

AAP Career Opportunities Guide

2021 FALL EDITION

	In This Issue
	Featured Employers of the Virtual Career Fair
	Articles
Department of the latest and the lat	Culture Change in Medicine Needed to
	Combat Physician Depression, Suicide4
	Positively Framing the Adolescent Years 5
	Lifetime Earning Potential of Pediatric
	and Adult Physicians: Time to Even the
	Playing Field
	Increasing Diversity in Pediatric Hospital
	Medicine: An Enduring Priority for a
	Young Subspecialty8
	Early Impact of the COVID-19 Pandemic on
	Pediatric Resident Workforce
	Chronic, Complex Care IsWell, Complex
	and Chronic
	Immunizing Against Hate: Overcoming
	Asian American and Pacific Islander
	Racism
	It's Not You, It's Us36
	The Role of Financial Drivers in the
	Regionalization of Pediatric Care38
	Telemedicine and Pediatric Care: Is the
	Future Now?40
	Classified Advertisements
V	Alphabetical by State14
	Nationwide28
	AND REAL PROPERTY AND ADDRESS OF THE PARTY AND

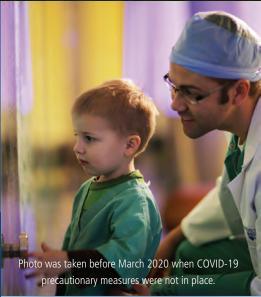


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Culture Change in Medicine Needed to Combat Physician Depression, Suicide

Fan Tait, MD, FAAP, AAP Chief Medical Officer Reprinted from AAP News article published August 01, 2021

We all were deeply saddened to hear of the loss of a fellow pediatrician earlier this year to suicide. While pediatricians often report high levels of satisfaction with their profession, it is well-documented that the relative risk for suicide is 2.27 times greater among female physicians and 1.41 times higher among male physicians compared to the general population (https://bit.ly/3xacppn).

Each physician suicide is a devastating loss for all of us as well as family, friends, colleagues and the children and families we treat. Unfortunately, our culture of health care can imprint a fear of losing jobs and promotion opportunities, peer respect and capacity to practice medicine if mental health issues are identified.



Recently, I was moved by a testimonial in Academic Medicine (https://bit.ly/3xeJeSo) by Christopher Veal, who shared his personal story of dealing with mental health issues throughout medical school. I hope you will take the time to read his story.

I encourage all of us to support and advocate for our colleagues who are in the midst of depression or distress. We can emerge from the pandemic to forge a change in the culture of our practice, training and peer support. We have the opportunity to acknowledge our fallibility, respect our humanity and leverage our enormous capacity to care for others. A recent series of articles in *Academic Medicine* builds a framework for culture change. I am sharing my favorite strategies, but the articles offer much more.

- Speak up and tell our stories. Honestly sharing our own emotional health struggles can humanize us to our colleagues and normalize our common experiences (Brower KJ. Acad Med.2021;96:635-640, https://bit.ly/367nkEB).
- Expand our mindset regarding mental health disorders. Mental illness or distress is not a weakness. Almost everyone will struggle with emotional health, including burnout, exhaustion, compassion fatigue and/or depression during their lives (Kirch DG. Acad Med. 2021;96:618-620, https://bit.ly/3x8s2xR).
- Take action if you have concerns about a colleague. We don't need to have all the answers, but we do need to be prepared to listen and take action. The National Suicide Prevention Lifeline recommends the following:
 - · Keep the person safe.
 - · Be there.
 - \cdot Help the person connect to a support system.
 - · Follow up.
- Advocate with our state governing bodies, medical boards and hospital credentialing committees to offer mental health supports and limit inappropriate questions related to depression and mental health treatment (Brower KJ. Acad Med.2021;96:635-640, https://bit.ly/367nkEB).
- Create a professional culture of caring. Train leaders to recognize the importance of emotional health and opportunities for quality colleague connections to discuss stressors (Shanafelt T, et al. *Acad Med*.2021;96:641-651, https://bit.ly/3xcsATo).
- Encourage each other to establish routine medical care and seek emotional health supports. We deserve the same level of care we provide to our patients and families (Veal CT. *Acad Med.* 2021;96:629-631, https://bit.ly/3xeJeSo).

Positively Framing the Adolescent Years



Rachel Y. Moon, MD, Associate Editor, Digital Media, Pediatrics Reprinted Journals Blog August 11, 2021

Whenever I see patients, I try to model positivity for parents. When a parent tells me that "Junior is such a nosy baby," I'll say something like, "I love that he is so curious! This is how he learns about the world!" When a grandparent yells at their grandchild for trying to open the door to the exam room, I'll comment, "Look at how clever she is!"



I think that pediatricians are more used to doing that for parents of younger children than they are for parents of school-aged children and adolescents. And yet how many times have you heard other colleagues or parents say something like, "I'm really dreading adolescence." or "Teenagers are so difficult?" How do we respond?

In August, *Pediatrics* (10.1542/peds.2021-050735), early released a *Pediatrics Perspectives* by Dr. Nat Kendall-Taylor at FrameWorks Institute and Dr. Kenneth Ginsburg at Children's Hospital of Philadelphia that provides evidence-based language that we can utilize to shift how parents think about their adolescents and the period of adolescence.

The strategies that the authors propose

are steeped in the science of "framing" – or how we present information. We know, for example, that the way in which we frame our discussion about vaccinations can influence a parent's decisions about having their child vaccinated. And there are many more examples of how framing our discussions can be important.

For instance, the authors suggest that we emphasize adolescence as a time of "discovery," as this can shift parents' goals from shielding and isolating the adolescent from certain experiences to guiding and supporting the adolescent during this journey of discovery. What a great way to think about adolescence!

There is plenty more in this Pediatrics Perspectives. You will especially like the table that provides concrete examples of better framing: "Say this..." and "Avoid saying this...", with reasons why the alternative framing may be more productive.

I'm looking forward to trying some of this more positive framing with my adolescent patients and their families, and I think that you too will be excited about this after you read this article.

Read "Framing Strategies to Shape Parent and Adolescent Understandings of Development" at https://pediatrics.aappublications.org/content/early/2021/08/05/peds.2021-050735

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Lifetime Earning Potential of Pediatric and Adult Physicians: Time to Even the Playing Field



Lewis First, MD, MS, Editor in Chief, Pediatrics
Reprinted from Journals Blog published August 06, 2021

In April of this year, *Pediatrics* published an article (10.1542/peds.2020-027771) by Drs. Eva Catenaccio (Johns Hopkins), Jonathan Rochlin (Maimonides Medical Center), and Harold Simon (Emory) noting differences in the lifetime earning potential of pediatric subspecialists compared to general pediatrics. In this analysis, most subspecialists had a lower lifetime earning potential. This study, which suggested ways to lower the difference, generated quite a bit of attention. However, it only looked within the "house of pediatrics" and not at other houses of adult medical specialties in comparison to ours. In a recent report (10.1542/peds.2021-051194), the same three authors now describe the lifetime earning potential of pediatric and adult physicians who are in general and subspecialty practice.

The authors used compensation and debt data from national physician surveys for 2019-2020 to model lifetime earning potential for

adult vs pediatric physicians. In every area, general or subspecialty, the authors' model indicated that adult physicians would earn on average 25% more than any of their pediatric counterparts. Even after adjusting for the longer years of subspecialty training for some pediatric vs. adult subspecialties, the adult physicians would still earn 19% more than pediatricians, suggesting that length of training is not the leading cause for these differences.

The authors provide lots of detail if you want to compare what you do to your adult counterparts. The authors also describe the short- and long-term ramifications of these disparities in salaries affect workforce and potentially even patient access to care. They offer suggestions for how to narrow that earnings gap. Making those suggestions a



reality will take advocacy to change in how salaries are set for pediatricians.

Do you feel that the lower lifetime earning potential will affect the future pipeline of pediatricians or will our workforce stay strong because of the inherent commitment we have to improve the health and wellbeing of all children regardless of what we are paid? We welcome your comments and action steps generated by this newest study on lifetime earnings of pediatric and adult generalists and specialists by these three authors via this blog site, our website, or our social media platforms (Facebook, Twitter, and Instagram).

Read "Differences in Lifetime Earning Potential Between Pediatric and Adult Physicians" at https://pediatrics.aappublications.org/content/148/2/e2021051194

Increasing Diversity in Pediatric Hospital Medicine: An Enduring Priority for a Young Subspecialty

Michelle A. Lopez and Jean L. Raphael
Reprinted from Hospital Pediatrics August 2021, 11 (8) e161-e163; DOI: https://doi.org/10.1542/hpeds.2021-005991



As children in America represent an increasingly racially and ethnically diverse population,1 the field of pediatrics faces the challenge of optimizing their care. One response to promote quality outcomes is to increase diversity in the health care workforce. In patient care, studies have revealed that diverse medical teams give more accurate diagnoses, have higher patient satisfaction, and foster greater patient adherence.² Overall, a more diverse workforce can enhance cultural humility, improve access to care for underserved populations, and promote cultural competency in research.3 In alignment with the importance of diversity in driving improved outcomes, there is an increased national focus on improving diversity among health care providers.

In the August 2021 issue of *Hospital Pediatrics*, the American Academy of Pediatrics Section

on Hospital Medicine (SOHM) Diversity and Inclusion (D&I) Task Force, led by Dixon et al,4 describes the recent state of diversity within Pediatric Hospital Medicine (PHM) fellowships. A survey was sent to PHM fellowship program directors in 2018 to assess sex, race and ethnicity, sexual identity and orientation, disability status, and socioeconomic disadvantage among PHM fellows, program directors, and faculty. A key finding in this study was the lack of racial and ethnic diversity in PHM fellowships, with no Black and only 2 Hispanic or Latino leaders out of 57 program directors from 35 programs in 2018 (4%). This was reflective of the lack of racial and ethnic diversity among PHM faculty with only 50 Black, American Indian, or Hispanic and/or Latino individuals out of 734 faculty (7%). Most concerning was the lack of diversity in the pipeline, with only 6 total fellows from Black, American Indian, or Hispanic and Latino backgrounds (10%). Meanwhile, it is estimated that 40% of US children were from these underrepresented backgrounds in 2018.5 Although in their study, Dixon et al were unable to assess trends over time or provide comparisons of PHM to other subspecialities, they provided novel data on diversity within academic PHM programs.

A commitment to racial and ethnic diversity in health care needs to be an enduring priority in medicine. Looking upstream in the pipeline, the percentage of underrepresented in medicine (URM) students matriculating into medical schools nationally has remained relatively flat over >3 decades. In 2018, the year the survey was conducted, <15% of applicants to US medical schools were from URM backgrounds. Contributing factors for low URM numbers in medical school may include inequities in academic support, lack of exposure to the medical field, and biased admissions practices. Programs exist to reach URMs in the earliest part of the pipeline from Head Start preschool programs through college. When considering the URMs who do matriculate into medical school, there are additional barriers to entering a career in academic pediatrics. Previous qualitative work by Dixon et al revealed that educational debt and lack of knowledge about the field were barriers, whereas factors such as mentorship, a desire to serve as a role model to their patients, exposure to URM academic pediatricians, and family support positively influenced students' pursuit of academic pediatrics. Although lack of diversity among physicians represents a complex and large scale problem, evidence exists to guide future directions in addressing this challenge. As a young subspeciality, PHM is now in the position to prioritize this issue. One framework to approach diversity includes building a pipeline, seeking out candidates, implementing inclusive (fair and unbiased) recruitment practices, and investing in trainee success. Rooted in this framework, below we highlight strategies to promote diversity in PHM physicians with a focus on the PHM medical student and resident pipeline, inclusive fellowship recruitment practices, fellow and faculty retention, and future research priorities.

To promote diversity in PHM, the URM pipeline is an important focus. Upstream in the pipeline, there is an opportunity to invest in recruiting talented URM medical students and residents into the field of PHM. Programs such as the National Institutes of Health

Promoting Research Opportunities Fully-Prospective Academics Transforming Health (PROF-PATH) and the Academic Pediatric Association New Century Scholars and Research in Academic Pediatrics Initiative on Diversity (RAPID) are examples of professional development opportunities for URM residents in academic pediatrics. Given the importance of exposure, PHM could also implement initiatives to introduce more medical students and residents to PHM, starting with national PHM conference programming geared to students and residents and increased PHM conference scholarships for URMs. Most critical in developing the pipeline is mentorship. In a qualitative survey of academic faculty, Dixon et al found that early mentorship was a factor that positively influenced URM faculty in medical school. Notably, mentorship did not need to be from faculty who were URM. There are not currently enough URM faculty to take on the full responsibility of mentoring all URM trainees, because URM faculty are often already overloaded with the "diversity tax," which refers to the burden of extra responsibilities in the name of diversity borne by URM faculty, including mentorship. Larger scale mentorship of URM medical students and residents can only be accomplished with the support of the greater academic pediatric community.

