

## Neonatal-Perinatal – Program Directors

<b>Table 211. NEONATAL-PERINATAL: PROGRAM DIRECTORS: How long have you been a director of a pediatric fellowship program? (N=579)</b>			
	<b>Neo-Per (N=81)</b>	<b>All Other SS (N=498)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
≤ 5 years	42 (34)	51 (255)	.12
> 5 years	58 (47)	49 (243)	

<b>Table 212. NEONATAL-PERINATAL: PROGRAM DIRECTORS: What do you believe is the minimum length of training time for establishing clinical competence in your subspecialty during pediatric fellowship training? (N=579)</b>		
	<b>Neo-Per (N=80)</b>	<b>All Other SS (N=499)</b>
	<b>Mode (Range)</b>	<b>Mode (Range)</b>
Minimum time in months	12 (3-48)	24 (1-48)

<b>Table 213. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Do you believe that the <u>clinical training time</u> should be the same for all fellows <u>in your subspecialty</u>, regardless of career path (i.e., those who pursue primarily a clinical vs. primarily a research career)? (N=586)</b>			
	<b>Neo-Per (N=82)</b>	<b>All Other SS (N=504)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
Yes	76 (62)	63 (320)	.03
No	24 (20)	37 (184)	
	<b>Mode (Range)</b>	<b>Mode (Range)</b>	
Ideal <i>clinical training time</i> for fellows who will be <i>primarily clinicians</i>	24 (15-36)	24 (2-48)	-
Ideal <i>clinical training time</i> for fellows who will be <i>primarily clinician educators</i>	24 (12-36)	24 (3-48)	-
Ideal <i>clinical training time</i> for fellows who will be <i>primarily researchers</i>	12 (12-48)	36 (3-60)	-

<b>Table 214. NEONATAL-PERINATAL: PROGRAM DIRECTORS: The RRC currently expects at least 12 months of clinical experience. Do you believe that there is a need to change the expected amount of <u>clinical training time in your subspecialty</u>? (N=583)</b>			
	<b>Neo-Per</b>	<b>All Other SS</b>	

	(N=81)	(N=502)	
	% (N)	% (N)	P-value
Yes, I believe that the expected amount of clinical training time should be <b>increased</b>	46 (37)	49 (243)	.48
Yes, I believe that the expected amount of clinical training time should be <b>decreased</b>	0 (0)	1 (7)	
No, I believe that the expected amount of clinical training is appropriate	54 (44)	50 (252)	

**Table 215. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Why do you believe that the expected amount of clinical training time in your subspecialty should be increased? Please choose all that apply. (N=279)**

	Neo-Per (N=37)	All Other SS (N=242)	
	% (N)	% (N)	P-value
Increase in types of procedures and/or complexity of patient care	46 (17)	67 (162)	.01
Duty hour restrictions and other changes during residency have reduced fellow's initial clinical competence	97 (36)	43 (103)	<.0001
Duty hour restrictions during fellowship have reduced fellow's clinical competence	54 (20)	28 (67)	.001
Need for further development of clinical independence	62 (23)	64 (156)	.79
Additional supervisory experience is needed	19 (7)	28 (68)	.24
Additional time is needed for longitudinal case management	19 (7)	31 (74)	.15
Other	3 (1)	6 (14)	.44

**Table 216. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Why do you believe that the expected amount of clinical training time in your subspecialty should be decreased? Please choose all that apply. (N=7)**

	Neo-Per (N=0)	All Other SS (N=7)	
	% (N)	% (N)	P-value
Takes less time than what is currently required to establish clinical competence	0 (0)	29 (2)	-
Fellows should be spending more time in research	0 (0)	100 (7)	-
It would increase applicants to fellowship in my subspecialty	0 (0)	0 (0)	-
Other	0 (0)	0 (0)	-

<b>Table 217. NEONATAL-PERINATAL: PROGRAM DIRECTORS: As a program director, I am comfortable assessing the clinical competence of fellows in my program to practice without direct supervision at the end of training. (N=580)</b>					
<i>Please indicate the extent to which you agree or disagree with the following statement related to assessing clinical competence during fellowship training.</i>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
<b>Neonatal-Perinatal (N=82)</b>	2 (2)	4 (3)	40 (33)	54 (44)	.74
<b>All Other SS (N=498)</b>	4 (18)	6 (28)	42 (211)	48 (241)	

