

Caretaking in Academic Medicine: From pregnancy through early parenting



GWIMS Toolkit

Table of Contents

Federal protection of pregnancy	3
Parental/medical leave, and their financial implications	9
How to ask for resources & leave time	16
Restructuring clinical demands in late pregnancy	31
Back from leave, what to expect	39
How to handle childcare and nursing	46
A sick child, now what	54
Shifting priorities/scheduling conflicts	61
Policies for promotion and advancement	67
Literature on the productivity of mothers	74
Toolkit task force members	80
Resources	81
Reference List	82

Caretaking Toolkit Objective

The goal of the task force in creating this toolkit was to address the broad issues of caretaking in academia. The initial product from the Caretaking taskforce was this toolkit to address individual-level issues of parenting (for both men and women) and academic to include resources around preparing to take leave, guidance around eligibility and institutional policies of taking leave, as well as re-entry and early parenting tips.

This toolkit aims to take a broad approach to these issues and is not an exhaustive resource for all parental leave or caretaking leave issues or policies. GWIMS hopes to continue to develop additional resources in these areas to address caretaking needs that occur later in one's career.

Federal Protection of Pregnancy

Pregnancy Discrimination Act of 1978

- Forbids discrimination based on pregnancy when it comes to any aspect of employment including hiring, firing, pay, job assignments, promotions, layoff, training, firing benefits (leave and health insurance), and any other term or condition of employment
 - Be aware of discrimination behind good intention= Employer is doing something “for your safety”.
- Pregnancy complications = Disability
 - If woman temporarily unable to perform her job due to medical condition of the pregnancy or childbirth, the employer must treat her in the same way as any other disabled employee
 - Impairments such as gestational diabetes or preeclampsia may also be covered under the Americans with Disabilities Act (ADA)

Source: <https://www.eeoc.gov/eeoc/publications/fs-preg.cfm>

Pregnancy Discrimination Act of 1978

- It is unlawful to harass because of pregnancy, childbirth, or medical condition related to pregnancy.
- Employer can not single-out pregnancy related conditions in determining an employee's ability to work.
 - A physician statement may be required by employer
- Employer cannot refuse to hire a woman because she is pregnant or may become pregnant in the future.
- Employer cannot base employment decisions on assumptions about pregnant women's capabilities and health concerns.
- Employer cannot fire a women for having or considering an abortion.

Source: <https://www.eeoc.gov/eeoc/publications/fs-preg.cfm>

Other Federal Law Protections

Family and Medical Leave Act (FMLA)

- An eligible employee who work for a covered employer:
 - Has worked for the employer for at least 12 months
 - Has worked at least 1250 hours during the 12 months prior to leave
 - Works where there are at least 50 employees within 75 miles of the employees workplace

Fair Labor Standards Act (FLSA)

- Nursing mothers have the right to express milk in the workplace for her nursing child for 1 year after the birth of the child

US Equal Opportunity Commission resources: <https://www1.eeoc.gov/eeoc/publications/fs-preg.cfm?renderforprint=1>

FMLA: www.dol.gov/whd/regs/compliance/whdfs28.htm

ADA : www.eeoc.gov/laws/types/disability.cfm

FLSA: https://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btnm.htm

Other Federal Law Protections

Family and Medical Leave Act (FMLA) – Adoption and Foster Care

- Eligible for 12 weeks of leave (unpaid or paid if employee has earned or accrued it)
- Placement or adoption of a child
 - Absence from work is required for the placement for adoption or foster care to proceed.
 - Attend counseling sessions, appear in court, consult with attorney, submit to a physical examination, or travel
 - Leave must be continuous 12 weeks unless the employer agrees otherwise.
 - An employee's entitlement to FMLA leave for the placement of a child for adoption or foster care expires 12 months after the placement.

Qualifying reasons for leave under FMLA: <https://www.dol.gov/whd/regs/compliance/whdfs28f.pdf>

Ensuring Occupational Safety During Pregnancy

Health and safety issues are important to recognize early in and throughout the pregnancy

- You may want to consult with occupational or environmental health and safety for guidance for patient care and laboratory safety issues
- There are published radiation safety guidelines for pregnant employees from the Occupational Safety and Health Administration (OSHA) as well as policies within some institutions

Pregnancy and the Lab –Feature Index. Science. 2006 April

Parental/Medical Leave & their Financial Implications

What is your institution's policy?

- It can be difficult to access and identify each institution's work-life policies.
- As of 2008, only 39% of policies were available and only 1 of the top 10-ranked (US News and World Report) medical schools had all policy information accessible online.
- Potential or current faculty may hesitate to inquire about these policies for fear of encountering bias.



