

# Baystate Medical Center Midwifery Education Program

## Student Handbook

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8/2020: 8/2021

Baystate Medical Center  
Division of Midwifery and Community Health  
Midwifery Education Program  
Springfield, MA

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## INTRODUCTION

The Baystate Medical Center Midwifery Education Program has been granted accreditation status by the Accreditation Commission for Midwifery Education. The Midwifery Education Program is located at Baystate Medical Center in the Division of Midwifery, Department of Obstetrics and Gynecology.

Baystate Medical Center is the regional campus for the University of Massachusetts Medical School and has had a long standing commitment to educating health professionals. With its many resources, Baystate is recognized for its excellence as a teaching institution.

Midwives have practiced at Baystate since 1980. Baystate Midwifery & Women's Health, established in 1984, is the faculty practice of the Midwifery Education Program. This clinical service within the Department of Obstetrics and Gynecology's Division of Midwifery, employs 11 full time equivalent CNMs who provide primary midwifery care at eight sites to patients of all ages and ethnic backgrounds. Most of the student midwives' clinical experience will occur within Baystate Midwifery & Women's Health. There are several other Midwifery Services which may be used as clinical sites for students during the Integration experience.

Located in an academic medical center, the Baystate Midwifery Education Program offers unique experiences in interprofessional education. Student midwives and Ob/Gyn resident physicians in training experience shared learning experiences around overlapping content and learn the concepts of interdisciplinary collaborative practice

Through collaboration with the Institute of Midwifery of Thomas Jefferson University, the Baystate Medical Center Midwifery Education Program students complete a master's degree study via distance learning concurrently with the midwifery curriculum. On completion of both the Midwifery Education Program and the master's degree courses, graduates will have earned a Certificate in Nurse-Midwifery from Baystate Medical Center Midwifery Education Program and a Master's of Science degree from Thomas Jefferson University. Students entering the Baystate program with a graduate degree will compete the Baystate Center Midwifery Education Program and earn a Certificate in Nurse-Midwifery.

## **PHILOSOPHY**

The faculty and staff of the Division of Midwifery and Community Health, in congruence with the philosophy of University of Massachusetts Medical School, believe that formal education represents only a part of the learning continuum, and that the primary aim of midwifery education is to provide an experience that will enable students to become caring, knowledgeable, and competent clinicians. The curriculum is designed to be challenging and to stimulate active learning, logical analysis, and critical thinking, rather than rote learning. While the faculty provide educational opportunities, the student is responsible for their own education and learning both while in school and after graduation. The faculty and staff believe students learn best in an environment that recognizes individual strengths; motivates; and fosters individual growth and self-confidence. We honor midwifery's long history caring for diverse and marginalized populations and strive to educate midwives who will continue this commitment. We recognize diversity and inclusion in midwifery education is necessary for effectively addressing the needs all communities.

In addition, we adhere to the mission of Baystate Health to improve the health of the people in our communities every day with quality and compassion.

The faculty and staff also embrace the Philosophy of the American College of Nurse-Midwives.

### **Philosophy of the American College of Nurse-Midwives**

We, the midwives of the American College of Nurse-Midwives, affirm the power and strength of women and the importance of their health in the well-being of families, communities and nations. We believe in the basic human rights of all persons, recognizing that women often incur an undue burden of risk when these rights are violated.

We believe every person has a right to:

- Equitable, ethical, accessible quality health care that promotes healing and health
- Health care that respects human dignity, individuality and diversity among groups
- Complete and accurate information to make informed health care decisions
- Self-determination and active participation in health care decisions
- Involvement of a woman's designated family members, to the extent desired, in all health care experiences.

We believe the best model of health care for a woman and her family:

- Promotes a continuous and compassionate partnership
- Acknowledges a person's life experiences and knowledge
- Includes individualized methods of care and healing guided by the best evidence available
- Involves therapeutic use of human presence and skillful communication.

We honor the normalcy of women's lifecycle events. We believe in:

- Watchful waiting and non-intervention in normal processes
- Appropriate use of interventions and technology for current or potential health problems
- Consultation, collaboration and referral with other members of the health care team as needed to provide optimal health care

We affirm that midwifery care incorporates these qualities and that women's health care needs are well-served through midwifery care.

Finally, we value formal education, lifelong individual learning, and the development and application of research to guide ethical and competent midwifery practice. These beliefs and values provide the foundation for commitment to individual and collective leadership at the community, state, national and international level to improve the health of women and their families worldwide.

\*Midwifery as used throughout this document refers to the education and practice of certified midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Midwives (ACNM) or American Midwifery Certification Board (AMCB).

## **PURPOSE**

The purpose of the Program is to prepare competent clinicians who:

1. are eligible to take the American Midwifery Certification Board, Inc. (AMCB) examination.
2. are committed to providing equitable care with a particular emphasis on meeting the health care needs of marginalized communities.
3. will promote health equity through practice and involvement in community and professional activities.

## **PROGRAM OBJECTIVES**

A graduate of the Program will be able to:

1. Utilize a family-centered approach in accordance with the Management Framework Process, Principles and Skills to:
  - a. Manage the primary, reproductive and gynecologic health care of essentially healthy patients;
  - b. Collaboratively manage the primary, reproductive and gynecologic health care of patients with obstetrical, gynecological or medical complications;
  - c. Manage the care of the normal newborn;
2. Provide relevant patient education to foster health promotion and disease prevention in an understandable and culturally appropriate format;
3. Assume responsibility for their own professional growth and for fostering the professional growth of other midwives;
4. Work effectively with diverse populations
5. Work to reduce health disparities.
6. Develop and evaluate midwifery services targeted to improve health care.

Developed: 1991 Revised: 1992, 1994, 1997, 1998, 2003, 2005, 2006, 2007, Reviewed 2009, 2012, 2014, 2015; 2016; 2018; 2020; 2021

## **PROGRAM GOALS**

Goals:

1. Utilize a variety of teaching methods to fully engage learners
2. Utilize a variety of evaluation methods to assess student learning.
3. Recruit a diverse group of students
4. Recruit and develop exceptional, diverse, faculty and preceptors
5. Promote scholarly activity among faculty
6. Promote excellence in clinical care among faculty
7. Develop excellence in evidence based clinical care among students.
8. Ensure fiscal stability
9. Maintain 100% pass rate on AMCB certification exam for all graduates



## **DEDICATION TO RACIAL EQUITY AND ADDRESSING HEALTH DISPARITIES**

The Baystate Midwifery Education Program is committed to standing up against racism and discrimination. We are committed to providing an environment in which all students are respected for the individual differences and varied backgrounds they bring to their education. We welcome students regardless of their race, ethnicity, gender identity, gender expression, sexual orientation, language preference, religious belief or immigration status. We are also committed to fostering a culture of equity, inclusion, sensitivity, humility, support and respect for all students, faculty, staff, and clients and their families. Racism, sexism, homophobia, transphobia and xenophobia have no place in our education program or in the larger community of Baystate Medical Center. There will be opportunities throughout the program to engage in education on the topics of racism, bias, and its detrimental effects on maternal health. Baystate Midwifery Education Program is part of a the larger Baystate Health community and working together we can decrease disparities in the lives of our clients, co-workers and colleagues of color.

## **COURSE OF STUDY**

The following courses will be mastered by all students prior to graduation.

### **MEP 01: ADVANCED HEALTH ASSESSMENT (3 credits)**

- Develops the knowledge and skills necessary to perform health assessments of women and those seeking midwifery care.
- Includes principles of teaching, counseling, and adult education using a shared decision making model.
- Integrates cultural safety in all care encounters.

### **MEP 02: FOUNDATIONS IN AMBULATORY MIDWIFERY (3 credits)**

- Provides the basic knowledge and clinical skills to manage the care of healthy women and persons seeking midwifery care in the outpatient setting.
- The care of women with essentially normal pregnancies and gynecologic needs from the menarchal through postmenopausal periods are included, using a holistic, family-centered approach.
- Care of patients includes care of transgender and gender non-conforming patients.

### **MEP 03: PRIMARY CARE IN MIDWIFERY (1 credit)**

- Focuses on the common health problems of women and those seeking midwifery care using health promotion, disease prevention, and health education.
- Complementary content is included in Foundation in Ambulatory Midwifery and Advanced Ambulatory Midwifery courses.

### **MEP 04: PHARMACOLOGY (3 credits)**

- Addresses principles of pharmaco-therapeutic management in midwifery care.

### **MEP: 05 ADVANCED PHYSIOLOGY/PATHOPHYSIOLOGY I, II and III (4 credits)**

- Expands on the basic physiology and pathophysiology of the common health conditions and diseases midwives screen for, diagnose, manage and co-manage
- Provides the physiologic framework for the Midwifery Management Process, and is the basis of developing knowledge of treatment and management options

### **MEP 06: ADVANCED AMBULATORY MIDWIFERY (3 credits)**

- Builds on the Foundations in Ambulatory Midwifery content to include screening for and treatment of gynecologic problems, and common variations of normal encountered in pregnancy through complex antepartum complications.
- Independent and collaborative management options are presented and explored

MEP 08: INTRAPARTUM MIDWIFERY MANAGEMENT (7 credits over 2 semesters)

-Focuses on the management of care during physiologic childbearing including the development of clinical judgment and decision making. The course progresses from concepts of physiologic birth and its variations through management of intra-partum complications.

MEP 07: MIDWIFERY IN THE COMMUNITY: PROFESSIONAL ISSUES AND COMMUNITY HEALTH (2.0 credits)

-Explores the historical and current development of the role and responsibilities of the certified nurse-midwife/midwife

-Reviews midwifery and maternal and child health programs; the incorporation of research into practices; evaluation of community health indicators; and legislative issues affecting midwifery

-Emphasis is placed on the understanding of the social determinants of health to provide high-quality, equitable care.

MEP 09: POSTPARTUM AND NEWBORN CARE (4 credits over 2 semesters)

-Presents management of care, support and education needs during the postpartum period and in normal newborn including the integration of the parent/baby dyad into the family.

MEP 10: INTEGRATION OF MIDWIFERY PRACTICE (9 credits)

-Full time clinical experience which synthesizes all learning within the curriculum, emphasizing refinement of skills, management, decision making and self-evaluation.

MEP 11: INTERPROFESSIONAL EDUCATION (IPE) (1 credit)

-Interprofessional learning experiences with resident physicians training in obstetrics and gynecology provide concepts in team based and collaborative care, and prepare learners for interprofessional practice.

## THE MODULAR CURRICULUM

The Midwifery Education Program is based on a modified mastery learning curriculum. The Midwifery Management process serves as the basic framework for this curriculum which: (1) builds on existing knowledge and skills; (2) provides midwifery theory and practice; and (3) incorporates selected obstetrical, gynecological and neonatal theory and skills to enhance the ability of the individual to provide management of primary care for women, people seeking midwifery care, and newborns. Emphasis is placed on the ability of the student to utilize a culturally sensitive, family-centered approach to patient care. The curriculum is consistent with the current Core Competencies for Basic Midwifery Practice as outlined by the American College of Nurse-Midwives.

([https://www.midwife.org/acnm/files/acnmldata/uploadfilename/000000000050/ACNMCoreCompetenciesMar2020\\_final.pdf](https://www.midwife.org/acnm/files/acnmldata/uploadfilename/000000000050/ACNMCoreCompetenciesMar2020_final.pdf))

Within a mastery learning curriculum, theoretical and clinical objectives are specified. Each course module contains learning objectives which are organized into units of study and arranged in a logical sequence, with each unit serving as a necessary building block. Principles of adult learning apply to the process of progressing through the modular curriculum. Students are considered responsible individuals who can identify, articulate and meet their learning needs. Self-direction and realistic self-evaluation are critical to achievement and serve as a necessary foundation for learning as a life-long process. Faculty serve as resources in assisting students to meet learning needs and objectives. At the onset, students are informed of learning expectations, evaluation and the criteria utilized to evaluate the level of proficiency expected. Seminar, conference and case management learning experiences replace traditional classroom lectures. Selected lectures are provided by department-wide faculty and guests when appropriate to meeting learning needs and program objectives.

The Advanced Health Assessment of Women (AHA), Foundations (FAM) and Advanced Ambulatory Midwifery (AAM), Intrapartum (IP), Post-Partum and Newborn Care (PP/NB) and Integration course modules are organized to facilitate student learning experiences in the clinical setting. Specific laboratory and/or clinical practice experiences are planned to closely correlate with the content of each course. This related subject and practice content grouped together in a self contained unit of learning provide students with the opportunity to master theory and practice more easily and utilize their most effective learning patterns. Advanced Physiology/Pathophysiology content is included within these course modules. All clinical practice experiences are closely supervised by midwifery faculty. Students must demonstrate mastery of the clinical objectives stated in each course to the faculty. Theoretical evaluation is accomplished through written examination.

The Pharmacology, Midwifery in the Community: Professional Issues and Community Health, and Primary Care courses occur concurrently with courses described above, since their content both in theory and practice are needed throughout the clinical practice of midwifery.

Interprofessional Education is a unique attribute of the Baystate Midwifery Education Program. The one credit course is supported by shared learning opportunities with the OB/GYN residents throughout the program.

The Program, 5 semesters in length, provides for an intensive development of skills and knowledge to manage comprehensive health care services for patients, newborns and families. **During the second through fifth semesters, students who do not already hold a graduate degree in a health related field will also enroll in one 3 credit masters course each semester via distance learning through The Institute of Midwifery at Thomas Jefferson University.**

A student will be eligible for graduation from the Baystate Medical Center Midwifery Education Program after successfully completing the clinical and theoretical requirements of the program. Graduates of the program are

awarded a Certificate in Nurse-Midwifery and are eligible to take the Certification Examination of the American Midwifery Certification Board, Inc (AMCB) once a graduate degree has been conferred. Students who complete the courses required by Jefferson University collaboration will earn the degree of Masters of Science in Midwifery from Thomas Jefferson University.

## STUDENT POLICIES AND PROCEDURES

These student policies are in addition to and in concert with the general student policies of Baystate Medical Center.

### I. Progression through Courses

- A. Evaluation: Based on achieving goals set for the Program. Program goals are reflected through course theoretical and clinical objectives. Each course module has specified requirements for meeting objectives, which faculty will provide during the module orientation. All theoretical and clinical objectives must be successfully completed before a student can complete the Program.
- B. Program Length: The length of time for completion of the Midwifery Education Program is five (5) consecutive semesters. Students are required to complete this Program within the specified time frame. The faculty is committed to facilitating the efforts of each student to achieve the program objectives and complete all requirements within the allocated time framework.
- C. Progress through the Courses: Each course has an accompanying module that outlines learning objectives and provides references for achievement of learning goals. Upon entry into a course, the students will be oriented by the course coordinator. Expectations of and progression through individual course modules will be discussed. Students must complete coursework within the maximum time limits specified by the Master Schedule. In clinical courses, each student will have periodic meetings and review with the course coordinator. Mastery of both clinical and theoretical objectives must take place before the end of each course.
- D. Sequence of Courses: Students are required to complete courses in the sequence described on the next two pages.

A schedule which includes vacations, holidays, the ACNM annual meeting, and specific dates for each module will be distributed during orientation and is available on the student Google Drive.

- E. Additional learning opportunities: Students are welcome at numerous regularly held educational opportunities available to the Baystate Health community. All are accessible by remote attendance.

OB Ground Rounds: 2<sup>nd</sup>-5<sup>th</sup> Thursdays, 8:00-9:00 am  
OB Case Reviews: 1<sup>st</sup> and 3<sup>rd</sup> Tuesdays, 7:30-8:30 am  
MFM Rounds: Thursdays, 12:00-1:00 pm  
APP Grand Rounds: 3<sup>rd</sup> Thursdays, 12:00-1:00 pm

## **Academic Calendar for 5 semester curriculum**

### **Fall 1 Semester**

15 weeks

Begin Tuesday after Labor Day

Thanksgiving, Friday after Thanksgiving off

Finals week 15

3-4 wk off between fall and spring semester to work, do extra clinical, etc

### **Spring 1 Semester**

15 weeks

Begin week before MLK Day

One week vacation in March

Finals week 15

2-3 wk off between spring and summer semester

### **Summer Semester**

12 weeks

Begins the Tuesday after Memorial Day

Attendance at ACNM National Meeting: May 22-26, 2022

Finals week 12

2-3 wk off between summer and fall semester

### **Fall 2 Semester**

15 weeks

Begin Tuesday after Labor Day

Thanksgiving, Friday after Thanksgiving off

Final week 15

3-4 wk off between fall and spring semester

### **Spring 2 Semester**

16 weeks

Integration

Graduation 1<sup>st</sup> week of May (May 6, 2022)

**NOTE: Jefferson University has slightly different semester start and completion dates**

**BAYSTATE MEDICAL CENTER MIDWIFERY EDUCATION PROGRAM**  
**MIDWIFERY/MASTERS DEGREE COLLABORATION**  
 Effective Fall, 2020

Baystate Medical Center Midwifery Education Program Tuition: \$4,250/semester, \$21,250 total for the program

	Fall	Spring	Summer	Fall	Spring
<b>Master's Courses</b>		Health Policy (3)	Elective: Opt for one (3) -Intro to Clinical Admin. -Intro to Teaching Methods -Reproductive Health in Developing Nations	Theoretical Foundations of Midwifery (3)	Evidence-Based Care: Evaluation of Research (3)
<b>Baystate Clinical</b>	Advanced Health Assessment (3) Foundations in Ambulatory Midwifery (3) Primary Care (1) Advanced Pathophysiology I (1)	Advanced Ambulatory Midwifery (3) Advanced Pathophysiology II (1)	Intrapartum, (4) Postpartum/ Newborn (2)	Intrapartum Complications (3) Postpartum/ Newborn Complications (1) Advanced Pathophysiology III (2)	Integration (8)
<b>Baystate Support</b>	Pharmacology I (2)	Pharmacology II (.5) Professional Issues and Community Health (2)	Pharmacology III (.5)	Integration (1) Interprofessional Education (1)	
<b>Clinical experiences</b>	½ day ambulatory clinical weekly weeks 8-15	2 x ½ day ambulatory clinical weekly	2 x 12 hour L&D shifts weekly, additional ½ day clinical experiences	2 x 12 hour L&D shifts weekly, additional ½ day clinical experiences	Full time clinical CNM schedule
<b>CREDITS</b>					<b>TOTAL CREDITS</b>
<b>BMED</b>	<b>10</b>	<b>6.5</b>	<b>6.5</b>	<b>9</b>	<b>8      39</b>
<b>Masters</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3      12</b>
<b>Total</b>	<b>10</b>	<b>9.5</b>	<b>9.5</b>	<b>11</b>	<b>11      51</b>

Jefferson University tuition \$1,039/credit, \$12,468 total for the program



## II. Assessment of Progress/Evaluation

### A. Theoretical Objectives

Faculty-constructed written examinations and other required assignments will be used to determine achievement of the theoretical objectives. Clinical objectives must be mastered before the end of each course. Specific dates for all exams and assignments will be announced at the beginning of each course. The examinations must be taken in-house in a designated classroom and will be proctored. Exams may be time limited. It is expected that the student's completed work will be organized, legible and grammatically correct. The Program Exam Policy is appended as Attachment A. The Distribution of Grades Policy is appended as Attachment B.

The student will be required to achieve a score of no less than 80% on all examinations to demonstrate successful completion of the theoretical objectives. If the student scores less than 80% on an examination in a course, one written retake examination may be administered. A score of 80% will be recorded for any retake examination if the student successfully passes that examination.

Failure to achieve a score of 80% or greater on the **retake** of any examination may result in a failing grade for the module and inability to continue in the program. A final grade of 80% for each course is required to continue in the Program.

