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## Job Market Initiative Web Site/Database Protocol

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## Introduction and Information for Site Users

### Welcome and Thanks

Thank you for visiting! We have tried to make your use of this site as intuitive and rewarding as our resources allow.

We recommended checking both "Full Page Ads" and abstracts. "Full Page Ads" are sorted geographically. All job abstracts may be viewed in a large list sorted by geographic location. You may limit your search to any one of nine broad categories, but please remember that categories overlap and our classifications may not be the same as yours.

For more information on how jobs are selected and classified, consider reviewing the abstraction guidelines on pages 6 to 11 of this document.

Please encourage employers to specify Preventive Medicine training where appropriate, and to notify AAPHP with job announcements. Please consider volunteering to help others as a volunteer abstractor. To do so, please contact Dr. Nitzkin at [jln@jln-md.com](mailto:jln@jln-md.com) or by phone at (504) 899-7893.

### ***What is the Job Market Initiative (JMI)?***

The Job Market Initiative (JMI) is an effort begun by the American Association of Public Health Physicians about six years ago to increase the number and quality of job opportunities that require or prefer physicians with Preventive Medicine residency training or board certification.

In that context, the JMI web page is just the first part of what we hope will become a more elaborate effort to reach out to actual and potential employers to encourage them to recruit for fully qualified Preventive Medicine Physicians.

The JMI web page is very unusual in that we post the ads free of charge and, abstract ads from other journals and web sites. We do this because, if we limited ourselves to jobs already classified as PM or PH jobs – we would have few, if any, to list.

Preventive Medicine physicians need the JMI for the following reasons:

1. Most employers and most clinicians seem unaware of Preventive Medicine as a medical specialty.
2. There is a common perception that the work of a physician is limited to diagnosis and treatment of individual patients, one at a time. Jobs addressing health issues on a group or population basis often recruit for non-physicians. In other words, especially in healthcare settings, individual patient issues are to be addressed medically, but issues on a group or population basis are to be addressed on the basis of marketing, administration, or finance, with little or no medical input.
3. The name of the medical specialty (Preventive Medicine) does not clearly indicate which jobs are best filled by physicians with PM training. This, in turn, is due to the following:
  - a. All physicians in other specialties should be aware of the clinical preventive services recommended for their respective patients.
  - b. (As listed below) – There are at least 16 different types of jobs best filled by PM physicians.
4. As a result of the items listed above, PM Physician jobs are almost always listed under other medical specialties or listed under jobs for non-physicians.

## ***What is a Preventive Medicine Job?***

The JMI considers jobs that address health issues on a group or population basis and are best filled by an individual with a physician's knowledge of the causation and natural history of health-related conditions and a physician's knowledge of the efficacy of preventive and therapeutic interventions as jobs best filled by PM physicians.

Experience to date clearly indicates that, while most jobs that meet that description do not advertise for PM physicians, most welcome such applicants.

## ***Mission and Vision of the JMI***

**The mission of the Job Market initiative is to increase the quantity and quality of job market offerings that require or prefer PM physicians.** The term "PM physician" is taken to mean a physician with residency training and/or board certification in General Preventive Medicine (GPM/PH), Occupational Medicine (OM) or Aerospace Medicine (AM). The Job Market Initiative is primarily oriented toward the GPM/PH-type jobs, but will also engage in limited activities relative to OM and AM jobs.

This web page, when fully developed, is expected to list between 200 and 400 PM job opportunities each month. At that point, we plan to make the JMI web page financially self-sufficient through revenues to be generated from professional recruitment firms. At that point we will add other features to the web page (such as posting of resumes), then redirect our volunteer resources to assertive outreach to actual and potential employers.

The long-term vision of the AAPHP/ACPM Job Market Initiative is to educate employers to the value of PM qualified physicians so that they will require or prefer such qualifications on more of their job postings – and classify such jobs as PM or PH physician jobs.

## ***Working List of Roles for PM Physicians***

(as adopted by AAPHP and ACPM Boards, February 2003, at Preventive Medicine 2003 Meeting in San Diego)

Preventive Medicine differs from other medical specialties in that PM addresses health/medical issues on a population basis. All other medical specialties address health/medical issues one patient at a time.

