Child Neurology and COVID-19

Hearing from Our Members...
To Be or Not To Be?

The simple answer is “To Be.”

A more complex response, outlining options for those unable to travel to San Diego in October to join those attending in-person, will be communicated to members in June when the Marriott Marquis makes its plan for hosting a safe and responsible meeting available.

Registration and hotel reservation information and links will be posted in July.
Connecting with Colleagues

4 LETTER FROM THE PRESIDENT
6 COVID-19 AND CHILD NEUROLOGY
  8 SOUTH
  12 MIDWEST
  18 WEST
  24 NORTHEAST

30 LETTER FROM THE EDITOR
32 LETTER FROM THE EXECUTIVE DIRECTOR
35 CNS NOMINATING COMMITTEE

Connecting with Your Future

36 PERSONNEL REGISTRY
From the President

Phillip L. Pearl, MD
President, CNS
Child Neurology and COVID-19: Hearing from Our Members

By Phillip L. Pearl, MD | CNS President

Our third month into lockdown and society is wearing thin. The clouds in this storm continue to rumble, with occasional openings of light and then spurts of gray. This will be a long haul, with recovery in fits and starts, but we are up to the task. All of our practices, departments, institutions, and professional societies have had to dodge, pivot, and adapt to bear with this pandemic. The CNS has been relentlessly active in surveying, reporting, and advocating for the practice of pediatric neurology.

Within the first two weeks of March, the Society produced a joint statement with the Child Neurology Foundation of practical advice for practitioners and families. In short order, our Ethics Committee, chaired by William Graf, and Leon Epstein, chair of the AAN Ethics, Law, and Humanities Committee (and co-signer on the Hastings Letter to the White House and Congress on the very real pressing issues that come to bear in a pandemic, including protection of health care workers and potential rationing of limited resources) distributed a statement of practical bioethics in a pandemic; this is available on the CNS website with a full version now published in *Pediatric Neurology*.

We joined together with partner organizations, including the AAN, ACNS, AES, CNF, ILAE, and NAEC, for a concerted response to the rapidly emerging issues. Challenges in dealing with our most vulnerable populations arose quickly, and the Practice Committee, in concert with the Pediatric Epilepsy Research Consortium, produced recommendations for the management of new onset infantile spasms distributed to the membership, posted on our website with links to the partner organizations, and now in press in the *Journal of Child Neurology* with an accompanying editorial in press in the *Annals of Neurology*. We put together a telemedicine toolkit from the Telemedicine SIG, and a protocol for telehealth examinations from the Electronic Communications Committee applicable to specific ages, from infancy through adolescence. We are now focused on the re-entry of pediatric neurology clinics and hope to make this, again, a very practical document, that poises us to optimistically enter a recovery mode. The Research Committee has assembled a document at the request of NINDS for research priorities in child neurology, and pivoted quickly with a survey recently released to explore how the pandemic has affected research activities and resources.

Meanwhile, we have asked our committee chairs and society leaders to share their strategies, challenges, and solutions at the local level with us. This is our chance to hear and learn from each other. CNS Councillors Nigel Bamford, Nancy Bass, Lori Jordan, and Mark Wainwright solicited personal perspectives from colleagues practicing in their geographic areas; a sampling has been collected and published in this issue, and the results are compelling. The CNS could not have a better business advisor than our own Secretary-treasurer, Bruce Cohen, with his usual sound and commonsense approach that always provides just the right perspective. I thank Roger Larson, our Executive Director, for helping to compile and categorize this information with the expertise of a qualitative researcher. There could be no better editorial expertise than provided by Roger, working in tandem with Dan Bonthius, our *CNS Connections* Editor, to produce this special issue that is sure to be insightful and informative for all.

The long planned and anticipated October meeting, our Society’s 49th and the first in 25 years to be held with our international partner, ICNA, is on everyone’s minds. We are working actively in the national office and Executive Committee to plan the best possible event. There will be more to follow on that score. Meanwhile, imbibe in this special issue of *CNS Connections*, dedicated to the response of Child Neurology to COVID-19.
In mid-April, about a month following the WHO’s official declaration of a COVID-19 pandemic, we asked the four Councillors serving on the CNS Executive Committee to respond to, and solicit responses from colleagues to the handful of questions listed below. The response was both thoughtful and robust. Some of those responses have been collected and are now offered to CNS members in this special COVID-19 issue of CNS Connections, with the hope that members will respond with stories and viewpoints of their own, keeping the conversation going as we move toward an uncertain fall season when – we still hope – we will meet in San Diego with our colleagues from around the world and can swap stories and solutions and skillsets with them:

- How have you responded, adapted, or coped with the current COVID19 pandemic, either from the perspective of your committee, special interest in child neurology, or practice?
- How do you see this affecting pediatric neurology going forward?
- How has this changed our citizenship in the wider worlds of neurology, pediatrics, medicine, and society in general?
- How has this changed the outlook for our junior members and recruitment into child neurology as well as into medicine?
We realized that our highly collegial and intertwined coverage system could result in most of us either becoming infected or being quarantined as a contact, making it impossible for us to carry out essential tasks. So relatively early we divided the staff into separate teams, each tasked with a different clinical duty, such as inpatient consults, outpatient care, and EEG. The normally cohesive group was told to not mingle with other groups and to work from home whenever possible. Members of the inpatient team are prohibited from going to the outpatient area, and the outpatient teams must not enter the hospital. The two outpatient teams are scheduled for in-person encounters on alternate days. Everyone still takes night call, but only the inpatient coverage team members are allowed to go into the hospital after hours when the need arises. We call this our “silo system.” It is designed to keep people from getting ill but also to ensure that we will always have healthy physicians and nurse practitioners to shift into essential services when some is ill.

We have a plan in place for adults up to 35 years of age to be admitted to the children’s hospital in order to free beds for COVID patients at the adult hospitals. We would accept non-COVID patients, pregnant women, or adults with an MI. We did a trial run of adding tents near the children’s hospital ED. Lots of preparations which everyone really hopes are unnecessary.

**QUESTION | How do you see this affecting pediatric neurology going forward?**

We will likely be left with everyone being more comfortable with telemedicine encounters, which is good. Similarly, the situation has compelled some of us to belatedly adopt electronic tools for education and training. This also is overdue.

We might also finally start to take more seriously a needed effort to discourage tag-along siblings to outpatient visits. We have been catching infections from patients for years, just not ones as malignant as this one. Nonetheless, I for one am tired of getting unnecessarily sick just because a family insists on bringing three infected siblings to the visit.

This situation is likely to hurt small private practices; these are essentially small businesses, and the low cash flow generated by deferral of non-essential visits, diminished inpatient consultations, and lower reimbursement of telemedicine encounters will put some practices into distress. This in turn may lead some of them to accept affiliation agreements that have been resisted in the past.
**QUESTION | How has this changed our citizenship in the wider worlds of neurology, pediatrics, medicine, and society in general?**

This remains to be determined, but I suspect that different specialties could become more cohesive in the short term. Health care workers are enjoying new found respect from society, but this is likely to be transient. The politicians are, predictably, already trying to use the tragedy for political gain and blame anyone but themselves. The reality is that few governmental actions, either now or earlier, would have completely prevented this crisis. In the end, nothing much will change.

**QUESTION | How has this changed the outlook for our junior members and recruitment into child neurology as well as into medicine?**

Probably not much, in the long run.

**QUESTION | How did we respond?**

Initially, all “essential” outpatient visits were cancelled/rescheduled for June or later. Residents were pulled from the outpatient services. Within two weeks, we were able to start providing telehealth visits and have instituted a “doc-of-the-day” system, where one faculty member comes in to the office to see patients that require an in-person exam; the rest “see” patients via telehealth options either from home or from their offices.

**QUESTION | How will this affect Pediatric Neurology/how will this change our citizenship…?**

I believe there will a tremendous impact, primarily because of the shift to telemedicine. I’ve long been an advocate for tele neurology, especially for those patients whose parents would have to take a whole day off from work to drive 2 hours (or get Medicaid transport) for a 15-30 minute medication renewal visit. However, my efforts to get this instituted were stymied by insurance restrictions and restrictions on the type of technology we were allowed to use. Now all of a sudden everything telehealth seems possible, and the patients are loving it! We like it, too. We’re able to focus on the essentials, not wasting time on portions of the exam previously done just to cover the “8 organ systems” demanded for a particular level of reimbursement. It also allows us to convert a lot of what used to be “non-billable” time – ie, non-reimbursed, often very long calls or e-messages to patients – to billable time. That should give us a lot more flexibility to get kids seen more quickly and to triage more appropriately.

This presupposes, of course, that the concessions made by Medicaid/Medicare and most commercial insurance companies remain in place for the most part. I believe should advocate for that with all our might, as it is in our interest, in the interest of the patients, and I believe would actually reduce the cost of care. So long as we don’t let the documentation demons take back over...

Of course, there are downsides. Obviously not every child can be examined adequately via video visit, and there is clearly some risk of missing unexpected findings. But with training and good judgment it should be easy to tell which child needs to have an in-person follow-up visit or even come to the ED as soon as possible. I dare say it might be fun to devise new ways to do a good exam per video on an uncooperative toddler… The bigger concern is that we might deepen the digital divide. Already it’s obvious that those who could most benefit from video visits – those in the rural areas with poor internet connections and outdated electronics - might have the hardest time accessing them. We will need to be vigilant.
We were able to quickly ramp up to telehealth visits through Epic with a Zoom platform, particularly for established patients and for many new patients. The challenges were around rescheduling appointments as “telehealth” requires many staff hours and families having the proper bandwidth and connectivity. As many of our patients travel quite a distance from bordering states, and providers must be licensed in the state where the patient is located, we quickly applied for emergency medical licenses in several adjoining states to provide telehealth care.

Families are very appreciative of this access to care, and we hope will be able to continue telehealth, particularly for routine follow up visits post-pandemic for some types of patients. For children and families with long travel times to medical centers, improved access to pediatric subspecialty care via telehealth with improved access and reimbursement could be a “silver lining” to the pandemic.

All of our didactic lectures for residents – noon conference, grand rounds, chairman’s rounds, etc. have been via zoom since mid-March. Weekly division meetings by video conference have helped us stay abreast of changes and stay connected to each other as a pediatric neurology team.

As for PPE, we are following the CDC recommendations. We quickly moved from “no masking needed” to “masking optional” to “optional masking but recommended; the tendency was to wear a mask if seeing patients, but not while in non-patient-contact activities. Finally, we are in a “masking for all phases,” and the tendency is to have a mask on at all times unless working in the academic personal office, and if seeing patients also donning protective eyes covering. In the case of enhanced droplet precautions protective everywhere is mandatory. Throughout, we have adhered to usual droplet precautions as before, but if high risk of aerosolized respiratory exposure, face shields and/or protective eyewear also needed.

Being a child neurologist in a pandemic that is not neurologic, I personally would not say that this, or most, disease process is non-neurological. Altered mental status is neurological (even if caused by hypoxia). Adults (including young adults) have had strokes, which prompted me to join a cohort study for all ages in monitoring disease symptoms and sequelae. Many epileptologists are following how it may affect seizures, especially in the refractory population. I speculate the fevers in effected patients will cause breakthrough seizures. I don’t think we know exactly how much the COVID crisis is impacting our specialty population, and we certainly don’t know if any unexpected neurological sequelae may happen.
I suspect that our experience is the same as everyone else’s. Our EMU and outpatient EEG have been closed since late March. We are in a freestanding children’s hospital, which is now about 50-60% occupied, and ED visits are down by a factor of 3. Most faculty are working from home, and we have had a crash course in telemedicine.

**Outpatient:**

We are still in the ramping up phase of telemed activity, with variable results. Individuals with stable general practices are the most productive, seeing mainly epilepsy follow ups. Subspecialty work is harder, particularly with movement disorders. This is also true for demyelinating diseases and neuromuscular. These three groups are going to be the first to start seeing live patients, once we have a process ironed out for patient distancing.

We have started to see selected new patients, essentially performing a triage function. Obtaining EEG and imaging studies that require sedation has been a challenge but seems to be something that we will be able to do on a selected basis in the near future. It is interesting that older neurologists are less troubled by the lack of EEG availability than the younger folks. A generational thing, I guess. Needless to say, though, compared to our usual very busy clinical practice, productivity overall is very low, and it is likely that there will be salary adjustments.

There is no question that the pandemic has altered the way we practice. Two of our faculty were previously using virtual visits. Their expertise allowed the remainder of the faculty to transition to phone or video clinics within a week. Our clinics are now full speed ahead. The patients appreciate the ability to connect to their physicians in this format. They now have access to updates in their health care and benefit from the convenience and safety.

We continue to have an inpatient service, but those admitted to the hospital are often critically ill, so while there are reduced numbers, the acuity is very high. COVID is not as frequent in the pediatric population, so admissions for that specific diagnosis are rare.

New Orlean’s numbers are plateauing by multiple indicators. The frightening predictions may not be realized, but the impact (especially the isolation) is clearly reminiscent of Katrina.
In response to the COVID-19 epidemic occurring in China and parts of Europe, on March 6, 2020 Health and Human Services (HHS) announced telemedicine rule changes as it affected Medicare recipients, citing an 1135 Waiver declaring COVID-19 a public health emergency (PHE). Five days later the World Health Organization declared COVID-19 a pandemic. The changes HHS put into effect were further extended on March 30, 2020; these eliminated most regulatory requirements around telemedicine for Medicare recipients, and essentially pushed most of the Medicaid and commercial insurance companies to pay for telemedicine services. With the “shelter-at-home” orders, the federal government wanted to make sure the public continued to receive medical care during this PHE. Within a few days, most large health care systems were able to roll out their developing telemedicine programs. The rule changes allowed for even small medical practices to engage in telemedicine. The public has responded favorably, at least for the near term.

The background to the telemedicine story dates back more than a decade. Remote Audio-Video real time (synchronous) care in neurology has been brewing for years, initially supported by CMS for stroke consults where the site of service (ie, where the patient is located) was in rural areas. A recent decision by CMS allowed for remote consultations for stroke to occur at any site of service because access to a neurologist in a dense urban population could be just as difficult as in remote rural regions. Dermatology and other specialties were developing practice models as well, although using a different model of store and forward, or asynchronous, technology. The AMA Current Procedural Terminology (CPT) process, with CMS as a proponent, developed the new CPT and G-codes (the G-codes are managed by CMS and can be considered analogous to a CPT code) for these synchronous and asynchronous services, including the -95 and -GT modifiers for the synchronous care using the audio and video technology. However, until the COVID-19 PHE, there were many restrictions and barriers to using the technology and most carriers denied payment for these services. An example of a site of service barrier would be a doctor in New York City who, without other state medical licensure, would not be able to deliver telemedicine care to their own patients residing in New Jersey or Connecticut. Another barrier involved the expense of installing HIPAA-compliant technology necessary to conduct non-face-to-face care. These two barriers made telemedicine unobtainable for the masses.

There were, however, two active models for telehealth that evolved independently that both worked around CPT codes and insurance carriers. The first model was the telehealth consult model, which would include telestroke care. Telehealth consults were contracted between the requesting hospital and a telehealth company that hired independent physicians or a large neurology practice such as would be found at a university hospital type setting. The hospital requesting the consult would pay the consulting physician or corporation either a subscription fee or per-use fee. Examples in adult neurology included emergency stroke care and neurology consults on an inpatient medical ward. This model still required those physicians that delivered the care to have medical licenses in the states for which the care was
on March 6, 2020 three major regulations were lifted:

1. HHS allowed physicians to deliver telemedicine care without concern for site of service (crossing state lines without a medical license), which then left the final determination up to the states to decide if doctors without a license in one state could practice in their state. For the most part, the states have allowed this to happen if the patient cannot travel because of COVID-19.

2. HIPAA regulation for the technology to connect the patient with the provider was relaxed.

3. CMS, and then other carriers agreed to pay for all Non-Face-to-Face E/M visits that included:
   a. Telephone services initiated by patients
   b. Digital services (via asynchronous text, photo and/or video) initiated by patients
   c. Synchronous non-face-to-face E/M using real time Audio and Video technology
   d. Interprofessional consults; covering consulting services without the physician needing to visit in any way with the patient

On March 30, 2020 CMS further expanded telemedicine’s reach to include NEW Patients, including telephone services and inpatient services (new, established, discharge day planning).

Although these codes were created for the exact purpose for which we are using them now, the idea this care would change so quickly would have been unthinkable a few months ago. COVID-19 provided the catalyst, and we will soon learn if this is safe and acceptable to patients as an alternative or adjunct to face-to-face care, and if it provides a cost-savings to society. Assuming the care is safe and acceptable to patients, one would wonder where the cost-savings would come from? And here is where the problem, as it relates to the model of physician salaries, arises.

Total reimbursement for any medical service is the sum of the work RVU (physician component), the practice expense RVU (what it costs the facility to provide the figurative bricks and mortar to deliver that service), and a malpractice RVU. During the COVID-19 PHE, the practice expense RVU must be paid as if the service was provided in the office setting. In other words, if you are employed by a medical center or university hospital, your employer is being reimbursed for expenses that were not necessary for you to provide care to that patient on the day of the service. Although the practice expense varies for every service, it makes up about 40% of the total reimbursement. The practice expense for telehealth is likely less than for providing service in the out-patient office. If these practice expenses are re-evaluated they will likely be quite different, and less, for services delivered by synchronous technology with audio + video link.

Furthermore, although the intention of telemedicine service codes were to use the technology as an adjunct to the office visit and not as a replacement of the office visit, the payment for a telephone service may only be 20% the payment for a standard face-to-face service. The combination of the reduction in practice expense payment and shift of some care to the telephone may ultimately impact physician salaries.

For hospital-based physicians, the wRVU payment does not come close to covering a physician’s salary. Salaries are supported not only by the wRVU payment but in part by:

a. Practice expense revenue.

b. Downstream revenue – for the child neurologist this would include all laboratory tests, MRIs and consults. For the patient that lives far away, it is likely your patient may get their labs and MRIs from a provider outside of your medical system, thus your employer will not realize any of the downstream revenue from your telehealth services.

c. Hospitalization, infusion care, and procedure care for a relatively small percentage of patients provides a large revenue stream for the hospital.

The disruption of revenue flow, as we know it, could change dramatically. Some of the crossover of the downstream revenue may not be as critical for the medical system at large because this “leakage” can occur in both directions. But your employer is interested in tracking downstream revenue from your patients, and is not going to give your practice credit from leakage coming from other medical centers. Consider your own practice.

What can the CNS do for our members? If, at the end of the COVID-19 PHE CMS and the other payers stop covering telehealth services, and most encounters revert back to face-to-face care, then the payment models remain stable enough. If a significant proportion of our patients end up using non-face-to-face care, then the ultimate result could change how we practice medicine and how we, as providers, are paid for our services.

In 2017, when I delivered a talk at the CNS Presidential Symposium, I mentioned the evolving non-face-to-face codes, not thinking they would really appear until after we were caring for patients primarily in alternative payment models some ten continued on next page
years in the future. My suggestions to the younger members of the society was that they become their own best advocate and be in charge of their own professional development, that they truly understand the mission and culture of their employer or institution, that they develop one medical talent and one non-medical leadership skill that will be valuable to their employer or institution, and finally, that they work with their family to prioritize a timeline for their career. These same concepts apply to the transition that will be a result of the rapid introduction of telemedicine.

In summary, putting aside the immediate concerns about COVID-19 and our personal health, the tipping point comes when the COVID-19 PHE ends. If HHS and CMS decide to reset the rule changes, much of the worry will disappear for at least a short period. If the current rules remain in place we will see discussion pertaining to:

1. Individual states developing rules regarding telemedicine care given by doctors without a medical license in that state, which could lead to the option of a medical license restricted to telemedicine only. Blockchain technology may remove the current burdensome barriers to state licensure. Increasing competition by eliminating this barrier will drive down the salaries of providers.

2. CMS and commercial insurers either not paying a practice expense for telemedicine care or asking for a re-review of the true practice expense of these services. The reduced revenue will ultimately drive down the salary of providers.

3. Hospital systems will learn to avoid leakage of patients at all costs by expanding clinic hours and availability of their doctors. The concept of waiting six weeks to see a child neurologist will likely disappear – patients will receive services whenever they choose. As an example, if a parent cannot find a doctor to evaluate their child quickly for a first seizure nearby, there are 1000 other child neurologists in the USA gladly able to evaluate that child via telemedicine that day. The advantages and disadvantages are numerous, but on the surface, physician burnout would appear to be the greatest risk.

Advice to our members:

1. For the generalist: develop a clinical skill set in one needed sub-subspecialty or service delivery area (neuro-oncology, botox delivery, inpatient neurology).

2. For the sub-subspecialist: develop knowledge on how to care for what is the bread and butter areas of child neurology (headache, basic epilepsy, evaluation of developmental delay). For many of us this will require stepping out of our comfort zone.

3. Think about your own personal situation and think about any ways you can step out of the current 8-5 workday to make yourself more valuable to your patients, your employer and your colleagues.

4. If your current position is not stable or if you are nearing retirement but still want to work, think about moonlighting a few hours a week with a telemedicine company to see if you like it.

5. Locum Tenens takes on a whole new meaning. Does that industry get stronger, weaker, or evolve?

6. Much of what happens will require us to re-invent ourselves by first taking an honest inventory of our own personal strengths and weaknesses, having a discussion with our family, and discussion with our employers.

7. We still need to deal with what the impact of the changes in long-term EEG service income will have on our practices.

8. We still need to decide how each of us will adapt to the new CPT rules around the non-face-to-face E/M code sets: 9920x, 9921X and 9924x codes.

Who said “you can’t teach an old dog new tricks.” Well although my hair is getting pretty shaggy due to no recent haircuts, I have been learning many new tricks during this horrific pandemic we find ourselves in. Why did I go into neurology? It was the fascination of being a detective to decipher where is the lesion from the unique signs and symptoms our patients have and...
Having a newborn when you are a child neurologist is fraught with opportunities to be irrational: Is she tracking? Is that fist being held too long? Is her fontanelle soft? Sunken? Is that too much head lag for her gestational age? Having a child born at the cusp of the COVID19 crisis serves as a salve for my neuroses in many ways. I am grateful that we are healthy. I am grateful that my parents, who came to visit us in St. Louis for her birth, decided to stay with us in the midst of this crisis. I am grateful for surgical masks, which our hospital is able to make appropriately available to us.

I attended on the neurology floor and ICU consult service this past weekend as my first day back from maternity leave. Expecting a dramatic culture shock, surprisingly, little was different. A colleague commented that the hospital seemed to be operating on a holiday schedule, with a pared down staff and consult list – a warm descriptor for an odd time. Children were still getting sick from many of the same things they were getting sick from before COVID19. Yet the perennially worn surgical masks created a social barrier between all of us – something I did not quite appreciate the weight of until only being able to talk to half of my colleagues’ faces. I now have a minor understanding of the emotional distance children and their families under

Will the significance of the neuro exam fade away with this onslaught of the COVID pandemic? My answer to this is “absolutely not, but you can teach this ‘shaggy old dog’ new tricks.” We all have the power to adapt to our surroundings and circumstances and this is what we have done. I have learned wonderful techniques to use during telemedicine including the power of observation and its translation into parts of the neuro exam. The team approach to evaluation of our patients has definitely come into play. Parents have taken an active role in the exam, helping with holding toys for finger to nose testing and extraocular movement exams. What really hit home for me is when two parents took their Fisher Price and Doc McStuffins reflex hammers and checked their child’s reflexes on video for me. (And it actually worked!)

I have asked myself how this translates into the geographical area I have grown up in and spent most of my career: the Midwest. Ohio is quite a diverse population with urban as well as very rural populations. Many patients have thanked me profusely for making a virtual neurology visit available to them as traveling to a visit can be quite difficult.

So, as we all continue to adapt to this situation, the pearls I have learned and hope to pass on is that the neuro exam is still quite a vital part of what makes our specialty unique. Although I yearn to check those reflexes, examine that fundus, feel that tone and measure that head, the spirit of collaboration has never been so vital before. Involve those families as part of your team! Teach the power of observation to your learners. Telemedicine in conjunction with face to face visits is here to stay and can be embraced as an innovative new adjunct to our gold standard neurology exam.

I wish you all good health and luck navigating this difficult time.

Bhooma Aravamuthan, MD, DPhil
Washington University
St. Louis, Missouri

Having a newborn when you are a child neurologist is fraught with opportunities to be irrational: Is she tracking? Is that fist being held too long? Is her fontanelle soft? Sunken? Is that too much head lag for her gestational age? Having a child born at the cusp of the COVID19 crisis serves as a salve for my neuroses in many ways. I am grateful that we are healthy. I am grateful that my parents, who came to visit us in St. Louis for her birth, decided to stay with us in the midst of this crisis. I am grateful for surgical masks, which our hospital is able to make appropriately available to us.

So, as we all continue to adapt to this situation, the pearls I have learned and hope to pass on is that the neuro exam is still quite a vital part of what makes our specialty unique. Although I yearn to check those reflexes, examine that fundus, feel that tone and measure that head, the spirit of collaboration has never been so vital before. Involve those families as part of your team! Teach the power of observation to your learners. Telemedicine in conjunction with face to face visits is here to stay and can be embraced as an innovative new adjunct to our gold standard neurology exam.

I wish you all good health and luck navigating this difficult time.

continued on next page
CONNECTING WITH COLLEAGUES
CNS Midwest | continued

droplet isolation must have experienced prior to this crisis. To be
surrounded by masks sanitizes human connection, which is what
often makes medical practice the most enjoyable. I found myself
searching for smiles that you could see emerge at the corners
of eyes so that I knew my colleagues understood that my worry
about a patient’s current condition was decreasing and that I
appreciated their help. Otherwise, rounds passed without event.
Seizures were treated. Head ultrasounds reviewed.