Students who fail two exams in the Program will require review by the Program Director to determine the student's ability to continue in the Program. A mutually agreed upon learning plan will be instituted at that time. Failure of a third exam will result in inability to continue in the Program.

Students will have the opportunity to discuss their exam results with the course coordinator.

During the Integration Course, all students must successfully complete a four hour written comprehensive examination with a minimum grade of 80%.

### B. Clinical Objectives

The courses with a clinical component include Foundation in Ambulatory Midwifery and Advanced Pathophysiology, Advanced Ambulatory Midwifery and Advanced Pathophysiology, Intrapartum and Advanced Pathophysiology, Postpartum and Newborn Care and Advanced Pathophysiology, and Integration. Clinical progress is reviewed with the clinical faculty during pre-conference before a clinical session and post-conference upon completion of a clinical session. The Clinical Performance Evaluation form is to be used for each clinical experience throughout a clinical course to monitor students' progress toward the acquisition of the course clinical goals. The student will maintain a single Clinical Evaluation form and statistics tool for each class. The Clinical Evaluation Tool is reviewed at each faculty meeting.

The performance code for the behavioral objectives that comprise the clinical evaluation is as follows:

**NA** - Not observed and/or unnecessary to include.

- 1- Unsafe/Unsatisfactory.** Commits/omits behaviors that place in danger or harm the client. Omits important aspects of the management process. Unprofessional attitude, inadequate theory base or inappropriate initiative.
- 2- Marginal/minimal competence.** Performs safely under close supervision, requires frequent verbal and physical cues. Some omissions in theory, assessment, clinical or communication skills
- 3- Beginning level of practice requires close supervision with fewer cues.** Demonstrates appropriate knowledge base, obtains essential information. Can begin to make differential diagnoses and discuss management plans.
- 4- Intermediate level of practice. Needs minimal assistance and direction.** Can make differential diagnoses and give rationale for management plans. Organized, complete, good theory base.
- 5- Mastery of beginning level CNM practice.** Good grasp of role. Consults appropriately. Evaluates alternative management options. Has met clinical objectives.

The student will be responsible for completion of the self-evaluation tool, which will include self-assessment of clinical performance and a plan for continued growth in the clinical setting. Once the student has completed the Clinical Evaluation tool they give it to the faculty preceptor for that clinical experience, most commonly during a post conference session. The faculty member then reviews the evaluation, may agree with or change performance code designations and plan, and/or add comments, and the preceptor will sign the form. Any changes or additions will be discussed during post conference.

Each clinical course will also have specific clinical statistics that will be kept up to date and reviewed with the clinical preceptor following each clinical experience. All relevant clinical experiences are to be captured on the statistics tool. The statistics tool is reviewed at each faculty meeting.

Periodic assessment of progress will be performed by the course coordinator and student, and will include use of the Clinical Performance Evaluation and statistics forms. In general, these periodic assessments will occur mid-course and upon course completion. The Summation of Clinical Performance Evaluation and a clinical check-out will be used as the final evaluation of clinical performance at the completion of each clinical course. The Clinical Statistics Tool will be tallied by the student after the final clinical session for the module. The Evaluation Tool and the Clinical Statistics will be reviewed by the Course Coordinator. A summation of clinical performance will be provided by the student and reviewed by the course coordinator. Once reviewed and agreed upon by student and Course Coordinator, the summation will be signed and dated by student and faculty and placed in the Program files. Students may maintain a copy of all forms. Accurate clinical statistics will be kept by the student and reviewed by faculty preceptor and course coordinator. A running summation clinical statistics will be kept in preparation for communication with the practice site for Integration.

### C. Development of Learning Behaviors

There are a number of skills it is expected students will develop through the course of the program. These skills are necessary for successful life-long learning and are adjuncts to safe midwifery practice. They teach the student to become a midwife who will be an active part of a multidisciplinary healthcare team, participate in the professional arena, and continue to provide themselves with ongoing performance assessment. These skills will be developed in the classroom through written assignments, case presentations and topic presentations. In the clinical setting the expectation will be that each client interaction will be presented to the preceptor using standard formats.

Self-evaluation and goal setting are critical skills for professional success that will be developed during the program. Pre- and post-conference will enable the student to assess their clinical performance, identify needs and create a plan for continued development. As students progress through the clinical courses, goal setting will be emphasized culminating in goals for the first year of practice as a midwife. Students will have the opportunity to critique and receive evaluations from one another. Students will be encouraged to evaluate experiences throughout the program.

To capitalize on learning opportunities, the student will be prepared, read widely, be interactive in seminar. Students are encouraged to follow up on interesting cases and to take advantage of the many opportunities available to them at Baystate Medical Center.

### D. Learning Agreements

If a student receives the designation “1” in one or more clinical objectives, a conference is required between the Course Coordinator and the student. The substance of this conference will be documented in writing, including a mutually agreed upon plan to facilitate the efforts of the student to gain progress and achieve mastery of the objective(s). Copies will be given to the student, the Course Coordinator, Program Director, and any preceptor(s) involved. By mid-course students are expected to consistently demonstrate beginning level of practice “3” in all categories of clinical objectives. Failure to do so calls for joint development of an objective-based learning plan between student and the Course Coordinator.

Written warning of the risk of failure, including documentation of deficits, will be provided to a student who has not demonstrated appropriate progress in response to the learning plan. A performance contract which outlines an individual program of study will be planned and agreed upon by both the student and the course coordinator. Such a program must be completed within a faculty approved timeframe. This contract will be documented in writing and signed by both parties. If a student does not demonstrate mastery of the clinical objectives by the completion of the course, the student may not take the final exam, will not have completed the course, and may not continue in the Program.

#### E. Student Resources

Services are available upon request and do not require a learning plan to be in place. There are a number of opportunities available to students to support successful achievement of course objectives. Tutoring is available and can be arranged by the course coordinator. The Reference Librarian is available to assist with literature search and reference acquisition to meet assignment requirements. There are local midwives willing to act as mentors to current students.

Students are eligible for certain services available through the Employee Assistance Program. Services include behavioral health assessment, brief counseling, and consultation. (Attachment C)

#### F. Course Conference

When the Clinical Performance Evaluation and final exam have been completed, the student and the course coordinator will schedule a conference to discuss the student's summative evaluation for that course. Clinical tools must be up to date and completed with all preceptor signatures and the Summative Evaluation should be completed in preparation for the course check out conference. For some courses, seminar and preceptor evaluations will also be required.

#### G. Grading

A minimum final grade of 80% is required for all courses. Final course grades will be based on the criteria outlined in each course. Clinical performance is not graded, but course clinical objectives must be accomplished in the specified time frame. Written assignments handed in late without prior arrangement with the course coordinator will not be accepted.

Grades for each requirement will be given within one week of assignment completion. Final grades will be distributed either in writing or electronically within one week of cour. Exceptions will be discussed by individual course coordinators. Distribution of final grades is dependent on the students' completion of the course evaluation and any other required documentation.

#### H. Termination or withdrawal from the Program

If a student is terminated or withdraws from the Baystate Medical Center Certificate in Midwifery program the student automatically withdraws from the MS in Midwifery completion option at Jefferson University. Refund policies in effect at each institution will apply. A student must have a 3.0 average overall in the four master's courses to earn the MS in Midwifery. Master's courses may be repeated once to achieve the overall 3.0. A student may petition to repeat a course a third time, but must be granted approval of the Thomas Jefferson Program Director to do so.

### III. Student Responsibilities

#### A. Students are expected to:

1. Assume responsibility for their own learning.
2. Constructively evaluate their own performance and progress throughout the program.
3. Keep all records accurately, including clinical evaluation and statistics forms.
4. Initiate communication between the student body and faculty whenever there are problems that affect the group.
5. Make known to the faculty any learning and/or practice needs including suggesting seminar topics and guest speakers.
6. Contribute to the evaluation of their peers, specific courses, preceptors, seminars, learning experiences, and the total Program. The faculty acknowledges the importance of students' evaluative efforts and utilizes these when implementing Program changes. Students must recognize that the learning process includes communicating criticism effectively and taking ownership of comments made on all evaluations.
7. Contribute to the learning of classmates by sharing experiences in post-clinical conferences, actively participating in seminars, helping with clinical teaching when appropriate, and demonstrating sensitivity to the learning needs of classmates and clients.
8. Practice cell phone etiquette in clinical and classroom setting. Cell phones will be left in the clinical office during ambulatory sessions. Cell phones and personal devices are allowed in the classroom but it is the expectation of faculty that personal use of these devices will not occur during classroom activities. The student is expected to leave the classroom if urgent use is necessary. A mechanism will be provided for sharing material pertinent to subject under discussion from personal devices to the classroom video screen.
9. Take credit for only their own work and assist others in maintaining a high standard of professional ethics. Students are expected to maintain exam confidentiality and are not to share exam content with previous or subsequent classes. No student shall solicit or accept help from others on examinations. Any form of cheating or plagiarism constitutes grounds for dismissal.
10. Adhere to the Confidentiality Policy of Baystate Health Systems, Inc. (Attachment D)
11. Adhere to the Policy on Academic Integrity Baystate Medical Center Midwifery Education Program. (Attachment E)
12. Adhere to Baystate Medical Center's Social Media Policy. (Attachment F)
13. Sign a statement which documents receipt of policies. (Attachment Y)

14. Check classroom mailboxes frequently for program materials distributed in hard copy. All students will be assigned a Baystate Email. Baystate initiated announcements will arrive in this way. This email should be checked weekly. Personal emails are used for program communication. Personal email should be checked daily. Students are required to respond to email requests from Program staff assistants within 48 hours if “response required” is in the subject line. Lack of response to program emails will be reported to Program Director.
15. Text messaging for communication is acceptable in the following instances: notification of clinical preceptor, course coordinate, clinical coordinator in case of unanticipated absence from clinical or class.

B. Classroom Expectations

It is the Program expectation that students will attend all classes/seminars. Students are expected to come to seminar prepared to participate in the discussion of seminar topics. Students are expected to be on time for all classes/seminars and clinical experiences. Absence from a seminar must be discussed with the course coordinator prior to the seminar. In any instance, responsibility for content covered in classes and seminars lies with the student. If a student has an unexcused absence from a required seminar, the student may be required to complete an assignment designed by the Course Coordinator, on the seminar topic presented prior to completion of the course.

Seminars held remotely should be attended synchronously. This is a much better experience for all if cameras are engaged. Faculty understand if this is not always possible. If you will be attending without visual, please communicate with the seminar presenter.

Some assignments will require access to the medical record of a patient. Printing of the medical record is discouraged. Please refer to Attachment: for Guidelines for Student Review and Printing of Medical Records.

Missed exams will be considered a failure. A retake will be scheduled. Exceptions can be made at the discretion of the Program Director

Child care is the responsibility of the student/parents. Bringing babies or children to class is not generally accepted. Individual circumstances must be negotiated with the Course Coordinator prior to class. The parent is responsible for the behavior of the baby/child when permitted in class; but if in the opinion of the seminar presenter or Course Coordinator that the baby/child is disruptive to class learning or the person conducting the class, the parent and baby/child will be asked to leave.

D. Clinical Expectations:

SNM clinical experiences are scheduled in compliance with the Scheduling Policy. (Attachment G) Attendance is required for scheduled clinical practice experience. If a scheduling conflict develops after the clinical schedule is set, the student should attempt to trade sessions with another student and notify the Course Coordinator of the change. If, for extraordinary circumstances, a student is unable to attend a scheduled clinical practice experience, it is the responsibility of the student to notify the Course Coordinator and the missed clinical experiences must made-up and will be scheduled by the Course Coordinator. If there is no additional available clinical time within the semester, clinical make up time may occur between semesters.

Students will wear attire appropriate to the specific clinical sites as determined by the faculty preceptor. Appearance will be in compliance with the Baystate Health System appearance and fragrance free standards. (Attachment I) ID badges must be worn at all times.

If a student arrives unprepared for a clinical session, the session may be cancelled and rescheduled at the discretion of the preceptor.

Students will interact with patients only under the clinical supervision of Program faculty or their designees. The boundary of safety (i.e. the ultimate decision) in patient care will rest with the faculty preceptor, not the student. All clinical experience must adhere to Midwifery Faculty Clinical Supervision Policy (Attachment J) and Baystate Medical Practices Chaperone Policy. (Attachment K).

Students are expected to know and practice within the midwifery guidelines of the clinical site. Practice Guidelines for the Division of Midwifery are available in the classroom and on Baystate Health Hub.

A pre-conference will occur prior to each clinical session. The student will review, with the preceptor, the plan that was developed on the clinical tool from the previous experience. It is the responsibility of the student to discuss learning needs for the session with the clinical preceptor before the beginning of the session. Learning needs should be jointly agreed upon by preceptor and student. Expectations of Clinical Faculty are delineated in Attachment L.

Students are responsible to have the clinical tool and the statistical record forms up to date at all times. Students will assume the responsibility for maintaining current and accurate records of the clinical experiences on the designated forms. Students are responsible for monitoring their statistics and bringing low frequency experiences to the attention of the preceptor and module course coordinator.

Students are responsible for completing clinical statistical record forms following each clinical session and maintaining running clinical statistics for the Program at the end of each clinical course.

Students will assume the responsibility for clinical evaluations done on the appropriate form for each clinical experience. This includes self-assessment for each clinical objective; specific comments on performance and development of a plan for the next session. If post conference does not occur at the end of a clinical session, the student and preceptor must arrange a time to discuss clinical performance prior to the next clinical session. In these circumstances, the student must complete the self-evaluation within 24 hours of the end of the session and notify the clinical preceptor of that session that the tool is completed.

Students should seek specific suggestions for ways to improve. If a student finds a preceptor's comments on the evaluation form are not helpful in directing their learning it is their responsibility to ask for clarification of these comments from the preceptor.

The faculty reserves the right to request the withdrawal of any student whose conduct, physical or mental health, or performance demonstrates lack of fitness for continuation in the Midwifery Education Program.

Upon occasion, student attendance is requested for the care of a family member or friend. These situations need to be discussed in advance with basis with the Program Director and will be considered on a case by case basis.

E. Written Assignments

All written assignments will be submitted in APA format. The APA Style Manual is available in the classroom library.

F. Student Representation at Faculty Meetings

Each year students may select a class representative to attend faculty meeting. The function of the class representative is to voice student concerns to the faculty. Agenda items should be submitted one week in advance of the meeting. Students will be asked to leave the meeting when student progress is discussed.

G. Student Representation - Program Committees:

Students will be introduced to principal faculty and apprised of committee activities during Program Orientation. A student representative is welcome at core faculty meetings for discussion of the following topics: Recruitment and Admissions, Curriculum, Student Policies and Guidelines.

A student representative is welcome at Department of Ob Gyn Education Committee meetings. Interested students should communicate with the Program Director about this opportunity.

H. Communication/Open Meetings:

A meeting or open forum of faculty and students of the Midwifery Education Program may be scheduled or called as needed, initiated by either faculty or students. A meeting with the Program Director may be scheduled through the program Staff Assistant.

I. Language Capability

Students who are fully bilingual from childhood will be presumed to be fluent. Students who have learned a second language through the education process will be assessed for appropriate trauma-informed language by faculty or interpreter services. Students often hope working with patients will improve their language skills. It is acceptable to communicate with patients in a social context but extreme caution is to be used when communicating for patient care management decisions.



#### IV. Attendance

- A. Vacation: Given the intensive nature of this education program, and to minimize interference with student progress, it is expected that students not schedule absences during the defined weeks of the program. Absence during class or clinical time in the remainder of the schedule must be approved by the Program Director and will be granted only for personal, medical, or family emergencies. Clinical time missed by the student must be made up. Classroom missed time is the student's responsibility.
- B. Holidays: The following holidays are recognized by Baystate Health and will be recognized during the course of the Program:

New Year's Day  
Martin Luther King's Birthday (Monday holiday)  
Presidents' Day (Monday holiday)  
Memorial Day (Monday holiday)  
July 4  
Labor Day (Monday holiday)  
Thanksgiving Day  
Christmas Day

Students may be scheduled to have clinical over the following holiday weekends: July 4, Thanksgiving, and President's Day of the second spring. Students may not take more holidays than noted on the official calendar unless they have made mutually agreed upon arrangements with the Program Director in consultation with the appropriate course faculty.

Accommodation will be made for individuals' religious and cultural observances. The students should discuss needs with the Program Director prior to the anticipated date.

- C. Absence Due to Illness: Report an absence due to illness to the Course Coordinator and/or the appropriate clinical preceptor. Long term illnesses may necessitate a leave of absence.
- D. Emergency Leave: should be arranged through the Course Coordinator and the Program Director.
- E. Leave of Absence: A written request for a leave of absence is submitted to the Program Director. This request should include the reason(s) requiring the leave and the amount of time requested. If the request is approved, a written contract including the terms of the agreement is made between the student and the Program Director.

## V. Program Expense

- A. Tuition: All tuition is to be prepaid for each semester, two weeks prior to the beginning of each semester. Late tuitions payments will incur a charge. Students are expected to meet all additional financial obligations prior to exiting from the Program. Cost of the course modules is included in the tuition. Please refer to Tuition Policy. (Attachment M)
- B. Massachusetts State Nursing License: Licensure to practice nursing in the state of Massachusetts is required. Prior to entering the clinical area validation of licensure will be performed by the Program Staff Assistant. Licensure in the state of Massachusetts must be maintained throughout the Program. Other state nursing licenses may be required depending on the student's Integration placement.
- C. Clinical Supplies: Students are expected to provide their own supplies for clinical sessions. A watch with a second hand, and a stethoscope with a bell and diaphragm are required.
- E. Student Membership ACNM: All students are expected to become student members. The application is available on-line and should be completed during orientation.  
<http://www.midwife.org/Join-ACNM>
- F. ACNM Annual Meeting: Students are expected to attend the Annual Meeting of the ACNM. Students are advised to budget for this expense, as the annual meeting activities are considered to be a vital part of the historical and professional objectives of the Program. In 2021, Annual Meeting will be held in Portland, OR.
- G. National Certification Examination: The graduating student must be recommended without reservation by the Program Director in order to take the American Midwifery Certification Board's National Certification Examination. This recommendation is given upon completion of all requirements of the Educational Program and confirmation that a master's degree will be conferred by Jefferson University. Students entering the program with a master's degree are able to sit the Board exam upon conferment of a Certificate in Midwifery.

There is a \$500 examination fee (subject to change) which must accompany the graduating student's application to the American Midwifery Certification Board for taking the Certification Examination. It is strongly recommended that students budget for this expense throughout the educational year. Applications for the exam are available at the AMCB website: <https://www.amcbmidwife.org/>.

Certification is required for either licensure to practice or as a job qualification in most states and in midwifery practice settings in which midwives practice. It is expected that all graduates of this educational program will take the American Midwifery Certification Board National Certification Examination.

- I. CPR: All students must show evidence of CPR certification prior to beginning the program. CPR certification must be maintained throughout the Program. A copy of the current CPR card must be in the student's file in the Program office.
- J. Neonatal Resuscitation Certification: All students must either enter the Program with, or obtain during the Mother/Baby Care Module, certification in Neonatal Resuscitation.

Neonatal Resuscitation will be provided as part of the program curriculum. There is a \$25 fee (subject to change) for taking the on-line examination. All students must have current Neonatal Resuscitation upon graduation. A copy of this certification must be in the student's Program file.

