Comparison of Neonatal Training Program Directors to Clinical Neonatologists

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BACKGROUND

- Although neonatal training program directors are key to fostering the next generation of neonatologists who will care for premature or ill newborns, we lack a comprehensive current description of their actual professional responsibilities.
- Such a description is critical to ensure that expectations are transparent in the course of recruiting future training directors.

OBJECTIVE

 To compare the professional work profiles of neonatal training program directors compared to neonatologists who self-identify their primary care path as 'clinical neonatologist'.

METHODS

- The AAP conducted a voluntary anonymous survey of all board-eligible and board-certified United States neonatologists from July through November 2021.
- 2113, or 30%, of surveyed individuals responded.
- The survey included questions about professional duties, social factors, and compensation.
- We analyzed the subset of respondents who were board-eligible or board-certified, held a full-time position, and self-identified as either a training director or as a clinical neonatologist (defined in the survey as a neonatologist focused on providing clinical care to patients, with or without supervision of students, residents or others).
- Statistical analyses, including t-test of means, Wilcoxon test of medians, and chi-square analysis of proportions, as appropriate, were performed using JMP 16.1.0 by SAS (Cary, NC).

We sought to achieve a more comprehensive understanding of the duties of Neonatology Training Program Directors.

Compared to Clinical Neonatologists, Training Directors reported:

- Having less clinical time

 (1224 vs 1680 hours per year, p<0.001)
- Providing care to more critically ill infants
 (10 vs 5 for daily rounding census, p<0.001)
- Working more frequently in a Level 4 NICU (66% vs 28%, p<0.001)
- Engaging more often in research activities (72% vs 29%, p<0.001)
- Authoring more publications
 (6 vs 2 principal authorships, p<0.001)
- Holding a higher academic rank (p<0.001)
- Spending more time in administrative duties (11 vs 5.6 weeks, p<0.001)

Table 1: Respondent Characteristics

	All	Clinical	Training	p-value
		Neonatologist	Director	μ
Sample Size	n = 666	578 (87%)	88 (13%)	.0.004
On Academic Track (Yes)* Gender Identity**	397 (60%)	317 (55%)	80 (91%)	<0.001
Male	258 (40%)	227 (40%)	31 (37%)	
Female	383 (59%)	331 (58%)	52 (62%)	NS
Decline	12 (2%)	11 (2%)	1 (1%)	
Ethnic and Racial Identity*				
Hispanic/Latinx	52 (8%)	47 (8%)	5 (6%)	NS
Asian	120 (18%)	108 (19%)	12 (14%)	NS
Native Hawaiian/Pacific Islander	2 (0%)	2 (0%)	0 (0%)	NS NS
Black/African American Middle Eastern/North African	24 (4%) 14 (2%)	22 (4%) 12 (2%)	2 (2%)	NS
American Indian/Alaska Native	3 (0%)	2 (0%)	1 (1%)	NS
White	443 (68%)	381 (67%)	62 (74%)	NS
Other	22 (3%)	19 (3%)	3 (4%)	NS
Declined	33 (5%)	29 (5%)	4 (5%)	NS
Sexual Identity**	45 (00()	10 (00)	2 (22()	
Lesbian or gay	15 (2%)	13 (2%)	2 (2%)	
Straight, that is, not lesbian or gay Bisexual	592 (91%) 6 (1%)	516 (91%) 5 (1%)	76 (90%) 1 (1%)	
Something else	1 (0%)	1 (0%)	0 (0%)	NS
I don't know	0 (0%)	0 (0%)	0 (0%)	
Decline to respond	35 (5%)	30 (5%)	5 (6%)	
Age**				
31-35	35 (5%)	32 (6%)	3 (4%)	
36-40	97 (15%)	88 (16%)	9 (11%)	
41-45 46-50	105 (16%) 98 (15%)	91 (16%) 77 (14%)	14 (17%) 21 (25%)	
51-55	80 (13%)	68 (12%)	12 (14%)	NS
56-60	80 (13%)	74 (13%)	6 (7%)	110
61-65	69 (11%)	59 (11%)	10 (12%)	
66-70	50 (8%)	46 (8%)	4 (5%)	
71 years or older	26 (4%)	22 (4%)	4 (5%)	
Medical School**	404 (750/)	424 (740()	70 (020()	
United States Canada	491 (75%)	421 (74%)	70 (83%)	
Caribbean	2 (0%)	2 (0%) 18 (3%)	0 (0%) 5 (6%)	NS
Other	135 (21%)	126 (22%)	9 (11%)	
AAP Membership**				
AAP only	72 (11%)	67 (12%)	5 (6%)	
Both AAP and SONPM	507 (76%)	433 (75%)	74 (85%)	NS
Neither the AAP nor SONPM	86 (13%)	78 (13%)	8 (9%)	
AAP District Location**				
District I (CT, ME, MA, NH, RI, VT)	29 (5%)	23 (4%)	6 (7%)	
District II				
(NY)	38 (6%)	31 (6%)	7 (9%)	
District III				
(DE, DC, MD, NJ, PA, WV)	70 (11%)	58 (10%)	12 (15%)	
District IV	CC (400()	F.C. (4.00())	40 (420()	
(KY, NC, SC, TN, VA)	66 (10%)	56 (10%)	10 (12%)	
District V	62 (10%)	55 (10%)	7 (9%)	
(IN, MI, OH)	02 (10%)	33 (10%)	7 (370)	
District VI				NS
(IL, IA, KA, MN, MO, NE, ND, SD, WI)	49 (8%)	40 (7%)	9 (11%)	
District VII	97 (15%)	85 (15%)	12 (15%)	
(AR, LA, MS, OK, TX)		+		
District VIII (AK, AZ, CO, HI, ID, MN, NV, NM,	95 (15%)	88 (16%)	7 (9%)	
OR, UT, WA, WY)	JJ (1J/0)	33 (10/0)	, (3/0)	
District IX				
(CA)	70 (11%)	64 (11%)	6 (7%)	
District X	CA (400/)	EO /440/\	E /C0/\	
(AL, FL, GA, PR)	64 (10%)	59 (11%)	5 (6%)	

