

Support of Parents in Undergraduate Medical Education

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CFMS

Canadian Federation
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Fédération des étudiants et des
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Introduction

Parents in medical school face unique challenges and situations that require consideration by undergraduate medical education faculties. Student-parents include, but are not limited to, biological and adoptive parents, expectant parents, foster parents, co-parents, step-parents and legal guardians of all genders. Parenting while studying medicine is an ambitious, but increasingly common, endeavour (Gradstein, 2008). Student-parents have roles and responsibilities which often compete for time and attention, and as a result they may require special resources or accommodations. To date, the CFMS has not officially addressed this issue; as such, there is a need for a comprehensive policy position. An urgent call has been put forward in Canada, and internationally, for institutions to develop formal parental policies to support medical students at all levels of training and ensure their well-being and success (Task Force on the Accommodation of the Pregnant Physician, 2010; Cujec et al., 2000; Gradstein, 2008; Nagata-Kobayashi et al., 2007; Taylor et al., 2013).

For medical students, undergraduate medical education may coincide with pregnancy, parenthood, and guardianship; for some, it directly coincides with childbearing years. Entrance into most Canadian medical schools requires a minimum of three years of undergraduate studies, with the exception of Quebec; accordingly, many medical students are 26 years or older at the time of graduation (The Association of Faculties of Medicine of Canada, 2011). The number of women graduating from medical school has also increased over the past 45 years, from 17% in 1970 to 59% in 2005 (Gradstein, 2008). Additionally, unforeseen events may also result in a medical student's short or long-term guardianship of a child. Regardless of how students enter the role of parenthood or guardianship, whether entry into the role is planned and achieved through pregnancy or adoption or due to other circumstances, student-parents' dual responsibilities must be respected and supported by Canadian medical schools.

Many aspects of undergraduate medical education pose particular challenges for student-parents. Sleep deprivation, irregular and unpredictable work hours leading to difficult child-care arrangements, time-intensive and challenging workloads, and a lack of flexibility from the curriculum significantly impact parents of any gender, in any family arrangements (Finch 2003). Conflict due to the competing demands of parenthood and the undergraduate medical curriculum may deeply impact the physical and mental wellness of student-parents. Accordingly, it is important for the CFMS to support student-parents and advocate on their behalf for comprehensive policies at Canadian medical schools.

Current Policies for Parental Leave in Canada Undergraduate Medical Education

The attached table in the Appendix summarizes current policies and information regarding parental leave and accommodation policies at Canadian medical schools as of April 2017. A comprehensive search of publicly available Canadian medical school websites and student handbooks was conducted in addition to email correspondence with each medical school's Student Affairs office regarding any additional resources or accommodations not included in the publicly available written policies. The search results suggest that current parental accommodation policies at Canadian medical schools are inconsistent and sometimes difficult for students to find and navigate. These barriers to information may render the decision-making process for both prospective and current medical students considering parenthood much more

difficult.

There are several elements that a comprehensive parental leave policy should include, which extend from current Canadian medical school policies. These include: the start and duration of pregnancy and parental leave, the eligibility of taking parental leave for biological and adoptive parents, and the impact of absence on graduation. At present, parental leave policies across Canadian medical schools address some, but not all, of these elements.

There are variable supports, accommodations and information provided by each medical school. Most schools allow for a leave of absence of up to 12 months, allowing for the student to graduate with the subsequent class. However, parental leave lengths varied greatly, with some schools providing no written policy regarding the length of parental leaves offered. Some Canadian medical schools provide financial support for student-parents taking a leave of absence during which their financial aid is suspended. For example, Quebec students on Aide financière aux études may be eligible for the loan repayment postponement program; and, University of Ottawa provide emergency funds that student-parents may apply for while on leave. Western and Queen's University support their student-parents by giving them priority day-care spots on campus. Accommodations provided for pregnant students and student-parents include on-call restrictions, provision of breastfeeding / pump rooms (McGill provides breastfeeding rooms in all major teaching sites including rural settings), and preference of clerkship sites and the flexibility of rotations peri-partum. Furthermore, schools such as McMaster University also have explicit written policies supporting the safety of pregnant-students during their clinical rotations.