1. Academic – primarily focused on teaching and research; mainly, but not entirely, in academic settings. Academic settings could be medical school/medical center, school of public health or other. Possible roles include deanships, department chairmanships and health services research.
2. Aerospace -- health and medical issues on individual and group bases relating to aviation and space travel.
3. Bioterrorism/Homeland Security; Crisis and Disaster Management, surveillance, preparedness, emergency response, etc.
4. Clinical Preventive Medicine – Preventive medicine in a clinical setting, with the PM physician doing preventive work on a full time basis, or spending part or most of his or her time in hands-on patient care, with role to advise others in department or agency on clinical and community preventive services.
5. Correctional Health – management of public health and medical issues in prisons and jails, including surveillance, epidemiology and liaison with non-correctional healthcare providers to assure continuity of care after release from prison or jail.
6. Environmental Health
7. Epidemiology, Disease Control, and Community Health Assessment. This includes public health and academic epidemiology, disease management, the technical aspects of community health assessment and

pharmacoepidemiology. This differs from the policy/management roles in that it is primarily “technical” in nature.

8. International Health
9. Policy/Management – Healthcare: (primarily or entirely policy/administration) in healthcare, managed care and other health insurance settings (previously “Leadership/Management;” sometimes referred to as “Managerial Medicine”).
10. Policy/Management – Public Health: (primarily or entirely policy/administration) in federal, state and local public health agencies, community health centers, schools, and non-profit settings.
11. Military Public Health and Medical Leadership
12. Occupational Medicine – a preventive medicine specialty devoted to the health, safety and productivity of workers at their workplaces as well as in their community. It includes prevention and treatment of work-related and environmental injury and disease, wellness, health promotion, disability management, medical surveillance and productivity enhancement.
13. Quality Improvement/Patient Safety/Quality Assurance
14. Product Development in pharmaceutical and other corporate settings.
15. Toxicology, Medical on both clinical and population bases, including both acute and chronic effects.
16. Wellness and Health Promotion: a new area to be developed that crosses the line between “prevention of illness” and “enhancement of wellness” and deals with factors such as fitness, diet, and stress.
17. Other

### ***The JMI Structure and Process***

There are two major sets of data presented on the JMI web page, located at [www.aaphp.org](http://www.aaphp.org) and [www.acpm.org](http://www.acpm.org) under “Jobs.” The first consists of ads posted as full-page ads on the JMI web site. The second is a line listing – of the full page ads plus ads abstracted from other journals and web sites.

The opening JMI page consists of an outline of the contents, with hotlinks to each of the subsidiary pages.

Joel L. Nitzkin, MD oversees all aspects of the JMI. Christopher “Kim” Buttery, MD, the AAPHP Webmaster, maintains the JMI web pages. David R. Cundiff, MD abstracts selected journals and covers Dr. Nitzkin’s responsibilities when Dr. Nitzkin is out of reach.

Abstraction guidelines arise from the principle that any job that would benefit from a physician’s knowledge of human biology, the causes and natural history of diseases, and the efficacy of preventive and therapeutic measures should be filled by a physician. If the job also involves population health issues, dynamics, and/or diagnosis and management on a group or population basis – we feel that such jobs are best be filled by a PM physician. These will include jobs advertised for preventive medicine and public health physicians, jobs advertised for physicians in other specialties, and many leadership jobs advertised for non-physicians. The critical issue is not how the ad is currently classified – but whether the job could benefit from both a physician’s knowledge of human illness and the ability to deal with health-related issues on a group or population basis.

Candidate journals and web sites are negotiated and assigned by Dr. Nitzkin. Ads qualifying for abstraction are identified, and then abstracted on-line.

Once every two to four weeks, Dr. Nitzkin reviews the listings to eliminate duplicates, eliminate abstracts more than 60 days old, and eliminate ads beyond their closing date. For full page ads that do not have

closing dates, Dr. Nitzkin contacts the employers about once a month to determine if the ad should continue or be deleted.

## **Introduction and Information for Volunteers**

### **Welcome and Thanks**

Thank you for volunteering to help with this effort! Volunteers are essential to this effort, which has been maintained almost entirely by volunteers since it began.

### **Management of Volunteer and Staff Abstractors**

All JMI abstractors, whether volunteer or paid (ACPM) staff, shall report to Dr. Nitzkin or his designee. Dr. Nitzkin will check references of volunteers who are not already very well known in the Preventive Medicine community. A period of supervised work may be needed before a volunteer receives unsupervised or unrestricted access to the database.

For ads where it is difficult to decide whether or not they should be included – abstract the ad, and send an e-mail note to Dr. Nitzkin or his designee flagging this ad for possible immediate deletion if questionable.

