Baystate Medical Center
Midwifery Education Program

Student Policies and Procedures

Originated: August 1991
Revised: 12/92, 1993, 1994, 11/95, 11/96, 12/97, 12/98, 12/99, 12/00, 12/01, 12/02, 12/03, 12/05, 11/06, 11/07, 8/08; 8/11; 8/12; 8/14; 9/15; 5/16; 9/16

Baystate Medical Center
Division of Midwifery and Community Health
Midwifery Education Program
Springfield, MA
2016
STUDENT POLICIES AND PROCEDURES

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FACULTY

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INTRODUCTION

The Baystate Medical Center Midwifery Education Program has been granted accreditation status by the Accreditation Council for Midwifery Education. The Midwifery Education Program is located at Baystate Medical Center in the Division of Midwifery, Department of Obstetrics and Gynecology. As the Western Campus of Tufts University School of Medicine, Baystate 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. The Department of Obstetrics and Gynecology’s Midwifery Clinical Service, which began in 1984, employs 9 full time equivalent CNMs who provide primary midwifery care at five main sites to women of all ages and ethnic backgrounds. Much of the student midwives’ clinical experience will occur within this Clinical Service. There are several other Midwifery Services which may be used as clinical sites for students.

Through collaboration with the midwifery Institute of Philadelphia University, the Baystate Medical Center Midwifery Education Program students complete 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 Philadelphia University.
STUDENT POLICIES AND PROCEDURES

PHILOSOPHY

The faculty and staff of the Division of Midwifery and Community Health, in congruence with the philosophy of Tufts 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 her/his 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 vulnerable 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
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- 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).
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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 care to all women with a particular emphasis on meeting the health care needs of vulnerable populations.

3. will contribute to improving the health care system for women and families 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 women;
   b. Collaboratively manage the primary, reproductive and gynecologic health care of women 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 her/his own professional growth and for fostering the professional growth of other midwives;

4. Work effectively with diverse racial, ethnic, cultural, and socio-economic populations;

5. Develop and evaluate midwifery services targeted to improve health care delivery for women.

Developed: 1991
STUDENT POLICIES AND PROCEDURES

PROGRAM GOALS

100% full enrollment

90% of students who matriculate to the program will graduate

Decrease attrition rate by 50%.

100% of students will complete evaluation of each module

90% will rate modules as 4-5 for “facilitated learning.”

100% of students will complete final program evaluation

100% will feel prepared for practice upon completion of the program

80% of graduates will continue to work with vulnerable populations
STUDENT POLICIES AND PROCEDURES

COURSE OF STUDY

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

ADVANCED HEALTH ASSESSMENT (3 credits)

- Develops the knowledge and skills necessary to perform health assessments of women throughout the life cycle
- Includes principles of teaching, counseling, and adult education.

FOUNDATIONS IN AMBULATORY WOMEN’S HEALTH (3 credits)

- Provides the basic knowledge and clinical skills to manage the care of the healthy woman in the outpatient setting
- The care of women with essentially normal pregnancies and gynecologic needs from the interconceptional through postmenopausal periods are included, using a holistic, family-centered approach.

ADVANCED AMBULATORY WOMEN’S HEALTH (3 credits)

- Builds on the Foundations of Ambulatory Women’s Health content to include screening for and treatment of gynecologic problems and common variations of normal encountered in pregnancy
- Independent and collaborative management options are presented and explored

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

INTRAPARTUM MIDWIFERY MANAGEMENT (7 credits over 2 semesters)

- Focuses on the management of care of normal intrapartal women including the development of clinical judgment and decision making

MOTHER/BABY CARE (4 credits over 2 semesters)

- Presents management of care, support and education of the postpartum woman and normal newborn including the integration of the mother/baby dyad into the family

PHARMACOLOGY (3 credits)

- Addresses principles of pharmaco-therapeutic management in women’s health care.
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PRIMARY CARE OF WOMEN (1 credit)

-Focuses on the management of common health problems in pregnant and non-pregnant women
-Additional content is included in Foundation and Advanced Ambulatory Women’s Health

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 needs of, and programs for, underserved populations

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.
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 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 Midwives.

Within a mastery learning curriculum, theoretical and clinical objectives are specified. The objectives are organized into units of study (modules) 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 serves 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. Seminars, 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 (FAHW) and Advanced Ambulatory Women’s Health (AAWH), Intrapartum (IP), Mother/Baby (MB), and Integration 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 module. This related subject and practice content grouped together in a self contained unit of learning provides 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 modules. All clinical practice experiences are closely supervised by midwifery faculty. Students must demonstrate mastery of the clinical objectives stated in each module to the faculty. Theoretical evaluation is accomplished through written examination.

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

The Program, 5 semesters in length, provides for an intensive development of skills and knowledge to manage comprehensive health care services for women, newborns and families. During the second through fifth semesters, students who do not already hold a masters degree in a health related field will also enroll in one 3 credit masters course each semester via distance learning through Philadelphia University.
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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). Students who complete the courses required by the Philadelphia University collaboration will earn a Master’s of Science degree in Midwifery from Philadelphia University.

Graduates may have many opportunities to apply their Certificate in Midwifery to furthering their academic career paths on the graduate degree level. Current information is presented from the interview process throughout the entire program.
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These student policies are in addition to and in concert with the general student policies of Baystate Medical Center.

I. Progression through Modules

A. Evaluation: Based on achieving goals set for the Program. Program goals are reflected through module theoretical and clinical objectives. Each 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 Modules: Upon entry into a module, the students will be oriented by the module coordinator. Expectations of and progression through individual modules will be discussed. Students must complete modules within the maximum time limits specified by the Master Schedule. In clinical modules, each student will have periodic meetings and review with the modular coordinator. Mastery of both clinical and theoretical objectives must take place before the end of each module.