It is important to note that most Canadian medical schools stated either through correspondence or through publicly available written policies that current student-parents and students considering parenthood should individually consult with the offices of Student Affairs. Many schools may provide accommodations, supports or individualized leaves of absences based on the personal circumstances of the student outside of their formal written policies.

Parenting & Medical Student Wellness

The CFMS is committed to promoting medical student wellness. Burnout is an ongoing concern in medical schools and student-parents may be at an increased risk due to higher levels of stress. Burnout can be described as physical, mental and emotional exhaustion caused by stress, and can result in decreased motivation, enthusiasm, and efficiency at the task at hand. It is distinct from clinical depression, although the former can convert into the latter (Meldrum, 2010). In a study of 2536 Canadian physicians, workload was shown to be related to cynicism and exhaustion, both of which are strong contributors to burnout (Leiter et al., 2009). Medical student-parents may have to contend with dual workloads: that of school, exams and clinical responsibilities, and that of their dependents and home life, thus competing for a student's time, attention and cognitive space.

While seeking mental health services is protective and supportive of mental wellness (OMSA, 2015), students often report lack of time as a barrier to accessing mental health services (Givens & Tijia, 2002). Students with the dual role of parenting may face additional barriers to accessing support as they may have less flexible or more demanding schedules. Along with the regular stressors of family life, there is often unpredictability and inflexibility in the student's schedule

causing constraints on personal time, which poses an additional challenge as they try to balance both student and family responsibilities (Lovell et al., 2009).

In medical school, many students experience symptoms of burnout resulting from the fast-paced curriculum, intensity of the work, and extracurricular involvement (OMSA, 2015; Tepper et al., 2015). One study viewed burnout as a more prevalent consequence as students adjust to their pre-clerkship responsibilities (Mazurkiewicz et al., 2012). A 2008 study analysing female physicians and work-life balance noted that participants felt pressure to choose between family and career (Mobilos et al., 2008). Similar choices between family and perceived pressure to take on extracurricular and research duties exists for student-parents of all genders. Another study, which looked at barriers to wellbeing in Canadian physicians, identified family responsibilities as a major source of stress (Lovell et al., 2009). Many physicians may feel as though the stresses of both environments force them to prioritize one over the other. For these reasons, student-parents appear to be at a particularly high risk of burn-out. It is important for medical professionals to have a sense of awareness of burnout, its signs, and short/long-term consequences.

Despite the increased stress which can accompany the dual roles of physician and parent, this combination can also bring about increased well-being to physicians. In an analysis of physician strategies for avoiding burnout, spending time with loved ones is shown to be a very efficacious method for decreasing work-induced exhaustion (Meldrum, 2010). In terms of specific strategies for maintaining an effective work-life balance, a study at the Mayo Clinic outlined a number of key characteristics, including: flexible scheduling, a culture supporting personal health and well-being, and a culture endorsing a life outside of work (Shanafelt et al., 2008). All of these strategies are family centered and would benefit medical student-parents. Thus, while parenting in medical school poses challenges, it can be a great source of resiliency, particularly if adequate supports are available to overcome the unique challenges faced by parents.

Principles

The CFMS endorses the following principles in support of all student-parents in the undergraduate medical education program:

1. All people in Canada deserve equitable access to appropriate health care, including: support during pregnancy and the peri-partum period; breastfeeding support; and support for all parents and guardians inclusively.
2. Medical learning and performance is directly influenced by the health of the learner. Healthy learners will become healthy physicians who can improve the health of communities.
3. Medical students have the right to a safe and healthy learning environment, including: accommodations appropriate during pregnancy and/or breastfeeding; and other accommodations which may be required by any parent or guardian.
4. Medical students should have access to advice and support from their faculties in addressing personal health and wellness, including pregnancy, postpartum, breastfeeding, the adoption process, and parenting support.
5. Medical students who are pregnant, breastfeeding, in the adoption process, and/or parenting should be supported by their peers and preceptors.