What does a “good” policy look like?

In the same study, work-life policies were scored on flexibility and benefits beyond the FMLA minimum standards.

An additional study scored 10 more programs from the “Big Ten Conference.”

Bristol MN, Abhuhl S, Cappola AR, Sonnad SS. *Journal of Women's Health* 2008; 17: 1311-1320.

Welch JL, Wiehe SE, Palmer-Smith V, Dankoski ME. *Journal of Women's Health* 2011; 20: 725-732.

Components of a “good” policy

- Paid leave offered to both full- and part-time faculty
- No required length of prior service in order to qualify for leave
- 12 weeks of paid leave is the longest cited
- 6 months total leave (paid + unpaid) is the longest cited
- Some policies allow parents to share leave if both on faculty

What are the financial costs of leave?

In a study that evaluated faculty salaries over a 17 year period it was noted that taking a leave or working part-time for ≥ 2 months was associated with a \$28K smaller increase in salary

The effect of gender on change in salary over time was not significant.

- However, the starting salary was higher for men: with a gender disparity in which women earned 90% as compared to men.

Freud K, Raj A, Kaplan SE et al. Academic Medicine 2016; 91:1068-1073.

Practical Tips

- Accurate/complete parental leave policies may be hard to find at your institution. It may take some effort to find the written policy.
- Parental leave policies vary widely among medical schools, and may not significantly exceed FMLA minimums.
- Differences in starting salary account for most of the gender difference. Be sure to negotiate before you are even hired!

Potential Pitfall: If you feel that the rules are not being followed at your institution, then you need to go to your faculty affairs dean, equity, diversity, and inclusion dean, or other local resource center, for example an ombudsman, to help negotiate a resolution.

Broader Needs

- There is a need for standardized on-line availability of family leave policies
- There should be a movement toward higher-ranked policies
- Analyze causes of long-term lower pay for those who have taken leave, to determine if/how these can be resolved.



How to Ask for Resources & Leave Time: Tips, Opportunities, and Pitfalls

Time

- Time is a limited resource and we all recognize the wish to be able to stop the clock.
- This also means that there might be times you need to spend time on yourself or those you (will) care for.
- Requesting time off from work or asking for other resources can be challenging for various reasons.
- Practically, it might be difficult to know whom, how or when to ask, and what your rights are. In addition, you might worry about how time off may affect your work and future as well as health care benefits.



Different Types of Leave

- Understand what you may have available to you even if there isn't a defined maternity leave:
 - Sick Time
 - Vacation
 - Medical Leave of Absence
 - Compensatory Time Off, e.g., work overtime “now” in exchange for paid time off after the baby arrives
 - Leave Sharing Programs, e.g., donated by other employees
- You must understand how leave time is accrued and when you become eligible to use it.

<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/handbook-on-leave-and-workplace-flexibilities-for-childbirth-adoption-and-foster-care.pdf>

Understand Your Options

- Caretaker leave after the birth or adoption of a child can take many forms. It is critical to understand the variety of ways it can be approached and this will necessitate a detailed conversation with a Human Resources Manager.
- First, understand your employer's maternity leave policy, if they have one.
- Understand what the Family and Medical Leave Act (FMLA) means for you. Don't assume you qualify!

Guide to FMLA: <http://www.nationalpartnership.org/research-library/work-family/fmla/guide-to-fmla.pdf>

Understand Your Options

- Other options for leave, including accrued (partially) paid leave, may differ by state and organization, and you may need to consult a variety of resources to inform you of the regulations of your organization.
- Possible resources include:
 - Human resources (HR) within your department or in the medical school or health system
 - Office of faculty
 - Diversity office
 - Office for women

Family and Medical Leave Act

- FMLA provides *unpaid*, job-protected leave and is intended to protect seniority and your employer-provided health insurance.
- Briefly, you have to fulfill 3 criteria to qualify:
 - Your employer has 50 or more employees,
 - You have worked for your employer for at least 12 months and for at least 1,250 hours during the last year, and
 - You are taking time away from your job to care for a new child.
- Go to <http://www.nationalpartnership.org/research-library/work-family/fmla/guide-to-fmla.pdf> for a helpful guide produced by the National Partnership for Women & Families.

Whom to speak

Although your supervisor or 'boss' and HR/Office for Faculty should assist in the leave requests process, we suggest you discuss any leave request yourself with the following people to ensure timely communication and miscommunication:

- Immediate supervisor, mentor
- Department head
- HR and HR manager
- Academic personnel office
- You might also wish to mention your upcoming leave with immediate colleagues and/or patients who could be impacted by your leave

What to mention

Requesting a leave may involve a sensitive topic that may make you uncomfortable. At the same time, it is important that you give enough information to allow your organization to determine the options and structure to support your request.

