



WESTCHESTER PHYSICIAN

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PETER J. ACKER, MD
President, WCMS

PRESIDENT’S MESSAGE THE PANDEMIC ISN’T GOING ANYWHERE

We are now eight months into the pandemic. We are fortunate here in Westchester County to have relatively low counts of covid-19 as compared to other parts of the country and the world. My pediatric office is humming: a combination of pent up demand for checkups and vaccinations as well as mild illnesses that require covid testing and medical clearance letters in order to return to school. We are not complacent, though because the numbers are slowly rising. There is a sense of exhaustion and burnout among my colleagues as we slog through each day grimly putting on all our PPE, entering an exam room, examine, test, reassure, then pull off our disposable gown, gloves and outer mask, spray the room with bleach, then repeat over and over again.

Yet, I realize we are lucky to now have all the PPE we need as well as covid test kits and an increasingly rapid turnaround time so that the results now have real utility. An article in the New York Times (Oct. 27) caught my eye which put into sharp relief just how different our experience is compared to some other parts of the world. It was entitled “Trump, Bolsonaro and a Virus-Ravaged Region, How Defenses Eroded in Latin America.”

I have always been quite interested in Latin America. My father, Connecticut born and raised, took an entry level executive position for Esso (now Exxon/Mobil) in Bogota, Columbia in 1948. He had to take a crash course in Spanish. He was later transferred to Lima, Peru where I was born. At age 3 we moved back to Bogota. Our northward trek continued to Miami where I finished first grade and then finally back to Connecticut. My memories of Lima are vague, but Bogota I remember quite clearly: the mountains, forests of eucalyptus trees, and also the abject poverty. I was pretty young, but old enough to witness the many beggars on the street and seeing small kids wearing

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UPCOMING EVENTS

All Upcoming Events have been Postponed or Rescheduled at this time.

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FROM THE EDITOR...**IT'S THE ENVIRONMENT, STUPID!**
PETER J. ACKER, MD

I attended a very interesting pediatric grand rounds at the Westchester Medical Center the other day. The subject was environmental health and was delivered by Dr. Y. Cathy Kim who is on the faculty of the New York Medical College. She is also the associate director of the **Children's Environmental Health Center** (Dr. Allan Dozer is its director) She, of course, covered the usual environmental hazards that can affect children such as heavy metals, air pollutants, second hand smoke..... the list unfortunately goes on and on. When she discussed heavy metals I was reminded of a trip I took a few years ago to visit one of my daughters in college. She was premed at the time and invited me to sit in on one of her organic chemistry classes. As we walked to the lecture hall, my daughter beseeched me to behave myself, but once there I found myself, after being introduced to the professor, telling him that I was a primary care practitioner and that I used organic chemistry everyday in my daily practice. He chuckled politely at this sally while my daughter silently groaned at my side. We sat down for the lecture and I squirmed a bit in my seat as I looked at my watch. Then the professor started. The subject was organometallic compounds, and I found myself becoming increasingly attentive, even rapt. He explained the hydrophilic properties of organomercuric and organic lead moieties and in one slide demonstrated the way these molecules interpolate themselves within the lipidinous structure of myelin and thus reeking havoc on nerve transmission. He also reminded me of the important toxicological differences between ethyl and methyl mercury. By the end, I had a much better handle on the neurologic toxicity of the heavy metals. After the lecture, I again approached the professor chagrined and with the figurative hat in hand, to apologize for my joke and to tell him how absolutely relevant his lecture had been to my daily practice. I think I made his day.

Dr. Kim's lecture was another reminder of just how broad our purview as pediatricians is, which on the one hand can seem overwhelming (Dr. Kim gave us a list of possible environmental questions to ask at well checkups to go along well the developmental, nutritional, etc questions we already ask), but on the other, tremendously enriches the texture of our professional lives. I am probably not the only practitioner, ensconced in my office, passively waiting for problems to walk into the door. It is easy to become complacent and not think of all the myriad factors outside my office that affect my patient's health. We are used to handling acute problems comfortably and with alacrity, our training standing us in good stead, but we don't always take the extra step of inquiring in a more than superficial way about what is occurring outside our door. Take the example of childhood obesity. Our youth exist in an environment of food choices which make healthy eating a near impossibility. Schools and supermarkets abound with high fructose, high fat,

(Continued on page 12)



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STOP THE TRAIN

Elliot Barsh, MD

"People don't care how much you know until they know how much you care"

Theodore Roosevelt

Hi everyone.

I hope this column finds you and your families safe and healthy.

