**Job Summary:**

San Francisco VA Medical Center (SFVAMC) is actively expanding our Hospitalist Division and seeks dynamic, qualified internists with strong clinical, communication, leadership, and teaching skills to join our division. Successful candidates will receive a faculty appointment at the UCSF School of Medicine.

The Medical Center is affiliated with the Schools of Medicine, Pharmacy, and Nursing at the University of California, San Francisco (UCSF), one of the top medical training institutions in the U.S. Strong affiliations also exist with the Schools of Nursing at San Francisco State University and San Francisco City College. For more than 50 years, SFVAMC has enjoyed a distinguished tradition of superb scientific, clinical, and health policy research; cutting edge medical technology development; and outstanding education for students, residents, and fellows in medicine, pharmacy, and nursing.

SFVAMC is a fully accredited 124-bed tertiary referral center offering comprehensive inpatient and outpatient primary and subspecialty medical and surgical care services to over 310,000 veterans living in northern California. Our facility is located in the northwest corner of San Francisco, overlooking the Pacific Ocean and Golden Gate Bridge.

**Major Duties:**

The VA San Francisco, CA (SFVAMC), is seeking BC/BE Internal Medicine physicians to join our rapidly growing Hospitalist Division. Job responsibilities align closely with the Division’s three-part mission to cultivate hospitalists who are top clinician-educators; expert providers of safe, efficient, patient-centered, and cost-effective care; and dynamic leaders in systems improvement.

This position requires a minimum of 6 months of inpatient clinical work, including the following responsibilities:

- Attending on the housestaff-covered (“teaching”) General Medicine ward teams;
- Attending on the non-teaching General Medicine inpatient service;
- Attending on the co-management service (for patients on the Neurosurgical, Orthopedic, and Podiatric services);

Other non-clinical responsibilities are likely to include:

- handling interfacility transfer requests to the Medical Service;
- participating on Medical Center committees;
- participating in quality improvement work;
- serving as a physician advisor for the utilization review/utilization management (UR/UM) nurses.

Many exciting, optional opportunities exist for interested hospitalists, including:

- didactic teaching sessions for residents and students;
- individual and group mentoring of residents and students;
- shifts (teaching and non-teaching) in the emergency department and urgent care;
- attending on the Medicine Consult service (with a second- or third-year resident also covering the service);
- attending on the palliative care service for qualified candidates.

Generally, hospitalists are expected to assume at least two of the above clinical roles during the year. The non-teaching General Medicine inpatient service requires 24/7 in-house presence by our hospitalists. We are open to hiring candidates interested in exclusive night-time coverage of this service (“nocturnists”). Precise distribution of clinical time will be determined by individual interests and evolving medical center needs.
Numerous opportunities for research, non-clinical teaching, and administrative leadership exist at both SFVAMC and the university. We expect that hospitalist faculty will distinguish themselves in at least 1 non-clinical domain.

This position will remain open until filled. Interested candidates should email a cover letter, resume/CV, and contact information for 3-4 references to Rachael Lucatorto, MD (Rachael.Lucatorto@va.gov), in addition to completing the VA application process.

Qualifications:

A current, full, and unrestricted MD license to practice medicine in any U. S. state is required.

Salary commensurate with qualifications and experience.

This position offers excellent benefits; outstanding vacation, sick and educational leave; and malpractice insurance.
1) What is the vision/mission statement for the group?

The vision of SFVAMC Hospital Medicine is to cultivate hospitalists who are expert providers of safe, efficient, patient-centered, and cost-effective care; outstanding clinician-educators; and dynamic leaders in systems improvement. The group explicitly exists to meet 2 mandates for the medical center: 1) insure high-quality education for physician-trainees through direct teaching/mentorship and assisting housestaff with patient care activities; and 2) lead efforts to improve patient satisfaction, quality, safety, and efficiency on inpatient services.

2) How is the group structured, and who are the other hospitalists?

SFVAMC hired its first dedicated hospitalist in July 2010. Functionally, Rachael Lucatorto has served as a hospitalist and champion of hospital medicine for several years in her role as Residency Program Site Director for Internal Medicine. Currently, there are 2 hospitalists: Read Pierce and Heather Nye. The group will expand to 10 “full-time” hospitalists by July 2011, though we expect some positions to be shared, resulting in 10-15 members of the hospitalist group. Rachael Lucatorto will continue her close affiliation as the Residency Program Site Director and Assistant Chief of the Medical Service. Read Pierce will lead the hospitalist group.

3) How will the clinical services be organized, and how much time will I spend on each?

The precise distribution of clinical time and responsibilities will evolve as we create and expand new services. Change management will occur through an open, consultative model of discussion and consensus building. For the 2011-12 academic year, hospitalists will cover:

- A faculty hospitalist service (FHS), which provides comprehensive inpatient care (admission, care coordination, discharge) for patients with acute medical illness. This service will admit patients daily in parallel with an on-call medicine housestaff team, and requires 24/7 in-hospital presence by a hospitalist. We expect to focus on lower-acuity patients with less perceived teaching value for housestaff (predicted average daily census is 8-10). Because of the new duty hours regulations, the on-call interns will be staggered—one working a “day shift” and the other a “night shift.” To support the work of the on-call team, the daytime hospitalists will also assist with patient care and new admissions for the Teaching Service. The night-time hospitalist will cross cover and admit to the FHS, cover the comanagement patients, and also assist housestaff with procedures and challenging clinical cases on the Teaching Service. The FHS will start in July 2011 to support new residency duty-hours regulations.