For example:

1. Birth and care for a newborn child might be easier to discuss than serious or stigmatized health conditions for children.
2. Depending on your situation, and sometimes unpredictable nature for your request, you should aim for a leave duration that is adequate. It might be easier to return to work earlier, than it is to ask for more time.

When to request leave

- The earlier the better, in particular when it affects patient care or call schedules.
 - Make an appointment with the person overseeing you to specifically address your leave request (do not add this onto the end of another meeting)
- Don't wait until the last minute. For example, to fall under the FMLA a request should be made 30 days prior to the start of leave period (unless in an emergency situation).
- FMLA requests may involve providing medical information by a professional, so it is important to give this person adequate time.

Suggestions for requesting a leave

- Preferably face to face with any direct supervisor or department head if possible.
- Prepare this person that you want to discuss a leave request prior to meeting, and follow-up in writing about the discussion.
- It is not necessary to meet HR manager in person for the request, but this person should be informed preferably directly by you, and can be included in any communications detailing your request with supervisors.



Potential Trouble I

- Ensure that HR and supervisor/mentor/department head are all aware of your leave terms. If a manager fails to contact HR with your request, FMLA might be delayed. Leave requests are not retroactive.
- As expected there is paperwork associated with a leave request. Make sure you complete the right paperwork:
<https://www.dol.gov/whd/fmla/forms.htm>

Potential Trouble II

During your leave, remind yourself that:

- You need this time to spend on yourself and those you care for, not work.
- Your employer most likely does not want you to work due to potential for interference with FMLA rights.
- Although you might respond to some emails or questions as a “professional courtesy”, any work requests that interfere with your leave are inappropriate and violate your rights. An automated message (email/voice) detailing the period of your leave should make clear to others that you are unavailable. If interruption from work is persistent, you can move from a friendly reminder to involving your supervisor and HR.

Going Back: Flexible Work Arrangements

- Consider a different work arrangement when you return from leave. Getting creative may extend the amount of leave from work.
- Do your best to talk with your employer *before* your leave to make these arrangements and to propose possible solutions.
- Be sure to discuss how any variation from full-time status might impact your benefits.
- If you return in a part-time capacity, be sure to monitor how much time you're actually working and be your own best advocate to protect your part-time status.

Going Back: Flexible Work Arrangements

- Some different options to consider:
 - You can talk with your employer about returning sooner but in a part-time capacity.
 - For example, instead of 12 weeks off, take 6 weeks off fully and then return for 12 weeks at half-time.
 - Job-Sharing positions
 - Telework
 - Work from home arrangements.
 - Flexible work arrangements have been shown to lead to higher job satisfaction and lower turnover intentions.

McNall LA, Masuda AD, Nicklin JM. Flexible Work Arrangements, Job Satisfaction, and Turnover Intentions: The Mediating Role of Work-to-Family Enrichment. *The Journal of Psychology*, 2010, 144(1), 61-81

One Mother's Experience

Read this post for an example of one mother's experience of a maternity leave that went well and then one that didn't go so well when she changed jobs:

- <http://www.kevinmd.com/blog/2016/07/maternity-leave-cost-physician.html>

Try to take all the time your employer and your budget will allow. When scheduling leave, consider how a spouse or partner's leave will factor into your plans.

Restructuring Clinical Demands in Late Pregnancy

Planning for Late Pregnancy

- The third trimester can be the most uncomfortable. You may feel discomfort as your baby grows larger and your body gets ready for birth. This can cause trouble sleeping, walking quickly, and doing routine tasks.
- Pregnancy may be unpredictable. Although many women are able to work until the last possible moment, others may not be able to do as much in the final months.
 - Create back up plans with your partner(s) at home and at work



Outpatient Tips

- Consider frontloading clinics earlier in your pregnancy so you can offload your schedule later and mitigate the effect on productivity.
- In late pregnancy consider holding some appointment slots until the day prior in order to minimize rescheduling in case you go into labor.
- Close to your due date, consider transitioning to seeing urgent care patients only.
- Schedule and take breaks!