VI. Baystate Health Web Based Training:  
Must be completed annually.

VII. Student Health and Wellbeing

- A. Health Insurance: While in the Midwifery Education Program, students are responsible for maintaining their own health insurance policy and for any expenses incurred from illness or hospitalization. Students must present evidence of health insurance coverage prior to beginning in the program. A copy of this coverage must be in the student's Program file.
- B. Student Health Policy: Tuberculosis screening must be repeated annually. (Attachment N)
- C. Baystate Health provides programs and service to support health, well-being and work life balance. Services available to Baystate Health employees are also available to students. Services are delineated at: <https://www.baystatehealth.org/employees/baystate-healthy>
- D. Self-care is important for all. Care provided to others is possible only when care is provided to self. Stay connected to loved ones. Share what is silly and laugh. If you are feeling anxious, try some positive calming activities: meditation, breathing exercises, yoga, progressive relaxation. Many apps are available: iCalm, Headspace, etc. Make sure to take care of your physical health; diet, exercise, stress reduction, sleep. Goals will not be achieved by cramming. Set aside time. Limit your school related devotion.

VIII. Malpractice Coverage

Student malpractice insurance is paid by the Program through Baystate Captive, Inc., a subsidiary of Baystate Health. This policy covers liability for the student performing any function or duties which are part of program requirements at any affiliated program site. Coverage begins on the first day of orientation and ends at Program graduation. Students should be aware that they are not covered for employment, activities outside Program curriculum, or clinical undertaken without the supervision of Program faculty preceptors.

IX. Faculty Advisor/Review of Records

- A. Advisor: At the beginning of the Program each student will be assigned a faculty advisor. The student is encouraged to meet with her/his faculty advisor as needed. The faculty advisor will contact the student during the first week of the program. The faculty advisor, when meeting with the student in an advising capacity, will have no role in evaluation. The faculty advisor is a support and resource.
- B. Review of Records: A student may request to review her/his records at any time during the Program. Requests for review of records should be made to the Program Staff Assistant. Clinical performance can be reviewed with the Course Coordinator at the request of the student.

X. Tuition Refund

Tuition for the Program is refunded to the student on a prorated basis should the student withdraw or be dismissed from the Program. The amount to be refunded is to be prorated based on the number of weeks in the semester excluding vacations.

No refund will be due once the student has completed 60% of the semester.

#### XI. Grievance Procedure

If a student feels they have been unfairly evaluated and if that evaluation is of such a serious nature that their presence in the Program is jeopardized, the following recourse is available: First, the student will request in writing a formal meeting with the instructor from whom the evaluation in question was received. If the student is dissatisfied with the results of that meeting they may request in writing that the Director of the Program convene a subcommittee of no less than two midwifery faculty to review the issue. This group will investigate the appeal and recommend the action to be taken to the Program Director. If a student is still dissatisfied, they may request, in writing, a meeting with the Chief of the Division of Midwifery and Community Health. Although it is expected that this process will be rarely, if ever, used, the appeals process provides the student with a mechanism to have a fair hearing of the grievance or appeal. The organizational structure of Baystate Medical Center defines an oversight responsibility by the Chair of the Department of Obstetrics and Gynecology and the Chief Academic Officer. As such, student midwives do have access to these individuals should they feel that grievances cannot be resolved within the Division of Midwifery and Community Health.

#### XII. Exceptions

Exceptions to these student policies may be made at the discretion of the faculty.

#### XIII. COVID Considerations

Education during a pandemic is a challenge. Education Program faculty are committed to providing students with the best learning experience possible. As an academic medical center program, all faculty and students are required to adhere to Baystate Health policies. The situation is variable and ever changing and is a frustration for all. Flexibility is critical. Attached please find Baystate Health Universal Masking and Social Distancing Policy (Attachment Q) and the Baystate Midwifery Education COVID Policy. (Attachment S)

All policies related to COVID are subject to change with little notice. All Baystate Health COVID related information is accessible from any Baystate computer and by remote access.

<https://thehub.bhs.org/Departments/COVID19/Pages/News/COVID-19.aspx>

Student Handbook

Written and accepted by the faculty - August 1991

Reviewed and revised - December 1992, 1993, 1994, 1995, 1996, 1997, 1998,

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 8/2008, 8/2009, 8/2011,  
8/2012, 8/2013, 8/2014, 9/2015, 5/2016, 8/2017, 8/2018, 8/2019, 8/2020  
8/2021

BAYSTATE MEDICAL CENTER  
Midwifery Education Program Policy

Attachment A

**EXPECTATIONS OF CLINICAL FACULTY**

The document that follows is meant to clarify expectations of the clinical faculty.

1. Prior to the first clinical session the Course Coordinator will provide all clinical faculty with a copy of the course module, the seminar schedule, access to the clinical evaluation tool and any other materials that outline faculty expectations of the students.
2. All preceptors are expected to provide the student with a copy of all applicable written Midwifery practice guidelines. It is the expectation that the student will practice within these guidelines.
3. Faculty is expected to review “General Expectations” and “Clinical Expectations” of the student which are found in the Student Policies and Procedures.
4. The student is expected to complete the clinical evaluation tool and clinical statistics form at end of each clinical session.
  - a. The clinical evaluation tool for each clinical course will reside on a student specific Google Drive available to faculty. An identical clinical evaluation tool is used for each clinical course throughout the Program. Clinical Specific Objective Behaviors differ for each course and will be uploaded to the Google Drive for the associated course. These specific behaviors elaborate upon each clinical objective. If a student is not meeting specific clinical objectives, the specific behaviors can be helpful in identifying the area of deficit. The evaluation tool and the clinical specific behaviors are provided in each course module and will be available on each student’s electronic tool.

The clinical evaluation tool is made up of three separate documents: the Clinical Evaluation grid, the Self-Evaluation sheet, and the Clinical Statistics. The student’s self-evaluation includes space for self-assessment and for development of a plan for the next clinical session. The plan should be realistic, specific, and attainable. Preceptors use the “CNM Comments” section to comment upon the student self-evaluation and to identify areas in which the student excelled and areas of concern. It is helpful for student learning if the preceptor makes specific suggestions for ways in which the student might improve.

Clinical evaluation occurs according to the steps of the management process and facilitates the development of critical thinking skills. Each clinical objective reflects a step of the management process:

Clinical Objective I: data collection/assessment  
Clinical Objective II: interpretation/diagnosis  
Clinical Objective II: development of a plan  
Clinical Objective IV: implementation of the plan  
Clinical Objective V: evaluation of plan  
Clinical Objective VI: professional behaviors

- b. Pre-conference. The tool should be reviewed with the student prior to the beginning of clinical sessions. Students may request direction in choosing appropriate clinical experience to meet objectives established in previous sessions.
  - c. Post-conference. Students will complete the self-evaluation form after the completion of the clinical session. This includes self assessment for each clinical objective, summarized self evaluation, and formulation of a plan to meet learning need identified. The clinical statistics tool should also be completed and reviewed with the preceptor for accuracy. The preceptor will discuss the tool with the student, change any ratings with which she disagrees, and add comments and plan. In the ambulatory setting, it can be helpful if this process is started while the preceptor sees the last patient of the day
  - d. It is a Program expectation that evaluation occur at the end of a clinical sessions. If this is not possible, the student and preceptor should make arrangement to complete the evaluation process as soon a possible and prior to the next clinical session. Completion of the clinical evaluation tool without face to face discussion is strongly discouraged.
5. All students are expected to review medical records and present patients prior to any interaction with patients. A management plan, with rationale, should be presented to the preceptor once data collection is complete.
- a. Different clinical preceptors may set different limits of safety. It must be clear to students what can be done without the CNM preceptor and what the student may do only with direct supervision (i.e., pelvic exams, certain counseling, etc.).
7. Faculty are expected to support the student's approach to Midwifery practice as long as it meets criteria of safety and minimal discomfort to the patient and is supported by a sound rationale, given the realities of your setting. Faculty will provide theoretical rationale for clinical practice when requested by the student.
8. The Course Coordinator will contact clinical preceptors at pre-specified times during the module to discuss student process. However, all preceptors should feel free to contact the Course Coordinator at any time with questions of concerns.

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

**Attachment B**

**EXAM POLICY**

**PURPOSE:** To provide for exam security.

**SCOPE:** Education Program faculty and students

**POLICY:**

1. The Course Coordinator has responsibility for exams during course, including writing, scheduling, administering, grading, and evaluating.
2. A pre-exam review session is scheduled for most exams. This is a student-directed session, and not a wholesale review of content by the Course Coordinator.
3. Exams will either be proctored or take home. A strict honor code applies in both cases. Further detail is in the “Student Policies and Guidelines”.
4. Students will leave all books, bags and paper outside of the exam testing room. Faculty will provide all exam materials, including scrap paper. No notes or scrap paper may be taken from the exam testing room.
5. Before beginning exams, cells phones will be set on vibrate and placed face down on table in front of student and in view of proctor. If spreading out and taking exam at other tables, cell phone shall be given to the exam proctor. Inform proctor in case of emergency need to use phone.
6. A post-exam group review session is scheduled after all exams in clinical modules to answer general questions and clarify answers.
7. Students will have access to their exams during post-exam review sessions. In order to preserve exam security, students are not allowed to take notes on the content of the exam questions. Any notes taken during the review sessions need to be reviewed by the Course Coordinator before they can be removed from the classroom area.
8. If a student needs further clarification of exam results after the post-exam review session, they should make an appointment with the Course Coordinator.
9. Review of exams outside the post-exam review session needs to be scheduled with the Program Staff Assistant during regular business hours. Students may review their exams under the direct surveillance. No notes may be taken during this review.

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Sukey Agard Krause, CNM, MSN  
Director, Midwifery Programs

Revised date: 3/14/2019

BAYSTATE MEDICAL CENTER  
Midwifery Education Program Policy

Attachment C

**BH-HR-303 Page 1 of 8**  
**Effective Date: April 15, 2021**  
**Baystate Health**

**Employee Assistance Program (EAP)**

**I. PURPOSE:**

In support of Baystate Health's mission and goals, the EAP provides behavioral health assessment, brief counseling, consultation, education and training throughout the organization to enhance the well-being, capabilities and success of Baystate Health employees.

**II. SCOPE:**

All Baystate Health employees, dependents and their household members.

**III. POLICY:**

**A. Counseling Services:**

The EAP provides confidential help with a broad range of behavioral, personal and family challenges. Licensed staff is trained to assist employees and their household members to effectively meet the challenges associated with, but not limited to, stress, change, anxiety, depression, grief, loss, work performance, relationship problems, parent/child and elder issues, legal and financial difficulties, mental and emotional conditions, work-life balance, and problems caused by the use of drugs or alcohol.

There is no charge for services provided by the EAP as this is a benefit provided by Baystate Health.

The EAP can be accessed 24/7 by calling the toll free number. A counselor will listen to concerns, assess the issue, offer suggestions and may refer to a provider in the community for up to 6 face-to-face appointments per issue per year.

Services include:

- assessment and development of a plan to address the issues identified
- short-term, solution focused counseling
- information and referral for additional resources as indicated



Use of the EAP is confidential. The EAP is compliant with the Health Insurance Portability and Accountability Act (HIPAA) and provides counseling services in accordance with state and federal laws pertaining to confidentiality. EAP records are not part of personnel records. Any reporting on use of the service is provided in the aggregate and without any identifying individual information.

Participation in the EAP will have no effect on employees' job security or promotional opportunities. The EAP does not participate in corrective action or grievance procedures. Use of the EAP does not protect employees from corrective action when job performance is unacceptable.

**BH-HR-303 Page 2 of 8**  
**Effective Date: April 15, 2021**

Should an employee choose to pursue counseling beyond the EAP benefit of six appointments, he/she will assume financial responsibility for any costs incurred.

**B. Consultation Services For Managers, Human Resources (HR) and Employee Health Services (EHS):**

The EAP provides consultation and training to Managers and to HR and Employee Health Services to communicate the EAP's purpose and referral procedures, and to explain the Manager, HR and EHS role in the referral process.

**Referral Types:**

- **Self-Referrals:**  
Employees call to seek confidential assistance on their own.
- **Informal / Suggested Referrals:**  
Managers, HR and EHS may suggest that an employee contact the EAP because there is a concern about his/her welfare. The employee may or may not be in the early stages of a job performance problem when it is informally suggested that he/she contact the EAP. Additionally, peers can also informally refer a colleague to the service.
- **Formal Referrals from Managers/Supervisors and HR:**  
**(See Attachment A for referral process):**  
Formal referrals are encouraged to enhance the opportunity for employees' on-the-job successes. Managers may make a formal referral to the EAP to assist an employee with personal challenges that may be seriously affecting performance. Formal referrals are not mandatory and may be in conjunction with a corrective action.
- **Mandatory Referrals from Managers/Supervisors in Collaboration with HR or from Employee Health Services: (See Attachment A for referral process).**

**There are two types of mandatory referrals to the EAP**

- 1. Significant Safety, Behavioral, Emotional or Cognitive Concerns**

This referral is for any employee who demonstrates significant safety and/or severe behavioral, emotional and/or cognitive difficulties in the workplace as determined under the Fitness for Duty policy (HR-824).

## **2. Self-Disclosed Problem with the Use of Alcohol and/or Controlled Substances**

This referral is for any employee who self-discloses a problem with the use of alcohol and/or controlled substances and who has not been found in violation of the Drug-Free Workforce Policy (HR-807).

**BH-HR-303**

**Page 3 of 8**

**Effective Date: April 15, 2021**

### **C. Education and Training**

The EAP promotes and provides a variety of educational opportunities to meet the unique needs of the organization. Examples include, but are not limited to the following: Critical Incident Response (CIR), leadership development, stress management, coping with change, assertiveness training, workplace violence prevention, and recognition/prevention of workplace substance misuse.

### **A. Work-Life and Online Self-Help Resources:**

The EAP provides direct and online tools, educational webinars and resources for help with a variety of issues such as, legal and finance

al consultation, anxiety and depression, insomnia, chronic pain, substance misuse, adult care and aging, child care and parenting, pet ownership, pregnancy and adoption, event planning, relocation, financial aid, travel and home improvement.

### **IV. PROPONENT: Director, Total Rewards**

#### **Approval:**

Kristin R Morales-Lemieux  
Senior Vice President, Human Resources & CHRO

#### **Replaces:**

**Policy Name:** Employee Assistance Program (EAP)  
**Policy Date:** May 12, 2020

## ATTACHMENT A

BH-HR-303

Page 4 of 8

Effective Date: April 15, 2021

### Employee Assistance Program Policy (BH-HR-303)

#### Formal and Mandatory EAP Referral Processes

Formal and mandatory referrals are made to the EAP (Magellan Health) in accordance with the EAP Policy (BH-HR-303), the Fitness for Duty Policy (BH-HR-824), the Drug-Free Workplace Policy (BH-HR-807), The Fleet Policy (HR-902), and the DOT Mandated Drug and Alcohol Testing Policy (BH-HR-600)

The Manager, Employee Health Services (EHS) and Human Resources (HR) can initiate a formal or mandatory referral in accordance with the policies referenced above.

#### I. **Formal Referrals from Managers/Supervisors or HR for Serious Work Performance Problems:**

In situations where a Manager or HR is concerned about serious work performance problems, as part of addressing performance improvement, a Manager may formally refer the employee to the EAP to offer additional, confidential assistance while addressing performance issues. These are serious performance issues that may or may not be part of corrective action and they may or may not be due to personal or interpersonal challenges. Formal referrals are made for a range of performance issues such as problems with attendance, productivity/efficiency, making more errors than usual, forgetting routine tasks, etc. The EAP Workplace Support team is available 24/7 to consult with Managers, Supervisors and HR about how to address employee performance issues and how to make a formal referral.

#### **Process for Formal Referral:**

3. Manager/HR calls the EAP and requests a consult with the Workplace Support Team Consultant (WPSTC) who will assign an EAP Case Manager.
4. WPSTC gathers information, consults, and reviews the formal referral process, including confidentiality and feedback parameters.
5. WPSTC creates a case number and provides it to the Manager/HR.
6. EAP Case Manager provides the **Authorization to Use or Disclose Protected Health Information form (AUD)** to the Manager/HR which allows the EAP Case Manager to report to the referring Manager/HR that the employee contacted the EAP and attended the first appointment.
7. Manager/HR has the employee sign the AUD form and Manager faxes/emails it back to the EAP Case Manager.
8. Manager/HR provides employee with the case number and the EAP telephone number.
9. Employee calls the EAP to register and is then referred to an EAP Counselor. Employee should call within the first 24-48 hours for a formal referral.
10. EAP Case Manager provides confirmation to Manager/HR that the employee attended the first appointment with the EAP Counselor. No further follow-up is provided with a formal referral.

## II. Mandatory Referrals to the EAP from Employee Health Services and Managers

BH-HR-303

Page 5 of 8

Effective Date: April 15, 2021

Compliance with a mandatory referral to the EAP is not a condition of employment but rather, successful compliance as reported by the EAP is necessary in order to be evaluated by EHS for clearance to return to work as per the FFD policy (see Section C-10).

### There are two types of Mandatory Referrals to the EAP:

- A. Referrals for Significant Safety, Behavioral, Emotional and/or Cognitive Concerns-see below
- B. Referrals for Self-Disclosed Problems with the Use of Alcohol or other Controlled Substance-see below

#### A. Significant Safety, Behavioral, Emotional or Cognitive Concerns (typically referred to EAP by EHS after a Fitness for Duty Evaluation)

This referral is for any employee who demonstrates significant safety and/or severe behavioral, emotional and/or cognitive difficulties in the workplace as determined under the Fitness for Duty (FFD) policy (HR-824).

#### Process for Mandatory Referral:

1. When a Manager suspects significant safety, behavioral, emotional and/or cognitive concerns, the Manager reviews/is guided by the Fitness for Duty Policy (HR-824).
2. If it is determined that a fitness for duty evaluation is necessary, the Manager completes the **Manager Visual Observation Checklist** attached to the FFD policy.
3. Manager then contacts EHS, discusses the referral and works with EHS to arrange for the FFD evaluation. **If after hours, refer to the FFD policy and Attachment B for process-see \*Note below.**
  - If EHS determines that the employee is fit for duty, EHS will notify the Manager, along with any recommendations. The Manager may make a Formal Referral to the EAP if determined to be appropriate (see Formal Referral process above).
  - If EHS determines that the employee is not fit for duty (and the condition is not determined to be the result of a medical problem for which EHS has made recommendations), EHS contacts the EAP immediately to initiate a Mandatory Referral.
4. EHS calls the EAP and asks to be connected to a Workplace Support Team Consultant (WPSTC). The WPSTC is available 24/7 to help answer questions about the mandatory referral process and to set expectations regarding ongoing updates.
5. WPSTC assigns an EAP Case Manager who educates EHS about the process and necessary forms that must be completed.
6. EAP Case Manager faxes/emails the **Authorization to Use or Disclose Protected Health Information (AUD) form** and **Mandatory Referral Care Plan form** to EHS.
7. EHS asks the employee to sign an **AUD form** which will allow the EAP to report compliance back to the company.
8. EHS completes the top section of the **Mandatory Referral Care Plan form** and returns it to the EAP Case Manager.