D. Sequence of Modules: Students are required to complete the modules 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 S:Drive.
Academic Calendar for 5 semester curriculum

**Fall 1 Semester**
15 weeks
- Begin Tuesday after Labor Day
- Columbus Day off
- Thanksgiving, Friday after Thanksgiving off
- Finals week 15
- 4 wk off between fall and spring semester to work, do extra clinical, etc

**Spring 1 Semester**
16 weeks
- Begin week before MLK Day
- One week vacation in March
- Finals week 16
- 1 ½-2 wk off between spring and summer semester

**Summer Semester**
12 weeks
- Begin the Tuesday after Memorial Day
- Finals wk 12
- 2-3 wk off between summer and fall semester

**Fall 2 Semester**
15 weeks
- Begin Tuesday after Labor Day
- Columbus Day off
- Thanksgiving, Friday after Thanksgiving off
- Final week 15
- 4 wk off between fall and spring semester

**Spring 2 Semester**
16 weeks
- Integration
- Graduation 1st week of May

NOTE: Philadelphia University may have slightly different semester start and completion dates
# Baystate Medical Center Midwifery Education Program

## Midwifery/Masters Degree Collaboration

Effective Fall, 2014

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Baystate Medical Center Midwifery Education Program Tuition: $4,000/semester, $20,000 for program
Philadelphia University tuition $835/credit, $10,020 for program

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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 module. Specific dates for all exams and assignments will be announced at the beginning of each module. 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 enclosed as Attachment C. The Distribution of Grades Policy is attached as Attachment D.

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 module, 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 will result in a failing grade for the module and inability to continue in the program. A final grade of 80% for each module 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 may result in inability to continue in the Program.

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

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

B. Clinical Objectives: The modules with a clinical component include Foundation in Ambulatory Women’s Health, Advanced Ambulatory Women’s Health, Intrapartum, Mother/Baby, 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 module to monitor students’ progress toward the acquisition of the clinical goals of a given module. The student will
STUDENT POLICIES AND PROCEDURES

maintain a single Clinical Evaluation form and statistics tool. A second should be initiated only upon completion of the first.

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 clinical setting. Once the student as completed the Clinical Evaluation tool he/she gives it to the faculty preceptor for that clinical session, 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.

Each clinical module 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.

Periodic assessment of progress will be performed by the module coordinator and student and will include use of the Clinical Performance Evaluation and statistics forms. In general, these periodic assessments will occur mid-module and upon module completion. The summation of the Clinical
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 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 modules, 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 the many opportunities available to them at Baystate Medical Center.

D. Learning Agreement: If a student receives the designation “1” in one or more clinical objectives, a conference is required between the Module 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 Module Coordinator, Program Director, and any
STUDENT POLICIES AND PROCEDURES

preceptor(s) involved. By mid-module 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 Module 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 module coordinator. Such a program must be completed within a faculty approved time frame. 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 module, the student may not take the final exam, will not have completed the module, and may not continue in the Program.

E. Module Conference: When the Clinical Performance Evaluation and final exam have been completed, the student and the module coordinator will schedule a conference to discuss the student’s final performance evaluation for that module. Students are expected to turn in their evaluations of the module and faculty during this conference.

F. Grading: A minimum final grade of 80% is required for all modules. Final module grades will be based on the criteria outlined in each module. Clinical performance is not graded, but module clinical objectives must be accomplished in the specified time frame. Written assignment handed in late will not be accepted.

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

G. If a student is terminated or withdraws from the “BMC” Certificate in Midwifery program the student automatically withdraws from the MS in Midwifery Completion program at Philadelphia 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 Program Director to do so.
STUDENT POLICIES AND PROCEDURES

A. Students are expected to:

1. Assume responsibility for their own learning.

2. Constructively evaluate their own behavior 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 modules, 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. 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.

9. Adhere to the Confidentiality Policy of Baystate Health Systems, Inc.

10. Adhere to the Honor Code of the Baystate Medical Center Midwifery Education Program. (Attachment B)

11. Adhere to Baystate Medical Center’s Social Media Policy. (Attachment P)

12. Sign a statement which documents receipt of policies. (Attachment R)

13. Check their mailboxes, email, and the student bulletin boards frequently for announcements, schedules, etc.
STUDENT POLICIES AND PROCEDURES

B. **Classroom Expectations:** Students are expected to come to seminar prepared to participate in the discussion of seminar topics. Student presence in classes/seminars is strongly recommended. Students are expected to be on time for all classes/seminars and clinical experiences. Attendance will be required for all seminars involving a guest speaker. Any absence from a required seminar must be discussed with the module 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 Module coordinator, on the seminar topic presented prior to completion of the module in order to successfully complete the module.

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 Module Coordinator prior to class. The parent is responsible for the behavior of the baby/child when permitted to be in class; but if the baby/child is disruptive to class learning in the opinion of the Module Coordinator or the person conducting the class, the parent and baby/child will be asked to leave.

C. **Clinical Expectations:** SNM clinical experiences are scheduled in compliance with the Scheduling Policy (Attachment F.) Attendance is required for scheduled clinical practice experience. 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 Module Coordinator and the affected nurse-midwife preceptor prior to the scheduled beginning of the clinical experience. All missed clinical experiences must made-up and will be scheduled by the module coordinator.

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 standards (Attachment H). ID badges must be worn at all times.

If a student arrives unprepared for a clinical session, the session may be cancelled and reschedules at the discretion of the preceptor.
STUDENT POLICIES AND PROCEDURES

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.

Students should know and practice within the midwifery guidelines of the clinical site.

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.

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 coordinator.

Students are responsible for completing Module and Program statistical record forms.

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.

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 her/his 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.

D. Written Assignments: All written assignments will be submitted in APA format.
E. **Student Representation at Faculty Meetings:** Each year students will be asked to select a class representative to the faculty. The function of the class representative is to voice student concerns to the faculty during any of several venues. Agenda items should be submitted one week in advance of the meeting.

F. **Student Representation - Program Committees:** Students will be introduced to committee chairs and apprised of committee activities during Program Orientation. Students will be able to select a representative to the following faculty committees: Recruitment and Admissions, Curriculum, Student Policies and Guidelines.

G. **Communication/Open Meetings:** A meeting or open forum of faculty and students of the Midwifery Education Program may be scheduled or called as needed.
STUDENT POLICIES AND PROCEDURES

IV. Attendance

A. Vacation: Given the intensive nature of this education program, and to minimize interference with student progress, it is expected that students will 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 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)
- Columbus Day (Monday holiday)
- Thanksgiving Day
- Christmas Day

Students may be scheduled to have clinical over the following holiday weekends: July 4, Columbus Day of the second fall, 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 module faculty. Accommodation will be made for individuals’ religious holidays.