Still, surreptitious fears linger. Though I logically knew that
handwashing and other sanitation measures made it feasible, I
remained psychologically unsure of how I could feed breastmilk
I pumped in the hospital to my two month old later that day.
One of my residents described with a deep sigh how she had
been exposed to a pre-symptomatic person with COVID19 –
her mask on, I could only infer the full emotional weight of the
sentence. Another resident described how he wasn’t sure what
would have happened with childcare for his family had his sister
not been able to come stay with them at the last minute. When
he almost left his mask behind in the workroom in the midst of
our conversation, there was a fleeting look of exasperation, subtle
but palpable. I think of my friends in New York City and Boston
and I wonder how they are being imprinted by their trials by fire.
One commented last week that he never thought he would be
adding “COVID Unit Attending” to his CV as a neurologist, but
here we are. I give silent words of thanks that, as an early stage
investigator, most of my time is dedicated to research and away
from the hospital, and then I feel guilty for thinking that way. I
lament the painstakingly cultivated colonies I had to cull a few
weeks ago, a waste of life and labor. I think about my patients
with cerebral palsy and I wonder how they will recover from
scattered but prevalent resource-utilization assertions that those
with disabilities are less deserving of critical care resources than
their able-bodied counterparts. Even if physically untouched by
COVID19, how will they psychologically recover following such
discriminatory assertions that their lives are “less than”?

Insidious changes are what I now worry about the most in the
middle of the country, as we have had more time to prepare,
partially shielded from the initial tides the coasts continue to bear
in full force. For those of us lucky enough to live in regions where
physical distancing measures and available personal protective
equipment have thus far seemed effective at “flattening the
curve”, we look forward to reintegration into normalcy. I still
wonder what will linger behind.

Marcia Felker, MD
Riley Children’s Hospital, Indiana University
Indianapolis, Indiana

QUESTION | How have you responded, adapted, or
coped with the current COVID19 pandemic, either from
the perspective of your committee, special interest in child
neurology, or own practice?

We have essentially closed our outpatient clinic; one suburban
site closed completely in order to protect PPE and resources. Our
main clinic site remains open with a skeleton crew, one physician
on-call a day to see urgent patients, if needed, while our ward
service provided additional backup if needed for clinic pts.
(Initially, physicians came in daily but then never saw anyone live,
so then stayed home to do telehealth). All the providers are now
doing telehealth on doxy.me. Some have had to reduce schedules
due to childcare needs (my husband and I split the days). All
research activities have stopped (only clinical research for our
child neurologists).

QUESTION | How do you see this affecting pediatric
neurology going forward?

I foresee more patients pushing for return visits via telehealth. I
worry that finer points on examinations will be lost due to this.
Additionally, some of my patients who have less tech skills are
unable to log in for a video visit and prefer telephone calls. I think
this will cause an even greater disparity in health care, with those
with good wifi having clear and efficient visits with their provider, but those without having greater difficulty understanding medical instructions, etc.

**QUESTION** | How has this changed the outlook for our junior members and recruitment into child neurology as well as into medicine?

This has really reduced the importance of the neurologic examination; I worry that our trainees will have difficulty getting enough experience with live patients to be able to safely perform new patient visits on the telephone.

The tumult created by the COVID19 pandemic has impacted me both personally and professionally in ways that I suspect are similar to those experienced by most, if not all, CNS members. My daughter’s wedding, scheduled for Memorial Day weekend, has been postponed for a year; my wife and I “attended” our nephew’s wedding ceremony as it was live-streamed on Instagram.

More profound have been the changes in my practice of Pediatric Neurology as a result of the restrictions imposed by the pandemic. Prior to March, 2020 our medical center had a very limited televideaomedicine capability. In the Department of Neurology, it was utilized only for patients or situations involving acute stroke management at outside referring hospitals. With the viral outbreak, however, the medical school rapidly upgraded its televideaomedicine programs, such that by last week we had restored outpatient neurology visits to about 60% of normal capacity. I have participated in such encounters both with my own patients and as a supervising attending in our child neurology fellows’ continuity clinic. While there are many positive aspects of this form of clinical enterprise when it is performed properly, the most obvious one, especially to our patients and their families who live long distances away from the medical center, is that of convenience. I am concerned, however, that this degree of convenience may in time entice medical administrators to consider televideaomedicine as a normative form of patient interaction, rather than a tool employed in well-defined and circumscribed situations. As child neurologists, I trust that we all recognize the primacy of how a detailed neurologic examination informs our particular discipline of medicine and how it serves, along with a patient’s history, as the foundation to the diagnosis and management. There are other aspects however of direct in person contact, which I believe are no less important.

My training in child neurology took place in the early 1980s at a time when there was a scarcity of available diagnostic testing and management options were equally limited. My mentors included individuals like Arthur Prensky, Joe Volpe, Jean Holowach Thurston, Ed Dodson, and most notably, Phil Dodge. They taught me that a patient visit was a unique opportunity to create a bond between patient, family and physician, one that would allow us to educate, guide and not infrequently provide comfort to them. Accordingly, when I am manipulating a child’s limbs to assess “tightness” to discern the difference between spasticity and dystonia, I do so in a fashion that demonstrates tenderness and concern; as Phil once told me, “let the parents see that you will not only provide care for their child, but more importantly that you care about the child they are entrusting to you.”

Over the years my clinical practice has evolved to center on patients whose physical disability often makes each day a struggle. From these patients and their families, I have learned the virtue of fortitude, of being strong and working hard each day, recognizing the promise that the future holds. Going forward, in this new era of televideaomedicine, it will be incumbent upon all of us to make certain that we do not diminish what I believe is our greatest strength as child neurologists, namely our humanity.
**QUESTION** | What has been the biggest impact on your program of the COVID19 epidemic?

In the short term, the 80% decrease in outpatient volumes and shut-down of research. The longer-term impact on the financial health, support for research and clinical practice is not clear.

**QUESTION** | Are you still seeing patients in person?

Yes. We maintained our 2 inpatient services (ward and ICU). For outpatients, we kept the acute neurology clinic (patients seen within 3 working days). We triage all referrals to phone (originally) or (now) Zoom visits and reserve in person visits to those we deem medically necessary. Our LP clinic is now restricted to only urgent cases.

**QUESTION** | How are you adapting your residents training program?

The residents still see some patients in person (those who slip through our triage process) but most of their patient contact is on the inpatient service, or by phone or Zoom for clinic visits. We have used the resources and innovations made available via the PCN.

**QUESTION** | How are you protecting your clinical teams?

We have protections partly as a restriction on patient contact (see next question). We are also aware of the other stressors emerging as this crisis continues on mental health for the division and the financial impact as the hospital now starts to ask about furloughs, salary reduction, hiring freezes. We have addressed this in part with a weekly division town hall focused on COVID19 and its impact on division operations. We are focusing this now more on the psychological and financial impact on the division members. We have a social committee which has maintained its events throughout this crisis and proven an excellent resource for maintaining morale.

**QUESTION** | How do you think the CNS can best support the challenges academic child neurology programs will face with the evolving medical, ethical, economic and social impacts of this pandemic?

First, to advocate to maintain the improvements in access and delivery of care by telehealth emerging from this crisis, second to provide a forum for the sharing and curation of resources for telehealth and training and last to act as the arbiter with the AAN on standards for the practice of neurologic telehealth.
**QUESTION | How are you adapting your residents training program?**

We have emphasized a culture of safety and wellness, with frequent email communication and zoom meetings, as well as a weekly wellness rounds with our palliative care attending. We have minimized time in the hospital through the measures noted below (#7). We have also added nighttime attending call coverage (5PM-9PM) to respond directly to outside calls, allowing our evening resident to be efficient when in the hospital (minimizing time on the phone/exposure while on the wards). We have created several outpatient electives that utilize zoom and/or telehealth, including psychiatry, neuroradiology, neurophysiology, and telehealth. We have converted all of our resident clinics to telehealth, and will use a hybrid telehealth/in-person model when reopening the outpatient services.

**QUESTION | What permanent changes do you envision to your program’s clinical practice and resident education?**

We have increased our telehealth volume by 5000%, increasing from an average of 7 to 350-400 telehealth visits per week. It will continue to be a major part of our practice in future.

As Chair of the CNS Membership Committee, I worry about the impact of the financial crisis of our hospitals and university centers on our own members and that this will affect the ability to continue participation in any national societies such as CNS. Some of our colleagues in other hospitals are seeing salary cuts, staff layoffs and other adversity measures in order for hospitals to keep afloat in this difficult time.

There have been many changes in such a short period of time with the advent of telehealth and shift to remote teaching and the use of Zoom and other videoconferencing sites to conduct meetings and conferences. I am truly amazed at how quickly many of my colleagues and students have adapted in this ever-evolving environment and have rose to the challenge. With the worries, concerns and stress that this pandemic has brought, it also has emphasized and strengthened the bonds in our local communities, workplace, and in the broader national community of the CNS in order to get through this time together. I have personally seen a lot of creativity and problem solving in my center with how to address challenges in our clinical coverage and to provide further educational opportunities for our residents and students. Many people have stepped up and helped each other with coverage both in the workplace and even with child care in my section.
I often discuss the importance of being in tune with our observational exam skills with our medical students and residents. As neurologists, much of our exam can be interpreted from observation, as long as we are paying attention. During the COVID-19 pandemic and transition to 100% tele-neurology, I’ve become more reliant on my own observational exam skills: taking the time to observe children in their home environment has proven to be a valuable way to assess many portions of the neurologic exam. Through video I’ve even been lucky to connect with patients who are making incredible gains: I watched one of my patients who has a newly diagnosed dopamine-responsive dystonia and just started levodopa ride a bike down his street for the first time!

**QUESTION | How is virtual teaching working?**

I am the assistant director for our child neurology residency program. From an education standpoint our team wanted to do everything possible to ensure continuing resident education. We immediately converted all our resident lectures to Zoom. In today’s world, many of us are scattered across multiple clinic sites throughout the day and unable to get across town and back for a quick lecture. Using teleconferencing, it seems we’ve overcome that barrier. Faculty participation in resident lectures is higher than ever and, as a result, the quality of discussion and overall resident and faculty engagement is notably enhanced. We are also finding ways to continue to move forward with our other resident resources. A few examples: we’ve built a new online repository of seminal papers in a variety of child neurology subspecialties, our residents are engaging in a free international neuroradiology conference provided by ASPNR, and our resident coaching program is going virtual to continue providing residents with concrete real-time coaching on patient encounters.

**QUESTION | What about “Wellness”?**

Finally, there’s the topic of wellness. Certainly this pandemic brings the importance of wellness front and center. Our faculty and residents are arranging an increasing number of virtual happy hours, yoga sessions, board gaming, jam sessions, and other creative ways to socialize and support one another. While everyone’s experience is unique, I know that for me personally, this has been an important way for me to stay connected to my colleagues and trainees.

Overall, I feel very grateful and lucky to be part of our pediatrics and neurology communities, not only locally, but across the globe. I am hopeful that by sharing our experiences, both the good and the bad, we can strengthen the impact of our efforts to the benefit of our trainees, our colleagues, and of course our precious patients.
The following is an excerpt from the Neurology Blog COVID-19 Residents and Fellows Section. To link to the full blog, go to: https://blogs.neurology.org/rf/invited-commentary-the-overnight-change-of-resident-education/

On March 16, 2020, our traditions needed to change abruptly as we learned it was no longer safe to gather in groups due to the COVID-19 pandemic. Our county was among the first to issue a “shelter-in-place” order in the state of California, mandating that all residents leave their homes only for essential activities. As a program, we quickly came together to evaluate different possibilities for patient care in the days and weeks to come. However, in the backs of our minds there was a consistent draw to the significant impact this pandemic could have on our education…
“My fellow and I are headed to see our first COVID-19 positive inpatient today. I had mentally prepared for this moment ever since the initial news of the outbreak and the slow shutdown of various parts of the country occurred. As I enter the COVID isolation floor, I have flashbacks of our new lives in the current times. In the last 6 weeks, our entire lives have become reprogrammed to revolve around safety and protection of the people around us and in turn trying to ensure the same for the most vulnerable in the society. We are wearing masks in public places to protect people from us as much as we ourselves need protection from others. A visit to the grocery store seems as adventurous as a post-apocalyptic treasure hunt among survivors! Who would have thought toilet paper would become as priceless as diamonds in 2020! There is hardly any traffic on the streets but there are long lines outside every grocery store. Navigating around people with a six feet mandatory interpersonal distance may sometimes require the precision of a military tracker. The world seems different with no hugging of family and friends and no warm handshakes from neighbors. We, as a society, have been exposed to and have successfully adopted into our everyday vernacular so many new phrases/words like “social distancing”, “PPE”, “the curve”, “FiO2”, “death rates”, “viral load” and “ventilators”. To such an extent that elementary school children can discuss some of these topics as hot-button issues when they have their daily online class with their respective teachers. A month ago, it would have been difficult to fathom that there are no schools operating at this time. Being a parent is full-time job. There are no day- cares, no extra-curricular or sporting events, no movies in theaters and no coaching or tutoring.

On the work front, in the weeks prior, like other sub-specialists, pediatric neurologists have been trying to convert all outpatient clinic encounters to tele-medicine encounters. We have spent time learning software like Zoom and WebEx and are educating (and in turn learning from) patients and families about the nuances of communication in the era of telemedicine.

I feel the small gust of air against my back when I close the door behind me as I enter the patient’s room. I have treated hundreds of patients with seizures before. This is different. It would take me 10 minutes longer to enter the room as it took time to adorn the face shield, N95 mask, foot booties and the disposable protective smock before entering the room. I could hear myself breathe and my face shield fogs up. I tried to breathe sideways in a way that the fogging would not appear evident on the face-shield from the outside. As I walk into the room, I remembered the pale grey and red structure of the coronavirus viral molecule in journal articles and wondered if there were new viruses out there that would sink hooks into an unsuspecting airway epithelium and induce a cytokine storm. I moved closer to the patient and his parent. As I look at the patient’s face and sense the parent’s anxiety, all the above thoughts start to fade away. It was as if a light bulb had turned on somewhere in the darkness. There is this little 2-year-old boy sleeping comfortably in a semi-dark room. The only thing that mattered now is this little guy’s wellbeing and prevention of future seizures for him. He had had breakthrough seizures and we will be able to treat his seizures at this time. The conversation with the parent entails the usual neurology talk about seizure first-aid and precautions but in our new mindset, it is the perfect comfort discussion in a trying time.

As I walk out of the hospital into the parking garage, I read a bumper sticker on the car parked next to mine. It said in bold letters, “Can I uninstall 2020? It has a virusss!”. I smile to myself. This is an interesting time to be alive. It is indeed an interesting time to be a child neurologist. 2020 may have a virus, it can’t be uninstalled but this too shall pass!
Virus, Virus, why no soul,
To control thee, we wrestle and toil,
A mistouch, a vile cough, a short breath,
Zestful and troublesome, thy power and might.

A smiling face now contorted,
A joyous brain now palpitated,
An uncomfortable deafening silence,
Fire spreading with such vengeance.

A consumed minute slow and vile,
Burning up in deep futile,
Frantic is the search among friend and kin,
Could thee be tamed with medicine?

Intubation and ventilation, thy respite,
Treacherous is the path of flight,
An hour can become a night and a day,
The time in limbo will lurch and sway.

One, two and three, we count every febrile minute
Could this break it or may be that will?
“Gotta flatten that curve!
Careful design each step will deserve.

So ravaged is the troubled day,
So powerless and bleak they lay,
Tomorrow will come with a crackling hope,
We will overcome, persevere and elope.

Virus, Virus, why no soul,
To abolish thee, we wrestle and toil,
A vaccine, a drug, there is a miracle in sight,
We will fight and destroy thy power and might.

Vijay Vishwanath MD PhD
Children’s Hospital of Los Angeles
It gets busier the closer one gets to NYC; I am told that NYU is "like a war zone". Further north in New Haven we have 446 Covid+ inpatients, 120 in the ICU and 73 on vents with an overall 8.9% mortality rate for hospitalized patients. About half of the Peds hospital has been converted to adult medicine and Gen pediatrics is taking care of patients 40 years and under. We have had some great comments from patients, who really like the kid-friendly care and the band aids with Micky Mouse.

Most patients are doing ok on 1-2 liters of oxygen. Most of my able-bodied faculty are volunteering in the adult medical ICU or helping to free up others who generally work in the newborn nursery. Fortunately, the number of new COVID patients in our area seems to be declining and I believe that we are taking adult patients from area hospitals that are near over-run. Junior faculty members and residents have really stepped up to the plate and our dean prohibits senior faculty 65 and older or those with chronic medical conditions from in-hospital care; there is plenty of work that can and needs to be done from home.

I suspect most, if not all, of our members are in a state of shock and disbelief. The crisis is affecting all our clinical programs. Several program directors highlighted significant challenges offering appropriate resident training. There are going to be significant budget cuts and hiring freezes. The IS protocol was well received but some Section Chiefs requested additional guidelines on steroid use for inflammatory disease (ADEM, autoimmune encephalitis, etc).
TO OUR COLLEAGUES AND MEMBERS

A few observations from “inside the beltway”:
In this catchment area of over 6 million people three differing Covid 19 advisories were announced. Maryland Governor Larry Hogan was early with a 30-day “stay at home” policy; Virginia Governor Ralph Northam, a pediatric neurologist, issued a 70-day policy; the District of Columbia announced their policy with masking mandatory starting the Monday after Easter (April 13). Children’s National Health System in DC, preparing for a surge in this area, obtained emergency licensing to expand its bed capacity and increase the age of admitted patients to 30, and announced plans to enlist the help of the Army Corp of Engineers should additional beds be needed above the current 125% expansion. Outpatient visits were diverted from the main campus to the outpatient clinics that rim the Washington, DC suburbs. Telemedicine, Zoom, face time, telephone consults have become the order of the day.

Legally, licensure across states lines is a major factor in this region, but relaxation of prior rules has allowed for more seamless delivery of care. Legislative input, however, is still required to allow patients with Virginia Medicaid previously seen at Children’s to be seen via telemedicine and have their visits reimbursed. Patients seen in the Virginia outpatient center via telemedicine with smart devices, for example, must physically be in Virginia to participate—even if they reside in Maryland or DC and the physician is licensed in all three jurisdictions; a barrier to success in both instances. Both of these situations are requiring immediate legislative and legal correction.

To address these issues we have utilized our resources with the health care law firm Powers Pyles Sutter and Verville (PPSV) and Peggy Tighe, JD. PPSV sponsored a webinar regarding legal aspects of telemedicine available to all CNS members most recently and the slides are available on line.

Educationally, for our residents and medical students shared Zoom visits with appropriate safeguards and confidentiality is being implemented.

On another topic it is my pleasure to report that on March 23, 2020, letters from our consortium were sent to all chairs or ranking members of Appropriations and HHS Committees to fund the Pediatric Subspecialty Loan Repayment Program (Section 775 of the Public Health Service Act) in the Fiscal Year 2021. Letters went out to the following members of Congress: in the House, Representatives Lowery, Granger, DeLauro, and Cole were contacted; in the Senate, Senators Shelby, Blunt, Leahy and Murray. Communication with their staffs is required to move this forward in view of the major fiscal challenges in this country.

As we move forward we all have patients and families with COVID-19 exposure and parents who are essential workers. I conclude with the recent telemedicine visit with a mother of a chronic encephalopathy young adult who mentioned she had to go to work as a nurse on the respiratory unit at a Virginia hospital that was lacking in PPE. One of the many thousands in need of vital coordinated support. Child neurology is changed and will be changed, education will be changed, finances will be changed and laws will be changed as we soldier on. Be well.
The COVID-19 crisis has exposed many of the flaws in U.S. health care delivery systems, and has shone a spotlight on the need for the field of child neurology to evolve or risk marginalization and extinction. There is much about the practice of child neurology that should be preserved, but many present clinical and business models are unsustainable and will need to change to ensure the long-term viability of our field. Consider the following:

1. The purported security of hospital employment has been shattered. Although the public is lauding health care providers (HCP) for their altruistic and fearless service during a torrid pandemic, hospital systems are simultaneously laying off and reducing hours of physicians, especially specialists like neurologists, but even front-line emergency room doctors.

2. Hospital business models have been exposed. Focusing on lucrative “product lines” rather than patient care, hospitals have veered away from their core mission of critical in-patient intensive, emergent, and surgical care. COVID has shown that hospitals are unable to quickly pivot and redeploy their resources and revenue streams to address a crisis while continuing to prioritize and preserve physicians.

3. wRVU has been exposed as a flawed method of compensation due to the suspension of many services and procedures used to generate wRVU.

4. The business model of independent/private practices and organizations operating on margins and drawing on reserves so thin they cannot sustain a month or two decreased patient volume is not sustainable.

5. The overnight shift to telemedicine and the “relaxation” of so many state and federal regulatory and other practice burdens (HIPAA, state by state licensures, pre-authorizations, co-pay, and more) underscore how burdensome and unnecessary they have been. Patient safety has not been jeopardized by the COVID-induced elimination of these regulations, unnecessary expenses have been reduced, and physician “burn-out” has lessened.

6. The rapid and transformative transition to telemedicine has illustrated that child neurologists can safely manage most patients remotely, utilizing their highly specialized observational and cognitive skills. Telemedicine is also beneficial for special needs populations and their families, and helps to address populations with inadequate access to child neurology services.

7. CPT coding and fee for service billing have been exposed as shifting financial risk and burden to the HCP, while protecting payers. Despite a pandemic that is causing severe financial duress for health care delivery systems, physicians, and HCP, insurance carriers are experiencing financial windfalls as claims have dropped dramatically. Alternative payment models such as value-based, global payment models preserve patient health and physician/HCP fiscal viability during pandemics, crises and other disasters.

8. Post-COVID, will the child neurology workforce shift to hospital-employment, independent/private practices and organizations, or staffing firms/locum tenens? Or will they shift away from clinical medicine and towards industry or other pursuits, creating further critical shortages in an already suboptimal clinical workforce? If the clinical workforce is unable to meet patient demands for child neurology services, will other types of specialists and disciplines – supported by artificial intelligence and other technologies – manage these patients and marginalize child neurologists?

Given the lessons learned during the COVID-19 crisis, what are the best strategies for maintaining a viable present and future workforce, developing innovative and sustainable clinical and business models, and preserving child neurology as an attractive profession for students and trainees? The future need for and importance of child neurologists will depend upon our answers to these questions.
Further Thoughts After a Good Night’s Sleep

By trying to keep within the recommended 500-word limit, I was unable to include some key insights or go into depth on others. I also wondered if I might be coming off as too pessimistic. Actually, as so often happens in human history, from devastation and tragedies comes opportunities, and I am very optimistic about the opportunities. I look at this as an evolutionary phase for medicine. If child neurology as an independent medical discipline is to be sustainable, it will need to change. As a niche specialty with a rather thin workforce, there is a risk for marginalization and extinction if we do not make appropriate adjustments. It is akin to the old cliché about the definition of insanity: continuing to do the same thing over and over again even though you know it will not work.

For many, there is a sense that child neurology works well the way it is, and that may have been so for the last 40+ years; I obviously have a contrarian viewpoint. It will take a full analysis of the fundamentals and foundations of child neurology, including asking such basic questions as:

- “What is a child neurologist?”
- “What are the definitions of academic child neurologists?”
- “How can child neurologists remain financially viable while maintaining integrity and quality?, or even more simply “How will we get paid?”
- “Are hospitals compatible with child neurology agendas and patient care goals?”
- “How does technology and Al change the role of the child neurologist?”

I could go on and on. Instead, I would pivot at this point to suggest that with innovation and open-mindedness, there are a lot of opportunities in the post-COVID world for child neurologists to explore. Technology and other changes can play in our favor if we recognize the opportunities.

We all know what it’s like to be awakened by anxiety in the middle of the night. I knew that feeling well for most of my early career, but I have to say that I have not been awakened past midnight for over 10 years once I shifted to creating our present organization. It has definitely been better for my health, but it has not caused any compromise in my ability to care for patients and achieve good outcomes, even many epilepsy patients. I look back at what I did in the 1990s and early 2000s, where I would get woken at all hours, rush into ERs or ICUs to see “emergency” consults, then have to track down films, charts, etc: the whole process of driving in and back taking hours, then getting another hour of sleep and waking to start the process all over again the next morning. It was extremely inefficient, not cost effective, and detrimental to my health. So, one example among many of change that has occurred over time for the better: most of our mentors would never even have thought of a world where we didn’t have to go in personally at all hours to see patients of all types. That has been a small evolutionary step, but a good one.
Working as a physician in NYC I felt guilty not being on the front lines of COVID19. Then I realized that in non-COVID times I take care of some of the most challenging cases: kids with brain tumors which might kill them in 9 months. I felt guilty not putting my own life at stake during COVID19 and then I realized I trained during the AIDS epidemic. I was a medical student in Washington Heights, NYC and stuck myself with a needle after drawing blood from a febrile HIV positive young woman. Too ashamed to report this, I walked around for years thinking I was a goner. I did not contract HIV and donate blood as often as I can. I also chose to do my residency in San Francisco. During COVID19 my own teenage daughter had fever and needed to be quarantined in our “luxurious” 3-bedroom NYC apartment and I left her meals at the door, just like we did during AIDS. She recovered and is fine.

So I stopped feeling (as) guilty and started thanking those on the front lines, clapping nightly at 7 pm, just like I think others did years ago for me.

PS: Since I first drafted this note I helped direct 500 N95 masks to a very underserved hospital in Harlem.

This COVID-19 pandemic has compelled child neurologists and other practices around the country to alter their delivery of medical care where almost immediately telehealth has become the main method of providing care for most neurologists due to the reforms by the Congress in the three COVID-19 legislative packages and the Centers for Medicare and Medicaid Services (CMS).

