Self-Evaluation Report

Baystate Medical Center
Midwifery Education Program

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Program Overview

The Baystate Medical Center Midwifery Education Program (BMEP) is a post graduate certificate program in midwifery which prepares registered nurses with a bachelor's degree to provide primary women's health care as certified nurse-midwives (CNMs). This Self-Evaluation Report seeks reaccreditation as a Post Baccalaureate Certificate in Midwifery program. The program is a campus-based, classroom design for full time students. It is completed in five semesters over two years for a total of 38 credits. The majority of basic clinical experience is supervised by education program faculty. Graduates are awarded a Certificate in Nurse Midwifery. A program articulation with Philadelphia University Institute of Midwifery allows concurrent distance courses for master's completion. Upon graduation, students receive a Certificate in Midwifery from BMEP and a Master's of Science degree from Philadelphia University.

All BMEP faculty are clinicians with Baystate Midwifery & Women's Health, a full scope midwifery service. All student clinical placements for the first four semesters are with BMWH and all students are precepted 1:1 by faculty CNMs.

The BMEP is organizationally located in the BH Department of Ob/Gyn, Division of Midwifery and Community Health. As depicted in Table 1 (SER page 6)
, the BMEP Director reports to the Division Chief, who reports to the Department Chair in both clinical and academic areas. The primary academic affiliate for all of BH, including BMEP, has transitioned from TUSM to UMMS.

The program admitted its first class in 1990. Initial planning and development was supported by the Commonwealth of Massachusetts. The program received Title IV funding until 2004 when the program voluntarily withdrew. Baystate Medical Center is not an accredited academic institution and lacking this institutional accreditation, the Midwifery Education Program no longer was eligible for Title IV funding. The program's affiliation with Tuft's University School of Medicine (TUSM) did not meet Title IV requirements as the Education Program is independent of TUSM. Currently, the program is funded through tuition and Medicare Part B monies available to nursing and allied health programs that are operated by academic medical centers. Baystate Health is a not-for-profit integrated health care system serving 800,000 people throughout Western New England and has been a provider of healthcare in the Pioneer Valley of Massachusetts for 140 year. The organizational chart for Baystate Medical Center can be viewed in Table 1. (SER page 6)

The first midwifery class graduated in December, 1992, and students completed the program each December 1992-2004 and 2006-2008. In 2008, the length of the program was increased to allow for master' degree acquisition in accordance with degree requirements for certification. An articulation with University of Massachusetts (UMass) allowed students to earn a Master's degree in 2010 and 2011. UMass transitioned to exclusively doctoral degree programs in nursing in 2011. At that time, a program articulation was developed with the Midwifery Institute of Philadelphia University. Currently, students take a single course per semester for semesters two through five for a total of 12 credits. Philadelphia University grants credit for completion of a Certificate in Midwifery, adds the credit for the four completed master's level courses, and grants a master's of science degree. This enables BMEP students to sit for the American Midwifery Certification Board exam. The program has maintained 100% first time pass rate on this exam.

The time frame for this SER is the academic year September, 2015 through August, 2016. The two most recent cohorts for clinical experience are the classes that graduated in May, 2016 and May, 2017.

The following is a list of abbreviations that will be used in this report.

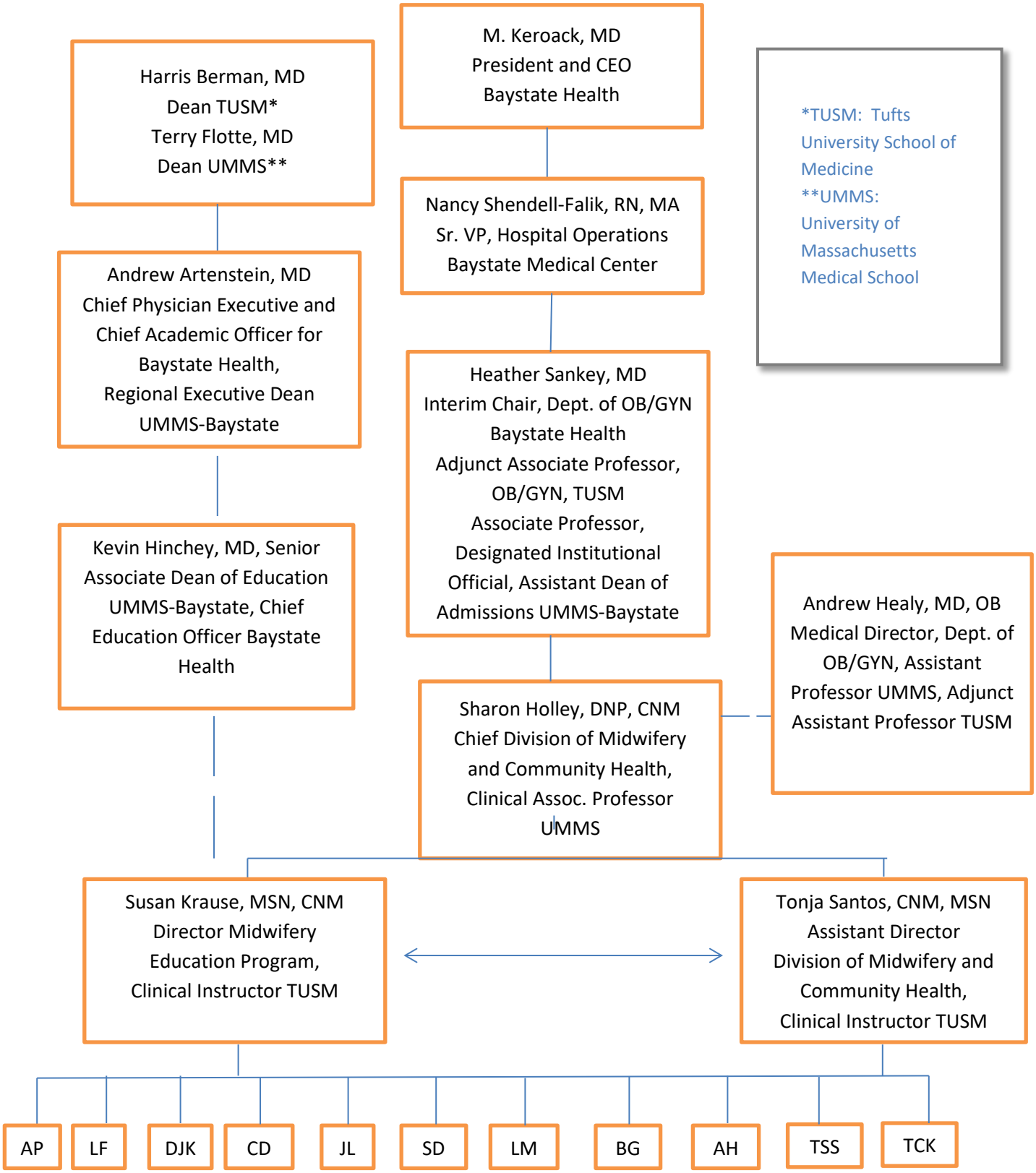
ACME: Accreditation Commission for Midwifery Education
BERST: Baystate Education Research and Scholarship of Teaching Academy
BH: Baystate Health
BMC: Baystate Medical Center
BMEP: Baystate Midwifery Education Program
BMWH: Baystate Midwifery & Women's Health
DOME: Directors of Midwifery Education
NERCEM: Northeast Regional Consortium of Educators in Midwifery
NERCCEM (Exam) Northeast Regional Consortium for the Comprehensive Exam in Midwifery
NEMEC: New England Midwifery Education Consortium
TUSM: Tufts University School of Medicine
UMMS: University of Massachusetts Medical School

<u>Abbreviations for BMEP Courses</u>:

AHA: Advanced Health Assessment
FAWH: Foundation in Ambulatory Women's Health and Advanced Pathophysiology
AAWH: Advanced Ambulatory Women's Health and Advanced Pathophysiology
Pharm: Pharmacology, taught in three sections
PCOW: Primary Care of Women
PICH: Professional Issues and Community Health
IP: Intrapartum and Advanced Pathophysiology
MB: Mother-Baby Care and Advanced Pathophysiology

TABLE 1

BAYSTATE MEDICAL CENTER
MIDWIFERY EDUCATION PROGRAM
ORGANIZATIONAL CHART FOR BAYSTATE HEALTH



CRITERION I: ORGANIZATION AND ADMINISTRATION

I.A. This SER is an in depth self-study written by members of the midwifery program faculty with opportunity for input by students, faculty, and administrators.