Inclusive recruitment practices are also essential to increase diversity in PHM fellowships nationally. In 2019, the Accreditation Council for Graduate Medical Education asked all accredited training programs to ensure policies and procedures were in place to recruit and retain URM trainees, faculty, and staff. One evidence-based example is an Adult Cardiology fellowship that created a quality improvement (QI) project to ensure adequate matriculation of women and URMs into their fellowship program. They instituted a D&I taskforce, which reviewed their past recruitment practices to identify signs of implicit bias or racism. The program also surveyed talented women and URMs who were in a position to match but joined other programs. Next, the task force created a strength, weakness, opportunity, and threat analysis focused on increasing diversity and implemented a targeted initiative with a blinded primary application review and a secondary review processes to ensure that no qualified URM applicants were excluded. The recruitment experience also included preinterview events and an emphasis on opportunities for mentorship. This QI project resulted in a significant increase in matriculation of women and URMs without significant changes in the time that fellows across the program took to achieve Accreditation Council for Graduate Medical Education milestone competency levels as a balancing measure. Engaged stakeholders such as the national Council of PHM Fellowship Directors and the SOHM D&I taskforce could consider creating evidence-based, best practice recommendations for an inclusive fellowship recruitment process. Additionally, the annual fellowship council survey of matched and unmatched PHM fellowship applicants could analyze effective URM recruitment strategies. Ultimately, PHM has the infrastructure in place to optimize URM recruitment practices.

PHM also has an opportunity to invest in URM fellow and faculty retention locally and nationally, including leadership development for URMs. By developing the current URM fellows and faculty, PHM may be able to sustain the URM pipeline and the growth of future leaders. A recent systematic review provided strong evidence that faculty development and mentoring programs increase retention, productivity, and promotion of URMs as medical faculty. Similarly, beyond mentorship, PHM may promote sponsorship to make an accelerated impact on developing URM leaders. Sponsorship is the active support by someone who has significant influence on decision-making, processes, or structures in an organization and who is advocating, protecting, and fighting for the career advancement of an individual. In academic pediatrics, sponsorship may include recommendations of talented URMs for leadership positions, nominations for awards, or endorsements for national speaking opportunities. Another tenet to support diversity efforts and URM retention is ensuring that all faculty engaging in this work (including mentorship and sponsorship) are given adequate time and acknowledgment for their diversity efforts in evaluations and promotion. Additionally, PHM may consider developing national leadership offerings to engage URMs in faculty development. AAP SOHM has created outstanding national training opportunities such as the Advancing Pediatric Educator Excellence (APEX) program. There would be great value in a similar national program for URM leadership. By investing in retaining and developing URM faculty, the PHM community can actively ensure that this group is not overlooked for national opportunities, promote sponsorship, enhance further diversity strategies, and demonstrate a commitment to diversity to the next generation of pediatric hospitalists.

There is also importance in supporting research efforts in diversity. PHM has established the ability to engage in high-quality research across a variety of areas. Diversity research can traverse multiple domains including medical education, ¹⁷ QI, ¹³ qualitative ¹⁰ and advocacy research. ¹⁸ By continuing to prioritize evidence-based interventions, PHM may be able to more effectively allocate efforts and resources to maximize outcomes. There are large gaps in knowledge and several future directions for diversity research. For example, much of the current diversity literature has focused on sex, race, ethnicity, and socioeconomic background. There is a lack of guidance around best practices for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual diversity development, engagement, and retention. Additionally, less is known about PHM diversity in community settings and among advanced level practitioners in the field. PHM can drive research diversity initiatives across groups and domains.

As a young subspeciality, committed to quality and innovation, PHM has an opportunity to make diversity an enduring priority. Diversity is key to improving health care outcomes and is complementary to equity and inclusion efforts. As summarized by the Association of American Medical Colleges, diversity is the core of an institution, and it is essential to recognize that diverse people, perspectives, and backgrounds drive excellence.¹⁹

Acknowledgments

References are embedded within this article; please click on corresponding reference number link or access the full text article with references list here: https://hosppeds.aappublications.org/content/11/8/e161



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Early Impact of the COVID-19 Pandemic on Pediatric Resident Workforce

Monique M. Naifeh, Michelle D. Stevenson, Erika L. Abramson, Christopher E. Aston and Su-Ting T. Li Reprinted from Pediatrics August 2021, 148 (2) e2020045096; DOI: https://doi.org/10.1542/peds.2020-045096

Pediatric residency programs must ensure residents achieve competence, despite disruptions from the coronavirus disease 2019 (COVID-19) pandemic.^{1,2} We conducted a national survey of pediatric program directors (PDs) to determine the extent of disruptions in pediatric resident training and frequency of resident redeployment and COVID-19 illness.

Methods

We performed a national cross-sectional, electronic survey of pediatric PDs from May to July 2020. We received Institutional Review Board approval from the University of Oklahoma Health Sciences Center.

We developed our survey after literature review, cognitive interviews, and pilot testing. In our survey, we included questions about program characteristics, pandemic emergency stage, impact on patient care, and resident illness and exposure. The Accreditation Council for Graduate Medical Education established 3 pandemic emergency stages, in which some or most educational activities are suspended in stage 2 or 3.3

We analyzed data using descriptive statistics (displayed as count and percent), Pearson's x2 tests for categorical measures, and median and Wilcox rank tests for continuous measures. For calculations, we used R (version 4.0.3).

Results

A total of 55% (110 of 199) of PDs responded. There were no differences between respondents and nonrespondents (Table 1). Most (89%) programs reported operating at pandemic emergency stage 2 (56%) or 3 (33%).

Variable	Respondents ($N = 110$), n (%)	Nonrespondents (N = 89) n (%)
Small (≤30 residents)	35 (32)	38 (43)
Medium (31-60 residents)	42 (38)	29 (33)
Large (>60 residents)	33 (30)	21 (24)
Location®		
Northeast (New England, New York, Mid-Atlantic*)	.37 (34)	33 (37)
Midwest (Mid-America and Midwest")	31 (28)	21 (24)
South (Southeast and Southwest").	26 (24)	24 (27)
West (Western)	16 (15)	11 (12)
Residency program setting		
University based	52 (47)	32 (36)
Community based and university affiliated	47 (43)	42 (47)
Community based	8 (7)	7 (8)
Military	0 (0)	6 (7)
Other	3 (3)	2 (2)
Primary site of clinical care		
Children's hospital inside a hospital building that also cares for adults	43 (39)	-
Free standing children's hospital within a hospital system that also cares for adults	35 (32)	-
Free standing, independently operating children's hospital	19 (17)	-
Community hospital, military hospital, or other	13 (12)	-

The majority (>95%) of programs reported decreases in in-person clinical care in nearly all areas except the NICU and newborn nursery, with simultaneous increases in telemedicine (Figure 1).

One-quarter of programs (26%; 29 of 110) reported their residents were redeployed. Most (62%; 18 of 29) redeployment was mandatory and occurred within their own hospital network (93%) to care for adults (69%) who were critically ill, hospitalized, and/or in the emergency department. Residents in community-based programs were more likely to be redeployed (69%; 9 of 13 vs 21%; 20 of 97; P < .003).

Almost all programs (95%) reported some residents missed work because of the COVID-19 pandemic, with nearly one-half (47%; 52 of 110) reporting >10% of residents had missed work. The majority (66%; 73 of 110) of programs reported residents missed work because of a personal COVID-19 infection, whereas 84% (92 of 110) reported at least 1% to 10% of their residents missed work because of COVID-19

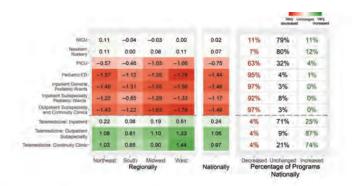


FIGURE 1

The effect of the COVID-19 pandemic on the volume of patients cared for in-person and via telemedicine across different healthcare settings by region. To create the left half of this figure, the answer choices were on a 5-point Likert-type scale, ranging from very decreased to very increased. Each answer choice was assigned a value: —2; very decreased; —1: decreased; 0 unchanged, 1: increased; and 2: very increased. The programs were sorted by region, and the mean score for programs in that region is presented. ED, emergency department.

exposure. Even in the Midwest, where disease burden was low at time of survey completion, 52% (16 of 31) of programs reported residents missed work because of COVID-19 illness. Nearly all (>98%) programs who reported having pregnant, immunocompromised, or other high-risk residents made some clinical accommodations.

Discussion

Early in the COVID-19 pandemic, programs reported a decreased volume of in-person pediatric care, increased telemedicine, and resident redeployment to care for adults. Almost all programs reported some residents missed work. To accommodate high-risk residents, PDs often modified resident schedules or clinical experiences.

The long-term impact of decreased clinical volume2 and telemedicine^{4.5} in the absence of in-person visits on the clinical competence of pediatric trainees remains unclear. A reduction in clinical experiences may be further pronounced for residents whose experiences were modified because of illness, diversion to care for adults, or to accommodate high-risk conditions. Given training disruptions, it will be critical that resident competency is assessed frequently. PDs will need to fill gaps in important, direct care experiences to help trainees develop competence, including through simulation and new competencies around telemedicine.⁶ In the long-run, PDs will need to carefully consider the future of pediatric residency training, depending on how typical pediatric patterns of care remain affected, and, as a result, what types of experiences contribute best to achieving competence in general pediatrics.⁷ Future research focused on assessing the impact of the pandemic on achievement of competency-based milestone metrics may help better understand the relationship between clinical volume and achievement of competence.

Our study has several limitations. This study was early in the pandemic, did not include resident perspectives, and did not ask PDs to assess the pandemic's effect on the 6 core competencies.8 It is possible that, although the pandemic had negative effects on some competencies, others may have been more positively affected. This is an important area for future study.

Pediatric clinical volume dramatically decreased in the initial phase of the COVID-19 pandemic across pediatric residency programs, concomitant with a substantial rise in telemedicine visits and significant redeployment of residents to care for adults. Residency programs will need to determine how to ensure clinical competence, given the potential for further alterations in clinical experiences, as the pandemic evolves nationally and internationally.

Acknowledgments

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support that enables each of us to achieve our best. PEDIATRICIANS Openings throughout Southern California. At SCPMG, you'll enjoy the amazing recreational activities, spectacular natural scenery and exceptional climate our area is known for, along with stability in today's rapidly changing health care environment. SCPMG is proud to offer its physicians: an organization that has served the communities of Southern California for more than 65 years; a physician-led practice that equally emphasizes professional autonomy and crossspecialty collaboration; comprehensive administrative support; an environment that promotes excellent service to patients; a fully implemented electronic medical record system and an excellent salary, comprehensive benefits and partnership eligibility after three years. If this sounds like the ideal working environment for you, then you're the very definition of a Permanente Physician. Consider joining us today. For consideration or to apply, please visit our website at https://scpmgphysiciancareers.com/specialty/pediatrics/. For questions or additional information, please contact Glenn Gallo at 866.439.5771 or Glenn.Gallo@kp.org.

Pediatrician

Busy pediatric group practice in beautiful Roseville, California is looking to add an additional Pediatrician to our family of providers. Ideal candidate is preferably Board Certified or in the process of



obtaining certification. Hospital call 2-3 days/month, and shared 'mommy calls' 1/12. Competitive salary, and benefits package offered. Roseville, is located 17 miles north of Sacramento, the state capitol. Rated by many reputable sources as one of the most desirable locations to raise a family in California. Low cost of living, reasonably priced real estate, great public schools, and close to Tahoe, Napa, and San Francisco. All qualified applicants are encouraged to apply. Please email resumes to rkhaira@sbcglobal.net, attn: Dr. K.

Primary Care Pediatricians for Riverside County California

Come and build your practice as part of a premier pediatric only medical group in the growing, family centric communities located in the Temecula Valley, heart of California's South Coast wine region. The area boasts a great climate, safe communities, has excellent schools, is well suited for active lifestyles and is within driving distance of attractions and activities in San Diego and Los Angeles. Children's Primary Care Medical Group (CPCMG) is seeking energetic, board eligible pediatricians to join our offices in Riverside County, key offices in our growth initiatives. We offer stability, flexibility and significant growth opportunities for pediatricians who share our ideals, all in a fun and caring environment. We're here to support what you want to achieve: Physician-owned, selfgoverning group; financially strong and growing organization; stable environment where you can grow your pediatric practice; flexibility to reach your individual professional goals; and the benefits of our successful partnership with our management partner: Rady Children's Physician Management Services (RCPMS). We offer: work/life balance; including minimal call schedule; opportunities to become a shareholder; outstanding benefits package; competitive compensation. If you are interested in finding out more about the opportunities within Children's Primary Care Medical Group please email your current Curriculum Vitae and a cover letter via email to CPCMGemployment@rchsd.org.

Excellent Opportunity in Sunny Southern California

Excellent Opportunity for a part-time or full-time experienced BC/BE Pediatrician to join a private, well-established, multi-specialty pediatric group located in sunny Orange County, California. We offer competitive salary and benefits commensurate with experience. Coverage will include one weekend newborn hospital rounds 1 out 4 weekend rotation. Weekend coverage will include newborn hospital rounds, office hours Sat: 9:30 - 4:00pm & Sun: 9:30 - 12:30. After hour patient calls are triaged by Children's hospital nurse line. Flexible Hours with only four weeknight phone call coverage per month with nurse triage line. Experience and Board Certification required. Four weeks vacation per year. NO C-Section attendance and NO hospitalist care required. Excellent benefits including Health Insurance, Malpractice Insurance and CME. Productivity Bonus and CME Bonus. Partnership Track Opportunity within two years. Bilingual in Spanish or Chinese is a plus. Newport Children's has multiple premier locations in Orange County and Affiliated with Premier Hospitals:



Serving O.C. for Over 40 Years

Excellent Opportunity in Sunny Southern California

Excellent Opportunity for a Part Time or Full Time experienced BC/BE Pediatrician to join a private, well established, multi-specialty pediatric group located in sunny Orange County, California.