We used *t-tests to compare means of normally distributed data and **chi-square analysis for categorical data

Table 2: Professional Duties and Expectations – Training Directors and Clinical Neonatologists

		All	Clinical Neonatologist	Training Director	p-valu
ŀ	Wookday (Monday through Eriday)*	n = 666	578 (87%) 87 (50 120)	88 (13%)	0.02
ļ	Weekday (Monday through Friday)* Weeknight (night of Monday through Friday)*	84 (50 - 120) 30 (15 - 50)	87 (50 - 120) 32 (18 - 52)	75 (50 - 95) 25 (12 - 40)	0.02
	Weekend day (Saturday or Sunday)*	24 (14 - 30)	24 (14 - 34)	21 (12 - 28)	NS
	Weekend nights† (night of Saturday or Sunday)*	14 (10 - 24)	15 (10 - 24)	12 (8.25 - 18)	0.016
	Weekend Hights (Hight of Saturday of Sunday)	1624.5	1680	12 (8.23 - 18)	0.010
	Clinical Hours*	(1025.5 - 2271.5)	(1054.5 - 2304)	(877.5 - 1842)	0.001
	Average Daily Census*	(1025.5 - 2271.5)	(1034.5 2304)	(677.5 - 1042)	
	Critical Care	6 (4 - 10)	5 (3 - 10)	10 (5 - 15)	<0.002
rk	Intensive Care	10 (5 - 12)	10 (5 - 12)	10 (5.25 - 15)	NS
$\tilde{\geq}$	Non-Critical Care	0 (0 - 4)	0 (0 - 4)	0 (0 - 4)	NS NS
cal	Normal Newborn	0 (0 - 5)	0 (0 - 5)	0 (0 - 0)	0.001
Clinical Work	Total Rounding Census	20 (15 - 28)	20 (15 - 26.25)	22.5 (18 - 30)	0.001
	Level nursery where most time spent**	20 (13 20)	20 (13 20.23)	22.5 (10 50)	0.003
	Level 4	219 (33%)	162 (28%)	57 (66%)	<0.00
	Level 3	378 (57%)	348 (60%)	30 (34%)	NA
	Level 2	63 (9%)	63 (11%)	0 (0%)	NA
	Level 1	4 (1%)	4 (1%)	0 (0%)	147.
	Have Outpatient Duties	1 (170)	1 (170)	0 (0/0)	
	Yes**	120 (18%)	100 (17%)	20 (23%)	NS
	Outpatient Days*	12 (6 - 28)	12 (6 - 27.25)	13.5 (7 - 29.5)	NS
	Engage in Research	12 (0 20)	12 (0 27.23)	15.5 (7 25.5)	143
	Yes**	231 (35%)	168 (29%)	63 (72%)	<0.00
	Annual Funding*	\$0 (\$0 - \$50,000)	\$0 (\$0 - \$10,000)	\$25,000 (\$0 - \$200,000)	<0.00
		70 (70 - 730,000)	φο (φο - φ±0,000)	725,000 (70 ⁻ 7200,000)	\U.UU
	Scholarly Productivity*	2/1 /\	2 (1 2)	2/2 61	<0.00
	Paper submissions Publications in Past Year	2 (1 - 4)	2 (1 - 3)	3 (2 - 6)	
	Publications in Past Year Principal Authorship	2 (1 - 3)	1 (1 - 3)	2 (1 - 5)	<0.00
ork	Principal Authorship		2 (1 - 5)	6 (2 - 20)	<0.00
Š	Presentations Academic Appointment***	4 (2 - 6)	3 (2 - 5)	5 (3 - 10)	<0.00
scnolariy work	Academic Appointment***	350 (300()	244/422/	C (70/)	
	No Vas (not tonum)	250 (38%)	244 (42%)	6 (7%)	ZO 00
20	Yes (not tenure)	352 (53%)	295 (51%)	57 (65%)	<0.00
	Yes (tenure track)	45 (7%)	22 (4%)	23 (26%)	
	Academic Rank***	24 (00/)	24 (440()	0 (00()	
	Instructor	34 (9%)	34 (11%)	0 (0%)	
	Assistant professor	176 (44%)	157 (50%)	19 (24%)	.0.00
	Associate professor	104 (26%)	75 (24%)	29 (36%)	<0.00
	Full professor	54 (14%)	26 (8%)	28 (35%)	
	Adjunct	16 (4%)	13 (4%)	3 (4%)	
	Administrative Time*	C (2, 45)	F.C.(2, 42)	11/5 20	10.00
2	Weeks	6 (3 - 15)	5.6 (2 - 12)	11 (6 - 20)	<0.00
shik	Internal Roles**	4C (70/)	20 (00/)	10 (110/)	NS
der	Chair, Institutional Committee		36 (6%)	10 (11%)	NS