C. Absence Due to Illness: Report an absence due to illness to the Module Coordinator and/or the appropriate clinical preceptor. Long term illnesses may necessitate a leave of absence.

D. Emergency Leave: should be arranged through the Module 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.
STUDENT POLICIES AND PROCEDURES

V. Program Expense

A. Tuition: All tuition is to be prepaid for each semester, two weeks prior to the beginning of each semester. Last tuitions payments will incur a charge. Students are expected to meet all additional financial obligations prior to exiting from the Program. Cost of the modules is included in the tuition. Please refer to Tuition Policy: Attachment G

B. MA Nursing License: Licensure to practice nursing in the state of Massachusetts is required, for registered nurses. Prior to entering the clinical area students must show evidence and provide a copy of MA license to the Program secretary for the student’s file. This license 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 white lab coat, 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 will be completed during orientation.

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 2015, Meeting will be held in Washington DC.

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.

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, 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.
STUDENT POLICIES AND PROCEDURES

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 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. **Web Based Training:** Must be completed annually.

VII. **Student Health**

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:** See Attachment J. Tuberculosis screening must be repeated yearly.

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 in 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. The student should be aware that she is not covered for actions in employment that are not considered part of the Program curriculum or done without the supervision of Program faculty and 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.
STUDENT POLICIES AND PROCEDURES

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 secretary.

X. Tuition Refund

Tuition for the Program would be 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 that she/he has been unfairly evaluated and if that evaluation is of such a serious nature that her/his presence in the Program is jeopardized, the following recourse is available: The student will first 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 she/he 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, she 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.

XII. Exceptions

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

Written and accepted by the faculty - August 1991
The document that follows is meant to clarify expectations of the clinical faculty.

1. Prior to the first clinical session the Module Coordinator will provide all clinical faculty with a copy of the module, the seminar schedule, 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 SM which are found in the Student Policies and Procedures.

4. The student is expected to bring the clinical evaluation tool to each session and complete it at the end of each session. If a student arrives without the evaluation tool she/he may be asked to leave.

   a. The same clinical evaluation tool is used for each module throughout the Program. Attached to the evaluation tool are “clinical objective specific behaviors” that differ for each module. These specific behaviors elaborate upon each clinical objective. If a student is not meeting certain clinical objective, the specific behaviors can be helpful in identifying the area of deficit. A copy of the evaluation tool and the clinical specific behaviors will be provided by the Module Coordinator.

The second page of the tool includes the student’s self evaluation and plan. The plan should be realistic, specific, and attainable. Utilize the preceptor comment 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.

Evaluating the student according to the steps of the management process facilitates the development of their critical thinking skills. Each clinical objective reflects a step of the management process:
Clinical Objective I refers to data collection/assessment
Clinical Objective II refers to interpretation/diagnosis
Clinical Objective II refers to development of a plan
STUDENT POLICIES AND PROCEDURES

Clinical Objective IV refers to implementation of the plan
Clinical Objective V refers to evaluation

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.

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.

6. Different clinical preceptors may set different limits of safety. It must be clear to SM’s 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 Module 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 Module Coordinator at any time with questions of concerns.
STUDENT POLICIES AND PROCEDURES

Attachment B

BAYSTATE MEDICAL CENTER
MIDWIFERY EDUCATION PROGRAM
POLICY

HONOR CODE

PURPOSE: To define student expectations regarding ethical conduct and honesty.

SCOPE: Education Program Policy

POLICY:

1. Each student will make a personal commitment to abide by the honor code. 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.

2. Each student will avoid any form of intellectual dishonesty.

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.

Sukey Agard Krause, CNM, MSN
Director, Midwifery Programs

Effective Date: 08/14/97
Revised: 12/01, 8/14
Attachment C

BAYSTATE MEDICAL CENTER
MIDWIFERY EDUCATION PROGRAM
POLICY

EXAM POLICY

PURPOSE: To provide for exam security.

SCOPE: Education Program

POLICY:

1. The Module Coordinator has responsibility for exams during the module, 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 Module 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. A post-exam group review session is scheduled after all exams to answer general questions and clarify answers.

6. SMs will have access to their exams during post-exam review sessions. SMs are not allowed to take notes on the content of the exam questions in order to preserve exam security. Any notes taken during the review sessions need to be reviewed by the Module Coordinator before they can be removed from the classroom area.

7. If an SM needs further clarification of exam results after the post-exam review session, she should make an appointment with the Module Coordinator.
8. Review of exams outside the post-exam review session needs to be scheduled with the Program secretary during regular business hours. Students may review their exams under the direct supervision of the Program administrative assistants. No notes may be taken during this review.

Sukey Agard Krause, CNM, MSN
Director, Midwifery Programs

Effective Date: 11/01/94
Reviewed: 12/16/96
12/10/01
11/30/06
8/13/2012
8/27/14
9/6/2015
5/27/2016

Replaces: Dated:
STUDENT POLICIES AND PROCEDURES

Attachment D

BAYSTATE MEDICAL CENTER
MIDWIFERY EDUCATION PROGRAM
POLICY

DISTRIBUTION OF GRADES

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

SCOPE: Faculty and SMs

POLICY:

1. Exams 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 Module Coordinator will notify the SM as soon as possible
either by phone, email or in person.

4. At the end of the module once all module evaluations have been received Module
Coordinators will complete and distribute final module grade.

Sukey Agard Krause, CNM, MSN
Director, Midwifery Programs

Effective Date: 12/16/98
Reviewed: 12/10/01
11/30/06
8/13/2012
8/27/14
9/6/2015
5/27/2016

Replaces: Dated:
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 Policy

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 Module 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 the institution. These copies should be maintained in a secure place and destroyed completely when the student is finished with them.

