

Women in Emergency Medicine: Developing a Departmental Parental Leave Policy

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I care deeply about women's rights and gender bias in the workplace. Women earn 78 cents on the dollar compared to men. It's even worse if you are a minority woman, ranging from 56-64 cents on the dollar.¹

Medicine is not immune to gender bias. A British journalist recently published an article bemoaning the "feminization of medicine,"² and there was a

backlash of comments to an article recently published about the importance of women in EM in April's edition of *ACEP Now*.³ According to the AAMC, despite nearly equal numbers of women and men matriculating at medical schools for over a decade, women still hold a minority of senior titles and positions (Associate Professor and Full Professor, both tenured and non-tenured; Division Chief; Department Chair; Senior Associate Dean and Vice Dean; and Dean).⁴ A more objective study published by *JAMA Internal Medicine* in July 2016 looked specifically at physician salaries for academic appointments, and found discrepancies even when controlling for multiple differences such as volume of patients seen and number of publications.⁵

The argument against women in the workforce often centers around childbearing/rearing and the time away from work that is necessary to birth and care for an infant. The AAMC recently identified women leaving the workforce as an issue, and notes that while new female faculty hires rose in the past several years, so have the proportion of female faculty departures.⁴ This leaking pipeline is one factor contributing to the lack of women rising to senior positions in medicine.

While the United States offers many advantages to women, our country's policies fall short of many other developed countries when it comes to working women and "balancing" family responsibilities. This likely contributes to the dropout rate of women in medicine. The U.S. ranked last in a list of 38 countries when it came to legally mandated parental leave (zero weeks paid, 12 weeks protected).⁶ There is no federal mandate for parental leave. Individual companies are free to pay their employees for parental leave or not, and in 2012 only 11% of all employees received paid benefits for parental leave.⁷ Despite these facts, 40% of all households with children under the age of 18 include mothers who are the breadwinner for the family (37% are married mothers and 63% are single mothers).⁸ It is no wonder that American women "choose" to leave the workforce or go part-time. Something has to give and it is usually the woman's career.

How can we effect change?

To address the needs of women in emergency medicine, a working group recently published a best practices guideline.⁹ ACEP and SAEM followed suit and came out with a policy statement that can be summarized best in their own words: "The American College of Emergency Physicians/SAEM believes women should not have to choose between their career and their family, and that employers' efforts to recognize and consider all aspects of physicians' lives ultimately furthers a medical career."⁹

“In an effort to improve the retention of women in our group, as well as create a culture that is accepting of the many facets of our colleagues' lives, our women's group sought to develop a departmental policy addressing issues that affect new mothers and parents.”



At my institution, women are fortunate that we have paid medical leave that can be used for maternity leave. Clinical hours during FMLA time are subtracted from one's overall contracted hours, allowing maternity leave to be both protected and paid leave. However, assimilating back into the workforce can be difficult. Add to that the fact that most female faculty returning from maternity leave are junior faculty and haven't developed the political collateral to ask for leniency when they return, and the culture becomes that much more demanding of new mothers returning to work.

In an effort to improve the retention of women in our group, as well as create a culture that is accepting of the many facets of our colleagues' lives, our women's group sought to develop a departmental policy addressing issues that affect new mothers and parents. While certain aspects of the document specifically address issues singular to the postpartum woman, we intentionally used language to allow leniency and flexibility for an adoptive parent or a man who identifies himself as the primary care-giver.

The document was developed within the women's group to address the issues that we had found most challenging in our workplace when returning from maternity leave. It was shared with a cohort of our male colleagues prior to presentation to our Department Chair (Bob McNamara),

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in an attempt to build consensus. I presented the document to Dr. McNamara and our Vice Chair of Operations, after which the language was fine-tuned. The document was then disseminated to the entire faculty and Dr. McNamara fielded comments. Overall, the policy was well received and adopted as departmental policy.

Hopefully this will serve as a catalyst to start conversations within your own group, so that you can find workable solutions to the issues that impact your workforce.

Schedules and Contracted Hours

By allowing a new parent to bank hours ahead of time, the parent can ease back into the work schedule. It takes time to build back the mental and physical stamina that our specialty demands. The ability to meet your obligations to your group but have some breathing room in your schedule on return is a win-win.

Parenting and managing your career is a juggling act. However, when you have to take your infant to the doctor for frequent visits, plan feeding and napping schedules, and find backup child care due to daycare closures or nanny vacation time, the inconsistency of a shift worker's schedule can be the straw that breaks the camel's back. This is why some women EPs choose to be "night owls." It guarantees them a fixed schedule. Our group already has several night-only staff, so even if a new parent wanted this option it wouldn't be available to them. Traditionally, non-night fixed schedules are a privilege reserved for our most senior faculty. Agreeing on a schedule that is both reasonable to the needs of the group and the individual helps lift some of the stress that comes with our shift work, and helps junior faculty parents juggle the demands of career and family.