Inpatient Tips

- Surgical specialties: Try to plan ahead for when you might:
 - Stop elective cases
 - Stop night or trauma call
 - Focus on outpatient care
- Extra shifts or call night prior to, and early in pregnancy can help with productivity and colleague goodwill

Resident Tips

- With some advanced planning, you can work with your Program Administrators to:
 - Schedule lighter rotations and outpatient clinics (i.e. less ward months) closer to your due date
 - Frontload with ICU and night rotations earlier in your pregnancy so these can be avoided later
 - Determine a stop date for being on call
- Don't forget that you can use your sick leave if you need to stop earlier than your due date
- Consider backup plans in case of pregnancy complications or unanticipated challenges

Planning for Complications

- Pregnancy ‘inconveniences’ or complications may present in various forms and can occur at different stages of pregnancy.
- For example, you may have:
 - Physical pregnancy-related issues (e.g. back pain, nausea) that might affect work
 - Require frequent OB visits toward the end of pregnancy to check your health and that of your child during working hours
 - Potential “bed-rest” during a late complicated pregnancy (e.g. preeclampsia, preterm labor)

Data on Pregnancy Complications in Residents

- There was no increased risk for pregnant residents of miscarriage, ectopic gestation, placental abruption, stillbirth, low-birth-weight infant, or preterm delivery
- There was an increased risk for preterm delivery in residents who worked >100 hours per week, compared to <100 hours per week.
- Preterm labor and preeclampsia requiring bed rest was twice as common among residents compared to residents wives. This was attributed to higher awareness and screening of residents who were anecdotally thought to be at higher risk at the time

Klebanoff et al. NEJM 1990;323:1040-1045

Managing Complications

If pregnancy complications arise, you might:

- Use sick time for missed hours at work, instead of having to take a whole day off
- Reschedule your work-load to allow doctor visits as needed
- Discuss your situation with those who need to know to allow additional flexibility
- Use disability insurance to cover potential loss of salary or the Family and Medical Leave Act, for unpaid time off, in case this is medically necessary

Back from Leave: What to Expect

Basics

- Returning from a medical or maternity medical leave is often a rough transition.
- It is helpful to have reasonable (low) expectations of productivity.
- Foremost follow the instructions of your physician, setbacks from pushing it too hard can lengthen recovery.
- Consider returning part time if possible.



Tips to Take Care of You

- **Sleep**
 - Enlist family member or hired caretaker to help with infants at night
- **Nutrition**
 - Stock up on water, fruit, other healthy snacks
- **Memory**
 - Bring a small notebook with you to take notes, utilize a to do list and calendar to keep track of yourself and family
- **Anxiety/ Depression**
 - Post-partum depression is common and may benefit from professional help

Breastfeeding

- Seek local resources for success:
 - Check with Office of Women in Medicine in Science or the Office of Diversity, whichever is appropriate based on the institution
 - Contact the Breastfeeding department at your hospital, they often have information and resources for working women
- Consider renting a hospital grade breast pump. They are faster than commercial pumps
- Expect you will need to take breaks several times a day to pump
- Identify access to refrigerator to store milk

Child Care

- Consider full time nanny as they can also help with housework, laundry and cooking.
- Child care outside of the home can be more dependable, no sick day coverage needed if the primary care giver is ill.
- Search for caregiver with infant experience.
- Au pairs may be a good choice for some families. However they have limitations of work hours and approximately 30% of matches do not work out and require re-match.

Financial Implications

- If you anticipate leave when negotiating a contract consider including paid leave
- You are entitled to pro-rated expectations for the time you are gone.
- This can be difficult to negotiate in small groups
- If your salary directly results from your revenues than you may not have income while on leave and your income may lag when you return to work
- You may be expected to “pay back” service or call, this can be incredibly difficult

How to Handle Childcare/Nursing: Navigating Spaces, Facilities and Resources at your Institution

Childcare

Options Include:

- Nanny
- Au Pair
- Family Member
- Daycare Centers
- In Home Daycare Providers

How to Find:

- Agencies (May be expensive)
- Training Programs
- Web-based services (e.g. Care.com, Sittercity.com, etc)
- Other Friends, Mom-Docs, etc.



Childcare: Daycare Centers and In Home Daycare

Questions to Consider:

- Does your hospital or institution have an onsite daycare?
- What is the state licensure requirement?
- **Is it accredited by another organization:**
 - National Association for the Education of Young Children (NAEYC)
 - or the National Association of Family Child Care (NAFCC),
- Does your state have a “grading system” for childcare centers?

Childcare: Daycare Centers and In Home Daycare

Questions to Consider:

- What are the centers hours? What days are they closed for holidays?
- What is their fee schedule?
- What are their philosophies on breastfeeding and feeding, sleeping, discipline, schedules, etc.?
- What are their caregiver to infant/child ratios?
- Request a list of parent references
- Is there a waitlist? If so, put your name on early!