A number of challenges will emerge as we continue to adopt these new measures: providers will need to become more comfortable with virtual services while recognizing the limitations and possible ways to address these constraints; administrators will need to explore how these virtual services can be utilized to increase access to care and possibly decrease the overhead expenses and a balance will be needed to achieve both goals. Medical associations will need to join forces to advocate for the federal financial support for medical practices, regulatory relief, appropriate telemedicine reimbursement, suitable medical liabilities, and increased National Institutes of Health (NIH) funds to support the need for new medical discoveries.
SAN DIEGO 2020
October 19-23 • Marriott Marquis
16th International Child Neurology Congress
49th Annual Child Neurology Society Meeting

Meeting Registration and Hotel Registration
Open in July

For More information
See www.childneurologysociety.org
and
https://icnapedia.org/congress/icnc2020
O h, what a difference a virus makes! Just a few months ago, we child neurologists were gathered together in my new hometown of Charlotte, North Carolina, enjoying the CNS annual meeting. At that meeting, in the Charlotte Convention Center, I gave a lecture on Zika Virus, which we all, naively, believed was going to be the most impactful virus to hit the Americas in the first decades of the 21st century. Little did any of us know that, at that very moment, on the other side of the world, in an exotic live animal market in China, a new virus was brewing - a virus that would strike the world’s human populations and economies with such force that it would change everything substantially and probably forever.

Now, SARS-CoV-2, the novel coronavirus that causes COVID-19, is upon us. And within us. And among us. And between us. It has driven us apart. It has separated us from our patients, forcing us to conduct clinic visits by telephone, never actually seeing most of them. For those patients whom we do see, we construct elaborate barriers of face masks, gloves, eye shields and gowns. These barriers stand as cold reminders of the strange new facts that we are now a danger to our patients, and they are a danger to us. As child neurologists, we are also separated from each other. We maintain social distancing, we cancel conferences, and we meet by Skype or Zoom, if at all. Meanwhile, outside of the small world of child neurology, things are even worse. People are dying...
by the tens of thousands across the globe, and national economies have ground to a halt.

What is this entity that can wreak such havoc? The novel coronavirus is a tiny package of protein and nucleic acid, and that’s all. It is unable to replicate on its own and can be washed away with a few splashes of soap and water. It sounds utterly helpless. But when this virus is in the right place at the right time, it can rapidly turn the tables on its much larger and stronger hosts. It can commandeer the respiratory system and transform its host from a perfectly healthy person one moment to a morbidly sick patient the next. While it especially victimizes the already frail, no one is safe. Doctors, nurses, musicians, janitors, and prime ministers have all been grasped in its clutches.

Jonas Salk, developer of the polio vaccine, pondered what it would be like to be a virus. In my view, to be this novel coronavirus is to be a master player of the numbers game. Individual copies of the virus go forth in this world with the odds of survival stacked heavily against them. A few moments at the wrong temperature, wrong pH, or ingested by the wrong host, and they are toast. Only a tiny fraction of coronaviruses produced in this world survive, and they do so by reaching the right cell type, in the right host species, at the right time. When that alignment of unlikely events occurs, the coronavirus puts on a spectacular show, as it infects cells and amplifies its numbers to astronomic levels – often with disastrous consequences for its host.

To be a coronavirus would also be an exercise in stealth. Coronavirus can be present in large numbers in asymptomatic people and in their secretions. Thus, the virus can travel long and short distances in its unsuspecting hosts and can be transmitted from person to person without anyone being aware or even suspicious – until the virus encounters a vulnerable individual who becomes desperately ill or dies.

Like all challenges to mankind, the novel coronavirus will force us to think flexibly, to develop new tools, and to use old tools in new ways. As an example of such conversion, the Charlotte Convention Center, where our society met just a few months ago, is being redeployed as a 600-bed field hospital. I, too, am potentially being redeployed. Since COVID-19 is not principally a child neurology disease, I am on a list of doctors who may be “redeployed” to take care of Charlotte’s patients – whatever age and comorbid diseases they may have. (God help them.) I’ll give it my best shot.

From six feet away, I wish you all the best and declare, as Britain did during its darkest days of WWII, “we shall meet again!”

“I pictured myself as a virus and tried to sense what it would be like.”

– Jonas Salk
I began the month quoting one Dane (Hamlet: “To be or not to be?”) and will end it quoting another. What Kierkegaard intended by setting “understanding backwards and living forward” side by side seems simple enough, certainly more so than most of what he wrote. And yet.

And yet, true to his reputation as being the key 19th century forerunner of mid-20th century existentialism, the observation leaves us stranded in the midst of a yawning gap – a baffled and baffling Present, this portentous, noisy “NOW” – that so often finds us flailing and failing to bind together in creative and meaningful tension a past one could understand and learn from and a future one could imagine, predict and prepare for with some measure of confidence and hope.

“To Be”
Roger Larson, CAE

It is quite true what Philosophy says: that Life must be understood backwards. But that makes one forget the other saying: that it must be lived – forwards. The more one ponders this, the more it comes to mean that life in the temporal existence never becomes quite intelligible, precisely because at no moment can I find complete quiet to take the backward-looking position.

– Diary of Soren Kierkegaard
My “COVID-Spring” has largely been spent trapped in Hamlet’s “To be or not to be,” wondering in the wake of first the AAN’s, and then the ANA’s cancellation announcements if the Child Neurology Society’s long anticipated joint meeting with the International Child Neurology Association in San Diego in October had any real chance of coming off as planned. Stuck in the echo chamber of the “noisy NOW,” unable to find the “complete quiet to take the backward-looking position” Kierkegaard deems needful, I often felt like a tennis ball batted back and forth between those who thought me crazy for still holding out hope of meeting in October and others who thought me craven and cowardly for even entertaining doubts about the viability of something so long anticipated and consequential as this joint congress.

Two things stand out for me illustrating the way in which the COVID-19 pandemic has damaged and obscured the bridge between understanding backward and living forward; both have, at the same time, underscored how important it is to hold out hope to the very last instant of living forward toward what could be a life-changing, life-defining experience in San Diego.

The first is the mere fact that no CNS Connections has been posted or sent out since last October. The focus every year of the Winter issue of CNS Connections is on reviewing the previous annual meeting via a rich collection of over 125 photos, and previewing the coming fall gathering of the tribe by posting a preliminary scientific program and announcing the award lecturers. I was busily engaged in preparing that Winter issue and simultaneously sketching in the site map for a robustly redesigned CNS website when the COVID-19 crisis began building in earnest two months ago. With so many CNS members suddenly sidelined, working from home and wondering anxiously what the immediate and long-term future at their institution specifically and child neurology generally might look like (to say nothing about larger life-and-death, childcare and home-schooling concerns, etc), I felt it would be grossly insensitive and offensively naive, nostalgic and even narcissistic to send out a “Happy Days” recap of the 2019 meeting in Charlotte, NC, a meeting that was by nearly all accounts the biggest and best ever. And I felt equally uncomfortable pushing an international meeting in the midst of a nearly total global lockdown. A real-life (or reality show) POTUS, who should have known better, who had access to intelligence and experts I could only hear, see and read about 2nd or 3rd hand, could indulge in fantasy and posit the absence of peril by April; I could not. It would have been wrong in the midst of so much disruption, anxiety and uncertainty to ask members to look beyond the insistent present to commit to a future that could wait for clarification. We still had – we still have – time.

The second thing that stands out for me is how impossibly long ago and faraway anything “BC” (Before Covid-19) now seems. I am thinking in particular about my visit to Boston Children’s Hospital in mid-February to videotape 16 conversations with faculty members old and young as part of our newly launched “Child Neurology: Past, Present and Future” project. These and other videos to be captured at programs around the country in the coming year will be featured on the “Basement Tapes” section of the new website (more on this when the site launches later this spring/summer). The highlight of those sessions – and the primary reason why I began in Boston – was the taped conversation between CNS President, Phil Pearl, who will preside over this year’s joint CNS-ICNA Congress, and past-CNS President, Joe Volpe, who presided over the last joint CNS-ICNA Congress held in the United States back in 1994. (Click here to view: https://vimeo.com/411306009/4946d9d997).

Dr. Volpe noted that while it was a great program for the time with great talks and towering figures, looking back on it now, “it seems almost primitive in some ways.” He remembered in particular Huda Zoghbi’s talk on the impact of neurogenetics in child neurology: “I think that was the only talk that dealt with molecular neurogenetics at that meeting, whereas today, as Phil said, probably every-other-talk would be about molecular neurogenetics in one form or another. So, 25 years of explosion in neurogenetics…it’s pretty amazing.”

continued on next page
Asked by Phil what he might tell young neurologists and medical students interested in entering the field, Joe replied without missing a beat, “This is an absolutely fabulous time to go into the neurosciences. If one looks at the body of diseases that will affect humans, neurological disease has to be among the most horrendous. And we’re in an era when those are going to fall one by one. I really feel that way. I mean, the folks in adult neurology are saying, ‘we’re not too optimistic about Alzheimers or Parkinsons.’ (But) I think these horrible genetic disorders that you (Phil) and I have dealt with since we were kids it seems, they’re going to be conquered. This is just a great time to get into (the field)!”

So, “understanding backward and living forward.” If you were at the meeting in 1994 – meaning you were then at the outset or midpoint of your career in child neurology – you will no doubt share the same sense of amazement at the progress made since then, and feel the same high level of eager anticipation Phil and Joe expressed in February about being a part of this once-in-a-generation meeting in October. You will want to be there.

If you were too young in October 1994, maybe even too young to have started kindergarten, and you have just entered child neurology, only vaguely aware of living through and contributing to a revolution – in much the same way that, as Phil notes, people in 1776 or 1789 might not have been aware they were living through a revolution – you will want to be there.

In trying to both “understand backward and live forward,” I fully acknowledge the need to understand that the world has changed in the past three months in ways that make living forward – even a small step forward, as small say, as four or five months – difficult to imagine, predict and prepare for. Many of you already know you that “California Dreaming” is, for you and other colleagues, no longer an option. But many still very much hope to come and make a statement alongside their international colleagues on behalf of science, research, and affordable, accessible care for children and families in real need of hope; a survey taken by a sampling two weeks ago showed more than 60% describing themselves as “definitely” or “likely” to attend. Having waited this long, for something this important to those CNS and ICNA members, old and young, who know this chance might not come again soon, I have – we have –no choice but to wait a little longer. So, for the time being, the answer to the question, “to be or not to be?” is still very much “to be”.

Connect with other members through the CNS Connect website
https://connect.childneurologysociety.org
May 29, 2020

TO: Active Members of the Child Neurology Society

FROM: Jonathan W. Mink, MD, PhD; Past-President and Chair, CNS Nominating Committee

The on-line portal for CNS Active members to submit nominations to fill four seats on the CNS Executive Committee will be open June 1-30, 2020. Candidates elected to serve on the CNS Executive Committee will begin their terms at the Joint CNS-ICNA Meeting in San Diego, CA (October 19-23, 2020). The following seats will be filled by candidates selected to run by the 5-member CNS Nominating Committee:

**President-elect**
Four year term*, succeeding outgoing Past-President, Jonathan Mink, MD, PhD

*One year as President-Elect, two years as President, one year as Past-President

**Secretary-treasurer**
Six year term, succeeding Bruce Cohen, MD

**Councillor for the South**
Two year term, succeeding Lori Jordan, MD

**Councillor for the West**
Two year term, succeeding Mark Wainwright, MD, PhD

**Nomination Guidelines:**
1. Nominees and nominators must be Active Members of the Child Neurology Society
2. Members may nominate themselves
3. Nominations must include a statement outlining the nominee’s qualifications (500 words max)
4. Selection of a final slate of two final for each office will be made by the CNS Nominating Committee; committee members may themselves submit nominations but must recuse themselves from final committee vote(s) involving their nominee(s)
5. The slate of candidates will be announced in early July
6. An eConnections featuring self-authored bios and responses to 2-3 questions will be sent in mid-July to all Active Members
7. Active CNS Members may cast ballots during a 30-day on-line voting period to begin on or after August 1
8. Candidates will be notified of results in early September and announcement of newly-elected officers will be made via eConnections in mid-September.

TO SUBMIT A NOMINATION
We seek candidates who meet the following qualifications:

- Graduate of an accredited, four-year medical school and an accredited post-graduate residency program in Pediatrics and Neurology
- Eligibility for credentialing as part of the Banner Children’s Specialists to include BE/BC
- Neurology with Special Qualifications in Child Neurology, active license or ability to obtain license in Arizona, and current DEA registration
- Experience with general child neurology. Interest or additional training in specific subspecialty areas such as headaches, epilepsy (not seizure disorders), neuromuscular disorders, neonatal or neurodevelopmental neurology is a plus
- Demonstrated ability to collaborate within a team setting and communicate effectively

Our pediatric neurology practice currently comprises 4 neurologists and 4 NPs at two sites within the greater Phoenix area. This position is for our main location:

Cardon Children’s Medical Center (CCMC) is located on the campus of Banner Desert Medical Center (BDMC) in Mesa, AZ and is a state-of-the-art, 260-bed children’s care facility that opened in 2009. The hospital provides a full range of services to a pediatric population of 350,000. CCMC now has 104 NICU beds and 24 PICU beds staffed with 24/7 Intensivists. The recently expanded 26-bed Pediatric ED provides specialized emergency care for kids of all ages. CCMC has Pediatric Trauma Service for all pediatric ages. There are more than 240 pediatric physicians on staff, covering more than 27 specialties.

Banner Health is one of the largest integrated health care systems in the country with twenty-eight hospitals, to include the University of Arizona academic hospitals in Tucson and Phoenix, 6 long-term care centers and many outpatient clinics in six Western and Midwestern states. Our physicians work in highly integrated and innovative environments. Banner promotes collaborative team-oriented workplaces and clinical settings that focus on providing excellent patient care. Our culture supports the well-being of physicians and cultivates happiness in medicine. Excellent compensation package includes incentives and relocation assistance; great location, and ample opportunities to grow professionally.

PLEASE SUBMIT YOUR CV FOR IMMEDIATE CONSIDERATION, TO: doctors@bannerhealth.com
For questions, please call Pam Disney, Sourcing Strategist: 602/747-4397.
Visit our website at: www.bannerdocs.com

We are open to sponsoring H1b visas.

As an equal opportunity and affirmative action employer, Banner Health recognizes the power of a diverse community and encourages applications from individuals with varied experiences and backgrounds. Banner Health is an EEO/AA – M/W/D/V Employer. Please, no agency solicitations. Banner Health never asks for banking information during the application process.

ACADEMIC FACULTY:
PEDIATRIC NEUROLOGIST

Banner University Medical Center Tucson (BUMC-T)

The Department of Neurology at the University of Arizona and Banner University Medical Group and Diamond Children’s Hospital are recruiting Two Board Certified/Board Eligible Pediatric Neurologist to join our multidisciplinary team including neurology, neurosurgery, developmental pediatrics, pediatric neuroradiology, pediatric emergency medicine and rehabilitation services.

The Department of Neurology has 41 faculty members, 2 nurse practitioners, 30 residents, and 4 fellows per year. The Department of Pediatric has 100 faculty members in over 15 pediatric
This practice primarily treats seizures, headaches, developmental delays, CP and muscle issues. The office has Baclofen pump, Botox, EEG, EMG/NCV study and EMU monitoring capabilities. The hired physician should expect 50–60 referrals a week, 15–18 patients daily, 7 on/7 off call schedule. This is an employed position, offering a very competitive compensation package with base salary plus worked RVUs, productivity and quality incentives.

Teaching opportunities are available through UAB.

Huntsville Hospital for Women and Children is a stand-alone facility dedicated to caring for women, infants, children and adolescents. With an average of 5,000 births a year and 10,000 admissions annually, Pediatric subspecialties, a 16-bed Pediatric ER, 40-bed Pediatric inpatient facility, a Pediatric Intensive Care Unit and a St. Jude Children’s Research Hospital Affiliate Clinic, Huntsville Hospital for Women & Children is one of a kind in the region. The hospital also has in-house anesthesia department, 20 LDR rooms, an OB/GYN ED, Maternal Fetal Medicine program, an Antepartum unit, an Adult ICU and a Level III NICU.

For more information contact Suzanne LeCroix
(256) 265-9639 | suzanne.lecroix@hhsys.org
Huntsville, AL
Huntsville is situated in the fastest growing major metropolitan area in Alabama with the highest per capita income in the southeast. With a population of 386,661 in the metro area, Huntsville is a high-tech, family oriented, multi-cultural community with excellent schools, dining and entertainment. It is nestled at the foothills of the Appalachian Mountains with an abundance of indoor and outdoor activities.

As an equal opportunity and affirmative action employer, Banner University Medical Group (BUMG) recognizes the power of a diverse community and encourages applications from individuals with varied experiences and backgrounds. BUMG is an EEO/AA – M/W/D/V Employer.
BANNER UNIVERSITY MEDICAL CENTER TUCSON (BUMC-T)

The Department of Neurology at the University of Arizona and Banner University Medical Group and Diamond Childrens Hospital are recruiting Two Board Certified/Board Eligible Pediatric Neurologist to join our multidisciplinary team including neurology, neurosurgery, developmental pediatrics, pediatric neuroradiology, pediatric emergency medicine and rehabilitation services.

The Department of Neurology has 41 faculty members, 2 nurse practitioners, 30 residents, and 4 fellows per year. The Department of Pediatric has 100 faculty members in over 15 pediatric subspecialties and 18 residents per year.

Our 479-bed hospital is located at the University of Arizona Health Sciences at the University of Arizona in Tucson, Arizona. The Diamond Childrens Hospital has 36 general beds, Level 3 NICU, Pediatric ICU and level 2 pediatric trauma center. BUMC-T is certified as a Primary Stroke Center (with application under review for Comprehensive Stroke Center Certification) and is designated as the only Level I trauma center in Southern Arizona.

BUMC-T is nationally recognized for providing exceptional patient care, teaching new health care professionals, and conducting groundbreaking research through the physician-scientists of the University of Arizona College of Medicine.

Banner Health and the University of Arizona Health Network have come together to form Banner University Medicine, a health system anchored in Phoenix and Tucson that makes the highest level of care accessible to Arizona residents. At the heart of this partnership is academic medicine – research, teaching, and patient care across three academic medical centers.

Banner University Medicine’s Total Compensation package includes:

- Salary base plus incentives
- Relocation assistance
- Paid malpractice
- Paid CME plus allowance
- Excellent benefit package options that provide security for you and your family with 401k retirement plan with 4% match after one year of service

Please submit your CV for immediate consideration, to: doctors@bannerhealth.com and joannaw@neurology.arizona.edu

For questions, please call/email, Joanna Wilson at 520/626-2006, joannaw@neurology.arizona.edu

As an equal opportunity and affirmative action employer, Banner University Medical Group (BUMG) recognizes the power of diversity and encourages applications from individuals with varied experiences and backgrounds. BUMG is an EEO/AA – M/W/D/V Employer.

CNS PERSONNEL REGISTRY

CALIFORNIA

VENTURA COUNTY HEALTH CARE AGENCY – PEDIATRIC NEUROLOGIST

SEE AD AT RIGHT.

PEDIATRIC NEUROLOGIST BC/BE – EAST BAY/SOUTH BAY AREA

Palo Alto Foundation Medical Group is seeking a full-time BC/BE Pediatric Neurologist. The ideal candidate would have strong interpersonal skills, a willingness to treat behavioral and neurodevelopmental disorders, experience in electroencephalography interpretation and ability to perform inpatient consultation services. This position will provide an ideal opportunity for a physician that would like to advance the practice within the community it will serve.

Qualifications:

- BE/BC in Pediatric Neurology

Opportunity Highlights:

- Physician-led and collegial environment
- Schedule flexibility and sabbaticals for work-life balance
- Three existing Pediatric Neurologist with a high-caliber support staff

Benefits:

- Competitive salary, full benefits & retirement package
- Shareholder eligibility following 24 months of employment
- Relocation allowance
- Malpractice tail coverage

Palo Alto Foundation Medical Group (PAFMG)

We are one of the largest multi-specialty medical groups in the country, made up of +1,700 physicians in 40+ specialties, in practices throughout the San Francisco Bay Area. Our organization is nationally recognized for our excellence with multiple awards for quality of care, innovation and leadership.

PAFMG is affiliated with Palo Alto Medical Foundation, a not-for-profit health care organization, providing operational and administrative support, including the latest technology, allowing physicians to focus on delivering exceptional patient care.

To learn more, please contact:
Navi Haji, Physician Recruiter
650/206-3126
MDcareers@pamf.org

SEEKING ACADEMIC PEDIATRIC NEUROLOGIST/EPILEPTOLOGIST IN LOS ANGELES

Through its collaboration with the LAC+USC Medical Center, Keck School of Medicine of the University of Southern California is seeking a Pediatric Neurologist/ Epileptologist for a full-time, Assistant or Associate Clinical Professor position. This is a unique opportunity for an enthusiastic and qualified Physician to join the Division of Child Neurology within the Departments of Neurology & Pediatrics at a major public, academic, and teaching institution in the heart of Los Angeles. Ample clinical research and collaborative opportunities also exist through the U.S.C. Neurorestoration.
Pediatric Neurology Opportunity
Pediatric Diagnostic Center

Job Type: Permanent/Full Time
Start Date: Open
Location: Ventura, CA

Job Description: Seeking a full-time Pediatric Neurologist who is able to work 4-5 days per week in a busy, multidiscipline pediatric clinic. The ideal candidate will be someone who is interested in full scope Pediatric Neurology; ranging from migraines and cerebral palsy to complex epilepsy. We currently employ 2 part-time Pediatric Neurologists, but are looking for a full-time M.D. who can give our patients the daily continuity of care they deserve. No nighttime call and there will be limited inpatient consultations.

The Pediatric Diagnostic Center is an independently operated FQHC affiliated with the Ventura County Medical Center. We currently employ 3 full-time and 2 part-time General Pediatricians as well as M.D.’s in most specialties who work together to create a medical home for our patients.

About Ventura: Located along the beautiful central coast, Ventura has a population of 100,000 people. The city is a 30 minute drive from Santa Barbara and a 1 hour drive from downtown Los Angeles. Ventura has the feel of a small beach town with near perfect weather all year round.

Please E-mail your CV and cover letter to the following emails:
Sun Moon Lee, MD, FAAP – Medical Director – sun.lee@ventura.org
Theresa Henuber – Office Manager – theresa.henuber@ventura.org
CALIFORNIA  continued

Center, U.S.C. Comprehensive Epilepsy Program, which includes programs in adult epilepsy at affiliated hospitals and pediatric epilepsy at Children’s Hospital of Los Angeles. Excellent health, retirement, and educational benefits will be offered through U.S.C. (https://employees.usc.edu/benefits/).

Given the Child Neurology Division’s clinical and academic focus on epilepsy, additional fellowship training in Pediatric Epilepsy and/or Neurophysiology would be highly regarded. The Applicant should be BC/BE for Neurology with Special Qualification in Child Neurology, in addition to being BC/BE in Epilepsy. This position entails both inpatient and outpatient consultative responsibilities at LAC+USC Medical Center. In addition, the Applicant would be expected to work closely with medical students, Residents, and Fellows. Clinical teaching represents an integral part of this position.

Interested and qualified applicants are encouraged to contact
Dr. Arthur Partikian: Interested and qualified applicants are encouraged to contact: Arthur Partikian, M.D.
U.S.C. Keck School of Medicine
Division of Child Neurology at
LAC+USC Medical Center
email: apartiki@usc.edu

DIVISION CHIEF,
PEDiatric NEUroLOGY

Children’s Hospital Los Angeles (CHLA), in partnership with University of Southern California (USC) and the Keck School of Medicine of USC, seek a visionary leader to serve as Division Chief for Pediatric Neurology. The Chief will provide overall leadership to the division, overseeing strategic planning, recruitment and program development, and ensuring the integration of training and research programs with clinical services throughout the hospital. The Chief will lead the divisions support of the Department of Pediatrics academic goals in research, education and faculty/trainee development and will also serve as Co-Director of the CHLA Neurological Institute.

Opportunity Highlights:
The new Chief will be a transformational leader in each aspect of the tripartite mission and have the opportunity to create a vision for the next decade of innovation in Pediatric Neurology.

The Division of Pediatric Neurology at CHLA is ranked #9 as a subspecialty in Pediatrics nationally and ranked #1 on the west coast by the U.S. News & World Report.

20 full-time and 3 part-time faculty members, a well-established Pediatric Neurology Residency Program and a newly developed Epilepsy Fellowship Program.

The program has made recent investments in state-of-the-art EEG lab, 6-bed EMU with new technology including source localization, Visualase, and Rosa Robot.

Robust research programs exist in many areas including movement disorders, neurocutaneous disorders, epilepsy, neuromuscular disorders, spinal muscular atrophy, and deep brain stimulation.

The CHLA Neurological Institute offers multidisciplinary, comprehensive services for disorders and conditions of the brain and mind. The Institute encompasses CHLAs Divisions of Pediatric Neurology and Pediatric Neurosurgery. With a key goal to expand services, a portion of a recent $25 million donation will help fund the creation of the new multidisciplinary Neurological Institute Outpatient Center.

Candidates must have an MD or MD/PhD degree, have completed a Child Neurology Residency, and must be board-certified in Neurology with special qualification in Child Neurology. Candidates should qualify for appointment as Associate Professor or Full Professor.

There is a very competitive package available for this position; the start-up package will include funds for research support specific to the individual. A generous benefits package, including tuition remission for qualified dependents, is provided by USC. Relocation and housing assistance is also available.

Please direct inquiries, nominations, and applications, including CV and a letter of interest in confidence to Marcel Barbe, AMN Leadership Solutions at 682/223-5779 or via email: Marcel.Barbe@amnhealthcare.com. CHLA and USC are EO/AA Employers.