The writing team for the SER is shown in Appendix I.A. All faculty had opportunity for input in the SER, and review of the draft and final documents.

I.B. The midwifery program provides opportunity to its relevant constituents for third party comment in relation to the accreditation criteria at least two months prior to the scheduled site visit.

Third party comment was elicited via the announcements and webpages listed in Appendix 1.B. Text of these announcements can be reviewed in Exhibit 1.B (Third party comments solicitation.)

I.C. The midwifery program resides within or is affiliated with an institution that is currently accredited by an agency recognized by the United States Department of Education, or it meets ACME's policy requirements for institutions based outside the United States (see Appendix B).

The Baystate Medical Center Midwifery Program (BMEP) is in the process of transitioning academic affiliation from Tufts University School of Medicine (TUSM) to University of Massachusetts Medical School (UMMS). A Notification of Substantive Change and Substantive Change Report were filed with ACME outlining this change on September 21, 2016. (Exhibit I.C.i: Substantive change notification, Exhibit I.C. ii: Substantive change report) ACME granted the BMEP program a six month extension during this time of transition. (Exhibit I.C.iii: ACME Certificate of Accreditation Extension)

The Baystate Medical Center has been affiliated with Tufts University School of Medicine (TUSM) since 1988. The BMEP was included in this affiliation at its inception in 1992. Faculty continue to hold TUSM faculty appointments during this time of transition. The affiliation agreement was most recently reviewed and renewed in September of 2016. (Exhibit I.C.iv: Affiliation agreement TUSM) The letter of support from the Dean of TUSM clearly shows the ongoing support and inclusion of the BMEP in the Tufts academic community during this time of transition. (Exhibit I.C.v: TUSM support 2017).

The TUSM received full accreditation by the Liaison Committee on Medical Education (LCME) through academic year 2021-22 and has been continuously accredited since 1942. (http://lcme.org/directory/accredited-u-s-programs)

In 2015, Baystate Health changed academic affiliation to the University of Massachusetts Medical School (UMMS). (Exhibit I.C.vi: UMMS affiliation agreement with BH) Starting in the academic year 2017-2018, UMMS-Baystate Springfield campus will serve as the clinical campus for a new pathway for students focusing on rural or urban primary care, population health, and integrated health management. The inclusion of the BMEP is evidenced in a letter of support signed by the Regional Executive Dean of UMMS-Baystate, and the Dean, Provost and Executive Deputy Chancellor, UMMS. (Exhibit I.C.vii: UMMS-BH support letter)

To meet requirements for a Master's degree at Program completion, the BMEP has a Memorandum of Understanding with the Midwifery Institute of Philadelphia University. This allows BMEP students to enroll in four non-clinical graduate courses concurrent with BMEP courses, and to have their BMEP coursework credited towards a Master's of Science degree. Upon completion of all certificate components of the BMEP and the requirements of Philadelphia University's core graduate courses ("Master's component"), a student will earn both a Certificate in Midwifery from the BMEP and a Master of Science in Midwifery degree from Philadelphia University. (Exhibit I.C.viii: PhilaU BMEP MOU)

I.C.1. There is evidence of commitment to the midwifery program from key administrators in the institution and academic unit.

Since its inception, the BMEP has enjoyed broad-based support and commitment from within TUSM and Baystate Medical Center, and is now transitioning to support from UMMS. (Exhibit I.C.1.i: Chair letter of support)

TUSM has granted faculty appointments to the BMEP faculty on a level commiserate with other academic professionals. BMEP faculty are invited to attend TUSM educational program offerings, and have full access to Tufts library resources. UMMS faculty appointments are in process, with several faculty members having received their appointments. The remaining faculty members are in process but should have appointments by the time of the ACME site visit in October.

This institution has and will continue to contribute the major share of indirect costs for the Program. These costs include office space, heat, light, maintenance, housekeeping, liability insurance, grants and contract management, administrative support functions, simulation lab resources, and library maintenance. Additionally, and perhaps most importantly, Baystate continues to support 1.5 FTE CNM faculty and 1.0 FTE staff assistant.

1.C.2. The midwifery program has sufficient fiscal resources to ensure that program objectives can be met.

Like all Divisions in the Department of Obstetrics and Gynecology, the Division of Midwifery and Community Health is responsible for generating income to meet its expenditures. The primary responsibility for overall budget planning for all Divisions rests with the Chairman with input from the Division Chiefs and Administrators. Within each Division, the Chief is responsible for the accounting of monthly income and operational expenses to all sources of funds. Long term financial planning, delegation of major funding for project/program development and decisions regarding management of Divisional losses or gains are the purview of the Chairman.

BMEP generates revenue through two mechanisms. First, student tuition payments are credited directly to the BMEP. (Appendix I.C.2.i) Additional funding source is from the Centers for Medicare and Medicaid Services Part B funding dedicated support to hospitals for costs incurred by training nursing and allied health professions in accredited training programs. (Appendix I.C.2.ii)

I.C.3. The midwifery program has input into the budget process and/or financial planning to ensure ongoing adequate program resources.

During budget planning, the BMEP Director meets with the Chief of Division of Midwifery and Community Health and the Business Operations Manager for the Department of Ob-Gyn to develop the budget for the BMEP for the upcoming fiscal year. Within the Division of Midwifery and Community Health, the BMEP and Baystate Midwifery and Women's Health (the clinical service) operate as two separate fiscal entities. The BMEP must secure its own funding and cover all its costs. The BMEP maintains separate authority over all its income, including tuition monies. Authority and accountability rests with the BMEP Director. (Appendix: I.C.3) The BMEP always operates with a contingency plan should there be a shortfall in funding. A major component of this contingency plan is the agreement with the Department of Ob/Gyn to assume costs for the remainder of the academic year affected by the loss of income. In several years, the number of students has been less than expected, and the tuition/Medicare payments did not cover the costs of the BMEP. In each of these years the Department and the Medical Center financially continued support. In preparation for re-accreditation, the Department of Ob/Gyn renewed their understanding and commitment to this plan.

I.C.4. The midwifery program is an institutional environment that promotes and facilitates scholarly and professional productivity.

A list of BMEP faculty professional productivity and scholarly works can be viewed in Exhibit 1.C.4.i: Faculty professional and scholarly work.

Baystate Health is the regional clinical campus of the University of Massachusetts Medical School. As an integrated academic health system, Baystate has a commitment to scholarship and educational innovation, recognizing the crucial relationship between research, education, and patient care. Accredited education programs include: residency programs, undergraduate medical education, continuing education, midwifery education, and Nurse Residency. The array of educational opportunities can be viewed at: https://www.baystatehealth.org/education-research/education

Baystate is a nationally accredited provider of continuing education for the entire team of health care professionals, offering regional conferences, grand rounds and internet courses. (Continuing professional education opportunities: https://www.baystatehealth.org/education-research/education/continuing-education)

Baystate has two graduate education programs: the BMEP and the Physician Assistant Residency in Emergency Medicine. There are two Pharmacy Residency programs through an affiliation with Massachusetts College of Pharmacy and Health Science. https://www.baystatehealth.org/education-research/education/advanced-practitioners/emergency-medicine-physician-assistant-residency

The BMEP offers a post-graduate CNM Refresher program for CNMs wishing to re-enter the workforce. https://www.baystatehealth.org/education-research/education/midwifery-education-program/refresher-program

There are partnerships that provide clinicals and internships for numerous allied health professionals including child-life specialists, phlebotomy technicians, genetic counselors.

The Department of Ob/Gyn is participating in the ACNM Reducing Cesareans National Quality Project. The Ob/Gyn residency and BMEP are implementing curriculum in Inter-Professional Education as part of the ACNM/ACOG Maternity Care Education and Practice Redesign, supported by funding from the Josiah Macy Foundation.