9. EHS provides the employee with a **Care Plan** case number and the EAP phone number.

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Effective Date: April 15, 2021

10. Employee calls the EAP to register and is then referred to an EAP Counselor. If available, the on-site EAP clinician will be assigned as the EAP Counselor. Employees should contact the EAP Counselor within 24 hrs.
11. The EAP Case Manager sends the **Mandatory Referral Care Plan form** to the EAP Counselor.
12. EHS notifies the Manager of the referral action. If the employee is unfit for duty, the employee is placed on leave and the employee's return to work will require that the employee is cleared by EHS.
13. Manager informs the Baystate Health Disability Service Coordinator in the Disability and Leave Management Department of this leave action.
14. Employee attends the first session with the EAP Counselor, during which the assessment and **Mandatory Referral Care Plan form** are completed.
15. EAP Case Manager will contact the EAP Counselor following each session and report compliance or non-compliance with the **Care Plan** to the EHS contact.
16. EAP Case Manager continues to monitor the case, maintaining regular contact with the EAP Counselor, the employee, and EHS until it is determined that the employee has met (or not met) the requirements of the **Mandatory Referral Care Plan**.
17. The personal health information of the employee's **Care Plan** is confidential and no confidential details related to the **Care Plan** or the therapeutic relationship with the EAP Counselor is shared with the Manager or HR contact(s).
18. EHS will evaluate for clearance to return to work in collaboration with the EAP Case Manager.
19. In collaboration between HR, EHS the Manager and the on-site EAP Counselor (once available), a return to work plan may be developed with the employee to help support successful transition back to work. A return to work meeting with the employee, the Manager, the HRBP and the on-site EAP Counselor may occur to address transitional issues and set expectations for support and employee accountability.

**\*Note: Afterhours Formal and FFD/Mandatory Referrals to the EAP.** When Employee Health Services is closed, the Emergency Department (ED) will perform the FFD evaluation. Please refer to the FFD policy (HR-824) and its Attachments A & B.

The Manager will review his/her FFD concern with the House Clinical Supervisor on duty. If a FFD evaluation is determined to be necessary, the Manager will follow the procedures and guidelines for afterhours FFD evaluations in the FFD Policy and its Attachments A & B.

- **Types of Referrals to EAP afterhours:** The EAP is available 24/7 for consult and to make a formal or mandatory referral.

1. If it is determined that the employee does not need a FFD evaluation, the Manager may initiate a Formal Referral to the EAP if deemed appropriate (see Formal Referral process above). The EAP will send the **Authorization to Use or Disclose Protected Health Information (AUD) form** to the Manager on the next business day.
2. If the ED determines that the employee is unfit for duty, and the employee is to be discharged home, the ED will report this disposition to EHS on the next business day. EHS will initiate a mandatory referral to the EAP. The EAP will then send the **Authorization to Use or Disclose Protected Health Information (AUD) form** and the **Mandatory Referral Care Plan form** to EHS (see mandatory referral process above).

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3. If the employee is unfit for duty and in need of acute care, the ED will arrange for the care and report the disposition to the EHS the next business day. EHS will initiate a mandatory referral to the EAP at that time (see mandatory referral process above).

#### **B. Self-Disclosed Problems with Alcohol or Substances (typically referred to the EAP by a Manager and/or HR Business Partner)**

This referral is for any employee who self-discloses a problem with the use of alcohol and/or controlled substances and who is not suspected of currently violating the Drug-Free Workforce Policy (HR-807), the Fleet Policy (HR-902), **or** the DOT Mandated Drug and Alcohol Testing policy (HR-600). **\*\*see Note below**

**Process for Mandatory Referral:** The Manager or HR Business Partner (HRBP) calls the EAP and asks to be connected to a Workplace Support Team Consultant (WPSTC). The WPSTC is available 24/7 to help answer questions about the mandatory referral process and to set expectations regarding ongoing updates.

1. WPSTC assigns an EAP Case Manager who educates the Manager/HRBP about the process and necessary forms that must be completed. The EAP Case Manager faxes/emails the **Authorization to Use or Disclose Protected Health Information (AUD) form** and **Mandatory Referral Care Plan form** to Manager or HRBP.
2. The Manager or HRBP informs the employee regarding the expectation to comply with all EAP recommendations and what the consequences are if they fail to comply. The Manager or HRBP will have the employee sign an **Authorization to Use or Disclose Protected Health Information (AUD) form**, giving the EAP permission to report compliance back to the referring Manager or HRBP.
3. The Manager or HRBP will complete the **AUD form** and the top section of the **Mandatory Referral Care Plan form** and faxes/emails the forms to the EAP Case Manager. The Case Manager is not able to report any activity until a completed **AUD form** is on file.
4. The Manager or HRBP provides the employee with a **Care Plan** case number and the EAP phone number.

5. Employee calls the EAP to register and is then referred to an EAP Counselor. If available, the on-site EAP clinician will be assigned as the EAP Counselor. Employees should contact the EAP Counselor within 24 hrs. Six free EAP sessions will be available.
6. The EAP Case Manager sends the **Mandatory Referral Care Plan form** to the EAP Counselor.
7. The employee attends the first session with the EAP Counselor, during which the assessment and **Care Plan** are completed. The six EAP sessions apply only to working with the assigned EAP Counselor. If the employee is referred to care outside of the EAP to further address the issues, he/she will be referred to care covered by his/her insurance. If the employee does not have insurance, the EAP Counselor will assist him/her in identifying alternative community-based services. The employee is responsible for all costs involved with such treatment and rehabilitation referrals.
8. The EAP Case Manager contacts the EAP Counselor following each session and reports compliance or non-compliance back to the referring Manager/HRBP, typically on a weekly basis.

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9. The EAP Case Manager continues to monitor the case, maintaining regular contact with the EAP Counselor, the employee, and the Manager/HRBP contact until it is determined that the employee has met (or not met) the requirements embodied in the **Care Plan**. The personal health information of the employee's **Care Plan** is confidential and no confidential details related to the **Care Plan** or the therapeutic relationship with the EAP Counselor is shared with the Manager or HR contact(s).
10. The employee will not be evaluated for clearance to return to work by EHS until the EAP reports successful compliance with the **Care Plan** to EHS. The EAP does not clear the employee to return to work; this is done by EHS.
11. EHS will notify the Manager, the HRBP and the EAP Case Manager of the results of the return to work clearance evaluation.

**\*\*Note:** If upon an employee's self-disclosure, there is suspicion of a current violation the Drug-Free Workplace policy (HR-807), the Fleet Policy (HR-902), or the DOT Mandated Drug and Alcohol Testing policy (HR-600), the Manager will follow the Fitness for Duty policy guidelines (HR-824) and place the employee on administrative leave, pending the results of the EHS FFD examination.

## **Additional Important Information**

- **Authorization to Use or Disclose Protected Health Information (AUD) form:**  
Without the signed authorization, the EAP will not be able to release any information regarding the employee participation in the program.

- **Care Plan:** The Care Plan is the roadmap for the mandatory referral - it clearly indicates the expectations for the employee and any recommendations that are developed by the EAP counselor.
- **Medical Forms:** The EAP contractually cannot complete any medical forms, including short term disability or FMLA forms. Employees are required to seek that from their own medical providers.
- **Management/HR feedback** is the measure for the value of the EAP plan and its impact on change with the concerning behavior. The EAP suggests the Manager and employee have regular contact where direct feedback can be given to the employee. The Manager should share with the EAP Workplace Support Case Manager any additional concerns or positive changes observed.



BAYSTATE MEDICAL CENTER  
Midwifery Education Program Policy

Attachment D

**DISTRIBUTION OF GRADES**

**PURPOSE:** To maintain consistency among Course Coordinators and establish standards for distribution of exam grades and module grades.

**SCOPE:** Education Program faculty and students

**POLICY:**

1. Exams, presentations, and other assignments will be graded within one week.
2. Grades will be given to students within one week. Students will either receive grades during exam review, in a sealed envelope in their mailboxes, or electronically via email.
3. If a student fails an exam, the Course Coordinator will notify the student as soon as possible either by phone, email or in person.
4. At the end of the course, once all course evaluations have been received, Course Coordinators will complete and distribute final course grade.

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Sukey Agard Krause, CNM, MSN  
Director, Midwifery Programs

Effective Date: 12/16/98

Reviewed: 12/10/01, 11/30/06, 8/13/12, 8/27/14, 9/6/15  
5/27/16, 8/31/17, 8/25/18, 7/12/19

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

Attachment E

**ACADEMIC INGRITY**

**PURPOSE:** To define student expectations regarding ethical conduct and honesty in their academic work. Academic integrity and honesty are fundamental to the educational and professional community.

This policy is in alignment with the Jefferson University Academic Integrity Policy. \*

**SCOPE:** Education Program Policy

**POLICY:**

1. Each student will make a personal commitment to adhere to the policy of academic integrity. This standard of behavior will form a firm basis of future professional conduct and show respect for the academic environment of the Baystate Medical Center Midwifery Education Program. Any student who knowingly or unknowingly breaks the rules of academic integrity commits an offense against their fellow students, faculty, and professional community.
2. Each student will avoid any form of intellectual dishonesty, including:
  - 2.a. Cheating: the inappropriate or unacknowledged use of material, information, designs, ideas or student aids in any academic exercise.
  - 2.b. Fabrication: the falsification or invention of any information or citation in an academic work.
  - 2.c. Plagiarism: representation of the works, images, information, charts, graphs, data or ideas of another as one's own. Paraphrased material from print, electronic sources or other media sources must be acknowledged and appropriately cited.
  - 2.d. Facilitation of Academic Dishonesty: helping another student cheat, fabricate or plagiarize.
3. Each student will demonstrate respect for the rights and well-being of others, including students, faculty, staff, patients, and members of the community.
4. Each student will take positive action to ensure that failure of others to comply with these standards will not continue. Known infringement will be brought to the attention of the Program Director. Failure to do so is considered a policy violation.
5. Cases of policy violation will be addressed by the Course Coordinator with input from the Program Director. Actions may include all or some of the following at the discretion of the Program Director: assignment failure, course failure, or program expulsion and inability to graduate.

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Sukey Agard Krause, CNM, MSN  
Director, Midwifery Programs

\*Acknowledgement: Thank you to Jefferson University for sharing their Academic Integrity Policy with our program.

Effective 9/1/2019

The replaces the Honor Code Policy in effect since: 08/14/97

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

**Attachment F**

**GUIDELINES FOR STUDENT REVIEW AND PRINTING  
OF MEDICAL RECORDS**

**PURPOSE:** To protect patient confidentiality and to protect the hospital from unauthorized release of medical information.

**SCOPE:** Education Program students

**POLICY:**

1. In the overwhelming majority of cases not more than a total of five pages of any medical record should be printed.
2. Very complicated patients with very lengthy charts may justify more printing. Seek the advice of your Course Coordinator in these cases.
3. Other information from the hospital record should be transcribed by hand in outline form. No identifying patient information should be on this paper.
4. For all printed copies, all identifying information including name, medical record, and date of birth should be cut off the page.
5. Duplicated medical records are the specific responsibility of the individual student. Use of these records fall under the confidentiality policy of Baystate Health. These copies should be maintained in a secure place and destroyed completely when the student is finished with them.
6. Failure to comply with patient confidentiality is grounds for dismissal from the program.

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Sukey Agard Krause, CNM, MSN  
Director, Midwifery Program

Effective Date: 12/21/98

Reviewed: 12/10/01, 11/30/06, 8/10/12, 8/27/14, 5/27/16, 8/10/12, 8/31/17, 8/25/18, 7/12/19

BAYSTATE MEDICAL CENTER  
Midwifery Education Program Policy

Attachment G

**SCHEDULING SNM CLINICAL EXPERIENCES**

**PURPOSE:** To ensure adequate rest to maximize learning and maintain safety in the clinical setting. To be aligned with ACNM Position Statement: Fatigue, Sleep Deprivation, and Safety:

<http://www.midwife.org/acnm/files/ACNMLibraryData/UPLOADFILENAME/000000000306/Sleep-Guidelines-04-07-17.pdf>

**SCOPE:** Education Program faculty and students

**POLICY:**

1. Students will not be scheduled for clinical the night before scheduled classes or ambulatory clinical.
2. It is the student's responsibility to arrive well rested for scheduled clinical sessions
3. Students will be scheduled for not more than 24 hours of consecutive clinical time. Students who are busy clinically with no downtime may request time out to rest/sleep. Students are encouraged to be mindful of the degree of fatigue experienced and to communicate needs for rest or sleep with their preceptor. All reasonable requests will be honored by the clinical preceptor.
4. Faculty can insist that students take time from clinical to sleep if it is the faculty member's assessment that the student's ability to function safely is in question. Make-up time may be scheduled for clinical time lost to sleep.
5. Students will be scheduled for a minimum of 12 hours off between clinical sessions.
6. A student's request to stay beyond the end of the scheduled shift will be considered on case by case basis but will be honored only if there has been adequate sleep time during the preceding clinical shift.
7. Students must carefully assess their ability to travel home safely following their clinical shifts. Sleep space for students is provided.
8. Students will never be required to work for more than 24 hours continuously. Call times of longer are permissible in clinical practices with low volume, but students require a minimum of 12 hours unscheduled time following a continuous work period of 24 hours.
9. A student's weekly clinical schedule for a specific site will not exceed a full-time CNM schedule. Exceptions can be made for low volume sites.
- 10.

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Sukey Agard Krause, CNM, MSN  
Director, Midwifery Program

Effective date: 3/3/2015  
Reviewed: 8/31/17, 8/25/18, 7/12/19

## Midwifery Education Program Policy

### Attachment H

#### **Midwifery Faculty Clinical Supervision of Midwifery Students**

**PURPOSE:** To insure and enhance the patient's comfort, safety, privacy, security and dignity during sensitive exams.

To assure appropriate patient care through supervision of student midwives in the clinical setting.

**SCOPE:** Midwifery Education Program Faculty and Students

**POLICY:**

1. Patients will be informed by the CNM faculty, medical assistant or nurse the a student midwife may be involved in their care, and given the opportunity to accept or decline the participation of a student.
2. Each clinical interaction with a patient will occur in the presence of a faculty member. As the program progresses, and student competence has been confirmed, interviewing of patients and non-intimate physical exam may occur in the absence of direct faculty supervision.
3. At no time during the program will a student perform a sensitive exam (breast, vaginal, pelvic, rectal) or a procedure (IUD/implant insertion/removal, birth) without a faculty member present.
4. Faculty will see each patient who has received care from a student before the patient leaves the office/clinic in order to meet any final needs the patient may have.
5. Faculty will also review, edit and cosign all student notes.
6. A chaperone will always be provided upon patient request in accordance with Baystate Medical Practices policy 010.

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Sukey Agard Krause, CNM, MSN  
Director, Midwifery Programs

Effective Date: 9/1/2019

BAYSTATE MEDICAL CENTER  
Midwifery Education Program Policy

Attachment I

**BH OPERATIONS MANUAL: BMP-PC-010**

**Chaperones**

**I. POLICY:**

All patients of either gender will have a chaperone available to them for a physical examination, in particular, that which involves the genitourinary, breast and rectal areas of the body done by either a male or female provider.

**II. PURPOSE**

To protect the provider from the misunderstanding that may occur concerning the physical part of the examination, in particular that which involves the private areas of the patient's body.

**III. SCOPE**

All Baystate Medical Practices (BMP)

**IV. PROCEDURE**

**FEMALE VAGINAL/RECTAL EXAMINATIONS:** All patients must have a chaperone for this examination if performed by a male provider. If the provider is a female, a chaperone should be offered. If the patient refuses the presence of a chaperone, the following guidelines must be followed: A male provider has the option of doing this examination. If this is the case, document this in the patient's chart. In the case of a female provider, she may, at her discretion, perform this examination and document the refusal in the chart.

**BREAST EXAMINATIONS:** A chaperone must be utilized by male providers for this examination. If the patient refuses the presence of a chaperone, the provider may, at his discretion, perform the examination without the chaperone present. The provider must document the refusal in the patient's record.

**MALE GENITAL/RECTAL EXAMINATIONS:** A chaperone should be utilized by female providers for this examination. A male chaperone is preferable; however, a female may be utilized if a male is not available. If the patient refuses to have a chaperone present, the provider may, at her discretion, perform the examination without the chaperone present. The provider must document the refusal in the patient's record.

**NEW PATIENTS:** New patients who have not established a relationship with their provider must always have a chaperone present in the areas specified above.

**V. REVIEWED/APPROVED BY**

Governing bodies as defined in the BMP policy LD 002

**VI. PROPONENT**

BMP Board, Chief Operating Officer, Baystate Medical Practices

**VII. ORIGINAL AUTHOR**

Baystate Medical Practices Policy Committee

Effective Date: January 15, 2011 Replaces:

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

Attachment J

**PAYMENT OF TUITION**

**PURPOSE:** To provide clear expectations for tuition payment

**SCOPE:** Education Program students

**POLICY:**

1. Tuition for a full time student is \$4250 per semester. Tuition for a part time student or refresher student is \$575 per credit.
2. Tuition is billed per semester. Invoices will be sent out one month in advance of payment due. Tuition payment is due one week prior to the beginning of each semester.
  - a. A fee of \$100 will be charge for each week of late payment.
  - b. Students with approved loans should present verification of the loan to the Program administrative assistant when tuition is due. Payment will be deferred without late charge in these cases.
3. Tuition may be paid by personal or bank check made out to: “Baystate Midwifery Education Program.”
  - a. A fee of \$100 will be charged for a returned check.
4. First semester tuition payment is required in full. The program deposit will be applied to first semester tuition.
5. Additional costs associated with attending the program (for example: housing, health insurance, books, travel, Annual Meeting attendance, lab coat, stethoscope) are the responsibility of the student. Cost of coursemodules is included in the tuition.
6. Failure to pay tuition on time will result in inability to continue in the program.
  - a.If tuition is not paid at the start of the semester, the student may not attend class or clinical sessions until payment is made.
  - b. If tuition is not paid by the end of the first week of the semester, the Program will consider the student withdrawn from the Program.
  - c. The Program will not be responsible for providing make up seminars or clinical sessions for student absences due to late tuition payments.



7. Graduated tuition payment plans can be set up with the Program Director on a case by case basis. The fee for graduated payment \$50 per additional payment.

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Sukey Agard Krause, CNM, MSN  
Director, Midwifery Program

Effective date: 6/15/2015

Reviewed: 8/31/2017, 8/25/2018, 7/12/2019

Revised: 2/23/2021

BAYSTATE MEDICAL CENTER  
Midwifery Education Program Policy

Attachment K

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Effective: April 15, 2021

**Baystate Health**

**Professional Appearance Standards**

- I. **POLICY:** This policy outlines dress and grooming expectations that promote a consistent, professional image throughout the organization, and address safety and infection control concerns specific to the work environment. Every employee is expected to exercise good judgment and to dress appropriately.
- II. **PURPOSE:** The purpose of this policy is to ensure employees and volunteers dress in a way that establishes confidence in and respect for the organization, while maintaining the health and safety of patients, visitors and employees. Appropriate personal appearance is a condition of employment.
- III. **SCOPE:** This policy applies to all Baystate Health employees, physicians, volunteers, residents, students and temporary staff. *Please note Caregiver Identification Program Addendum of this policy.*
- IV. **PROCEDURES:** The following standards have been established in order to create a common understanding of what is considered appropriate dress while at work.
  - > **Identification (ID) Badges:** Baystate Health issued ID badges are part of each employee's required attire. It must be worn at all times, be clearly visible, picture side out, and located between the shoulders and above the waist (not to be worn at belt level) for easy reading and identification of the employee by the patient or other customers.
  - > **Business Casual Attire:** Business Casual dress is permitted. This includes clothing that is comfortable at work, yet appropriate for the business setting. Acceptable attire includes khakis, leggings, capris, turtlenecks, polo's, golf-shirts, sweaters and shirts with a finished collar or neckline. Clothing should be neat, clean, wrinkle-free and in good condition. Employees are expected to remain mindful of the business and location of their work on any given day and comply with the appearance requirements of that department or entity. In short, employees are expected to exercise good judgment around what dress is appropriate under the circumstances.

> **Shoes and Legwear:**

- Patient Care Areas: For safety and public health reasons, stockings or socks are required to be worn; open-toed shoes are not permitted.
- Non-Patient Care Areas: Except in the case of safety or public health reasons as determined by the manager, stockings or socks are not required; dress sandals/open-toed shoes are permitted.