Sukey Agard Krause, CNM, MSN
Director, Midwifery Program

Effective Date: 12/21/98
Reviewed: 12/10/01, 11/30/06
8/10/2012, 8/27/2014
5/27/2016

Replaces: Dated:

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STUDENT POLICIES AND PROCEDURES

Attachment F

BAYSTATE MEDICAL CENTER
MIDLIFERY EDUCATION PROGRAM
POLICY

SCHEDULING SNM CLINICAL EXPERIENCES

PURPOSE: To ensure adequate rest to maximize learning and maintain safety in the clinical setting

SCOPE: Education Program Policy

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. Requests, when reasonable, 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 can 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.
Baystate Medical Center

Midwifery Education Program

STUDENT POLICIES AND PROCEDURES

Sukey Agard Krause, CNM, MSN
Director, Midwifery Program

Effective date: 3/3/2015
PAYMENT OF TUITION

PURPOSE: To provide clear expectations for tuition payment

SCOPE: Education Program Policy

POLICY:

1. Tuition for a full time student is $4000 per semester. Tuition for a part time student or refresher student is $550 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 the modules 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.
STUDENT POLICIES AND PROCEDURES

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.

Sukey Agard Krause, CNM, MSN
Director, Midwifery Program

Effective date: 6/15/2015
Baystate Medical Center
Midwifery Education Program

STUDENT POLICIES AND PROCEDURES
Attachment H

Baystate Health

Baystate Health

Professional Appearance Standards

I. POLICY:

Baystate Health’s Professional Appearance Standard outlines dress and grooming expectations that promote a consistent professional image throughout the organization. A professional appearance, at all times, is the standard for all employees.

The appearance and demeanor of employees greatly influences patients’ and families’ impression of Baystate Health. Each employee’s personal appearance reflects the hospital’s standards and the pride and professionalism we bring to our jobs. Each employee is expected to dress appropriately and be neat and clean in appearance. Some departments involving direct patient contact or other business needs may have additional dress requirements that address safety and infection control concerns specific to their work environment.

II. PURPOSE:

Baystate Health has established Positive Image as one of every employee’s key performance expectations in our five Service Standards. Employees will dress in a way that establishes confidence and respect for the institution, while maintaining the health and safety of patients, visitors and employees. Appropriate personal appearance and professional behavior is a condition of employment.

III. SCOPE:

All Baystate Health Employees, Physicians, Volunteers, Residents, Students and Temporary Staff. Employees who put on their identification badge, are officially “in uniform”; professionally dressed and/or wearing their role-specific uniform.

Please note Section IV that describes the new Caregiver Identification Program. This program is being implemented in phases. The specific areas within the scope of this program are listed in Section IV.
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:

- Baystate Medical Center
- Baystate Mary Lane Hospital
- Baystate Children’s Hospital
- Baystate Franklin Medical Center

- 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.
STUDENT POLICIES AND PROCEDURES

Scrubs 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.

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Link to additional information regarding the Caregiver Identification Program on eWorkplace.

V. PROCEDURES:

The following standards have been established in order to create a common understanding of acceptable and unacceptable attire and appearance that support a positive image and are deemed appropriate while at work.

A. ID badges or name badges are part of each employee’s required attire and must be worn at all times. The badge should 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.

B. All healthcare personnel 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 institution. (Please see Surgical Attire Policy – PS 07.014.00)

C. Recognizing that patients, employees, and visitors to our facilities may have sensitivity and/or allergic reactions to various fragrant products, personal fragrant products (fragrances, colognes, lotions, powders and other similar products) are not to be worn.

D. Other fragrant products (scented candles, potpourri and other similar items) are also not permitted in the workplace.

E. All employees are expected to maintain appropriate levels of personal hygiene and good grooming.

F. For safety reasons, employees must not clean uniforms soiled with blood and body fluids at home. (Please see Directions for Safe Reuse or Disposal of Contaminated Supplies, Equipment, and Miscellaneous Items Policy – IC 08)

G. Any employee with direct patient care responsibility may not wear artificial nails per infection control requirements. In compliance with that policy, employees
STUDENT POLICIES AND PROCEDURES

must have short, well-trimmed natural nails that are free of chipped polish. (Please see Fingernail Policy – CO 2.220)

H. For safety reasons, open-toed shoes are not permitted in patient care areas where employees interact with patients, families and visitors.

I. Dress sandals/open-toed shoes are appropriate in non-patient care areas, unless for safety reasons as determined by the manager.

J. For safety and public health reasons, stockings or socks are required in patient care areas where employees interact with patients, families and visitors

K. Stockings or socks are not required in non-patient care areas, unless for safety reasons or public health reasons as determined by the manager.

L. Minimal facial jewelry is acceptable limited to up to two (2) earrings in each ear and one minimal nose stud; unless a safety or infection control risk is present as determined by the manager. (Please see Hand Hygiene Policy – IC 07 for hand and forearm jewelry)

M. Discreet, small and appropriate tattoos are acceptable as evaluated by the manager. All other tattoos must be covered at all times while at work.

N. Ties are encouraged in patient care areas as professional business attire at the discretion of the manager.

O. Neck ties have been shown to contribute to patient and employee safety issues. Neck ties are not recommended for: health care workers, whose tasks include providing patient assessment and care, and health care workers whose job includes working with chemicals or machinery that may catch the tie and cause injury. (Please see General Infection Control Policy – IC 02)

P. Acceptable professional attire is to be worn as required based on position and job responsibilities. Business casual is appropriate on days when there are no meetings with the public or members of the business community.

Q. In order to consistently maintain a positive image at all times while at work, 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. When representing Baystate to an external audience, employees are expected to respect patient and customer expectations and wear appropriate attire that supports a positive image and professionalism.

R. 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 clothing or appearance is deemed not appropriate at Baystate Health and should not be worn or visible at any time while at work:

- No Jeans *
- No Extreme Hair Styles or Colors (such as Green or Purple)
- No Extensive or Inappropriate Tattoos
- No Extensive or Inappropriate Facial Jewelry
- No Excessive Jewelry (such as multiple bracelets, rings, etc.)