FULL TIME PEDIATRIC NEUROLOGIST
FOR LARGE PUBLIC HEALTH AND HOSPITAL SYSTEM IN SILICON VALLEY

Better Health for All
Santa Clara Valley Medical Center (SCVMC), a large public teaching hospital, affiliated with Stanford University School of Medicine, in San Jose CA, is seeking a full-time BC/BE pediatric neurologist to join our dynamic Department of Pediatrics.

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

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

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

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

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

About the Department of Pediatrics:
Our Department of Pediatrics has a busy 40-bed Pediatric Ward, 12-bed PICU, 40-bed level IV NICU, 170,000 outpatient visits per year, and is a key training site for Stanford medical students and pediatric residents. Physicians who join our Department of Pediatrics are pleased to find a very collegial work environment, with robust specialty and ancillary support and an integrated electronic health record (Epic).

About the position:
The ideal candidate will be competent in the treatment of epilepsy and interpreting pediatric EEGs. The ability to treat sleep disorders is also desirable.

About compensation and benefits:
We offer competitive compensation, generous comprehensive benefit package (including 53 days of leave per year), paid malpractice, vibrant professional environment, opportunity for career growth, and the opportunity to serve a multicultural patient population. SCVMC is an Equal Opportunity employer.

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

**PEDIATRIC NEUROLOGIST WITH STANFORD CHILDREN’S HEALTH**

**San Francisco Bay Area – Northern California**

Packard Children’s Health Alliance / Stanford Children’s Health is actively recruiting a Pediatric Neurologist for a practice in Pleasant Hill, California.

Diablo Valley Child’s Neurology is devoted to the highest quality of care to children with neurological concerns, delivered with great compassion and understanding of the issues that affect not only the patient, but his or her family as well. In addition to extensive education with the family, the art of medicine becomes very important through providing emotional support and compassionate care to families who struggle through complicated neurological issues or grieve the loss of the expectation of a “typically developing” child.

Our team has extensive experience in helping parents through the emotional as well as medical challenges and is currently seeking to add a Pediatric Neurologist.

At Stanford Children’s Health, were focused on bringing world-class, family-centered care to communities throughout the San Francisco Bay Area. A rapidly growing medical foundation, developed in partnership with Lucile Packard Children’s Hospital Stanford and the Stanford School of Medicine, we are bringing together some of medicines premier talent to meet the health challenges faced by today’s children and expectant mothers. If you’d like to be part of an organization that’s establishing new standards of care and helping children and their families grow stronger every step of the way, consider joining us today.

Click here to learn more: https://www.stanfordchildrens.org/en/diablo-valley-child-neurology

To find out more about how you can make an impact on our growing organization, please send your resume with “Pediatric Neurologist” in the subject line of your email to Michael Lipman: mlipman@stanfordchildrens.org.

**PEDIATRIC EPILEPTOLOGIST**

At the Southern California Permanente Medical Group (SCPMG), a physician-led partnership organization with a patient-centered and evidence-based approach to medicine, we believe in giving every member of our community the opportunity to live a happy, healthy life. From the physicians we employ to the patients we serve our mission is to provide a level of care and support that enables each of us to achieve our best.

**San Diego, California**

We are currently seeking a BC/BE Pediatric Neurologist who has fellowship training in Epilepsy.

SCPMG is an organization with strong values, which provides our physicians with the resources and support systems to ensure they can focus on practicing medicine, connecting with one another and providing the best possible care to their patients. In Southern California, you’ll enjoy amazing recreational activities, spectacular natural sceneries and an exceptional climate.

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 cross-specialty collaboration
• Comprehensive administrative support
• An environment that promotes 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.

For consideration or to apply, please visit our website at https://scpmgphysiciancareers.com.

For questions or additional information, please contact Michelle Schnorf at 866/285-5438 or Michelle.Schnorf@kp.org.

The Answer to Health Care in America.
CALIFORNIA continued

EPILEPSY FELLOWSHIP

Unexpected Opening

Children’s Hospital Los Angeles, part of the USC Keck Medical System, is pleased to announce openings for our ACGME-accredited pediatric epilepsy fellowship for Academic Years 2020-21. Our group has considerable clinical and neurophysiologic resources. We have 5 pediatric board-certified epileptologists with a busy epilepsy surgery program offering ECoG-guided resections, phase II studies with implanted grids/stripes and depths, stereo-EEG, EEG source localization and minimally invasive laser ablation. We have a large VNS program and are initiating pediatric RNS. We follow over 150 children on either ketogenic diet or modified Atkins diet with the help of two full time dietitians. We have a robust pediatric epilepsy anticonvulsant clinical trial program and currently participate in over 10 national studies. CHLA has an active outpatient EEG lab, a dedicated 6-bed pediatric EMU, wired video EEG playroom and neuro-critical care EEG monitoring service. Our Comprehensive Epilepsy Program includes a spectrum of multi-disciplinary Epilepsy Surgery, Ketogenic Diet Therapy, Epilepsy Genetics and New Onset Seizure Clinics. Our epilepsy program is supported by one physician’s assistant and three nurse practitioners. The CHLA Center for Personalized Medicine has a strong relationship with our epilepsy team and all testing for epilepsy genetic syndromes can be performed in-house with support from affiliated genetic counselors. All fellows have the opportunity to participate in a research project during their fellowship mentored by one of our epileptologists.

Being the largest Children’s Hospital in Los Angeles, we serve a diverse population and see the full spectrum of pediatric epilepsy.

For more information please contact Dr. Deborah Holder, Program Director at dholder@chla.usc.edu, or visit our website at https://www.chla.org/fellowship/epilepsy-fellowship.

FETAL NEUROLOGY FELLOWSHIP

Clinical and Research Fellowships in Fetal and Neonatal Neurology

The Fetal Medicine Institute (directed by Adre du Plessis, MBChB) and the Institute for the Developing Brain (directed by Catherine Limperopoulos, PhD) at Children’s National Hospital are inviting applications for Fellowship Training in Fetal, Transitional, and Neonatal Neurology starting in July 2020. Two pathways are available: (i) a one-year clinical fellowship, and (ii) a two-year joint clinical and research fellowship. Children’s National is ranked #6 in the nation and our NICU is ranked #1.

The Fetal Medicine Institute evaluates over 1000 fetal cases per year, with consultation provided by 18 different specialties. Of these, 300 evaluations are for fetal brain concerns. The Center for the Developing Brain performs over 300 fetal, preterm and neonatal MRI research studies each year providing access to large multimodality quantitative fetal brain and placental studies in both low- and high-risk pregnancies. Fellows will engage in unique training in brain-oriented fetal and transitional care and learn research methods to assess and evaluate the immature brain. This fellowship is for candidates who plan to pursue an academic career in fetal and/or neonatal neurology.

What to Expect:
The fellow will be immersed in clinical fetal medicine with a specific focus on the developing brain. The fellow will receive training in state-of-the-art fetal diagnostic techniques including fetal ultrasound and MRI, as well as bedside training in the evaluation and management of infants undergoing complicated transition from the fetal environment. The one-year fellowship track will focus on this in-depth clinical experience. In addition to the above clinical training, the two-year clinical-research fellowship track will include intensive training in basic research methodology and the application and interpretation of specialized fetal MRI diagnostic, neuromonitoring and research tools. The trainee will then develop a research protocol with oversight and support from a dedicated mentor. In the second year of fellowship, the fellow will focus primarily on her/his research study, publications, and developing the platform for grant applications that lead to an independent research career.

How to Apply:
Completion of residency-level training and a demonstrated interest in the immature brain are required. Since direct patient contact is expected, full licensure to practice medicine in the United States is required.

Interested candidates should contact:
Sarah Mulkey, MD, PhD Fellowship Director, Fetal Medicine Institute Children’s National Hospital Washington, DC 20010 Email: sbmulkey@childrensnational.org Phone: 202/476-5815

FLORIDA

KIDS NEURO CARE

PEDIATRIC NEUROLOGIST

SEE AD AT RIGHT.

MEDICAL DIRECTOR, PEDIATRIC NEUROLOGY – WEST PALM BEACH, FLORIDA

Joe DiMaggio Children’s Hospital is seeking an experienced Medical Director, Pediatric Neurologist to lead the pediatric neurology division in West Palm Beach, FL. Recently opened, the 30,000-square-foot Joe DiMaggio Children’s Hospital Pediatric Specialty Center – Wellington is home to offices for a variety of pediatric specialists offering services to local patients in need of additional specialists.

• Join seven other employed pediatric neurologists. The opportunity to rotate through Joe DiMaggio Children’s Hospital’s main campus in Hollywood, FL is a possibility.
• Though not required, those with additional sub-specialty fellowship training in clinical neurophysiology, epilepsy, movement disorders or stroke are encouraged to apply.
• Research initiatives will be fully and actively supported through the Office of Human Research, though this is not a requirement of the position.
• Competitive benefits and a compensation package that is commensurate with training and experience including professional malpractice and medical liability are covered under sovereign immunity.
• Full-time employed position for a board-certified physician in neurology with special qualification in child neurology and have a minimum three years post-training experience.

Wellington, a village just west of West Palm Beach, is part of the Miami metropolitan area and was named Money Magazine’s “Top 100” Best Places to Live in 2010. Wellington hosts seasonal events such as the annual Top Gun model aircraft show, the Barett-Jackson Auto auction, art and antique shows and holiday parades. Beach activities are around a half hour’s drive, due east, to the Palm Beaches. For variety, from Wellington one can access Fort Lauderdale less than one hour away or travel to South Beach approximately a one and half hour’s drive.

For additional information, please contact:
Paul Smallwood
Enterprise Medical Recruiting
636/449-4100
executivejobs@enterprisedmed.com
Job ID: PS-1907-81670

MEDICAL DIRECTOR, CHILD NEUROLOGY

Joe DiMaggio Children’s Hospital (JDCH) is seeking an experienced pediatric neurologist to lead the pediatric neurology division based in Wellington, FL. The selected physician will work out of the newly constructed JDCH Pediatric Specialty Center Wellington, which opened in February 2019. All candidates should be board certified in neurology with special qualification in child neurology and have a minimum three years post-training experience. Though not required, those with additional sub-specialty fellowship training in clinical neurophysiology, epilepsy, movement disorders or stroke are encouraged to apply. Research initiatives will be fully and actively supported through the Office of Human Research, though this is not a requirement of the position. The physician will join seven other employed pediatric neurologists. The opportunity to rotate through JDCHs main campus in Hollywood, FL is a possibility.

The 30,000-square-foot JDCH Pediatric Specialty Center – Wellington is home to offices for a variety of pediatric specialists offering services to local patients in need of additional specialists. Services offered include, but are not limited to, orthopaedics (sports medicine and surgery), neurology, otolaryngology, general surgery, endocrinology and pulmonology. Physicians are part of the hospital-employed Memorial Physician Group at JDCH.

This is a full-time employed position with the multispecialty Memorial Physician Group. The position offers competitive benefits and a compensation package that is commensurate with training and experience. Professional malpractice and medical liability are covered under sovereign immunity.

Kids Neuro Care is seeking a full-time BC/BE Pediatric Neurologist to join an established Pediatric Neurology practice!

Applicants should hold an M.D. degree, and have Board Certification in Neurology with Special Qualification in Child Neurology.

We offer a competitive salary and attractive benefits package! Salary will be negotiable commensurate with experience.

Our diagnostic capabilities include: EEG, Ambulatory EEG, Video EEG, and EMG.

Kids Neuro Care has academic affiliation with the University of Central Florida Medical School, and has privileges with the local major children’s hospitals!

We are based in Orlando, Florida, where residents enjoy a high standard of living combined with a low cost of living. Limitless recreational opportunities and spectacular scenery is all accessible in a community with abundant affordable housing! While there is much to see and do in East Orlando, the city is ideally located for fast convenient getaways to Disney and Universal, Downtown Orlando, and the beach!

Interested candidates please send CV to:

Eric Marcus
Office Manager
C: 954-309-8537
Admin@KidsNeuroCare.com
FLORIDA continued

ABOUT JOE DIMAGGIO CHILDREN’S HOSPITAL

Joe DiMaggio Children’s Hospital (JDCH) opened in 1992 and has grown to be the leading children’s hospital in Broward and Palm Beach counties. With 226 beds, an 84-bed Level II and III NICU, 30-bed PICU and 12-bed intermediate care unit, JDCH combines leading-edge clinical excellence with a child- and family-friendly environment that emphasizes the Power of Play. JDCH offers a comprehensive range of healthcare services delivered with kindness, dedication and compassion. JDCH is located in South Florida, a region with a high quality of life including year-round summer weather, exciting multiculturalism and no state income tax that attracts new residents from all over the country and around the world.

TO SUBMIT YOUR CV

To see full job description and/or to submit your CV for consideration, please visit www.memorialphysician.com/opportunities/employed-pediatric.aspx. Additional information about Joe DiMaggio Children’s Hospital can be found at jdch.com.

PEDIATRIC NEUROHOSPITALIST/JOHNS HOPKINS ALL CHILDREN’S HOSPITAL

Johns Hopkins All Children’s Hospital (JHACH) in St. Petersburg, Florida is recruiting an additional pediatric neurohospitalist for our rapidly expanding Child Neurology Program. Our 259-bed teaching hospital has been ranked once again as a U.S. News & World Report Best Children’s Hospital in multiple pediatric specialties (2019-2020). JHACH is the only U.S. hospital outside the Baltimore/Washington, D.C. location that is part of the Johns Hopkins Medicine family. This is an employed position with All Children’s Specialty Physicians, a growing group practice that includes more than 200 physicians. Pediatric neurohospitalists will work a schedule of 7 days on – focusing solely on neurology admissions and/or consultations – followed by 7 days off. The following week entails seeing follow-up patients in the continuity clinic. We seek a well-trained child neurologist who is comfortable providing a wide spectrum of pediatric neurology care including EEG.

As members of the Johns Hopkins All Children’s Institute for Brain Protection Sciences, our pediatric neurologists also regularly draw upon the expertise of specialists in neurosurgery, neuroimaging, neuro-oncology and neuropathology. This multidisciplinary institute unites clinicians, researchers and educators in a comprehensive program to promote optimal neurodevelopment early in life and provide state-of-the-art care for children with injuries or illness that can affect the brain. The new $100 million Research and Education Building houses our graduate medical education and simulation programs, as well as an expanded biorepository. It has been designed to promote education and research collaboration with our other core institutes: Heart, Maternal, Fetal & Neonatal, and Cancer & Blood Disorders. Members of the faculty consistently participate in the education of Neurology and Pediatrics residents and our Neuro-Oncology fellowship provides faculty with additional opportunities for teaching and research.

In addition to providing clinical care, participation in research will be strongly supported and encouraged. Qualified candidates may be eligible for an academic appointment at Johns Hopkins University School of Medicine (academic rank is open and commensurate with experience).

We offer a competitive salary and benefits package including medical malpractice insurance with tail insurance, relocation assistance, paid vacation, paid time and expenses for CME, 403(B) retirement plan, pension plan, short and long-term disability coverage and life insurance and health benefits.

The Tampa-St. Petersburg area offers year-round sunshine, abundant cultural and recreational activities, national sports venues, excellent schools and an affordable cost of living. We are centrally located to many of Florida’s amenities, only minutes from beautiful gulf beaches, 90 minutes from Orlando and four hours from Miami.

To confidentially learn more details, please contact:
Joe Bogan
Providence Healthcare Group
817/424-1010 (Direct)
jbogan@provdoc.com

CNS PERSONNEL REGISTRY

GEORGIA

PEDIATRIC NEUROLOGIST

Wellstar Health System, one of the largest non-profit health systems in Georgia, is seeking a Pediatric Neurologist to provide services at our state-of-the-art health park facility for existing practice. The Physician will be the 2nd addition to the team. The desirable candidate will be Board Certified/Board Eligible, have EEG interpretation experience or training and have completed a Fellowship in Neurology. We offer excellent compensation, bonus and relocation.

You may contact Shelly Crump, Physician Recruiter at 470/956-5438 or shelly.crump@wellstar.org.
CNS PERSONNEL REGISTRY

HAWAII

KAPI’OLANI MEDICAL CENTER FOR WOMEN & CHILDREN PEDIATRIC NEUROLOGIST
SEE AD AT RIGHT.

LIVE, WORK & PLAY IN BEAUTIFUL HAWAII AS A PEDIATRIC NEUROLOGIST!

The Hawaii Pacific Health Medical Group is comprised of over 600 employed physicians and advanced practice providers. Together with our four medical centers (Kapi’olani, Pali Momi, Straub, and Wilcox) and more than 50 convenient clinic locations statewide, our nonprofit health system is one of the state’s largest health care providers. Our network of physicians and specialists work together to provide a distinctive and effective model of coordinated care for maintaining the health and wellness of our patients.

The Hawaii Pacific Health Medical Group is seeking a highly motivated Pediatric Neurologist for an employment model. Responsibilities include clinical care at Kapi’olani Medical Center for Women & Children and outpatient care through referrals. Participation in research and teaching through the University of Hawaii, John A. Burns School of Medicine is also available. Candidates should be Board Certified or eligible to sit for boards in neurology.

Combine the advantages of an integrated group practice with the cultural diversity, superb lifestyle, excellent climate and year-round activities of one of the happiest and healthiest places in the country!

EOE/AA/Disabled/Vets

CNS PERSONNEL REGISTRY

ILLINOIS

ACADEMIC CHILD NEUROLOGIST

The University of Chicago: Biological Sciences Division: Department of Pediatrics

Position Description

The University of Chicago’s Department of Pediatrics, Section of Neurology, is searching for a full-time faculty member at any rank. The appointee will contribute to patient care, medical education, and scholarship, and join a vibrant, diverse, and distinguished community of faculty colleagues and learners in UChicago Medicine, the Biological Sciences Division, the Pritzker School of Medicine, and the University of Chicago and its affiliates. A tradition of excellence in patient care, basic, clinical, and translational sciences, combined with the strengths of one of the world’s top academic institutions, provides the foundation for a career as an academic physician. The Section of Pediatric Neurology currently has seven full-time child neurology attendings and aims to expand to 12 faculty members in the coming years.

Existing subspecialty strengths within the Section of Pediatric Neurology include epilepsy and neurocutaneous disorders. Additional expertise is desired in neuromuscular, movement, neurogenetics and neuro critical care. Clinical responsibilities will be assigned in the outpatient and inpatient settings at the University of Chicago Comer Children’s Hospital and other practice plan sites. Other duties will include teaching and supervision of trainees and students, and scholarly activity. We especially welcome applicants who have Fellowship training. Academic rank and compensation (including a generous package of fringe benefits) are dependent upon qualifications.

The University of Chicago Comer Children’s Hospital is a busy urban teaching hospital with a diverse patient population and is located on the same campus as the medical school and the University. The University also has a robust Neuroscience Institute, which brings together more than 90 neuroscientists based in academic and clinical departments across the campus into a cohesive program.

Prior to the start of employment, qualified applicants must: 1) have a medical doctorate or equivalent, 2) hold or be eligible for medical licensure in the State of Illinois, and 3) be board certified or eligible in Neurology with Special Qualification in Child Neurology. Fellowship training is desirable, but not required.

Kapi’olani Medical Center for Women & Children is seeking a highly motivated Pediatric Neurologist for an employment model. Responsibilities include clinical care at Kapi’olani Medical Center for Women & Children and outpatient care through referrals. Participation in research and teaching through the University of Hawai’i, John A. Burns School of Medicine is also available. Candidates should be Board Certified or eligible to sit for boards in neurology.

Combine the advantages of an integrated group practice with the cultural diversity, superb lifestyle, excellent climate and year-round activities of one of the happiest and healthiest places in the country!

EOE/AA/Disabled/Vets

Child Neurology Society | Spring 2020/Special COVID-19 Issue 45
ILLINOIS continued

To be considered, those interested must apply through The University of Chicago’s Academic Recruitment job board, which uses Interfolio to accept applications: apply.interfolio.com/71863. Applicants must upload CV including bibliography. Review of applications ends when the position is filled.

Equal Employment Opportunity Statement
We seek a diverse pool of applicants who wish to join an academic community that places the highest value on rigorous inquiry and encourages a diversity of perspectives, experiences, groups of individuals, and ideas to inform and stimulate intellectual challenge, engagement, and exchange.

The University of Chicago is an Affirmative Action/Equal Opportunity/Disabled/Veterans Employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national or ethnic origin, age, status as an individual with a disability, protected veteran status, genetic information, or other protected classes under the law. For additional information please see the University’s Notice of Nondiscrimination at http://www.uchicago.edu/about/non_discrimination_statement/. Job seekers in need of a reasonable accommodation to complete the application process should call 773/702-0287 or email ACOppAdministrator@uchicago.edu with their request.

PEDIATRIC NEUROLOGY
TRANSLATIONAL NEUROSCIENCE SCHOLAR

The Department of Pediatrics at Rush University Medical Center is recruiting a Translational Neuroscience Scholar to join the Division of Pediatric Neurology. This is a unique opportunity for qualified individuals to further develop their translational and clinical research career at a leading academic medical center.

The successful candidate will have recently completed fellowship in Child Neurology, Child Psychiatry or Developmental Behavioral Pediatrics. This position will be mentored by Elizabeth Berry-Kravis, MD, PhD, and is intended to support her initiatives in growing the Pediatric Neurology programs at Rush. A leading investigator in multiple NIH-funded research programs, Dr. Berry-Kravis has established Rush University Medical Center as an international destination for rare disease treatment and research in the area of pediatric neurodevelopmental and neurogenetic conditions. Protected time for translational and clinical research will be provided.

Rush University System for Health (RUSH) is an academic health system whose mission is to improve the health of the individuals and the diverse communities it serves through the integration of outstanding patient care, education, research and community partnerships. RUSH comprises Rush University Medical Center, Rush University, Rush Copley Medical Center and Rush Oak Park Hospital, as well as numerous outpatient care facilities. Rush University, with more than 2,500 students, is a health sciences university that comprises Rush Medical College, the College of Nursing, the College of Health Sciences and the Graduate College. Numerous national organizations have recognized Rush for the quality of care we provide, including U.S. News & World Report, which ranked Rush University Medical Center among the top 50 hospitals in five specialties in its 2019-2020 Best Hospitals issue. Rush University Medical Center has received Vizient’s Quality Leadership Award, ranking first among 99 academic medical centers across the country. In 2019, Rush was designated a leader in LGBTQ health care equality by the Human Rights Campaign for the 10th consecutive year and was one of only five hospitals from across the nation to be recognized by the American Hospital Association as an honoree for its annual Equity of Care Award.

Website:
www.joinrush.org
Contact:
Maggie McGauley,
Senior Faculty Recruiter
Faculty_recruitment@rush.edu

PEDIATRIC EPILEPTOLOGIST

The University of Illinois College of Medicine Peoria (UICOMP) and OSF HealthCare Children’s Hospital of Illinois (CHOI) are seeking a fellowship-trained Pediatric Epileptologist to join the Division of Pediatric Neurology. This new faculty member will work with the pediatric neurology division members as well as the three full-time and one-part time dedicated adult Epileptologists who work in the established OSF Healthcare Illinois Neurological Institute Level 4 Epilepsy Center. This provider will also work closely with the Fellowship-trained Epilepsy Surgeon as part of the epilepsy team to identify and treat surgical candidates.

The need for an additional faculty member in the Division of Pediatric Neurology is driven by their strong regional presence, an increase in the number of pediatric neurology and pediatric epilepsy referrals and subsequent increase in both inpatient and outpatient clinical volumes. Each month, the Division of Pediatric Neurology receives approximately 200 patient referrals. Of those patient referrals, 70% - 80% are for epilepsy patients.

The Epilepsy Center recently acquired state-of-the-art technology to provide epilepsy patients with the most current non-invasive and invasive diagnostic and therapeutic modalities. This includes robotic assisted (ROSA) SEEG (stereoelectroencephalography), classic adult and pediatric resective surgery, as well as responsive neurostimulation (RNS) and deep brain stimulation (DBS). Non-invasive diagnostic modalities include 3 Tesla MRI, PET, SPECT and VEEG. Our surgical center has capability for intraoperative MRI and laser ablation in the near future. OSF HealthCare Illinois Neurological Institute (IINI) collaborative efforts in combination with surgical experience and current technology at OSF, provides the most advanced platform for epilepsy surgery.

Resources are also available for participation in clinical trials. Research in both clinical and basic science is highly encouraged if you are interested. The Jump Trading Simulation and Education Center (JUMP), a partnership of OSF HealthCare and the University of Illinois College of Medicine Peoria, provides unique opportunities for simulation training and learning and research. This state-of-the-art facility fosters collaboration and innovation in order to improve the safety, effectiveness, and efficiency of care for community members across the region.

Incoming candidates will receive an
academic appointment at University of Illinois College of Medicine Peoria (UICOMP) and their academic rank will be commensurate with experience.

OSF HealthCare Children’s Hospital of Illinois serves as the major pediatric teaching affiliate of the University of Illinois College of Medicine Peoria (UICOMP). The incoming candidate will have opportunity to mentor both medical students and residents. UICOMP’s educational programs include 244 medical students and 300 residents/fellows in 21 different post graduate programs. UICOMP is the educational sponsor of 11 ACGME-accredited residency programs (including Adult Neurology) and 6 ACGME-accredited fellowships in Peoria. The Department of Pediatrics at OSF HealthCare Children’s Hospital of Illinois is in the process of developing a pediatric neurology residency/fellowship with an expected start date in 2021.

