

PARENTAL LEAVE POLICIES OF PHYSICIAN ASSISTANT PROGRAMS

Stephanie Neary, MPA, MMS, PA-C

Renée Kamauf, EdD

Mary Ruggeri, MEd, MMS, PA-C

Yale SCHOOL OF MEDICINE

Physician Assistant Online Program

Background

The average matriculating PA student is 25.6 years old, 74.8% female, and 11.2% have at least one legal dependent.

Where did we get this idea to look at parental leave policies?

1. Personal experiences
2. Student experiences
3. Physician-driven changes

Personal Experiences



So why don't applicants and students just ask the program?

Student Experience

- Prior research (under review) has shown us:
 - “It came up that I have a child and the interviewer like made me cry and was telling me that being a mom, I would not be able to handle being in class all day.”
- We have had students reach out to University Title IX coordinators because they are unsure of their options and don't want to ask the program

This caused us to reflect on our own program – we knew we were accommodating...

but prospective and current students didn't!

Physician-Driven Changes

What is MD training doing?

- Effective July 1, 2021: American Board of Medical Specialties requires all Member Boards with training programs of 2 or more years to provide policies on reasonable parental leave
 - Find more information here: <https://www.abms.org/policies/parental-leave/>
- 2022 Institutional Requirements by ACGME require programs to offer 6 weeks of paid leave for residents/fellows
 - Starting July 2022, will be cited starting July 2023

Physician-Driven Changes

What about MD education?

- September 2021 Academic Medicine article by Kraus et al called for MD and DO programs to provide transparent and accessible parental leave policies
- Methods:
 - 2019 reviewed 199 websites and available handbooks for US MD and DO programs
 - Searched for “pregnant” OR “pregnancy” OR “maternity” OR “parent” OR “family” OR “child” OR “birth”
- Results:
 - 65 of the 199 (32.66%) websites or handbooks had policies in place
 - 35.38% of policies mentioned only mothers

Why is this important to PAs?

- Some have told us this effects only a small number of PA students – **we disagree**
- As a reminder:
 - The average matriculating PA student is 25.6 years old, 74.8% female, and 11.2% have at least one legal dependent.
- Current ARC-PA guidelines require that leave policies be made available to matriculated students
 - Does not include specific requirement for parental leave
 - Does not require availability to prospective students or applicants

Purpose

- Examine the availability and transparency of PA program parental leave policies to applicants at accredited US programs

Methods

- Identified 282 PA programs
- November 2021– January 2022 program websites and available handbooks were searched for the terms “pregnant” OR “pregnancy” OR “maternity” OR “parent” OR “family” OR “child” OR “birth”
- Collected characteristics including:
 - Institution region (South, Northeast, Midwest, West)
 - Accreditation status (Continuing, Provisional, Probation)
 - Gendered language (yes, no)
 - “gendered language” defined as only speaking to pregnant female or terms like “the husband”

Results

Table 1: Descriptive Statistics of Location of Parental Leave Policies and Presence of Gendered Language

	Policy Present n (%)	
	Yes	No
Program Website (n=282)	9 (3.2%)	273 (96.8%)
Program Handbook (n=62)	29 (46.8%)	33 (53.2%)
	Gendered Language	
	Yes	No
Policy present (n=38)	23 (60.5%)	15 (39.5%)

Results

- Institution Region:
 - South: 12/100 (12.0%)
 - Northeast: 11/78 (14.1%)
 - Midwest: 12/66 (18.2%)
 - West: 3/38 (7.9%)
- Accreditation status:
 - Continuing: 23/193 (11.9%)
 - Provisional: 15/80 (18.8%)
 - Probation: 0/9 (0.0%)
- Chi-squared revealed no significant difference in policy presence by region or accreditation status ($p > 0.05$)

Discussion

- PA programs need to join the larger medical community in making inclusive and accessible parental leave policies
- Students are more likely to engage in learning when they feel valued and recognized, however, most parents are left navigating PA education with limited access to parental leave information
- Many existing policies reinforce heteronormative parenting and gender identity and fail to acknowledge nontraditional or non-nuclear families and non-binary students

Recommendations

- Programs should develop policies that promote inclusion
 - Differentiate between pregnancy-related leave and parental leave
 - Include non-traditional and nonheteronormative families
 - Include adoption and surrogacy
- Policies should be available, without special request, publicly allowing access by prospective students, applicants, and students
- ARC-PA should amend current standards (section A3 Operations: Policies) to require that PA programs provide transparent pregnancy-related and parental leave policies on their websites

Limitations

- Study only reviewed websites and available handbooks, not content available to matriculated students
- Difficulty recommending a standardized policy given individual program and institutional differences
- Further exploration is needed on the unintended consequences of policy changes such as effect of leaves of financial aid, health insurance eligibility, retention of medical knowledge, and increased administrative burden

Ultimately, programs create their own culture, and the presence of specific and inclusive policies has the potential to increase access to PA education for diverse populations

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