> **Hair and Headwear:** Hair, beards or mustaches should be clean and neat. Hair should be pulled back or restrained as appropriate by anyone who provides direct patient care, works with food, or handles sterile equipment, to comply with all safety protocols.

> **Fingernails:** Fingernails should be kept clean and neatly trimmed and of an appropriate length to perform job duties. Employees having direct patient contact may only have natural nails; artificial nails are not permitted. Nail polish is acceptable if it is not chipped or cracked, unless restricted by individual departmental policy.

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**Effective: April 15, 2021**

- Natural nails – those growing from the individual.
- Artificial nails - devices applied or added to augment, enhance or extend the length of the wearer's own nails. They include, but are not limited to, layered gel nails, bonding, tips, wrappings, tapes, fashion accessories and nail jewelry. Types of artificial nails include but are not limited to (1) Acrylics: a polymerized coating; (2) Polymer- natural and synthetic compounds; and (3) Gel (acrylic) Oligomers hardened by exposure to UV light.

Other disciplines within Baystate Health restrict artificial nails and/or polish for their employees including but not limited to surgical and central processing department, food services, and pharmacy services. Refer to specific departmental policy for additional details.

- > **Jewelry and Other Accessories:** Jewelry and body piercings are acceptable and must be worn in a way that does not present a safety hazard. (Please see Hand Hygiene Policy – [IC 07](#) for hand and forearm jewelry.)
- > **Tattoos:** Visible tattoos and other body art are generally permitted. They will not be permitted, however, if they are potentially offensive based on racial, sexual, religious, ethnic characteristics or attributes of a sensitive or legally protected nature.
- > **Surgical Suites & Restricted Areas:** All employees entering the semi-restricted and restricted areas of the Surgical Suites are required to comply with the Perioperative Services Corporate Policy guidelines. Scrub attire is not to be worn traveling to and from the organization. (Please see Surgical Attire Policy – [PS 07.014.00](#)).
- > **Religious Beliefs or Practices:** Should religious beliefs or practices conflict with this policy, reasonable accommodation will be made for employees as long as the accommodation does not pose a safety hazard or infection control risk.

The following dress is not appropriate at Baystate Health:

- Jeans \*
- Shorts

- T-Shirts
- Midriffs, tank tops, low-cut or revealing clothing
- Flip-flops or sandals (except for dress sandals/open toed shoes in non-patient care areas)
- Inappropriate messages on clothing
- Faded and/or frayed clothing
- Hooded sweatshirts
- Hats, bandanas or inappropriate head coverings (except for medical, safety or religious reasons or as part of a uniform)

**\*Note** - For fundraising purposes, certain days may be designated as “denim days.” Employees should follow the criteria of dress established for denim day and dress appropriately.

- Jeans should be clean, not faded, and free of holes and rips.

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**Effective: April 15, 2021**

*Denim Day stickers should be clearly visible adhered next to the employee ID badge.*

**V. ACCOUNTABILITIES:** Each employee is accountable for exercising good judgment in their personal appearance that is consistent with their job, and representing the organization in a positive and professional manner at all times. Any employee who is unsure of the appropriateness of certain dress should discuss it with their manager first.

Managers are accountable for ensuring their employees’ appearance is consistent with Baystate’s Appearance Standards.

Employees who report to work inappropriately dressed or without their ID badge will be asked by their manager to leave the premises in order to change into clothing which complies with the above outlined standards. Repeated offenses of these standards will result in corrective action up to and including termination of employment.

**V. REVIEWED/APPROVED BY:** Human Resources Operation Directors, February 2019

**Approval:**

\_\_\_\_\_  
Kristin R Morales-Lemieux  
Senior Vice President, Human Resources & CHRO

**Replaces:**

**Policy Name:** HR-800 Professional Appearance Standards

**Policy Date:** July 17, 2020

## **Addendum**

### **CAREGIVER IDENTIFICATION PROGRAM**

Baystate Health has implemented the Caregiver Identification Program with the goal of improving the patient experience by enhancing the pride, professionalism, and role clarity of our staff who work day and night to deliver a higher state of caring to our patients and their families.

The scope of the Caregiver Identification Program applies to employees in the following roles/area at the following locations:

Locations:

Baystate Medical Center	Baystate Children's Hospital
Baystate Mary Lane Outpatient Center	Baystate Franklin Medical
Center Baystate Wing Hospital	

Roles: RN/LPN, PCT/CNA/HMT/TRA, OA/Unit Secretary, Constant Companion, Respiratory, Lift/Orderly, Phlebotomy, Rehabilitation and Radiology/Diagnostic/Imaging, Child Life and Experience Guide

All clinical staff are required to wear professional clinical attire; scrubs/uniform or shirts/tops are to be worn as required by the department and position. Clinical disciplines and support service personnel are assigned a solid color, non-patterned uniform with the Baystate Health or Baystate Children's Hospital logo on all tops so caregivers are easily identified. If employees have a question about their role color, they should speak with their manager.

If an employee has a medical condition that does not allow him/her to wear their required uniform, they should follow the following procedures:

- If an appropriate garment cannot be found, the employee will discuss the situation with his/her supervisor and determine what is needed (i.e. needs 100% cotton, maternity).
- A physician note and Employee Health clearance is required to validate a medical condition which supports deviation from the required garments.
- Employee Health Services will document reasons why a different uniform was allowed in the employee's medical record and provide a waiver document to be placed in the employee's personnel file.
- The employee will work with Baystate Health's approved vendor to obtain approved garments within the guidelines of the Caregiver ID Program as well as meet the employee's needs.

Scrub tops, pants and jackets are the same color per role in accordance with the Caregiver Identification Program. Only plain/non-logo, white, black or exact color to scrubs t-shirts, short or long-sleeved, may be worn under the uniform.

A link to additional information regarding the Caregiver Identification Program is on The Hub.

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

Attachment L

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**Effective: April 15, 2021**

**Baystate Health**

**Health and Safety Clearance for Students, non Baystate Health Faculty**

**I. POLICY:**

It is the policy of Baystate Health that, prior to beginning their educational experience, all students will have evidence of meeting the Employee Health Service's requirements for onboarding and will complete basic safety training in order to receive their identification badges. All students are required to wear approved BH identification badges.

**II. PURPOSE:**

To protect the health and safety of students, patients and employees. **III.**

**SCOPE:**

All matriculated and non-matriculated students, residents, and non-Baystate health faculty (non BH faculty) and non BH employees from other institutions, and others participating in an educational experience more than 8 hours per week at any Baystate Health facility under officially recognized training or educational programs.

**IV. PROCEDURE:**

A. It is the responsibility of Baystate Health department heads or managers who enter into any agreements providing educational opportunities to ensure that all individuals listed in the scope section of this policy are permitted to begin their educational experience after they receive proper clearance and an identification badge.

B. Affiliating institutions must submit a list of all students, assignment areas and time periods of affiliation to Healthcare Education offices (see attachment A), four weeks prior to the start of their assignment.

C. In order to receive an identification badge, the parties listed in the scope section of this policy must have:

- Completion of a Baystate Employee Health Services(EHS)HS Attestation form (see attachment B)
- Completion of Confidentiality, and Safety Requirement.

- Appropriate background checks

D. Students returning to BH for a second year must meet Baystate Health current immunization requirements and updated TB test.

D. If a student in the same matriculated program leaves the Baystate Health program for more than 90 days a background check does not need to be repeated.

- TB skin test results must be submitted to Employee Health Service.

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**Effective: April 15, 2021**

**V. PROPONENT:** Senior Director, Occupational Health

**Approval:**

  
Kristin R Morales-Lemieux

Senior Vice President, Human Resources & CHRO

**Replaces:**

**Policy Name:** HR-603 Health and Safety  
Clearance for Students, non Baystate Health  
Faculty

**Policy Date:** May 22, 2018

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

Attachment M

**BH-HR-818**  
**Page 1 of 2**  
**Effective: April 15, 2021**

**Baystate Health**

**Smoke-Free Environment**

**I. POLICY:**

Smoking is strictly prohibited at all times, and at all locations on all Baystate Health owned and leased buildings and properties and grounds (including building entryways, campus walkways, parking garages, bus shelters and parking lots), company-owned vehicles and personal vehicles while on Baystate Health property. Smoking is prohibited at any Baystate Health sponsored events on or off the premises and at any event at which an employee is representing Baystate Health. Employees may not smoke nor use tobacco products during paid work time, either on or off the premises. Baystate Health expects all employees to be respectful of our neighbors and of community property and that employees will not smoke on grounds adjacent to our properties.

**II. PURPOSE:**

Smoking is the single most important preventable cause of death and disability in the United States. Further, substantial bodies of research documents that being exposed to environmental tobacco smoke pollution can seriously threaten the health of non-smokers as well.

For purposes of this policy, “smoking” means inhaling, exhaling, burning, carrying or possessing any lighted tobacco product, including cigarettes, cigars, pipe tobacco, and any other lit tobacco products, including electronic cigarettes. Chewing tobacco is also prohibited.

As a leader among health care organizations, Baystate Health is dedicated to the promotion of the health and welfare of its staff, patients, and visitors and to serving as a model of good health promotion policies in the community. Because of this genuine concern, Baystate Health is committed to maintaining a healthful, smoke-free environment.

**III. SCOPE:**

The Smoke-Free Environment policy applies to all persons, including employees, medical staff, patients, visitors, volunteers, students, vendors, contractors and other guests.

**IV. PROCEDURE:**

**Expectations:**

The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of all Baystate Health employees.



All Baystate Health employees are required to observe the Smoke-Free Environment policy and promote policy compliance. Baystate Health leaders are responsible for monitoring and ensuring compliance by other individuals. Assistance with monitoring and compliance will be provided by the Department of Security when necessary.

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**Effective: April 15, 2021**

Employees observing an individual violating the Smoke-Free Environment Policy are encouraged to courteously remind the individual of this Policy and suggest that smoking materials be extinguished. If the individual smoking refuses to comply, please advise your manager, who will then communicate with the manager of the employee violating the policy.

Baystate Health personnel who violate this policy will be subject to corrective action up to and including termination in accordance with BH Policy [BH-HR-804](#).

Any questions or concerns regarding the Smoke-Free Environment policy should be directed to your supervisor or your Human Resource Business Partner.

Springfield locations, except BVNAH  
call (413) 794-5655

Baystate Mary Lane Hospital  
call (413) 967-2117

Baystate Visiting Nurse Association & Hospice  
call (413) 794-6421

Baystate Franklin Medical Center  
call (413) 773-2295).

**V. SMOKING CESSATION OPPORTUNITIES:**

Baystate Health encourages and supports all employees who choose to quit smoking. To that end, Baystate Health is committed to providing Smoking Cessation resources and self-help materials for those employees who want to quit smoking. For further information about these resources, please contact the BH Wellness Coordinator at (413) 794-7610, your supervisor or your Human Resource Business Partner.

**V. CROSS REFERENCE(S):**

- [BC 1.125](#) - Smoke-Free Environment Policy
- [BH-HR-804](#) – Corrective Action

**VII. REVIEWED/APPROVED BY:** President's Cabinet, January 1, 2006

**VI. PROPONENT:** Director, Human Resource Compliance and Employee Relations

**Approval:**

\_\_\_\_\_  
Kristin R Morales-Lemieux  
Senior Vice President, Human Resources & CHRO

**Replaces: Policy Name:** HR-818 Smoke Free Environment  
**Policy Date:** January 24, 2018

BAYSTATE MEDICAL CENTER  
Midwifery Education Program Policy

Attachment N

**BH-HR-810**  
**Page 1 of 3**  
**Effective: April 15, 2021**

**Baystate Health**

**Harassment in the Work Place**

**I. POLICY:**

Baystate Health supports an environment conducive to the respectful and dignified treatment of its employees, patients, visitors, vendors and others associated with Baystate Health and an environment free from unlawful harassment, unlawful sexual harassment, or other harassing or disruptive behaviors. All employees and providers are expected to conduct themselves in a professional and cooperative manner when performing services on behalf of Baystate and refrain from disruptive, abusive, or otherwise inappropriate conduct toward patients, employees, visitors, and other practitioners.

**II. PURPOSE:**

The purpose of this policy is to:

- > Foster a work environment which is characterized by mutual respect among Baystate Health's employees, patients, visitors, vendors and others associated with Baystate Health.
- > Promote optimum patient care by preventing conduct that disrupts operations, interferes with the ability of others to carry out their responsibilities or creates disharmony in the work environment.
- > Provide procedures for reporting, investigating and resolving harassment complaints.

**III. SCOPE:**

All Baystate Health employees, physicians, students, residents, volunteers, patients, visitors, vendors and others associated with Baystate Health and its entities.

**IV. DEFINITIONS:**

**Unlawful Harassment** Verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her age, color, disability, sex, gender identity, pregnancy, national origin, race, ancestry, religion, sexual orientation, genetics, or active military or veteran status or that of his or her relatives, friends, or associates; and that (1) has the purpose or effect of creating an intimidating, hostile or offensive working environment; (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities.

**Sexual Harassment** is one form of Unlawful Harassment. Sexual Harassment is unlawful gender discrimination under federal and state law. Sexual Harassment is unwelcome conduct which involves sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or (2) such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment. Examples of Sexual Harassment include, but are not limited to:

- unwelcome sexual advances whether they involve physical touching or not;

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**Effective: April 15, 2021**

- sexual epithets, jokes, written or oral references to sexual conduct (including in texts, posts, emails or conversations);
- comments about an individual's body or comments about an individual's sexual activity;
- displaying sexually suggestive objects, pictures, cartoons;
- unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- inquiries into one's sexual experiences;
- discussion of one's sexual activities or gossip about one's sex life.

**Other Harassing or Disruptive Behavior** Verbal or physical conduct which denigrates, intimidates, undermines confidence, shows hostility toward, belittles or ridicules an individual, or any other behavior that may affect patient care negatively, cause disharmony or disruption and may not be unlawful. Examples of other harassing or disruptive behavior include, but are not limited to: (1) throwing objects; (2) yelling; (3) threats directed at people; (4) any physical contact; (5) invading another's space; (6) obscenities; (7) bullying.

## **V. PROCEDURE:**

### **Harassment**

Any employee or member of the Baystate Health community is encouraged to promptly report any behavior they consider to be harassment, in writing or verbally, to their manager or to Employee Relations (4-1748 or 4-5655), or to their local Human Resources Director (for Baystate Health entities).

A manager or supervisor is required to ensure a harassment-free work environment and to report any complaints of harassment immediately to the Employee Relations Department contact listed above so that the matter can be appropriately investigated and addressed.

All complaints of harassment as defined in this policy will be taken seriously and will be investigated promptly in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. The investigation may include private interviews with the person filing the complaint, witnesses and the person alleged to have committed the harassment. If it is determined that Harassment as defined in this policy has occurred, Baystate Health will act promptly to eliminate the offending conduct. Corrective Action will be taken as deemed appropriate under the

circumstances, up to and including termination. The individual who filed the complaint will be notified when the investigation is completed.

Baystate Health will not tolerate any retaliation against anyone who in good faith reports an incident of alleged harassment provides information in relation to such a report, or who cooperates in an investigation. Retaliation is viewed as a very serious violation of this policy and should be reported immediately to Employee Relations (4-1748 or 4-5655), or HR Business Partner (4-5655).

#### **VI. DIRECTIONS FOR CONTACTING STATE OR FEDERAL ENFORCEMENT AGENCIES:**

In addition to the complaint procedure for Unlawful Harassment, including Sexual Harassment, as defined in this Policy, an employee may file a complaint with either or both of the government agencies set forth below. The use of the Baystate Health complaint procedure does not preclude an employee from filing a complaint with either government agency.

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Agency	Contact Information	Time Period for Filing a Claim
Massachusetts Commission Against Discrimination (MCAD)	436 Dwight Street Room 220 Springfield, MA 01103 (413) 739-2145	Three Hundred (300) days
United States Equal Employment Opportunity Commission (EEOC)	1 Congress Street 10th Floor Boston, MA 02114 (617) 565-3200	Three Hundred (300) days

**Approval:**

\_\_\_\_\_  
Kristin R Morales-Lemieux  
Senior Vice President, Human Resources & CHRO

**Replaces:**

**Policy Name:** HR-810 Harassment in the Work Place  
**Policy Date:** March 16, 2018

BAYSTATE MEDICAL CENTER  
Midwifery Education Program Policy

Attachment O

**BH-HR-807**  
**Page 1 of 8**  
**Effective Date: April 15, 2021**

**Baystate Health**

**Drug-Free Workplace Policy**

**I. POLICY:**

It is the policy of Baystate Health to protect the safety, health and well-being of all Baystate Health Team Members and other Non-Employed BH Personnel in our work place. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug- and alcohol-free workplace program that balances our respect for individuals with the need to maintain an alcohol- and drug-free environment. Baystate Health encourages Team Members and other Non-Employed BH Personnel to voluntarily seek help with drug and alcohol problems.

**II. PURPOSE:**

In order to fulfill our mission to improve the health of the people in our communities every day, with quality and compassion, Baystate Health must maintain a work environment that is safe for our patients, visitors, our Team Members and other Non-Employed BH Personnel.

**III. SCOPE:**

Adherence to this policy is the responsibility of all Baystate Health Team Members and Non-Employed BH Personnel. This policy applies during all working hours, whenever conducting business or representing the organization, while on call, paid standby, while on Baystate Health property, and at company-sponsored events.

**IV. DEFINITIONS**

**Alcohol** – Any substance that contains alcohol

**Non-Employed BH Personnel** – Any person who performs a service or receives education or other training at a Baystate Health facility, but who is not employed by Baystate Health, including, but not limited to, Medical Staff and Associate Staff members who are not Baystate Health employees, contractors, vendors, and affiliating students.

**Controlled Substances** – Those substances as defined in Section 202 of the Controlled Substances Act, 21 U.S.C. 812, including but not limited to marijuana (cannabis).

**Team Member** – Any person who is employed by Baystate Health and has an assigned employee identification number (EN number)

**Illicit Drug** – Any drug or controlled substance, the sale or consumption of which is illegal; or any legally obtainable controlled substance which either has not been prescribed by a licensed practitioner for treatment purposes or is not being used for prescribed purposes, or, in the case

of marijuana (cannabis), is not being used in accordance with a written certification from a Massachusetts licensed healthcare provider and pursuant to a valid registration with the Massachusetts Department of Public Health.

**Impaired** – Unable to safely perform work-related responsibilities without being a direct threat to the health or safety of others due to the ingestion and effects of alcohol, any controlled substance or an illicit drug

**Intoxicant** – Substance that when ingested or consumed effects the nervous system to cause loss of control such as but not limited to becoming drunk

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**Under the Influence** – Having a detectable level of alcohol or an illicit drug in the body

## **V. ROLES:**

The promotion and maintenance of a drug-free environment is a shared responsibility. It is the responsibility of all associated with Baystate Health to uphold this policy and take proactive action to ensure a safe and drug-free environment.

### **1. Managers & Supervisors:**

It is the managers' and supervisors' responsibility to be thoroughly familiar with the provisions of this policy and take appropriate action under the policy, including:

- Inform Team Members and other Non-Employed BH Personnel of the drug-free work place policy, and ensure that they understand and comply with the policy
- Observe Team Member and Non-Employed BH Personnel performance, and identify the signs of suspected substance abuse or of being Impaired
- Investigate reports of dangerous practices
- Document negative changes and problems in performance, and counsel Team Members as to expected performance improvement
- Know how to refer those with observed behavioral and performance problems to the Employee Assistance Program (EAP) policy (HR-303)
- Know when and how to request a Fitness for Duty Examination with an Employee Health Services provider (EHS)

### **2. Baystate Health Team Members and Non-Employed BH Personnel:**

All Team Members and Non-Employed BH Personnel are required to ensure that when they report to work or are subject to duty such as on-call, they are not Impaired, including not Impaired by the use of alcohol or illicit drugs. In addition, Team Members and Non-Employed BH Personnel are strongly encouraged to support fellow workers in seeking help and to use the Employee Assistance Program when appropriate. All Team Members and Non-Employed BH Personnel are required to immediately report dangerous behavior to their supervisor or manager.