The Division of Midwifery and Community Health us currently supporting a 0.4 FTE research position to support the development of midwifery research. Resources are available to

support research and are outlined on the Education and Research Webpage: https://www.baystatehealth.org/education-research/research/for-researchers

In addition, the Division provides time and reimbursement monies to support CNM staff and faculty attendance at continuing education and professional conferences. The individual CNM has the option of using some of these funds toward membership in the American College of Nurse-Midwives, and enrollment in the Continuing Competency Assessment Program or the AMCB Certification Maintenance Program (CMP). (Exhibit I.C.4.ii: Professional expense account) Tuition reimbursement support is also available to CNM staff. (Exhibit I.C.4.iii: Education assistance) A listing of the CNM uses of these funding sources in the past three years is included in Exhibit I.C.4.iv: Faculty CME and tuition reimbursement.

I.D. Each midwifery program is a definable entity distinguishable from other education programs and services within the institution. Each complies with:

Table 1 (SER page 6) shows the BMEP as a definable entity in the Division of Midwifery and Community Health, within the Department of Ob/Gyn.

The BMEP is identified as a separate entity on the Baystate website: https://www.baystatehealth.org/education-research/education/midwifery-education-program

The Baystate Midwifery & Women's Health clinical practice is also identified as a separate entity on the Baystate website: https://www.baystatehealth.org/services/ob-gyn/midwifery-services

1.D.1. The midwifery program is directed by a midwife who is clearly identified by title and position, meets institutional qualifications for appointment to that position, and is responsible to ensure all elements of the ACNM *Core Competencies for Basic Midwifery Practice* are included in the curriculum.

There is a specific job description for the BMEP Director. (Exhibit I.D.1.i: Director job description) Susan Krause, MSN, CNM has occupied this position since 2014. (Exhibit: I.D.1.ii: Krause promotional offer letter) ACME was notified of this change. (Exhibit I.D.1.iii: BMEP Director change). The current director meets the job requirements, as documented in her CV. (Exhibit I.D.1.iv: CV Krause)

The BMEP Director is identified in the Organizational Chart for the Department of Ob/Gyn (Table 1, SER page 6) and on BMEP website: https://www.baystatehealth.org/education-research/education/midwifery-education-program/faculty. All emails sent by the Program Director clearly identify her title and position,

as does the letterhead utilized by the Program Director for correspondence. (Exhibits I.D.1.v: program director email ID, Exhibits I.D.1.vi: BMEP letterhead) The Director is also identified in the BMEP Brochure. (Appendix I.D.1, page 4)

The BMEP Director is responsible for curriculum development, evaluation and revision, and well as cooperating with federal agencies. (Exhibit I.D.1.i: Director job description) The BMEP objectives include preparation of students to take the AMCB certification exam. (https://www.baystatehealth.org/education-research/education/midwifery-education-program/program-description/objectives-philosophy) In order for these responsibilities to be met, the ACNM Core Competencies for Basic Midwifery Practice must be included in the curriculum.

I.D.2. Policies, requirements, and public disclosure data for the midwifery program are accurately described in the institution's representations to the public about its education offerings in the following aspects:

The BMEP program is readily accessible through its Baystate website: (https://www.baystatehealth.org/education-research/education/midwifery-education-program) which lists program length, requirements, curriculum, costs and accreditation status. The printed Program Brochure lists the same information. (Appendix I.D.1)

The Baystate Midwifery and Women's Health clinical practice is also accessible through Baystate website: https://www.baystatehealth.org/services/ob-gyn/midwifery-services

There are links to the BMEP on the Education and Research webpage for Baystate Health (https://www.baystatehealth.org/education-research/education)

I.D.2.a. Current accreditation status from the Accreditation Commission for Midwifery Education (ACME) (formerly the ACNM Division of Accreditation), including the address, telephone number and electronic address for ACME.

The current accreditation status can be viewed on the BMEP website (https://www.baystatehealth.org/education-research/education/midwifery-education-program/accreditation) and in the printer BMEP brochure page 5. (Appendix I.D.1)

I.D.2.b. Certificate or degree may be earned.

The Certificate earned and the degree articulation can be viewed on the BMEP website (https://www.baystatehealth.org/education-research/education/midwifery-education-program/program-description), and in the BMEP printed brochure, page 3. (Appendix I.D.1)

An example of Certificate of Midwifery granted to graduate of the BMEP is provided. (Exhibit I.D.2.B.i: Sample BMEP certificate)

Legal authority for post-basic nursing education, i.e. midwifery or nurse practitioner, is not required by the Board of Registration in Nursing in the state of Massachusetts.

I.D.2.c. Academic policies, admission, continuation, and graduation requirements, and possible patterns of progression through the program

BMEP website and the printed brochure provide requirements for admission, continuation, progression, and graduation, as progression through the program. (https://www.baystatehealth.org/education-research/education/midwifery-education-program/applying)(Appendix I.D.1, pages 7-9)

The requirements and more detailed progression through the program and graduation requirements are delineated in the Student Policies and Procedures (Appendix I.D.2, pages 13-18)

I.D.2.d. Tuition and fees, with their relevant refund policy, and related costs, such as required texts and technology, and clinical site expenses.

Program costs are outlined on the BMEP website (https://www.baystatehealth.org/education-research/education/midwifery-education-program/program-description/tuition-costs) and described in the BMEP Brochure. (Appendix I.D.1, page 6)

Student Policies and Procedures delineates expenses on pages 23-24, and tuition refund on page 25 (Appendix I.D.2) The only clinical expenses incurred are those of travel and housing should a student choose to go to distant site for their Integration experience. No students are required to travel for Integration. There are no clinical site expenses associated with clinical experiences with BMWH.

2.e. Transfer of credit policy.

The transfer of credit policy is displayed on the Program website: https://www.baystatehealth.org/education-research/education/midwifery-education-program/applying (scroll down to "Transfer of Coursework and Credit) Transfer of Coursework and Credit Policy is available for review. (Exhibit I.D.2.e: Transfer of credit policy)

CRITERION II: FACULTY

II.A. All faculty are recruited, appointed, and promoted according to the institution's non-discrimination policy.

The BMEP conforms to Baystate Health's Human Resources policy on equal opportunity and affirmative action. Baystate Health is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or protected veteran status. This policy is described in the Human Resources Policy Manual Policy 809. (Appendix II.A.i) Positions are initially posted internally and subsequently advertised externally.

Consideration for all CNM faculty, staff, and administrative positions is consistent with the BH policy. In cases where applicants are similarly qualitied, additional consideration is given to an individual from an underrepresented group. The process is described in Human Resource Policy Manual Policy 201: Internal Transfers/Applications. (Appendix II.A.ii) All recruitment advertisements and formal offers of employment are made by BH Human Resources Talent Acquisition in collaboration with the Chief, Division of Midwifery and Community Health and input from the BMEP Director. (Appendix II.A.iii)

University of Massachusetts Medical School (UMMS) is committed to the principle of equal opportunity in education and employment. UMMS supports equal opportunity for all persons without regard to race, color, religion, sex, sexual orientation, age, national origin or handicap. Consistent with this principle, affirmative action shall be taken to seek and maintain just gender and minority group representation throughout the faculty. The UMMS Office of Faculty Affairs Academic Personnel Policy, Article 2: Academic Freedom, Affirmative Action, and Equal Opportunity can be reviewed at: http://www.umassmed.edu/ofa/academic/governance-policies/academic-personnel-policy/app-02/#S4

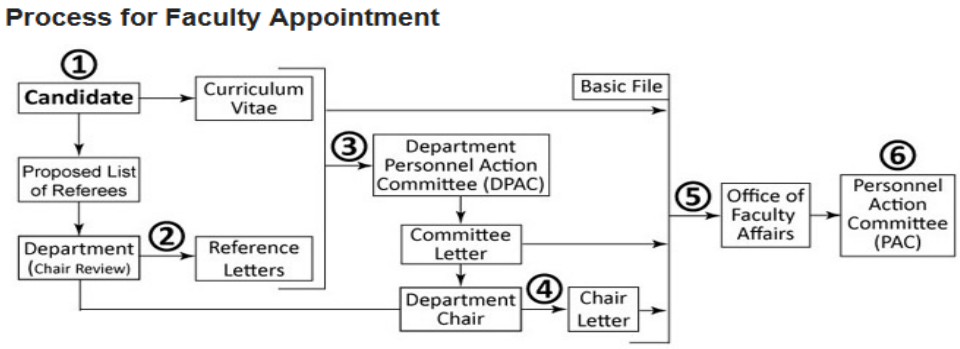
In 2016, Baystate Health changed its primary academic affiliation from TUSM to UMMS. During the 30 year affiliation with TUSM, all BMEP faculty that applied were granted TUSM faculty appointments. No midwife faculty applied for advancement in the last ten years. There has been a lull in advancement activity in the past two years because of the shift in academic affiliation.