Abstractors should feel comfortable contacting Dr. Nitzkin or his designee at any time, with any other question. This is best done by e-mail to [jln@jln-md.com](mailto:jln@jln-md.com).

It is best to abstract all ads on-line and directly into the JMI data base.

By means of exchange of E-mail correspondence, Dr. Nitzkin or his designee will negotiate with each potential abstractor the journals and/or web sites they are to abstract, the expectation with regard to the frequency of such abstraction, and the two or three initials to be used to designate this abstractor in the Date Posted and Date Updated fields.

After every batch of data abstraction, the abstractor should send Dr. Nitzkin or his designee an e-mail note indicating the journal issue(s) and web site(s) abstracted and the number of abstracts newly posted or updated.

Abstractors are urged to be very careful about the accuracy of the data abstracted, with special attention to phone numbers, e-mail addresses, and the source of the ad, as there is no JMI mechanism to recheck them against the original ads.

### **Step by Step Process for Volunteer Abstractors**

1. Decide on journal(s) or web site(s) (source) of ads to be abstracted. In addition to national journals and web sites, you might also wish to consider reviewing state and local ads from the medical society, health department, major medical centers and other.
2. Contact Dr. Nitzkin for access to the on-line data input forms and current line listing.
3. Print copy of current line listing of all posted and abstracted ads.
4. Scan the source for promising ads to abstract.
5. Check each promising ad against the line listing to make sure it isn't already listed – or, if listed, if it should be updated.

6. You have the option of either abstracting the ad onto the on-line form, or generating a full page ad to be posted on the JMI site – in Word format, then e-mail it to Dr. Nitzkin (see Format for Posting of Full Page Ads on page 7).
7. Abstract the ad into the on-line form, per Coding/Abstraction Guidelines in this document.
8. Review the abstract for accuracy and completeness.
9. Submit.
10. Recheck abstract in a line listing to assure that it is complete and accurate.
11. When you have abstracted all ads from a journal or Internet source, send an e-mail note to Dr. Nitzkin noting source reviewed and number of ads abstracted or submitted as full-page ads per source.

### ***Definitions and Guidelines for Which Jobs to Abstract***

#### **Preventive Medicine Job (PM Job)**

1. Any position that calls for medically informed preventive or population-based skills is considered to be a position best filled with a physician with PM training. This includes policy, management, public health, epidemiological and quality improvement jobs in public, private and academic settings, and includes quality assurance/quality improvement jobs that are not primarily “preventive” in nature. Any position that includes policy leadership, program management, or supervision of other staff relative to these skills shall be considered to be a “PM Job” even if these roles are a small part of a larger job description.
2. The term “PM Job” shall include General Preventive Medicine (GPM), Occupational Medicine (OM) and Aerospace Medicine (AM).
3. Most correctional health jobs should probably be posted because even those that appear entirely clinical often benefit from physicians who can consider the health issues they see in the prison or jail from a population perspective.
4. Purely clinical jobs that specifically reference preventive medicine roles and skills shall also be considered “PM Jobs.”
5. “Director,” “Medical Director” (including “assistant director”) shall be classified as a PM job if the ad or job description specifies or alludes to specific responsibilities relative to prevention, quality assurance, or assessment of medical needs on a group or population basis. Jobs with these titles that seem totally focused on internal management of the clinicians will not be classified as PM jobs. These are the job titles requiring individualized consideration by abstractors. In my (JLN) experience – one can generally expect about one in three such jobs to be appropriate for inclusion on the JMI web page. Most “Director” and “Medical Director” jobs limited to the supervision of a single non-primary-care medical specialty or subspecialty are not appropriate for including on the JMI database.
6. It is noted that many of the partly or purely clinical PM jobs will also require board eligibility or board certification in a second medical specialty.
7. There is no separate category for “Public Health” jobs – as all such jobs qualify as PM Jobs.
8. Major leadership positions in all sectors (Public, Private and Non-Profit) that do not specify qualifications or appear to be recruiting only for non-physicians should be included in the JMI data

base if they appear to be jobs that would best be filled by applicants with a physician's knowledge and training in addressing health-related issues on a group or population basis.

9. Training opportunities should be posted if they would appear to be potentially valuable for PM physicians who wish to increase their population-based, policy, management or other related skills. Purely clinical training opportunities should not be posted.