Team Members who require leave for the purpose of obtaining treatment for substance abuse or other medical or mental health problems that cause them to be unfit for duty may be eligible for FMLA or medical leave of absence. When this occurs, Team Members are required to immediately contact Zurich at 888-902-4583 to request a leave of absence.

**1. Employee Health Service:**

Employee Health Service shall utilize guidelines and procedures attached to this policy regarding the identification; treatment and rehabilitation of Team Members with substance abuse problems (see Section IX-Drug Testing).

**2. BH Online Safety Education Program:**

This education program includes a copy of this Drug-Free Workplace Policy with an attendant online annual training module.

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**5. Employee Assistance Program:**

Employee Assistance Staff provide confidential, individual assessment and counseling with referral to specialized resources as determined necessary, and follow-up service thereafter as indicated by contract with Baystate Health.

**1. Human Resource Consultants:**

HR Consultants are available as a resource to Team Members and supervisors / managers, for assistance with interpretation of this policy, or for consultation regarding the investigation and management of situations involving substance abuse or fitness for duty.

**2. Disability and Leave Management:**

Disability and Leave Management serves as the liaison between Baystate Health and Zurich our absence management vendor. Disability and Leave Management provides consultation to Team Members, supervisors / managers, and Human Resource staff regarding Team Members' leave status, Baystate Health's leave of absence policies, state / federal leave laws, and compensation during leave.

**3. Medical Staff Office:**

The Medical Staff Office of the relevant BH-Affiliated hospital, in conjunction with the hospital administration, shall be responsible for implementation of this policy for Team Members and Non-Employed BH Personnel who are members of the Medical Staff or Associate Medical Staff.

**VI. PROHIBITED BEHAVIOR**

**4.** It is a violation of this policy for Team Members and Non-Employed BH Personnel to possess, use, or be under the influence of alcohol, any illicit drug, or marijuana during work time, including on call time, on Baystate Health property, while performing Baystate Health duties, or while representing Baystate Health. Limited alcohol consumption is permitted at Baystate Health celebration events, as described in the [Celebrations & Events Policy, BH-HR-316](#).

5. Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a medical provider's prescription.
6. Use of marijuana (cannabis) for medical purposes during non-work and non-call hours, off Baystate Health property, and while not representing or performing duties for Baystate Health and in accordance with a written certification from a Massachusetts licensed healthcare provider and pursuant to a valid registration with the Massachusetts Department of Public Health, is not prohibited. The possession of or use of marijuana in any form and by any means of consumption, including for medical purposes, is strictly prohibited on and in all Baystate Health property, including, but not limited to, all clinical areas, building entryways, campus walkways, parking garages, parking lots, company owned vehicles and personal vehicles while on Baystate Health property.  
Any Team Member or Non-Employed BH Personnel taking prescribed or over-the-counter medications or using marijuana (cannabis) for medical purposes (when permitted by this policy) will be responsible for consulting the prescribing or certifying medical provider and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of others, including other Team Members, Non-Employed BH Personnel, or the public, it is the responsibility of the Team Member or Non-Employed BH Personnel to take appropriate action to avoid unsafe workplace practices. For instance, depending on the severity of the situation the
7. Team Member or Non-Employed BH Personnel may call in sick, apply for a leave of absence, request change of duty, notify supervisor, or notify Employee Health Services

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- of his/her job. If the use of a medication could compromise the safety of others, including other Team Members, Non-Employed BH Personnel, or the public, it is the responsibility of the Team Member or Non-Employed BH Personnel to take appropriate action to avoid unsafe workplace practices. For instance, depending on the severity of the situation the Team Member or Non-Employed BH Personnel may call in sick, apply for a leave of absence, request change of duty, notify supervisor, or notify Employee Health Services.
8. The illegal or unauthorized use of prescription drugs is prohibited. In addition, certain licensure requirements may necessitate additional reporting (Board of Registration in Medicine, Board of Registration in Nursing, Department of Transportation, Board of Pharmacy, etc.)
  9. The unlawful manufacture, distribution, sale, or dispensing of illicit drugs or controlled substances on Baystate Health property or while performing Baystate Health functions are prohibited.



## **10. VII. COMPLIANCE WITH DRUG FREE WORKPLACE ACT OF 1988**

As an organization that receives funding from the federal government, Baystate Health is a covered organization under the Drug Free Workplace Act of 1988. This law requires that covered organizations:

11. Publish a policy statement that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the covered workplace and specifying the actions that will be taken against Team Members who violate the policy.
12. Establish a drug-free awareness program to ensure Team Members and Non-Employed BH Personnel are aware of a) the dangers of drug abuse in the workplace; b) the policy of maintaining a drug-free workplace; c) any available drug counseling, rehabilitation, and Employee Assistance Programs; and d) the penalties that may be imposed upon Team Members for drug abuse violations.
13. Notify Team Members that as a condition of employment on a Federal contract or grant, the Team Member must: a) abide by the terms of the policy statement; and b) notify Baystate Health, within five calendar days, if he/she is convicted of a criminal drug violation in the workplace. This notification must be made in writing to Baystate Health within five calendar days of the conviction. The notification requirement does not apply, however, to drug offenses occurring outside of the workplace. Team Members are not required to report drug arrests, but are required to report convictions.
14. Notify the federal contracting or granting agency within 10 days after receiving notice that a covered Team Member has been convicted of a criminal drug violation in the workplace.
15. Impose a penalty on, or require satisfactory participation in a drug abuse assistance or rehabilitation program by, any Team Member who is convicted of a reportable workplace drug conviction.
16. Make an ongoing, good faith effort to maintain a drug-free workplace by meeting the requirements of the Act.

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Source -- [http://www.dol.gov/elaws/asp/drugfree/not\\_emp.htm](http://www.dol.gov/elaws/asp/drugfree/not_emp.htm)

## **VIII. SEARCHES**

Entering Baystate Health property constitutes consent to searches and inspections. If any Team Member or Non-Employed BH Personnel is suspected of violating the drug-free work place policy, he or she may be asked to submit to a search or inspection at any time. Searches can be conducted of pockets and clothing, lockers, wallets, purses, briefcases, lunchboxes, desks, work stations, vehicles and equipment. All searches will be conducted in accordance with BH policy and procedures (see [Workplace Searches, Inspections and Investigations Policy, BH-HR-823](#)).

### **I. DRUG TESTING**

17. To ensure the accuracy and fairness of our testing program, all testing will be conducted according to EHS standard operating procedures.
18. All drug-testing information will be maintained in Employee Health with secure access, which is separate from the Personnel File.
19. Each Team Member and Non-Employed BH Personnel, as a condition of working at or on behalf of BH, is required to participate in drug and/or alcohol screening, in the following circumstances:
- Pre-placement Urine Drug Screening – will be conducted utilizing the urine drug screen panel according to the EHS standard operating procedures.
  - Post-accident – substances tested will be dictated by federal DOT regulations in effect at the time testing is performed (when applicable) and EHS standard operating procedure. See [Fleet Policy \(see BH-HR-902\)](#) for drivers who are not under the DOT.
  - Reasonable Suspicion / Fitness for Duty / Post Injury- substances tested will be dictated by EHS standard operating procedures.
  - Return-to-Work Following Fitness for Duty related to substance abuse –substances tested will be dictated by EHS standard operating procedures.
  - Follow Up Testing – substances tested will be dictated by the EHS standard operating procedures.
4. Drug and breath alcohol testing is performed by qualified staff.
20. Team Members and Non-Employed BH Personnel who test positive for drugs or alcohol will be immediately removed from duty, and may be placed on administrative leave.
21. Non-Employed BH Personnel who violate the Drug-Free Workplace Policy are prohibited from continuing their assignment / service to / training with Baystate Health. The sponsoring organization will be immediately notified of the policy violation, and the individual will be barred from returning to any Baystate Health facility in any capacity other than as patient or visitor.
22. Team Members and Non-Employed BH Personnel who refuse to cooperate with Employee Health Services or any aspect of the Fitness for Duty evaluation process, as described in the Drug Free Workplace or Fitness for Duty Policies, will be considered in violation of these policies, and will be immediately removed from duty, pending further investigation.

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## **X. PROCEDURAL DETAIL**

### **A. Job Candidates**

All job candidates are required to pass a pre-placement evaluation by an EHS provider. If a candidate violates this Drug-Free Workplace Policy, the offer of employment will be

withdrawn. The candidate may reapply after twelve months and must successfully pass a pre-employment urine drug and alcohol screening.

**B. Driving Requirements**

Prior to beginning work as a new hire, or transferring into positions involving driving corporate vehicles for which a DOT (Department of Transportation) card is required, Team Members will have a urine drug test performed through Employee Health Service in accordance with the [Department of Transportation \(DOT\) Mandated Drug and Alcohol Testing Policy \(see BH-HR-600\)](#).

In accordance with the [Fleet Policy \(see BH-HR-902\)](#), all Team Members driving corporate motor vehicles for business purposes, whether covered by the DOT or not, will be required to submit to post-accident drug and alcohol testing following motor vehicle accidents that meet the DOT criteria as listed in [Department of Transportation \(DOT\) Mandated Drug and Alcohol Testing Policy \(see BH-HR-600\)](#).

**C. Fitness for Duty Examination**

When there is reasonable cause to believe that a Team Member or Non-Employed BH Personnel is unable to perform the essential job functions, or poses a direct threat to self or others, he or she may be required to be evaluated by an Employee Health Services Provider to determine his/her fitness for duty. This evaluation may include drug and alcohol testing. Fitness for Duty evaluations may be requested by Baystate Health management and supervisors. For further information regarding fitness for duty evaluation, see [Fitness for Duty Policy \(BH-HR-824\)](#).

**D. Post-Injury Testing**

A Fitness for Duty evaluation may be ordered following workplace accidents, whether they occur on site or off site, under these circumstances:

- 1) Accident on or about Baystate Health property or jobsites involving a bodily injury to an employee or other person
- 2) Accident on or about Company property or jobsites involving damage to Baystate Health property, including, but not limited to motor vehicles and other equipment

**E. Assistance**

Baystate Health recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our Team Member and Non-Employed BH Personnel, our drug-free work place policy:

- Ensures a mandatory referral to the EAP (HR-303) for any Team Member who self-discloses a problem with the use of alcohol and/or controlled substances and who is not suspected of currently violating the Drug-Free Workforce Policy (HR-807), the Fleet Policy (HR-902), **or** the DOT Mandated Drug and Alcohol Testing policy (HR-600).
- Offers all Team Members and their household members assistance with alcohol and drug problems through the Employee Assistance Program (EAP).

Encourages Team Members and Non-Employed BH Personnel to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help;

- Ensures the availability of a current list of qualified community professionals;
- Offers all Team Members and their household members assistance with alcohol and drug problems through the Employee Assistance Program (EAP). Allows the use of accrued paid leave while seeking treatment for alcohol and other drug problems. Managers/Team Members shall reference leave of absence policies for more information. Treatment for alcoholism and/or other drug use disorders may be covered by the Team Member's benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the Team Member.

F. Substance Abuse Rehabilitation and Conditions for Continued Employment (*applies to Baystate Health Team Members only*)

One of the goals of our drug-free work place program is to encourage Team Members to voluntarily seek help with alcohol and/or drug problems. If, however, a Team Member violates this Drug-Free Workplace Policy, the consequences are serious.

A Team Member who is determined via a Fitness for Duty evaluation to be impaired by alcohol or drugs is subject to immediate corrective action up to and including termination from employment.

A Team Member who is non-compliant with any aspect of the Fitness for Duty evaluation is assumed to be unfit for duty, and the Team Member's employment will be terminated.

The management of a Team Member with a substance abuse problem under this policy is not intended to bypass any reporting requirements of state licensing boards applicable to such Team Members or to protect anyone from prosecution for illegal activities under state or federal law.

A. Confidentiality

All information received by the organization through the drug-free workplace program is confidential. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies. A *Corrective Action Notice* that results from violation of the Drug-Free Workplace Policy will be placed in the Team Member's personnel file; however, the notice will state only that the policy was violated, the date of violation, and the level of discipline. Such notices will not contain details regarding the nature of the violation, including private health information.

**XI. REVIEWED/APPROVED BY: Human Resources Executive Group**

**I. PROPONENT: Director, Employee Health &  
Occupational Medicine Cross-Reference:  
BC 1.130 Marijuana-Free Environment  
Policy Approval: \_\_\_\_**

Kristin R Morales-Lemieux  
Senior Vice President, Human Resources & CHRO  
**Replaces:**  
**Policy Name:** HR-807 Drug-Free Workplace Policy

## **BC 1.130 MARIJUANA-FREE ENVIRONMENT POLICY**

### **POLICY**

The possession of or use of marijuana, including Medical Marijuana, in any form and by any means of consumption is strictly prohibited on and in all Baystate Health owned and leased buildings, properties and grounds including, but not limited to, all clinical areas, building entryways, campus walkways, parking garages, parking lots, company owned vehicles and personal vehicles while on Baystate Health property ("Baystate Premises").

### **PURPOSE**

It is legal in the Commonwealth of Massachusetts to possess marijuana for therapeutic use ("Medical Marijuana") and recreational use. However, Federal Law continues to prohibit the possession and use of marijuana for any reason. Baystate Health remains committed to compliance with Federal Law and will not allow possession of or use of Marijuana, medical or otherwise on Baystate Health property.

### **SCOPE**

The Marijuana-Free Environment Policy applies to all persons, including employees, medical staff members, patients, visitors, volunteers, students, vendors, contractors and other guests. See BH-HR 807 Drug-Free Workplace Policy and BH-HR 824 Fitness for Duty Policy for specific information on employee compliance.

### **DEFINITIONS**

Marijuana:

Any form of cannabis, or chemical composition containing cannabis.

Medical Marijuana:

Any form of cannabis, or chemical composition containing cannabis, in the possession of an individual having or claiming to have lawful certification for eligibility to possess marijuana to treat the symptoms of a defined medical condition.

### **PROCESS**

1. Notice to Patient, Guests and Visitors:  
Baystate Health's policy prohibiting the possession or use of Marijuana for any reason will be stated in the "Patient Guide" and on the Baystate Health Web-site (in the section titled "Patients and Visitors").
2. Response to reasonably suspected possession or use of marijuana on Baystate Premises by a patient, guest or visitor:
  - a. Security will be notified if any patient, guest or visitor is reasonably suspected as using and/or possessing marijuana on Baystate Health Premises.
  - b. The individual will be instructed to immediately cease possession or use of the substance and to remove or have removed the substance and any equipment or supplies used for its consumption from Baystate Premises.
  - c. Marijuana will remain with the patient, guest or visitor for a reasonable time awaiting its removal from the Baystate Premises. The timeframe for removal will be determined by Department of Security staff on a case by case basis with consideration of the following:

- i. The patient's expected duration of stay at the BH facility;
    - ii. The patient's medical condition and ability to maintain safe temporary possession of the marijuana;
    - iii. The availability and location of family or others to assist in removal of the marijuana; and
    - iv. Risk to patients, staff or Baystate Health facilities.
  - d. Marijuana that cannot be removed from Baystate Premises within a reasonable time will be confiscated by the Department of Security for destruction.
    - i. The marijuana will be confiscated by two security officers or one officer and one other hospital employed manager or supervisor for destruction consistent with Security Procedure.
3. Response to inpatient requests for access to Medical Marijuana
- Any inpatient requesting to use Medical Marijuana will be informed of this policy. During an inpatient admission the patient's physician may consider prescribing an FDA-approved and hospital formulary available medication as a temporary substitute for inpatient use.

#### **REGULATORY REFERENCES**

21 U.S.C. Ch. 13 sec 801 et seq. (1970)

105 C.M.R. 725.000 et seq. (2012)

#### **POLICY REFERENCES**

BC 1.125 Smoke Free Environment Policy BH-HR 807 Drug-Free

Workplace-HR 824 Fitness for Duty Policy

Approved:	BH Policy Management Committee	12/01/2016
	Medical Staff Executive Committee	
Other Committee Approvals:		
Originating Author:	Director of Risk Management	12/01/2016
Revising Author:	Director of Risk Management	
Replaces:	Original	12/01/16
Original Effective Date:		
Review Dates without revision		
Revision dates:		

Attachment P

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**POLICY: Campus Security Policies and Procedures**

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On November 8, 1990, the Student Right-to-Know and Campus Security Act was signed into law. Title II of the Act is the Crime Awareness and Security Act of 1990, which requires the School to distribute certain information regarding campus security policies to all students and employees. This information includes the occurrence on campus of certain criminal offenses which are considered to be a threat to students and employees, and have been reported to campus security authorities or local police agencies. The Director of Security maintains a file of criminal activity and makes this available to the Director, Nurse Midwifery Education program, upon request. An annual Campus Security Report including crime statistics is distributed annually to all students and employees.

Campus Security

Baystate Medical Center employs a full-time, in-house Security Department. Security Officers are assigned to patrol the grounds and buildings surrounding the hospital 24 hours a day, 7 days a week.

You should be alert for and report immediately to the Security Department any irregularities or suspicious persons, or activities that might pose a threat. The Security Department, in order to achieve its purpose, will:

1. Patrol the facility, monitor safety hazards, and verify operational status of fire and security alarm system.
2. Function as a liaison with all law enforcement agencies.
3. Investigate all thefts and prevent removal of Baystate Medical Center property from the premises.
4. Leave the authority to inspect parcels, lockers, motor vehicles, or other areas for the protection of property and persons.

Crime Prevention

The Director of Security or his representative will present a Crime Prevention Program at the students' annual orientation session and once a year for employees. This program is designed to educate students and employees regarding ways to help increase their personal safety as well protection of their property of Baystate Medical Center Equipment.

**POLICY: Campus Security Policies and Procedures**

The supervisors and special officers of Baystate Medical Center Security have full arrest powers issued by the Springfield Police Department.

All crimes and arrests are reported to the Springfield Police Department by the Director of Security.

### Campus Crime Statistic

As a student of Baystate Medical Center School of Nursing, you have the right to be informed of any major, or violent crimes occurring on campus that are considered to be a threat to students and employees: murder, forcible, or nonforcible sex offenses, rape, robbery, aggravated assault, burglary and motor vehicle theft. The occurrences of these criminal offenses reported to the Baystate Medical Center Security Department will be maintained for the most recent calendar year and the two (2) preceding calendar years. In conjunction with Baystate Medical Center School of Nursing Drug-Free Campus Program, you also have the right to know of any arrests for the following crimes occurring on campus: liquor law violations, drug abuse violations and weapons possessions.

### Fire, Safety and Campus Security Orientation

A section of the orientation program you attend at the beginning of each academic year is designed to familiarize you with fire safety and campus security policies as they relate to all facilities and surrounding buildings. Attendance at this orientation is mandatory. Students and employees play an important role in security – it is everyone's responsibility to be aware of and follow safety rules and regulations.

### Drug Free Environment Policy (excerpt)

Baystate Medical Center policies and procedures related to a drug free environment and campus security apply to students in the school. Information required by law will be distributed annually to each student.

### **TO CONTRIBUTE TO CAMPUS SECURITY:**

- Understand the importance of security
- Be alert and report any security or safety problems
- Do your part by always following safety and security rules and regulations.
- Help prevent crime: report suspicious people or activities that might pose a threat
- Lock all windows and doors prior to leaving campus building

## **CODE OF CONDUCT**

1. All students and employees are issued hospital ID cards, which must be worn in plain view at all times while on hospital property.



