

# Advice for Applicants

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## Advice for Those Considering Applying for a Fellowship in Neonatal-Perinatal Medicine

Applicants for a Fellowship in Neonatal-Perinatal Medicine have 90-95% chance of matching. Almost all programs but those in the military use ERAS and the NRMP for the application process. The ERAS application usually opens in mid November of your PL2 year, and interviews typically take place between January and June of the PL2 year. Some but not all programs may accept applications as late as June of the PL2 year and offer interviews as late as August of the PL3 year. You could also apply for fellowship during your PL3 year if you plan an additional year of research, academic or hospitalist work before starting fellowship.

Many fellowship training programs including ours offer two tracks: one three-year track and one research track with an additional 1-2 years for research. Selection of either track may be done before the fellowship or during the first year of fellowship.

If you consider a career as a neonatologist, I would strongly suggest you to set up a meeting with your Attending during your rotation in the newborn nursery, the neonatal intensive care unit or the neonatal follow-up clinic, asking for a letter of recommendation and a standardized letter of reference for the Neonatal-Perinatal Medicine (LoR), advice about training programs, feedback on your statement, and phone calls to programs you plan to apply for. Your statement should include a personal statement of your reasons for wanting the fellowship training, special areas of interest in research during your fellowship and any other information (experience in research, teaching or other skills) you think might be useful to programs in evaluating your application.

You could also set up a meeting with one attending based on research interest (see biographical sketches at <http://www.utsouthwestern.edu/education/medical-school/departments/pediatrics/divisions/neonatal-perinatal/faculty.html>)

Drs. Rashmin Savani, Charles Rosenfeld or I would be glad to meet you as well.

The Division of Neonatal-Perinatal Medicine offers elective rotations which are highly regarded by trainees at UT Southwestern and other programs. (<http://www.utsouthwestern.edu/education/medical-school/departments/pediatrics/divisions/neonatal-perinatal/education.html>). These include:

1. Children's Neonatal Intensive Care Unit Rotation
2. Parkland Neonatal Intensive Care Unit Rotation
3. Parkland Labor and Delivery Rotation
4. Parkland Newborn Nursery Elective Rotation
5. Children's Low Birth Weight Clinic
6. Research elective

Additional elective or selective rotations at CMC you may consider include the following:

Cardiology (inpatient & clinic)

Neurology

Respiratory medicine

Genetics

Critical care: PICU

Critical care: CVICU

Anesthesiology

Pediatric surgery

Neonatal radiology (with Marcia Pritchard).

Transport

Palliative care

Procedures

Nutrition

Your mentor or I could assist in developing an individualized curriculum to support your career choice in neonatology.

Best regards,

Luc P Brion, MD

Director, Fellowship Training Program in Neonatal-Perinatal Medicine

Revised 4/10/12, Luc P Brion, MD; Myra H Wyckoff, MD; Dorothy Sendelbach, MD

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**Material submitted by the Organization of Neonatal-Perinatal Training Program Directors (ONTPD) for the CoPS URL (<http://www.pedsubs.org/SubDes/index.cfm>)**

## Neonatology

### What does a Neonatologist do?

A Neonatologist provides comprehensive care for critically ill premature and term babies from birth until discharge from the Neonatal Intensive Care Unit (NICU). Neonatologists often provide antenatal counseling to families who present either in preterm labor or with a fetus who has congenital anomalies that may require preparation for the delivery and coordination of multiple services. In addition to the day-to-day management of critically ill and convalescing infants within the NICU, Neonatologists attend deliveries and frequently perform the majority of procedures on their patients. Common procedures include endotracheal intubation, placement of umbilical vessel and peripherally inserted central venous and arterial catheters, lumbar punctures, chest tube placement and thoracenteses, and partial and double volume exchange transfusions. The role of a Neonatologist varies with the job setting and one's interests: some Neonatologists provide High Risk Infant follow-up, others take care of critically ill infants who require Extracorporeal Membrane Oxygenation (ECMO), and some take care of low-risk neonates in the normal newborn nursery or neonates born at home or in international settings. Neonatologists also act as mediators of ethical issues as they arise for patients. Common issues include caring for patients at the gestational limits of viability, or weighing the potential benefits of painful procedures or ongoing care for infants with limited outcomes. The spectrum of disease in patients for whom Neonatologists care for is broad, and includes problems associated with premature birth, difficulties in the transition from intrauterine to extrauterine life, congenital heart disease, and a wide breadth of congenital anomalies.

