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# Division Chiefs

name	institution	email
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# Allowed Institutions

- Tier 1
  - Lahey
  - Brigham
  - MGH
  - BI
  - UMASS
  - PENN
  - Inova
  - Hopkins
  - Georgetown
- Tier 2
  - U Chicago
  - Pittsburgh
  - Tufts
  - BU
  - UCSD
  - UCLA
- Tier 3
  - Temple
  - UVA
  - UMD
  - Dartmouth
  - UVM
  - Rochester
  - Cornell
  - UCSF
  - Colorado
  - U Michigan
  - U Wisconsin
- Tier 4
  - UW

- OHSU
- USC
- Columbia
- NYU
- Yale
- Northwestern
- U Illinois Chicago
- Tier 5
  - GWU
  - Maine
  - Mt Sinai
  - U Conn
  - Bay State

# Detailed Breakdowns

[UMMC 2025 Budget](#)

[Sinai Baltimore](#)

<b>institution</b>	<b>state</b>
<a href="#">Berkshire Medical Center</a>	MA
<a href="#">BILH</a>	MA
<a href="#">BU</a>	MA
<a href="#">Harvard</a>	MA
<a href="#">Tufts</a>	MA
<a href="#">UMMC</a>	MD
<a href="#">Maine Medical Center</a>	ME
<a href="#">Dartmouth</a>	NH
<a href="#">Cooper</a>	NJ
<a href="#">Cornell</a>	NY
<a href="#">NY Presby</a>	NY
<a href="#">Rochester</a>	NY
<a href="#">NYU</a>	NY
<a href="#">Temple</a>	PA
<a href="#">UPENN</a>	PA
<a href="#">Inova</a>	VA
<a href="#">GWU</a>	DC
<a href="#">MedStar</a>	DC
<a href="#">UVM</a>	VT
<a href="#">Christiana</a>	DE
<a href="#">U Chicago</a>	IL
<a href="#">UCLA</a>	CA
<a href="#">UCSD</a>	CA
<a href="#">Scripps</a>	CA

state	city	hospital	div_head]
MA	Weymouth	<a href="#">South Shore Hospital</a>	Pulm: Frank Schembri, CCM: Dilip Nataraj
MA	multiple	<a href="#">Tufts Medicine</a>	
MA	multiple	<a href="#">BI / Lahey</a>	
MA	Cape Cod	<a href="#">Cape Cod Hospital</a>	
NH	Portsmouth	<a href="#">Portsmouth Regional Hospital</a>	
NH	Concord	<a href="#">Concord Hospital</a>	
NH	Manchester	<a href="#">Elliot Hospital</a>	

## Andrew Gilmore Advice

### How to find a job

#### Decide what you're looking for

This is not the easiest thing to answer, but know if you want academics vs community vs semi-academic. There are different bits to consider when it comes to all of this. Obviously, the big thing is pay. Academia will pay less, just a fact of life. But it will offer you a lot of great continuing education as you surround yourself with people leading our field and afford you opportunities (or obligations depending on how you look at it) to pursue research. You will get residents and fellows (take of that what you will) and maybe even med students. You may have to teach at the affiliated med school. Semi-academic (this is what I chose), pays much better and I still get the benefit of residents and fellows. I don't have the research support, but that's not something I desperately needed. This will be a highly personal decision, and could be swayed by a lot of factors. On a day-to-day level, decide if you want to do Pulm, ICU, or a mix of both. Some places are only looking for one or other so use that to your advantage or know it up front. There's nothing wrong with getting your foot in the door with someone palatable if you think there is an opportunity to grow and get the other stuff, but it is really important to know ahead of time what you want to do. So, sit down with yourself, your partner(s), and anyone else important in your life to talk it out, and envision how you want things to look and what you want to be doing in 5-10 years.

#### Start now

There is nothing wrong with looking for a position now and getting a lay of the land. I started in May of 2024 after I went to ATS. Now, I'll admit, I am neurotic and wanted to get things moving so I used the conference as a networking opportunity and then took off from there. When I was looking, I put together an Excel Spreadsheet that listed the institution, the section chief/department head (including their email), their institution's "Careers" page, and whether or not they had a job currently listed. Some of this is hard to track down and all their websites are different so I won't suggest a right way to organize it all, but at least have some kind of repository for all your data and a running list of places you like.

#### Update your documents

When you are applying for any position, you will need your CV and a cover letter. CV you probably

have already written, but get all your new stuff updated including your ATS/Chest presentations, publications, or any new awards/certifications. The cover letter might be a little different. If you're like me, it's super awkward to write because you have to talk about yourself and pump yourself up. The other part to write, is why you think you would be a good fit at their program. So, each cover letter is (relatively) specific. I wrote up a template for myself and then updated all the information I needed to before I sent it. It will be attached to this email for you look at it and update to sound more like you and fit your own accomplishments.