2. All students and employees are subject to the security policies and procedures of the Baystate Medical Center Security Unit
3. Students and employees that witness any criminal action or an emergency shall notify the BMC Security Unit at extension 4-5534 or 4-4357 (HELP) and the Director of the Nurse Midwifery Education Program.
4. Any criminal activity involving students or employees taking place off-site during scheduled clinical experience shall be reported to the BMC Security Unit at extension 4-5534 and to the Director of the Nurse Midwifery Education Program.
5. A written description of any reported incident will be submitted by the Director of the Nurse Midwifery Education and to the Director of Security.

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Sukey Agard Krause, CNM, MSN  
Director  
Nurse Midwifery Education Program

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Date  
Replaces School of Nursing Policy  
Dated 4-28-96  
Reviewed 11-30-06, 8/27/14; 5/27/16

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

Attachment Q

**MANDATORY UNIVERSAL MASKING AND SOCIAL DISTANCING POLICY**

**I. OVERVIEW**

Protecting employees and ensuring the safety of patients and visitors is our priority at Baystate Health. This document outlines the current policy on the use of facemasks and proper social distancing while at work to decrease the risk of exposure to COVID-19 for patients, staff, and visitors.

**ii. EFFECTIVE DATE**

Baystate Health employees working in clinical facilities have been required to wear masks since April 1, 2020. The mask mandate was extended to all employees in non-clinical locations. This policy was developed based on currently available published guidance on source control from the CDC and MA DPH. Decisions are made collaboratively and are based on ongoing risk-assessments of the evolving COVID-19 pandemic. This policy represents the best recommendations as of July 27, 2020, will be reviewed regularly, and is subject to change as the situation evolves.

**III. SCOPE**

The Mandatory Universal Masking and Social Distancing Policy applies to all Baystate Health employees, active physicians, contracted personnel, students, volunteers and vendors at all Baystate Health facilities including clinical, administrative, and research locations. This Policy is in addition to Baystate Health's established Infection Prevention policies and procedures which must also continue to be followed.

**I. PROCEDURE**

- Employees must wear a facemask, correctly and at all times, while on Baystate Health premises except when working in private individual offices or in areas where employees are reliably separated by more than 6 feet from others. Masks must be worn in all through common areas, regardless of ability to socially distance.
- Masks must fully cover the nose and mouth. Masks that have been pulled below the nose or under the chin do not provide adequate protection, and masks worn in these positions or any other position not fully covering the nose and mouth will be considered non-compliant with the mandatory universal masking requirements.
- One surgical or procedural face mask will be issued at the start of each shift and will be used throughout the shift. The mask will be discarded and replaced if it becomes wet, soiled or damaged.

- Along with masking, employees will practice principles of physical distancing, respiratory etiquette, and frequent hand hygiene.
- Eating is not permitted in clinical areas. Drinking is permitted in designated locations in clinical areas. If employees need to drink, they will ensure that they are 6 feet away from others and perform proper hand hygiene.
- To limit the number of people in a break room, staff must stagger break times to allow for 6 feet of distance between employees who will be unmasked while eating or drinking in the breakroom. If the breakroom is at capacity, the cafeteria, outdoor seating areas, and other areas designated for staff gathering that allow for proper social distancing are available as alternative break locations.
- In nonclinical settings, where eating and drinking is not restricted, employees must maintain 6 foot distance while unmasked for eating and drinking.
- Every effort should be made to limit exit and entry to the facility during each shift to preserve supplies of face masks. Employees using the mask in exclusively non-clinical settings can store the mask and reuse it upon re-entry; employees working in clinical areas should discard the mask upon exit and obtain a new one upon re-entry.
- Masks must be worn on employee shuttles.
- The use of non-hospital-approved face masks is not permitted in any building where patients receive care.
- Surgical procedure and isolation mask use includes changing your mask for each surgical procedure and for isolation rooms usage follow IC64 and 1061 for change guidance throughout the work shift.
- When removing masks to be discarded, please remember to place them in a nearby trash can.

**v. ACCOUNTABILITY**

All employees of Baystate Health are responsible for adhering to the requirements of this policy. A first violation of this Policy will result in a written warning. A second violation will result in a final written warning and any subsequent violation will result in termination.

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

Attachment R

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**BH-HR-802**  
**Page 1 of 3**  
**Effective: April 15, 2021**

**Baystate Health**

**Confidentiality**

**I. POLICY:**

It is the policy of Baystate Health to safeguard and maintain the confidentiality of: BH business information, proprietary information or trade secrets belonging to or regarding Baystate Health, confidential information regarding BH employees or vendors, and information about BH patients or visitors (all referred to as “confidential information”). Baystate Health considers any inappropriate or unauthorized access to and/or disclosure of confidential information, or failure to secure confidential information from manual or automated systems, a violation of trust that jeopardizes the mission and survival of the organization.

**II. PURPOSE:**

To protect Baystate Health and its patients from inappropriate disclosure of confidential information and to limit access to such information to only those who have a legitimate need to know.

**III. SCOPE:**

All employees, interns, physicians, students, volunteers, contract workers, individuals requesting or asked to engage in job shadowing, travelers, trustees of Baystate Health, and any other individuals being given electronic access to Baystate Health systems.

**IV. PROCEDURE:**

**A.** Expectations of individuals covered within the scope of this policy are:

1. the use of good judgment in the utilization of confidential information;
2. those who have access to confidential information will protect the information and limit dissemination to appropriate individuals at appropriate times;
1. all associated with Baystate Health will maintain an environment that fosters adherence to strict confidentiality of confidential information and that this environment will be maintained with the highest level of integrity;

2. All individuals will comply with Baystate Health's Privacy and Security policies when accessing, using, disclosing and securing patient information.

**B.** Those associated with Baystate shall not seek access to, use nor disseminate confidential information for which they do not have a need or right to know to perform their direct responsibilities.

**BH-HR-802**  
**Page 2 of 3**  
**Effective: April 15, 2021**

**C.** Those who have access to confidential information must protect and utilize this information with the greatest level of care. Failure to protect confidential information will result in corrective action up to and including termination of employment.

**A.** Those who do not need access to confidential information but gain access willfully will be subject to corrective action up to and including termination of employment.

**B.** Those who gain access to confidential information inadvertently, either within the organization or outside it, have a responsibility to protect the confidentiality of the information and to take action to stop the further dissemination of confidential information.

**C.** The degree to which the integrity of this policy is breached will determine the level of corrective action.

**D.** A Statement of Confidentiality will be provided, acknowledged and signed by individuals covered within the scope of this policy, prior to being given access to Baystate Health systems or facilities.

**V. Retention**

The signed Statement of Confidentiality is retained in the employee's personnel file. All other signed Confidentiality Statements are to be retained in a manner that ensures that they are retrievable for a period of six (6) years from the date of the individual's separation from Baystate.

**V. CROSS REFERENCES:**

BH Corporate Policy - BC 7.010 Privacy Policy (HIPAA)

**VI. PROPONENT:** Director, Human Resource Compliance and Employee Relations BH  
Policy Management Committee: Approved 11/19/2019

**Approval:**

\_\_\_\_\_  
Kristin R Morales-Lemieux  
Senior Vice President, Human Resources & CHRO

**Replaces:**

**Policy Name:** HR-802 Confidentiality  
**Policy Date:** December 5, 2019

## **BAYSTATE HEALTH**

### **STATEMENT OF CONFIDENTIALITY**

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**I have read and I understand the Baystate Health policy on confidentiality, [BH-HR-802](#).**

I understand that I must protect, and if necessary, intervene to assure that others protect the confidentiality of any patient health or business information at Baystate Health. Sharing such information except in the direct performance of my job duties is a violation of trust placed in me as a healthcare professional that jeopardizes the mission and survival of our organization.

**I understand that inappropriate use or disclosure of information through manual or automated systems or the sharing and/or unauthorized use of passwords for automated information systems is a violation of this policy.**

I have received a copy of the Confidentiality policy and I agree to uphold and promote the provisions of the policy.

**Please check the appropriate box and complete this form below:**

Full-time	<input type="checkbox"/>
Part-time	<input type="checkbox"/>
Per Diem	<input type="checkbox"/>

Contract Worker	<input type="checkbox"/>
Student	<input type="checkbox"/>
Employee	<input type="checkbox"/>
Physician	<input type="checkbox"/>
Management	<input type="checkbox"/>
Traveler	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Print Name:** \_\_\_\_\_

**Employee #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

**Attachment S**

**COVID Precautions for Midwifery Education Program students**

**PURPOSE:** to maximize safety for students and faculty while maintaining quality educational experience for students.

**POLICY:**

1. Classroom

Facemasks must be worn at all time while in the classroom areas.

Simulations will be done with small groups and repeated for all students to participate.

Gowns, masks and face shields or goggles will be required and are provided

2. Clinical

Masks and goggles or face shields will be required for all patient care. Students will not be participating in the care of patients who are COVID-19 positive.

3. Meals

Students are encouraged to eat outside at areas provided when possible. Six feet spacing during eating is encouraged due to documented viral spread among individuals eating together at closer proximity. No more than two students should eat in any one room of the midwifery house.

4. All supplies needed will be provided in the classrooms: hand sanitizer, sanitizing wipes, masks, gowns.

5. Students are required to adhere to all Baystate Health policies, available for review on the HUB: <https://thehub.bhs.org/Departments/COVID19/Pages/News/COVID-19.aspx> These are changing continuously and program policies may be adapted.

6. If a student has symptoms of COVID, they are to contact the program direct and not come to class or clinical. Testing can be arranged through Employee Health Services.

7. Students exposed to someone with COVID must notify the program director and not attend class or clinical until a negative COVID test has been obtained. Exposure is determined by greater than 15 minutes within 6 feet of a COVID positive person without proper PPE or closer than 3 feet of a COVID positive person from longer than 15 minutes with masking.

8. Testing for asymptomatic students is available through Employee Health Services M-F 7a-3p on walk in basis.
9. At all times, students must adhere to Baystate Health COVID related policies.

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Sukey Agard Krause, CNM, MSN  
Director, Midwifery Programs

Approved: 9/1/2020  
Revised date: 9/1/2021



## BAYSTATE MEDICAL CENTER Midwifery Education Program Policy

### Attachment T

#### **BC 6.815 Social Media Policy**

##### **POLICY:**

It is the policy of Baystate Health (BH) to ensure procedures are in place to:

1. Minimize the business, legal and personal risks that may arise from an individual's use of social media, both during work time and non-work time;
2. Protect the privacy and safety of our employees and patients; and
3. Ensure workforce compliance with all laws and regulations.

##### **PURPOSE:**

The policy provides Social Media use rules and guidelines to be followed to protect Baystate's reputation, confidential information and patient privacy.

##### **SCOPE:**

This policy applies to all Baystate Health employees, physicians, vendors, contractors, volunteers, or students accessing, creating, contributing or commenting on any Baystate and Non- Baystate sites (as defined below) during work and non-work time, when the person's affiliation with the Baystate Health network of care is identified, known or presumed. This policy also applies whether our team members are posting on their own sites or commenting on other sites.

##### **DEFINITIONS:**

**Social Media:** Social media is any tool or service that facilitates conversations over the internet. Sites such as Facebook<sup>®</sup>, Workplace<sup>®</sup>, Google+<sup>®</sup>, Instagram<sup>®</sup>, Pinterest<sup>®</sup>, LinkedIn<sup>®</sup> Twitter<sup>®</sup> blogs and other online journals and diaries, discussion boards and chat rooms, third party rating sites such as Yelp<sup>®</sup>, smartphone applications, multimedia host sites (such as YouTube<sup>®</sup> or Flickr<sup>®</sup>) and similar media. Social networking activities include the permission or refusal of posts by others where an individual can control the content of postings.

**Blog:** Short for "Web log" a blog allows an individual or group of individuals to share a running log of events and personal insights with online audiences; may include video formats (vlogs).

**Baystate Health Sites:** Any Internet or intranet site sanctioned, created, branded, and maintained by Baystate Health such as baystatehealth.org, Facebook.com/baystatehealth, twitter.com/Baystate\_Health, youtube.com/baystatehealth, Instagram.com/Baystate\_health, eWorkplace blogs, Workplace<sup>®</sup>, SharePoint sites and collaboration sites, and discussion boards.

**Non-Baystate Health Sites:** Any Internet site not created and maintained by Baystate Marketing, Communications & External Relations such as personal social networking sites (*i.e.*, Facebook). Personal sites must be clearly identifiable as personal, and not use BH brand visuals or messaging.

## **PROCEDURE:**

### **I. USE OF SOCIAL MEDIA AT WORK**

- The computers, electronic media (including email and social media access) and data services provided by Baystate to its employees are primarily for business use. Very limited, occasional, or incidental use of electronic media for personal, non-business purposes is acceptable so long as it does not interfere with the work responsibilities of the employee or the employee's co-workers, and does not negatively impact Baystate's information systems or business functions. Such non-business use is a privilege that may be withdrawn if abused or may result in corrective action.
- Employees should not be checking or posting to personal social media sites while performing work duties or in the presence of patients and visitors. Even if the social media access is related to work, it can be perceived by our patients and visitors as neglectful of patient care, rude and/or bad customer service.
- All contents of Baystate's electronic systems and devices are Baystate property. Employees should have no expectation of privacy in any data, information or communications, including social media posts transmitted to, received or printed from, accessed through, stored on, or recorded on Baystate electronic systems or devices, even if for personal use.
- Baystate reserves the right to monitor all usage of its electronic systems and to intercept, review, use, and disclose any and all aspects of its electronic systems and all files, documents, data or other information contained on or accessible through its electronic systems for any reason and at any time and without notice. Employees should not use Baystate's electronic systems for any personal matter that they want to keep private or confidential.
- Management may restrict access to any website, including social media sites, on select workstations.
- Baystate Health Talent Acquisition uses certain social media sites to recruit candidates by publicizing job openings. The Talent Acquisition team will also use professional career networking sites such as LinkedIn or other professional association websites to connect with potential candidates and introduce them to career opportunities with the health system. The use of social media as a recruitment tool is managed within Talent Acquisition, and must not be used as a form of character reference by hiring managers or coworkers. At no time will Baystate Health ever ask candidates for their personal passwords or for access to their personal social media accounts.

### **II. USE OF SOCIAL MEDIA OUTSIDE OF WORK**

- Baystate understands that employees' time outside of work is their own. However, employees' social media activities that take place completely outside of work may still affect Baystate's legitimate business interests.
- Employees shall not use social media for personal purposes in any way that might reasonably create the impression that the content is authorized or controlled by Baystate. Examples of this include placing a Baystate name, logo or trademark prominently on a personal Facebook page in a manner that makes the page appear to be endorsed by Baystate. Employees may not use Baystate's name, logos, trademarks or proprietary graphics in a way which suggests that they are

- representing Baystate or while engaging in conduct that violates any Baystate policy. It is important to maintain professional boundaries in the use of social media. You are discouraged from communicating with, connecting with, “following” or “friending” patients on social media. This may inappropriately blur the personal and professional relationship, result in an invasion of privacy, or create potential liability for employees or Baystate.
- If users identify themselves as being associated with Baystate on a social media site and if the nature or context of social media activity on such site could reasonably be misconstrued as representing the views of Baystate, then users must post a disclaimer such as, “My posts reflect my personal opinions and are not approved or authorized by Baystate Health.”
- In the absence of prior written authorization from Baystate’s Senior Vice President of Marketing, Communications & External Relations, you should not represent yourself as a spokesperson for Baystate.
- If Baystate is a subject of the content you are creating, be clear and open about the fact that you are an employee. If it will not be obvious from the context of your post that you are speaking on your own behalf, make it clear that your views do not represent those of Baystate. You can do so by including a disclaimer such as “The posts on this site have not been reviewed or approved by Baystate Health.”
- Employees are reminded that off duty conduct, including conduct on social media sites (such as posting any content that is obscene, discriminatory, threatening or otherwise unlawful) that

Baystate believes in its sole discretion, impairs the employee’s ability to effectively fulfill and perform his or her job duties or reflects negatively on the reputation of Baystate Health within the community is subject to corrective action in accordance with the HR804 Corrective Action Policy.

- Baystate-issued email addresses may not be used to create, register for or administer any social media or other Internet accounts or to post content to any Internet site, unless it is for Baystate business purposes.

### **III. PATIENT PRIVACY**

- You may not disclose patient information in any form (including photo, video or written content) on social media sites. Even if a patient is not identified by name, a disclosure could still violate Baystate policies if there is a reasonable basis to believe that the patient could be identified from the disclosure. Physicians and other clinical staff are not prohibited from posting de-identified information for the purpose of participating in specific scholarly activities related to clinical education and performance improvement, following review and approval by the BH VP & Chief Compliance & Privacy Officer, or designee.
- Personal phones, personal cameras and other personal devices shall not be used to photograph, film or record Baystate patients or to receive, store or transmit individually identifiable information of Baystate patients, except in accordance with BC 7.430.

### **IV. USE OF BAYSTATE SPONSORED SITES**

- All social media content, web pages or links that promote Baystate or uses Baystate’s brand name or logo for Baystate business purposes must comply with the terms of the BC 6.7000 Baystate Health Web Content policy and be approved by the VP of Marketing and Communications. Any such accounts will be denied and pages deleted if the page has not had traffic in one month and has 500 or less followers.
- No individually identifiable information about Baystate patients in any form (including photo, video or written content) may be posted to a Baystate site except with the patient’s express written

authorization on a Baystate authorization form and with the prior approval of the Marketing and Communications Department.

Baystate employees may not post any content to any BH social media site, as a guest or otherwise, that is spam, copyrighted material or material that is unlawful, disruptive, threatening, profane, abusive, harassing, embarrassing, defamatory, obscene, libelous, hateful, or racially, ethnically or otherwise objectionable as determined by BH.

## **V. INTELLECTUAL PROPERTY AND CONFIDENTIAL INFORMATION**

Employees shall not use social media to disclose any intellectual property or confidential information of Baystate. Employees may not post internal reports, policies, procedures or other internal business-related confidential communications on any Non-Baystate Health Sites. Do not disclose personally identifying information of employees, donors, or vendors that may be confidential (such as personal contact information obtained by virtue of your job responsibilities).

## **VI. PROTECTED ACTIVITIES BY BAYSTATE EMPLOYEES**

Nothing in this policy is intended or shall be deemed to limit the rights of Baystate employees under federal or state law, including an employee's right to discuss the terms and conditions of employment with colleagues or management or to provide information to any government agency in accordance with applicable law.

## **VII. ENFORCEMENT**

Baystate will, in its discretion, review social media activity to the fullest extent permitted by applicable law. Employees are solely responsible for their social media activity and will be held accountable for violating this Policy. Violation of this policy may lead to disciplinary action up to and including suspension and/or termination of employment, contract, or medical staff appointment.

## **VIII. REFERENCES**

BC 1.150/GO.11 - Organizational Values and Ethics Policy  
BC 3.600 - Hospital Advertising and Promotions Policy BC  
6.700 - Baystate Health Web Content  
BC 6.810 - Internet Usage Policy  
BC 6.820 - Information Security Policy  
BC 6.860 - Information Security Incident Reporting and Responsibility Policy  
BC 7.420 - BHS Corporate Marketing to Patients Policy  
BC 7.430 - Patient Photography, Videotaping, Other Imaging and Audio Recording HR  
100 - Employee Relations Philosophy  
HR 802 - Confidentiality HR  
804 - Corrective tion  
HR 810 - Harassment in the Work Place HR  
821 - Use of Communication Systems  
National Council of State Boards of Nursing (NCSBN), A Nurse's Guide to the Use of Social Media.

