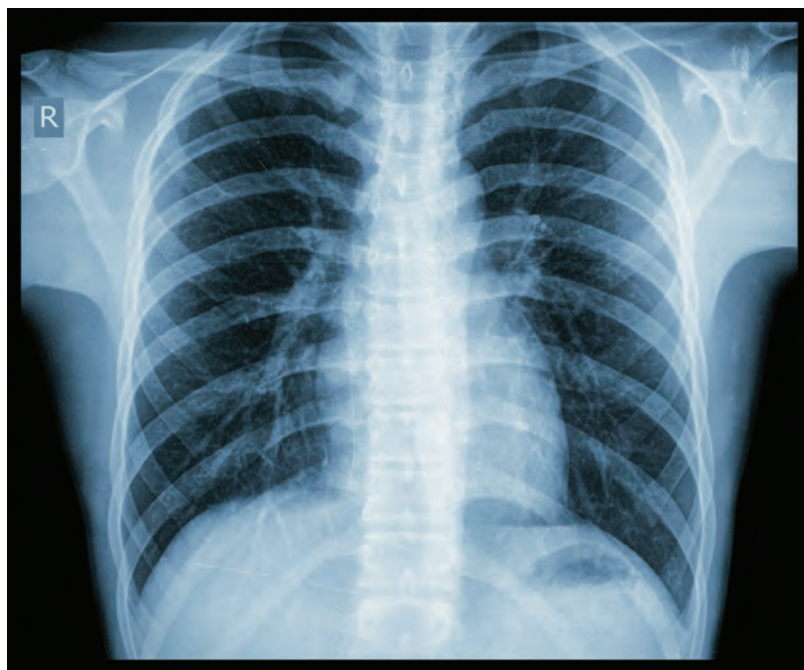
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