Recommendations

1. Increase and improve accessibility of undergraduate medical education to student parents through curricular flexibility, greater transparency, and improved facilities

Accessibility of undergraduate medical education is important for student-parents to better integrate their academic pursuits with their roles as parents. This includes: (a) increased flexibility in the UME curriculum; (b) greater accessibility and transparency regarding parental leave policies; and (c) access to certain accommodations (such as breastfeeding/pumping facilities).

A) Increased curricular flexibility

Flexibility in curriculum and in scheduling is integral to developing a supportive school environment for student-parents. The typical undergraduate medical education curriculum, however, is rigid both in terms of schedules and timeframes for completion. Historically, Canadian medical trainees have shown the greatest need for schedule flexibility due to family reasons during medical school compared to other stages of training (Cujec et al., 2000). The Federation of Medical Women of Canada (FMWC) conducted a needs assessment in 2008; they found that female students prioritized having flexibility in and control over their schedules, calling for “improved opportunities for different styles of education” which may involve part-time training and improved exit or re-entry strategies (Gartke & Dollin, 2010).

Curricular flexibility can be achieved, as demonstrated by other universities. For example, the Warren Alpert School of Medicine at Brown University adopted a flexible pre-clerkship curriculum made up of discrete 6 week courses. This allows students to take 6 weeks of leave at various points in the curriculum and then later make them up, eliminating the need to take an entire year off and guaranteeing all new parents a minimum of 6 weeks off (Taylor et al., 2013).

The main concern for medical students considering a parental leave of absence is whether they can complete their training within the regular three or four-year curriculum (Taylor et al., 2013). Recommendations have been made in the literature for medical schools to adopt flexible schedules, allowing student parents to complete requirements for CaRMS and graduation without taking a formal leave of absence (Taylor et al., 2013; Task Force on the Accommodation of the Pregnant Physician, 2010). The CFMS similarly advocates that medical schools improve and increase the accessibility of the undergraduate medical education curriculum for student parents.

Some supportive practices already in place at some Canadian schools include recorded lectures and seminars that allow students to study from home. Another such practice includes the longitudinal clerkship experience, where students follow patients in their experience through the various facets of the healthcare system longitudinally, rather than during a predetermined set of weeks. Without the strict timeline and structure of the core specialty blocks, the longitudinal clerkship experience may allow for more flexibility and greater control over one’s schedule. Policies like these, however, are not uniform across the country and experiences may vary. Accordingly, the CFMS recommends the strengthening and integration of such practices in addition to the development of further curricular flexibility for parents and future-parents.

Additionally, greater inclusivity and transparency regarding absence policies specific to family needs can be of a great support to student-parents. Policies that specifically allow for absences and/or early excusals from mandatory learning activities when it concerns a child's health or education can promote learner wellness and create a family-centred, supportive learning environment for student-parents.

B) Greater transparency regarding parental leave policies

Each medical school in Canada should clearly outline parental leave options in an accessible manner for current and prospective students (i.e., in a publicly accessible student handbook or website). This information is important not only for current or expectant parents, but also for any student who may be considering parenthood at any time throughout their medical school training. Clearly outlining available accommodations has been found to send a positive messages to female students whose future may include motherhood (Task Force on the Accommodation of the Pregnant Physician, 2010). Similarly, it can be anticipated that such policies would foster inclusivity to all students considering pregnancy or parenthood. Further promotion of accommodations also allows for students to make informed decisions when visiting other medical schools through electives.

C) Increased access to resources and facilities

An additional aspect of parenting includes the right to breastfeed and/or express breastmilk. Such policies are necessary to ensure a student is provided with protected time and adequate facilities to breastfeed or express breastmilk. This is especially important during clerkship rotations, where students may feel uncomfortable asking preceptors for time and space to express breastmilk. Lack of support for breastfeeding has been identified as a “significant gap” in undergraduate and graduate level policies (Gradstein, 2008). Advocacy for increased and improved accessibility of the undergraduate medical education curriculum to student parents can include the call for policies which promote, encourage and protect the right to breastfeed and express breastmilk. Such policies are a feasible way to demonstrate committed support to student-parents (Taylor et al., 2013).