## **APPROVALS**

		Date:
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Approved:	BH Policy Management Committee	4/16/2019
Policy Owner (department name)	Compliance Department	
Revising Author	Renee Wroth, VP & Chief Compliance and Privacy Officer	
Reviewers (Stakeholders)	Chief Information Security Officer Marketing, Communications and External Relations	
Replaces:		
Original Effective Date:		4/16/2014
Review Dates:		
Revision Dates:		6/22/2017 4/16/2019

Midwifery Education Program Policy  
**Attachment U**

**ORGANIZATIONAL VALUES AND ETHICS POLICY**

**1. PURPOSE:**

The purpose of this Organizational Values and Ethics Policy is to set forth the mission, vision, philosophy, and core operational values that guide Baystate Health, Inc. ("BH") and its affiliates, as that term is defined in the BH corporate bylaws (collectively, "Baystate").

**2. SCOPE:**

The successful achievement of an ethical environment is a shared responsibility of employees, Medical Staff and Associate Professional Staff, students, volunteers, management, trustees, directors, officers, and others associated with Baystate. All affiliates of BH and their operating departments will integrate these ethical standards into their policies and practices to establish and maintain an ethical environment throughout Baystate.

These standards will form the framework for clinical and non-clinical decision-making when dealing with all stakeholders across Baystate. Policies and practices in all areas of Baystate will reflect these standards:

- in making informed decisions with patients and families about care, including admission, treatment, transfer, and discharge;
- in the governance, management, and administration of all levels of Baystate;
- in all relationships with employees and staff;
- in business encounters with clients, insurers, vendors, payors, competitors, and governmental bodies; and
- in communicating and dealing with the public and our community partners.

Every member of the Baystate community is accountable for acting in a manner that is consistent with this organizational statement and its supporting policies. Vendors, contractors, affiliating institutions, and others doing business with Baystate must uphold the values and meet the expectations outlined in this statement.

**3. MISSION STATEMENT:**

The mission of Baystate is to improve the health of the people in our communities every day, with quality and compassion. VISION AND GOALS:

Baystate's vision is to enhance the lives of our patients as a trusted partner in health.

Baystate's goals are as follows:

- Safety: Baystate will create a culture of safety with the shared goal to consistently provide safe, timely and reliable care.

- Quality: Baystate will achieve today's best practices while setting the standard for tomorrow.
- Experience: Baystate will listen to our employees, our patients and our patients' families, and partner with them to meet their needs and improve their lives.
- Value: Baystate will create a sustainable health system that provides outcomes that matter to patients at an affordable cost to society.

#### **4. CORPORATE PHILOSOPHY:**

Baystate's long-term success depends upon our reputation for the care we give and for our unquestionable ethics and sound business judgment necessary to permit the delivery of quality patient care. We recognize the duty of each individual employed by or acting on behalf of Baystate to commit to the highest ethical standards in his or her actions and decisions concerning the delivery of patient care, the management of the organization, and the conduct of business. We are dedicated to maintaining an environment where the high personal and work standards of all staff, employees, trustees, officers, and directors contribute positively to the corporate culture and to the delivery of excellent patient care. Our mission will only be achieved in a supportive environment that enables each individual to deliver excellent patient care to the best of his or her ability.

#### **5. CORE BAYSTATE HEALTH VALUES/PRINCIPLES:**

At Baystate, we strive to maintain a positive work environment which is characterized by four core values. These values are:

- Respect: Understanding and treating everyone as a unique individual.
- Integrity: Behaving consistently, honestly and ethically.
- Teamwork: Helping each other to thrive.
- Lifelong Learning: Seeking new ideas and knowledge.

#### **7. EXPECTATIONS FOR ETHICAL BEHAVIOR:**

Baystate's core values are reflected in the development and implementation of our Code of Conduct and other policies which guide the daily behavior (clinical and non-clinical) of employees, staff, including physicians and other providers, trustees, directors, officers, and others associated with Baystate.

Attaining the highest quality patient care and achieving our strategic mission and long-term success depends upon constant vigilance in complying with the highest ethical standards. The following, along with our Code of Conduct and our Corporate Compliance Policy, constitute a framework for ethical behavior:

- our basic standard is to deliver exceptional patient care;
- any potential conflicts of interest or appearance of conflicts will be identified, reported, and addressed;
- any impropriety or appearance of impropriety will be avoided;

- all patient care and work practices will be conducted in a safe manner and performed in accordance with standard procedure to meet identified needs;
- the provision of services that are unnecessary or not efficacious will be avoided;
- patient and business information will be accessed only when there is a need to know;
- each person will protect, with the highest level of integrity, the confidentiality of patient and business information which has been entrusted to him or her;
- people are responsible for protecting the tangible and intangible assets of Baystate, and will utilize equipment, information, and other resources entrusted to them to enhance Baystate's purposes;
- all records, reports, and communications will be accurate, complete, clear, and unambiguous;
- everyone will represent Baystate and their position with honesty and accuracy at all times;
- no one will use their position or authority for personal gain;
- we recognize our duty to operate in light of applicable state and federal statutes and to comply with laws and regulations that apply to our business;
- organizational goals, policies, and regulations will be supported and followed;
- we share responsibility for behaving in a manner that will enhance the reputation of Baystate and, whenever representing Baystate, to uphold its core values and goals; and
- we recognize, respect and protect the rights, duties, and privileges of all individuals and will provide avenues to address and resolve differences whenever they may arise.

## **8. IMPLEMENTATION, MONITORING & REPORTING:**

Each trustee, director, officer, manager, employee, and staff member, including physicians and other providers, is accountable for upholding Baystate's Code of Conduct, core values and ethical standards. When in doubt about the application of these standards, or in situations with differing opinions, individuals have the responsibility to seek clarification from their line management, in consultation with the BH Compliance Office as appropriate, up to and including the Board of Trustees of BH. Likewise, individuals aware of misconduct, fraud, abuse of assets, or other violations of this policy are responsible for reporting such matters to their supervisors or to Corporate Compliance.

The Compliance Office will provide advice, consultation, education, and policy recommendations to administration to further the goals of this statement. The Compliance Office will establish appropriate mechanisms to educate and inform management and employees about their responsibilities under this statement. On a regular basis or as requested, departments will demonstrate to the Compliance Office that their operating policies and practices are in compliance with these standards.

## **9. VIOLATIONS:**

Individuals who compromise the integrity of Baystate by failing to comply with these standards may be subject to disciplinary action up to and including dismissal.

Effective: BH Board of Trustees {6/11/19}



Replaces: BH Policy No. 00.11 (6/14/16)

BAYSTATE MEDICAL CENTER  
Midwifery Education Program Policy

Attachment V

**BH-HR-809**  
**Page 1 of 3**  
**Effective: April 15, 2021**

**Baystate Health**

## **Equal Employment Opportunity/Affirmative Action**

### **I. POLICY:**

Baystate Health and its affiliated organizations are committed to adherence to the letter and spirit of the laws that define equal employment opportunity and are pledged to affirmative action. Therefore, Baystate Health will recruit, hire, promote and transfer qualified persons into all jobs. Baystate Health is an Equal Opportunity / Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or protected veteran status. Baystate Health, in all its employment actions, also takes affirmative action to achieve prompt and full utilization at all levels and in all segments of the workforce of minorities, women, veterans, and disabled individuals. The results of the program should be reviewed annually and modified as necessary to achieve its objectives.

### **II. PURPOSE:**

To maintain a work environment free from any form of discrimination where all employees are treated fairly and equally. This policy applies to all terms, conditions, and privileges of employment and all policies of Baystate Health, including hiring, orientation, testing, introductory period, transfers, promotions, corrective actions, terminations, working conditions, benefits, compensation, training and employee development, educational assistance, tuition reimbursement, reduction in force, and social and recreational programs, employee facilities, and retirement.

### **III. SCOPE:**

All Baystate Health employees and applicants for employment.

### **IV. RESPONSIBILITIES:**

Baystate Health has a Human Resource Compliance & Employee Relations Department in the Division of Human Resources that is responsible for assuring compliance with all applicable statutes, regulations, and executive orders and for formulating, implementing, coordinating, and monitoring all efforts in the area of Equal Employment Opportunity.

**A. PROCEDURE: Distribution of Affirmative Action Plans.** The office of HR Compliance and Employee Relations in the Division of Human Resources will revise, publish, and periodically distribute affirmative action plans to management personnel. The plans: 1) describe the method for setting and achieving affirmative action goals; 2) assign responsibility to officers, managers, and supervisors; and 3) define procedures for auditing Baystate Health's affirmative action programs and performance.

**B. Employment Decisions.** Baystate Health will base employment decisions on promoting the principle of equal employment opportunity to bring about affirmative action results.

**BH-HR-809 Page 2 of 3**  
**Effective: April 15, 2021**

**C. Management and Personnel Responsibility.** While overall authority for implementing this policy is assigned to the Director, HR Compliance and Employee Relations, an effective equal employment opportunity program cannot be achieved without the support of supervisory personnel and employees at all levels.

**C. Commitment to No Harassment.** Freedom from discrimination includes freedom from any form of harassment based on a person's protected status, including race/ethnicity, color, national origin, ancestry, religion, creed, age, gender, gender identity/expression, sexual orientation, marital status, parental status, including pregnancy, childbirth, or related conditions, disability, military service, veteran status, genetic information, or any other protected status. Such conduct is prohibited whether committed by managerial or non-managerial employees, contractors, vendors or customers. Even if such actions do not rise to the level of legally actionable conduct, they nonetheless are prohibited in our workplace. Examples of prohibited conduct include, but are not limited to:

- Verbal conduct (for example, racial or sexual epithets, foul language, unwanted sexual flirtations, comments about a person's body, ethnic jokes, derogatory statements or slurs);
- Physical conduct (for example, bullying, improper touching or assault);
- Visual or written harassment (for example, racially or sexually explicit or derogatory posters, cartoons, graffiti, drawings, e-mails, instant messages, social media content, or obscene gestures);
- Offering or implying to offer employment benefits in exchange for sexual favors; or

**E. Reprisals for a refusal to respond to sexual advances**—no supervisor or manager shall threaten or insinuate, either explicitly or implicitly, that an employee's submission to or rejection of sexual advances will in any way influence any personnel decision involving that employee.

**Discrimination Complaints.** Baystate will not tolerate any form of illegal harassment, discrimination and/or retaliation in the workplace, and will hold employees who violate this policy accountable. The company's complaint and reporting procedure provides for a prompt, thorough and objective investigation of any discrimination, harassment or retaliation claim. Following an investigation, any employee who is found to have engaged in prohibited discrimination or other conduct that violates company policy will be subject to appropriate disciplinary action, up to and including termination of employment. Appropriate action also will be taken to deter any future harassment, discrimination, and/or retaliation. If any employee believes he/she has been discriminated against, harassed or retaliated against, or is aware of discrimination, harassment or retaliation against others, the employee should provide a written or verbal report to his or her supervisor, Director, HR Compliance and Employee Relations or the Human Resources Business Partner, as soon as possible. All incidents that are reported will be investigated. The company will seek to protect the privacy and confidentiality of all parties involved to the extent possible, consistent with a thorough investigation and its legal obligations.

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**Effective: April 15, 2021**

**Protection Against Retaliation.** Baystate Health assures that employees following this complaint procedure will be protected against illegal retaliation.

**VII. PROPONENT:** Director, Human Resource Compliance & Employee Relations

**Approval:** \_\_\_\_\_

Kristin R Morales-Lemieux  
Senior Vice President, Human Resources & CHRO

**Replaces:**

**Policy Name:** HR-809 Equal Employment  
Opportunity/Affirmative Action

**Policy Date:** December 4, 2015

**BAYSTATE MEDICAL CENTER**  
Midwifery Education Program Policy

Attachment W

**BUILDING SECURITY**

**PURPOSE:** Foster a secure environment; safety of employees/students; preservation of facilities and equipment.

**SCOPE:** CNMs, SNMs, Staff-Administrative

**POLICY:**

1. Inside doors should be push button locked at all times.
2. Outside door should be push button locked at all.
3. The following should be checked upon closing the building each day.
  - a. copier and PC's off (Fax remains on)
  - b. AC off, when appropriate. (Window units upstairs, central air downstairs)
  - c. coffee makers off
  - d. windows closed and locked
  - e. lights off
  - f. shades drawn (1st floor)
  - g. leave porch and stairway lights on
  - h. deadbolt interior and exterior doors
4. The last student to leave the first floor each day is responsible for first floor security.
5. The last CNM or Staff Assistant to leave is responsible for second floor security.
6. The last person to leave the building is responsible for deadbolting the outside door.
7. Lapses in building security should be reported to the Director.

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Sukey Krause, MSN, CNM  
Director, Midwifery Education Program

Effective Date: 11/16/94

Replaces:

Dated:

Reviewed: 12/16/96; 12/10/01; 1/7/03; 12/18/06; 5/12/10; 5/19/16; 8/31/2017; 8/25/2018



# POSITION STATEMENT

## **Bullying and Incivility in Midwifery**

The American College of Nurse Midwives (ACNM) affirms the following:

- Bullying is a significant problem among, and by health care professionals, including midwives.
- Bullying is not consistent with ACNM values as stated in our Code of Ethics.
- Research is needed to understand the experiences and scope of bullying by and of Certified Nurse-Midwives (CNM) and Certified Midwives (CM) in the United States.

ACNM encourages CNMs and CMs to:

- Treat all individuals with respect and dignity.
- Recognize and confront bullying in a professional manner when it is occurring.
- Not condone or excuse it regardless of who is perpetrating the bullying
- Speak out for victims of bullying when it is witnessed, remembering that advocacy for the wellbeing of others is the essence of midwifery.

ACNM additionally encourages CNM/CMs who hold faculty positions or are midwifery service directors to be particularly aware that students and new midwives are frequently the targets of bullying<sup>1,2</sup>. We must endeavor to nurture and support these individuals rather than, as described by Judith Meissner, “eat our young”<sup>3</sup>.

### **Background**

Bullying is deliberate aggressive behavior done to harm, intimidate, or coerce another person. Aggressive behavior may be verbal such as name calling, spreading rumors, or ridicule, physical such as refusing to provide assistance, shoving or physical assault, or relational such as social exclusion or undermining the authority of the victim to others. Incivility refers to rude and discourteous conduct. Bullying and incivility are problem behaviors often encountered in our culture. These behaviors have been identified as types of workplace violence. Research has shown that bullying in healthcare settings has a deleterious effect on patient safety<sup>4</sup>. Bullying is prevalent in midwifery and obstetrics<sup>1,5-6</sup>. In a survey of student midwives in the UK, researchers found that half of those surveyed had either witnessed or experienced bullying, and that most often the bully was a midwife or other mentor<sup>1</sup>. Victims of bullying may be those with less experience or familiarity with the practice environment and experiencing bullying may contribute to midwives leaving the profession<sup>7</sup>. Bullying may be motivated by a desire to improve the performance of the student or new midwife but often has the opposite effect of causing the victim to feel humiliated, undermined, and less willing to ask questions or seek support, which ultimately may affect patient safety<sup>7</sup>. Additionally, some managers may be unwilling to label behaviors as bullying when the perpetrator is viewed as one who plays a key clinical role<sup>7</sup>. Workers who are bullied frequently suffer from mental and physical disorders attributed to the stress incurred by the bullyings<sup>8</sup>. Bullying has been found to cause a high turnover of staff as people leave to escape the hostile work environments<sup>9</sup>.

Because bullying has been identified as a serious problem affecting patient safety, in 2008 the Joint Commission for the Accreditation of Hospitals published a sentinel event alert requiring all hospitals with their accreditation to have a policy in place for the confidential reporting of bullying without fear of repercussions<sup>10</sup>. The American Nurses Association has also recognized the serious impact of bullying within the healthcare environment in their position statement *Incivility, Bullying, and Workplace Violence*<sup>11</sup>. In it, they describe the need for respect among colleagues and employers, including a workplace without bullying and incivility, and promotion of physical and psychological wellness<sup>11</sup>. In 2017, the American College of Obstetricians and Gynecologists Committee on Patient Safety and Quality Improvement published a committee opinion, *Behavior that Undermines a Culture of Safety*, in which they state that intimidating and disruptive behaviors are unprofessional and should not be tolerated<sup>4</sup>.

ACNM supports a zero-tolerance policy toward bullying of midwives, other healthcare professionals, or patients. Currently, there are no data on the experiences of bullying specifically among CNM/CMs in the United States. Research in this area is needed in order to develop appropriate training programs to reduce bullying behaviors and support programs for midwives experiencing bullying from within and outside of the profession.

**Approved by Board of Directors, March 2019**  
**Bullying and Incivility in Midwifery**

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

**Attachment Y**

**SUTURING TOOLS**

**PURPOSE:** To provide students with the instruments to support suturing curriculum and ensure the return of the instruments.

**SCOPE:** Education Program

**POLICY:**

1. Students will obtain a set of suturing tools (needle holder, forceps, scissors) from the program Staff Assistant.
2. Students will leave \$20 cash deposit with a Staff Assistant when they receive their suturing tools.
3. Money will be kept in a secure location until the tools are returned.
4. Tools are to be returned to the program Staff Assistant the last week of Integration.
5. Upon receipt of the full set of suturing instruments, the student will be refunded the \$20 deposit.
6. If a full set of tools is not returned, the deposit will be retained to support the cost of replacement.

Effective Date: 6/22/2017  
Reviewed 8/25/2018

S:\BMC Midwives\Education Program\Policies-Handbook\Student Handbook\Student Policies



**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

**Attachment Z**

**DOCUMENTATION OF POLICIES RECEIVED**

I attest that I have reviewed the Student Handbook and have received the following information materials and policies from Baystate Medical Center Midwifery Education Program:

1. Professional Appearance Standards
2. Smoke-Free Environment
3. Health and Safety Clearance for Students
4. Harassment in the Workplace
5. Drug Free Workplace
6. Campus Security Policies and Procedures
7. Confidentiality
8. Baystate Health Organizational Values and Ethics Policy
9. Social Media Policy
10. Equal Employment Opportunity / Affirmative Action
11. Midwifery Education Program Student Policies and Guidelines
12. Voluntary Self-Identification

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Signature

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Print Name Here

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Date

Sign and return this page

**BAYSTATE MEDICAL CENTER**  
**Midwifery Education Program Policy**

**Attachment a**

**VOLUNTARY SELF-IDENTIFICATION**

Dear Student:

The following information is being gathered for record keeping in compliance with Federal laws. Your response is strictly voluntary and will help in developing and monitoring our affirmative action programs. Any information provided will be kept strictly confidential. If you choose not to answer any of these questions, you will not be subject to any adverse treatment. However, if you choose not to “self-identify”, we are required under Federal regulations to maintain race, sex and handicap information on the basis of visual observation or personal knowledge.

**PLEASE PRINT**

Name: \_\_\_\_\_ **Date:** \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns \_\_\_\_\_

Race/Ethnic Group: (check all that apply)

\_\_\_\_ Asian    \_\_\_\_ Alaskan Native    \_\_\_\_ American Indian  
\_\_\_\_ Black    \_\_\_\_ Hispanic    \_\_\_\_ Pacific Islander    \_\_\_\_ White    \_\_\_\_ Other

Disability: If you live with a disability, we would like to include you under our Affirmative

Action Program. It would assist us if you checked the appropriate box(es) below:

____ No Disability	____ Ambulatory	____ Coordination
____ Sight	____ Hearing	____ Speech
____ Learning	____ Metabolic	____ Other
____ Mental Psychological		

Military Status:

Veteran \_\_\_\_\_ Disabled \_\_\_\_\_

Country of deployment: \_\_\_\_\_