OSF HealthCare Children’s Hospital of Illinois is a 136 bed, full-service children’s hospital, with more than 145 pediatric sub-specialists practicing 40+ subspecialties. Recognized as a regional leader, OSF Children’s Hospital is the first state-designated Pediatric Critical Care Center; the only level IV neonatal intensive care center outside of Chicago; the Regional Perinatal Care Center for Central Illinois and home to the first state-designated Level I Pediatric Trauma Center in downstate Illinois. The Children’s Hospital also houses the Jim and Trudy Maloof St. Jude Affiliate, a program providing care for children with oncological and hematological disorders with state-of-the-art oncology protocols from St. Jude Children’s Research Hospital and the Children’s Oncology Group.

For more details on this opportunity, please contact Jennifer Schaulin.
AMN Leadership Solutions
972/768-5350 (cell)
jennifer.schaulin@amnhealthcare.com

All initial conversations will be held in the strictest of confidence for the protection of each candidate and their current endeavors.

**Opportunity Details Include:**
- Level III Perinatal services and Level III Epilepsy Center accredited by the National Association of Epilepsy Centers (NAEC)
- 100% child neurology practice with two Pediatric Neurologists and one APP
- Call consists of only Pediatric Neurology patients
- Established sleep program
- Onsite MRI and CAT scanning equipment
- Referral base from more than 20 general Pediatricians
- Pediatric subspecialists include Critical Care, Surgery, Cardiology, Neurosurgery, Pulmonology, Gastroenterology, Endocrinology, Hematology/Oncology, Genetics, Urology, Pediatric Psychologists, and Developmental-Behavioral
- 24 hour in-house coverage provided by Anesthesiology, Intensivists, Trauma, and ED; Pediatric Hospitalist & PICU are available 24/7
- Dedicated Neonatal and Obstetric air and ground and Pediatric transport services
- 7 Neurosurgeons (one is a BC Pediatric Neurosurgeon), a Neuro-ophthalmologist, six adult Neurologists, and two Neuropsychologists on staff
- 24-hour telephone nurse advisory system in place to help ease demands of call
- Flexible scheduling
- Experienced support staff
- Teaching and research opportunities are available with the University of Illinois College of Medicine and the Carle Illinois College of Medicine
- Carle Illinois College of Medicine is the nation’s first medical school focused at the intersection of healthcare and engineering

**Carle:**
- 500+ physicians and 294 advanced practice providers, comprising 80 specialties/subspecialties, and a service area of 1.4 million residents
- Locally owned and physician led
- Not-for-profit integrated network of healthcare services that also includes Carle Foundation Hospital; a quality focused and nationally ranked 433-bed regional hospital that is a Certified Comprehensive Stroke Center, Level I Trauma Center, and offers Level III Perinatal services
- Excellent benefit package: health/dental/life insurance, 403-B plan with employer match, LTD, relocation allowance, CME allowance, and paid malpractice insurance with 100% tail insurance covered.

**About Champaign/Urbana:**
- Centrally located to Chicago, Indianapolis and St. Louis (all within 2.5 hour drive)
- Home to one of the world’s great public research universities – the Big Ten University of Illinois
- Ease of transportation, excellent schools and affordable housing options – advantages of a smaller town with the dining, arts, sports, and entertainment options of a much larger city

**CNS PERSONNEL REGISTRY**

**INDIANA**

**PEDIATRIC NEUROLOGIST AT PEYTON MANNING CHILDREN’S HOSPITAL AT ST. VINCENT INDIANAPOLIS**

Peyton Manning Children’s Hospital at St. Vincent is seeking a Pediatric Neurologist for our hospital in Indianapolis. Our ideal candidate will be comfortable with child neurology including epilepsy and inpatient and outpatient care.

**Practice Highlights:**
- Schedule: M-F 8am-5pm
- Call Schedule: 1 in 4 weeks, once every 4th night, 1:4 weekends
- Home to 300 Pediatric Specialists
- Largest level IV NICU and Pediatric ER in the state
- Opportunity to expand program and nationwide system referral base
- Full support of the world’s largest catholic healthcare system
- The most specialized care in the state in the nation
- Physician-led organization
- Largest nonprofit health system in the country

St. Vincent offers a very competitive compensation package that includes: Competitive base salaries, Relocation allowance, CME, Comprehensive health benefits, Retirement savings plan (403(b))
INDIANA continued

with match, Malpractice with tail coverage and generous paid time off.

Peyton Manning Children’s Hospital at St. Vincent is part of Indiana’s largest not-for-profit health system with 22 ministries and over 3000 physicians. Features include:
- a free-standing tertiary care, pediatric hospital with 40 private inpatient beds and 6 short stay beds, staffed in-house 24/7 by our Pediatric Hospitalist group; a 23-bed PICU staffed 24/7 by Pediatric Intensivists; a 17-bed Pediatric Emergency department staffed 24/7 by Pediatric Emergency physicians; and Indiana’s largest Level IV NICU with 96 beds staffed 24/7 by Neonatologists.

Interested?
Contact Seth Turner, Physician Recruiter 317/338 6064 or Seth.turner@ascension.org

PEDIATRIC NEUROLOGIST – OCHSNER LSU HEALTH SYSTEM

Pediatric Neurologist – Shreveport – Full-time Academic

Ochsner LSU Health System and Louisiana State University Health Science Center-Shreveport seek applicants for a Pediatric Neurology position. Must be board certified/ board eligible in Neurology and eligible for active Louisiana Medical Licensure. Graduating Neurology fellows are welcome to apply. This position is for an Assistant or Associate Professor of Neurology. The applicant will work under the leadership of Roger Kelley, MD, Chair of Neurology at Ochsner LSU Health System of North Louisiana.

This position:
- Combines teaching and patient care
- Emphasizes teaching and provides vitally important leadership and guidance to medical students and residents

Compensation and Benefits:
- Salary is commensurate with experience and training
- Malpractice insurance provided
- Generous Health, Dental and Vision Insurance
- Life Insurance
- Long-Term Disability Insurance

- Accidental Death & Dismemberment Insurance
- Flexible Spending Account
- 401K Retirement Plan
- Vacation / Scheduled Time Off

Contact:
Carol Schwalke
carol.schwalke@ochsner.org

CNS PERSONNEL REGISTRY

MARYLAND

MEDICAL DIRECTOR, CLINICAL TRIALS UNIT

The Clinical Trials Unit (CTU) at the Kennedy Krieger Institute in Baltimore, Maryland is searching for a talented Medical Director for our growing clinical research program. We are seeking an experienced academic physician at the Associate Professor or Professor rank, with board certification in Pediatric Neurology, Pediatric Psychiatry, Pediatric PM&R, Developmental Pediatrics, or Clinical Genetics with expertise in neurodevelopmental disabilities. The Medical Director will have extensive experience in pediatric clinical trial conduction as a principal investigator, in clinical trial monitoring as a member of chair of Drug Monitoring Committees, in FDA regulations with a track record of extensive interaction with the FDA. Experience with high risk research or first in human trial and neurodevelopmental/ neurological/psychiatric outcome measures is strongly preferred.

The Medical Director will be a leading member of an interdisciplinary and multidisciplinary team of professionals that oversee the clinical, research and training segments of the CTU. Responsibilities for the Medical Director will include medical team oversight and mentorship to train and guide principal investigators in clinical trial design, conduction, analysis and regulatory aspects. Importantly, the Medical Director will work closely with the Kennedy Krieger Institute Leadership team to enhance the CTU resources to support all clinical trial activities at the Institute.

The Medical Director will manage the over 40 currently active clinical trials with the intent to grow the portfolio to over 100 in the next five years.

The Medical Director will closely interact with the Kennedy Krieger Institute Office of Human Research Administration (OHRA), the Institutional Review Board, the Intellectual and Developmental Disabilities Research Center, and the Johns Hopkins University Institute for Clinical and Translational Research leadership in a collaborative and integrative fashion while facilitating interactions with industry.

The Medical Director will be deeply involved in contracting and setting standards for clinical trial contracts, and development of standard operating procedures to streamline interaction with Johns Hopkins Pediatric Clinical Research Unit and Kennedy Krieger Outpatient Clinics.

The Medical Director will have the ability to develop their own clinical, research and training aspirations in tandem while overseeing the CTU.

Qualified applicants will be eligible for faculty appointment at the Johns Hopkins University School of Medicine as an Associate, or full Professor, depending upon qualifications.

Excellent salary and full benefits are offered, including partial college tuition remission for faculty member dependents (at any college) and tuition remission for faculty members, spouses and dependents for course work performed at the Johns Hopkins University and the Peabody Music Institute.

Kennedy Krieger Institute, located in downtown Baltimore, is a national leader in pediatric rehabilitation and transforms the lives of children with disorders of the brain through groundbreaking research, innovative treatments and life-changing education.

Interested candidates should forward a cover letter and CV via email to:
Ms. Tina M. Schmitt
Director, Talent Acquisition
Kennedy Krieger Institute
Schmitt@kennedykrieger.org

For more information about Kennedy Krieger Institute and our Clinical Trials Unit, please visit www.kennedykrieger.org

EOE/M/F/D/V
Program Director, Division of Clinical Research

The National Institutes of Health (NIH) has an exciting opportunity for a Program Director in the Division of Clinical Research (DCR) in the National Institute of Neurological Disorders and Stroke (NINDS). In this key role, the Program Director will be involved in planning, developing, executing, and administering programs and targeting research areas to facilitate neurodevelopmental disabilities research. In addition to these duties, the candidate will promote the use of clinically relevant neurodevelopmental outcomes at the preclinical and clinical levels throughout NINDS to gauge meaningful progress in studies covering the spectrum from identification/validation of biomarkers to Phase III clinical trials. This position requires integrating emerging science in clinical neurodevelopmental disabilities, neuroimaging, neurophysiology, genetics, and metabolism to evaluate new treatments and integrate them into the current standards of care. Applications will only be accepted through USAJobs.gov. This advertisement will be updated with a link to the vacancy announcement once it is posted. Please check back with this announcement, or on the USAJobs website directly, to apply. Interested candidates may contact Adam Hartman, M.D. directly to get a better sense of the duties and expectations of this position at adam.hartman@nih.gov.

Applicants must be United States Citizens. To be minimally qualified, applicants must meet the Basic Education Requirement: Successful completion of a Doctor of Medicine or Doctor of Osteopathy from a school in the United States or Canada approved by a recognized accrediting body or a Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States that was demonstrated by permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG). Applicants must have current medical licensure as a physician in a State, District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States, and be board-certified in pediatrics and/or neurology. Additionally, applicants’ resumes will be reviewed to determine if they provide evidence of adequate experience and specialized medical expertise in pediatric clinical research with an emphasis on neurodevelopmental disabilities; collaborate with other organizations and outside researchers in a variety of clinically-related projects; analyze, evaluate, and interpret scientific and clinical data in order to prepare papers for publications in peer-reviewed journals; design, conduct, or direct clinical investigations or trials; provide direct patient care or develop organization policies about patient care; develop policies and plans to strengthen the program areas which impact national and/or international research activities.

The salary range is from $142,701 to $285,000 per annum and is commensurate with experience and qualifications. The successful applicant will be eligible for the full range or Federal Employee benefits.

The NINDS is one of the Institutes of the National Institutes of Health, a component of the Department of Health and Human Services.

DHHS and NIH are Equal Opportunity Employers
OPEN RESERVE NEUROLOGY RESIDENCY POSITIONS

We wish to inform you of the availability of two reserve residency positions at Boston Children’s Hospital Department of Neurology. We are currently accepting applications from qualified candidates to start July 2020. Both positions require that the applicant will have completed one of the following by June 2020; at least two years of general pediatrics residency, one year of general pediatrics and one year of internal medicine, or one year of pediatrics and one year of research. Clinical years must have been performed in an ACGME-accredited residency program.

1. Child Neurology Reserve Slot (ERAS 1259185R0)

The three-year Child Neurology residency program at Boston Children’s Hospital provides broad, rigorous medical training across an unusually varied spectrum of patients and subspecialties, applying the latest technology and digital innovations. We offer an unparalleled breadth and depth of exposure to subspecialties in child neurology, one of the world’s most diverse patient populations, and unique opportunities to engage in basic, clinical, and translational neuroscience. Since founding in 1967, the Program has grown to six residents per year and has become one of the most desired residency programs in child neurology in the United States. All residents receive strong mentorship and career planning advice, allowing our graduates to be well-positioned to receive NIH funding and other grants and publish their work in high-impact journals.

2. Neurodevelopmental Disabilities Reserve Slot (ERAS 1259186R0)

At Boston Children’s Hospital, residents in the Neurodevelopmental Disabilities (NDD) Program learn from some of the nation’s best practitioners in the Boston Children’s Hospital Neurology Department partnering with Developmental Medicine and Complex Care. Unique to our program is a skill on skill spiral of training in both child neurology and developmental medicine. Because of the intermixing of programs throughout this four-year program, one has multi-access to, and is exposed and interconnected with, both programs on a continual basis. This expands and broadens one’s knowledge base and emmeshes the two disciplines into one cohesive curriculum.

Please direct any inquiries to Ms. Stephanie Hansbury and submit your application through ERAS.

Contact: Stephanie Hansbury
stephanie.hansbury@childrens.harvard.edu

http://www.childrenshospital.org/centers-and-services/departments/neurology/clinician-resources/aan-abstracts

CHIL D NEUROLOGY FACULTY OPPORTUNITY

Baystate Children’s Hospital is a 107-bed facility which provides complete critical care programs, including the regions only Pediatric Intensive Care and Neonatal Intensive Care Units, as well as pediatric inpatient services, child life specialists, a designated emergency room just for kids, and outpatient specialty services. Additionally, Baystate Children’s Specialty Center houses 15 pediatric specialty services under one roof, with focus on care coordination, comfort and convenience for children and families. We offer an amazing, diverse culture that provides outstanding opportunities for physicians to start and advance their career.

We are seeking a Child Neurologist to join our neurology team at Baystate Children’s Hospital.

Position Highlights:

• Join our team of two child neurologists and a sleep physician in our beautiful outpatient pediatric specialty center in Springfield MA. This state-of-the-art facility is home to 15 pediatric specialty clinics.
• Position is primarily outpatient with some inpatient consults. Excellent hospitalist, genetics, neuroradiology and developmental-behavioral pediatrics collaboration.
• We have a comprehensive inpatient and outpatient neuropsychology service including routine EEG, ambulatory EEG and long-term video monitoring.

• Combination of clinical care and resident and medical student teaching with University of Massachusetts Medical School faculty appointment commensurate with experience.
• Highly competitive compensation & benefits, bonus and student loan forgiveness available.

Qualifications: Our ideal candidate is a clinician educator with outstanding clinical and teaching skills and a track record of scholarly productivity in clinical pediatric neurology and/or education.

The Pioneer Valley is a thriving area located in western Massachusetts and provides extensive access to urban, suburban and rural amenities. Anchored by the city of Springfield, our region boasts a myriad of opportunities for recreation, music, education and art enthusiasts. When you live and work in the Pioneer Valley, you will enjoy picturesque four-season living, excellent schools and year-round social and cultural events. In fact, Massachusetts was once again ranked #1 in Education nationally by U.S. News and World Report.

For more information please visit us online at: ChooseBaystateHealth.org or interact with us socially at facebook.com/BaystateCareers or on Twitter @BaystateCareers.

All correspondence can be directed to: Dr. Charlotte Boney, Chair of the Department of Pediatrics
c/o Melissa Hale, Lead Senior Recruiter
Phone: 413/794-2624
Fax: 413/794-5059
Email: Melissa.Hale@baystatehealth.org

Reinventing healthcare takes courage. It takes collaboration. It takes you.

Baystate Health is an Equal Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, marital status, national origin, ancestry, age, genetic information, disability, or protected veteran status.
DIVISION CHIEF, CHILD NEUROLOGY

Baystate Children’s Hospital is a 107-bed facility which provides complete critical care programs, including the regions only Pediatric Intensive Care and Neonatal Intensive Care Units, as well as pediatric inpatient services, child life specialists, a designated emergency room just for kids, and outpatient specialty services. Additionally, Baystate Children’s Specialty Center houses 15 pediatric specialty services under one roof, with focus on care coordination, comfort and convenience for children and families. We offer an amazing, diverse culture that provides outstanding opportunities for physicians to start and advance their career.

We are seeking a Division Chief of Child Neurology to lead our neurology team at Baystate Children’s Hospital.

Position Highlights:
• The new Chief will have full institutional support to develop innovative approaches to enhance our inpatient consulting and busy outpatient program.
• Lead a team of two faculty child neurologists with an outstanding practice manager and support staff.
• Practice in our beautiful new state-of-the-art outpatient facility which is home to 15 pediatric specialties. Excellent hospitalist, genetics, neuroradiology and developmental-behavioral pediatrics collaboration. We have a comprehensive inpatient and outpatient neurophysiology service including routine EEG, ambulatory EEG and long-term video monitoring.
• Combination of clinical care and resident and medical student teaching with University of Massachusetts Medical School with faculty appointment commensurate with experience.
• Potential relationship with Boston Children’s Hospital, Department of Neurology that supports the clinical and academic missions of both departments; opportunity for research collaboration and mentorship at Boston Children’s Hospital
• Highly competitive compensation & benefits, bonus and student loan forgiveness available.

Qualifications: Chief candidates will demonstrate excellent clinical and teaching skills, a track record of scholarly productivity in clinical pediatric neurology and/or education, and leadership potential. 5+ years-experience is required.

The Pioneer Valley is a thriving area located in western Massachusetts and provides extensive access to urban, suburban and rural amenities. Anchored by the city of Springfield, our region boasts a myriad of opportunities for recreation, music, education and art enthusiasts. When you live and work in the Pioneer Valley, you will enjoy picturesque four-season living, excellent schools and year-round social and cultural events. In fact, Massachusetts was once again ranked #1 in Education nationally by U.S. News and World Report.

For more information please visit us online at: ChooseBaystateHealth.org or interact with us socially at facebook.com/BaystateCareers or on Twitter @BaystateCareers.

All correspondence can be directed to: Dr. Charlotte Boney, Chair of the Department of Pediatrics
c/o Melissa Hale, Lead Senior Recruiter
Phone: 413/794-2624 Fax: 413/794-5059
Email: Melissa.Hale@baystatehealth.org

Reinventing healthcare takes courage. It takes collaboration. It takes you.

Baystate Health is an Equal Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, marital status, national origin, ancestry, age, genetic information, disability, or protected veteran status.

MEDICAL DIRECTOR OF PSYCHIATRY
BAYSTATE NOBLE HOSPITAL

Baystate Health, western Massachusetts premier healthcare provider and home to the prestigious University of Massachusetts Medical School Baystate, is seeking a Psychiatric Medical Director to join our Department of Psychiatry at Baystate Noble Hospital in Westfield, MA.

Position Highlights:
• The opportunity to provide clinical leadership in collaboration with the Chair of Psychiatry at Baystate Medical Center/ University of Massachusetts School of Medicine.
• The Medical Director will be an active clinician who is also responsible for the oversight and supervision of staff psychiatrists and other providers within the department. Oversight of our inpatient, consultation, and outpatient services.
• Opportunity to establish academic presence at our community hospital by developing curriculum to support rotations for medical students and residents.

Benefits: Highly competitive benefits, generous time off, and CME support for professional development.

Qualifications: Candidates must be BC in Psychiatry, and have excellent organizational, communication and team skills. 3+ years of psychiatry experience. Supervisory or management experience is preferred.

Baystate Health’s Psychiatry Services offers mental health and behavioral medicine to patients and families throughout western Massachusetts. At Baystate Health, a nationally recognized health care system, you’ll enjoy access to Inpatient Mental Health Unit Hospitalization, Adult Partial Hospitalization Programs, Geriatric Evaluation and Treatment, Child Partial Hospitalization, Developmental Behavioral Pediatrics, Child Psychiatry and Behavioral Medicine, Psychiatry Consultation and Crisis services. We offer a diverse culture that provides outstanding opportunities for physicians and advanced practice providers to start and advance their career.

Baystate Health was named one of America’s Best employers by State in 2019 by Forbes. Ranked #14 out of 74 top employers in Massachusetts, Baystate Health is one of New England’s leading healthcare systems and the largest employer in the region.

The Pioneer Valley is a thriving area located in western Massachusetts and provides extensive access to urban, suburban and rural amenities. Anchored by the city of Springfield, our region boasts a myriad of opportunities for recreation, music, education and art enthusiasts. When you live and work in the Pioneer Valley, you will enjoy picturesque four-season living, excellent schools and year-round social and cultural events. Massachusetts was once again ranked #1 in Education nationally by U.S. News and World Report.

For more information please visit us online at: ChooseBaystateHealth.org or interact with us socially at facebook.
INPATIENT/OUTPATIENT PSYCHIATRY

Baystate Health (BH), home of the University of Massachusetts Medical School-Baystate, has an outstanding Psychiatry opportunity available to fit your schedule. Whether you want to work part-time, full-time, or per diem. BH wants to work with you to find the right fit and schedule that works for your life!

Opportunities are available for physicians in a variety of practice settings ranging from our:

- Large academic medical center including our well-established Psychiatry Residency Program
- Award winning community hospitals and growing group practices in urban, suburban, and rural areas.
- Inpatient and outpatient adult or child psychiatry opportunities, working with high performing multidisciplinary teams.
- Locations include Ware, Springfield, Westfield and Greenfield, MA

Baystate Health offers a very competitive compensation package that includes generous salary, paid time off, full medical benefits and CME reimbursement and time allowance.

Candidates must be BC/BE by the American Board of Psychiatry. Role modeling of exceptional clinical, teaching and communication skills in a collaborative and multidisciplinary environment is expected.

At Baystate Health, we value the skill and commitment you make to your patients. Our well-resourced staff is comprised of Psychiatrists, Psychiatric nurses, Psychologists, Psychiatric Social Workers and Masters prepared specialists, Occupational and Recreational therapists and unit counselors. Enjoy access to Inpatient Mental Health Unit Hospitalization, Adult Partial Hospitalization Programs, Geriatric Evaluation and Treatment, Child Partial Hospitalization, Developmental Behavioral Pediatrics, Child Psychiatry and Behavioral Medicine, Psychiatry Consultation and Crisis services. We offer a diverse culture that provides outstanding opportunities for physicians and advanced practice providers to start and advance their career.

Baystate Health was named one of Americas Best employers by State in 2019 by Forbes. Ranked #14 out of 74 top employers in Massachusetts, Baystate Health is one of New Englands leading healthcare systems and the largest employer in the region.

The Pioneer Valley is a thriving area located in western Massachusetts and provides extensive access to urban, suburban and rural amenities. Anchored by the city of Springfield, our region boasts a myriad of opportunities for recreation, music, education and art enthusiasts. When you live and work in the Pioneer Valley, you will enjoy picturesque four-season living, excellent schools and year-round social and cultural events. Massachusetts was once again ranked #1 in Education nationally by U.S. News and World Report.

For more information please visit us online at: ChooseBaystateHealth.org or interact with us socially at facebook.com/BaystateCareers or on Twitter @BaystateCareers.

All correspondence can be directed to: Ariana Caradiaz, MBA, DASPR Physician and Advanced Practitioner Recruiter Phone: 413-794-8701 Fax: 413-794-5059 Email: Ariana.Caradiaz@baystatehealth.org

ARE YOU READY TO ADVANCE YOUR CAREER WITH US?

OUTPATIENT PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER

Baystate Health in conjunction with the University of Massachusetts Medical School-Baystate is seeking a Psychiatric Mental Health Nurse Practitioner to join Griswold Behavioral Health Outpatient Center located in Palmer, Massachusetts.

Position Highlights:

- CLINICAL DUTIES:
  Provide comprehensive and patient centered mental, behavioral and addiction care in a supportive community hospital setting. Flexibility to care for patients of all ages.
- MULTIDISCIPLINARY TEAM:
  Full range of services available including psychiatrists, psychologists, nurses, mental health counselors, and support staff.
- QUALITY OF LIFE:
  Monday through Friday, no call and no weekends. Easy commute from Western or Central MA, located just off the Mass Pike.
- BENEFITS:
  Competitive salary and benefits, generous time off, and CME support for professional development.

Qualifications:

Qualified applicants will be ABMS BE/BC Psychiatric Mental Health Nurse Practitioner (PMHP).

Baystate Wing Hospital (BWH) is a 74-bed hospital which operates in close partnership with 5 community medical centers and Baystate Mary Lane Outpatient Center in the Palmer, MA area. We deliver high quality, patient-centered care with physicians who specialize in 45 medical disciplines, including adult and family medicine, general surgery, psychiatry, obstetrics and gynecology, and pediatrics. Our close affiliation with nearby Baystate Medical Center/University of Massachusetts Medical School - Baystate means our patients and providers have a vast team of academic generalists and specialists at their fingertips. We offer a diverse culture that provides outstanding opportunities for physicians and advanced practice providers to start or advance their career.
Baystate Health’s Psychiatry Services offers mental health and behavioral medicine to patients and families throughout western Massachusetts. At Baystate Health, a nationally recognized health care system, you’ll enjoy access to Inpatient Mental Health Unit Hospitalization, Adult Partial Hospitalization Programs, Geriatric Evaluation and Treatment, Child Partial Hospitalization, Developmental Behavioral Pediatrics, Child Psychiatry and Behavioral Medicine, Psychiatry Consultation and Crisis services. We offer a diverse culture that provides outstanding opportunities for physicians and advanced practice providers to start and advance their career.

The Pioneer Valley is a thriving area located in western Massachusetts and provides extensive access to urban, suburban and rural amenities. Anchored by the city of Springfield, our region boasts a myriad of opportunities for recreation, music, education and art enthusiasts. When you live and work in the Pioneer Valley, you will enjoy picturesque four-season living, excellent schools and year-round social and cultural events. In fact, Massachusetts was once again ranked #1 in Education nationally by U.S. News and World Report.

For more information please visit us online at: ChooseBaystateHealth.org or interact with us socially at facebook.com/BaystateCareers or on Twitter @BaystateCareers.