2. Foster a strong, supportive and family-friendly environment for its student-parents through peer support and mentorship.

While written policy is the first step in actively supporting student parents, it is also necessary to create a supportive culture (Task Force on the Accommodation of the Pregnant Physician, 2010). Medical schools and student associations like the CFMS must actively work to foster a positive environment which supports, encourages, and celebrates student-parents. The level of support and understanding from medical schools in Ontario is considered poor (Gradstein, 2008).

The CFMS advocates for the development, participation, and promotion of networks that support and encourage student-parents. The FMWC has identified the need for positive role models and mentors for student-mothers (Gartke & Dollin, 2010). Another advocacy group, MomDocFamily

in the United States, has recommended that all medical schools initiate a systematic network of faculty physicians to “support, advise and mentor medical student parents, especially mothers” (Taylor et al., 2013). These mentors may help student-parents and pregnant medical students with disclosures, establishing boundaries with patients and colleagues, dealing with the dual-role and stress involved with simultaneous medical training and child-rearing, and other personal and professional issues (Taylor et al., 2013; MacNamara et al., 2012). The benefits of this mentorship program include reduced isolation for student-mothers, professional networking opportunities, and practical tips and advice for parenting (MacNamara et al., 2012). Similar benefits can be anticipated for mentorship opportunities for student-parents more broadly.

Student-parents bring a unique perspective and valuable personal and educational contributions to the classroom (Taylor et al., 2013). An environment that is strongly supportive of their role as both a student and a parent can have an important impact in enabling them to thrive in both of these aspects of their lives. In addition to advocating that undergraduate medical faculties promote having such a supportive environment, the CFMS should itself also promote a strong supportive environment for student-parents through, for example, the creation of peer-support networks. Under the leadership of the National and Local Officers of Sexual and Reproductive Health, a national student-parent network can be developed to support current parents and medical students considering parenthood as a peer-to-peer resource.

3. The provision of special considerations to medical students during clerkship, including when visiting other universities for elective placements and residency interviews.

Student-parents may also face specific difficulties during clerkship as placements can be variable and geographically diverse. Student-parents might be less flexible in terms of geographical location of clerkship placements. Special accommodations for student-parents regarding clerkship placement sites can help ease the dual responsibilities student-parents face to their family and their schooling.

Furthermore, for student-parents visiting other universities on electives, we recommend greater transparency and accessibility to accommodations provided by the host school, including access to breastfeeding facilities, duty-hour limits, and flexibility in scheduling.

Additionally, we recommend that student-parents should be considered for special accommodations for the residency interview process. Some student-parents might be unable to travel or to be away from home on a given day; greater flexibility regarding distance-interviews, including the use of phone and video devices, as well as greater flexibility in timing, can make the process more accessible.

Lastly, each medical school should clearly communicate a strong policy supporting the rights of pregnant students regarding accommodations and the right to refuse work that may harm their pregnancy or their health. Such policies should be regularly communicated to faculty, clerks and elective students.

POLICY AREA: Medical student affairs

ACCOUNTABILITY STATEMENT: National Officer of Sexual and Reproductive Health, VP Student Affairs

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APPENDIX 1

Policies for Pregnancy and Parental Leaves of Absences and Accommodations

Non-italicized text: Information summarized from published sources

Italicized text: Information summarized from contacting student affair offices/personnel