Baystate is now the regional campus of the UMMS. CNM faculty has or will have appointments in the UMMS-Baystate's department of OB/Gyn. All CNM faculty are in the

process of applying for academic appointment with UMMS. The following midwifery faculty have received their appointments: Susan DeJoy, Susan Krause, Sharon Holley, Carly Detterman, Laurie Friedman. Criteria for appointment and promotion on the non-tenure track can be viewed at: https://www.baystatehealth.org/education-research/faculty-affairs/appointment-and-promotion. UMMS faculty appointment and promotion are based solely on evidence of the faculty's ability and productivity in teaching, service and research. The process for faculty appointment is illustrated in Table II.A.1. The process is described in the UMMS Office of Faculty Affairs website: http://www.umassmed.edu/ofa/academic/appointments/process

No complaints pertaining to non-discrimination have been made during the tenure of the midwifery education program.

Table II.A.1 Process for Faculty Appointment: UMMS



II.B. All faculty are qualified to provide students with a level of instruction, supervision, and evaluation that is compatible with safe practice and student learning needs. All faculty are required in that:

II.B.1. Midwifery program faculty are certified by ACNM, the American Midwifery Certification Board (AMCB), or another appropriate credentialing body for faculty who are not CNMs or CMs.

See Appendix II.B.1: BMEP Faculty Preparations and Teaching Responsibilities

See AMCB or ACNM certification of each faculty member in BMEP Faculty Files folders and Integration preceptor documents. (Exhibit: II.b.1.i: BMEP faculty files, Exhibit II.B.1.ii: Integration Preceptor documents)

II.B.2. Have education credentials appropriate to the level at which they may teach, with a minimum of a master's degree, and meet the academic institution's requirements for

faculty. If a faculty member possesses less than these qualifications, that individual must be responsible to a qualified faculty member.

Faculty of BMEP are required to possess a minimum of a master's degree. (Appendix II.B.2) Two faculty members hold a Post Master's Certificate in Teaching from the University of Pennsylvania. (Exhibit II.B.1.i BMEP Faculty Files: Jackson-Kohlin and Krause.) Verification of all faculty degrees is in Exhibit II.B.1.i: BMEP Faculty Files, Exhibit II.B.1.ii: Integration Preceptor documents. All faculty academic appointments can be viewed in Exhibit II.B.1.i: BMEP Faculty Files.

II.B.3. Have preparation for teaching commensurate with the teaching assignment, e.g. didactic classroom, mixed medium, and distance delivery and/or clinical teaching.

Faculty preparation and teaching responsibilities can be viewed in Appendix II.B.1.

Development of expertise in teaching is a continuous process for the BMEP faculty. Within the structure of monthly faculty meetings is the opportunity to share approaches to teaching. Student progress is discussed at each meeting, which allows the faculty to brainstorm ideas for clinical and classroom teaching. The student clinical evaluation, student self-evaluation and plans as well as faculty comments are reviewed. Discussions involve how to move the student forward in her clinical performance and how to support the skill of self-evaluation. Faculty critique each other's comments and discuss effective communication to support student growth. There is also formal didactic presentations on teaching topics during Faculty Meetings. (Appendix II.B.3.i).

The 'Final Course Evaluation' structure requires course coordinators to present, in a standardized written format, a summary evaluation of each course, including student evaluations of the module and recommendations for improvement. These are circulated to all faculty and discussed at Faculty Meeting, giving all faculty the opportunity for input (Appendix I.B.3.ii). These reports provide new faculty with a structure and forum to critically evaluate their own and other's teaching, and student outcomes as they relate to teaching.

At the annual Faculty Retreat, faculty identify areas for growth and suggest topics for faculty development for the upcoming year. These are included on the BMEP Action Plan. (Appendix II.B.3.iii.)

Faculty have also attended education training offerings at the ACNM Annual Meeting and TUSM development activities held at BMC.

The ability to do continuous informal teacher training and mentoring by senior CNM educators is a strength of BMEP. Newer faculty are partnered with senior faculty for seminar assignments, creating a mentoring relationship.

The faculty also has a formal peer review process for both classroom and clinical teaching. There are standardized written evaluation criteria used for these reviews, developed by the faculty. Faculty invite another faculty colleague to observe and evaluate them. The process is supportive and educative in nature, and has been quite successful. (Exhibit II.B.3.i Peer or self-evaluation form)

Oversight of all faculty development and performance is the responsibility of the Program Director. She assesses each individual's learning needs related to preparation for teaching, offers development advice, assigns mentors and oversees progress. Every year, each faculty performs a self-evaluation and the Program Director formally evaluates each faculty based on written criteria. This evaluation is the basis for faculty promotion and annual employee salary increase. (Exhibit II.B.3.ii Faculty Performance evaluation)

The Program Director also promotes preceptor development at local Integration sites and has performed site visits and provided preceptor development activities. (Exhibit II.B.3.iii Integration Site presentations and site visits) All Integration site coordinators are made aware of the preceptors development modules available through ACNM: http://www.midwife.org/Developing-preceptor-skills. All sites were also made aware of the opportunity to receive free CEUs associated completing the *JMWH* November/December , 2016 supplement on Clinical Education as the Program Director contributed an article and BMEP was a sponsor of the issue.

The BMEP faculty has a wide breadth of experience appropriate to their teaching responsibilities.

Susan (Sukey) Krause, BMEP Director, has been teaching in the program since 1993 and program director since 2014. She completed the Post Master's Certificate in Teaching from the University of Pennsylvania in 1996. She currently coordinates Foundations in Ambulatory Women's Health and Advanced Pathophysiology (FAWH), Pharmacology, Professional Issues and Community Health (PICH), and Integration and presents seminars in all courses. She has contributed to multiple preceptor workshops and has been continuously precepting midwifery students for over 20 years.

Carly Detterman is Principal Faculty member and has been teaching and precepting with students in the BMEP since 2013. She is the current course coordinator for IP and MBC. She precepts all clinical areas and is involved with our introduction of inter-professional education experiences with the Ob-Gyn residents. She has completed the Baystate Education Research and Scholarship in Teaching Academy (BERST) and is an active member, and has completed the UMMS Teach for Tomorrow program that focuses on preceptor development.

Laurie Friedman is a Principal Faculty member who joined the faculty in 2016. She has taught at other midwifery education programs at Boston University School of Public Health and the University of Rhode Island. She has been precepting in a variety of clinical settings for over 20 years. She has been accepted to the BERST academy.

The Principal Faculty is supported by a large number of contributing faculty members who present seminars and precept clinically in all areas.

Susan DeJoy developed the BMEP and was its first Director. She taught at the University of Southern California Midwifery Education Program for 2 years, gaining extensive experience in clinical teaching, course coordination, and education theory. In the 25 years of the Education Program, Dr. DeJoy has continued to develop her expertise as an educator through coordinating most of the courses, participation in workshops, and the Midwifery Education Program Directors Network (DOME), and has been instrumental in the professional development of the other faculty of the Education Program. She is a resource to junior faculty.

Barbara Graves was the director of the BMEP from1996 until 2014 and also comes from a rich educational background. She has been involved in teaching for most of her career including as NH state Perinatal Nurse-Coordinator, responsible for the learning needs assessments of MCH health professionals in that state; organizing, presenting, and evaluating frequent workshops and as faculty at Emory University where she developed expertise in clinical and classroom teaching, testing, and program planning. She attended and presented numerous preceptor development workshops. She continues to precept students in all clinical settings and is a resource to junior faculty.