All correspondence can be directed to: Dr. Shadi Zaghoul, Medical Director, Griswold Behavioral Health c/o Ariana Caradiaz, MBA, FASPR, Physician and Advanced Practitioner Recruiter Phone: 413/794-8701 Fax: 413/794-5059 Email: Ariana.Caradiaz@baystatehealth. org

Baystate Health – REINVENTING HEALTHCARE TAKES COURAGE. IT TAKES COLLABORATION. IT TAKES YOU.

EOE Statement
Baystate Health is an Equal Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, marital status, national origin, ancestry, age, genetic information, disability, or protected veteran status.

PEDIATRIC NEUROLOGIST

The Department of Neurology at Boston Children’s Hospital is seeking applicants for a Pediatric Neurologist. We are particularly interested in candidates with a focus in Neurodevelopmental Disabilities. The successful applicant will join the thriving Department of Neurology comprised of 60 faculty members, 17 residents, and 14 fellows. The candidate must possess an MD degree or equivalent. Applicants must be board eligible/certified in Neurology. The successful applicant will be appointed at a Harvard Medical School rank commensurate with their level of experience and qualifications. The candidate should have a longstanding history of delivering superb clinical care.

Interested candidates should submit a C.V., a brief statement summarizing clinical and research interests, career objectives, and administrative experience, plus three letters of recommendation to marguerite.burke@childrens.harvard.edu on behalf of:
Scott L. Pomeroy, M.D., Ph.D. Chair, Department of Neurology Boston Children’s Hospital 300 Longwood Avenue BCH 3443 Boston, MA 02115 Tel: 617-355-6386

Children’s Hospital Boston and Harvard Medical School are equal opportunity/affirmative action employers. Women and minority candidates are particularly encouraged to apply.

CNS PERSONNEL REGISTRY

MICHIGAN

PEDIATRIC NEUROLOGIST

Bronson Neuroscience Center has an exciting opportunity in southwest Michigan for a Neuroendovascular Surgeon. This candidate would join our team of four neurosurgeons, nine neurologists, two psychiatrists, a psychologist, one neurobehavioral psychologist and extensive Advanced Practitioner support for all subspecialties. The Neuroendovascular surgeon is an employed position that is part of the physician led Bronson Medical Group with opportunities to pursue clinical research. Physicians also have opportunities for teaching and academic affiliation through Western Michigan University School of Medicine. This is an opportunity to join a practice that is number one in its market and has an established reputation for high quality and customer service excellence. We are looking for a partner who can help us continue to grow our practice. Bronson offers a competitive salary, sign-on bonus, loan reimbursement, CME stipend, malpractice coverage, relocation allowance, generous PTO and a comprehensive benefit package.

Bronson Methodist Hospital is ranked among the top five percent in the nation for neurosciences and neurosurgery and is recognized by Healthgrades as one of Americas 100 Best Hospitals for Stroke Care and Spine Surgery. Bronson Methodist Hospital is a Level One Trauma Center and is accredited as a Comprehensive Stroke Center by the Joint Commission.

Bronson, a tertiary and teaching hospital serving patients and families throughout southwest Michigan and northern Indiana, offers a full range of services from primary care to advanced critical care and is a verified Level I Trauma Center. With a workforce of more than 9,000, were one of the area’s largest employers and our physicians and staff are nationally recognized for many exceptional achievements in quality, safety and service: Magnet Hospital for Nursing (2009-2022); Outstanding Patient Experience Award from Healthgrades (2009-2019); Governors Award of Excellence (2019).

Located halfway between Chicago and Detroit, the area offers diverse cultural opportunities affordable real estate, major focus on education and a variety of year-round family attractions, events and festivals. Abundant natural resources, including easy access to Lake Michigan, make it the perfect choice for biking, boating and skiing. Our local area is also home to several international companies including Stryker, Pfizer and Kellogg.

Contact: Candace Morrow @ morroca@bronsonhg.org or 269/341.8631
CHILD NEUROLOGIST OPPORTUNITY
NEAR THE SHORES OF LAKE SUPERIOR

We are seeking 1 additional Pediatric Neurologist to join our pediatric neurology team. The team includes 2 NPs, Child Psychiatry NP, Child Neuropsychologist, and a Child Neurologist with 22 years of experience practicing in Duluth, MN.

- Our ideal candidate would have a good work ethic and a love of general pediatric neurology. An interest in neuromuscular disease would be a plus.
- On-call rotation predominantly by phone. Call rotation negotiable.
- Children’s Hospital at Saint Mary’s Medical Center includes the regions only Pediatric Intensive Care unit, Newborn Intensive care unit (Level 1), and the Eric Peter Person Children’s Cancer center. Essentia also boasts the regions only Pediatric inpatient rehab unit (CARF accredited).
- Neurology services and support include: EEG, Video EEG, Ambulatory EEG, Vagus nerve stimulator program, EMG, MRI with compatible movie goggles, child life serves, and more.
- Neuropsychology services for Pediatric/Adult.
- Multispecialty clinics include: MDA, Myelomeningocele, Neuro-Oncology, Neuro-musculo-skeletal, Autism
- Essentia Health St. Mary’s Medical Center is a 336-bed regional tertiary hospital. Inpatient rehab unit at Essentia Health Miller Dwan is a 150-bed hospital. This includes a Neuroscience unit at Essentia Health’s St. Mary’s Medical Center including a Neuro Trauma unit and Neuro step down unit along with general beds.

Duluth, a major port city, is located on the westernmost tip of beautiful Lake Superior. Enjoy four-season outdoor recreational activities to include boating, skiing, hiking, biking, snowmobiling and much more! Duluth has a population of 86,000 and a regional service area of 460,000.

Contact: Kristen Reardon, Physician Recruiter
PH: 701/364-7892
Email: Kristen.Reardon@EssentiaHealth.org

HEADACHE MEDICINE NEUROLOGIST

The Division of Neurology at Children’s Mercy Kansas City is seeking a neurologist to work in our multidisciplinary Headache Section. We are looking for a candidate who wants to spend time with patients, communicates well and embraces patient and family centered care philosophy. Strong preference is given to applicants who have completed a Headache Medicine Fellowship or have UCNS certification in Headache Medicine.

Our headache program consists of 2 UCNS board-certified headache medicine neurologists, two headache specialist pediatricians, two pain psychologists, a clinical social worker and 5 APRNs. We also have an accredited Headache Medicine Fellowship Program. Together we see over 8,000 kids a year in a timely manner with comprehensive services. Our innovative headache program has been featured by the national hospital strategy company, Sg2, as model for delivering high quality care to a large volume of pediatric headache patients.

Our treatment plans are tailored to fit the various needs of our patients and includes a one-of-a-kind urgent care specifically for headaches, a multi-disciplinary outpatient day program with infusions, medication management, procedural interventions, biofeedback, massage therapy, neurostimulation devices, psychology support, and hypnosis. Also, three of our physicians are additionally board-certified in medical acupuncture which is in high demand amongst our patients and offers novel research opportunities. Our Headache Section research program is overseen by Mark Connelly, PhD with a dedicated headache research assistant. Our investigator-initiated research projects frequently result in external funding, national presentations and publications. We are also involved in several clinical trials for pediatric migraine. In addition, all our headache patients are entered into migraine research database which increases future opportunities for research.

The duties of this position are primarily clinical however this can be discussed in more detail based on applicant’s history and future career interests.

For more information contact:
Jennifer Bickel, MD, FAAN FAHS
Headache Section, Chief
Center of Professional Well-being, Medical Director
Professor of Pediatrics
Email: JLBICKEL@CMH.EDU
Please send cover letter and CV to physicianjobs@cmh.edu
EEO Employer/Disabled/VET

NEURODEVELOPMENTAL DISABILITIES PHYSICIAN

The Division of Child Neurology at Children’s Mercy, Kansas City, is actively recruiting a board eligible/board certified Neurodevelopmental Disabilities physician. This position would consist of one day of clinic a week in our Tourette Syndrome Center of Excellence, one day a week as part of our Cardiac Neurodevelopmental Clinic, with the other three days to be determined based on the candidate’s areas of interest and the needs of the Division.

Our Tourette Syndrome Center of Excellence is one of only nine in the country. This program consists of fourteen staff members including Neurology, Neurodevelopmental Disabilities, Child and Adolescent Psychiatry, Neurosurgery, Neuropsychology, Occupational and Family Therapies, two Neurology APRNs, a Nurse Coordinator, and 3 Neurology Clinic nurses. We are presently the only TAA Center of Excellence in the Midwest and attract patients from all over the United States. We have multiple active research studies that complement our expert clinical care.

Our Cardiac Neurodevelopmental Clinic is a vibrant program that began six years ago. This multidisciplinary program helps to care for children and adolescents affected by congenital heart disease. This program includes both inpatient and outpatient opportunities for patient care. Team members include neurology, neurodevelopmental disabilities, neuropsychology, a neurology APRN, cardiology, physical, occupational and speech therapies, psychology and social work. The Ward Family Heart Center is currently ranked #20 by U.S. News and World Report.

Our division is committed to clinical excellence, education, and research. We are currently ranked #23 by U.S. News...
Mercy has very competitive salaries and benefits, in addition to excellent support among physicians and staff with high job satisfaction. Faculty members are affiliated and have academic rank at the University of Missouri-Kansas City. Following are some of the highlights from our division:

- Level IV comprehensive pediatric epilepsy center for seven pediatric epileptologists, four pediatric neurosurgeons, and eight-bed EMU
- One of the largest ketogenic diet programs in the country
- Active VNS Program
- Comprehensive Headache program, including a headache clinic where treatment is tailored to each patient using novel approaches such as acupuncture, biofeedback and in-clinic DHE infusions
- The only exclusively pediatric Tourette Center of Excellence, designed by the Tourette Association of America
- Very successful pediatric DBS program within our growing movement disorder program
- Numerous subspecialty multidisciplinary clinics, including: neonatal neurology, pediatric stroke and spasticity to name a few
- Research collaborations with our Genomic Medicine Center and Division of Clinical Pharmacology, Toxicology and Therapeutic Innovation
- Robust pediatric residency and fellowship programs, including a child neurology residency, clinical neurophysiology fellowship and headache fellowship

Qualified candidates should submit their CV tophysicianjobs@cmh.edu

About Mercy Children’s Hospital:
- 98 bed NICU, 12 bed PICU, and 45 IP Pediatric beds
- Over 9,000 births annually, with 1,340 NICU admissions a year
- 24-hour in-house neonatology and pediatric hospitalist coverage
- Excellent pediatric anesthesia, radiology and pathology
- Powered by more than 700 pediatricians and family doctors in partnership with 125 pediatric specialists
- Over 22,000 pediatric emergency visits annually in our modern 12-bed unit
- High-risk Maternal/Fetal Medicine program
- Member of Children’s Hospital Association
- Mercy Clinic Children’s Heart Center

The successful candidate will:
- Have an outpatient clinic, provide inpatient care and perform EEG readings
- Receive practice management services
- Share call with the other Pediatric Neurologists
- Receive relocation assistance and malpractice coverage
- Receive a comprehensive benefits package
- Have access to our physician wellness programs

Our Pediatric Neurology group is a part of Mercy Clinic is a strong, physician-led and professionally-managed multi-specialty group. With over 2,500 primary care and specialty physicians, Mercy Clinic is ranked as one of the largest integrated physician organizations in the country.

**CHILD NEUROLOGIST – JOPLIN, MO**

Children’s Mercy Joplin is seeing a board-eligible/certified child neurologist to join a growing group of 20 faculty in the Department of Pediatrics, Division of Neurology at Children’s Mercy Kansas City.

The position is full time and would include coverage for the Joplin Children’s Mercy clinic, with the possibility of later having outreach clinics in Springfield, MO.

- 80% Clinical care with average of 8 half day (4 hour) clinics per week
- 20% Administrative, research, teaching, and service
- Admitting privileges at Freeman Health System in Joplin, MO
- Call coverage for your own patients M-F 8am-5pm, assist with coverage on nights and weekends, remaining coverage provided by neurology call pool
- Base pay, CME, vacation, time off in accordance with Children’s Mercy policy

Our division is committed to clinical excellence, education and research and is continuing to grow. Children’s Mercy has very competitive salaries and benefits, and excellent support for physicians and staff which results in high job satisfaction. We provide opportunities for faculty career development including support for research. This position will have a primary academic appointment at the University of Missouri Kansas City with the possibility of an academic appointment at the University of Kansas Medical Center.

Ahmed T. Abdelmoity, MD Division Director

Qualified candidates should submit their CV to physicianjobs@cmh.edu

**PEDIATRIC NEUROLOGIST – MERCY CHILDREN’S HOSPITAL ST. LOUIS**

Mercy Children’s Hospital in St. Louis is seeking a Pediatric Neurologist to join the established program within our affiliated Mercy Clinic in St. Louis County, Missouri.
CHILD NEUROLOGIST

Children’s Mercy Kansas City is seeking a board-eligible/certified child neurologist to join a growing group of 21 faculty in the Department of Pediatrics, Division of Neurology.

Our division is committed to clinical excellence, education and research and is continuing to grow. Children’s Mercy has very competitive salaries and benefits, in addition to excellent support among physicians and staff with high job satisfaction. Faculty members are affiliated with and have academic rank at the University of Missouri-Kansas City. Here are some current highlights from our division:

- Level IV comprehensive pediatric epilepsy center with seven pediatric epileptologists, four pediatric neurosurgeons, and eight-bed EMU
- One of the largest ketogenic diet programs in the country
- Active VNS program
- Comprehensive Headache program, including a headache relief clinic where treatment is tailored to each patient using novel approaches such as acupuncture, biofeedback and in-clinic DHE infusions
- The only exclusively pediatric Tourette Center of Excellence, designated by the Tourette Association of America
- Very successful pediatric DBS program within our growing movement disorder program
- Numerous subspecialty multidisciplinary clinics, including: neonatal neurology, pediatric stroke and spasticity to name a few
- Research collaborations with our Genomic Medicine Center and the Division of Clinical Pharmacology, Toxicology and Therapeutic Innovation

- Robust pediatric resident and fellowship programs, including a child neurology residency, clinical neurophysiology fellowship and headache fellowship

The successful candidate should have a special interest in child neurology with expertise/interest in neuromuscular, neuro-oncology and neuro critical care.

Qualified candidates should submit their CV to physicianjobs@cmh.edu

Attention:
Ahmed T. Abdelmoity, MD, FAAP
Division Director
Email: aabdelmoity@cmh.edu

Children’s Mercy Kansas City is an independent, non-profit, 367-bed pediatric health system, providing half a million patient encounters each year for children from across the country. Children’s Mercy is ranked by U.S. News & World Report in all 10 specialties, and as one of America’s Best Children’s Hospitals. We have received Magnet recognition four times for excellence in nursing services. In affiliation with the University of Missouri-Kansas City, our medical staff of more than 750 pediatric specialists and researchers is actively involved in clinical care, pediatric research and educating the next generation of pediatricians and pediatric subspecialists. The Children’s Mercy Research Institute has started construction on a new 9 story research building that will include wet and dry labs.

Kansas City is a thriving cultural and economic city with more than 2 million residents. Our city’s long list of attractions includes world class museums, a vibrant arts scene, professional sports, superb shopping, great jazz clubs, and the best places to enjoy barbeque! The city offers low cost-of-living, excellent commute times, and a vibrant downtown, eight-block dining, entertainment and shopping district. Kansas City offers excellent opportunities for both public and private school venues and is home to several colleges and universities. It’s a community with a heart friendly, easy-going and forward-thinking a great place to live and pursue a career.

EEO Employer/Disabled/VET

CNS PERSONNEL REGISTRY

NEVADA

PEDIATRIC NEUROLOGIST

Exciting opportunity to join and help grow the only pediatric neurology practice in town!

Due to expansion, we are seeking two additional BC/BE pediatric neurologists to join a successful, well-established group providing pediatric neurology services to Las Vegas and surrounding communities for nearly 25 years. In addition to serving patients through local offices, the practice provides pediatric neurology services to three regional hospitals including Sunrise Children’s Hospital, Mountain View Hospital and University Medical Center of Southern Nevada. The practice is supported by EEG techs and medical assistants.

The suburbs of Las Vegas are very family friendly. Housing is reasonable, there is no state income tax, property taxes are very low and outdoor activities are endless and incredible. The weather is fantastic and there are actually some great restaurants. If you are into hockey, football and baseball, we have you covered with professional sports teams. For water activities, check out Lake Mead.

Benefits:
Our clinicians enjoy a competitive compensation package with many locations offering sign on bonuses, relocation and tuition reimbursement.

Our benefits include:
- Health (various options), life, vision, dental and disability insurance
- 401(k) with annual matching program
- Advanced and continuing medical education
- Leadership training and advancement opportunities
- Employee stock purchase plan at a 15% discount
- Professional liability insurance
- Support and payment for mandatory license/s and hospital credentialing

These benefits are for full time employees, employees in other types of employment classifications may be eligible for some of these benefits.
About MEDNAX
With a 40-year record of success, MEDNAX has grown from a single medical practice to a trusted health solutions partner. As part of our national medical group, we give you the tools you need to build the career you want, and the flexibility to adapt as your personal needs and professional interests change. We invite you to grow with us and help shape the future of health care.
MEDNAX is an Equal Opportunity Employer
All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.
Contact: lori_abolafia@mednax.com
Apply Here: http://www.Click2apply.net/q3sctr34nmc2yn8d
PI116401778

CNS PERSONNEL REGISTRY
NEW HAMPSHIRE

ACADEMIC PEDIATRIC NEUROLOGISTS

The Children’s Hospital at Dartmouth-Hitchcock (CHaD) and Geisel School of Medicine at Dartmouth College is seeking Pediatric Neurologists to join its faculty at Dartmouth-Hitchcock Medical Center (DHMC).

DHMC is located in Lebanon, NH, in the beautiful Upper Valley (of the Connecticut River). In our unique rural location, we enjoy all of the best of medical resources and specialty representation. DHMC anchors an expanding academic healthcare system with a regional referral base for CHaD encompassing northern New England, well situated to address issues of rural medicine delivery, with an innovative telehealth program that is improving health care throughout the region. The location is desirable for amazing outdoor recreation and small-town living, with excellent schools for families. With the Dartmouth College community and exceptional local cultural scene, there is surprising diversity, and a vibrant community life. Boston, NYC, Portland (ME), and Montreal, Canada, are only a few easy hours drive away.

We seek board certified or board eligible physicians to replace retiring faculty in Lebanon. We have a busy clinical service, with consult-liaison and outpatient clinics, teaching responsibilities for pediatric, neurology, and child psychiatry residents and medical students. Our Section includes pediatric neurologists based in Manchester, NH, the state’s largest city, for a total complement of 7 faculty with room for growth.

Rank commensurate with experience, at the Assistant or Associate Professor level. Additional expertise in epilepsy, neuromuscular, neurometabolic, neuroimmunology, neurogenetics, or other welcome but not required. Scholarship and research interests will be supported.

Come check us out!

Interested candidates should contact
Richard P. Morse, MD
Children’s Hospital at Dartmouth-Hitchcock
Dartmouth-Hitchcock Medical Center
Lebanon, NH 03756
Email: Richard.P.Morse@hitchcock.org
Telephone: 603/653-9669

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

CNS PERSONNEL REGISTRY
NEW JERSEY

PEDiatric Neurologist, BC/BE – FULL TIME

Position Highlights:
• Immediate volume available
• 100% pediatric neurology opportunity
• Patient-centered environment supported by cutting-edge technology
• Dedicated pediatric ED with long-term monitoring capabilities
• Teaching and research opportunities available
• Achieve work/life balance with minimal on-call responsibilities

Our Physicians Enjoy:
• Competitive salary and full benefits package
• Six weeks of paid time off
• One week of CME
• Occurrence malpractice insurance
• Employer-paid licensure fees

The Capital Institute for Neurosciences is a center for advanced neuroscience care in central New Jersey serving New Jersey, Pennsylvania and the Delaware Valley. The Institute includes a dedicated neuro ICU, state-of-the-art neuroendovascular suite, neuro OR, stroke unit and the first Mobile Stroke Unit in the region.

The Institute is part of Capital Health, a two-hospital system that includes a hospital in Pennington, NJ and a high-acuity hospital in Trenton, NJ that includes the system’s Joint Commission Comprehensive Stroke Center and Trauma Center. Employed physicians are part of Capital Health Medical Group, which is a large, multispecialty group of over 220 providers.

About Capital Health:
Capital Health is the region’s leader in providing progressive, quality patient care with significant investments in our exceptional physicians, nurses and staff, as well as advanced technology. Comprising two hospitals (our Regional Medical Center in Trenton and Capital Health Medical Center Hopewell), our Hamilton outpatient facility and various primary and specialty care practices across the region, Capital Health is a dynamic healthcare resource accredited by DNV GL – Healthcare.

A four-time Magnet-designated health system for nursing excellence, Capital Health serves as a Level II regional trauma center, comprehensive stroke center, regional perinatal center (including a Level III NICU), and emergency mental health screening center. We also offer the region’s first and most experienced Pediatric Emergency Department and most recently, New Jersey’s first Autism-Friendly Pediatric Emergency Department. Capital Health takes great pride in our innovative programs, such as our Capital Institute for Neurosciences; nationally accredited Center for Comprehensive Breast Care; Center for Digestive Health; Marjorie G. Ernest Joint Replacement Center of Excellence; award-winning Cancer Center; and our Heart & Vascular Institute, which...
NEW JERSEY continued

includes the region’s first accredited Chest Pain Center.

To learn more about us and submit CV, please visit http://www.capital.attnhr.com/jobs/197367/

Equal opportunity employer.
P116831441

NEW JERSEY CHILD NEUROLOGY

Award-winning and cutting edge comprehensive NeuroHealth clinic is seeking a passionate and energetic Child Neurologist to join their growing team that like to think outside the box. This is perfect for the Neurologist that is seeking an intellectually stimulating environment supportive of your individual practice style. We offer Neurologists state of the art facilities with High Density EEG, Neurogenomics, Neurophysiology, Clinical Research, and Behavioral and Therapy under one roof. Our enthusiastic team is eager to welcome you. We have a superior compensation and benefits package, as well as quality of life.

Contact:
Kiersten Feldman
kiersten.feldman@themedicusfirm.com


Reference: CNS 8458

CNS PERSONNEL REGISTRY

NEW YORK

ACADEMIC CHILD NEUROLOGIST

The Isabelle Rapin Division of Child Neurology in The Department of Neurology at the Albert Einstein College of Medicine/Montefiore Medical center is seeking a full-time academic child neurologist to join our team.

You will be joining a dynamic and growing Child Neurology Division with 11 full-time Child Neurologists and 2 Physician Assistants. We have a full array of child neurology subspecialists and clinics with expertise, including the following: Comprehensive Epilepsy Center, Neuromuscular Center, MDA sponsored Neuromuscular Center, Neuro-oncology, Neuroimaging, Headache, Sleep Disorders, Tourette and tic disorders. We have strong genetics, pediatric neurosurgery, neuroradiology, orthopedic and rehabilitation medicine services and active training programs in adult and child neurology.

Responsibilities will include a combination of outpatient and inpatient duties, with opportunities for research, as well as an active role in teaching child and adult neurology residents, fellows and medical students.

The ideal candidate will have completed an accredited Child Neurology training program and be board certified or board eligible in Neurology with a special qualification in Child Neurology. Subspecialty fellowship training and/or subspecialty certification is also strongly desired, but not a requirement. Academic appointment will be commensurate with experience.

Interested candidates should send a CV and brief statement of interest to Leticia Roldan, Senior Human Resources Specialist, at lroldan@montefiore.org in care of Karen Ballaban-Gil, Professor of Neurology and Pediatrics.

You may also visit our website at careers.montefiore.org.

CHILD NEUROLOGY FACULTY

SUNY Upstate Medical University has openings for full time faculty in the Pediatric Neurology Division. We welcome applicants with an interest in General Pediatric Neurology but would be pleased to consider applicants with subspecialty training in Pediatric Neurology. We are the major providers of tertiary and quaternary medical care to a population of 2 million people in Central New York. The University offers multiple opportunities for basic and clinical research collaboration.

Faculty will teach medical students as well as residents and fellows in Neurology, Pediatric, and Psychiatry. The Pediatric Division includes three full time faculty, a Pediatric NP, dedicated nurses and experienced support staff. SUNY Upstate Medical University hospital services include an epilepsy monitoring program, full neurophysiology services and a Pediatric Neurosurgeon. Candidates should be BE/BC in Child Neurology and committed to excellent clinical care.

SUNY Upstate Medical University has a distinguished history in Syracuse, NY which includes being the first American medical school to graduate a woman physician in 1849. The Central New York area encompasses much of the Southern Tier as well as the Adirondack Mountain Region bordering Canada. The area offers cultural resources and easy recreational access to the Finger Lakes Region and the Adirondack Mountains. The University’s central location puts New York City, Philadelphia, Boston, and Montreal within a four-hour drive of Syracuse.

For further information, contact Tina Gilman, Chairs Assistant (gilmant@upstate.edu) or send your CV and letter of interest to: Dr. Luis Mejico, Professor and Chair of Neurology (mejicol@upstate.edu) or Dr. Ai Sakonju, Chief of Pediatric Neurology (sakonjua@upstate.edu)

CHILD NEUROLOGIST

The Division of Child Neurology of Maimonides Children’s Hospital, the only Children’s Hospital in Brooklyn NY, is looking to recruit a BC/BE child neurologist for its growing clinical services. Our Division is closely aligned with the Division of Child Neurology at SUNY Downstate Medical School. Training in epilepsy is preferred but general child neurology candidates will also be strongly considered. The position involves coverage of the inpatient consult service, outpatient neurology clinic, as well as education of pediatric neurology fellows (SUNY Downstate), pediatric residents and medical students. The neurology service includes a two-bed pediatric EMU with additional portable video EEG monitoring capability for the inpatient service, PICU and NICU. Clinical research encouraged but not required. Faculty appointment (at the SUNY Downstate School of Medicine) and a competitive salary will be commensurate with experience.