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- No Shorts or Leggings
- No Midriffs, Tank Tops, low-cut or revealing clothing
- No flip flops
- No sandals (except for dress sandals/open toed shoes in non-patient care areas)
- No inappropriate messages on clothing
- No hooded sweatshirts
- No hats or inappropriate head coverings (except for religious or medical reasons or for infection control)

**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.
- T-shirts are not to be worn.
- Denim Day stickers should be clearly visible adhered next to the employee ID badge.

**ACCOUNTABILITIES:**

Each employee is accountable for understanding and abiding by the expectations of appearance for their work, exercising good judgment in their personal appearance that is consistent with their job, and presenting the organization in a positive and professional manner at all times while performing their job on any given day or location. Any employee who is unsure of the appropriateness of certain dress should discuss it with their manager first.

Managers are accountable for ensuring that employees meet the standards for professional appearance and evaluating appropriateness of appearance while ensuring their employees’ appearance is consistent with Baystate’s desired image of professionalism.

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

VI. REVIEWED/APPROVED BY: Human Resources Operation Directors, August 2014

Approval: 

Paula C. Squires, SPHR
Senior Vice President, Human Resources

Replaces:
Policy Name: HR-800 Appearance Standards
Policy Date: 05/29/2013
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 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, a substantial body 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.

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.
STUDENT POLICIES AND PROCEDURES
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.

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 Consultant.
Springfield locations, except BVNAH
call (413) 794-5655
Baystate Visiting Nurse Association & Hospice
call (413) 794-6421
Baystate Mary Lane Hospital
call (413) 967-2117
Baystate Franklin Medical Center
call (413) 773-2295

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 Consultant.

V. CROSS REFERENCE(S):
• BC 1.125 - Smoke-Free Environment Policy
• BH-HR-804 – Corrective Action

VI. REVIEWED/APPROVED BY: President’s Cabinet, January 1, 2006

VII. PROPOINTER: Director, Human Resource Consulting and Employee Relations

Approval: [Signature]
Paula C. Squires, SPHR
Senior Vice President, Human Resources

Replaces:
Policy Name: HR-818 Smoke Free Environment
Policy Date: 05/31/2010
I. POLICY:

It is the policy of Baystate Health that, prior to beginning their educational experience, all students will be cleared by Employee Health Service 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 students, house officers from other institutions, and others participating in an educational experience at any Baystate Health facility under officially recognized training or educational programs.

IV. PROCEDURE:

E. It is the responsibility of Baystate Health department heads or managers who enter into any agreements providing educational opportunities to ensure that no students are permitted to begin their educational experience until they receive proper clearance and an identification badge.

F. In order to receive an identification badge, the following requirements must be met:

1. Health Requirements:
   a. Completion of a Student Health Record (BH-HR-604)
   b. Documentation of immunity to measles, mumps, rubella, varicella, tetanus and diphtheria.
   c. Evidence of being free of active tuberculosis.

2. Safety Requirement:
   a. The student must review the Employee Safety and Health Handbook and successfully complete the test in the handbook.

G. Affiliating institutions must submit to Employee Health Service, two weeks prior to assignment, the following:
1. A list of affiliating students including assignment areas and time periods of affiliation.

2. A completed Student Health Record for each student. The Student Health Record includes:

   a. Significant medical history (current medical status including any potentially contagious conditions, impairment of function or work restrictions, allergies, drug sensitivities and current medications).

   b. Evidence of a current (within 12 months) negative Mantoux TB skin test. If the Mantoux is known to be positive, a report is required of a chest X-ray taken since the positive skin test.

   c. Medical certification of adequate immunization to measles, mumps, rubella, varicella, tetanus and diphtheria as required by Chapter 76, Section 15c of the General Laws of Massachusetts, 1985. A copy of a Massachusetts school immunization record may be substituted for medical certification.

H. Security will only issue a badge with proper documentation from Employee Health Service and the responsible BH department head or manager that these requirements have been met.

I. Students returning to BH for a second year:

   1. If a completed Student Health Record is on file in Employee Health Service, students will not be required to complete the process for the second year.

   2. If the student is returning to a clinical area, documentation of a new Mantoux TB skin test completed within 12 months of the start of the second year is required.

   3. Documentation of the Mantoux TB skin test results must be submitted to Employee Health Service.

V. PROPOSENT: Director, Occupational Health

Approval: 

Paula C. Squires, SPHR
STUDENT POLICIES AND PROCEDURES

Senior Vice President, Human Resources

Replaces:

Policy Name: HR-603 Health and Safety Clearance for Students
Policy Date: 05/31/2010
Baystate Health System, Inc.
Policy
Sexual Harassment In The Work Place
SEXUAL HARASSMENT NOTICE

Sexual harassment in the work place is unlawful gender discrimination under federal and state law. It is the intent of Baystate Health to maintain a work place free from sexual harassment. See policy BH-HR-810, Harassment in the Work Place. Unlawful sexual harassment will not be tolerated. This policy applies to all employees, patients, visitors, vendors and others associated with Baystate Health and its entities.

Sexual harassment is unwelcome conduct which involves sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when 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 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: explicit or implicit demands for sexual favors in exchange for job benefits; unwelcome letters, telephone calls or displays of materials of a sexual nature; physical assaults of a sexual nature; unwelcome and deliberate touching, leaning over, cornering or pinching; unwelcome sexually suggestive looks or gestures; unwelcome pressure for sexual favors; unwelcome pressure for dates; and unwelcome teasing, jokes or questions of a sexual nature.

An employee who feels that he or she has been sexually harassed or has witnessed sexual harassment has the right and obligation to report such conduct. Each supervisor or manager who is aware of an incident of potential sexual harassment must report such conduct. Reports of sexual harassment should be made to:

Director, HR Consulting & Employee Relations or Sr. Employee Relations or Your Human Resource
280 Chestnut Street 280 Chestnut Street 280 Chestnut Street
1st Floor 1st Floor 1st Floor
Springfield, MA 01199 Springfield, MA 01199 Springfield, MA 01199
(413) 794-7661 (413) 794-7660 (413) 794-7660

Baystate Health will act quickly to eliminate the harassment and impose corrective action. Any employee found to have engaged in sexual harassment will be subject to appropriate corrective action up to and including termination. The person reporting the complaint will be informed of the results of the investigation.
STUDENT POLICIES AND PROCEDURES
The Director of HR Consulting and Employee Relations will direct a prompt investigation of the complaint. Baystate Health will make every reasonable effort to treat complaints and investigations of sexual harassment confidentially.