<b>Table 218. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Please indicate the extent to which you agree or disagree with the following statement related to assessing clinical competence during fellowship training. (N=586)</b>									
	<b>Strongly Disagree</b>		<b>Disagree</b>		<b>Agree</b>		<b>Strongly Agree</b>		
	<b>Neo-Peri</b>	<b>All Other SS</b>	<b>Neo-Peri</b>	<b>All Other SS</b>	<b>Neo-Peri</b>	<b>All Other SS</b>	<b>Neo-Peri</b>	<b>All Other SS</b>	
	<b>(N=82)</b>	<b>(N=504)</b>	<b>(N=82)</b>	<b>(N=504)</b>	<b>(N=82)</b>	<b>(N=504)</b>	<b>(N=82)</b>	<b>(N=504)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>% (N)</b>	<b>% (N)</b>	<b>% (N)</b>	<b>% (N)</b>	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
Training future researchers in my subspecialty is an important component of fellowship training	0 (0)	1 (3)	0 (0)	2 (10)	24 (20)	41 (206)	76 (62)	56 (285)	.01
Training ALL subspecialists to be able to critically appraise new literature is an important component of fellowship training	0 (0)	0 (1)	0 (0)	1 (3)	9 (7)	14 (70)	91 (75)	85 (430)	.48
Training ALL subspecialists to be competent educators/teachers is an important component of fellowship training	0 (0)	0 (2)	4 (3)	5 (24)	39 (32)	43 (216)	57 (47)	52 (261)	.76
Training ALL subspecialists in quality improvement activities is an important component of fellowship training	0 (0)	2 (12)	4 (3)	11 (56)	43 (35)	58 (289)	53 (44)	29 (146)	<.0001
Scholarly activity during fellowship should be tailored to the career goals and interests of the individual fellows	2 (2)	1 (3)	5 (4)	4 (22)	33 (27)	25 (125)	60 (49)	70 (354)	.12
ALL fellows in my subspecialty should complete a scholarly activity project as part of fellowship training	0 (0)	1 (7)	5 (4)	8 (38)	23 (19)	30 (150)	72 (59)	61 (309)	.24
Scholarly activity requirements should be more broadly defined	6 (5)	2 (13)	35 (29)	31 (154)	45 (37)	39 (194)	14 (11)	28 (141)	.02
Scholarship Oversight Committees gave programs a greater ability to tailor scholarly activity to each fellow's individual needs than in the past	4 (3)	5 (23)	21 (17)	25 (126)	62 (51)	48 (240)	13 (11)	22 (107)	.13

Advanced clinical training, such as cardiac electrophysiology and transplant hepatology, should be offered AS PART OF the current three year training program WITH DIMINISHED scholarly activity requirements	20 (16)	21 (99)	60 (47)	51 (239)	16 (13)	23 (106)	4 (3)	5 (22)	.52
The core curriculum as currently required is a valuable part of fellowship training	0 (0)	3 (13)	9 (7)	15 (77)	63 (52)	63 (316)	28 (23)	19 (95)	.06

**Table 219. NEONATAL-PERINATAL: PROGRAM DIRECTORS: What do you believe is the minimum length of training time needed in scholarly activity in your subspecialty during pediatric fellowship training? (N=577)**

	Neo-Per (N=79)	All Other SS (N=498)
	Mode (Range)	Mode (Range)
Minimum time in months	12 (6-40)	12 (0-36)

**Table 220. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Do you believe that the amount of scholarly activity should be the same for all fellows in your subspecialty, regardless of career path (i.e., those who pursue primarily a clinical vs. primarily a research career)? (N=584)**

	Neo-Per (N=81)	All Other SS (N=503)	
	% (N)	% (N)	P-value
Yes	56 (45)	40 (201)	.008
No	44 (36)	60 (302)	
	Mode (Range)	Mode (Range)	
Ideal amount of scholarly activity for fellows who will be <i>primarily clinicians</i>	12 (6-24)	12 (0-36)	-
Ideal amount of scholarly activity for fellows who will be <i>primarily clinician educators</i>	12 (6-24)	12 (0-36)	
Ideal amount of scholarly activity for fellows who will be <i>primarily researchers</i>	24 (12-36)	24 (6-48)	

**Table 221. NEONATAL-PERINATAL: PROGRAM DIRECTORS: The RRC recommends that programs provide fellows with approximately 12 months for scholarly activity. Do you believe that there is a need to change the recommended amount of scholarly activity time in your subspecialty? (N=582)**

	Neo-Per (N=81)	All Other SS (N=501)	
	% (N)	% (N)	P-value

Yes, I believe that the expected amount of time in scholarly activity should be <b>increased</b>	41 (33)	28 (142)	.02
Yes, I believe that the expected amount of time in scholarly activity should be <b>decreased, but not eliminated</b>	6 (5)	18 (91)	
Yes, I believe that the expected scholarly activity requirement should be <b>eliminated</b>	1 (1)	2 (7)	
No, I believe that the current expected amount of time in scholarly activity is appropriate	52 (42)	52 (261)	

**Table 222. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Why do you believe that the expected amount of time devoted to scholarly activity should be increased? Please choose all that apply. (N=173)**

	Neo-Per (N=32) % (N)	All Other SS (N=141) % (N)	P-value
Fellows are not adequately prepared to begin junior faculty research positions under current model	69 (22)	91 (129)	.0005
Duty hour restrictions have adversely limited fellow's research time	66 (21)	26 (36)	<.0001
Other	19 (6)	12 (17)	.31