Maimonides Children’s Hospital is Brooklyn’s largest Pediatric facility with over 2600 pediatric admissions, 1000 NICU admissions, 8,300 deliveries and 70,000
opportunities for professionals and families. Albany is a culturally and environmentally diverse area of New York's Capital Region, Albany is home to one of upstate New York's largest hospitals, Albany Medical Center, which includes Albany Medical Center, northeastern New York's only academic medical center and a member of the Children's Oncology Group. We have a broad range of pediatric medical and surgical specialties who care for a very diverse patient population. Maimonides trains over 55 residents in pediatrics as well as medical students from several institutions.

Interested applicants should send a letter of interest with their C.V. and a list of 3 references to (electronic submission preferred):

Gary N. McAbee, DO, JD, FAAN, FAAP, FACOP, FCLM
Division Chief, Professor and Head, Center for Brain & Behavior
Maimonides Medical Center
941 48th Street
Brooklyn, NY 11219
Phone: 718/283-8669
gmcabee@maimonidesmed.org

CHILD NEUROLOGY OPPORTUNITY

The Department of Neurology at Columbia University seeks a full-time neurologist at the Assistant Professor/Associate Professor level who is specialized in the areas of Child Neurology. This position will support the clinical work in the Child Neurology division and will include outpatient clinical practice and teaching residents. Each successful applicant will have an academic appointment at the College of Physicians and Surgeons, Columbia University, and will be eligible for all the Columbia University benefits available for the faculty appointment.

Qualified applicants should send a letter of interest and CV to:

Cigdem I Akman, MD
Professor of Neurology and Pediatrics at CUMC
Chief, Division of Child Neurology
Director, Pediatric Epilepsy
Director, Tuberous Sclerosis Program
Columbia University Medical Center
180 Fort Washington Ave
Harkness Bld Rm 550
New York, NY 10032
Cia11@cums.columbia.edu
Phone: 212/342-6867

Please send inquiries and a C.V. to:

Valerie DAloia
Physician Recruitment Coordinator
Albany Med Faculty Physicians
518/262-1333
Fax: 518/262-6996
daolov@mail.amc.edu
To learn more about the capital region please visit www.amc.edu/greatplace

Albany Medical College is a private institution and a non-discriminatory AA/EOE (minorities and women are encouraged to apply).

ASSISTANT PROFESSOR/ASSOCIATE PROFESSOR OF NEUROLOGY

The Department of Neurology at Columbia University seeks a full-time neurologist at the Assistant Professor/Associate Professor level who is specialized in the areas of Child Neurology. This position will support the clinical work in the Child Neurology division and will include outpatient clinical practice and teaching residents.

Each successful applicant will have an academic appointment at the College of Physicians and Surgeons, Columbia University, and will be eligible for all the Columbia University benefits available for the faculty appointment.

Qualified applicants should send a letter of interest and CV to:

Cigdem I Akman, MD
Professor of Neurology and Pediatrics at CUMC
Chief, Division of Child Neurology
Director, Pediatric Epilepsy
Director, Tuberous Sclerosis Program
Columbia University Medical Center
180 Fort Washington Ave
Harkness Bld Rm 550
New York, NY 10032
Cia11@cums.columbia.edu
Phone: 212/342-6867

CNS PERSONNEL REGISTRY

NORTH CAROLINA

ATRIUM HEALTH LEVINE CHILDREN’S – DIVISION OF CHILD NEUROLOGY

Atrium Health Levine Children’s Division of Child Neurology is currently seeking BC/BE Child Neurologists to join their growing team. Between the two locations - Atrium Health Levine Children’s Hospital (LCH) and Jeff Gordon Children’s Center (JGCC) - the division presently has 8 Child Neurologists, including 4 Pediatric Epileptologists, and along with 4 Nurse Practitioners. These positions will include shared call and inpatient consult responsibilities balanced with outpatient clinics and potential for satellite outreach. Collegiality and professionalism are values of greatest importance.

Atrium Health Levine Children’s Hospital (LCH) is the largest children’s hospital between Atlanta and Washington DC. It offers a full complement of pediatric subspecialists, including 4 pediatric neurosurgeons, 2 pediatric neuro-oncologists, and 2 pediatric neurologists. LCH has 4 pediatric hospitalist teams, a 20-bed PICU (including cardiac ICU), an 85-bed NICU, and an inpatient pediatric rehabilitation facility. LCH hosts a premier Pediatrics Residency Program, serves as a teaching hospital for students of the UNC School of Medicine, and offers excellent support for clinical research and quality improvement. LCH has been ranked among the Best Children’s Hospitals in the nation by U.S. News & World Report in seven pediatric specialties for 2019-2020 including neurology & neurosurgery.

Jeff Gordon Children’s Center (JGCC) in Concord, NC is located within Atrium Health Cabarrus (450 beds), which is the Neurology Center of Excellence within the extensive Atrium Health. It houses North Carolinas only NAEC Level III dedicated Pediatric EMU (8 beds) and is the site of the systems pediatric ketogenic diet program. JGCC has 53 inpatient beds including a 20 bed NICU that has 5 observation beds, and a 5 bed Progressive Care unit.

Atrium Health, one of the nation’s leading and most innovative non-profit healthcare organizations, provides a full spectrum of healthcare and wellness programs throughout North and South Carolina. The system has over 2,500 employed physicians and more than 60,000 employees, operating 45 hospitals and over 900 care locations in the Carolinas.

Contact:
Sarah Foster
sarah.foster@atriumhealth.org
www.joinatriumhealth.org
PEDIATRIC HEADACHE/GENERAL NEUROLOGIST

Pediatric Neurosciences at Cleveland Clinic is seeking candidates for a new position in Pediatric Headache Management and General Pediatric Neurology. Fellowship Training in Pediatric Headache Management preferred but not required. Candidates must be Board Certified/Eligible in Pediatric Neurology and have an interest in headache management.

Pediatric Neurosciences is a clinically active section within a large academic Neurological Institute that includes a robust group of pediatric specialists including neurosurgery, epilepsy, psychiatry and psychology. The group also works collaboratively with the entire Pediatric Institute and participates in several coordinated care clinics.

Candidates should exhibit interest in clinical practice, resident, fellow and medical student teaching, as well as clinical research.

This dynamic position commands an extremely competitive salary enhanced by an attractive benefits package including but not limited to:

- Excellent medical, dental, vision coverage
- Comprehensive disability and life insurance benefits
- Medical malpractice & tail coverage provided
- Generous time away coverage for vacation, sick time, holidays and CME meeting time
- Highly competitive retirement plans with employer contribution
- Faculty appointment available at the Cleveland Clinic Learner College of Medicine commensurate with experience

Contact:
Nathan Elting
eltingn@ccf.org

PEDIATRIC NEUROLOGIST

Academic Pediatric Neurologist Opportunity, Cleveland, Ohio

The Division of Pediatric Neurology and Epilepsy at University Hospitals Rainbow Babies & Children’s Hospital in Cleveland Ohio is recruiting for a Pediatric Neurologist at the assistant professor level. The Pediatric Neurologist will provide clinical care to children with complex neurological disorders working closely with a dynamic team of pediatric neurologists and epileptologists. Clinical activities will be carried out at Rainbow Babies & Children’s ambulatory and inpatient sites, and at University Hospitals outpatient clinics. The Pediatric Neurologist will be encouraged and supported to engage in investigation/research and scholarly activities. Opportunities exist to conduct research in a variety of areas including clinical and translational research, education, outcomes/quality improvement, and medical informatics. There is infrastructure and support for clinical and translational research both within the Division and within the Department of Pediatrics. In addition to clinical service and research responsibilities, there is an expectation for academic work including education, administration/service, as well as advocacy.

Qualified candidates must be Board Eligible/Board Certified in Pediatric Neurology. The selected candidate will receive a faculty appointment at Case Western Reserve University School of Medicine at the academic level commensurate with experience and qualifications.

University Hospitals offers a competitive salary and benefits program and productivity incentives. The Department offers faculty development and mentoring program designed to help faculty succeed in translational or basic research.

The Cleveland area offers an incredible quality of life with a growing economy, rich cultural scene with ballet, theatre, symphony, opera and museums, outstanding restaurants, and a moderate cost of living. The city is well-known for its sports teams and incredible metro park system for any outdoor enthusiast. To learn more about Cleveland, Ohio, visit: http://www.thisiscleveland.com/

Interested individuals can apply for the position by sending their cover letter and curriculum vitae to Asim Shahid, MD at Asim.Shahid@UHHospitals.org. For additional information about the position, please contact him by email at Asim.Shahid@UHHospitals.org.

Rainbow Babies & Children’s Hospital is a patient focused center distinguished by collaboration, excellence, leadership, and respect. We value candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to our mission To Heal. To Teach. To Discover

PEDIATRIC NEUROPHYSIOLOGIST

Dayton Children’s Hospital, a freestanding, Level I pediatric trauma center, children’s hospital in Dayton, Ohio, is recruiting for a pediatric neurologist with additional training in neurophysiology to be able to participate in our intra-operative neuromonitoring program for neurosurgery and spine cases as well as in our epilepsy surgery program. They will join a team of 8 neurologists consisting of 3 physicians with additional training in neurophysiology. The interest of the candidate will determine the allocation of responsibilities within the neurophysiology services.

Dayton Children’s is the only area hospital with a full-service child neurology center, and with 13,000 outpatient visits and nearly 4,000 tests annually, our department is one of the busiest in the hospital. At present we are 8 neurologists at Dayton Children’s who are assisted by 5 nurse practitioners and 3 clinical care coordinators. We have a busy 9 bed EMU unit and 24-hour EEG monitoring. We have an active ketogenic diet program. We have an epilepsy surgery program which is supported by 3 pediatric neurosurgeons who also implant VNS and use the Rosa Robot for stereotactic EEG. EEG technologists, triage nurses and office personnel complete our team. We have established neuro-rehabilitation, epilepsy, movement disorder and headache programs. We have a multidisciplinary first seizure clinic, intractable epilepsy clinic as well as psychogenic non epileptic disorder clinic for our epilepsy patients.
Establishing a practice at Dayton Children’s provides the opportunity to work with colleagues and staff committed to providing quality, personalized care in a technologically advanced pediatric center with an outstanding community reputation. The Wright State University Boonshoft School of Medicine department of pediatrics and its residency program are based at Dayton Children’s. All of our physicians hold faculty appointments at the Boonshoft School of Medicine.

Dayton is the sixth largest city in Ohio and is noted for its association with aviation most notably due to the Wright brothers invention of flight. The city is home to the National Museum of the United States Air Force, some of the best private and public schools in the state, a vibrant arts and entertainment community and a beautiful system of parks, trails and river corridors.

For additional information, visit www.dayton.com

Contact:  
Cyndy Emerson  
emersonec@childrensdayton.org  
www.childrensdayton.org

CHILD NEUROLOGIST – NORTHEAST OHIO

Ohio-based Akron Children’s Hospital seeks a Child Neurologist to join its expanding Division. Akron Children’s Hospital is the largest pediatric healthcare system in Northeast Ohio and is ranked among the best children’s hospitals by U.S. News and World Report.

This integrated healthcare delivery system includes:
• Two free-standing pediatric hospitals
• More than 900 providers, who manage 1,000,000+ patient visits annually
• A network of more than 60 primary and specialty care locations
• Robust research and innovation endeavors

The successful candidate will join a dedicated team of eleven child neurologists and fifteen nurse practitioners who provide services in the Hospitals NeuroDevelopmental Science Center. The Center brings together six pediatric specialties Developmental-Behavioral Pediatrics, Neurology, Neurosurgery, Physiatry, Neuropsychology and Psychology in one physical and functional unit to deliver the best outcomes and quality of life for patients.

This position offers opportunities for:
• Partnership with an established team of neurologist affording exceptional work-life balance
• Active involvement in medical student and resident education; academic appointment at Northeast Ohio Medical University is available and commensurate with experience
• Research and innovation available through the Rebecca D. Considine Research Institute and local universities
• An attractive compensation and benefit package

Requirements include MD or DO degree, board eligibility/certification in Pediatrics, board eligibility/certification in Child Neurology and the ability to obtain an active medical license in the state of Ohio.

Akron Children’s Hospital is set in the beautiful Cuyahoga Valley, just minutes south of Cleveland. From major league attractions to small-town appeal, the greater Akron area has something for everyone. The area is rich in history and cultural diversity, and provides a stimulating blend of outstanding educational, cultural and recreational resources. This four-season community will have outdoor enthusiasts thrilled with over 40,000 acres of Metro Parks for year round enjoyment. Northeast Ohio has become a premier destination to work, live, play, shop and dine!

Interested candidates may contact Jane Hensley, Physician Recruiter at 330/543-3015 or jhensley@akronchildrens.org. To learn more, visit our website at www.akronchildrens.org.

CLINICAL NEUROPHYSIOLOGY FELLOWSHIP POSITION

Nationwide Children’s Hospital The Ohio State University is pleased to announce two openings for our ACGME-accredited pediatric clinical neurophysiology fellowship for the academic years 2021-22. Fellows have the opportunity to work with nine pediatric board-certified epileptologists. In 2019, the electroencephalogram (EEG) lab performed 2,938 routine EEGs and 1,496 patient days of long-term monitoring (LTM). The epilepsy monitoring unit (EMU) is very active and our program has the capacity to monitor children with different neurological conditions admitted to PICU, NICU and CTICU. We are a level 4 Epilepsy Center with a very active epilepsy surgery program with capacity to perform stereo-EEG (utilizing the ROSA system), electrocortiography and implantation of grids/strips. Our neurosurgery department uses visualase stereotactic laser ablation.

In 2019 the Epilepsy Center performed 95 phase 1 pre-surgical evaluations and 53 epilepsy surgeries, including the full spectrum of surgeries from Vagal Nerve Stimulator (VNS) and Responsive Neurostimulation (RNS) implantation to hemispherectomy. Ketogenic diet and VNS programs are available for children who are not candidates for surgical resection. The outpatient epilepsy center offers fellows the opportunity to rotate in different subspecialized clinics including epilepsy surgery, ketogenic diet, psychogenic non-epileptic events (PNEE) clinic, etc. Fellows have the opportunity to work on a research project mentored by one or more of our epileptologists. The program has an active intraoperative monitoring (IOM) service, a state-of-the-art sleep center and pediatric NCV/EMG services. The fellows schedule is flexible in order to accommodate clinical interests.

Nationwide Children’s Hospital is nominated as one of the top 10 pediatric hospitals in the nation by U.S. News & World Reports and the neurology division ranked # 7 in the nation in 2018. The division recently welcomed Dr. Anne Connolly, a world-renowned pediatric neuromuscular expert, as the chief of the division.

Contact:  
Katie VanHorn  
katie.vanhorn@nationwidechildrens.org

PEDIATRIC NEUROLOGIST – CLEVELAND CLINIC

Pediatric Neurosciences at Cleveland Clinic is seeking candidates for a new position in Pediatric Headache Management and General Pediatric Neurology. Fellowship Training in Pediatric Headache Management preferred but not required. Candidates must be Board Certified/Eligible in Pediatric Neurology and have an interest in headache management.

Pediatric Neurosciences is a clinically active section within a large academic Neurological Institute that includes a robust group of pediatric specialists.
OHIO continued

including neurosurgery, epilepsy, psychiatry and psychology. The group also works collaboratively with the entire Pediatric Institute and participates in several coordinated care clinics.

Candidates should exhibit interest in clinical practice, resident, fellow and medical student teaching, as well as clinical research.

This dynamic position commands an extremely competitive salary enhanced by an attractive benefits package including but not limited to:

• Excellent medical, dental, vision coverage
• Comprehensive disability and life insurance benefits
• Medical malpractice & tail coverage provided
• Generous time away coverage for vacation, sick time, holidays and CME meeting time
• Highly competitive retirement plans with employer contribution
• Faculty appointment available at the Cleveland Clinic Learner College of Medicine commensurate with experience

Please include a current CV and cover letter with your application

Apply: https://www.practicematch.com/CareerCenter/Opportunities/Find.cfm?OppportunityID=568922&RemainEmbedded=1&NewSearch=true

CNS PERSONNEL REGISTRY

OKLAHOMA

PEDIATRIC NEUROLOGIST

Warren Clinic, a part of Saint Francis Health System, is looking to add a BC or BE Pediatric Neurologist to our group. This physician will be joining Oklahoma’s largest health system, which was ranked by Forbes as a Best-in-State Employer in 2019. Our children's hospital serves eastern Oklahoma and remains the first and only dedicated children’s hospital in the area. With over 45 pediatric subspecialists and 100 pediatricians, our new addition to the Pediatric Neurology group will have ample support when it comes to access and resources.

Warren Clinic is able to offer physicians the rewarding medical practice they expect, along with the added feature of a more favorable balance between professional careers and personal lives. Our competitive advantage stems from a 50-year history of single ownership and financial stability. This security allows physicians to do what they do best- to treat patients in a mission-driven, value focused environment.

If you don’t know much about Tulsa take a second look to see what life could be like in the best kept secret of the Southwest!

• Twenty-minute drive from your office to gorgeous area lakes (Grand Lake, Skiatook & Tenkiller)
• Four season recreation
• Thriving fine arts community & cultural offerings (Tulsa Opera, Tulsa Ballet, Tulsa Symphony)
• Riverfront development: dinning, recreation and entertainment
• Excellent public and private school options- great environment for families!
• Very low cost of living and crime rate

Please email your CV for consideration.

We look forward to hearing from you!

Contact:
Ashtin Fletcher
anfletcher@saintfrancis.com
https://www.saintfrancis.com/careers/physicians/

CNS PERSONNEL REGISTRY

PENNSYLVANIA

PEDIATRIC NEUROLOGIST IN CENTRAL PENNSYLVANIA

WellSpan Health, the most comprehensive health system in south central Pennsylvania, is seeking a full-time Pediatric Neurologist to join our sought-after Pediatric Neurology practice. WellSpan Health is a not for profit organization and valuable community resource that provides more than $197.2 million in charitable, uncompensated care.

About the Position:

• Our practice offers a comprehensive consultative service and receives high patient satisfaction scores

• Join a group of 3 physicians, 2 CRNPs and excellent ancillary staff
• Call is 1:6; inpatient consults at York Hospital are on a rotating schedule
• Specialized care in neonatal follow-up, pediatric epilepsy, telemedicine, concussion and headache management
• Steady stream of referrals from a large primary care referral base
• Option to read EEGs if desired
• Opportunity to teach medical students and residents
• Academic appointments possible through Drexel University or Penn State Hershey Medical Center
• Position enhanced by system-wide Epic EMR
• Competitive compensation including a generous signing bonus and $80,000 in loan repayment
• Excellent benefits include: 5 weeks paid time off, 6 holidays, generous retirement plan & full relocation

Lifestyle:

• Conveniently located within driving distance of Baltimore, Philadelphia, Washington, D.C. and New York City
• Family oriented community, with excellent schools, low cost of living and great housing prices
• Abundant outdoor and cultural activities including fine restaurants, theatre, golf courses, hiking and year-round farmers markets

For immediate confidential consideration or to learn more please contact:
Cris Williams, Physician Recruiter
Phone: 717/812-4487
E-mail your CV to: cwilliams9@wellspan.org

PEDIATRIC NEUROLOGIST

St. Luke’s University Health Network, the region’s largest, most established health system, a major teaching hospital, and one of the nation’s 100 Top Hospitals is seeking a passionate BC/BE Pediatric Neurologist to join our Pediatric Neurology practice providing excellent care at St. Luke’s University Health Network.

St. Luke’s pediatrics department is growing and expanding our offering of services. We are seeking providers who are excited by growth and new opportunities. Join St Luke’s Pediatric Neurology as our second pediatric neurologist! Help us shape the
future of pediatric services in our region through the addition of new pediatric subspecialists, new locations and increased inpatient capabilities!

Highlights include:
- A growing pediatric specialty department currently spanning 12 pediatric subspecialties and continuing to expand in both depth and breadth of services.
- Inpatient, primary care and specialty care providers across a variety of practice locations. The current inpatient unit is an 18-bed unit located at St. Luke’s University Hospital in Bethlehem, PA.
- Pediatric volumes have grown significantly over the past few years and the Network is committed to expanding pediatric services within the community.
- The Networks first Pediatric Intensive Care Unit is scheduled to open in early 2020 at St. Luke’s University Hospital, Bethlehem and will receive admissions from all St. Luke’s campuses.
- The Network is proud to have the most robust and highest volume OB program in the region with a strong maternal and fetal medicine program which delivers nearly 4,000 babies per year.
- 23 bed Level III NICU located at St. Luke’s University Hospital in Bethlehem, PA, 8 bed Level II NICU at St. Luke’s Allentown Campus and NEW 26 bed Level III NICU opening January 2020 at St. Luke’s Anderson Campus.
- 11 hospital Network spread over a diverse geographic area providing emergency care for over 317,000 patients annually.
- Opportunity to read EEGs from our robust 11 hospital Network.

To learn more about our Pediatrics program, please visit www.slhn.org/pediatriccareers

In joining St. Luke’s University Health Network you’ll enjoy:
- Substantial compensation and a rich benefits package, including malpractice insurance, health and dental insurance, & CME allowance
- Starting bonus
- Work/life balance & flexibility
- Team-based care with well-educated, dedicated support staff
- A culture in which innovation is highly valued
- Professional support and growth within the network
- Teaching, research, quality improvement and strategic development opportunities

About St. Luke’s University Health Network
Founded in 1872, St. Luke’s University Health Network (SLUHN) is a fully integrated, regional, non-profit network of more than 15,000 employees providing services at 10 hospitals and 300 outpatient sites. With annual net revenue greater than $2 billion, the Networks service area includes 11 counties: Lehigh, Northampton, Berks, Bucks, Carbon, Montgomery, Monroe, Schuylkill and Luzerne counties in Pennsylvania and Warren and Hunterdon counties in New Jersey. Dedicated to advancing medical education, St. Luke’s is the preeminent teaching hospital in central-eastern Pennsylvania.

In partnership with Temple University, St. Luke’s created the Lehigh Valleys first and only regional medical school campus. It also operates the nation’s longest continuously operating School of Nursing, established in 1884, and 34 fully accredited graduate medical educational programs with 263 residents and fellows. St. Luke’s is the only Lehigh Valley-based health care system with Medicare’s five- and four-star ratings (the highest) for quality, efficiency and patient satisfaction. St. Luke’s is both a Leapfrog Group and Healthgrades Top Hospital and a Newsweek World’s Best Hospital. In 2019, three of IBM Watson Health’s 100 Top Hospitals were St. Luke’s hospitals. St. Luke’s University Hospital has earned the 100 Top Major Teaching Hospital designation from IBM Watson Health seven times total and five years in a row. St. Luke’s has also been cited by IBM Watson Health as a 50 Top Cardiovascular Program.

Utilizing the Epic electronic medical record (EMR) system for both inpatient and outpatient services, the Network is a multi-year recipient of the Most Wired award recognizing the breadth of the SLUHNs information technology applications such as telehealth, online scheduling and online pricing information. St. Luke’s is also recognized as one of the state’s lowest cost providers.

About the Lehigh Valley:
Set amid gentle hills and charming country sides, Lehigh Valley, PA is home to Allentown, Bethlehem, and Easton, as well as dozens of small towns and picturesque boroughs, parks, trails, and waterways. Steeped in pre-Colonial, Early American, and industrial history, the regions storied past became its uplifting present, bestowing visitors anything from crayons and craft beer to Martin Guitars and museums, covered bridges, and nationally-recognized events like Musikfest and Christkindlmarkt.

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

Contact:
Christine Figler
Christine.Figler@sluhn.org
www.slhn.org

CHILD NEUROLOGIST OPPORTUNITY WITH PENN STATE CHILDREN’S HOSPITAL IN HERSHEY, PA

The Penn State Children’s Hospital has an opportunity for a Child Neurologist in our Department of Pediatrics, Division of Pediatric Neurology.

Candidates who meet the following criteria are encouraged to apply:
- Medical degree MD, DO, or foreign equivalent
- BC/BE in Pediatric Neurology.
- Ability to read EEGs preferred.
- Interest in general clinical pediatric neurology and/or Pediatric Neurology subspecialty.
- Developing or established record of scholarship.
- Excellent patient care abilities and interest in teaching.

We are pleased to offer you:
- Non-tenure track appointment at the assistant/associate/professor level, dependent on qualifications.
Position Highlights:
The position can be tailored to the interests and background of the candidate. Responsibilities include outpatient evaluations, inpatient consultation, reading of EEGs, and call coverage limited to pediatric neurology. We have a growing epilepsy monitoring unit, long-term monitoring, and robust EEG service. The Penn State Health Children’s Hospital has a very strong hospitalist service to provide continuity and coordination of inpatient care in a collaborative manner. The Division of Pediatric Neurology is in the Department of Pediatrics with a strong affiliation with the Department of Neurology.

Area Highlights Include:
Hershey is a suburban community of 20,000 in a metropolitan area of 400,000 in one of the fastest growing regions in the state. Penn State Children’s Hospital at the Hershey Medical Center is approximately twelve miles from Harrisburg, the state capital, and is one of the largest employers in the Commonwealth.

Interested candidates, please send CV and cover letter to Patty Shipton, FASPR, at pshipton@pennstatehealth.psu.edu. Applications received until position is filled.

The Penn State Health Milton S. Hershey Medical Center is committed to affirmative action, equal opportunity and the diversity of its workforce. EOE-AA-M/F/D/V. All individuals (including current employees) selected for a position will undergo a background check appropriate for the positions responsibilities.