Care is what we create with our patients. Care is also what our institutions need to create for us. It is personal, original, and intimate. Like art, it is an expression of beauty and spirit. It is more than the simple transaction of looking for a problem to diagnose and treat. It is the search for what is possible based on what matters, what works, and appreciating that the outcome is not the only measure of success. Time stands still as we live in the moments we share along a patient's health care journey.

Care is built upon a world that we create with our words and our language. We must be truthful and engaged. Medical when we need to be, and personal all the time. Understandable and dynamic to differences in spoken language, culture, gender, race, sexuality, and age. Listening for the choices that we can give instead of the compliance we may want.

As soon as our speech is careful and kind we begin the process of creating a caring future, we also create a caring present. (This is the simultaneity principle of Appreciative Inquiry.)

When we talk about wellness, instead of illness, we can start to look forward to a positive future.

Equipped with a glimpse of what things look like at their very best, we become more creative, resourceful, and resilient, finding ways to make things happen. (The Anticipatory Principle of AI)

The Poetic Principle of AI teaches us that what we focus on grows. Problems get more problems. Possibilities lead to more possibilities. Our hope will inspire us to focus on making good things happen.

Thanks for reading

Be safe.

Reentry

"How can we speak about transforming our system when we haven't yet reckoned with how Covid has transformed those of us on the front lines?"

<https://www.nejm.org/doi/pdf/10.1056/NEJMp2027447?articleTools=true>

How to Tell a Great Bedtime Story

Remember the three Ps: pitch, pacing and pausing.
<https://www.nytimes.com/2020/10/08/parenting/bedtime-stories-for-kids.html?smid=em-share>

What Strength Really Means When You're Sick

The metaphors that Trump and others use when talking about COVID-19 are making the pandemic worse.

https://www.theatlantic.com/health/archive/2020/10/trump-strength-coronavirus/616682/?utm_source=atl&utm_medium=email&utm_campaign=share

Cancer as a Metaphor

The language that describes diseases and the people affected by them was often victim-blaming.

<https://www.tandfonline.com/doi/pdf/10.1080/10926488.2019.1611723?needAccess=true>

Another Language

Making the effort to communicate in a patient's native language is caring.

Joe Biden's Contest with His Words

Communicating takes an effort and awareness that may go unnoticed.

https://www.newyorker.com/culture/cultural-comment/joe-bidens-contest-with-his-words?utm_source=onsite-share&utm_medium=email&utm_campaign=onsite-share&utm_brand=the-new-yorker

"After all this time, I still feel the burning need to communicate. It's there when I wake every morning. It walks alongside of me throughout the day ... Over the past 50 years, it has never ceased. Is it loneliness, hunger, ego, ambition, desire, a need to be felt and heard, recognized, all of the above? All I know, it is one of the most consistent impulses of my life."— Bruce Springsteen

♦

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SOME SATIRE FOR A GOOD LAUGH...

TIRED OF ITS ADVICE BEING IGNORED, CDC KICKS AMERICA OUT OF ITS PRACTICE—By: Gomerblog Team—Originally published on Gomerblog.com

ATLANTA, GA—Frustrated that no one is listening to their Covid-19 recommendations, the Centers for Disease Control & Prevention (CDC) announced today that it had no choice but to kick the American public out of its practice. Effective immediately, the CDC has terminated its 74-year relationship with U.S. citizens, citing irreconcilable differences.

“Why should we continue to offer vital, evidence-based recommendations when they just fall on deaf ears?” asked CDC Director Robert Redfield, who added that the preeminent public health institute will soon be relocating to New Zealand, a country that very quickly managed to eradicate the coronavirus. “We believe we’ll find clientele there who’ll actually listen to our sound suggestions.”

“I mean, really, anywhere would be better than here,” Dr. Redfield continued. “We told Americans to wear masks; they claimed masks would kill them. We recommended social distancing; they threw crowded Covid parties where the goal was to be the first to catch the virus! They’re animals—and we don’t want them to be our responsibility anymore.”

In a private letter to Americans, the CDC indicated that its decision was final. However, just like doctors who terminate patients from their practices, the CDC had an obligation to refer Americans to another public health institution. “Don’t worry, America. We’ve searched the world for a qualified replacement, and we’re thrilled to announce that we’ve procured the services of a well-respected organization: the North Korean Public Health Agency, headed by the world-renowned infectious diseases expert, Dr. Kim Jong Un.”

“Whatever,” was the consensus response from U.S. citizens, who were too busy partying inside packed bars to care.