Childcare: Nanny or Au Pair

Things to consider:

- Payment structure (hourly vs salary)
- The Nanny Tax
- Live-in sitter: advantages and disadvantages
- Flexibility of Hours
- Managing Vacations: Yours and Theirs
- References

Breastfeeding at Work

- Legislature supporting and protecting breastfeeding women varies by state.
- Learn what your state laws are
- Resources include:
 - The U.S. Department of Labor
- <https://www.dol.gov/whd/nursingmothers/>
 - The National Conference for State Legislatures (This group collates state legislature data. It provides links back to the original government page)
 - <http://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>

Breastfeeding at Work

Before your maternity leave or before your return to work:

- Is there a pump you will be able to use at work or will you need your own?
- Check your insurance coverage of breastpumps.
- Is there a place to pump? (Know federal and state laws)
- Is there a place to store breastmilk or will you bring a cooler?
- Talk to your baby's pediatrician about the ideal time to start pumping.



Breastfeeding at Work: Pumping and your schedule

- Are you able to block clinic time? If so, do so before you return from leave, so that patients do not need to be rescheduled
- Can you add pumping times to your day that do not interfere w/patient care (e.g. in the morning before clinical responsibilities, lunch time, administrative times, at home after your baby goes to bed, etc.)?

A Sick Child: Now What?

Illness in Children

According to the Center for Disease Control and Prevention, 84.4% of school-aged children aged 5-11 years are in excellent or very good health. 3.2% of this age group missed 11 or more days of school due to illness or injury in the past 12 months.

However, as parents we know that children get sick, with an estimated 6-10 colds a year (*Colds in children, 2005. Paediatrics & Child Health, 10(8), 493–495*).

This leaves working parents with the question of how to balance work and care.

Temporary or Common Illnesses

If your child attends daycare or school, make sure to know the rules related to illness and recovery. These policies may or may not be evidence-based and vary by site. (For guidance on when children should be excluded from childcare settings: <http://cfoc.nrckids.org/StandardView/3.6.1.1>)

Often policies aimed to reduce the spread of illnesses require a child to stay home until some amount of time has passed without symptoms or until the start of medication.

Temporary illnesses

If you feel that you or someone you and your child is close to need to be with him/her, short term illnesses such as fevers, ear infections, diarrhea, and vomiting may be covered by:

- Sick time. Check at a time your child is not sick if unpaid or paid sick time is available to you. See also: <http://www.ncsl.org/research/labor-and-employment/employee-leave.aspx>
- Work from home (if this is an option)
- Trade off work time with your partner or enlist family members or relatives (if available)
- Friends (even for part of the day)

Temporary illnesses

If you feel that your child is well enough or you simply cannot stay home (again!), check to see if the following are available:

- Employer sponsored back-up care. This benefit allows for a caregiver to come to your house and care for a 'mildly sick' child, typically for a low hourly rate.
- Local on-call nanny services: www.care.com, <http://www.nannypoppinz.com/services/sick-childcare-services.html>. This often carries a more hefty price-tag.
- Out-of-home childcare such as <http://www.rainbowstation.org/get-well-place/> (available only in a few states).

Temporary illnesses

Given that it is a guarantee our kid(s) will get sick, preparation can go a long way.

- Set up a network of at least 3-4 caregivers who might be available on short notice to care for your child can be a lifesaver: www.care.com, or place an add on a local (university) job site.
- Check with your department whether it is possible to work from home or bring your child with you. Creating a make-shift bed and bringing some DVDs to entertain your child while you work might be an option for you.
- If you are teaching, check your university policy, but consider videotaping classes in advance, switching to web-based applications, or identifying colleagues that could cover your classes in case you cannot attend in person.

Chronic or Severe Illness

- Caring for a child with a chronic condition or (recovery from) severe illness can be covered through the Family and Medical Leave Act (FMLA). FMLA can be used on an intermittent basis.
 - For info on FMLA terms and eligibility see: <https://www.dol.gov/whd/fmla/>
- Other longer term leave options, including paid leave, partially paid leave, or using accrued (partially) paid leave, differ greatly by state. HR or your academic personnel office should be able to inform you of the regulations of your organization.

Shifting Priorities/Scheduling Conflicts

Shifting Priorities

Your priorities and demands may change with parenthood, and it may be necessary to adjust institutional expectations.

- Many faculty members achieve their best work outside of normal work hours. This may change with parenthood.
- Anticipate less time for work outside of normal work hours including weekends. Anticipate more interruptions.
- Anticipate having less energy to work for extended periods of time, especially outside normal working hours.
- Ability to travel maybe also be limited.

Shifting Priorities

Consult with other faculty at your institution, prior to discussing with your leadership.