The Lewis Katz School of Medicine (LKSOM) at Temple University and Shriners Hospitals for Children (SHC) are seeking qualified candidates and candidate nominations for the role of Director, Shriners Hospitals for Children Pediatric Research Center at Temple University.

We are particularly interested in candidates with outstanding basic, translational or clinical research backgrounds in the field of neuroscience such as fetal, neonatal or post neonatal brain, spinal cord, peripheral nerve injury, neuroplasticity and neural degeneration/regeneration. Areas of interest include but are not limited to cerebral palsy and related movement disorders, traumatic brain injury or brain disorders caused by exposure to drugs, toxins or environmental insults. Successful applicants will possess a Ph.D. and/or a M.D., Ph.D with expertise in cutting-edge tools of bench-to-bedside and/or bedside-to-bench pediatric research. The ideal candidate will build on our established strengths that include animal models of developmental neurobiology and advanced motion analysis technologies. Ability to translate research findings to clinical research settings would be ideal. The successful applicant will also develop his/her world class research program in the context of an exciting laboratory and hospital environment that is jointly funded by the LKSOM and SHC.

This is a full time, tenure track, faculty position in the Lewis Katz School of Medicine and reports to the Sr. Associate Dean of Research. Applications are invited at the Associate or Full Professor level.

To be considered, please complete an online application: https://bit.ly/37LffUu

The Lewis Katz School of Medicine at Temple University is an Affirmative Action/Equal Opportunity Employer and strongly encourages applications from women, minorities, veterans, and persons with disabilities.

Contact:
Michael Lester
michael.lester@tuhs.temple.edu

CNS PERSONNEL REGISTRY
RHODE ISLAND

CLINICIAN EDUCATOR, PEDIATRIC NEUROLOGY

The Department of Pediatrics at Hasbro Children’s Hospital/Rhode Island Hospital is seeking a Pediatric Neurologist to join the Division of Pediatric Neurology. We are seeking a dedicated clinician and educator with expertise in the evaluation of the full range of pediatric neurological diseases to join our busy and expanding practice.

The successful candidate will participate in outpatient clinics, attend in the inpatient services and teach of fellows, residents, and medical students. Hasbro Children’s Hospital is the only tertiary care hospital for children in Rhode Island and offers comprehensive pediatric services and consultation, including the full range of pediatric subspecialties, a pediatric intensive care unit, NICU, and pediatric emergency department with a trauma service.

The candidate must hold an MD or equivalent degree and be board certified/eligible in Neurology with Special Qualification in Child Neurology. This is an outstanding opportunity to participate in the patient care, teaching, and clinical research missions related to the expanding Pediatric Neurology practice at Hasbro Children's/Rhode Island Hospital.

We seek candidates who embrace and reflect diversity in the broadest sense. Rhode Island Hospital is an equal opportunity affirmative action employer.

Interested individuals should submit CV and a cover letter to Chanika_Phornphutkul@brown.edu

PEDIATRIC NEUROLOGY NURSE PRACTITIONER, DEPARTMENT: PEDIATRICS

Status: Exempt Shift: Days Hours: 40
Location: Children Neurodevelopment Center (CNDC), Hasbro Children’s Hospital

Conducts comprehensive neurological assessments, demonstrating a high level of autonomy and expert skill in the diagnosis and treatment of children with neurological conditions. Provides health care in accordance with standards of practice as
delineated by state practice guidelines and national board certification organizations. Each clinic session is four hours long. This position is expected to have 6-7 clinic sessions per week to see new, follow-up and urgent neurological patients in the outpatient Pediatric Neurology Clinic.

**Position Qualifications:**
Familiar with pediatric patient population. Graduate of approved Nurse Practitioner program with certification, and 3-5 years of experience preferred.

**Major Responsibilities:**
Provides diagnostic and assessment services. Secures a health history from patient and/or family, records findings, and evaluates them. Performs a complete in-depth physical examination. Orders/performs pertinent diagnostic tests based on age and history. Analyzes data collected to determine health status and identify differential diagnoses based on history, physical exam, and clinical findings. Partners with physicians regarding proposed plan of care. Formulates this plan of care with the patient. Manages therapeutic regime as outlined by established protocols for patients with acute illnesses. (Protocols are guidelines concerning patient care that are established between the physician and nurse practitioner. The guidelines outline subjective and objective findings, treatment plan and follow-up). Reassesses and modifies plan as necessary to achieve medical and health goals. Confers with physician for clinical direction as outlined by protocols. Documents patient care outcomes to determine effectiveness of plan of care. Communicates outcomes with physician.

**Contact:**
Chanika Phornphutkul
Chanika_Phornphutkul@brown.edu

**CNS PERSONNEL REGISTRY**

**SOUTH CAROLINA**

**PEDIATRIC SLEEP MEDICINE OPPORTUNITY**

Prisma Health, the largest not-for-profit healthcare provider in South Carolina, has an opening for a BC/BE Pediatric Sleep Medicine physician with any pediatric-sponsoring board certification. Join 2 board certified Pediatric Sleep Medicine physicians and 2 advanced practitioners in the Division of Pediatric Sleep Medicine. Position is mainly outpatient with some inpatient responsibilities. Academic appointments for this position are at the University of South Carolina School of Medicine Greenville and will be commensurate with experience.

**Website:**
https://www.ghschildrens.org/specialists/pediatric-sleep-medicine/

**Contact:**
Tina Owens
tina.owens@prismahealth.org

**TENNESSEE**

**CHILD NEUROLOGIST OPENINGS IN NORTH AND WEST TENNESSEE**

Cook Children’s Medical Center and Health Care System, located in Ft. Worth, TX, has initiated a national search for 4 board certified/board eligible child neurologists to join our newest locations in Texas (Amarillo, Lubbock, and Prosper). Cook Children’s is committed to securing child neurologists whose professional, social, and economic interests would lend themselves to a long-term, cultural fit within the institution, the medical staff, and the community.

Cook Children’s Medical Center is a not-for-profit, free standing, quaternary care pediatric healthcare system that is consistently ranked by U.S. News and World Report. Our focus, first and foremost, is delivery of easily accessible, well-coordinated, comprehensive evaluation and treatment for children with neurological diseases through patient-centered care. Although not academically affiliated, clinical research is an important program component supported by a multi-million-dollar Neuroscience Research Endowment providing all necessary elements for research development, data acquisition, analysis, and dissemination. Opportunities for teaching and faculty affiliation with the University of North Texas Health Science Center, Texas Christian University, and Texas Tech are also possible.

**Other Programmatic Highlights:**
- Enjoy support from a current faculty of 15-Pediatric Neurologists, 8-Nurse Practitioners,
- 4-Pediatric Neurosurgeons, 1 Physiatrist and 3-Neuropsychologists.
- Access to a 10-bed epilepsy monitoring unit and active epilepsy surgery program (average 40 surgeries/yr) with available technologies including 3T and intraoperative-MRI, Magnetoencephalography, PET, SPECT, fMRI, TMS, and HD-EEG on the main campus
- 26-bed state-of-the-art Neuro-Rehabilitation unit located at main campus
- Established comprehensive headache program, stroke program, movement disorder program, and epilepsy program to refer patients

**Child Neurology Opportunity (Amarillo):**

Cook Children’s Medical Center seeks a board certified/board eligible child neurologist to join our clinic in Amarillo, TX. The candidate will be responsible for outpatient neurology care at the Amarillo location with potential for inpatient consultations at two local hospitals providing pediatric care. Subspecialty clinics for epilepsy and movement disorders are provided monthly by staff from the main campus with teledmedicine consultations available for subspecialty care as required. Call responsibilities will be shared by Cook Children’s physicians serving West Texas with additional support from main campus faculty. Salary will be competitive and guaranteed for the first 2 years with potential for performance bonuses after that time. Interested candidates will have faculty appointment and teaching opportunities with Texas Tech providing instruction for medical students and neurology residents.

Amarillo is the largest city in the Texas Panhandle with a population of over a quarter-million people. Situated along the famed Route 66, Amarillo is a city where you can visit Cadillac Ranch, hike Palo Duro State Park (the second largest canyon system in the U.S. after the Grand Canyon), and enjoy a 72 oz steak for free at The Big Tex Steakhouse (provided you can finish it in the time allowed). Amarillo enjoys a climate with all four seasons and plenty of opportunities for outdoor activities. Popular destinations...
TEXAS continued

such as Sante Fe and Taos NM, Durango, CO, and Oklahoma City OK are all within easy driving distance. The city is large enough to provide excellent occupational and educational opportunities, yet small enough to provide the laid back lifestyle West Texas is famous for.

Child Neurology Opportunity (Lubbock): Cook Children’s Medical Center seeks a board certified/board eligible child neurologist to join our clinic in Lubbock, TX. The candidate will be responsible for outpatient neurology care at the Lubbock location with inpatient consultations at Covenant Children’s Hospital. Subspecialty clinics for epilepsy and movement disorders will be provided monthly by staff from the main campus with telemedicine consultations available for subspecialty care as required. Call responsibilities will be shared by Cook Children’s physicians serving West Texas with additional support from main campus faculty. Salary will be competitive and guaranteed for the first 2 years with potential for performance bonuses after that time. Interested candidates will have faculty appointment and teaching opportunities with Texas Tech providing instruction for medical students and neurology residents.

Lubbock, also known as Hub City, is the educational, economic, and healthcare hub of West Texas. With a population of over a quarter million and growing, Lubbock offers big city conveniences without the traffic. The low cost of living (15% below the U.S. average) and exceptional lifestyle provides for the perfect work-life balance. The Covenant Health System serves a regional population of 1.2 million people in West Texas and Eastern New Mexico providing the latest in technology and treatment options. Situated between Palo Duro Canyon and Caprock Canyon, Lubbock offers easy access to outdoor activities such as hiking, mountain biking, and camping. Texas Tech University and a student population of over 36,000 provide excellent educational and research opportunities, while ensuring continued economical and cultural development of the region.

Child Neurology Opportunity (Prosper): Cook Children’s Medical Center seeks two board certified/board eligible child neurologists to join our newest location in Prosper, TX opening April 2020. Cook Children’s North Campus will be a state-of-the-art medical facility including multispecialty outpatient clinics, urgent care, and free-standing children’s hospital. When open in 2022, the children’s hospital will include emergency services, medical/surgical unit, and operating rooms. Initial patient care responsibilities will be outpatient only until the hospital is completed in 2022 when limited inpatient consultations are expected. Subspecialty clinics (i.e. epilepsy, movement/spasticity, headaches) are anticipated to be provided weekly by staff from the main campus with telemedicine consultations available for subspecialty care as required. Call responsibilities will be daytime outpatient clinic call during the week with call shared by Cook Children’s main campus physicians otherwise. Salary will be competitive and guaranteed for the first 2 years with potential for performance bonuses after that time.

Minimum qualifications for all positions: Incumbent must have completed an accredited pediatric specialty training program and be board certified/board eligible in child neurology.

Must be qualified to obtain an unrestricted Texas Medical License before commencing employment.

Contact:
Debbie Brimer
Debbie.brimer@cookchildrens.org

NEURODEVELOPMENTAL OR DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN

Cook Children’s Health Care System, has an exciting opportunity for a board certified/board eligible Neurodevelopmental or Developmental Behavioral pediatrician to join its Child Study Center. This full-time clinician will see a broad-based neurodevelopmental practice. Salary and benefits are competitive.

Cook Children’s is a nationally recognized and sophisticated pediatric health care organization dedicated to improving the health of every child in our region through the prevention and treatment of illness, disease and injury. The Child Study Center is a regional center of excellence for diagnosis and treatment of children who have or are at risk for neurodevelopmental disabilities. Other subspecialties represented on staff include applied behavior analysis, psychology and special education. Dr. Mary Zelime Elibol is the Medical Director of Child Study Center.

Cook Children’s Physician Network is the employed physician component of Cook Children’s Health Care System, a pediatric system of care where physician leadership is fostered and physicians actively participate in the strategic goals and mission of the organization.

Contact:
Debra Brimer
debbie.brimer@cookchildrens.org
www.cookchildrens.org

CNS PERSONNEL REGISTRY

UTAH

FACULTY POSITIONS

The Division of Pediatric Neurology, Department of Pediatrics, University of Utah School of Medicine is seeking faculty candidates for an expanding, thriving academic/clinical team. Positions and funding are now open including in pediatric epilepsy; pediatric neuromuscular; research; and general clinical practice. The physician will provide patient care in inpatient and outpatient settings at the highly ranked Primary Children’s Hospital and University of Utah Health System. Faculty effort will be based on an individualized career plan, centered on their career, clinical, and research goals.

This collegial and growing Division maintains specialty interests in a variety of pediatric and developmental neurological conditions including epilepsy, neurogenetic and neuromuscular diseases, stroke and vascular disease, movement disorders, and functional neuroimaging and basic neuroscience research. Major programs in precision medicine and gene therapy also exist.

Qualified candidates must be Board Qualified/Board Certified in Neurology with Specialization in Child Neurology. The University offers a competitive salary and an unmatched benefits program, including non-contributory retirement contributions of 20.2% of annual salary that vest immediately. The Department offers an education loan repayment program,
in addition to a faculty development and mentoring program designed to help faculty succeed in translational or basic research and to thrive as educators.

Salt Lake City offers an incredible quality of life with a growing economy, rich cultural scene with ballet, theatre, symphony, Sundance Film Festival, opera and museums, outstanding restaurants, and affordable cost of living. The city is a well-known ski and mountain biking destination and gateway to the west’s landscapes. In addition to its 14 ski resorts, Utah boasts five national parks (with five more within a six-hour drive), a variety of golf courses, hundreds of miles of hiking and biking trails, picturesque Lake Powell, and numerous other outdoor activities.

Interested individuals can apply for the position and should include a cover letter and curriculum vitae. For additional information about the position, please contact: Josh Bonkowsky, M.D., Ph.D., Division Chief, at Joshua.bonkowsky@hsc.utah.edu.

---

**Child Development**

The Children’s Hospital of Richmond of the Virginia Commonwealth University has committed itself to transforming the Child Development Division into a model academic unit devoted to excellence in clinical care, teaching, and research in the area of children with neurodevelopmental disabilities. We are seeking a full-time developmental pediatrician (non tenure-eligible) to join our team.

The division currently has 1.5 FTE faculty members, a nurse practitioner, a nurse clinic director, two education consultants, a social worker, and a child psychologist as well as two administrative assistants. The division has an active outpatient presence through its interdisciplinary Child Development Clinic funded through the Virginia Department of Health.

Interested applicants should have experience in interdisciplinary team work environments. Candidates with successful record of research publications and external funding preferred. Support for research space, start-up funding, protected time, and opportunities to collaborate with individuals in Neurology, Psychiatry, and Genetics are available. Applicants must be board certified in pediatrics and board certified in Developmental-Behavioral Pediatrics or Neurodevelopmental Disabilities. A demonstrated experience working in and fostering a diverse faculty, staff, and student environment, or commitment to do so as a faculty member at VCU, is required.

Interested candidates please apply directly at [www.vcujobs.com](http://www.vcujobs.com). The job number is F54920. Inquiries may be directed to:

Robin Songer  
Faculty Employment Coordinator  
O: 804.628.1199  
robin.songer@vcuhealth.org

---

Virginia Commonwealth University is an equal opportunity, Affirmative Action University providing access to education and employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran’s status, political affiliation or disability.
VIRGINIA continued

call coverage that is primarily remote consultative call during the evening and weekends.

Our full-service 92-bed Children’s Hospital provides universal care and intensive care to neonatal pediatric and adolescent patients. It also has the second largest neonatal intensive care unit in Virginia and the only pediatric intensive care unit and dedicated pediatric unit in southwest Virginia. It includes an 8-bed NICU, a 24-bed inpatient unit and a 60-bed NICU/ intermediate nursing and is part of Carilion Roanoke Memorial Hospital, a 703-bed teaching/tertiary, Level 1 Trauma and Academic Center serving nearly one million people in western Virginia. Carilion Clinic is a progressive, emerging leader in American healthcare dedicated to improving outcomes and enhancing value for every patient, while advancing the quality of care through medical education and research. A physician-led, multi-specialty, not-for-profit healthcare organization based in Roanoke, VA serving nearly 1 million Virginians, Carilion Clinic operates 7 hospitals, 220 outpatient clinics, 700+ physicians representing more than 75 specialties, along with 280+ residents and fellows in 25 ACGME programs in affiliation with Virginia Tech Carilion School of Medicine.

We seek candidates who possess leadership skills and excellent communication skills. Candidates must be Board Certified in Pediatrics with subspecialty training in Neurology or Board Certified in Neurology with special qualifications in Child Neurology. Graduating fellows encouraged to apply. Positions available immediately, however start dates are negotiable.

A five time “All America City”, the Roanoke Valley is a metropolitan area of more than 300,000 nestled between the Appalachian Trail and Blue Ridge Parkway. Virginia’s western region is a well-kept secret. Quality of life in the Blue Ridge Mountains is high and the cost of living is low. The area offers a four-season playground for mountain, lake and river recreation, as well as a rich array of arts and cultural experiences. Home to award winning public schools, magnet centers, private institutions, and nationally and internationally ranked & acclaimed colleges and universities.

For confidential consideration, submit CV and Cover Letter:
Rob Way
Carilion Clinic
PO Box 40032
Roanoke, VA 24022
Ph: 540/224-5189
Email: rjway@carilionclinic.org
www.carilionclinic.org

Equal Opportunity Employer: Minorities/ Females/Protected Veterans/Individuals with Disabilities/Sexual Orientation/Gender Identity

CHILD NEUROLOGIST

General Child Neurology

The Division of Child Neurology, Children’s National Hospital, seeks a child neurologist at the assistant or associate professor level to join our expanding clinical programs in North Central Virginia. The Division of Child Neurology has over 30 child neurologists in several subspecialty programs, including, neuromuscular disorders, epilepsy neuro-oncology, neurogenetics, movement disorders, neuro-immune diseases, white matter, phacomatoses, neonatal, intensivist, stroke, headache, and concussion all with a mission of excellence in clinical care, education, and neuroscience research. The candidate must be board certified in neurology with special qualifications in child neurology. Primary clinical responsibilities will be in the Fredericksburg VA satellite office

Interested candidates should send a CV to:
William D. Gaillard, MD
Division Chief, Child Neurology, Neurophysiology, and Epilepsy
Children’s National Hospital
wgaillar@childrensnational.org

PEDIATRIC NEUROLOGIST

The Department of Neurology at the University of Wisconsin School of Medicine and Public Health seeks fellowship-trained BC/BE pediatric neurologists to join our expanding Pediatric Neurology Program as Assistant, Associate or Full Professors on the clinician-teacher or CHS track. The Pediatric Neurology Section currently has five pediatric epileptologists and four general pediatric neurologists with plans to expand to a faculty of ten. Fellowship-trained pediatric neurologists with expertise in Neonatal Neurology or Pediatric Sleep Medicine are highly desired. Candidates must hold an M.D., M.D./Ph.D. or DO, be Board certified or eligible in neurology, and have the ability to obtain a Wisconsin Medical License, fellowship training or equivalent experience is required. The positions include opportunities for teaching, clinical and research activities in an academic environment with pediatric and adult epileptologists, general pediatric neurologists, faculty in other services including pediatrics, neuropsychology, neurosurgery, neuroradiology, clinical neurophysiology and basic science research faculty. Clinical activities will involve attending duties in neurology clinics and on inpatient services at the American Family Children’s Hospital at the University of Wisconsin and affiliated regional hospitals and clinics. Teaching responsibilities include teaching medical student courses and clerkship, mentoring graduate students and trainees, training pediatric and adult neurology residents, fellows and medical students and teaching continuing education programs for physicians and the public.

Interested applicants, please visit our job board, at Jobs at UW and submit a curriculum vitae/resume and cover letter referring to the position vacancy listing number. Finalists may be asked to provide at least three letters of reference at a future date.

Questions can be addressed to applications@neurology.wisc.edu.

Wisconsin open records and caregiver laws apply. Unless confidentiality is requested in writing, information regarding the applicants must be released upon request. The University of Wisconsin is an Affirmative Action / Equal Opportunity Employer

CNS PERSONNEL REGISTRY

WISCONSIN

GUNDERSEN HEALTH SYSTEM
CHILD NEUROLOGY PEDIATRIC SPECIALTY
SEE AD AT RIGHT.
**PEDIATRIC EPILEPTOLOGIST**

The Department of Neurology at the Medical College of Wisconsin (MCW) and Children’s Wisconsin is seeking a board-certified/board-eligible pediatric epileptologist. For appropriate candidates, there is an epilepsy endowed chair available.

MCW is a major national research center; the largest research institution in the Milwaukee metro area, and the second largest in the state of Wisconsin. In fiscal year 2017-2018, more than $253 million was invested in research, teaching, and training purposes, and more than 2,600 research studies were conducted. MCW is also a large and growing educational center with three campuses training over 1,000 medical students and is in the top 5 percent nationally in number of residents trained. Our Neurology group is the largest and most comprehensive in the state of Wisconsin, with residency programs in Adult Neurology, Child Neurology, Neuropsychology with fellowships in many subspecialty areas.

Children’s Wisconsin is a 296-bed freestanding hospital and one of the busiest pediatric hospitals in the country. Certified as a Level I Trauma Center, there are 13 inpatient units including a 72-bed PICU and a 70-bed Level IV NICU. Our Pediatric Neurosciences Center is the largest and most comprehensive in the state and ranks among the nation’s best by *U.S. News & World Report*. Our Epilepsy Center is a National Association of Epilepsy Centers (NAEC) accredited Level 4 epilepsy center and allows us to provide the highest level of complex and specialized care for children living with epilepsy. The epilepsy monitoring unit is a state-of-the-art evaluation center with 24-hour coverage by neurophysiology technicians and remote EEG reading capabilities. Our subspecialty clinics include: Epilepsy, First Seizure, Hypotonia, Brachial Plexus, Neuromuscular with an MDA and PPMD care center, Neurogenetics and Fetal Concerns as well as a Pediatric Neurocritical Care Program.

The pediatric epilepsy program incorporates a group of 5 pediatric epileptologists, 4 pediatric neurosurgeons, 4 pediatric neuropsychologists and 4 pediatric neuroradiologists. The program has multiple nurses, a ketogenic dietician and dedicated inpatient nurse practitioner and pediatric hospitalist to help care for our patients. The facilities include access to a MRI-PET scanner, 3T clinical MRI as well as research access to a 7T MRI.

Milwaukee is the cultural and economic hub of Wisconsin. The city boasts a moderate cost of living and a four-season climate. Milwaukee is home to major sports teams, a vibrant arts community, a beautiful lakefront and county park system, some of the best school systems in the nation and several Fortune 500 companies. Summer festivals and special events year-round make this a family friendly, culturally rich community.

**General Position Requirements:**
- Board certified/eligible in Pediatric Epilepsy
- Completed or finishing fellowship in pediatric epilepsy and/or clinical neurophysiology
- Eligible for medical licensure in Wisconsin

**Contact Info:**
Brian-Fred Fitzsimmons, MD  
Chair, Department of Neurology  
Associate Professor  
Departments of Neurology, Neurosurgery, and Radiology  
bfitzsim@mcw.edu

---

**CHILD NEUROLOGY**

Pediatric Specialty | La Crosse, Wis.  
- Join colleagues in Pediatrics and Neurology  
- Highly Collegial, Teaching Environment  
- Competitive Salary, Loan Forgiveness

CATHY MOONEY, MEDICAL STAFF RECRUITMENT  
camooney@gundersenhealth.org  
(608) 775-3637  
gundersenhealth.org/medcareers
GENERAL PEDIATRIC NEUROLOGIST

The Department of Neurology at the Medical College of Wisconsin (MCW) and Children’s Wisconsin is seeking a board-certified/board-eligible pediatric epileptologist.

MCW is a major national research center; the largest research institution in the Milwaukee metro area, and the second largest in the state of Wisconsin. In fiscal year 2017-2018, more than $253 million was invested in research, teaching, and training purposes, and more than 2,600 research studies were conducted. MCW is also a large and growing educational center with three campuses training over 1,000 medical students and is in the top 5 percent nationally in number of residents trained. Our Neurology group is the largest and most comprehensive in the state of Wisconsin, with residency programs in Adult Neurology, Child Neurology, Neuropsychology with fellowships in many subspecialty areas.

Children’s Wisconsin is a 296-bed freestanding hospital and one of the busiest pediatric hospitals in the country. Certified as a Level I Trauma Center, there are 13 inpatient units including a 72-bed PICU and a 70-bed Level IV NICU. Our Pediatric Neurosciences Center is the largest and most comprehensive in the state and ranks among the nation’s best by U.S. News & World Report. Our Epilepsy Center is a National Association of Epilepsy Centers (NAEC) accredited Level 4 epilepsy center and allows us to provide the highest level of complex and specialized care for children living with epilepsy. The epilepsy monitoring unit is a state-of-the-art evaluation center with 24-hour coverage by neurophysiology technicians and remote EEG reading capabilities. Our subspecialty clinics include: Epilepsy, First Seizure, Hypotonia, Brachial Plexus, Neuromuscular with an MDA and PPMD care center, Neurogenetics and Fetal Concerns as well as a Pediatric Neurocritical Care Program.

Milwaukee is the cultural and economic hub of Wisconsin. The city boasts a moderate cost of living and a four-season climate.

We are an Equal Opportunity Employer and do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity, status as a veteran, and basis of disability or any other federal, state or local protected class.

WISCONSIN continued

We are an Equal Opportunity Employer and do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity, status as a veteran, and basis of disability or any other federal, state or local protected class.

Help make a difference....

SHAPE THE FUTURE OF CHILD NEUROLOGY!

Nominations for 4 of 7 seats on the CNS Executive Committee may be placed on-line by Active CNS Members June 1-30.

See page 35 for details and watch for eConnections updates.