We offer competitive salary and benefits commensurate with experience. Coverage will include 1 weekend newborn hospital rounds 1 out 4 weekend rotation. Weekend coverage will include newborn hospital rounds, office hours Sat: 9:30 – 4:00pm & Sun: 9:30 – 12:30.

After hour patient calls are triaged by Children's hospital nurse line.

- Flexible Hours with only 4 weeknight phone call coverage per month with nurse triage line.
- Experience and Board Certification required.
- Four weeks vacation per year.
- NO C-Section attendance and NO hospitalist care required.
- Excellent benefits including Health Insurance, Malpractice Insurance and CME.
- Productivity Bonus and CME Bonus.
- Partnership Track Opportunity within 2 years.
- Bilingual in Spanish or Chinese is a plus.

Newport Children's has multiple premier locations in Orange County and Affiliated with Premier Hospitals: Hoag, Hoag Irvine, FVRH, Mission and Saddleback Memorial.

This beautiful area is ideal for year-round outdoor entertainment utilizing our beaches, parks, theme parks and mountains. Some of the best schools in the country, from grade schools to universities are located in our backyard. In addition, cultural activities, athletics and fitness are part of the lifestyle, and the coastal environment offers a more serene living experience than you might find living a little north into the Los Angeles area

Please send your CV and three letters of reference to: manager@newportchildren.com
Or fax to: 949-200-1160.

For additional information about our group, visit our website: www.newportchildren.com

Primary Care Pediatricians for Riverside County California







Come and build your practice as part of a premier pediatric only medical group in the growing, family centric communities located in the Temecula Valley, heart of California's South Coast wine region. The area boasts a great climate, safe communities, has excellent schools, is well suited for active lifestyles and is within driving distance of attractions and activities in San Diego and Los Angeles. Children's Primary Care Medical Group (CPCMG) is seeking energetic, board eligible pediatricians to join our offices in Riverside County, key offices in our growth initiatives.

We offer stability, flexibility and significant growth opportunities for pediatricians who share our ideals, all in a fun and caring environment.

We're here to support what you want to achieve:

- Physician-owned, self-governing group
- · Financially strong and growing organization
- · Stable environment where you can grow your pediatric practice
- Flexibility to reach your individual professional goals
- The benefits of our successful partnership with our management partner: Rady Children's Physician Management Services (RCPMS)

We offer:

- Work/life balance; including minimal call schedule
- · Opportunities to become a shareholder
- Outstanding benefits package
- Competitive compensation

If you are interested in finding out more about the opportunities within Children's Primary Care Medical Group please email your current **Curriculum Vitae** and a cover letter via email to

CPCMGemployment@rchsd.org.



Hoag, Hoag Irvine, FVRH, Mission and Saddleback Memorial. This beautiful area is ideal for year-round outdoor entertainment utilizing our beaches, parks, theme parks and mountains. Some of the best schools in the country, from grade schools to universities are located in our backyard. In addition, cultural activities, athletics and fitness are part of the lifestyle, and the coastal environment offers a more serene living experience than you might find living a little north into the Los Angeles area. Please send your CV and three letters of reference to: manager@newportchildren.com or fax to 949.200.1160. For additional information about our group, visit our website: www.newportchildren.com.

Little Star Pediatric Urgent Care is Hiring Pediatricians!

Little Star Pediatric Urgent Care located in Rancho Cucamonga, CA is looking for Pediatricians! Ideal candidates should be comfortable working in a fast-paced environment and have proficiency in basic procedures such as suturing and splinting. We are open seven days a week and care for patients newborn to 18. Part-time and full-time candidates will be considered. For more information and to schedule an interview please submit your resume for review. WE ALSO HAVE FRANCHISE OPPORTUNITIES! Contact us for more information

about opening a Little Star Pediatric Urgent Care in your city! Thank you for your interest in Little Star! Please email your CV to rgarehgrat@littlestaruc.com.

Pediatric Opportunities

Within The Permanente Medical Group, Inc., physicians find recognition, stability, opportunity, and independence. Through our leadership in the use of advance technology, our creation of innovative solutions and our influence on health policy and reform efforts, Kaiser Permanente is helping to shape the future of health care in the nation. Beyond the practice of medicine, our physicians are provided with many personal and professional opportunities, including research, teaching, and participation in leadership activities. The Permanente Medical Group, Inc. delivers: An enhanced compensation and benefits package, including potential shareholder status after three years of practice Leadership and management opportunities An integrated health care system emphasizing collaboration and decisions made by physicians · A long-standing history of stability. We offer competitive salaries and a generous benefits package. E-mail your CV to Judy Padilla at Judy.G.Padilla@kp.org or call 510.625.5915. Visit our website: http://tpmg.permanente.org.



PEDIATRICIANS - Southern California

Southern California Permanente Medical Group is proud to offer its physicians:

- An organization that has served the communities of Southern California for more than 65 years
- A physician-led practice that equally emphasizes professional autonomy and cross-specialty collaboration
- Comprehensive administrative support
- An environment promoting excellent service to patients
- A fully implemented electronic medical record system
- An excellent salary, comprehensive benefits and partnership eligibility after 3 years

We invite you to make a difference in the communities we serve.

To apply, visit: https://scpmgphysiciancareers.com.

For questions or additional information, please contact Glenn Gallo at **800-541-7946** or **Glenn.Gallo@kp.org**.

PERMANENTE MEDICINE®

Southern California Permanente Medical Group We are an AAP/EEO employer. The **Answer** to Health Care in America.



Little Star Pediatric Urgent Care is hiring Pediatricians!

Little Star Pediatric Urgent Care located in Rancho Cucamonga CA is looking for Pediatricians! Ideal candidates should be comfortable working in a fast paced environment and have proficiency in basic procedures such as suturing and splinting. We are open 7 days a week and care for patients newborn to 18. Part-time and full-time candidates will be considered.

WE ALSO HAVE FRANCHISE OPPORTUNITIES! Contact us for more information about opening a Little Star Pediatric Urgent Care in your city!

For more information and to schedule an interview please submit your resume to rgarehgrat@littlestaruc.com for review.

Thank you for your interest in Little Star!

KANSAS

Pediatricians

Redbud Pediatrics is a growing, independently owned, ten provider, two location private practice in Wichita, Kansas. We are looking for the right BC/BE pediatricians for full-time partner-track positions to join us within the next year. Minority candidates are encouraged to apply. https://www.redbudpediatrics.com/our-team/. We are a diverse, collegial, and multilingual group with a range of 1 to to 20 years post-residency clinical experience. Our practice embraces the responsibility to care for children in our community from a wide range of backgrounds and needs. We accept an insurance mix of public and private payors representative of regional pediatric demographics, while maintaining the highest quality of care for patients and quality of life for physicians. Our patients are cared for in hospital by local pediatric hospitalist groups, and we utilize an incredible professional pediatric nurse triage group for afterhours patient phone calls. Our pediatricians spend four days per week in outpatient care with equal weekend and holiday call split. Wichita, Kansas, located in the heart of the Midwest along the banks of the Arkansas River, is the state's largest metro area and business hub. Wichita's "great big small town" personality makes high quality of living assessable even for two parent working families. We have higher than national average



Redbud Pediatrics is a growing, independently owned, ten provider, two location private practice in Wichita, Kansas. We are looking for the right BC/BE pediatricians for full-time partner-track positions to join us within the next year.

Minority candidates are encouraged to apply: https://www.redbudpediatrics.com/our-team/

We are a diverse, collegial, and multilingual group with a range of 1 to to 20 years post-residency clinical experience. Our practice embraces the responsibility to care for children in our community from a wide range of backgrounds and needs. We accept an insurance mix of public and private payors representative of regional pediatric demographics, while maintaining the highest quality of care for patients and quality of life for physicians. Our patients are cared for in hospital by local pediatric hospitalist groups, and we utilize an incredible professional pediatric nurse triage group for afterhours patient phone calls. Our pediatricians spend four days per week in outpatient care with equal weekend and holiday call split.

Wichita, Kansas, located in the heart of the Midwest along the banks of the Arkansas River, is the state's largest metro area and business hub. Wichita's "great big small town" personality makes high quality of living assessable even for two parent working families. We have higher than national average salary potential for pediatricians, a low cost of living, excellent schools, shopping, cuisine, and culture, including a vibrant craft beer industry and art scene. www.visitwichita.com.

- * Competitive salary + productivity component at year two
- * Partnership track
- * Generous time off, 401K with company match, CME package, health and dental insurance
- * Potential for clinical faculty position with KU School of Medicine-- Wichita

Please respond with your CV as well as a cover letter describing your interest in the position to: Rebecca Reddy, MD, FAAP, managing partner, at rreddy@redbudpediatrics.com salary potential for pediatricians, a low cost of living, excellent schools, shopping, cuisine, and culture, including a vibrant craft beer industry and art scene. www.visitwichita.com. * Competitive salary + productivity component at year two * Partnership track * Generous time off, 401K with company match, CME package, health and dental insurance * Potential for clinical faculty position with KU School of Medicine—Wichita. Please respond with your CV as well as a cover letter describing your interest in the position to Rebecca Reddy, MD, FAAP, managing partner, at rreddy@redbudpediatrics.com.

LOUISIANA

Neonatologist Full-Time-Staff (BC/BE)

Baton Rouge Neonatal Associates (Infamedics) seeks Neonatologist to work at various hospital locations in Baton Rouge, Louisiana & Zachary, Louisiana. Requires MD, residency in Pediatrics, fellowship in Neonatology, board certification in Pediatrics, board eligibility in Neonatology, possession of or eligibility to apply for Louisiana medical license. Please send CV to Bret Talbot, at bret.talbot@infamedics.com or fax to 225.929.9685 or mail to P.O. Box 45171, Baton Rouge, LA 70895-4171.

Pediatric Chief Quality and Transformation Officer

We're seeking a Chief Quality Officer to join the rapidly growing team at Ochsner Hospital for Children in New Orleans, Louisiana. The ideal candidate will be board certified in general pediatrics as well as the pediatric subspecialty in which they are fellowshiptrained, if applicable, and will have administrative experience. MBA, MHA or MMM degree is desirable. Ochsner Hospital for Children offers a level of pediatric care unmatched in Louisiana for everything from well-child check-ups and immunizations to cancer care and heart transplants. Ochsner Hospital for Children provides care to nearly 300 open heart pediatric cases per year, along with liver transplants, BMT, advanced spine surgery, craniofacial and other quaternary services. Located in one of our most vibrant cultural cities, this nonprofit, academic, multi-specialty institution is the recipient of numerous awards, including Healthgrades Distinguished Hospitals for Clinical Excellence, which places Ochsner in the top 5 percent of U.S. hospitals for clinical outcomes. Ochsner Hospital for Children is the only children's hospital in Louisiana or Mississippi ever recognized by U.S. News and World Report as a specialty top 50 hospital for pediatric heart care. Ochsner physicians care for over 80,000 children each year at 14 sites across Louisiana including a large, state-of-the-art dedicated pediatric ambulatory campus located at the main hospital campus. The primary care pediatric network throughout the region currently has more than 40 general pediatricians in addition to a large outside referral base and treats more than 55,000 unique pediatric patients annually. Ochsner Hospital for Children includes: .125-bed children's hospital within a hospital .54-bed Level IV Regional NICU, the highest level available in Louisiana ·14-bed Level I Pediatric Intensive Care Unit, the highest level available ·12-bed state-of-the-art Pediatric CVICU, the only unit

NOW HIRING

PEDIATRIC PROVIDERS

IN LOUISVILLE, KENTUCKY

NORTON CHILDREN'S MEDICAL GROUP, AFFILIATED WITH THE UOFL SCHOOL

OF MEDICINE, is seeking candidates across various pediatric specialties and subspecialties.

CAREER OPPORTUNITIES

Norton Children's Heart Institute

- Adult congenital heart disease physician
- Cardiac intensive care advanced practice provider

Staff physicians specializing in:

- Cystic fibrosis
- Developmental medicine
- Gastroenterology

- Medical genetics (multiple)
- Nephrology
- Ophthalmology
- Orthopedic surgery
- Otolaryngology
- Pediatric developmental and behavioral medicine (multiple)
- Radiology

- Rheumatology
- Urology

Additional opportunities

- Licensed clinical social workers (multiple)
- Speech-language pathologists (autism)

Norton Healthcare is an Equal Opportunity Employer M/F/ Disability/Veteran/Sexual Orientation/Gender Identity

ABOUT NORTON CHILDREN'S MEDICAL GROUP



and Southern Indiana



Affliated with the SCHOOL OF MEDICINE

UUU

PROVIDERS

have access to
University of Louisville's
clinical research and
teaching opportunities

To discuss any of these opportunities, contact Tracy Shaughnessy, senior recruiter, physicians, Norton Medical Group, at (502) 609-3672 or tracy. shaughnessy@nortonhealthcare.org.
To learn more about all our opportunities, visit BeANortonDoctor.com.