### What are the career opportunities?

Neonatology is a hospital-based subspecialty. The NICU is either housed within a birthing hospital or within a free standing Children's Hospital, which may or may not have delivery services. In either case neonates who are born elsewhere can be transported in for further care. The NICU levels of care are tightly regulated in most states in the United States, and thus the job description may depend on the designated acuity of your NICU (Level I being the lowest acuity providing basic neonatal care to well newborns, often staffed by pediatricians and family physicians, to Level III care, where surgical subspecialties, ECMO services and mechanical ventilation are offered, with Level II providing intermediate care for stable, non-mechanically or short-term ventilated infants). Those Neonatologists who work primarily at a Level II NICU often also have some clinical time each year at a Level III center.

Neonatologists practice primarily in a group practice, which can be an academic medicine group or a private practice group; either can be associated with residency and fellowship training programs.

There are a number of academic opportunities available to Neonatologists, in which they are able to spend their non-clinical time doing basic science, translational, clinical, epidemiological and/or health services research; education of medical students, residents, fellows, nurses, nurse practitioners, and/or physician assistants; continuing medical education; quality improvement; and/or administration. In addition, there are a number of leadership opportunities available within Neonatology, at the local, regional, national and international level. The American Academy of Pediatrics Section on Perinatal Pediatrics maintains an active role in fostering the Neonatal community, pushing forward both the clinical and research agendas of the field. Other opportunities for national involvement include, but are not limited to, the AAP Committee on Fetus and Newborn, National Institute of Child Health & Human Development Neonatal Research Network, Vermont-Oxford Network, and Organization of Neonatal-Perinatal Medicine Training Program Directors (ONTPD).

In addition to clinical and research career opportunities, all academic and some private practice Neonatologists teach pediatric residents; many are also involved in medical student teaching. For the approximately 100 academic programs with a Neonatology Fellowship, significant teaching and mentoring are required by the Neonatology faculty and this can be very rewarding.

Finally, there are a significant number of integral administrative roles that are available as a Neonatologist. The NICU is often the biggest ICU in the hospital or even the city, and thus a significant need for clinical administration exists. Important roles include Medical Director of the NICU, Medical Director of the Transport Team / Outreach, and Neonatology Quality Assurance Director. Research-related administration roles include being a member of the Human Subjects Review Board, or the Institutional Animal Care and Use Committee (IACUC). One can be the Director of the Neonatal-Perinatal Medicine Fellowship Program, the Pediatric Residency Program, the Third-Year Pediatric Clerkship, and/or teach in the medical school curriculum. The Chief of the Division of Neonatology oversees all activities related to the care of neonates, the teaching of neonatology, and research performed by Neonatology faculty members.

### What Board, if any, certifies a Neonatologist?

Neonatologists are certified by the American Board of Pediatrics Sub-board of Neonatal-Perinatal Medicine. The initial examination is offered every two years in the spring time. In order to be eligible to take this exam, applicants must first complete a 3-year fellowship in Neonatal-Perinatal Medicine, as well as be board certified in General Pediatrics.

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## What is the lifestyle of a Neonatologist? (working hours, shifts, day in the life)

Each Neonatology practice arranges its schedules to best meet the needs of its patients, its obstetric colleagues and its own life lifestyle needs. Examples include a private practice model in which a Neonatologist covers during the day for a day or week at a time, a partner covers at night, or a neonatal nurse practitioner or pediatrician covers at night with the Neonatologist available for back-up from home. For an academic practice, there is more likely to be certain weeks that the Neonatologist is “on-service” rotating with a group of residents, nurse practitioners and/or fellow(s), with night coverage often provided by neonatology fellows, nurse practitioners or residents with the Neonatologist taking call from home or in the hospital but really as a backup to the on-call fellow, nurse practitioners or residents. This is combined with “off-service” blocks of time during which administration tasks, research or teaching tasks can be performed.