Some commented that CDC leadership has been severely lacking during the Covid pandemic. “I assumed they’d already left the country,” said one local physician.

Still others were quite elated. “Well, I heard from a very reputable source in Pyongyang that there have been zero cases of Covid in North Korea, so sounds like this is a huge upgrade for us!” said an anonymous Twitter user.

At press time, freedom-loving Americans breathed a

sigh of relief when the North Korean Public Health Agency informed them that they would not be required to wear drab, suffocating masks. Instead, they were all given bright and shiny new uniforms: orange jumpsuits and chains.



REPORT: MOST PEOPLE WILL SURVIVE PANDEMIC, BUT THEIR LIVERS WILL NOT—By: Proton Pimp—Originally published on Gomerblog.com

ATLANTA, GA—A new report released earlier this week by the Centers for Disease Control & Prevention (CDC) contained both good and bad news. The good news is that, according to scientists’ calculations, the vast majority of Americans will survive the Covid-19 pandemic. The bad news is that the vast majority of livers will not.

The destruction of America’s livers appears to be linked to a surge in alcohol consumption, which has shot up approximately one-hundred-million percent since the start of the pandemic. “The mandatory ‘stay-at-home’ orders might as well have been called ‘stay-at-home-and-drink,’” said CDC scientist and lead author of the report, Dr. Wes Key, “because that’s what everyone did.”

No one is really surprised by this news. “What did they expect to happen?” asked Atlanta native Daniel Jacks. “There’s been nothing to do except binge watch Netflix shows and chat with people on Zoom. And everyone knows those activities are way better with a glass, I mean bottle, of wine or a bottle, I mean pitcher, of beer. Is there any wonder our livers are dying?”

The drinking-at-home trend does not appear to be going away anytime soon, either. “I had no idea liquor stores delivered,” said Mr. Jacks. “We’ve been doing it wrong all these years! Why risk lives by driving to-and-fro bars when the local liquor store will deliver all the booze you want right to your doorstep?”

Even the study’s lead author is guilty of imbibing. “Liquor is pretty much a requirement for all Zoom sessions,” admitted Dr. Key. “Last night, I poured myself some whiskey and then logged on to my virtual AA meeting.”

While most are drinking for pleasure, a few people are apparently drinking for supposed therapeutic reasons. “I heard alcohol destroys the coronavirus, so I guzzled down gallons of vodka, but in the end, I still got Covid-19 anyway...and a touch of alcoholic hepatitis,” lamented one local man, who added that maybe next time he’ll try bleach instead.





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*STUDENT CORNER...***ONLINE MEDICAL SCHOOL IN 2020**

SOPHIE H. GUÉNIN

New York Medical College adopted a virtual curriculum in March 2020 when the COVID-19 pandemic first hit New York, in our own backyard. At this time, I, a first-year medical student, had just finished the second trimester. We had taken our final exams and then celebrated the end of one of the most difficult blocks of our pre-clinical years. However, we soon realized that, while we had been buried in the intricacies of the Krebs Cycle and cardiac pressure loops, COVID-19 had quickly taken hold of our city.

Since March 2020, we have been following a virtual curriculum. Starting with neuroscience, we watched brain dissections online, listened to pre-recorded and live lectures, and started leaning heavily on third-party resources to guide our independent learning. At first, the virtual curriculum went unnoticed, overpowered by the constantly evolving COVID-19 situation and unrelenting news cycle. However, as we started delving into the topics of neuroscience and behavioral science, I soon began to feel what we will have lost from our medical school experience. For example, instead of having the privilege to hold and dissect a human brain, we were watching videos online of brain dissections and trying to scour Google images for cross-sections of the (still) enigmatic slices of the brainstem to piece together the entirety of the central nervous system. In addition, many summer research opportunities for students had been cancelled with everything slowly shutting down.

At the same time, it was difficult to watch from the sidelines as our professors, mentors, and supervisors were on the frontlines trying to manage patients with COVID-19 and with limited resources, energy, and support.

Today, we are still following an online curriculum. In our second year, we cover Pharmacology, Pathology, and Microbiology. All of our classes are virtual Zoom sessions with the exception of Foundations of Clinical Medicine which is an on-campus event where we practice our clinical skills, such as conducting a routine physical ex-

am. Fully donned in a face shield and mask, we practice conducting physical exams on each other, leaving out the ophthalmologic exam for both practical and social distancing purposes. These sessions are held on average once a month. In contrast, first-year medical students have been attending anatomy sessions, 1-3x per week, for cadaver dissections. First-year medical students are fully donned in PPE during the anatomy laboratory sessions. These sessions serve as the only times the new students have the opportunity to interact with their peers.