Anastasia Hallisey has been on the faculty of BMEP for 10 years. She has received mentoring from senior faculty and faculty development in monthly Faculty Meetings. She has presented seminars in all courses and precepts in all clinical areas. She has expanded practice training in pelvic pain and sexual health.

Donna Jackson-Köhlin has been on the faculty of BMEP for 23 years. She had her first preceptor training at Boston University School of Public Health in 1991 and precepted their students. She has attended numerous workshops on precepting and test construction. She completed the Post Master's Certificate in Teaching from the University of Pennsylvania in 1997. She has coordinated courses in the past and continues to present seminars in all courses. She precepts students in all clinical settings. She has expanded practice in colposcopy and is a Certified Correctional Healthcare Provider.

Audrey Psaltis joined the faculty in 1998. She has attended several preceptor workshops, and has had extensive experience precepting both beginning and advanced residents, medical, and midwifery students. She has coordinated several courses over the years. Currently she precepts students in all clinical settings. She is a resource for more junior faculty.

Jain Lattes has been on the faculty for BMEP for 13 years. She has attended at regional and national ACNM meetings, as well as preceptor trainings held by BMEP. She has been responsible for the Intrapartum course coordination through 2016 and precepts students in all areas. She has recently completed her Psychiatric NP program expanding her clinical practice into mental health.

Laura Motyl has been on the faculty of BMEP since 2013. She received mentoring from senior faculty and faculty development in monthly Faculty Meetings. She precepts in all clinical areas. She has coordinated Professional Issues and Community Health (PICH).

Tonja Santos has been on faculty of the BMEP for 12 years. She trained as a workshop leader at DC Rape Crisis Center as well as a workshop leader at Sexual Assault and Trauma Resource Center. She was oriented as a Lecturer at Yale University School of Medicine and has completed an on-line preceptor training course. She attended preceptor training workshops on the local and regional level. She has been a member of the AMCB exam writing committee. She has been the course coordinator for Primary Care of Women. She precepts all clinical areas and has effectively flipped some of her classroom seminars.

Additional clinical faculty precept students in the clinical setting during their Integration experience. These faculty and their credentials can be reviewed in Exhibit II.B.3.iii: Integration preceptor documentation .

II.B.4. Have competence commensurate with the teaching assignment.

The process for evaluation of BMEP faculty is outlined in the Faculty Handbook Article 7: Evaluation. (Appendix II.C.3, page 17) Each faculty member actively participates in the

ongoing evaluation of professional performance that includes an annual verbal and written evaluation with the Midwifery Education Program Director in addition to annual verbal and written evaluation with the Division Chief. The annual performance evaluation includes standard criteria for evaluation of faculty performance and goal setting. (Exhibit II.B.3.ii Faculty Performance Evaluation)

The Program Director tracks AMCB Board exam results and compares program averages to national averages to detect areas of deficit. BMC consistently performs 4-6 points above national averages for every content area. Analysis of BMEP averages by content area compared to national average can be viewed in Appendix II.B.4.

II.C. Faculty participating in the midwifery program will have the following responsibilities that will provide students with a level of instruction, supervision, and evaluation compatible with safe practice and student learning needs*:*

II**.C.1. Instruction, supervision, and evaluation of students in didactic courses containing *ACNM Core Competencies for Basic Midwifery Practice* shall be the responsibility primarily of midwifery program faculty.**

The courses and corresponding course coordinators for 2015-2016 are listed in Appendix II.C.1.i. Course coordination involves review and updating the course module and references, scheduling seminars, and scheduling clinical experiences, if applicable. Coordinators monitor student progress, communicate with other faculty, and complete course records. Prior to 2016, several faculty were responsible for course coordination. This structure was revised in May, 2016 to focus course coordination on a smaller group of Principal Faculty, allowing for improved coordination and cohesion between the courses.

The majority of seminars are presented by BMEP faculty. Seminar schedules can be viewed in Exhibit II.C.1: Seminar schedules. The BMEP is able to utilize the expertise of other professionals who will present occasional seminars. Physicians, genetic counselors, nurse-practitioners, and social workers present seminar content related to their specialty. Additional guest speakers from the Massachusetts Affiliate of ACNM and from the alternative health community add depth to the seminar content,

II.C.2. Instruction, supervision, and evaluation of students in clinical learning shall be the responsibility primarily (more than half) of certified midwives.

All instruction, supervision and evaluation of student learning in the clinical setting is performed by midwives. The BMEP faculty are clinicians in Baystate Midwifery & Women's

Health, a full scope midwifery lead practice that cares for patients at five practice sites in the greater Springfield area. All clinical experiences in the first four semesters are with BMEP faculty. For Integration, students are placed with a full-scope midwifery practice with extensive clinical and precepting experience. Sample clinical schedules can be viewed in Exhibit II.C.2: clinical schedules. The preparation for clinical teaching for the BMEP faculty is included in Appendix II.B.1.

The Integration practice sites used during Spring semesters of 2015 and 2016 include: Massachusetts General Hospital, Boston, MA; Reliant Health Care Worcester, MA; Midwifery Care of Holyoke, Holyoke MA; and Alivio Medical Center in Chicago, IL. All clinical teaching of midwifery students was done by CNMs. (Appendix II.C.2)

II.C.3. Core faculty participates in the following responsibilities:

II.C.3.a. Development and/or implementation and evaluation of the curriculum.

The midwifery faculty is responsible for the development, implementation and evaluation of the curriculum. Course modules are written and revised by the faculty. While consultants were utilized for initial program implementation in 1991, the faculty has developed significant expertise in midwifery curriculum through work on the Division of Accreditation Board of Review Board of Directors, and Site Visitors panel; NERCEN now NERCEM (North East Regional Consortium of Educators in Midwifery); the AMCB Exam Writing Committee; and through collaborative exchange of curriculum with other midwifery education programs. Participation in Directors of Midwifery Education (DOME) group helps keep curriculum and policies aligned with other programs.

All faculty are in active clinical practice in an academic medical center with continuous exposure to the latest practice literature, best practice approaches and quality evaluations. This helps assure that the BMEP curriculum is current.

The Curriculum Committee, chaired by the Program Director, has primary oversight of the curriculum. This responsibility is now carried out by the Principal Faculty since the Education Program re-design in 2016. Input is received on a regular basis from Final Course Reports, which summarize the course itself, incorporate the students' evaluations, and make suggestions for the subsequent year. Annual literature reviews are conducted in all curriculum content areas. These reports are reviewed at Faculty Meeting where faculty input is solicited. Major curriculum revisions are discussed at Faculty Meetings and at the annual Faculty Retreat which results in the development of an annual Action Plan, which is objective based and

outcome oriented. The Faculty Meeting Minutes for 2015-2016 are attached to Exhibit II.C.3.a.i and faculty involvement in implementation and evaluation of curriculum has been highlighted in yellow. The Action Plans for program years 2015-2016, 2016-2017 are attached. (Appendix II.B.3.iii)

The North East Regional Consortium for the Comprehensive Exam in Midwifery (NERCCEM) exam and AMCB exam are considered proxies for verification that the students have learned the required knowledge necessary for safe beginning level practice which reflects on efficacy of faculty teaching. Students take the NERCCEM exam upon the conclusion of their final semester. Exam results are analyzed every year and each question that is answered incorrectly by more than one student is reviewed for content deficit.

II.C.3.b. Selection, evaluation, advancement, and advisement of students.

Selection.

Applications to the BMEP are available for download on the Program website (https://www.baystatehealth.org/education-research/education/midwifery-education-program/applying) and are submitted by mail or fax. Once a student's application is complete, the Program Director reviews the file and makes a decision on whether or not the applicant meets the minimum requirements for admission. Qualified applicants are then invited for an interview. The applicant is interviewed by two or three members of the faculty. Application components, including GPA, essay, references, interview ranking, and discretionary points are tallied using the applicant ranking tool. Applications are discussed with the faculty group, and decisions are made to admit, wait-list, or decline admission. (The application and ranking forms will be presented in Criterion III- Students.)