and Leadership	Medical Director	229 (34%)	198 (34%)	31 (35%)	
nd	Division Chief	44 (7%)	29 (5%)	15 (17%)	0.005
	Department Chair None		23 (4%)	3 (3%) 0 (0%)	<0.00
Administration	External Roles**	255 (38%)	255 (44%)	0 (0%)	<0.00
IST	State Committee Chair	12 (2%)	9 (2%)	3 (4%)	NS
ען ע	National Committee Chair	18 (3%)	8 (1%)	10 (13%)	0.004
Adr	Inter-Institutional Collab Director	9 (1%)	6 (1%)	3 (4%)	NS
	International Collab Chair	0 (0%)	0 (0%)	0 (0%)	NS
	None	441 (70%)	410 (74%)	31 (39%)	<0.00
	Cash Compensation*	111 (7070)	110 (7 170)	31 (3370)	10.00
	edsir compensation	\$250,000	\$250,000	\$250,000	
	Base Compensation	(\$220,000 - \$305,000)	(\$220,000 - \$310,000)	(\$210,000 - \$288,000)	NS
	Administrative stipend	\$15,000	\$15,000	\$20,000	NS
		(\$5,000 - \$32,000)	(\$5,000 - \$30,000)	(\$5,750 - \$40,000)	
	Extra duty earnings	\$20,000	\$20,000	\$20,000	NS
	3380	(\$10,000 - \$50,000)	(\$10,000 - \$50,000)	(\$5,750 - \$38,000)	
	Productivity incentive	\$25,000	\$30,000	\$15,000	NS
	Table in the second sec	(\$10,000 - \$80,000)	(\$10,000 - \$81,250)	(\$4,750 - \$81,250)	
	Quality incentive	\$14,000	\$15,000	\$10,000	NS
	Quanty meentive	(\$7,000 - \$24,450)	(\$8,000 - \$25,000)	(\$5,000 - \$15,000)	110
	Research incentive	\$14,649	\$15,000	\$12,149	NS
	nesearch incentive	(\$4,375 - \$20,000)	(\$10,000 - \$20,000)	(\$3,125 - \$19,825)	113
	Calculated Total Cash Companyation	\$294,334	\$295,500	\$281,000	NIC
_	Calculated Total Cash Compensation	(\$233,625 - \$357,395)	(\$230,250 - \$360,000)	(\$239,625 - \$338,000)	NS
compensation	Employment Status**				
IS a	Employee	553 (83%)	472 (82%)	81 (92%)	0.002
ם ב	Full/Part owner	44 (7%)	40 (7%)	4 (5%)	NS
	Contractor	70 (11%)	67 (12%)	3 (3%)	<0.00
	Other Employment Type	15 (2%)	15 (3%)	0 (0%)	<0.00
	Benefits**				
	Bonus	393 (60%)	346 (61%)	47 (53%)	NS
	Health Insurance	608 (92%)	522 (92%)	86 (98%)	0.002
	Malpractice	631 (96%)	544 (95%)	87 (99%)	0.018
	Loan Repayment	8 (1%)	6 (1%)	2 (2%)	NS
ŀ	Reimburse for Professional Expenses	563 (86%)	488 (86%)	75 (85%)	NS
ŀ	Tuition Reimbursement	89 (14%)	63 (11%)	26 (30%)	<0.00
	Paid Family Care Leave	179 (27%)	146 (26%)	33 (38%)	0.033
	Paid Family Medical Leave		222 (39%)	52 (59%)	<0.00
	Dependent Care Leave		199 (35%)	34 (39%)	NS
	Dependent care leave	·	424 (74%)	72 (82%)	NS
	Life Insurance	496 (75%)	TZT (7770)	` '	
	·		370 (65%)	63 (72%)	NS
	Life Insurance				NS NS
	Life Insurance Long-Term Disability Ins	433 (66%)	370 (65%)	63 (72%)	

We used *Wilcoxon test for medians of data with skewed distribution, **t-tests to compare means of normally distributed data, and ***chi-square analysis for categorical data.

Training directors have time for program duties, higher rank and patient acuity, but receive compensation that does not differ. A more granular understanding of the professional productivity of training directors will better inform institutional strategic planning and the development of clearer professional expectations.