For the second-year students, the rest of our time is spent primarily on watching lectures online; following third-party resources, such as Sketchy, Boards and Beyond, and USMLE Rx, in preparation for the USMLE Step1 exam; and trying to secure opportunities for research and clinical experiences, despite the restrictive COVID-19 climate. During our microbiology laboratory sessions, we watch pre-recorded videos of professors plating bacteria on blood agar plates and discuss results over Zoom in small group conferences.

While COVID-19 has impacted many in far more profound ways, the pandemic has also significantly changed the way medical students learn as they have been forced into fiercely independent learning roles. In many ways, this may benefit us, teaching us to be life-long independent learners. In addition, being largely at-home without commuting times, many of us have found ourselves with increased time for studying and self-care. Given the novelty of the pandemic and the switch to a virtual curriculum, it will be interesting to see how this experience will change our learning habits, interests, and interactions in the future.



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MSSNY Peer to Peer (P2P) Program for Colleagues

Today, the Medical Society of the State of New York is excited to offer to physicians, residents, and medical students the opportunity to talk with a peer about some of life stressors.

MSSNY's Physician Wellness and Resiliency Committee has launched the MSSNY Peer to Peer (P2P) program for colleagues to avail themselves and reach out to peer supporters to discuss every daily stressors such as work, school, family, or financial stressors. And, with the advent of COVID-19 pandemic, there may also be some additional stress in our colleague lives.

The P2P program is an opportunity for our colleagues to have a one-time confidential discussion with a peer supporter. The peer supporter is a trained individual who can share experiences, listens without judgment, who can validate your feelings and provide you with Support, Empathy and Perspective.

Peer supporters can also provide information on organizations that can support you and will provide you with positive coping skills. They can also help connect you to organizations and individuals should you need more focused assistance.

Any physician, resident, or medical students who wishes to relate to a peer supporter, may contact the Medical Society of the State of New York in the following ways:

- MSSNY has established a separate email at P2P@mssny.org and requests that you be connected with a peer supporter
- Or you can call MSSNY at 1-844-P2P-PEER (844-727-7337) and request that you be connected with a peer supporter. The line is answered by MSSNY staff during regular business hours (Monday – Friday, 8:30-5 p.m.) and the call will be responded to by an MSSNY staff person. After 5 p.m. the call will be answering by a live answering service who will take down contact information for MSSNY staff to follow up with.

It is well documented that physicians, residents, medical residents have enormous stressors that can range from the emotions arising in the context of patient care to the environment in which we practice medicine. Now, with the COVID-19 pandemic, those stressors may be exacerbated.

Please know that you are not alone. MSSNY has trained peer supporters that are ready to support and take time to talk with you. Please reach out to us and know that we care about you and the issues that you face.

The words “Be Well” apply to all of us.

Bonnie Litvack, MD
MSSNY President

Charles Rothberg, MD, Chair
MSSNY Committee on Physician Wellness and Resiliency

VIRTUAL LEGISLATIVE BRIEFING RECAP

DANIEL GOLD, MD, CHAIR LEGISLATIVE COMMITTEE

The Westchester County Medical Society Held two Candidates Forums via Zoom on September 23 & 30 in the evening. The virtual meeting allowed candidates for the state Assembly and Senate to present their views and policy prescriptions for issues related to the health and medical care of their constituents. The WCMS Legislative Committee discussed the following areas of interest during the forum:

- Liability - New requirement to post OPMC number in offices. Reinstating Limitations of liability related to COVID.
- PPE - NYS pipeline for obtaining and distributing supplies. Mandating insurance carriers cover increase office costs related to COVID
- Testing - Further support for widespread availability of testing. Enforcement of no patient copay/deductibles for testing and COVID related care.
- Scope of practice - reinstating safeguards for non physicians practicing unsupervised and outside their scope of license
- Disruption of routine care - programs to encourage return to preventive care - childhood vaccinations, screening exams.
- Reduction of administrative burden (government and insurance)
- Securing additional federal and state funding sources for physician practices due to practice interruption.
- Physician collective negotiation

The audience was encouraged to ask questions related to these issues and the candidates addressed each during the Forum. It was enlightening and led to some spirited debate.

Unfortunately, the value of the event was restricted to only a handful of Society members as attendance was sparse despite the convenient meeting model and robust panel of incumbents and challengers.