Physician – MD or DO, without regard to licensure to practice medicine, or foreign medical graduate with another degree licensed to practice medicine in the United States, or otherwise eligible to sit for licensure exams.

PM Physician – a physician Board Certified in GPM, AM or OM, or with residency training in PM, and/or eligibility to sit for PM boards (GPM, AM or OM). An MPH degree, without further training, and without eligibility to sit for PM board examinations does not qualify a physician as a PM physician.

PH Physician – the AAPHP Bylaws define “Public Health Physician” to mean “a physician dedicated to helping guide a community, agency, health organization, medical office or program in pursuit of group or community health goals. This shall include but not be limited to physicians who plan, provide, and administer public health and preventive medicine programming in public, private or voluntary settings.” This definition includes all such physicians, without regard to whether or not they have PM residency training or PM board certification. The JMI considers all PH Physician jobs to be PM Jobs for purposes of inclusion in the JMI data base.

### **Full Page Ads**

These ads are submitted to Dr. Nitzkin or his designee. He, in turn, posts them to both the web site and to the spreadsheet, usually within the same working day they are received. Dr. Nitzkin then checks with each of the employers on about a monthly basis to assure that the job is still available.

Some ads are received from sources other than the employer. These are posted at Dr. Nitzkin's discretion for 60 days, and then deleted. At this time, Dr. Nitzkin decides which ads are accepted for posting as full page ads.

### **Format for Posting of Full Page Ads**

JMI staff will add a top line with State, City, Employer, Job Title, and Date Posted. Job description and details will follow. Where available, employers are encouraged to post salaries, and whom to contact for further information and to apply. We will include closing date, if known, and the date posted.

Ads are to be in Word, RTF or HTM format, and no larger than one page, 8.5x11. We prefer to have ads prepared by the employer when feasible. In order to minimize workload and maximize the usefulness of the JMI site, Dr. Nitzkin may approve posting of full page ads with alternate formats when appropriate.

### **Cost of Full Page Ads**

Ads are free of charge. The eventual plan to make the JMI web site financially self-sufficient will be based on adding a new section for recruitment firm advertisements.

### **Deletion of Ads**

All deletion of ads will be done by Dr. Nitzkin or his designee. Ads with a closing date will be deleted shortly after the closing date. Ads will be deleted when the employer indicates the job has been filled, or when the employer fails to respond to a request for an update in a timely way. Abstracted ads without closing dates will be deleted 60 days after posting or most recent update.

## Coding/Abstraction Guidelines

### General for All Fields

Delete the “NA” for all fields.

To the extent possible, use the drop-down fields to fill in each cell to minimize misspellings. This is most important for Category and State fields.

Do not use quotation marks inside fields; unexpected deletions may result.

You will not be warned if your entry exceeds maximum field size. Please check the final line listing to make sure all entered material is displayed.

### Category

Up to 30 characters.

The exact spelling, syntax, and spacing must be used in the Category field because the categories are used for data sorting.

1. Academic
2. Clinical/Healthcare (previously “Clinical; no spacing between words)
3. Federal(Civilian) (previously “Federal,” no space before or after opening paren). This category is intended for the large number of PM and PH physicians doing specialized PM or PH work for federal agencies. Generally speaking, federal ad for training opportunities and those for clinical jobs in conventional clinical settings (such as most clinical jobs in the Veterans Administration System) should be classified as “xTraining” or “Clinical/Healthcare” as appropriate. Individual judgment as to category should be used for federal jobs in healthcare settings that carry significant policy responsibilities or require epidemiologic skills.
4. International (“International” is a classification in both the Category and State Fields. In the Category field – “International” should be coded when the job requires travel to distant countries or to places outside the 50 states and DC that require use of a foreign language. Thus, Canada, while requiring an “XX” in the state field, might not be coded “International” in this category field. Puerto Rico, because of both location and language, should be coded “International” in both fields.
5. Military. All jobs and training opportunities in uniformed services (other than the Public Health Service) should be classified as Military; with the usual category shown in the subcategory field
6. OcMed (no space between Oc and Med)
7. Public Health (State/Local) –insert space between Health and opening paren
8. xOther (no spaces)(“xOther” may be used for Aerospace, Crisis and Disaster Management, Bioterrorism, Correctional Health, Environmental Health, Product Development, wellness and other jobs not fitting into any of the other major categories.)
9. xTraining (no spaces)

### Subcategory

Up to 30 characters.