## What is the compensation of a Neonatologist?

Compensation for a Neonatologist is generally on the upper end for pediatric subspecialties, with geographic variation depending in what part of the United States you choose to practice. Those in private practice may earn substantially more than those in academic medicine, but often have a heavier clinical schedule. For additional salary information, you may search the following websites:

[http://www.cejkasearch.com/compensation/amga\\_physician\\_compensation\\_survey.htm](http://www.cejkasearch.com/compensation/amga_physician_compensation_survey.htm)

<http://www.med.ufl.edu/personnel/hradmin/2009%20core%20rates.pdf>

## How do I become a Neonatologist?

To become a Neonatologist, you must complete a three year Neonatology fellowship after completing a pediatric or medicine-pediatrics residency program. Although not commonly used, there are alternate pathways for those who have a strong research background or have completed a previous fellowship; information about these pathways can be found on the ABP website ([www.abp.org](http://www.abp.org)). Neonatology participates in a match that occurs each year in the fall. Currently, there are more slots available for fellows than there are applicants, so fellows are rarely unable to find an accredited fellowship position. A useful website for Neonatology fellow applicants is the ONTPD website: <http://www.aap.org/sections/perinatal/ONTPDfiles/ONTPDApplicants.html>

## Where do I find out about available programs?

Information about Neonatology fellowship programs is available through the Organization of Neonatal-Perinatal Medicine Training Program Directors (ONTPD) website (<http://www.aap.org/sections/perinatal/ONTPDfiles/ONTPDindex.html>) including a pdf listing of all fellowship programs (<http://www.aap.org/sections/perinatal/PDF/ONTPDDirectory.pdf>), the ACGME (<http://www.acgme.org/acWebsite/home/home.asp>), and ERAS Fellowships (<https://services.aamc.org/eras/erasstats/par/index.cfm>). The ONTPD directory provides contact information for the individual program directors and the ERAS site has links to the websites of participating programs. Information about the match can be found at the NRMP website ([www.nrmp.org](http://www.nrmp.org)). There is essentially 100% participation of Neonatology fellowship programs in the Neonatology match.

## When do I apply?

The current timeline for the application to the Neonatology Programs is posted on the ONTPD website (<http://www.aap.org/sections/perinatal/PDF/Timeline2011.pdf>). Most programs utilize ERAS and are part of the match process. The application process begins 1.5 years before the anticipated start date of fellowship on July 1<sup>st</sup> of an academic year (typically in the 2<sup>nd</sup> year of your pediatric residency). The applications are submitted by mid-November, with interviews taking place mostly through the winter and spring time. The rank order list is open mid-June until mid-September, with match day taking place on approximately October 1 (typically in the 3<sup>rd</sup> year of your residency) for the anticipated start date of July 1 of the following year.

## Why should I choose to become a Neonatologist?

Neonatology is an exciting and extremely rewarding field. It allows one to combine skills in critical care physiology, with the evolving embryology and development of a premature neonate and ethically challenging dilemmas while serving as a family’s first pediatric provider. It is a perfect subspecialty for physicians who enjoy the excitement and challenges of intensive care management of the most fragile of patients who actually have a very high likelihood of being able to go home his or her parents; in most NICUs the survival rate to discharge home is >95% of all babies admitted to the NICU. Neonatology is also a field with many questions yet unanswered and thus provides many clinical and basic research opportunities. This critical care field lends itself nicely to being able to have some non-clinical time when you are “off-service” and this has afforded Neonatologists protected time to pursue academic endeavors. There has been steady job availability over many years in a variety of practice settings possible including higher vs. lower acuity, private vs. academic, full-time vs. part-time vs. “moonlighting,” and exclusive NICU vs. including outpatient clinics. Because there is a great deal of variety in career pathways, Neonatology is a very versatile choice of subspecialty; because of the type of patients for whom we care, we can make an impact on the entire future of a beautiful baby.

*For more information about Neonatology, visit these websites:*

-AAP Section on Perinatal Pediatrics: <http://www.aap.org/perinatal/>

-ONTPD: <http://www.aap.org/sections/perinatal/ONTPDfiles/ONTPDindex.html>

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(includes a link to the up to date Fellowship Program Directory)

-ERAS: <http://www.aamc.org/programs/eras/>

-NRMP: <http://www.nrmp.org/fellow/index.html>

-ACGME : <http://www.acgme.org/acWebsite/home/home.asp>

-FREIDA : <https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>

*List of relevant subspecialty journals:*

Journal of Perinatology (<http://www.nature.com/jp>)

NeoReviews and NeoReviewPlus (<http://neoreviews.aappublications.org>)

NICHD Cochrane Neonatal Systematic Reviews (<http://www.nichd.nih.gov/cochrane>)

Archives of Disease in Childhood (Fetal and Neonatal Edition) ([www.adc.bmj.com](http://www.adc.bmj.com))