The Committee would like to thank all who attended, especially the candidates who took time out of their busy schedules to present their ideas and posi-

tions to the Society. In attendance were:

Stephanie Keegan (Assembly District 94); Senator Shelley Mayer; Senator Andrea Stewart-Cousins; Assemblyman Tom Abinanti; Assemblywoman Amy Paulin; Assemblyman Kevin Byrne; Assemblywoman Sandy Galef; Senator Alessandra Biaggi; Senator Pete Harckham; Assemblyman Steve Otis; Rob Astorino (Senate District 40).

Thanks also to WCMS staff and Executive Director Janine Miller for organizing the event.

Most importantly, please remember to vote November 3!

**New OPMC Signage Requirement**

As reported in Wednesday's MSSNY e-news, despite strong MSSNY opposition, this week the Governor signed into law legislation requiring every physician's "practice setting" to post a conspicuous sign identifying for patients the OPMC's website for reporting suspected misconduct at <https://www.health.ny.gov/professionals/doctors/conduct/>.

Click [here](#) to read MSSNY President Dr. Bonnie Litvack's statement objecting to this new requirement.

There is no specific template specified in the law or by DOH. One possible template to meet the provisions of this law as suggested by MSSNY legal counsel is to say in the signage:

"We are committed to ensuring that our patients receive appropriate medical care. You can get information regarding your rights and how to report professional misconduct at <https://www.health.ny.gov/professionals/doctors/conduct/>"

It should be noted that, because of the section of the law that was amended by this legislation, failure to place this sign in your practice setting will NOT subject a physician to financial penalties that otherwise are applicable for other violations of the Public Health Law. However, failure to post this sign could subject the physician to discipline by the OPMC if it is shown that there was a "willful or grossly negligent" failure to comply.

MSSNY continues to have discussions with DOH staff regarding aspects of this new signage requirement, including how it will apply in settings not controlled by the physician, such as a hospital, nursing home or clinic. DOH has sent a letter to all physicians advising them of this new law, noting that these signs must be visible in areas accessed by patients and those who accompany patients to visits, such as "waiting rooms, check-in/out areas and treatment areas."





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PRESIDENT'S MESSAGE

THE PANDEMIC ISN'T GOING ANYWHERE

(Continued from page 1)

scraggly tee-shirts and nothing else, as well as crude huts up the mountain from where we lived. I have since returned to Latin America several times as an adult, on medical missions in El Salvador and Ecuador and a trip to Lima where one of my daughters was doing a semester abroad. It's not the typical semester abroad destination for an American, but I think my daughter was drawn to it because it was my birth place. Her Spanish now is quite fluent.

Back to the article: it chronicled how just prior to the pandemic (Dec. 2019), the United States and Brazil exerted extreme pressure to drive 10,000 Cuban doctors out to Brazil, Ecuador, Bolivia and El Salvador. Cuba has for many years been sending highly trained doctors to areas of poverty and places of high need. For example, during the Ebola outbreak in Africa, they sent a large contingent. This exodus from places of highest need in Latin America just when they were needed most, had a devastating effect. Furthermore, at the same time, the United States withdrew funding from the Pan American Health Organization (PAHO). PAHO was established in 1902 and is the world's oldest international health organization. For decades it has provided medical expertise and equipment to wherever it was needed. In particular, it has had broad experience in epidemics.

One example cited hit home with me since it occurred in Ecuador, where I have been three times. Without the resources and expertise of PAHO and the Cuban contingent, the pandemic struck with fury. There were no testing facilities and a dearth of PPE. As a consequence, in Guayaquil, half the health ministry employees contracted Covid and more than 130 doctors died. Sobering.



FROM THE EDITOR...

IT'S THE ENVIRONMENT, STUPID!

PETER J. ACKER, MD

(Continued from page 2)

low fiber foods. Fast food emporiums are on every corner and we are all subject to the marketing campaigns of the food conglomerates. It is tempting, here in the pediatric trenches to throw up our hands and give up, since our little sermons to the kids on healthy eating do not seem to have much effect. A

more impactful approach perhaps would include inquire into the cooking and shopping habits of the parents and to take a detailed nutritional history. Taking it to another level, we could visit schools and get involved in the messy local politics that are behind the cafeteria lunch selections. I could go on and on.

I, for one, felt energized by Dr. Kim's lecture. Of course, it is not practical or possible to tackle every environmental issue that affects our patients health in a twenty minute visit, but it made me want to rethink the issues and try to conceive of new ways crack this nut. Yes we can!