Evaluation

BMEP faculty are responsible for all aspects of student evaluation in the first 4 semesters of the Program. Faculty-constructed written examinations and other required assignments are used to determine achievement of the theoretical objectives.

BMEP faculty directly supervise students in all clinical areas. Clinical objectives are assessed by self-evaluation by the students and concurrent faculty evaluation. Clinical progress is reviewed by the clinical faculty with the student during pre-conference and post conference sessions. The Clinical Performance Evaluation form is used for each clinical experience throughout a clinical course to monitor students' progress toward the acquisition of the clinical goals of a given course The Clinical Evaluation Tool is reviewed at each faculty meeting for all

students. Clinical objectives must be mastered before the end of each course with a clinical component. The expected progress through the BMEP is outlined in the Student Policies, Section II. (Appendix I.D.2 Pages 15-18)

Students in the last semester of the Program are placed at outside Integration sites. Sites are chosen with attention preceptor preparedness and experience, and volume and type of experiences. The clinical faculty preparations and teaching responsibilities for the Integration sites utilized in 2016 and 2017 can be reviewed in Appendix II.C.2. The Integration Coordinator communicates with the designated preceptor to evaluate student performance and progress toward achieving competency as a safe beginning practitioner by the end of that semester. The Integration Course Coordinator is ultimately responsible for students' progress. The didactic evaluation for that semester is a comprehensive exam developed by the (NERCEM).

Periodic assessment of progress in each course is performed by the course coordinator and student, and includes use of the Clinical Performance Evaluation and statistics forms. In general, these periodic assessments occur mid-course and upon course completion. The summation of the Clinical Performance Evaluation is required for completion of courses that include a clinical component. This is used as the final evaluation of clinical performance at the completion of each clinical course. (exhibit II.C.3.b.i Summative evaluation form)

Advancement

The responsibility for tracking student progress through each course is the responsibility of the Course Coordinator. If a student is failing to meet clinical or didactic expectations, the Course Coordinator meets with the student to develop an objective-based learning contract. The substance of this conference is documented in writing, includes a mutually agreed upon plan to facilitate the efforts of the student to progress. Copies are given to the student, the Course Coordinator, Program Director, and any preceptor(s) involved. The learning contract may include specific suggestions, opportunities for additional clinical experience and tutoring. If the student fails to demonstrate mastery of the objectives of the course, the student is dismissed from the Program. The Program Director has final decision making authority on a student's status or dismissal from the Program.

Advisement

Each student is assigned a Midwifery Faculty advisor upon entry to the Program. The advisor and the student meet during the first month of the Program to begin to establish a relationship. Subsequent meetings are held as necessary to offer the student support, general

assistance with study or test-taking techniques, or to explore issues that span courses. The advisor, per se, has no academic responsibility for evaluations related to advancement. An attempt is made to match students and faculty for compatibility, taking into account the student's age, ethnicity, and previous background. (Exhibits II.C.3.b.ii Advisors lists) Notes are not kept of these informal meetings unless a student issue needs to be shared with the faculty. An example of notes from a student-advisor meeting is included in Exhibit II.C.3.iii: sample faculty advisor notes. The faculty role in student advising is outlined in the Student Handbook. (Appendix I.D.2 Section IX.A, page 27)

II.C.3.c. Recruitment, selection, and promotion of faculty.

Recruitment and selection of faculty are the purview of the Midwifery Chief and the BMEP Director, with input from the Talent Acquisition Consultant and the entire faculty.

When a faculty position becomes available, first consideration is made to qualified internal candidates who are employed at Baystate Health. If there are no qualified internal candidates, the position is advertised by the Human Resources/Talent Acquisition Department in collaboration with the Midwifery Chief. The Chief, BMEP Director and Talent Acquisitions Consultant prescreen each candidate for consistency with position requirements and present the top candidates to the faculty as a whole. Candidates are interviewed by faculty members who use a ranking tool to determine the top applicants. (Exhibit II.C.3.i Applicant ranking tool.)

Faculty appointments and promotion within UMMS are outlined on the Faculty Affairs website: http://www.umassmed.edu/ofa/academic/promotions/process/ The BMEP program director is currently applying for promotion from Clinical Instructor to Assistant Professor

II.C.3.d. Orientation of faculty to curriculum, documents, and expectations.

Midwives hired as clinical staff midwives who express interest in teaching are oriented to and incorporated into the faculty role as needed. They obtain preparation for teaching and begin participating as preceptors. They are included in faculty meetings where student progress is discussed, clinical evaluation tools are reviewed, and methods of precepting are discussed. New clinical preceptors are mentored one-on-one by senior faculty and are often assigned the more competent students for their first experience. Newer faculty are directed to continuing education resources to develop knowledge in educational theory, and classroom and clinical teaching skills. Participation in these faculty development areas are integrated into their annual performance evaluation goals. In general, preceptors will start in the ambulatory setting and progress to the precepting challenges of the hospital setting.

All faculty manuals are located on the BMEP s:drive, electronically available to all faculty. New faculty are oriented to these documents and expectations when they join the BMEP. The expectations of Clinical Preceptors are outlined in Section IX of the Faculty Handbook. (Appendix II.C.3. Faculty Handbook, pages 21-22)

Expectations of a Seminar Presenter are outlined in Section X of the Faculty Handbook. page 23) The responsibilities of a Course Coordinator are outlines in Section XIII of the Faculty Handbook. (Appendix II.C.3. Faculty Handbook, page 18-21.)

To prepare for seminar instruction, new faculty members may do any of the following activities:

- attend seminars presented by more senior faculty
- prepare topic outlines based on the course module objectives which are reviewed by the Program Director
- receive feedback from the student and faculty peer evaluations

As a faculty member begins to take on Course Coordination responsibilities, they take on the role of co-coordinator, working with a senior faculty Course Coordinator. The tasks for course coordination are shared, with the junior faculty member increasing their involvement and taking over coordination of a course when she has become oriented to the role. The senior faculty will continue to advise, as needed. The expectation is to progress to course coordination after the first year of co-coordination, though the time frame will vary based on needs of the individual faculty member. Goals for faculty development are set during the annual performance review. Evaluation occurs in an ongoing fashion through the mechanism of seminar evaluations, module evaluations, and annual performance evaluation.

II.C.3.e. Development and/or implementation of a mechanism for student evaluation of teachers, courses, and midwifery program effectiveness.

The BMEP has a four-level, formal evaluation mechanism for student evaluation. On a rotating basis, students complete a detailed evaluation of a specific course's seminars. This evaluation covers every seminar presented in that course. Secondly, a standardized evaluation tool is distributed upon the completion of each course. (Exhibit II.C.3.e.i Sample course evaluation with seminars) Thirdly, a Final Program Evaluation is required of all students following the Integration course and prior to graduation from the Program. Finally, graduates are surveyed post-graduation on satisfaction with the Program.

II.C.3.f. Ongoing development and annual evaluation of the midwifery program's resources, facilities, and services.

Day to day oversight of the BMEP's resources, facilities and services is the responsibility of the Program Director. The Program Director, as a member of the Division of Midwifery and Community Health Leadership Team, brings needs and concerns to the Team. This Team is comprised of the leaders of the midwifery programs within the Division of Midwifery and Community Health: Division Chief, Division Assistant Director, Midwifery Education Program Director, Triage Coordinator, OB Team Coordinator. The team is responsible for assuring adequate resources for all Division programs, and reallocation as needed. The BMEP Program Director, with administrative support, develops the annual budget for the BMEP. The Division Chief has final responsibility for all Division Program budgets. Examples of evaluation and upgrading that have occurred in the last several years are listed in Appendix II.C.3.f.

All Division of Midwifery and Women's Health staff and faculty meet together twice a year. All Division programs are involved in either midwifery student, medical student or resident education provide and each provides a report to the Division. An Annual Division Report which includes an analysis and evaluation of the Education Program, is submitted to the Chairman of the Department of Ob/Gyn. (Exhibit II C.3.f Division Meeting minutes)

The Course Coordinators and BMWH site Team Leaders are responsible, with input by the Program Director, for maintenance of clinical sites. New site development is the responsibility of the Program Director. If the clinical needs of students cannot be met by existing sites, the Program Director explores other midwifery practices in the area.