- The Comanagement service (CoM), which provides proactive consultation regarding non-surgical care for inpatients on the Neurosurgery, Orthopedics, and Podiatry services (average combined daily census is 10-15). The surgical services each have a large, multidisciplinary team (attendings, residents, NPs, PAs, dedicated social workers), and are responsible for admission, care coordination, and discharge of patients. CoM currently requires in-hospital presence by a hospitalist from 8am to 6pm during weekdays, with after hours coverage by the Medicine Consult resident. Starting July 2011, duty hours regulations will require all after-hours calls (currently rare) to be handled by a hospitalist.

- The Medicine Wards Teaching Service, based on a traditional housestaff team with 1 junior or senior resident, 2 interns, and medical students. The hospitalist is assigned to 1 housestaff team for half-month periods, leads patient care and multidisciplinary rounds with the resident each morning, and focuses on teaching of clinical medicine. Housestaff provide 24/7 in-hospital coverage for direct patient care; hospitalists must be available by pager at all times. For the 2011-12 academic year, we can guarantee 1 month of attending time on the Teaching Service.

- Additional, optional opportunities exist for interested hospitalists to attend on other services, including urgent care, medicine consult, and palliative care. Pursuing these optional opportunities...
cannot substitute for assignments to the 3 core services above until we have established an equitable, sustainable model for supporting duty-hours requirements.

For 2011-12, all hospitalists will play several of the above roles and should anticipate approximately 6-7 full months of clinical work, including participation in a jeopardy coverage pool for the hospitalist group and handling of requests from referring hospitals for inter-facility transfers (2-8 per week).

4) What are you looking for in hospitalist candidates?

We will hire hospitalists based on alignment with our vision, superb interpersonal skills, interest in rapidly shaping and refining our clinical roles within SFVAMC, and enthusiasm for both clinical work and 1 or more areas of non-clinical expertise/leadership. In addition to traditionally academic hospitalists, we are open to hiring dedicated nocturnists as well as recent residency graduates who plan to pursue fellowship in 1-2 years.

5) What types of teaching opportunities will be available to hospitalists?

Though the positions are heavily clinical, there will be many opportunities for teaching. The hospitalists will interact regularly with trainees at various levels and in multiple ways through the supportive roles that FHS hospitalists play for on-call housestaff. Examples include overnight impromptu teaching with interns around challenging cross-cover, problem-listing with third year medical students, and coaching residents about triage of complex patients admitted from the emergency room. We are very interested in hiring faculty who will continue the long tradition of superb and innovative medical education at SFVAMC, in part by developing new models for teaching while working alongside the on-call housestaff across the entire admitting day. Additionally, there are many opportunities to lead teaching conferences for trainees, mentor students and residents, and develop curricula around teamwork, communication, and professionalism. Faculty are welcome to attend and participate in morning residents’ report and weekly Medicine M&M conference.

6) What is the medical center’s perception of hospitalists?

Both Paul Volberding, Chief of the Medical Service, and Diana Nicoll, SFVAMC Chief of Staff (roughly our CMO), enthusiastically support hospitalists and the expansion of our group. Staff throughout the medical center perceive hospitalists to be experts in safe, timely, effective, patient-centered care, and leaders in front-lines systems improvement.

7) What kind of protected time will be offered?

When not performing a clinical duty that requires in-hospital presence, hospitalists are expected and encouraged to pursue their other interests at a time, place, and schedule that best suit individual needs. Due to national VA requirements regarding maximum work hours for all federal employees, hospitalists should expect to spend no more than ~80 hours in the hospital every 2 weeks (averaged over the year for a full-time hospitalist). We will support individual requests to consolidate clinical duties and time-off, so long as the annual sum of hours worked conform to VA requirements.

8) What kind of mentoring and professional development will be available?

Read Pierce will oversee an active mentoring program for hospitalists to support professional development. We likely will appoint one of our newly hired hospitalists to direct education, structured mentoring, and career advancement for the group. We are actively building collaborations with existing faculty development opportunities at Moffitt, including Hospital Medicine Grand Rounds and regularly scheduled social events for hospitalists from all 3 sites (SFVAMC, Moffitt, SFGH).

9) How will community be fostered within the group?

SFVAMC has a strong culture of collegiality, informal mentoring relationships, and dedication to career development. The interests of our faculty are broad, yet the relatively small size of the medical center encourages a very tight-knit sense of community. Faculty leaders maintain a strong open-door policy, and hospitalist offices are located in the main hospital building, close to both Medical Service administrators and the hub of resident activity and chief residents’ office. Also see #7 above.