Memorial University of Newfoundland	<p>Parental Leave</p> <ul style="list-style-type: none"> Pregnant students may obtain 8 weeks of leave pre-partum and up to 52 weeks post-partum. <p>Accommodations</p> <ul style="list-style-type: none"> <i>There are no accommodations made for student-parents at our school. Each case is handled individually between the student and the Undergraduate Medical Education (UGME) office.</i> Memorial University of Newfoundland UME Student Handbook, ‘Parental Leave’ Section¹ Individual consultation with UGME office and MD program staff.
Dalhousie University	<p>Parental Leave</p> <ul style="list-style-type: none"> Requests for a parental leave of absence is granted by the site specific (NB or NS) Assistant Dean/Director, Student Affairs in consultation with the site specific Associate Dean, UGME for up to 1 year with possibility to extend. Students must complete graduate from the MD program 7 years after its commencement. <i>Possible to take multiple parental leaves of absence as long as program is completed with 7 years after initiation.</i> <p>Accommodations</p> <ul style="list-style-type: none"> <i>No specific space or infrastructure for children in core medicine campus, but there are a few quiet and private rooms students may use with their child in between classes or tutorials.</i> <i>Breastfeeding is actively promoted in hospitals and on campus – no formal barriers to breastfeeding. A private breastfeeding room exists in maternal-pediatric facility.</i> <i>Presentation of individual concerns and circumstances through the Student Affairs office may allow for modification of clerkship track and locations.</i> <i>Financial aid often provided to parents based on review of needs based application.</i> Dalhousie University, Faculty of Medicine ‘Clerkship Short and Long-Term Leave of Absence Protocol’, 2015² Dalhousie University, Faculty of Medicine ‘Pre-Clerkship Short Term Leave / Leave of Absence Protocol’, 2015³ Student Affairs office should be first point of contact for students interested in parental leave.
McGill University	<p>Parental Leave</p> <ul style="list-style-type: none"> Parenthood/Adoption: In addition to the short-term leave (0.5-5 days) at the time of birth/reception of a new child, a leave may be granted for up to one year for parenthood/adoption. Medium term leaves (6 days – 8 weeks) may result in delayed graduation, long term leave (>8 weeks) will always result in delay of graduation. Should the student request a prolongation beyond one year, the MDCM Program reserves the right to require medical documentation from the student’s or child’s physician. Student must make request for leave of absence 84 days prior to the expected date on which the leave is to begin. Quebec students using Aide financière aux études in Quebec may be able to postpone repayment of any existing student loans during their parental leaves while in school. <ul style="list-style-type: none"> Pregnancy: Maximum duration of postponement is 12 months, starting on the first day of the month following that in which you reached your 20th week of pregnancy Birth or adoption of a child: Maximum duration of postponement is 8 months, starting on the first day of the month following the birth or adoption of your child. Each parent need to fill out separate forms if both wish to take advantage of this measure <p>Accommodations</p> <ul style="list-style-type: none"> Breastfeeding/pump room and changing table in WELL office, as well as all major teaching centers in Montreal and in rural settings. Safety precautions for learners include ventilation masks in gross anatomy (with potential financial aid to offset costs), with accommodations during clinical rotations such as on-call restrictions in 3rd trimester for pregnant students. <i>Where possible breastfeeding mothers are placed at sites that are within daily driving distance from their residence.</i> <ul style="list-style-type: none"> McGill Faculty of Medicine, Absences and Leaves Policy, 2017⁴ McGill Faculty of Medicine, Accommodation of Pregnancy and Acute Loss of an Immediate Family Member Guidelines, 2016⁵ Temporary Interruption of Your Studies, Éducation et Enseignement supérieur Québec, 2017⁶ The WELL office is the point of contact for students considering or are pregnant.
University of Ottawa	<p>Parental Leave</p> <ul style="list-style-type: none"> Maximum of 6 weeks of parental leave, no impact on graduation if all academic requirements are fulfilled. Taking leave greater than 6 weeks will incur delay in graduation.