It is unlawful to retaliate against an employee for making a complaint of sexual harassment or for cooperating with an investigation of a complaint for sexual harassment. It is a violation of policy to make knowingly false accusations of sexual harassment.

Regardless of whether a complaint of sexual harassment is brought to the attention of Baystate Health as described above, an employee who believes he or she has been sexually harassed may report such conduct to the MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION, 436 Dwight Street, Springfield, MA 01103 (413-739-2145). Reports may also be made to the EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, One Congress Street, Boston, MA 02114 (617-565-3200).
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, to the extent possible, 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 complaints of unlawful harassment based on age, color, disability, gender, gender identity or expression, sexual orientation, national origin, race, religion, or qualified veteran status, as well as complaints of Other Harassing Behavior, as defined below.

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, gender identity or expression, national origin, race, religion, sexual orientation 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: (1) explicit or implicit demands for sexual favors in exchange for job benefits; (2) unwelcome letters, emails, text messages, telephone calls or displays of materials of a sexual nature; (3) physical assaults of a sexual nature; (4) unwelcome and deliberate touching, leaning over, cornering or pinching; (5) unwelcome sexually suggestive looks or gestures; (6) unwelcome pressure for sexual favors; (7) unwelcome pressure for dates; and (8) unwelcome teasing, jokes or questions of a sexual nature.

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) pushing or hitting others, (5) invading another’s space (6) obscenities, and (7) bullying.

V. PROCEDURE:

A. Unlawful Harassment

Any member of the Baystate Health community is encouraged to promptly report any behavior perceived as Harassment, as defined in this Policy, in writing or orally to their manager or to the individuals identified in the Sexual Harassment Notice (BH-HR-817).

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 will include private interviews with the person filing the complaint and with witnesses. The person alleged to have committed the Harassment will also be interviewed. If it is determined that Harassment as defined in this policy has occurred, Baystate Health will act promptly.
STUDENT POLICIES AND PROCEDURES

to eliminate the offending conduct. Corrective Action will be taken as deemed appropriate under the circumstances, which could include counseling, a warning, probation, suspension, transfer or termination, depending on the circumstances. 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 (as defined in this policy), 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 (1) Director of Human Resource Consulting and Employee Relations, (2) Senior Employee Relations Consultant, or (3) the Human Resource Consultant or Director for his or her entity (see BH-HR-817 for contact information).

B. Other Harassing or Disruptive Behavior

If any member of the Baystate Health community is subjected to or witnesses what he or she perceives to be Other Harassing or Disruptive Behavior, as defined in this Policy, he or she is encouraged to promptly report the incident to his or her supervisor or manager and/or Human Resource Consultant for advice on how to proceed. A manager or supervisor receiving a report directly is to consult with the Human Resource Consultant. If the supervisor or manager in consultation with the Human Resource Consultant deems it appropriate, he or she will refer the matter to the Senior Employee Relations Consultant who will determine whether an investigation of the incident is warranted.

Baystate Health will not tolerate any retaliation against anyone who in good faith reports an incident of Other Harassing Behavior or provides information in relation to such a report.

C. False Accusations

Baystate Health recognizes that false allegations of harassment, as defined in this Policy, can have serious effects on innocent individuals. If an investigation results in a finding of evidence that an individual who has accused another of harassment made allegations in bad faith, the accuser will be subject to Corrective Action, depending on the circumstances.

C. Baystate Health is an Equal Opportunity / Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.
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.

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

Approval:  
Paula C. Squires, SPHR  
Senior Vice President, Human Resources

Replaces:  
Policy Name: HR-810 Harassment in the Work Place  
Policy Date: 05/31/2010
Baystate Health
Substance Abuse/Drug Free Work Place

I. POLICY:

It is the policy of Baystate Health System to promote and maintain a drug and alcohol free environment in order to protect the safety, health and well being of all our patients, employees and other individuals in our workplace and to discourage substance abuse through proactive Employee Assistance and Employee Health Service programs.

II. PURPOSE:

In order to fulfill our mission of providing excellent patient care, Baystate Health must maintain a work environment that is safe for our patients and our employees; is conducive to the delivery of high quality care; and allows employees to attain the highest work standards.

III. SCOPE:

Adherence to this policy is the responsibility of all employees, physicians, affiliating students and others associated with Baystate Health. This policy applies during all working hours, whenever conducting business or representing the organization, while on call, paid standby, while on organization property and at company-sponsored events.

IV. ROLES AND PROHIBITED BEHAVIOR:

A. Roles

The promotion and maintenance of an environment free of substance abuse and adherence to this policy to ensure a safe and drug free environment is a shared responsibility of all associated with Baystate Health.

1. Managers and Supervisors:

Managers will be thoroughly familiar with the provisions of this policy, including the signs of suspected substance abuse. They will know how to refer those with suspected substance abuse problems to the Employee Assistance Program Consultant, and they will know when and how to request a Fitness for Duty Examination so that they may take immediate steps in accordance with these policies, since delayed action could threaten the safety of patients and other employees.

2. Employees:
STUDENT POLICIES AND PROCEDURES

All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on or off-duty use of alcohol or other drugs. In addition, employees are encouraged to support fellow workers in seeking help, use the Employee Assistance Program and report dangerous behavior to their supervisor.

3. **Employee Health Service:**
Employee Health Service shall conduct drug screening as part of the pre-placement physical examination. Employee Health Service shall utilize guidelines and procedures attached to this policy regarding the identification, treatment and rehabilitation of employees with substance abuse problems.

4. **Employee Assistance Program:**
The Employee Assistance Program (EAP) will provide ongoing organization-wide education regarding the dangers of drug and alcohol abuse, including information on available drug counseling and rehabilitation programs, and information on penalties for drug and alcohol abuse violations. The education program will include a Substance Abuse/Drug Free Workplace Policy statement for all employees as well as an orientation for new employees including a copy of this policy.