We allow the new parent to opt out of night shifts. We felt this disruption of the circadian rhythm could impact the mental and physical health of the faculty member. As stated above, our group has a cache of night-only faculty and a large pool of other faculty members to fill in these open night shifts, and thus it is not onerous to the group.

Lactation Needs

To address the needs of the lactating mother, we felt there were two areas where we could make an impact. Under the Affordable Care Act, federal law requires employers of over 50 people to allow break time for mothers to express breast milk for the first year of the infant's life, as well as a guaranteed lactation room which is not a bathroom.¹⁰ While our hospital has a lactation room, it is located on the eighth floor, which is not very convenient to our ED staff on the ground floor. Therefore, we requested that the space we are currently using be remodeled to allow

for internet access and charting, as well as include a refrigerator to store the expressed milk. So the lactating mother can be allowed break time without compromising patient safety, a stipulation was placed in the policy so that a lactating faculty member will not be working shifts in which she is the sole practitioner. Our group staffing patterns allow this.

My concern for women's issues is part of what drove me to work on this policy, but I don't want to paint myself as selfish. I don't have any skin in this game. I have no intention of having more children and utilizing this policy for myself. However, in a sense all of us have skin in this game. It is for our own sanity. If a woman returns to the workplace and finds she can't handle the demands of home and work and pulls out of the workforce, we will be the ones working overtime to cover for the lost manpower. We will be the ones having to spend time interviewing and training new hires. Equally important for the good of emergency medicine, policies like these will keep young female faculty engaged and moving forward with their careers, adding their passion and unique perspective to our specialty.

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Policy statement on Parental leave and return to work

The below recommendations are meant to address specific issues pertinent to women returning after delivery and men who identify as the primary parent of an infant. While we fully support the concept of parental leave that involves a man's right for time off after the birth of a child to foster bonding, this document is primarily targeted at assimilating the new mother back into the work force after delivery. Similarly, this document is not meant to supersede current University policy on FMLA and paternal leave after birth or adoption.

Recommendations for a primary parent returning to the workforce:

Scheduling and contracted hours:

- 1) Faculty should have an opportunity to "bank" hours prior to or after childbirth/adoption, in order to buy down shift responsibilities. Overall contracted hours of the academic year would remain the same (less hours for FMLA time).
 - a. Example: Dr. Jane Doe is expected to deliver in January. She is contracted for 28 hours/week. She is going to take 10 weeks of FMLA leave so her total contracted hours for the year becomes 1036 hours. She decides to work 2 extra shifts each month from July-December in order to accrue 96 additional hours. After returning from her maternity leave, she will have a deficit of 282 hours for the remainder of the academic year so she will work approx. 20 hours/week until June 30
 - b. In the occasion that a woman's pregnancy straddles 2 academic years, banked hours will not be counted towards overtime (ie be paid out) but can be rolled forward.
 - c. The maximum number of bankable shifts will cap at 4 shifts per month.
 - d. Ability to bank shifts may be restricted based on ED faculty staffing.
- 2) Faculty who assume the role of primary parent for the new child at home should have an opportunity to work off of a template (fixed) schedule. This schedule should be equitable to the group. Equitable distribution of shifts will be determine by the chair or site medical director with expectation to include a balance of "desirable" and "undesirable" (weekend and middle) shifts.
 - a. Overnights should not be mandatory for a woman returning to work after delivery of an infant unless she is in agreement.[†]
 - b. The faculty member and the medical director at his/her primary site will work together to develop a schedule that accommodates his/her needs. The medical director and/or chair will decide along with the faculty member the duration of this fixed schedule.[†]

- 3) In times of mandatory overtime for faculty due to staffing issues, a faculty member who is returning from maternity/parental leave who is the primary parent should be kept to his/her contracted hours for the first 3 months after returning to the workforce.

Accommodations for the breastfeeding mother:

1. Faculty who are nursing should not be assigned to a shift in which they are working without a resident or advance provider at Temple Hospital e.g. Thursday mornings or 2nd Tuesday JC shifts (excluding "extra" or Green zone attending shifts) or as the solo practitioner at an offsite e.g. Jeanes Fri-Sun 7a-3p shift and overnights. This is to insure that the woman's right to breast pump is preserved while considering patient safety and throughput.
 - a. It will be the responsibility of the faculty member to keep the scheduler aware of her nursing status.
 - b. As the infant begins taking solid food (age of 6 months) and nursing less frequently, it would be anticipated the faculty member can go longer periods of time without pumping and these restrictions may no longer be necessary.
2. Nursing faculty members should be provided with a clean and private space to pump in our Emergency Department. In any remodels or expansions of the department that are considered, an appropriate lactation room should be worked into a redesign that included wifi connection, a computer and refrigerator.