	<p>Accommodations</p> <ul style="list-style-type: none"> • In Core rotations, Faculty will follow PARO guidelines for call schedule: “in no event will a [learner] be scheduled or required to participate in on call duty after thirty-one (31) weeks gestation unless otherwise agreed to by the [learner]”. • Accommodations can be requested through the Student Accommodation Committee with regards to any aspect of the curriculum (classrooms, exams, OSCEs, clinical rotations). • No specific rooms for breastfeeding but special reservation can be made upon student request. • During extended parental leave (i.e. 1 year or more) financial aid is suspended, but students can apply for emergency funds through the Student Affairs Office.
	<ul style="list-style-type: none"> • UOttawa: Undergraduate Medical Education Regulations and Student Guide 2016-2017⁷ • Professional Association of Residents of Ontario: PARO-CAHO Agreement 2013-2016, Attachment 3 ‘Workload during Pregnancy’⁸ • Individual meeting with Academic Advisor and/or the Student Affairs Office for further information.
Queen's University	<p>Parental Leave</p> <ul style="list-style-type: none"> • May request time off if student or their partner has a child during medical school. • No leaves of absence during Phase I to IIIE inclusive, particularly for clinical skills course. • During Phase III, 4 weeks of parental leave may be granted. Clerkship schedule will be arranged so that the leave is taken during elective block. Greater length of leave from medical studies may be taken and makeup rotations will be necessary. <p>Accommodations</p> <ul style="list-style-type: none"> • <i>Breastfeeding room in the Clinical Teaching Center in medical school and at Kingston General Hospital (none at Hotel Dieu Hospital). Official breastfeeding room in school of nursing (near the New Medical Building).</i> • <i>Daycare adjacent to Queen's campus (may have waitlist, no preference for medical students), daycare next to Hotel Dieu Hospital (preference for employees and medical students).</i> • <i>Preference of clerkship sites given for most rotations in Kingston or commutable areas.</i>
	<ul style="list-style-type: none"> • ‘Regulations and Policies’ section of Queen’s Undergraduate Medical Education website⁹ • Individual consultations with year directors and the Associate Dean of Medicine.
University of Toronto	<p>Parental Leave</p> <ul style="list-style-type: none"> • No leave of absence policies specific to pregnancy/parental leave. • A leave of absence from MD program can be taken for personal reasons: maximum of 1 full academic year. Impact on graduation not stated. <p>Accommodations</p> <ul style="list-style-type: none"> • <i>Breastfeeding rooms in Medical Sciences Building and in some clinical teaching sites.</i> • <i>Daycare grants available for undergraduate students at U of T (not medicine specific).</i> • <i>U of T Family Care Office has resources, events, seminars, groups for students with children (not medicine specific).</i> • <i>Listserv for student-parents in UME being set up (not yet ready).</i>
	<ul style="list-style-type: none"> • Regulations and guidelines for leaves of absence from the MD program, 2016¹⁰ • Individual meetings/consultations (Office of Health Professionals and Student Affairs via meetings with faculty or staff).
McMaster University	<p>Parental Leave</p> <ul style="list-style-type: none"> • Given maximum of 6 weeks if wish to stay in their present graduating year. • Greater length of leave will be 12 months and will graduate with subsequent class. • Must make up clinical and academic work missed to meet minimum requirements. <p>Accommodations</p> <ul style="list-style-type: none"> • School will alter academic program where necessary and feasible to protect health of pregnant student and her fetus, for example, less physical demanding clerkship rotations in 3rd trimester. May need to take 12 month leave of absence if accommodations cannot be granted. • With permission of the tutor/attending physician/clerkship coordinator, pregnant students may be released from class or clerkship for supervision by obstetrician (missed time to be made up) and may have reduction in workload (such as on-call duties). • Clinical supervisors must honour students’ request to avoid patients investigated for possible infectious diseases or settings (i.e. radiology areas, if appropriate shielding is not available) that may be harmful to the pregnant student and her fetus. • <i>Assurance by faculty that needs to pump during clinical activities/mandatory sessions will be accommodated and respected.</i> • <i>Faculty willing to consider accommodations if student were assigned more physically intensive rotation right after delivery.</i> • <i>Preference of clerkship sites (close to home) is not the norm.</i>
	<ul style="list-style-type: none"> • Online policy ‘Leave of Absence – Maternity/Paternity’¹¹ • Individual consultation with Student affairs office and MD program staff.
University of Western Ontario	<p>Parental Leave</p> <ul style="list-style-type: none"> • Students encouraged to take full year of pregnancy/parental leave during pre-clerkship and clerkship studies with re-entry into curriculum where they left off.