II.C.3.g. As appropriate to the academic unit:

II.C.3.g.1 Participate or have input into councils and committees of the academic unit.

The entire Faculty meets monthly, when issues of curriculum, student retention and recruitment, faculty development, and policies and procedures are discussed. All faculty members are also encouraged to participate in the BMEP committees. In addition to BMEP Committees, faculty also participate in committee work within the Division of Midwifery and Community Health and the Department of Ob/Gyn. Committee memberships for 2015-2016 are listed in Exhibit II.C.3.g: Faulty CNM Committee Membership.

II.C.3.g.2 Continue professional advancement.

Faculty have access to a wide variety of opportunities for professional advancement. All midwives within the Division of Midwifery and Community Health have five paid days and

$2000.00 per year per full time equivalent to attend continuing education needs. Part-time CNMs receive prorated time and funding. Continuing Education attendance at professional meetings, conferences, seminars and workshops is encouraged as a right and responsibility of the nurse-midwifery faculty as outlined in Section V of the Faculty Handbook. (Appendix II.C.3 page 16.)

The Department of Obstetrics and Gynecology sponsors regular Grand Rounds, Genetics Rounds, Maternal-Fetal Medicine Rounds, Morbidity and Mortality Rounds and Case Reviews which CNMs attend regularly. Continuing medical education credit for these is given without charge. There are a variety of other educational offerings readily available as Baystate Health is a regional provider of medical and nursing continuing education, including annual women's health care and lactation conferences.

Full time CNMs also have tuition reimbursement benefits which can be used continue formal education. This benefit has been used recently by a faculty member who is completing a psychiatric nurse practitioner program. Faculty have also chosen to pursue academic advancement through TUSM and will continue to have this opportunity through UMMS.

TUSM has offered many Baystate Medical Center campus based learning opportunities such as Problem Based Learning seminars for faculty and preceptor development activities though the BERST Academy. These activities will continue with UMMS.

II.C.3.g.3 Maintain clinical expertise.

All BMEP faculty are also members of Baystate Midwifery & Women's Health (BMWH) clinical service, are fully credentialed as Certified Nurse-Midwives at Baystate Medical Center, and maintain a clinical practice beyond the time spent with students. In their staff positions, they participate in a structured and regular Division-wide program of quality improvement, including audits and case reviews, and have annual clinical performance reviews.

All CNMs in the Division of Midwifery and Women's Health are AMCB certified and enrolled in Continuous Competency Assessment cycles.

II.C.3.g.4 Participate in scholarly activities.

Faculty members are encouraged to participate in scholarly activities such as publication, presentations at local and national meetings, and pursuit of research and grant funded activities. Appendix II.C.3.g.4.i and Appendix II.C.3.g.4.ii describe the results of these pursuits over the past five years.

The BMEP Director and the Chairman of the Department of Ob/Gyn have been participating in the ACNM/ACOG Inter-professional Education Workgroup, and co-chaired the

section on curriculum development. Baystate is unique in the country as the only Medical Center that houses both a midwifery education program and an OB/Gyn residency program. Baystate is one of four demonstration sites for the development and implementation of Inter-Professional Education curriculum supported by a Josiah Macy Foundation Grant, Melissa Avery and John Jennings, co-investigators. The first experiences are occurring in July, 2017.

II.C.3.g.5 Participate in community service.

Baystate Health defines community service broadly to include participation and leadership in professional organizations and community organizations; participation in clinical programs which meet health needs of the community, region or world; and volunteer activities which demonstrate responsible community membership. The mission of Baystate Health is to improve the health of the people in the community every day with quality and compassion. Employees who provide volunteer services to local, national, or international communities in need, in accordance with our mission and vision, are supported in their activities. Baystate Health supports LOA for humanitarian aid work. (Appendix II.C.3.g.5.i HR Policy) Faculty midwives have been supported in humanitarian work in Haiti, the Dominican Republic and South Sudan.

In 2017, Baystate Health received the Premier Alliance Excellence Award from Premier, Inc., a leading healthcare improvement company. (may be viewed at: https://www.premierinc.com/baystate-health-named-2017-premier-alliance-excellence-award-winner/) In 2015, Baystate Medical Center earned Magnet Hospital Status for Nursing Excellence from the American Nurses Credentialing Center. (may be viewed at: https://www.baystatehealth.org/news/2015/09/magnet-recognition)

Division midwives have been active in ACNM, ACME, AMCB, and DOME. Time for these activities is supported by the Division and is separate from the time allotment of continuing education.

The midwifery faculty and the Division of Midwifery and Community Health as a whole are committed to community service. Community activities of CNM faculty are summarized in Appendix II.C.3.g.5.ii.

II.C.4. Faculty carries out their responsibilities with respect for individual variations.

One of the stated objectives of the BMEP is to provide culturally appropriate care, and it is recognized that this modeling must begin with faculty and faculty/student interactions. Faculty are recruited with respect for individual variations, and there are differences in marital

status, age, sexual orientation, religion, race, ethnicity and socio-economic background. Student schedules are flexible to allow for individual religious or cultural practices, and there is no punitive action taken if classes are missed for these reasons. A recent example is the schedule variation put in place for a Muslim student during Ramadan, allowing her to do her intrapartum clinical time during nights. Another student's exam schedule adapted to allow for her to attended to the needs of her ill daughter.

Accommodation of different learning styles is especially important in the BMEP. Learning styles of all faculty and students are determine using the Kolb Learning Styles Inventory. Students are presented with a seminar on learning styles during Orientation and students and faculty meet during Orientation Week to share their learning styles. During faculty discussions of student progress, support of learning needs is evaluated through the lens of the student's learning style. An example of the distribution of learning styles is included in Exhibit II.C.4.i. LSIs of CNMs and SNMs.

II.D. Policies of the institution defining the rights and responsibilities of faculty are made available and applied consistently to all faculty as applicable. These policies include the following:

II.D.1. Academic freedom.

The UMMS Policy on Academic Freedom is located on the website for Academic Affairs, Academic Personnel Policy, Article 2. http://www.umassmed.edu/ofa/academic/governance-policies/academic-personnel-policy/app-02/ Section 2.2 Academic Freedom states:

The standards and interpretations of the American Association of University Professors on matters of academic freedom as set forth in the "1940 Statement of Principles on Academic Freedom and Tenure, with 1971 Interpretive Comments" shall serve as the basic guidelines for the maintenance of academic freedom. (Appendix II.D.1.i)

Baystate Health, in alignment with TUSM, accepts and embodies the principle of academic freedom as outlined in the Policies and Procedures of the Division of Academic Affairs. (Appendix II.D.1.ii)

II.D.2. Defined criteria for periodic evaluation.

The process for evaluation of BMEP faculty is outlined in the Faculty Handbook Article 7: Evaluation. (Appendix II.C.3. Faculty Handbook Faculty Handbook, page 17.) Each faculty member actively participates in the ongoing evaluation of professional performance that includes

an annual verbal and written evaluation with the BMEP Director in addition to annual verbal and written evaluation with the Division Chief. The annual performance evaluation includes standard criteria for evaluation of faculty performance and goal setting. (Exhibit II.D.2 Faculty Performance Evaluation)

UMMS policy for Periodic Evaluation is locate on the website for Academic Affairs, Academic Personnel Policy, Article 4: Standards And Criteria For Personnel Reviews, Recommendations and Decisions. This policy can be viewed at: http://www.umassmed.edu/ofa/academic/governance-policies/academic-personnel-policy/app-4/

II.D.3. Promotion, tenure, merit recognition, and termination.

The UMMS process for Promotion is located on the website for Academic Affairs, Academic Personnel Policy, Article 10, Section 10.3: Promotions. This policy can be viewed at: http://www.umassmed.edu/ofa/academic/governance-policies/academic-personnel-policy/app-10/

The faculty of BMEP are not eligible for tenure or merit recognition as they are not employees of UMMS. This is consistent with Baystate employed physician faculty. Annual Performance review within the Division of Midwifery and Community Health results in an annual, performance based pay increase. The process is delineated in Human Resource Policy 409: Performance Management. (Exhibit II.D.3.i Performance Management.)