5. **Medical Staff:**
The Medical Staff in conjunction with Administration has responsibility for administering Medical Staff Substance Abuse policies for all those with privileges granted by the Medical Staff.

B. **Prohibited Behavior**

1. Those associated with Baystate Health will not possess, use or be under the influence of alcohol or any illicit drug during work time on Baystate Health property or while performing Baystate Health duties or functioning in their roles.

2. The unlawful manufacture, distribution, sale or dispensing of illicit drugs or controlled substances on Baystate’s property or while performing Baystate Health’s functions are prohibited.

3. Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician 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 the employee, fellow employees or the public, it is the employee's responsibility to take appropriate action to avoid unsafe workplace practices. For instance, depending on the severity of the situation the employee...
STUDENT POLICIES AND PROCEDURES

may call in sick, apply for a leave of absence, request change of duty, notify supervisor, or notify Employee Health Services.

4. The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our Substance Abuse/Drug Free Workplace Policy to intentionally misuse and/or abuse prescription medications. In addition, certain licensure requirements may necessitate additional reporting (Board of Registration in Medicine, Board of Registration in Nursing, Department of Transportation, MA Board of Pharmacy, etc.)

V. PROCEDURE:

A. Notification of Convictions - The management of an individual with a substance abuse problem under this policy is not intended to bypass any reporting requirements of state licensing boards regarding such individuals or to protect anyone from prosecution for illegal activities under state or federal law.

Any employee who is convicted of a criminal drug violation in the workplace must notify the organization in writing within five (5) calendar days of the conviction. The employer will notify the contracting agency within 10 days after receiving notice from the employee, or otherwise receiving actual notice, of a criminal drug conviction. The organization will take appropriate action within 30 days of the employee notification to the organization.

B. Searches - Entering the organization's property constitutes consent to searches and inspections. If an individual is suspected of violating the Substance Abuse/Drug Free Workplace 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 and lunchboxes, desks and work stations and vehicles and equipment.

C. Job Applicants - Each job applicant is required to pass a pre-placement physical examination. For those jobs involving direct patient care or treatments, diagnostic services, preparation of medication, work in drug or alcohol treatment programs, calibration of patient care equipment, operation of motor vehicles or power tools, or responsibility for Baystate Health security functions, this includes a test for illicit drugs after a job offer has been extended, but before the applicant begins work.

For all other positions, pre-placement testing for illicit drugs is conducted on a random basis. All job applicants will be informed that they may be required to take a drug test as part of their pre-placement physical examination.

D. Fitness for Duty Exam - When there is reasonable cause to believe that an individual’s ability to perform essential job functions may be impaired by the use of alcohol and/or illegal drugs, or where that individual may pose a direct threat to the safety or health of others, he or she may be required to submit to a fitness for duty examination, including drug and alcohol testing. Fitness for duty examinations may be requested by Baystate Health management, supervisors or EAP consultants.
STUDENT POLICIES AND PROCEDURES

E. Driving Requirements - Prior to transferring into positions involving driving corporate vehicles for which a DOT (Department of Transportation) card is required, employees will have a urine drug test performed through Employee Health Service.

All employees 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 BH-HR-600.

F. Drug Testing - Any employee who tests positive will be immediately removed from duty, placed on administrative leave without pay and referred to the Employee Assistance Program for assessment and recommendations. The employee will be required to successfully complete recommended rehabilitation including continuing care, required to pass a Return-to-Duty test and sign a Return-to-Work Agreement. The employee will also be subject to ongoing, unannounced, follow-up testing for a period of two (2) years and terminated immediately if he/she tests positive a second time or violates the Return-to-Work Agreement.

An employee will be subject to the same consequences of a positive test if he/she: 1) refuses the screening or the test, 2) adulterates or dilutes the specimen, 3) substitutes the specimen with that from another person or sends an imposter, 4) will not sign the required forms or 5) refuses to cooperate in the testing process in such a way that prevents completion of the test.

G. Consequences - Violation of this policy is grounds for corrective action up to and including termination.

VI. REVIEWED/APPROVED BY: Human Resource Health Services/Health Delivery Operations Group

VII. PROPOSENT: Director, Occupational Health

Approval:
Paula C. Squires, SPHR
Senior Vice President, Human Resources

Replaces:
Policy Name: HR-606 Substance Abuse/Drug-Free Workplace
Policy Date: 05/31/2010
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
Page 2 of 3

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.
STUDENT POLICIES AND PROCEDURES

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.

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

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

STUDENT POLICIES AND PROCEDURES

Attachment N

Baystate Health

Confidentiality

I. POLICY:
It is the policy of Baystate Health to safeguard confidential business information and information about the medical care of its patients. Baystate Health considers any inappropriate access to and/or disclosure of patient or business information a violation of trust that jeopardizes the mission and survival of the organization. Events and information relating to services provided to patients are confidential.

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

III. SCOPE:
All employees, physicians, students, volunteers, contract workers, travelers, management and trustees of Baystate Health.

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

   1. the use of good judgment in the utilization of patient and related business information;

   2. those who have access to patient and business information will protect the information and limit dissemination to appropriate individuals at appropriate times;

   3. all associated with Baystate Health will maintain an environment that fosters adherence to strict confidentiality of patient and business information and that this environment will be maintained with the highest level of integrity.

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

C. Those who have access to patient and business information must protect and utilize this information with the greatest level of care. Failure to protect confidential
STUDENT POLICIES AND PROCEDURES

information will result in corrective action up to and including termination of employment. Those who do not need access to patient and business information but gain access willfully will be subject to corrective action up to and including termination of employment.

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

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

F. A Statement of Confidentiality will be provided, acknowledged and signed by all associated with Baystate Health.

V. CROSS REFERENCES:

BH Corporate Policy - BC 7.010 Privacy Policy (HIPAA)

VI. PROPOONENT: Director, Human Resource Consulting and Employee Relations

Approval: [Signature]

Paula C. Squires, SPHR
Senior Vice President, Human Resources

Replaces:
Policy Name: HR-802 Confidentiality
Policy Date: 05/31/2010
STATEMENT OF CONFIDENTIALITY

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:

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Contract Worker</th>
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<tbody>
<tr>
<td>Part-time</td>
<td>Student</td>
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<td>Per Diem</td>
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<td>Volunteer</td>
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Print Name:______________________  Employee #:_______
Signature:_______________________  Date:____________

S:\BMC Midwives\Education Program\Policies-Handbooks\Student Handbook\Student Policies Attachements 2016.doc
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 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 who wish to do business with Baystate will strive to 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.
4. VISION AND GOALS:

Baystate’s vision is to be one of the leading health systems in the nation.