	<ul style="list-style-type: none"> Clerkship students (year 3 and 4) may take up to 4 weeks of pregnancy/parental leave with no delay in graduation date if clinical duties missed during the 4 weeks are made up. <p>Accommodations</p> <ul style="list-style-type: none"> Learner Equity and Wellness Services states it ‘provides progressive support services for students and residents, acknowledging the need for special arrangements to be made during the educational program for the purpose of pregnancy and parental leave’. <i>Small private meeting room with locked door in Learner Equity and Wellness Services can be used for breastfeeding.</i> <i>Western students have priority with campus daycare facilities.</i> <i>Accommodations can be made upon request for students who may require flexibility during clerkship due to childcare responsibilities (i.e. locations not requiring overnight or long commute).</i> Western UME ‘Pregnancy and Parental Leave’ policy, last revised 2014¹² Individual consultations with the Learner Equity and Wellness Services Office.
NOSM (Laurentian/ Lakehead University)	<p>Parental Leave</p> <ul style="list-style-type: none"> Up to 3 weeks absence immediately postpartum, responsible for missed portion of curriculum. Greater length of parental leave requests may be approved by MD program. <p>Accommodations</p> <ul style="list-style-type: none"> With permission of attending physician of pregnant student, reduction in workload may be granted to the extent deemed necessary by attending physician including elimination of on-call duty. Pregnant students not required to participate in on-call duty after 31 weeks gestation. <i>May request clerkship placement sites closer to Thunder bay or Sudbury - not guaranteed to be granted.</i> <i>Childcare facility on Lakehead campus (after hours care until 10pm) and Laurentian university (may have waitlists at both facilities).</i> <i>Learner Affairs will ensure appropriate private space is available at learning sites for breastfeeding or pumping milk. If required, arrangements to accommodate remote learning while breastfeeding will be made.</i> Policies available on NOSM’s intranet (accessible to medical trainees only)¹³ Specific accommodations are made on individualized basis in consultation with Learner Affairs.
University of Manitoba	<p>Parental Leave</p> <ul style="list-style-type: none"> Parental leave of absence is granted on case by case basis in consultation with the Associate Dean of Student Affairs. If missed educational content in a course or clerkship cannot be made up prior to course end-date, students will receive grade of incomplete until coursework is completed. Pre-clerkship students returning from a leave of absence will join beginning of next respective class. <p>Accommodations</p> <ul style="list-style-type: none"> <i>There are breastfeeding rooms within the university and hospitals.</i> <i>The assistant Dean has helped secure daycare arrangements for medical students in the past.</i> <i>Preference of clerkship sites is given to student-parents.</i> <ul style="list-style-type: none"> University of Manitoba UGME Leave of Absence Policy, 2015¹⁴ Specific arrangements and accommodations are discussed with the Associate Dean of Student Affairs on an individual basis.
University of Saskatchewan	<p>Parental Leave</p> <ul style="list-style-type: none"> Students have the right to apply for a leave of absence (of unspecified length) for various reasons including parental leave. The request should be made 30 days prior to requested start date for leave when possible. Students may need to repeat portions of the program if length of absence exceeds reasonable expectation for retaining required clinical skills or to effectively make up materials missed during leave. <p>Accommodations</p> <ul style="list-style-type: none"> Student affairs office could not be reached for additional comments. University of Saskatchewan, College of Medicine ‘Leave of Absence Policy’, 2016¹⁵
University of Alberta	<p>Parental Leave</p> <ul style="list-style-type: none"> Students are granted up to 2 weeks of leave automatically with the expectation that they will complete all learning requirements. If requiring extended leave, students may apply for additional leave of up to 1 year. <p>Accommodations</p> <ul style="list-style-type: none"> <i>Accommodations are provided on a case-by-case basis.</i> University of Alberta UME ‘Undergraduate Medical Education Absence’ policy, last revised 2015¹⁶ Individual meetings with Assistant Dean, Academic.