- Both women and men can give helpful advice. Seek help from those who have children
- Seek out a mentor/supervisor who can advise you on managing the changing demands. Ask specifically about potential impacts on your career advancement and/or promotion.
- Find the designated representative for GWIMS and any local women's group.

Shifting Priorities

- Several months in advance of delivery, talk to your supervisor about your anticipated change in work hours or productivity.
- Review your current yearly evaluation metrics, and readjust as necessary.
 - May need to prepare a new timeline for completion.
 - Discuss new timeline with clinical and/or research team.
- Identified items which can not be delayed (grants, etc.)
 - Block uninterrupted work time at home
 - trade off care with your partner, hire part time babysitter, etc.

Scheduling Conflicts

Those 7am and 5:30pm meetings...

- These are 'prime time' children rearing times and create conflict for the parent.
 - Valuable for parent-child bonding and meaningful work hours.
- Talk with other faculty as they may also have the same conflict.
- Ask if the meeting times could be changed or if there are alternatives (attend remotely, call-in)
- If unable to resolve this type of conflict, then you need to meet with your supervisor or the department chair to try to define other possibilities

Scheduling Conflicts

- If the meeting *has* to be at a troublesome time, consider attending at specified intervals
- For flexible meetings, such as national committee conference calls, consider scheduling at times when you expect your children to be asleep.



Policies for Academic Advancement & Promotion

Scope of Issue

- Generally equal numbers of men and women at assistant professor level at entry into medical school faculty
 - Jena AB, Khullar D, Ho O, Olenski A, Blumenthal D. Sex differences in academic rank in US medical schools. *JAMA* 2015;314: 1149-1158
- More men than women at higher academic ranks
 - Association of American Medical Colleges. Distribution of full time faculty by department, rank, and gender. Women in academic medicine: Benchmarking ad statistics 2013-2014. Available at: www.aamc.org/members/gwims/statistics
- Women have been found to more frequently be in nontenure clinical tracks
 - Carr PL, Gunn CM, Kaplan SA, Raj A, Freund KM. Inadequate progress for women in academic medicine: Findings from the national faculty study. *Journal of Women's Health* 2015; 24: 190-199

Scope of Issue

- There is an increased prevalence of part-time faculty in academic institutions, most of whom are women. Part-time faculty may be less satisfied with promotion opportunities
 - Pollart SM et al. Characteristics, Satisfaction, and Engagement of Part-Time Faculty at U.S. Medical School. Acad Med 2015; 90(3)
- Childrearing and other caretaking roles generally coincide with optimal time for career building

Policies for Leave

- **Stop-the-Clock**

- Extension of promotion time limits to allow time to deal with major life events
- Pros: May allow some to pursue or stay in current track (tenure or non-tenure) who may have otherwise stayed away from it
- Cons: Generally has to be requested, which can lead to stigma. Also still prolongs time to promotion, which can contribute to fewer women in higher ranks.

NOTE: LEAVE POLICIES OFTEN VARY BY INSTITUTION.

Policies for Leave

- **Opt-out Implementation**

- Assumes that everyone will use family supportive leave policies, they must take action not to use them
- Pro: May decrease stigma associated with taking leave or requesting use of other family-friendly policies
- Cons: Some gender neutral family friendly policies may benefit men more than women due to traditional gender roles in caretaking. (<http://ftp.iza.org/dp9904.pdf>)

NOTE: LEAVE POLICIES OFTEN VARY BY INSTITUTION.

Research and Leave

The NIH has initiatives for a family-friendly path in scientific research

- Refer to the reference below which will also lead to additional information
- Some awards will continue to provide full stipends for parental leave for the birth or adoption of a child
- There may be opportunities to adjust the appointment or percent effort for a period of less than 12 contiguous months
- Early stage investigators may be able to expand their eligibility, document gaps or delays in productivity in their biosketch or compete for special re-entry awards

https://grants.nih.gov/grants/family_friendly.htm

Action Items

- Learn about the different academic tracks (tenure vs nontenure, clinical, research, teaching, etc) offered by your institution, and consider the pros and cons of each in terms of expectations, promotion, prestige and how these fit into your career and personal goals.
- Learn about the leave policies at your institution.
- If you need to request a stop-the-clock option, ask trusted colleagues about their experiences with this process and who to contact within your institution.
- Advocate for family-friendly promotion policies that account for expected leave for caretaking roles.