Baystate’s goals are as follows:

- **Quality**: Baystate will be a national leader in clinical quality, patient safety and patient centered care.

- **Advancement of Knowledge**: Baystate will be a leader in innovative health education and focused research initiatives.

- **Workplace of Choice**: Baystate’s workforce will be sufficient, engaged, high performing and reflective of the communities we serve.

- **Long Term Viability**: Baystate will assure its long term viability through focused growth and development coupled with operational excellence.

5. CORPORATE PHILOSOPHY:

Baystate’s long-term success depends upon our reputation for the care we give and for our unquestionable ethics in patient care and sound business judgments 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, and we strive to maintain this environment of high ethical standards and compliance by Baystate and each individual concerning the delivery of patient care, the management of the organization, and the conduct of business. We are dedicated to maintaining an environment where 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. We recognize our obligation to serve our constituents and operate within the shared values of our communities.

6. CORE OPERATIONAL VALUES/PRINCIPLES:

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

- **Trust**: Trust exists when people believe in one another’s abilities and competencies, advocate for one another, keep promises, and say what they mean without fear of retribution. Trust is earned, not assigned, and may not be violated.
STUDENT POLICIES AND PROCEDURES

- **Respect**: Respect is characterized by displaying personal concern, sensitivity, and tolerance for one other and one other’s views and needs. To honor this, we request the time of others judiciously, and act honestly, directly, and in a constructive, non-confrontational manner. We treat others with dignity, maintain confidentiality, learn from others, and recognize the health importance of personal life “outside Baystate.”

- **Integrity**: Integrity exists when people adhere to high standards of ethics and quality, have a constancy in action and values, and consider community, patient, and employee impact when making decisions. To preserve the trust of all Baystate stakeholders, we commit to do the right thing and urge others to do the same. We commit to organizational excellence by supporting entrepreneurship and creativity, maintaining focus and drive to execute strategy, accepting and learning from failure, and acting as agents of change. Our integrity includes embracing diversity and being stewards of Baystate’s resources.

- **Collaboration**: Collaboration is characterized by displaying and promoting team work and team play, and by exploring alternatives and accepting individual team decisions. In a collaborative environment, people commit to each other’s success by helping one another succeed. They are inclusive; they respect, value and access internal expertise, celebrate success, and value the contribution of each employee and partner in that success.

- **Communication**: Communication is fostered by establishing open lines of communication; confronting and resolving conflict directly with affected individuals; and communicating clear goals, responsibilities, and accountabilities. To communicate fully, one must hold no grudges and have no personal agendas, and be able to disagree when appropriate, as well as listen actively and speak directly.

7. **EXPECTATIONS OF ETHICAL BEHAVIOR:**

Baystate’s values are reflected in the development and implementation of our policies which guide the daily behavior (clinical and non-clinical) of employees, staff, 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 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 avoided;
- 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;
STUDENT POLICIES AND PROCEDURES

- 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 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, staff member, and associate is accountable for upholding Baystate’s 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 superiors.

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.
STUDENT POLICIES AND PROCEDURES

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.

Approved: Mark R. Tolosky

Effective: BH BoT 4/14/009

Replaces: BH Policy No. GO.11 (6/13/06)
Attachment P

Baystate Health
baystatehealth.org

(NEW POLICY SAVED IN S DRIVE AS A PDF:
BMC MIDWIVES ➔ EDUCATION PROGRAM ➔ POLICIES-HANDOOKS ➔ STUDENT HANDBOOK ➔ BHC SOCIAL MEDIA POLICY.PDF)
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

Sex: ____Female       ____Male

Race/Ethnic Group:
____ Asian       ____ Alaskan Native       ____ American Indian
____ Black       ____ Hispanic        ____ Pacific Islander
____ White

Handicapped:
If you are handicapped, 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:
____ Vietnam Era Veteran       ____ Disabled Vietnam Era Veteran       ____ Disabled Veteran

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STUDENT POLICIES AND PROCEDURES

Other
I attest that I have received the following information materials and polices from Baystate Medical Center Midwifery Education Program:

1. Campus Sexual Assault Policy and Procedure
2. Campus Security Policies and Procedures
3. Crime Awareness and Campus Security
4. Smoke Free Workplace and Substance Abuse
5. Equal Employment Opportunity / Affirmative Action
6. Harassment Policy
7. Midwifery Education Program Student Policies and Guidelines
7. Voluntary Self-Identification

__________________________________
Signature

__________________________________
Print Name Here

__________________________________
Date

Sign and return:
This Page
Confidentiality Statement
STUDENT POLICIES AND PROCEDURES

Attachment S

BAYSTATE MEDICAL CENTER
DIVISION OF MIDWIFERY AND COMMUNITY HEALTH
MIDWIFERY PROGRAMS
POLICY

BUILDING SECURITY

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

SCOPE: CNMs, SMs, Staff - Administrative

POLICY:

1. Inside doors should be push button locked at all times.

2. Outside door should be push button locked between 5pm - 8 am.

3. The following should be checked upon closing the building each day.
   a. copier and PC’s off (Fax remains on)
   b. window air conditioners off
   c. coffee makers off
   d. windows closed and locked
   e. lights off
   f. drapes down (1st floor)
   g. leave porch and stairway lights on
   h. deadbolt locks all three 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 locking the outside door.

7. Lapses in building security should be reported to the Director.

______________________________
Susan DeJoy, CNM, PhD
Chief, Division of Midwifery and Community Health

Effective Date: 11/16/94
Reviewed: 12/16/96; 12/10/01; 1/7/03; 12/18/06; 5/12/10; 5/19/16
Replaces: Dated:

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STUDENT POLICIES AND PROCEDURES