University of Calgary (Cumming School of Medicine)	<p>Parental Leave</p> <ul style="list-style-type: none"> Maternity leave for up to 1 year, paternity leave up to 6 months. In preclerkship years, students returning from parental leave will be scheduled to join beginning of next respective class or at beginning of the relevant course Year 3 medical students leaving for longer than 2 weeks will meet with Program Supervisor to develop proposed scheduled plan for return (based on availability of rotation) <p>Accommodations</p> <ul style="list-style-type: none"> <i>Accommodations are provided on a case-by-case basis.</i> University of Calgary UME ‘Leave of Absence/Time Away (Medical Students)’ policy, last revised 2016¹⁷ Individual consultation with the Assistant Dean, UME or designate.
University of British Columbia	<p>Parental Leave</p> <ul style="list-style-type: none"> Maximum duration of leave granted to students for the birth or adoption of a child is typically 1 year up to a maximum of 2 years. More than 4 weeks of absence will require a formal parental leave of absence and will usually delay graduation (less than 4 weeks’ absence will not). Leave of absence must be approved by the site Regional Associate Dean (RAD) or site Assistant Dean, MD Undergraduate Education as designate. The student and the curricular faculty and the Office of Student affairs generate a tentative leave plan indicating the dates, duration, learning activities that will be missed and how the students plans to meet the learning objectives for those activities. <p>Accommodations</p> <ul style="list-style-type: none"> <i>Students work directly with Student Affairs Deans to accommodate on an individual basis.</i> University of British Columbia Undergraduate Medical Education, ‘Policy and Procedure’, last reviewed 2015¹⁸ Individual meeting with site Associate/Assistant Dean and/or Office of Student Affairs.

¹ <http://www.med.mun.ca/StudentHandbook/Expectations/Leave-Requests/Parental-Leave.aspx>

² https://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/undergrad/Clerkship%20Leave%20Protocol_2015-10-22%20-%20APPROVED%20by%20UMECC.pdf

³ https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwjI26mE0vLUAhXoyVQKHUSGAz4FgqqMAE&url=https%3A%2F%2Fmedicine.dal.ca%2Fcontent%2Fdam%2Fdalhousie%2Fpdf%2Ffaculty%2Fmedicine%2Fdepartments%2Fcore-units%2Fundergrad%2FPre%2520Clerkship%2520Leave%2520Protocol_Approved%2520by%2520UMECC.pdf&usg=AFQjCNHZHBL47D1dyswIGorQc-1X4FYTkA

⁴ <https://www.mcgill.ca/ugme/academic-policies/absences-and-leaves>

⁵ http://www.mcgill.ca/ugme/files/ugme/guidelines_pregnancy_and_acute_loss_of_an_immediate_family_member_nov_23_2016.pdf

⁶ <http://www.afe.gouv.qc.ca/en/loans-and-bursariesfull-time-studies/loans-and-bursaries-program/temporary-interruption-of-your-studies/>

⁷ https://med.uottawa.ca/undergraduate/sites/med.uottawa.ca.undergraduate/files/ugme_faculty_of_medicine_regulations_and_student_guide_2016_2017_en_version_july_2016.pdf

⁸ http://www.myparo.ca/Contract/PARO-CAHO_Agreement#Attachment%203

⁹ <http://meds.queensu.ca/undergraduate/policies>

¹⁰ http://www.md.utoronto.ca/sites/default/files/Regulations%20and%20guidelines%20for%20leaves%20of%20absence%20from%20the%20MD%20program_2016-07-14.pdf

¹¹ http://mdprogram.mcmaster.ca/docs/default-source/general-resources-page/attendance-and-absence/leave_of_absence_maternity_paternity.pdf?sfvrsn=4

¹² <http://www.westerncalendar.uwo.ca/Archive/2014/2014/pg546.html>

¹³ Please contact NOSM office directly for a copy of internal document

¹⁴ http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Leave_of_Absence.pdf

¹⁵ <https://d1pbog36rugm0t.cloudfront.net/-/media/medicine/ume/policy/absence-policy.pdf>

¹⁶ <http://vp.ucalgary.ca/images/policies/Leave%20of%20Absence%20Time%20Away%20-%20UMEApprovedSeptember232016.pdf>

¹⁷ Saskatchewan: <https://medicine.usask.ca/policies/md-program-leave-of-absence-policy.php#Introduction>

¹⁸ <https://mednet.med.ubc.ca/AboutUs/PoliciesAndGuidelines/Policies%20Guidelines/Leave%20of%20Absence%20Policy.pdf>