Scan to view a two-minute video on why our physicians chose Norton Children's.





of its kind in the Gulf South dedicated to the care of children with cardiovascular and congenital heart defects .46-bed Pediatric Acute Care. This nonprofit, academic, multi-specialty institution also has a combined pediatrics residency program with Tulane University Medical School. Medical students from Tulane and the University of Queensland/Ochsner Clinical School rotate through the division. Academic and research opportunities are available. New Orleans exudes a character all its own and offers a lifestyle that no other U.S. city can match. It's home to an unparalleled blend of cultures. Worldclass music, dining and shopping are just the beginning. Professional sports, gorgeous city parks, year-round festivals, prestigious academic centers and universities, and Southern hospitality await you. It's easy to understand why residents take great pride in calling New Orleans their home. You'll fall in love the minute you set foot here, both personally and professionally. For complete details and consideration, please forward your CV and cover letter to Glenda Church Smith, Principal, Pediatric Search Partners via email to glenda@pediatricsearchpartners.com. Please contact Glenda by phone at 877-440-3832 or call/text to 214-850-3094.

Neonatology Openings for Growing Children's Hospital System Level IV New Orleans and Regional NICU's

We're seeking full or part-time physicians who are BC/BE in Neonatal-Perinatal Medicine to join Ochsner Hospital for Children's expanding network of NICU's and neonatal providers in the New Orleans region. Recent graduates and experienced neonatologists are invited to join the division working alongside a team of experienced neonatal nurse practitioners. Currently, positions are available in a level III (non-surgical) NICU with rotations at the Level IV NICU. The positions offer a competitive compensation package commensurate with experience. Located in southeast Louisiana, Ochsner's level III unit is just a short drive from its main campus in New Orleans. The NICU is licensed for 15 babies and serves a delivery service of 1500-2000 births annually. In house coverage is provided by NNPs with physician call from home. Patients requiring surgical intervention are referred to the Level IV NICU with return transport as appropriate. Both conventional and high frequency oscillatory ventilation is available as is inhaled nitric oxide therapy. Ochsner Hospital for Children's section of pediatric cardiology provides telemedicine coverage for evaluation of suspected congenital heart disease. The Ochsner network serves the entire Gulf South region with an established ground and air neonatal transport system, and its NICU participates in the Vermont Oxford Network, with continuous performance improvement initiatives underway. Ochsner Hospital for Children has been ranked among the top 50 children's hospitals in the country for pediatric gastroenterology, gastrointestinal surgery, pediatric cardiology and cardiac surgery by the U.S. News and World Report. It is the only children's hospital in Louisiana or Mississippi ever recognized by U.S. News & World Report as a specialty top 50. Driven by a mission to Serve, Heal, Lead, Educate, Innovate, Ochsner Health System is Louisiana's largest non-profit, academic, healthcare system. Coordinated clinical and hospital patient care is provided across the region by Ochsner's

30 owned, managed, and affiliated hospitals and more than 80 health centers and urgent care centers. New Orleans is one of the most exciting and vibrant cities in America. Both cosmopolitan and laid-back, the Big Easy is home to multiple universities and academic centers, professional sports teams, world-class dining, renowned live entertainment, music and the largest historic district in the U.S. Residents also enjoy the convenience of proximity to an international airport and beaches in Louisiana, Alabama, Mississippi and Florida, which range anywhere from 90 minutes to three and a half hours by car and offer day and weekend trip options. The region is warm and welcoming to newcomers providing an exceptional environment to live and work. For complete details and confidential consideration, please contact Glenda Church Smith, Principal, Pediatric Search Partners at glenda@pediatricsearchpartners.com, or call 877.440-3832 or text to 214.850.3094.

Developmental & Behavioral Pediatrician Michael R. Boh Center for Child Development

We're seeking a Board Eligible/Board Certified Developmental and Behavioral Pediatrician for an exciting opportunity with Ochsner Hospital for Children's dedicated state-of-the-art comprehensive child development center in New Orleans, Louisiana. This position offers the ability to provide clinical care as well as teach residents and medical students in a setting with an expanding and collegial, multi-disciplinary team at the only children's hospital in Louisiana and Mississippi ranked by U.S. News & World Report - four years in a row. The Michael R. Boh Center for Child Development is committed to improving the lives of children and adolescents with developmental disorders through comprehensive interdisciplinary team evaluations, integrated treatment protocols, high-quality evidence-based patient care, direction of special education services, and professional education and research. As the only facility to offer this type of comprehensive care in the region under one roof, the Boh Center fills a critical need for specialized pediatric care in Louisiana. Physicians with special interests in neuromuscular disorders and cognitive/communication/behavioral disorders are desired but not required for consideration. One of the largest nonuniversity-based physician training centers in the United States, Ochsner maintains a combined residency program with Tulane University Medical School. Medical students from Tulane and the University of Queensland/Ochsner Clinical School rotate through the division. The successful candidate will be eligible for an academic appointment commensurate with experience. The position offers a competitive compensation package, including signing bonus and relocation. For more than 75 years, Ochsner has offered a level of pediatric care unmatched in Louisiana and more advanced capabilities than any other children's hospital in New Orleans. More than 26,000 employees and over 4,500 employed and affiliated physicians in over 90 medical specialties and subspecialties call it home. Ochsner's rapidly growing pediatric department currently is comprised of more than 140 physicians. The group is the Gulf South region's leading integrated provider of multispecialty care for infants, children, adolescents, and young adults. The hospital offers a full range of pediatric care from primary to quaternary

care, with services offered in all subspecialties including advanced gastroenterology/hepatology, orthopedic surgery, oncology and heart, liver and bone marrow transplant. Ochsner pediatric physicians collaborate with nationally recognized adult partners to provide young adult transitional care in a variety of specialties. The appeal of living in New Orleans is absolutely undeniable, from its blend of cultures and rich history to its distinct neighborhoods and professional sports, gorgeous city parks, year-round festivals, prestigious academic centers and universities, and Southern hospitality. Residents also enjoy proximity to an international airport when it's time to explore. If you're craving the beach, the Gulf shores of Alabama are about two and a half hours away by car; and the white sands of Pensacola, Florida, are just three hours away. For complete details and consideration, please contact: Glenda Church Smith, Principal, Pediatric Search Partners, Phone 877.440.3832, Text to 214.850.3094 or email glenda@pediatricsearchpartners.com.

Newly Created Opening System Medical Director, Neonatology

We're seeking a Board Certified Neonatologist for a newly created position as the System Medical Director for Neonatology to join the growing team at Ochsner Hospital for Children in New Orleans, Louisiana. Primary responsibilities: The System Medical Director, Neonatology will serve in a strategic clinical leadership role that will collaborate with senior clinical and administrative leadership across the Women's Services and Pediatrics Centers of Excellence to lead clinical transformation and integration of Ochsner's NICU services (at Baptist, Kenner, West Bank, Slidell and St. Tammany) and staffs into a Ochsner NICU system delivering standardized care of a consistent high quality at the units best matched to the appropriate level of patient care and the family's home location. The focus will be on value creation for care delivery of both high risk and normal newborns utilizing a single team of neonatal providers, current and new digital health technologies, and robust education to support of Ochsner's "birthing platforms" across the New Orleans, North Shore and Bayou regions and resulting in improved care of all babies in the Ochsner system, greater retention of healthy babies at their home hospitals and level-of-care appropriate utilization of higher level nurseries. This includes but is not limited to: Direct oversight of clinical care, including physician and NNP recruiting and retention at the system's Level IV NICU at Ochsner Baptist Hospital as well as recruiting and retaining top neonatal talent to Ochsner's Level IIII and II NICUs; Creating a NICU network-wide staffing plan; recruiting and retaining to that plan and its growth; and Advancing the group's role in the application of telemedicine to improve the care of babies across the system, both in traditional nurseries and NICUs. Practice Location: The System Neonatology Medical Director will be based at Ochsner Baptist Hospital in Uptown New Orleans with responsibility for 4 lower-level units in the Greater New Orleans area. The position will require local travel. Reports to: System Chair and AMD for Pediatrics with matrixed responsibility to System Chair for Women's Services and Maternal Fetal Medicine. About Ochsner: Ochsner Health System is Louisiana's largest non-profit, academic, multi-specialty, healthcare delivery system with 30 owned, managed and affiliated

hospitals and 60+ health centers. Ochsner employs more than 1,100 physicians in over 90 medical specialties and subspecialties and performs over 600 clinical research studies. Ochsner for Children is a vertically integrated health system, with a pediatric primary care network, a dedicated pediatric emergency department, in-house pediatric intensivists and hospitalists, as well as a dedicated, fulltime, pediatric transport team providing ground, rotary and fixed wing transports across the entire Gulf South. Ochsner Hospital for Children has a 33 pediatric bed unit, along with a 14 bed PICU, 12 bed CVICU, and 54 Level IV NICU beds. Ochsner sponsors the combined Tulane-Ochsner pediatric residency program and teaches medical school students from Tulane as well as the University of Queensland. The Location: New Orleans exudes a character all its own and offers a lifestyle that no other U.S. city can match. It's home to world-class music, dining and shopping. Professional football and basketball, gorgeous city parks, year-round festivals, prestigious academic centers and universities, and Southern hospitality await you. If you're craving the beach, the Gulf shores of Alabama are about two and a half hours away by car: and the white sands of Pensacola are just three hours away. It's easy to understand why residents take great pride in calling New Orleans their home. You'll fall in love the minute you set foot here, both personally and professionally. For complete details, please forward your curriculum vitae and cover letter to Glenda Church Smith, Principal, Pediatric Search Partners at glenda@pediatricsearchpartners.com, or contact by phone at 877-440-3832 or cell/text to 214-850-3094.

MAINE

Pediatric Intensivist

Northern Light Eastern Maine Medical Center, located in Bangor, Maine, seeks a BC/BE pediatric intensivist to join our team of four physicians. The intensivists work closely with seven pediatric hospitalists to provide comprehensive inpatient care and administer an established pediatric sedation program. The pediatric inpatient service is supported by a broad range of pediatric subspecialists, including cardiology, oncology, gastroenterology, infectious disease, neurology, and surgery. The program has forged strong relationships with regional hospitals and providers as part of its tertiary pediatric care mission. Preferred candidates will have two or more years' experience and will value teaching residents, nurses and medical students. Northern Light Eastern Maine Medical Center is a 411-bed regional tertiary care center and an ACS-verified level II trauma center with academic affiliations and serving a population of 500,000 living in the northern 2/3 of the state's geography. We offer dedicated neonatal and pediatric transport and are a base hospital for LifeFlight of Maine, a critical care air transport service flying nearly 900 missions per year. Bangor is an award-winning small city offering easy access to ocean and mountains. Acadia National Park, Baxter State Park, and premier Northeast ski resorts provide outstanding four-season outdoor recreation. Schools rank among New England's best. The flagship campus of the University of Maine is located in neighboring Orono. Bangor serves as the regional hub for medicine, the arts, and commerce. Bangor International Airport offers direct

and one-stop service to most major destinations. For confidential consideration, please contact Amanda Klausing, CPRP, Provider Recruiter at ProviderJobs@northernlight.org or 207.973.5358.

Pediatric Gastroenterologist

Excellent opportunity for a BC/BE pediatric gastroenterologist to join a well-established comprehensive three practitioner pediatric gastroenterology practice to replace a departing physician. Northern Light Eastern Maine Medical Center provides tertiary pediatric care for the region, offering a full spectrum of pediatric sub-specialties and inpatient care including neonatal intensive care, pediatric critical care, pediatric surgery, and a mature pediatric sedation service. There is a strong working relationship with the pediatric sedation service for procedural sedation. Northern Light Eastern Maine Medical Center is a 411-bed regional tertiary care center and an ACSverified level II trauma center with academic affiliations and serving a population of 500,000 living in the northern 2/3 of the state's geography. We offer dedicated neonatal and pediatric transport and are a base hospital for LifeFlight of Maine, a critical care air transport service flying nearly 900 missions per year. The ideal candidate will have a strong background in procedural skills and broad expertise in gastroenterology. Patient care responsibilities include an active outpatient clinic and inpatient consultation services which includes

Join Our Growing Team of Pediatric Specialists in Bangor, Maine!

Why Northern Light Eastern Maine Medical Center?

- Student loan reimbursement programs Sign-on and relocation bonuses Flexible schedules and exceptional work/life balance

For more information:



care for patients with the full range of gastrointestinal diseases. Desire to teach family practice residents and medical students is also highly valued and encouraged. Bangor is an award-winning small city offering easy access to ocean and mountains. Acadia National Park, Baxter State Park, and premier Northeast ski resorts provide outstanding four-season outdoor recreation. Schools rank among New England's best. The flagship campus of the University of Maine is located in neighboring Orono. Bangor serves as the regional hub for medicine, the arts, and commerce. Bangor International Airport offers direct and one-stop service to most major destinations. For confidential consideration, please contact Amanda Klausing, CPRP, Provider Recruiter at ProviderJobs@northernlight.org or 207.973.5358.