There is no need to be compulsive about spelling or format. It is OK to create new subcategories as may be needed for individual jobs. This field not used to sort data. Suggested subcategories are as shown below.

- a. (multiple)

- b. (unspecified)
- c. Academic
- d. Aerospace
- e. Cancer Prevention
- f. Clinical
- g. Clinical & Research
- h. Clinical Preventive Services
- i. Corporate
- j. Correctional
- k. Disease Management
- l. Environmental
- m. Emergency Preparedness/Response
- n. Epidemiology
- o. Infectious Disease Treatment
- p. Laboratory
- q. Medical Informatics
- r. Nonprofit
- s. OcMed
- t. Other
- u. Pharmaco-epidemiology
- v. Policy/Management (usual subcategory for state and local health directors, also used for some other obs)
- w. Product Development
- x. Public Health
- y. Quality Improvement
- z. Research
- aa. Socio-cultural
- bb. Technical Assistance
- cc. Toxicology
- dd. Wellness

### **State**

Up to 3 characters.

\*\* = multiple states or state unknown

AZ – usual 50 states or District of Columbia -- use 2-character postal abbreviations. When in doubt about the 2-character standard abbreviation for any state – the handiest resource is usually the time zone map or area code listing in the front section of your local white pages telephone directory.

XX = international or trust territory. Show country and city in City field.

### **City**

Up to 25 characters.

If within 50 states – show name of city or (multiple sites) or (not specified) as appropriate. Use partial information such as "metro Chicago" at your discretion, if that is the best available information

If international – show country and city.

**Employer**

Up to 60 characters.

Show agency or organization plus division or program.

**Job Title**

Up to 100 characters.

If job title is not descriptive of work to be done (like “Physician III”) – use words descriptive of what job is all about

**Qualifications**

Up to 50 characters.

Limit data in this field to requirements for college degree, and preference or requirement for board certification (and specify medical specialty). Do not include years of experience or other details. If qualifications unspecified, code “not specified.” Optional or most desired qualifications should not be shown in this field, but may be presented in Comment field. Using “MD/DO” for all ads requiring an MD wherever feasible.

**Contact**

Up to 50 characters.

Show name of contact person (if specified in ad) plus phone number (or fax number if no phone number provided). If no one named as contact, leave this field blank.

**Comments**

Up to 180 characters.

Show salary, other major pertinent details, and application details here. If abstracted from external journal or web site, include enough detail so applicant does not have to go back to original ad. For jobs that are open until filled, but with the provision that only applications received before a certain date are guaranteed to receive full consideration – this “Comments” field should reflect “Applications preferred by M/D/YYYY.

**Job URL**

Up to 100 characters.

Always show the <http://> so it can be used as hotlink.

**E-mail Address of Contact**

Up to 100 characters.

**Journal**

Up to 40 characters.

If web site, always show the http:// so it can be used as hotlink. If print journal, provide enough specification so applicant can go directly to original ad if he or she needs to do so. If same ad appears in multiple journals or web sites – only show one – doesn't matter which one unless one is much more detailed than the others.

### ***Date Posted***

Up to 25 characters, no required format.

Preferred format is M/D/YYYY.

Date Posted is date abstracted into JMI data base, not date on original ad.

In addition to the date posted – this field should also show the initials of the person doing the posting.

### ***Date Updated***

Up to 25 characters, no required format.

(same preferred format)

If ad continues for more than a month – simply insert a date updated. Leave blank if not updated.

In addition to the date updated – this field should also show the initials of the person doing the update.

### ***Date Closed***

Up to 25 characters, no required format.

(same preferred format)

This is date after which no more applications will be considered. Ads with closing dates will be automatically deleted (by JLN) shortly after closing date. Ads with closing dates more than 60 days away need not be updated to be retained on site. Ads to run indefinitely (for multiple opportunities) will show 12/31/YYYY as the closing date, and will be updated by JLN after the end of each year.

An “application preferred by” date is not a closing date. When such a preference is expressed – note this in the Comment field, and leave the Date Closed field empty.

## **To Contact AAPHP re JMI**

Joel L. Nitzkin, MD, MPH, in his role of Chair of the ACPM/AAPHP Job Market Initiative, is sole contact for all JMI purposes – inquiries, post ads, etc. E-mail: [jln@jln-md.com](mailto:jln@jln-md.com); Phone: 504 899 7893; Fax: 504 899 7557.