## **Send emails**

Emails are great and they allow you a paper trail of who you are talking to and what opportunities might (or not) be available. I will admit that its weird to be doing this, but everyone I talked to was really kind and willing to entertain my inquiries. I emailed all the department heads at the places I was interested in (and could find their emails) and provided them my CV. Usually I asked if they had any opportunities available for a pending graduating fellow. If their website had a job opportunity, I would specifically mention it in my email and let them know that I applied for the position. This was the best way to get my foot in the door as many places offered to talk to me on the phone/zoom to discuss jobs (or lack thereof), or even offered to pre-interview me if a position did in fact become available later. It also got me a ton of good information about the programs that I was interested in that wasn't readily available on their site. On the flipside, a lot of places just didn't respond. Another option you have is to ask someone in leadership to email for you. Sometimes that works out especially if they know someone at the place you are looking to go.

## **What about recruiters?**

Personally, not a fan. I got tons of emails and phone calls for jobs all over the country from random recruiters. I didn't give them my info so how they get it is a mystery, but they are incessant and relentless. I ended up blocking most of them and ignoring the others. There may be others who have a different opinion, so if you are interested in a recruiter ask around and get their more nuanced take.

## **What happens when you start getting interviews?**

This is a long process and usually involves multiple rounds of interviews. You'll talk to hiring folks before you get to the department leadership so use those interviews to get a feel for the program and what they are looking for. Ask questions about what kind of role they are looking for you to fill as that will help you decide if this place is worth your time. You like the ICU? Ask the size of their unit and if they are looking for someone to work there. Like lung nodules? Ask if they have a lung nodule clinic. Market yourself and tell them what you are interested in and what you bring to the table. It may help you get further or it may help determine that a certain place isn't the right fit. When it comes to money and benefits, don't ask right away. Some folks divulged it immediately, but otherwise, it's a 2nd or 3rd interview question. Don't worry, it will come up, but the first time you talk to someone is just about getting a feel for a place.

## **Key question topics**

(in no specific order just whatever popped into my head and definitely not exhaustive)

- What do the shifts look like and how many am I responsible for?
- APP involvement (could be positive or negative)
- Housestaff involvement
- Research opportunities
- Teaching opportunities
- Sub-specialty clinics (ILD, sarcoid, lung nodule...)
- What generated this new position? (i.e did someone leave? Is the department growing?)
- CME funds
- Opportunities for leadership within the department/health system (in the future)
- Bonus structure
- Other ICU requirements
- Admitting service or consults only
- Career advancement structure (i.e what do I have to do to move up the ladder?)
- Vacation time
- Responsibilities when you're not on service

### **Decide what you can't live without and what you can't live with**

This is crucial. There will be a lot of negotiating (even if you don't get to do much with the contract at the end) and it will be vital that you know what you want and don't want. If you know you can't live with doing 90% clinic and a place is saying that they want an outpatient partner, then its not for you. If you need to work with residents and fellows, but they don't have an academic position for you to fit into, then its not for you. Each one of you will have key parts of yourself that you cannot sacrifice when it comes to the job and that's great. Know what those are, but also know what you can bend on. The best example from my experience was when they asked what kind of split I wanted. I said "Ideally, I'd like 80/20 inpatient/outpatient, but I'm willing to find a place where it works for us all." I knew that I'd settle for 50/50 because it was my first contract. They don't. We landed at 60/40. I got more than I was willing to take and there will be an opportunity to be less in the future.

### **Team player vs Getting what you want**

You'll hear a lot of people in leadership express how important it is to be a team player. That it is vital for finding a job that you are willing to be flexible to meet the department's needs. I am not going to dispute that, but I am going to temper it. This is your career. This your job. It should be (at least somewhat) what you want it to be. There is nothing wrong with compromise (see point 7), but you also need to be able to pursue your own goals and aspirations. If a program is saying that they need you to do all these extemporaneous things that don't jive with what you want to do then it might not be the fit. Don't try to contort yourself into the shape they want. Like above, its good to be flexible, but not at the total expense of your autonomy and career goals. Fight for yourself and make sure you're going to be doing what you want to do (talk to Cassady about his experience hunting a job).

### **They gave me a contract, what now?**

Congrats! Now go through it line by line and pretend you're the best lawyer in New York. Then go give it to Jonathan Leer. He went through my contract and talked about several bits that I hadn't

considered and was a huge help to me. Now, I wasn't allowed to negotiate anything in my contract because big health system, and its likely you won't either. But it's really important that you know what you're walking into and what you're agreeing to. This is also another opportunity to ask questions and get clarification of how your tenure will look.

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Last update: **2026/04/14 01:44**