Pediatric Neurologist

Northern Light Eastern Maine Medical Center has an excellent opportunity for a third BC/BE pediatric neurologist interested in the practice of general child neurology to join our well-established and growing pediatric neurology practice. We offer a broadspectrum inpatient and outpatient pediatric neurology service including neurodiagnostics and imaging. Northern Light Eastern Maine Medical Center provides tertiary pediatric care for the region, offering a broad spectrum of pediatric sub-specialties, including cardiology, behavior/development, gastroenterology, genetics, surgery, hematology/oncology, endocrinology, anesthesiology and more. EMMC's inpatient pediatric service includes a 35-bed Level 3 neonatal intensive care unit, pediatric critical care, and pediatric hospitalists, all of which supports our pediatric neurology practice. Our pediatric sedation service/unit is long standing, providing extensive inpatient and outpatient services for the region. Northern Light Eastern Maine Medical Center is a 411-bed tertiary care center and an ACS-verified level II trauma center with academic affiliations and serving a population of 500,000 living in the northern 2/3 of the state's geography. We offer dedicated neonatal and pediatric transport and are a base hospital for LifeFlight of Maine, a critical care air transport service flying nearly 900 missions per year. Physicians at Northern Light Eastern Maine Medical Center enjoy a robust compensation and benefits package, Student Loan Reimbursement Programs, relocation and sign-on bonuses, and generous PTO benefits. Bangor is an award-winning small city offering easy access to our ocean and mountains. Acadia National Park, Baxter State Park, and premier Northeast ski resorts provide outstanding four-season outdoor recreation. Area schools rank among New England's best. The flagship campus of the University of Maine is in neighboring Orono. Bangor serves as the regional hub for medicine, the arts, and commerce. Bangor International Airport offers direct and one-stop service to most major destinations. For confidential consideration, please contact Amanda Klausing, CPRP, Provider Recruiter at ProviderJobs@northernlight.org or 207.973.5358.

MASSACHUSETTS

Pediatrician

Children's Health Care is seeking a motivated board-certified or board-eligible pediatrician to join our established and thriving practice on a permanent, full-time basis. For fifty years, we have



Emergency Medicine/Rapid Treatment Unit Physicians (CA)

Are You Ready for the Challenge?

- Immediate full-time openings; part-time will be considered
- Providing Compassionate emergency pediatric care in one of the nation's Leading children's hospitals and Level 1 Trauma Center
- Flexible working in both acute and emergent pediatric Emergency Department settings across three sites
- Your patients will be children from Washington DC and environs, national as well as international regions
- You will be part of a collaborative team; have opportunities to teach, learn from pediatric specialists, and develop professionally alongside career advancement
- You won't be thrown into the deep end; you will have the support of caring and supportive colleagues and always have physicians to
 consult. You will also work alongside a nurse colleague in the private urgent care
- You must be BC/BE in pediatrics

We Offer:

- Night only and PRN opportunities
- Flexibility in scheduling with extra evening and night shifts available
- Urgent care fellowship opportunities
- Mentor as a clinical support resource
- Positions are available for a year or as part of a long-term career plan
- · Competitive salary and benefits package

The Division of Emergency Medicine at Children's National provides acute and emergent pediatric care for the majority of children living in Washington DC, with over 120,000 visits across our 3 sites annually. Division members provide evidence-based clinical care and pursue advocacy, quality improvement, and education around issues important to child health. The division houses a pediatric acute & urgent care fellowship, and a pediatric ultrasound fellowship in addition to pediatric emergency medicine fellowship.

Children's National Medical Center is a tertiary care teaching hospital and serves as the primary pediatric teaching site for the George Washington School of Medicine and Health Sciences. Children's National is the only hospital in the greater DC region exclusively dedicated to the care of children and was named as a top 10 children's hospital in the *U.S. News & World Report* Survey for the fourth year in a row. We deliver comprehensive, world-class health care in more than 30 pediatric specialties.

The Washington, DC area is a great place to live with a variety of options for lifestyle and recreation. In addition to numerous art museums, galleries, theatres and restaurants, DC has easy access to the Blue Ridge Mountains, the beaches of the Eastern Shore. The climate is mild with warm summers and snowy winters, along with beautiful falls, springs, and notably the renowned Cherry Blossoms. Uniquely, as the home to the US government, DC offers numerous opportunities to be involved in advocacy work. DC is close to 3 major airports and easily accessible to NYC, Boston, and Philadelphia by car/train. To learn more, visit:

https://childrensnational.org/departments/emergency-medicine-and-trauma-services

Children's National Health System is an equal opportunity employer that evaluates qualified applicants without regard to race, color, national origin, religion, sex, age, marital status, disability, veteran status, sexual orientation, gender, identity, or other characteristics protected by law.

For Questions, please contact:

Deena Berkowitz, MD, MPH
Director, Pediatric Acute & Urgent Care Fellowship
Director, Fast Track | Division of Emergency Medicine | CNH
Associate Professor of Pediatrics and Emergency Medicine
George Washington University School of Medicine& Health Sciences
dberkowitz@childrensnational.org
O:202-476-4177 | F: 202-476-3573

<u>HR Contact:</u> Lisa Parks-Balogun, Sr. Physician Talent Acquisition Consultant Phone: (240) 531-6632 | Email: Lisa.Parks-Balogun@childrensnational.org

Please apply early to avoid disappointment as interviews would be scheduled on a first come, first served basis.

To apply for the Emergency Med Physicians posting:

 $https://cnhs. taleo.net/career section/1 phys/job detail.ftl?job = 210002G2\&lang = en\&sns_id = mailto\#. YV sijtcyfEg. mailto\#. The single section is a single section of the s$

To apply for the Rapid Treatment Physicians posting:

https://cnhs.taleo.net/careersection/1phys/jobdetail.ftl?job=210002FP&lang=en&sns_id=mailto#.YVsfbjP2HnE.mailto

provided high-quality primary care to pediatric patients in the Merrimack Valley and North Shore from birth through age twentytwo. Highlights include: well-established practice of sixteen pediatric providers delivering pediatric primary care in the community since 1972; two office locations in the desirable North Shore communities of Newburyport and Haverhill, MA, located 38 miles north of Boston and on the commuter rail line; full-time, outpatient position. Would consider qualified part-time candidates in some circumstances; no inpatient or delivery room responsibilities; ancillary services on-site in the office including a pediatric nutritionist, social worker, and special care coordinator; 1 in 9 on-call schedule (outpatient calls only--no inpatient responsibilities); competitive starting salary with the potential for future partnership and significant growth in income; full benefits package, including medical, and liability insurance, 401k with employer match and profit-sharing, FSA with employer match, paid time off, relocation allowance, and more. Learn more about our practice by visiting us online at www.chcmass.com. Please send CV to eric.bucher@chcmass.com.

Pediatric Critical Care Physician Opportunity

CoxHealth, a large integrated health system in Springfield, Missouri, seeks a BC/BE pediatric critical care physician to join an inpatient, hospital-based practice. This long-established program serves more than 30 counties throughout Southwest Missouri and Northwest



Pediatrician

Children's Health Care is seeking a motivated board-certified or board-eligible pediatrician to join our established and thriving practice on a permanent, full-time basis. For fifty years, we have provided high-quality primary care to pediatric patients in the Merrimack Valley and North Shore from birth through age twenty-two. Highlights include: well-established practice of sixteen pediatric providers delivering pediatric primary care in the community since 1972; two office locations in the desirable North Shore communities of Newburyport and Haverhill, MA, located 38 miles north of Boston and on the commuter rail line; full-time, outpatient position. Would consider qualified part-time candidates in some circumstances; no inpatient or delivery room responsibilities; ancillary services on-site in the office including a pediatric nutritionist, social worker, and special care coordinator; 1 in 9 on-call schedule (outpatient calls only--no inpatient responsibilities); competitive starting salary with the potential for future partnership and significant growth in income; full benefits package, including medical, and liability insurance, 401k with employer match and profit-sharing, FSA with employer match, paid time off, relocation allowance, and more. Learn more about our practice by visiting us online at www.chcmass.com.

Please send CV to: eric.bucher@chcmass.com

Arkansas. The hospital has been affiliated with the Children's Miracle Network since 1986. Cox Medical Center South has a new six-bed PICU, and a 28-bed level III NICU staffed by a group of five board certified neonatologists. Other pediatric specialists include cardiology, endocrinology, gastroenterology, neurology, urology and a pediatric surgeon. The system also provides services via the Cox Air Care program and the Baby Buggy for newborn emergency transports. Benefits include: excellent compensation; comprehensive benefits package, sign-on bonus and relocation allowance, and occurrencebased professional liability insurance - no tail required. About CoxHealth: CoxHealth is a locally owned, not-for-profit health system, established in 1906. Our health system includes six hospitals and more than 80 clinics with 200 primary care physicians serving 24 counties. Ferrell-Duncan Clinic, our multispecialty clinic physician group, offers 23 specialties. CoxHealth is Missouri's first hospital system accredited by DNV-GL Healthcare for quality and patient safety. We are the only local health system named six times to U.S. News & World Report's Best Regional Hospitals list, and we are recognized by CareChex as among the Top 10 percent of U.S. hospitals for medical excellence and patient safety in overall medical care. About Springfield, Missouri: Springfield Missouri is a vibrant and energetic area that serves as a hub for health care, entertainment and shopping for southwest Missouri. It's the third-largest city in Missouri, with a metro population of more than 450,000. Springfield is consistently rated as one of the "Top Quality of Life Communities in the Nation" by Money Magazine. It offers outdoor activities, live music, theaters, major sports teams and an established academic community. Enjoy a low cost of living, convenient airport access and top-rated schools. For more information or to submit your CV, please email Paula Johnson at paula.johnson@coxhealth.com.

NEVADA

Med-Peds Physician Roseman Childhood Cancer Survivors' Center at Cure 4 The Kids Foundation

We're seeking a collaborative, dedicated Board Certified/Board Eligible Internal Medicine-Pediatrics Physician for a unique opportunity: a joint effort between Roseman University of Health Sciences College of Medicine and Cure 4 The Kids Foundation (C4K), Nevada's only outpatient children's cancer center, ranked fourth in the 2021 Best Nonprofits to Work For and the only Nevada organization to make the national list this year. This position has been created specifically for the Roseman Childhood Cancer Survivors' Center (RCCS) at C4K on the Summerlin, Nevada, campus of Roseman University, located just 20 minutes from Las Vegas. The physician will work hand in hand as a member of the multispecialty medical team at C4K to provide specialized primary care services to children, adolescents and young adult patients transitioning from the pediatric C4K oncology-hematology program into the community for long-term primary care. This physician will work directly with the C4K medical team to successfully transition childhood cancer survivors and young adult hematology patients from C4K into the RCCS practice to ensure continuity of care and provide the type of specialized care and screenings that improve health outcomes of these patient populations. This is a full-time Roseman University College of Medicine faculty position assigned to RCCS, and it requires working closely with Roseman nursing, pharmacy, dental and medical students, giving the next generation of healthcare professionals a unique primary care practice in which to train and learn about the needs associated with cancer and catastrophic disease survivors. Established in 1999, Roseman University is a nonprofit, private institution of higher learning that has experienced phenomenal growth and is universally recognized as an innovative, transforming force in healthcare education. Roseman Medical Group serves as the clinical headquarters for the Roseman College of Medicine's signature curricular program and healthcare delivery model, GENESIS, which was designed to address the social determinants of health in high-risk patient populations. A commitment to household-centered care informed by factors of a patient's family and household environment represents a key distinction and will be integrated into the care provided at RCCS. More than 80 percent of children diagnosed with cancer in the United States survive at least five years. However, the therapeutic agents used to treat these cancers and other catastrophic childhood diseases can lead to long-term adverse health effects resulting in increased risk of morbidity, poor health status and premature mortality. RSSC provides opportunities for meaningful research, helping to advance understanding of the special needs of this patient group. Summerlin offers an exceptional quality of life, an average of







We are looking for YOU!

Interest and CVs should be directed to facultyrecruitment@childrensomaha.org

Innovation • Collaboration Accountability • Respect • Excellence

300 days of sunshine a year, a strong local economy, and a low cost of living compared with other major U.S. cities. One of the state's most attractive communities, Summerlin offers a variety of familyoriented neighborhoods along with world-class cultural institutions, some of the best restaurants in the country, year-round recreational opportunities, and access to a multitude of state and national parks including the Grand Canyon, Zion, Bryce Canyon, Valley of Fire, and Yosemite. Skiing and snowboarding are an hour's drive away on Mount Charleston. You'll also love this perk: Nevada residents pay no state income tax. This is an exceptional opportunity to bring your passion and expertise to the fight against childhood cancer and enjoy an active lifestyle outside of work. For complete details and confidential consideration, please forward your CV and cover letter to: Glenda Church Smith, Principal, Pediatric Search Partners, at glenda@pediatricsearchpartners.com, call 877.440.3832, or text to 214.850.3094.