Resource: <http://worklifelaw.org/wp-content/uploads/2013/01/Effective-Policies-and-Programs-for-Retention-and-Advancement-of-Women-in-Academia.pdf>

Literature on Productivity of Mothers

Workplace Challenges

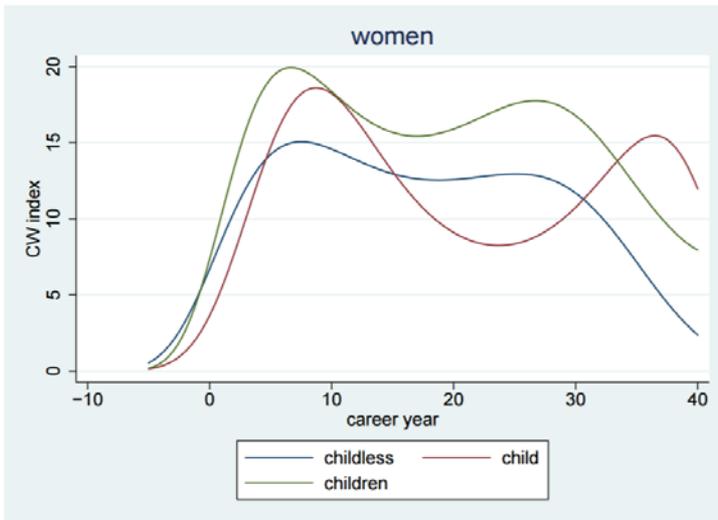
A 2017 study found that more than one-third of physician mothers can be subject to workplace discrimination. Of those reporting discrimination:

- 89.6% reported discrimination based on pregnancy or maternity leave
- 48.4% reported discrimination based on breastfeeding
- 39.2% report not being included in administrative decision making
- 31.5% report unequal pay and benefits relative to their male peers

Adesoye et al, JAMA Intern Med. 2017 May 8

The Mommy Track Myth

The discrimination you may encounter is based on a myth that mothers “opt-out” of the workforce. Yet, many studies have shown that women with children are as productive in the long term, if not more, than women without children.



A study of 10,000 economists found that while mothers initially lose productivity after giving birth, they come back with greater efficiency.

**But what about
Physician Mothers...**

Krapf, et al. Parenthood and Productivity of Highly Skilled Labor: Evidence from the Groves of Academe. IZA DP No. 7904.

Gender and long-term productivity

- Overall, men in academic medicine have higher research productivity than women
- These differences are assumed by most authors to be partly due to **family responsibilities** during early- and mid-career
- However, later in their careers (after 25 years), women in medical specialties demonstrate **greater research productivity** than men
- In surgical specialties, men and women's research productivity **change at the same rate**

Reed DA et al. Acad Med 2011; 86:43-47.

Eloy JA et al. Laryngoscope 2013; 123:1865-75.

How to Manage the Myth

- Take heart! The skills you are gaining as a new parent in these early years will greatly benefit your future work in terms of efficiency and interpersonal relationships.
- If you are sensing discrimination at work, consider showing this section to your department chair.



Words of Encouragement

A short list of books to raise your awareness and boost your mojo:

- Katty Kay and Claire Shipman, The Confidence Code: The Science and Art of Self-Assurance – What Women Should Know
- Sheryl Sandberg, Lean In: Women, Work, and the Will to Lead
- Shankar Vedantam, The Hidden Brain: How Our Unconscious Minds Elect Presidents, Control Markets, Wage Wars, and Save our Lives

Toolkit Task Force

This toolkit was created in order to be helpful to individuals who are facing the competing demands of pregnancy and children and was created by a group of volunteers, representing different stages in their academic journeys and from a variety of geographic areas across the country.

Parul N. Barry, MD

Assistant Professor, Department of Radiation Oncology, Rush Medical College

Lynn K Gordon, MD, PhD

Senior Associate Dean, Diversity Affairs
Vernon O Underwood Family Professor of Ophthalmology
Co Chair, College of Applied Anatomy
David Geffen School of Medicine at UCLA

Shobha W. Stack, MD, PhD

Acting Instructor
Associate Director Medicine Student Programs
University of Washington

Allison W. Brindle, MD

General Pediatrics, Hasbro Children's Hospital
Assistant Professor of Pediatrics
Warrant Alpert Medical School of Brown University

Ilse Jenouri, MD, MBA, FACEP

Emergency Department Medical Director, The Miriam Hospital

Delma-Jean Watts, MD

Assistant Professor of Pediatrics, Clinician Educator
Division of General Pediatrics
Hasbro Children's Hospital
Alpert Medical School of Brown University

Rebecca Cherry, MD, MPH

Associate Clinical Professor of Pediatrics
Division of Pediatric Gastroenterology and Nutrition
University of California San Diego/Rady Children's Hospital