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Edward Gordon, M.D.
388 Hardscrabble Road
North Salem, N.Y. 10560
914 669-5526 Fax: 914 669-6051
NSPS@optonline.net

October 29, 2020

To fellow members of the Westchester and Putnam Psychiatric Societies:

This is to announce that I will be retiring from Psychiatric practice effective November 30.

I would appreciate help in assisting my patients to find another psychiatrist. I have been treating adults and children and opiate dependent patients with Buprenorphine.

In particular, I have one patient, stable for 10 years, living in Mahopac, who requires a monthly injection of Haldol.

If you can accept new patients, with or without insurance, please respond by fax or email as above. Thanks to all of you for assisting me and my patients.

Edward Gordon, M.D.

I can accept one or more of your patients. I can accept patients with the following insurance, (or without insurance).

Have them call at the following number _____

Signed: _____



240D S. Highland Avenue
Ossining, New York 10562
Phone: 914-502-0881

NURSE PRACTITIONER/PHYSICIAN ASSISTANT POSITION

About Us

We are a new state of the art facility. We are seeking a part time nurse practitioner or physician assistant to join us. We recently won the Doctors of Distinction Award as the Best Urgent Care Center in Westchester and Fairfield County for 2020. There was a Town of Ossining celebration where our urgent care center was recognized as “Local Heroes” by the Hispanic Parents Community of Ossining, in attendance was Assemblywoman Sandy Galef and Ossining Village Board of Trustees/Counsel of Ossining members Omar Lopez and Manuel R. Quezada.

Position

We are seeking a Part Time Nurse Practitioner or a Physician Assistant to join our team! The ideal candidate must be able to provide complete medical care to patients in busy, new, Urgent Care setting.

Responsibilities:

- Perform medical procedures as necessary
- Prescribe medications and treatments
- Assess patient health through interviews and physical examinations
- Communicate information to patients regarding diagnosis and treatment goals
- Maintain patient medical records
- Facilitate referrals to other healthcare professionals and medical facilities

Qualification

- **Candidates must be FNP or ENP or a PA with Urgent Care Experience**
- **BLS & ACLS certifications is required. PALS certification is a plus and must be obtained within three months of hire**
- Ability to do small procedure such as suturing and suture removal
- Ability to build rapport with patients
- Ability to thrive in a fast-paced environment
- Employment physical exam clearance will be required prior to starting, including recent PPD/Quantiferon from the last 6 months.

We are a new state of the art facility. We are seeking part time candidates. Part time positions could lead to a fulltime position if the candidate would want a fulltime position. Competitive rates depending on experience.

Candidate must be willing to work some weekends and evening hours.



240D S. Highland Avenue
Ossining, New York 10562
Phone: 914-502-0881

PHYSICIAN JOB POSITION

About Us

We are a new state of the art facility. We are seeking a part time physician to join us. We recently won the Doctors of Distinction Award as the Best Urgent Care Center in Westchester and Fairfield County for 2020. There was a Town of Ossining celebration where our urgent care center was recognized as "Local Heroes" by the Hispanic Parents Community of Ossining, in attendance was Assemblywoman Sandy Galef and Ossining Village Board of Trustees/Counsel of Ossining members Omar Lopez and Manuel R. Quezada.

Position

We are currently seeking a PART TIME Physician to join our team! The ideal candidate must be able to provide complete medical care to patients in busy, new, Urgent Care setting.

Candidates must be board certified in Family Medicine, Emergency Medicine and/or Urgent Care. Candidate may be board eligible with the intention to become board certified within 6 months of employment. **Experienced Physicians and new graduates are encouraged to apply.**

Responsibilities:

- Perform medical procedures as necessary
- Prescribe medications and treatments
- Assess patient health through interviews and physical examinations
- Communicate information to patients regarding diagnosis and treatment goals
- Maintain patient medical records
- Facilitate referrals to other healthcare professionals and medical facilities

Qualifications:

- **NYS Medical license is required. Medical Degree/MD required. DEA certification is required.**
- **BLS & ACLS certifications is required**
- PALS certification is a plus and must be obtained within three months of hire.
- Previous experience as a physician in an Urgent Care setting is preferred.
- Advanced knowledge of treatment and drug interactions.
- Ability to build rapport with patients.
- Employment physical exam clearance will be required prior to starting, including recent PPD/QuantIFERON from the last 6 months.

Part time positions could lead to a fulltime position if the candidate would want a fulltime position. Competitive rates depending on experience. Candidate must be willing to work some weekends and evening hours.