NEW YORK

General Pediatrician Outpatient Practice NYC Suburbs

The Department of Pediatrics at the Steven and Alexandra Cohen Children's Medical Center of New York is seeking a board eligible/ board certified General Pediatricians interested in practice at our pediatric primary care practice in the following areas: New York City Area, Nassau County, Long Island, and Westchester. The Steven and Alexandra Cohen Children's Medical Center (CCMC) is the largest pediatric teaching hospital in the New York metropolitan region, treating over 270,000 children per year. (CCMC) is the tertiary pediatric medical center of Northwell Health, the largest health system in New York State, and is the only Level-1 Pediatric Trauma Center on Long Island. We are proud to have been selected as one of "America's Best Children's Hospitals" by US News & World Report. In addition to the renowned tertiary clinical resources available at CCMC, our faculty also have access to the scholastic and research resources of Northwell's Feinstein Institute for Medical Research. These positions offer competitive salaries, a comprehensive benefits package, and eligibility for tuition reimbursement. Physicians are employed as members of Northwell Health Physician Partners, the fifth largest medical group in the country. Academic Appointment to the Donald and Barbara Zucker School of Medicine at Hofstra/ Northwell is commensurate with credentials and experience. For additional information and to apply, please contact: Lindsay Appelman, lappelman@northwell.edu. EOE M/F/D/V

Pediatric Neurology Westchester, NY

The Division of Pediatric Neurology at the Steven and Alexandra Cohen Children's Medical Center of New York has an opening for BC/BE Pediatric Neurologist with strong clinical skills in Pediatric Neurology to join our team in Westchester. The candidate will also attend as Service Attending at Cohen Children's Medical Center for Pediatric Neurology for 6 weeks every year. The Division of Pediatric Neurology is comprised of 12 Pediatric Neurologists, four NPs, two social workers, a neuropsychologist, one research assistant, and a ketogenic diet specialist, and has an ACGME-approved

residency training program (two per year). It also has an ACGME approved pediatric epilepsy fellowship training program (one per year). Faculty also participate in the curriculum of the General Pediatric Residency Training Program. We offer a robust clinical and scholastic experience in a family centered region of New York. We have a dedicated 10 bed neuroscience unit (Level 4 NAEC) for our surgical patients, and perform stereoEEG assisted by our robot ROSA. We also have a three bed sleep lab. We have opportunities in multiple locations across the metropolitan region. We oversee 40,000 deliveries per year in the Northwell Health system. Faculty have appointments at Zucker School of Medicine at Hofstra/ Northwell. We have an active research program with intramural and extramural funding, and ongoing several drug studies. Founded in 1916, Northern Westchester Hospital is committed to providing high-quality, patient-centered care close to home through a unique combination of medical expertise, leading-edge technology and a dedication to humanity that ensures our patients and their families receive treatment in a caring, respectful and nurturing environment. Improving and protecting the health of community members through programs that promote wellness and prevention remains central to our mission. Phelps Memorial Hospital is a 238bed acute care community hospital, located in central Westchester County. Since its beginnings in 1956, Phelps has strived to provide its community with the finest quality healthcare. The extent of services made available to those we serve ranges from emergency services to acute care inpatient services, as well as a host of outpatient services designed to address the needs of those who make up the Phelps service area (Westchester County and surrounding communities in Rockland, Putnam, and Dutchess Counties in New York and Fairfield County in Connecticut). Northwell Health has 23 hospitals and more than 750 outpatient locations throughout the Metro New York area and beyond, Northwell Health serves over 11 million people and is one of the largest and most diverse academic medical centers in the nation. In addition to the renowned tertiary clinical resources that we offer, our faculty also enjoys access to the scholastic and research resources of the Feinstein Institute for Medical Research and strategic affiliation with the nationally renowned Cold Spring Harbor laboratory. No matter where you choose to live, from the family-centered suburbs of Long Island to the glitter and buzz of Manhattan to the serene beauty of the Atlantic coast, the New York metropolitan area offers something for everyone. If you choose to join us, you will find not only a great career opportunity, but also great lifestyle options. An academic appointment at The Zucker School of Medicine at Hofstra/Northwell is commensurate with experience. Northwell is proud to offer a highly competitive salary and generous benefits package. For further information and to apply, please email: OPR@northwell.edu, or contact Dr. Sanjeev Kothare, Division Director for Child Neurology, skothare@northwell.edu. EOE M/F/D/V

NORTH DAKOTA

Neonatologist and Neonatology Medical Director

Trinity Health has an outstanding opportunity for a BC/BE Neonatologist and Neonatology Medical Director to join its talented team. Our well-established Level II NICU is supported by a dedicated

group who display a passion for excellence in patient care, have equally competent clinical skills and are team-oriented making it a collegial work environment second to none! With a brand new medical campus well underway, Trinity Health hosts a multi-specialty group offering more than 40 primary & specialty care services to a catchment area of nearly 200,000. This is a "hospital-employed" opportunity offering: 1:3 call with NNP collaboration; in-house transport teams; excellent compensation and benefits package; commencement bonus & relocation assistance; malpractice coverage (+tail). Please email CV to shar.grigsby@trinityhealth.org.

PENNSYLVANIA

Pediatrician Philadelphia Metro Area Partnership Potential

Pediatric Search Partners is seeking a Board Certified Pediatrician to join the expanding team at Tri County Pediatrics, a well-respected and well-established practice offering six locations throughout the Philadelphia metropolitan area. Tri County Pediatrics opened its doors over 60 years ago and has cared for the first children to come to the practice, followed by their children and now their grandchildren. Here you will discover a perfect blend of traditional pediatric outpatient practice combined with modern efficiency and technology. Currently there are nine pediatricians, four nurse



Neonatologist and Neonatology Medical Director

Trinity Health has an outstanding opportunity for a BC/BE Neonatologist and Neonatology Medical Director to join its talented team. Our well-established Level II NICU is supported by a dedicated group who display a passion for excellence in patient care, have equally competent clinical skills and are team-oriented making it a collegial work environment second to none! With a brand new medical campus well underway, Trinity Health hosts a multi-specialty group offering more than 40 primary & specialty care services to a catchment area of nearly 200,000.

This is a "hospital-employed" opportunity offering:

- 1:3 call with NNP collaboration
- In-house Transport Teams
- Excellent Compensation and Benefits Package
- Commencement bonus & Relocation assistance
- Malpractice Coverage (+tail)

Please email CV to shar.grigsby@trinityhealth.org

practitioners and a PA in this expanding group. The practice offers a warm, family-oriented and patient-centered environment and a great quality of life with offices ideally situated in Philadelphia, Bucks and Montgomery counties. Whether you enjoy cosmopolitan city life or you're looking for a suburban setting with excellent schools, there is a practice location to match your needs. The position includes a highly competitive base compensation plus bonuses, benefits, CME and Profit Sharing, 401K, and the potential for partnership. The schedule offers a midweek day off and 30-32 clinical hours per week. Philadelphia is ideally located less than an hour and a half from New York City or Washington, D.C. by train. It's home to a wealth of history, art and culture, plus world-class restaurants, breweries and wineries, along with professional sports, hiking trails, state parks, shopping and nightlife. Within a short drive you'll find suburbs marked by rolling hills, covered bridges and scenic back roads. Beautiful and historic neighborhoods throughout the area offer a wide selection of housing, from modern to traditional, and many of the school districts are ranked among the nation's best. This is an area that positions you at the heart of some of the country's most fascinating history and culture along with endless areas to explore. For complete details and confidential consideration, please forward your cv and cover letter to Glenda Church Smith, Principal, Pediatric Search Partners at glenda@pediatricsearchpartners.com, text to 214.850.3094 or call 877.440.3832.

TEXAS

BC/BE Pediatrician Exceptional Partnership Opportunity in Texas

Pediatric Search Partners is seeking a Board Certified/Board Eligible Pediatrician with a passion for caring for kids to join a family-oriented, well-respected, and established practice in charming, historic San Antonio, Texas. Ideally located within the heart of this growing city, the practice was joined in the 1960's by one of the partner's fathers and since then has fostered a positive culture with a supportive, friendly team that has had little turnover - their receptionist has worked there for 35 years! The practice has served many families across multiple generations, providing care for patients from birth through one year after high school graduation. The four physician partners pride themselves on running their business with a patient-centered focus and welcoming family-oriented feel combined with the solid values and principles which are the core of their practice. The ideal candidate is a compassionate and confident pediatrician who has strong clinical skills combined with excellent

The ideal candidate is a compassionate and confident pediatrician who has strong clinical skills combined with excellent communication and interpersonal skills. This outpatient practice has office clinic hours from 8:00 a.m. to 4:30 p.m. Monday through Thursday, Friday hours from 8:00 a.m. to 12:30 p.m. and urgent care clinic hours from Friday 1:30 to 4:30 p.m. There is a Saturday urgent care clinic each weekend starting at 8:00 a.m. Each physician has one day of call per week and call every fourth weekend. This position is perfect for a pediatrician seeking to join a practice on a partner track, who wants to be involved in the local community and put down roots. The current physicians are all partners in the practice and are united in their commitment to establish solid relationships with patients and their families and provide continuity of care. The Alamo



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LVPG Pediatrics is a highly respected group of providers with a reputation for excellence, who enjoy their work, and care for, and about their patients. LVPG Pediatrics considers children and families a high priority, and pediatrics is well supported and valued.

Join our inspired, passionate and talented team! We are hiring!

Explore opportunities in these specialties:

- Developmental Pediatrics
- · Pediatric Neurology
- · Pediatric Gastroenterology
- Child Protection Medicine
- · Pediatric Infectious Disease
- · Pediatric Hospital Medicine

Lehigh Valley Reilly Children's Hospital is our community's only children's hospital and meets the rigorous criteria of the Children's Hospital Association.

- We have a growing pediatric department with 30+ specialties located at our Pediatric Specialty Center and satellite offices plus a large pediatric primary care network servicing children across the region
- Our recently renovated 30-bed pediatric inpatient unit is staffed 24/7 by dedicated surgical and hospital medicine specialists.
- We have a 40-bed Level IV neonatal intensive care unit (NICU), which ranks in the top 10 percent of patient satisfaction, and is the only one of its kind in the region.
- Our 8-bed pediatric intensive care unit (PICU) is staffed 24 hours a
 day, seven days a week by a team of intensivists, pediatric specialists
 and hospitalists. Plus, our highly trained PICU nurses are certified in
 pediatric advanced life support. We have more than 20 years of
 experience caring for kids in our community.
- The team serves a broad geographic area that includes parts of central and northeast Pennsylvania and western New Jersey with pediatric transport providing ground and helicopter transports across the entire region

Job Qualifications:

- A network champion for Pediatrics and a passion for the clinical work
- Must be Board Eligible or Board Certified
- A current PA Medical License or ability to obtain one is required

Benefits & Perks:

- · Attractive Work Schedule
- Highly Competitive compensation with a superb benefits package
- · Low-cost health insurance for employees and their families
- Generous CME allowance and time
- Top-tier retirement programs
- Malpractice Insurance with Tail Coverage
- Relocation Assistance

For consideration send CV to: Kyle Rickert Kyle.A.Rickert@lvhn.org

City is one of Texas' most historic and charming metropolitan areas, blending Old West history, Spanish heritage, and all the energy of a big city yet with the warm, welcoming feel of a small town. Residents are drawn to San Antonio by its housing prices, which are comparatively lower than other large U.S. cities, along with the area's sunny weather and mild winters, rich diversity, excellent public and private schools, abundance of green space, professional sports, top-notch restaurants, two major amusement parks, shopping, nightlife and entertainment, and a strong regional economy, plus easy access to a major airport. Stroll or take a river barge along The River Walk, the city's 15-mile urban waterway. On the weekends, you are just a short drive from the bustling heart of the city to the beauty and wide open spaces of the Texas Hill Country with its rolling hills and big Texas skies along with the area's abundant restaurant, shops and galleries. You're also conveniently located to explore Austin (less than 90 minutes), Houston (less than three hours), Dallas (about four hours) or the beaches of Galveston (less than four hours). And, as a resident of Texas, you'll pay no state income tax. For complete details about this exceptional opportunity, please contact Glenda Church Smith, Principal, Pediatric Search Partners, at glenda@pediatricsearchpartners.com, or call directly 877.440.3832, or text to 214.850.3094.

NATIONWIDE

Your dream job awaits. Let us help you find it.

Thinking of making a change? Or just starting your search for a new practice setting? Pediatric Search Partners is a specialized boutique search firm with over 30 years of experience. Our sole focus is serving the pediatricians, pediatric subspecialists, healthcare executives and physician leaders dedicated to providing children's healthcare. Since 2009, we've successfully filled more than 500 searches within leading children's hospitals and healthcare organizations across the nation, each of them with a highly personalized approach. Our passion is matching the physicians and executives who care for children with opportunities they truly care about. For complete details and consideration, please contact: Glenda Smith, Principal, Pediatric Search Partners, Phone 877.440.3832, Cell 214.850.3094 or email glenda@pediatricsearchpartners.com.



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Physician recruitment: https://www.paperturn-view.com/?pid=MTU156646

Janet Weis Children's Hospital (JWCH), located on Geisinger's main campus in Danville, Pennsylvania, is the regions only dedicated 5-floor, 91 bed children's hospital with a full-service hospitalist and intensive care services. JWCH's team of medical and surgical specialists provide care in over 30 pediatric specialities, including a 41 bed Level IV NICU and 14 bed Level I PICU. JWCH provides medical malpractice insurance with tail coverage.