Kelsey Logan, MD, MPH, FAAP, FACP

Division Director, Sports Medicine
Associate Professor of Pediatrics and Internal Medicine
Cincinnati Children's Hospital Medical Center,
University of Cincinnati College of Medicine

Jamie Wooldridge, MD

Clinical Professor; Interim Chair; Division Chief, Pulmonology
Department of Pediatrics
Jacobs School of Medicine & Biomedical Sciences

Jennifer L. Cook, MD

Associate Professor of Medicine
Director, Advanced Heart Failure, MCS and Transplantation Services
University of Arizona, Banner University Medical Center Tucson

Nancy Swords Jenny, PhD

Associate Professor of Pathology and Laboratory Medicine
Laboratory for Clinical Biochemistry Research
Larner College of Medicine
University of Vermont

Mascha van 't Wout, PhD

Assistant Professor (Research), Department of Psychiatry and Human Behavior,
Alpert Medical School of Brown University;
Center for Neurorestoration and Neurotechnology, Providence VA Medical Center

Resources

Pregnancy Discrimination Act of 1978:

<https://www.eeoc.gov/eeoc/publications/fs-preg.cfm>

US Equal Opportunity Commission resources:

<https://www1.eeoc.gov/eeoc/publications/fs-preg.cfm?renderforprint=1>

FMLA: www.dol.gov/whd/regs/compliance/whdfs28.htm

ADA : www.eeoc.gov/laws/types/disability.cfm

FLSA:

https://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btn.htm

Qualifying reasons for leave under FMLA:

<https://www.dol.gov/whd/regs/compliance/whdfs28f.pdf>

Office of personnel management:

<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/handbook-on-leave-and-workplace-flexibilities-for-childbirth-adoption-and-foster-care.pdf>

Guide to FMLA:

<http://www.nationalpartnership.org/research-library/work-family/fmla/guide-to-fmla.pdf>

Breastfeeding state laws:

<http://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>

US Department of Labor break time for nursing mothers:

<https://www.dol.gov/whd/nursingmothers>

When should you keep a sick child home?

<http://cfoc.nrckids.org/StandardView/3.6.1.1>

Family Leave Laws by state:

<http://www.ncsl.org/research/labor-and-employment/employee-leave.aspx>

Family friendly policies: <http://worklifelaw.org/wp-content/uploads/2013/01/Effective-Policies-and-Programs-for-Retention-and-Advancement-of-Women-in-Academia.pdf>

Research and Parental Leave:

https://grants.nih.gov/grants/family_friendly.htm

Selected References

Adesoye et al, JAMA Intern Med. 2017 May 8

Association of American Medical Colleges. Distribution of full time faculty by department, rank, and gender. Women in academic medicine: Benchmarking and statistics 2013-2014. www.aamc.org/members/gwims/statistics

Bristol MN, Abuhl S, Cappola AR, Sonnad SS. Journal of Women's Health 2008; 17: 1311-1320

Carr PL, Gunn CM, Kaplan SA, Raj A, Freund KM. Inadequate progress for women in academic medicine: Findings from the national faculty study. Journal of Women's Health 2015; 24: 190-199

Eloy JA et al. Laryngoscope 2013; 123:1865-75.

Freud K, Raj A, Kaplan SE et al. Academic Medicine 2016; 91:1068-1073.

Katty Kay and Claire Shipman, The Confidence Code: The Science and Art of Self-Assurance – What Women Should Know

Khullar D, Ho O, Olenski A, Blumenthal D. Sex differences in academic rank in US medical schools. JAMA 2015;314: 1149-1158

Klebanoff et al. NEJM 1990;323:1040-1045

Krapf, et al. Parenthood and Productivity of Highly Skilled Labor: Evidence from the Groves of Academe. IZA DP No. 7904.

McNall LA, Masuda AD, Nicklin JM. Flexible Work Arrangements, Job Satisfaction, and Turnover Intentions: The Mediating Role of Work-to-Family Enrichment. The Journal of Psychology, 2010, 144(1), 61-81

Pollart SM et al. Characteristics, Satisfaction, and Engagement of Part-Time Faculty at U.S. Medical School. Acad Med 2015; 90(3)

Reed DA et al. Acad Med 2011; 86:43-47.

Sandberg, Sheryl Lean In: Women, Work, and the Will to Lead

Vedantam, Shankar The Hidden Brain: How Our Unconscious Minds Elect Presidents, Control Markets, Wage Wars, and Save our Lives

Welch JL, Wiehe SE, Palmer-Smith V, Dankoski ME. Journal of Women's Health 2011; 20: 725-732.



Tomorrow's Doctors, Tomorrow's Cures



Learn

Serve

Lead

Association of
American Medical Colleges