**Table 223. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Why do you believe that the expected amount of time devoted to scholarly activity during fellowship should be decreased or eliminated? Please choose all that apply. (N=104)**

	Neo-Per (N=6) % (N)	All Other SS (N=98) % (N)	P-value
Scholarly activity requirements discourage pediatric residents from pursuing fellowship training	50 (3)	29 (28)	.27
Fellows who plan to pursue primarily clinical careers do not need the current amount of scholarly activity during training	100 (6)	87 (85)	.34
It would allow us to shorten fellowship training, making our subspecialty more attractive to potential fellows	50 (3)	42 (41)	.69
It would allow more time to be devoted to additional clinical training	83 (5)	64 (63)	.34
Other	0 (0)	9 (9)	.44

<b>Table 224. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Which of the following activities do you believe fall within the scope of what is, or should be, acceptable to meet scholarly activity requirements during fellowship? Please choose all that apply. (N=586)</b>			
	<b>Neo-Per (N=82)</b>	<b>All Other SS (N=504)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
Bench or clinical research	100 (82)	99 (498)	.32
Health services research	93 (76)	91 (458)	.59
Quality improvement activities or clinical care guideline development	76 (62)	74 (375)	.82
Education-based activities (e.g., Developing an educational module on CD-ROM)	66 (54)	62 (312)	.49
Master of Public Health or Master of Education	87 (71)	82 (414)	.32
Master of Business Administration or other business/financial training	41 (34)	38 (190)	.52
Other	11 (9)	9 (43)	.47

<b>Table 225. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Does your fellowship program have a core scholarly activity or research curriculum for fellows? (N=586)</b>			
	<b>Neo-Per (N=82)</b>	<b>All Other SS (N=504)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
Yes	95 (78)	84 (422)	.007
<i>Average hours fellow spends in core curriculum over the course of training</i>	95	81	-

<b>Table 226. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Please indicate which years in training a fellow participates in the core curriculum. Please choose all that apply. (N=494)</b>			
	<b>Neo-Per (N=78)</b>	<b>All Other SS (N=416)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
Year one	90 (70)	90 (376)	.86
Year two	86 (67)	84 (349)	.66
Year three	82 (64)	75 (314)	.21

<b>Table 227. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Is the core curriculum strictly didactic? (N=490)</b>			
	<b>Neo-Per (N=78)</b>	<b>All Other SS (N=412)</b>	

	% (N)	% (N)	P-value
Yes	51 (40)	47 (192)	.45

**Table 228. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Do fellows from all subspecialties in your pediatrics department participate in the same core curriculum together? (N=493)**

	Neo-Per (N=78)	All Other SS (N=415)	
	% (N)	% (N)	P-value
Yes	56 (44)	70 (290)	.02

**Table 229. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Please indicate if any of the following components are an expected part of your fellowship program core curriculum. Please choose all that apply. (N=583)**

	Neo-Per (N=82)	All Other SS (N=501)	
	% (N)	% (N)	P-value
Biostatistics	99 (81)	94 (470)	.07
Epidemiology	73 (60)	72 (363)	.89
Quality improvement modules	77 (63)	75 (376)	.73
Journal club	82 (67)	81 (404)	.82
Master of Public Health or Master of Education	2 (2)	8 (38)	.09
Master of Business Administration or other business/financial training	1 (1)	1 (4)	.70
Grant or proposal writing course/training	77 (63)	65 (324)	.03
Training in other aspects of research: Institutional Review Board, developing research protocols, etc.	85 (70)	84 (420)	.73
Adult learning, teaching, and curriculum development	49 (40)	49 (246)	.96
Other	18 (15)	10 (49)	.02

**Table 230. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Do you believe that there is a need to increase or decrease the required overall length of fellowship training in your subspecialty? (N=583)**

	Neo-Per (N=82)	All Other SS (N=501)	
	% (N)	% (N)	P-value

No, I believe that the required training duration, regardless of career path, should remain at three years	61 (50)	58 (291)	.003
Yes, I believe that the required training duration, regardless of career path, should be shortened to fewer than three years	0 (0)	2 (10)	
Yes, I believe that there should be two different tracks, a shorter duration track for clinicians or clinician-educators and a longer duration track for fellows who plan to pursue academic research	24 (20)	35 (174)	
Yes, I believe that the required training duration, regardless of career path, should be extended to more than three years	15 (12)	5 (26)	

**Table 231. NEONATAL-PERINATAL: PROGRAM DIRECTORS: Do you believe that all pediatric subspecialty trainees (across all pediatric subspecialties) should have the same required overall length of fellowship training (currently 3 years)? (N=583)**

	<b>Neo-Per (N=81)</b>	<b>All Other SS (N=502)</b>	
	<b>% (N)</b>	<b>% (N)</b>	<b>P-value</b>
No, I believe that it should be the decision of each subspecialty to determine the appropriate amount of overall required length of fellowship training	72 (58)	78 (391)	.21
Yes, I believe that all subspecialty fellowship training should have the same required overall length	28 (23)	22 (111)	