Current openings include:

Child Safety & Advocacy:

- Janet Weis Children's Hospital, Danville, PA
- Will hire an attending or director level
- Join a fully accredited Child Advocacy Center

Pediatric Nephrologist:

- Janet Weis Children's Hospital, Danville, PA
- Blend of office outpatient care & inpatient consults
- Supported by telemedicine services: Ask-A-Doc

Pediatric Emergency Medicine:

- · Geisinger Wyoming Valley, Wilkes Barre, PA
- Geisinger Medical Center, Danville, PA
- SIM program, new ultrasound fellowship and services

Director, Pediatric Palliative Care:

- Janet Weis Children's Hospital, Danville, PA
- Contribute to and lead a growing program
- Outpatient program is just beginning to be developed

Pediatrician:

- Geisinger CommunityCare, Hazelton, PA
- Outpatient
- Spanish speaking provider preferred

Pediatric Hematologist Oncologist:

- Janet Weis Children's Hospital, Danville, PA
- Inpatient and Outpatient (50/50)
- New graduates encouraged to apply

Interested candidates, please contact physiciancareers@geisinger.edu



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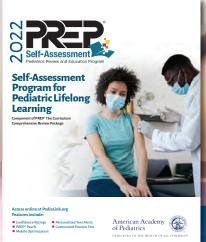




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Chronic, Complex Care Is...Well, Complex and Chronic



Joseph A. Zenel, MD, Editor in Chief, Pediatrics in Review Reprinted from Journals Blog published June 28, 2021

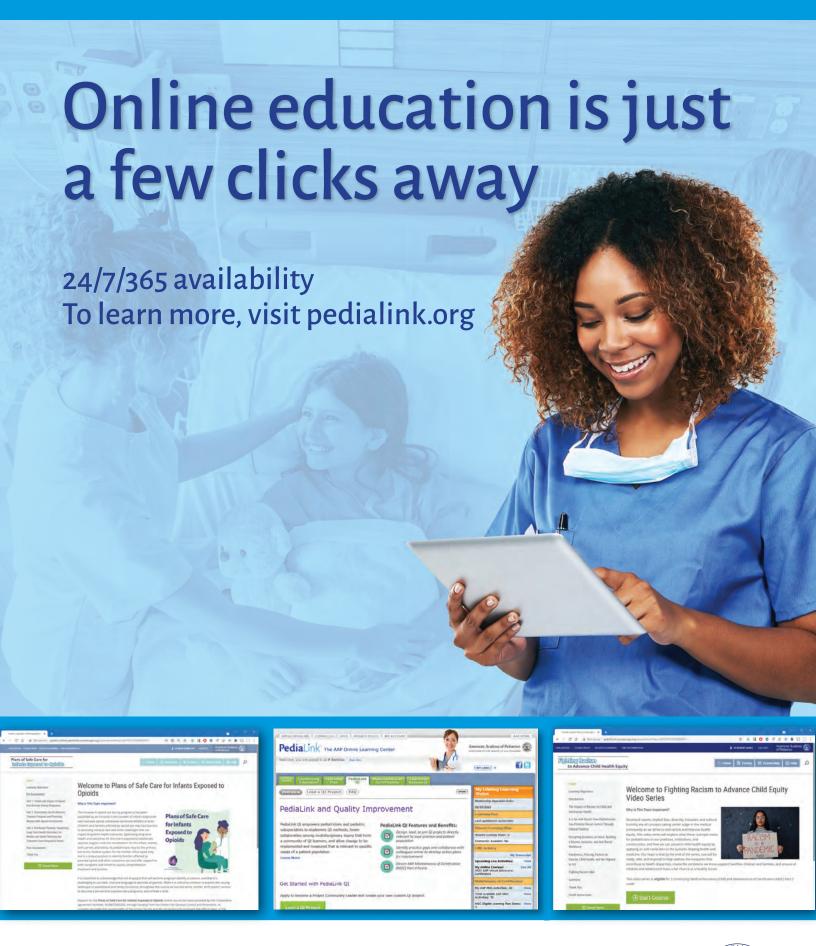
In June *Pediatrics in Review* started a section of review articles focused on chronic, complex care. When presented with the idea, editorial board members immediately suggested topics such as "Care of the ventilator-dependent child at home," "Children and adolescents with Trisomy 13, Trisomy 18," and "Support of families taking care of children with chronic, complex disease." Our inaugural article focuses on managing medically complex infants who are discharged to home. Although my initial intention for writing this blog was to comment on this article, I could not ignore three separate somewhat-related thoughts that I just had to share.

Perhaps it was naïve romanticism way back in grade school when I pictured my future self as a pediatrician practicing in a rural countryside, healing some children and supporting families of other children whose diseases had no cure and whose lifespan was unfortunately short. Now, sixty years later, I find myself a residency program director reviewing an intensivist's email praising two residents who spent many hours during the night figuring how best to manage a medically complicated patient who was emergently admitted to the hospital. The patient, normally cared for by multiple subspecialists at a distant tertiary care institution, was on many, many medications and required nighttime CPAP. The patient and family had been enroute to the tertiary center but the patient's condition acutely deteriorated and the family chose to divert to our hospital, arriving with no records and no CPAP machine. I tried to imagine the reactions our resident admitting team (and the attending physician) had when first approaching this patient. Not a simple task I am sure, yet the residents ably and nobly assisted the patient, the family and the attending physician. When I was a resident, home care for such a patient was not an option. Now, as more and more complicated patients shift from inpatient to outpatient care and we train our residents for managing these patients with complicated chronic care issues as outpatients, how do we ensure currently practicing pediatric providers are also prepared for these outpatients?

At morning report the other day, the presenting resident spoke about a patient with Duchenne muscular dystrophy. I sat back, expecting a talk about diagnosis and management, but instead, the resident, who happened to be on the endocrinology service, proceeded to ask the audience under what circumstances this patient could be referred to endocrinology. "Hello," I said to myself, "when does a genetic disorder of muscle cause an endocrine problem?" As the resident continued his presentation, I sheepishly realized I was assuming a too simple approach to the question. It wasn't the disease causing an endocrine problem; it was the treatment that was causing the endocrine problem. Administered high dose corticosteroids help increase muscle strength, reduce cardiomyopathy, delay scoliosis, and increase lifespan, but they also cause bone demineralization, delayed puberty, delayed growth, and adrenal insufficiency. In fact, for the patient who was the subject of this morning report, the treatment of his muscular dystrophy was causing new endocrinological problems, which in turn were causing new physical and psychosocial problems that the patient and family were asking for assistance. Rephrasing my earlier question, how do we ensure currently practicing pediatric providers are prepared for outpatients with chronic diseases that have increasing survival rates yet have an increasing number of complications?

Technology can improve our quality of life, but adopting such technology can be hard. Thanks to having multiple ear infections as a child and attending many a hard rock concert as an adolescent, I cannot hear certain frequencies. Denial, pride, and ignorance are reasons why I blamed others for not enunciating well. This past year, with everyone wearing masks and me frequently asking residents to repeat themselves, I finally agreed to having my hearing tested and accepted the need for hearing aids. The difference is remarkable. Before I got the aids, I was unaware I was slowly (insidiously?) growing comfortable with isolating myself from others. My family and colleagues note how more upbeat and engaged I am now, and they can immediately tell when I have forgotten to wear the aids. I fully embrace these technological wonders, but they frequently get entangled with my mask, amplify certain sounds I could do without, and remind me how muffled silence can be enjoyable when I remove the aids before bedtime. While this experience is a poor analogy for what technology-dependent patients may face, I wonder what patients and their families feel about the technology they are dependent on. Do we as practicing pediatric providers understand how patients and families may have difficulties accepting and dealing with technology?

The practice of pediatrics is evolving as more children with complex and chronic diseases live longer. *Pediatrics in Review* hopes our future articles on complicated chronic care issues will help us help these children live longer and—along with their families—have a better quality of life.





American Academy of Pediatrics

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Immunizing Against Hate: Overcoming Asian American and Pacific Islander Racism

Lee Savio Beers, MD, FAAP, Moira Szilagyi, MD, PhD, FAAP, Warren M. Seigel, MD, MBA, FAAP, Wendy S. Davis, MD, FAAP, Yasuko Fukuda, MD, FAAP, Madeline Joseph, MD, FAAP, Joseph L. Wright, MD, MPH, FAAP, Sara H. Goza, MD, FAAP, American Academy of Pediatrics Board of Directors Executive Committee, Board Committee on Equity

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Pelt has been more than a year since Immediate Past President of the American Academy of Pediatrics (AAP), Sally Goza, MD, FAAP, warned against the threat severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2) posed to children and families, including the harm coronavirus disease 2019 (COVID-19)—fueled racism and xenophobia could cause the Asian American community. Sadly, as the COVID-19 pandemic spread, racism and violent attacks on Asian Americans spread along with it.

COVID-19-fueled Racism and Attacks on Asian Americans

Since March 2020, increases in racist rhetoric have coincided with increases in racist abuse, bullying, and attacks. According to Human Rights Watch,¹ an organization that investigates abuses happening throughout the world, reports of discrimination and violence against Asians and people of Asian descent have surged both in the United States and worldwide. A new study of police department statistics² from 16 of America's largest cities reveals that hate crimes against Asian Americans rose nearly 150% in 2020, despite overall hate crimes dropping by 7%.

Stop AAPI Hate,³ a national coalition that tracks incidents of violence and harassment against Asian Americans and Pacific Islanders in the United States, reported nearly 3800 instances of discrimination against Asians between March 19, 2020, and February 28, 2021. Although these reports may represent only a fraction of the hate incidents that occur, it is an indication of how vulnerable Asian Americans have become to racial attacks and discrimination.

Widespread media coverage of violence committed against elderly Asian Americans in cities across the country is stirring up fear and a sense of increased vulnerability. These horrific, unprovoked attacks are not only heartbreaking to witness, they erode the sense of personal safety and well-being of the entire Asian American community. In addition, these hate crimes against the elderly are particularly devastating in light of the Asian American cultures influenced by values that promote positive views of aging and teach younger people to respect, obey, and care for their elders. Our Asian American patients tell us that they are afraid to walk or ride the bus to school, go to church, or play outside, because they, too, have been targets of taunts and harassment. But even staying inside the home does not protect them. Many children say they have experienced cyberbullying or feel shunned and anxious because of hateful, racist language online. Their parents tell us that although they themselves have previously experienced anti-Asian racism in the United States, never before have they felt so unsafe. It is no longer a sense of "not belonging," it is a sense of being on high alert. The alarming statistics and the trauma behind them illustrate that America is again waging a battle against two pandemics: COVID-19 and racism.

History of Anti-Asian Racism and Discrimination in the United States

Unfortunately, the racialization of a disease and the tendency to offer up scapegoats in times of crisis are not new phenomena. People of Chinese descent were implicated in the 2003 severe acute respiratory syndrome (SARS) pandemic. Such stigmatization invoked widespread fear and distrust and had damaging social and economic consequences for many Asian Americans.

In a 2020 commentary in *Pediatrics*, Cheng and Conca-Cheng⁴ wrote about the long legacy of anti-Asian racism in the United States. They pointed to the Chinese Exclusion Act of 1882, which prevented Chinese laborers from immigrating to the United States, the Immigration Act of 1924, which extended these restrictions to other Asian immigrant groups, and President Franklin Roosevelt ordering forced relocation and internment of 120,000 individuals of Japanese ancestry during World War II. In times of crisis and fear, the instinct throughout history has been to find someone to blame. Often, this is targeted at communities that have been historically marginalized and people who are least able to defend themselves.

Racism as a Social Determinant of Health

The 2019 AAP policy statement⁵ titled "The Impact of Racism on Child and Adolescent Health" declared racism "a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families." The policy states, "The social environment in which children are raised shapes child and adolescent development, and pediatricians are poised to prevent and respond to environmental circumstances that undermine child health." This is one of those times when we must step up to the plate.

In a 2020 article in the American Journal of Public Health, "Potential Impact of COVID-19-Related Racial Discrimination on the Health of Asian Americans," 6 Chen et al warned that COVID-19-related racial discrimination will exert harmful effects on Asian American health. They pointed to historical precedent of the association between racial discrimination and worsened psychological and physical health outcomes. Examples included the findings that Japanese Americans confined to internment camps during World War II experienced roughly double the rates of suicide and cardiovascular disease compared with their noninterned counterparts later in life and that Arab and Muslim Americans had greater psychological distress and short- and long-term health problems after the increase in Islamophobia, anti-Muslim rhetoric, and hate crimes that stemmed from the 9/11 terrorist attacks. In addition, the basic science and epigenetic elucidation of intergenerational transmission of historically experienced racism is evolving and supports these clinical observations. 7.8

Protecting and Promoting Mental Health

In a 2020 article in *Pediatrics*, Cheah et al⁹ examined the rates of COVID-19—related racism and racial discrimination experienced by Chinese American parents and youth and the associations with their mental health. The authors found that nearly half of parents and youth reported being directly targeted by COVID-19 racial discrimination online and that higher levels of perceived racism and racial discrimination were associated with poorer mental health.

For the past decade, rates of suicide, depression, and anxiety have been increasing for all children and adolescents. Many factors unique to the pandemic are adding to the toll on children's emotional and behavioral health: isolation from friends, family, and other community supports; emotional challenges, such as grief, fear, and disappointment; parental stress; and economic hardship. Asian American youth are further affected by having to wrestle with Sinophobic discrimination, slurs, and attacks, as well as the frightening reality that people from Black, Asian, and minority ethnic backgrounds are at greater risk of becoming severely ill and more likely to die of COVID-19 if infected. Although we do not yet have complete data on the pandemic's impact on children's mental health, evidence is emerging that suggests both the prevalence and severity of mental health issues have worsened over the past year.

Renewing the Call to Action Against Racism

We urge all pediatricians to refamiliarize themselves with the AAP policy statement "The Impact of Racism on Child and Adolescent Health," to examine our own biases, be prepared to discuss and counsel Asian American families on the effects of exposure to racism, and make appropriate mental health referrals as needed.

And we echo and reemphasize the urgency of Dr Goza's call not only to vaccinate children against COVID-19 but also to strengthen our children's immunity to the virus of hate. The AAP's commitment¹¹ to dismantling racism has been, and will continue to be, at the forefront of our highest priorities. ■

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Patricia Poitevien, MD, MSc, Rebecca Blankenburg, MD, MPH
Reprinted Commentary from Pediatrics July 2021, 148 (1) e2021050884; DOI: https://doi.org/10.1542/peds.2021-050884

In the July issue of *Pediatrics*, Montez et al¹ found the trend in proportions of underrepresented in medicine (URiM) trainees was unchanged in pediatric residencies (16%) and decreased for pediatric subspecialty fellows from 2007 through 2019 (14.2% to 13.5%). Importantly, URiM representation among pediatric trainees was far lower than that of the US population.

