

Introduction

John V. Hartline, MD

Journal of Perinatology (2002) **22**, S3 DOI: 10.1038/sj/jp/7210717

Fellowship training in the clinical arena provides the medical knowledge and skills needed to address patients' clinically related problems. One aspect of the dialogue between an applicant and a potential new practice involves clinical issues, including the degree to which the applicant's clinical training, experience, and interests meld with the existing practice. According to surveys of physicians recently entering practice, fellowship training, in general, prepares trainees well for clinical patient care.

However, patient care is but one of several skills needed to be effective in practice. Neonatal fellowship training should also provide comprehensive education addressing practice organization and discussion concerning the various practice patterns and venues from which the fellow will ultimately choose a career. In parallel with businesses and organizations, medical practices should establish mission statements addressing priorities in the areas of clinical care, administration, education, and research. Practices should have a vision as to their major role(s), as well as the goals and objectives established toward realizing the mission and vision.

Medical practice is usually a group activity requiring skill in reciprocal communication with associates. Disagreements and/or conflicts regarding management decisions are inevitable. Clinicians must resolve them constructively. The clinical neonatologist is often a consultant to pediatricians, obstetric care professionals, and family physicians. Knowledge and skillful use of the components of medical consultation are essential for clinical and risk-management purposes. The attending neonatologist has the ultimate responsibility for communication with the babies' parents. Skill in communications involved with informed consent (for treatment, as well as for research), clinical planning, parent/family support, and grief counseling is essential.

Neonatal practice also requires business and administrative skills. Understanding business is essential to integrating professional

practice with economic realities. Surveys of recently graduated fellows identify needs for added education in the business and financial aspects of medical practice and in practice administration. Privately practicing physicians always have confronted the business of medicine on a day-to-day basis, but managed care in its many forms has made an already complicated situation more puzzling. Academic physicians have seen practice plan income become a larger and important component of their financial compensation. Practice plan revenue is now an essential component of most academic departments. Revenue from neonatal patients often is a large contributor to practice income of a pediatric department. In 1998–1999 professional fee income represented more than 30% of the total revenues of US medical schools. In contrast during 1975–1976, professional fee income comprised only 12% of US medical schools' revenues.

Assuring compliance with the vast number of laws and regulations affecting medical practices and businesses in general requires knowledge of applicable standards and a commitment of time specifically directed toward compliance.

The medical professions function as moral enterprises, assigning the benefits of their activities to those whom they serve. This outward-directed benefit underlies the status and respect afforded to the professions. The essence of the fiduciary nature of the physician–patient relationship is trust that the physician will advocate for the interests of the patient. The American Academy of Pediatrics has a long tradition of advocacy for children and families rather than being a guild for pediatricians. Medical practices nevertheless must attend to the economic and administrative details that permit physicians to serve their legitimate self-interests of continuing education, rest, family responsibilities, and financial security so as to be able to commit to the professional demands in behalf of patients and society. On the other hand, medical practices have to confront the economic realities of business management and financial incentives challenging the primacy of patients' interests. These potentially conflicting forces must be addressed as medicine is practiced in various settings.

Bronson Neonatology Office, Bronson Hospital, 601 John St., Box 41, Kalamazoo, MI 49007, USA.

Address correspondence and reprint requests to American Academy of Pediatrics, Section on Perinatal Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007-1098, USA.

Journal of Perinatology 2002; 22:S3

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