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COMMENT

"ECI Biocommentary: Marc Beltempo"

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I was raised in Montreal, Canada and graduated from the Université de Montréal Medical School in 2009. From the very beginning of my medical education, I was fascinated by neonatology, particularly the fast-paced nature of critical care and the opportunity to support families during their challenging journey. I was particularly intrigued by how preterm neonates could grow and develop despite their critical illness.

During my residency in Pediatrics and fellowship in neonatology at Université Laval, I had the chance to work with Dr. Isabelle Marc and Dr. Bruno Piedboeuf on a project evaluating the impact of omega-3 fatty acids supplementation in breastfeeding mothers on the growth and neurodevelopment of extreme preterm infants. This experience taught me several valuable lessons. First, I learned how research can inform clinical practice; the knowledge I gained from the project directly impacted my approach to enteral and parenteral nutrition management. Second, I discovered the importance of interdisciplinary collaboration in research, as it is the combination of diverse expertise and ideas that advances the field. Third, I learned the importance of utilizing databases to answer clinical questions Fig. 1.

With this in mind, I knew that pursuing a career as a clinician scientist would enable me to be most impactful. I completed a Masters in Health Administration-Systems Analysis (Université de Montréal) then a research fellowship with the Canadian Neonatal Network under the mentorship of Dr Prakesh Shah in Toronto. In 2018, I returned to Montreal as a clinician-scientist at the Montreal Children's Hospital-McGill University Health Center where I developed additional collaborations. Thanks to the insight of my more experienced colleagues such as Dr Guilherme Sant'Anna, I learned to appreciate how research gives us the tools to answer questions that arise from clinical observations. The study highlighted in this issue of *Pediatric Research* stemmed from the observation that preterm infants with bronchopulmonary dysplasia seemed to experience disproportionate growth (stunting of linear growth despite significant weight gain). Consequently, we evaluated how the body mass index trajectory (a possible marker for proportionate growth) from birth to 36 weeks corrected correlates with the risk of bronchopulmonary dysplasia in preterm infants.

This project reinforced some of the lessons I have learned as a clinician-scientist. Multicenter projects require long-term collaborations and the integration of experts from different fields leads to better science. There are rarely straightforward answers to complex problems, and research often generates more questions. Ultimately, it is our desire to improve patient care and provide the best possible interventions in clinical practice that drives us forward.

Fig. 1 Photo of Dr Marc Beltempo.

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COMPETING INTERESTS

The author declares no competing interests.

ADDITIONAL INFORMATION

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