As a community of pediatricians, we have long asserted the importance of a diverse pediatric workforce and have issued multiple calls to this end. 2-4 The thoughtful analysis of the data compiled by Montez et all compels us to question why we have not achieved our goal. The authors highlight the challenges we face in URiM recruitment and retention across the spectrum of training. These challenges have previously been presented as a "leaky pipeline." This metaphor has been challenged 5.6 because it can inadvertently place the responsibility for leaving science, technology, engineering, and mathematics fields on the departing individuals. However, we resurrect the metaphor here to draw attention not to the individuals who are "leaking" but rather to the pipeline itself, one that has corroded because of the toxic environment of academic medicine that exists today.

Analyzing the separate steps to establishing a career in medicine is key to understanding attrition for URiM students and trainees. Structural racism affects each of these steps, from primary and secondary school education to the clinical learning environment. Academic medicine is not immune to the impacts of structural racism. However, our attempts to increase diversity in the pediatric workforce have focused largely on the individual and not the environment. Pediatric mentoring programs like New Century Scholars, Frontiers in Science, and Advancing Inclusiveness in Medical Education Scholars have been successful in providing opportunities, mentorship, and additional skills to URIM pediatric trainees; however, we cannot continue to fortify our learners only to immerse them in an environment that does not support them.

URiM students,¹¹ trainees,¹² and faculty^{13–16} have described their experiences in academic medicine extensively. Their stories depict a learning and working environment that is rife with bias, discrimination, microaggressions, misalignment of values, invisibility, and depravation of opportunity. Structural racism in medical education is the driving force responsible for this toxic environment. The misguided belief that URIM students, trainees, and faculty should opt to remain in this environment facilitates our refusal to examine our role in their attrition. If we truly intend to diversify our workforce and ultimately provide care to our patients free from bias and racism, we must work actively to be antiracist.

As a community of pediatricians and pediatric educators, we must begin a thorough process of self-reflection and honest evaluation. We must use tools like the Association of American Medical Colleges Diversity Engagement Survey¹⁷ and the White Coats 4 Black Lives Racial Justice Report Card¹⁸ to critically assess the climate for our URiM learners and educators. We must collect data within our individual departments to assess equity in hiring, pay, promotion, and tenure. We must critically evaluate disparate outcomes for our URIM students, residents, and faculty and link them back to policies that may perpetuate these differences. Those same policies must be challenged and replaced if they result in inequitable grading, assessment, promotions, or retention. We must reimagine equity in pediatric academic medicine using innovative tools like liberatory design,19 which puts forward that systems affected by racism can be redesigned, that designing for equity requires meaningful participation of those impacted by inequity, and that equity-driven designs require equity-informed processes. We must engage different pedagogical frameworks in graduate medical education and continuing medical education, such as structural competency, 20 which emphasizes how societal structures contribute to disparate health outcomes. Critical consciousness²¹ is another important pedagogical framework, which allows the learner to acknowledge the social and political nature of health care, the influences of power and privilege in the delivery of care, and how we as health care providers can combat assumptions that foster oppression. We must train our learners and educators to identify and interrupt microaggressions in the clinical learning environment and we must empower them to report these events to department leadership. Finally, we must evaluate how our departments and hospitals engage with our community of Black and Brown patients and families. We must critically evaluate how we collaborate with community stakeholders, use quality metrics to assess health outcomes for distinct populations, and actively dismantle social determinants of health which negatively impact patients.

To recruit and retain URiM learners into pediatrics, we must offer them opportunities for skillbuilding and mentorship in an environment free from microaggressions, bias, and discrimination. These forces which communicate a sense of peril to trainees also create a hostile environment for faculty and patients. Improvement in workforce diversity will necessitate a comprehensive, active commitment to antiracism that is long overdue and will ultimately benefit us all.

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The Role of Financial Drivers in the Regionalization of Pediatric Care

Jeffrey Riese, MD, Brian Alverson, MD
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General hospitals provide most pediatric inpatient care in the United States.¹ As hospitalization rates decrease nationwide, the regionalization of inpatient pediatric care and concentration at children's hospitals could limit health care accessibility, especially for those in rural communities.².³

In the July issue of *Pediatrics*, Cushing et al⁴ use data from the American Hospital Association survey to describe trends in pediatric inpatient capacity and access over 10 years. They demonstrate that, although there has been an overall decline in pediatric inpatient units and beds, there has also been consolidation of pediatric care with an increase in the number of inpatient beds at children's hospitals. Lower-volume pediatric units, those without an associated PICU, and those in more rural areas were at highest risk for closure. As a result of this trend, the investigators found nearly 25% of US children had an increase in distance to their nearest inpatient pediatric unit. Another notable trend: whereas inpatient unit beds increased by 12.1% at children's hospitals, PICU beds increased 46.4%, resulting in an increasing share of children's hospitals' inpatient beds having a PICU designation and further limiting accessibility of critical care services for children in rural areas.

One driver of these trends is likely to be what Probst et al previously described as the "structural urbanism" in health care, in which a bias exists toward large population centers. The etiology is thought to stem not only from a market orientation, which requires a larger number of customers to generate profit, but also from a public health focus driving preferential funding toward larger population centers.

Urban children's hospitals provide the majority of high-cost hospitalizations, and PICU use is increasing. 6-8 It remains unknown whether the observed increase in children's hospital PICU beds relates to increased medical complexity or if having more beds simply drives greater use. Regardless, the financial benefits to the hospital cannot be overlooked. Recently reported data from trends in bronchiolitis hospitalization may be an example in support of unnecessary use. 9 Whereas overall hospitalizations for bronchiolitis, a common inpatient diagnosis, have been decreasing, bronchiolitis hospitalizations at children's hospitals and associated hospital costs for these hospitalizations have been increasing, even for patients without medical complexity and those who do not require mechanical ventilation. 10

Cushing et al⁴ may underestimate the role that "observation status" designation may have in the allocation of pediatric inpatient resources. A substantial portion of inpatient hospitalizations are assigned to observation status, which typically has a lower hospital reimbursement rate than regular admissions.¹¹⁻¹⁴ As many as one-third of pediatric discharges from hospitals reporting observation status in the 2010 Pediatric Health Information System had this designation.¹⁵ Administrative databases, including the American Hospital Association database used for this study, that exclude observation stays likely miscalculate inpatient use. One can imagine that urban centers with a higher percentage of PICU beds may have a smaller percentage of observation cases. Therefore, there may be a skew toward preferential exclusion of rural patients in this analysis.

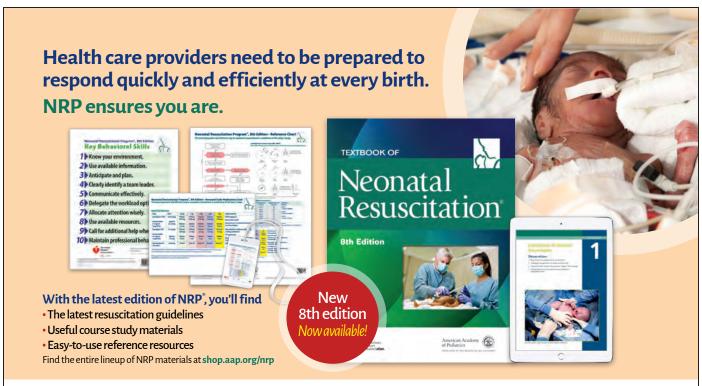
Cushing et al⁴ highlight the effect more regionalized care has on disaster or pandemic preparedness. However, the more palpable and direct ramification of this trend will be on the everyday effects on pediatric outcomes. As distance to care increases, there is an associated delay in care, as well as an increase in costs, length of stay, and mortality. ^{16–18} Although rural areas suffered the steepest declines in pediatric services, urban areas had an 18.6% and 10% decline in nonfreestanding children's hospital pediatric inpatient units and beds, respectively. It is important to remember that even a small increase in distance to pediatric care can have a large impact on access for patients with few resources and lack of transportation. ^{19–21}

The trend is clear: pediatric inpatient care is more regionalized and concentrated. Intensive care beds are increasingly used, and the reason for that may be partly a financial response to decreased reimbursement rather than increased need for intensive care services. The financial impact will likely result in further regionalization, leading to poorer access to intensive and inpatient care in many areas of the United States for children who are already vulnerable.

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Telemedicine and Pediatric Care: Is the Future Now?



Scott D. Krugman, MD, MS, Editorial Board Member, Pediatrics Reprinted from Journals Blog August 12, 2021

If you are like me, your telehealth experience went from 0 to 100 quickly last spring when clinics were shut down due to the COVID-19 pandemic. I think in the span of a week or two we were up and running on a telehealth platform and all of us learned quickly how to do the basics of a virtual visit. This State-of-the-Art Review, published in the August issue of *Pediatrics* (10.1542/peds.2020-047795), provides helpful guidance on how to continue effective telemedicine in the future.

As noted by the authors, the complexities surrounding implementing a successful telehealth program in your practice or hospital are numerous at even the most basic levels. Patients can be challenged by even accessing telehealth unless they have devices connected to high-speed internet. Physicians need to choose a telehealth platform and create a workflow to balance in-office and telehealth visits in a busy practice. Practice administrators need to make sure that mechanisms are in place to be able to bill for telehealth services. Policy makers need to ensure that payment is equitable and there aren't issues practicing across state lines. And all of these issues need to be addressed before even figuring out how to do a high-quality telehealth visit. The pediatric community needs to still work out which conditions are amenable to telehealth visits (i.e. don't need a detailed physical exam) and which ones really need an office visit.

I commend the authors for encouraging practices interested in implementing telehealth to address the "people, training, processes, and tools" required to be successful. While it seems like "Practice Transformation" has been the go-to phrase for the past decade, making sure that telehealth is effectively and safely implemented will require true practice transformation as the challenges and barriers at each level of implementation must be addressed. I recommend anyone who is currently using telehealth to carefully review this published state-of-the-art review.



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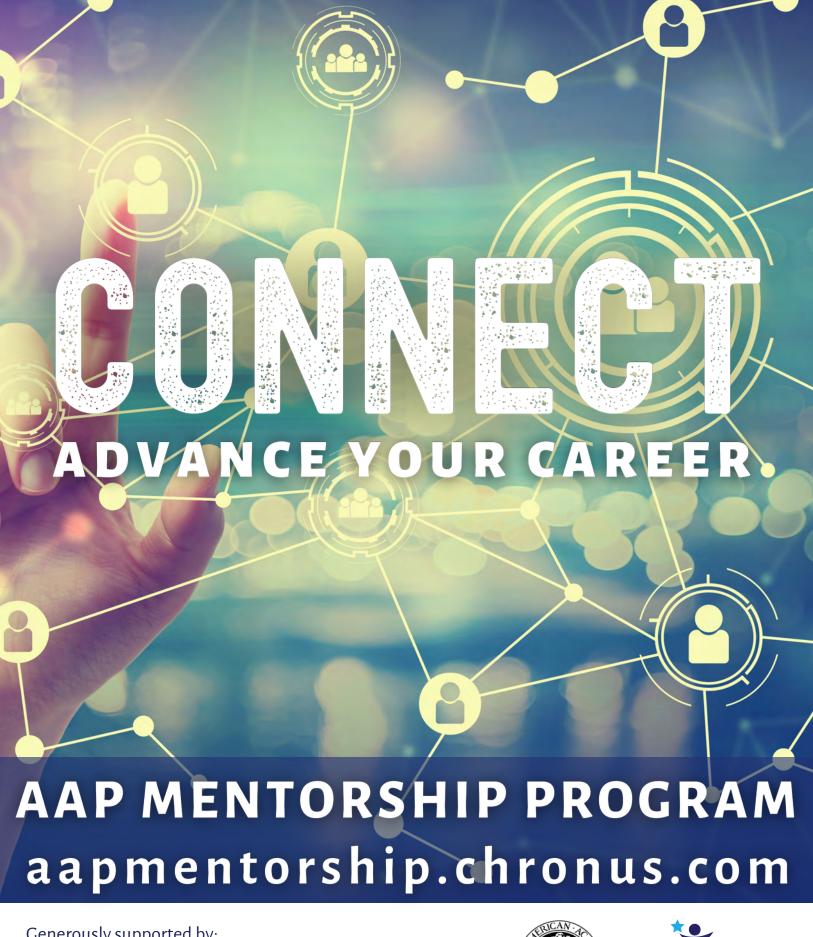
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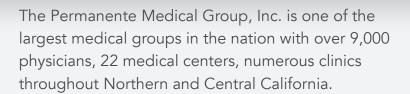
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- Mission driven, patient care-centered and one of the largest progressive medical groups in the nation!

EXTRAORDINARY BENEFITS:

- Shareholder track
- Unparalleled stability –
 70 years strong
- Shared call
- Moving allowance
- No cost medical and dental
- Home loan assistance (approval required)
- Malpractice and tail insurance
- Three retirement plans, including pension
- Paid holidays, sick leave, education leave (with generous stipend)



KAISER PERMANENTE®

We are an EOE/AA/M/F/D/V Employer. VEVRAA Federal Contractor