The UMMS process for Termination is located on the website for Academic Affairs, Academic Personnel Policy, Article 10, Section 10.9: Resignation, Non-Reappointment, or Termination of Instructors, Lecturers, Affiliates, Professionally salaried and Voluntary Faculty Members. This policy can be viewed at: http://www.umassmed.edu/ofa/academic/governance-policies/academic-personnel-policy/app-10/

The Baystate Health Termination of Employment Policy is delineated in Human Resources Policy 820. (Exhibit II.D.3.ii: HR 820 Termination)

II.D.4. Channels for receipt and consideration of faculty views and grievances.

BMEP Faculty meetings are held monthly. There is time allotted to faculty concerns. Additionally, the BMEP Director is readily available for one on one meetings to discuss concerns. The Division Chief is also available to meet with faculty should concerns be related to the BMEP Director. Issues that are not resolved at this level may be taken up with the Department Chair or Human Resources, depending on the nature of the grievance.

The UMMS channels for receipt and consideration of faculty views and grievances is located on the website for Academic Affairs, Academic Personnel Policy, Article 14: Rights of Members of The Faculty in Academic Personnel Matters. This policy can be viewed at: http://www.umassmed.edu/ofa/academic/governance-policies/academic-personnel-policy/app-14/

CRITERION III: STUDENTS

III.A. The institution has admission criteria and policies, including a non-discrimination policy, which is publicly available.

Selection and admission of midwifery students is based upon established criteria and policies of the BMEP.

The criteria and policies for admission are delineated in the BMEP Brochure. (Appendix I.d.1 pages 7-8). In addition the Midwifery Education Program website includes the most current information about application requirements and admission criteria. https://www.baystatehealth.org/education-research/education/midwifery-education-program

The BMEP conforms to the Baystate Health System's procedure and policy in recruitment with respect to affirmative action and anti-discrimination on the basis of race, color, religion, national origin or citizenship status, sex, pregnancy, sexual orientation, age, disability, or military status. This information is available on the Baystate Health website. https://www.baystatehealth.org/about-us/diversity-inclusion. The application requirements include a completed application, two professional references, a personal essay, an interview, an application fee and documentation of the following:

- Current RN license
- Current CPR (to be maintained)
- BA or BS degree, any major
- College course in Physical Assessment with a clinical component in past 5 years
- Undergraduate or graduate level statistics course
- GPA 3.0 or greater
- Transcripts from all previous post secondary academic institutions
- One year of full-time maternal-child health nursing experience (strongly recommended)
- Candidates who do not have labor and delivery experience, but are otherwise qualified must complete either a childbirth education course or doula training

Applications are processed according to the Application Processing Policy in the Education Program Administration Policies (Appendix III.A.i: page 24). Completion of the application is monitored by the program staff assistant using a check list. (Appendix II.A.ii) Once a student's application is complete, the Program Director reviews the file and offers interviews to candidates that meet program requirements. Program staff assistants schedule the interviews. With the change to faculty structure in 2016, the Program Director will present the candidates to the principal faculty for a decision on whether or not to invite the candidate for an interview. This process will commence with applicants for the class entering 2018.

The Applicant Ranking Tool (Appendix III.A.iii) is initiated for completed applications. Points are awarded for the candidate's GPA, essay, and references, with additional discretionary points added for advanced degrees or nurse practitioner certification. Points are totaled prior to an interview. Students are invited for a face to face interview with two faculty members. If students are unable to travel to Baystate interviews are available via an online meeting platform such as Skype or FaceTime. Faculty members then award points based on a structured evaluation of the interview. Additional discretionary points are awarded for unique experiences or unique backgrounds, members of ethnic or racial minority groups, bilingual and/or bicultural experiences, outstanding contributions to their field, socio-economically disadvantaged or other outstanding characteristics that set the applicant apart.

The applicants are given a final point total. The pool of applicants is discussed by a subset of faculty, and a decision is made whether or not to offer admission, using the ranking created by the application tool.

III.B. Recruitment materials and processes accurately represent the program practices and policies.

Recruitment materials for the Midwifery Education Program include a program brochure entitled *A Career in Midwifery*, last update in 2015 (Appendix I.D.1) and the BMEP website https://www.baystatehealth.org/education-research/education/midwifery-education-program . The website includes a program description, information about applying to the program, accreditation and statistics, faculty, recent graduates, student testimonials, FAQs, the refresher program and transcript requests. The website can be also be reached through a link on the ACNM website listing Midwifery Education Programs.

Recruitment outreach has included Open House Information Sessions twice a year in March and October at Baystate Medical Center. The presentation for Open House 2017 is available for review. (Exhibit III.B.i: Open House Spring 2017 PowerPoint) In the past years BMEP faculty have presented at nursing fairs at local nursing schools including Elms College, Springfield Technical Community College, Greenfield Community College and University of Massachusetts, Amherst. Faculty have presented at local high school health professions classes, including Chicopee Comprehensive HS, Chicopee HS, Amherst Regional HS, and Hopkin's Academy. Faculty have also presented lectures on issues related to women's health at area colleges, including Hampshire, Smith, and Mt. Holyoke. Outreach activities for the past three years are included in Appendix III.B.

III.C. The institution has student policies that are publicly available and identified to students upon admission related to: student evaluation, progression, retention, dismissal, and graduation; review of personal records and equitable tuition refund; evaluation of their education; access to university/college catalogs; and access to academic calendars.

All information regarding student policies related to evaluation, progression, retention, dismissal, and graduation are included in the Student Policies and Procedures. Student evaluation and progression are covered on pages13-17, retention and terms for dismissal are addressed on page 15- 17. Review of personal records is addressed in section IX.B on page 24. Tuition refund is addressed in section X on page 25. (Appendix I.D.2) This Handbook is reviewed in detail during the Orientation Week for the Program. It is available to all students on the student shared drive. It can also be accessed from a link on the BMEP program website program description page: https://www.baystatehealth.org/education-research/education/midwifery-education-program/program-description.

Documentation of receipt of the Student Policies and Procedures is in each student's file, and students have an opportunity to evaluate the document both in "Orientation Week Evaluation" (Exhibit III.C.i: Orientation evaluation) and the "Final Program Evaluation" (Exhibit III.C.ii: Final program evaluation).

Faculty have input into revisions. The Student Policies and Procedures Handbook was most recently revised in September, 2016. It has been reviewed and revised at least every two years since August 1991. Changes are circulated to faculty and discussed at Faculty Meeting

The BMEP is an independent certificate program: access to university/college catalogs does not apply.

The academic calendar is set and reviewed during orientation week. A general outline of the academic calendar is included in the Program brochure, page 12 (Appendix I.d.1) and available on the Program website under Program Description: https://www.baystatehealth.org/education-research/education/midwifery-education-program/program-description/academic-calendar

III.D. Upon entering the program, students have access to and are informed of support services designed to meet their needs in order to promote their retention and progression through the program.

At the beginning of the Program, students are oriented to the support systems in place. These supports include a faculty advisor, the Course Coordinators, the Health Science Librarian,

the Program Director, Chief of the Division of Midwifery and Community Health, and the Chair of the Department of Ob.Gyn.

Each student is assigned a faculty advisor, who contacts the student in the first weeks, and is available to counsel the student about general issues. The faculty advisor is also someone who checks in with the student periodically through the program. The Course Coordinator is responsible for discussion of concerns about individual courses and assoicated clinical experiences. They assist the students in identifying sources of concern or knowledge/practice deficits, and guide the student in their learning. An "Open Meeting" of faculty and students can be called as needed to discuss issues as outlined the Student Policies and Procedures Section III.G page 22. (Appendix I.D.2) Students also have open access to the Program Director to discuss any issues not appropriate for or not satisfactorily addressed by their advisor and/or Course Coordinator. This process is outlined during Orientation Week. The roles of the faculty and staff of BMEP our delineated in Communications I (Appendix III.D.i) and all methods of contacting faculty and staff are delineated in the Communications II document. (Appendix III.D.ii) Students also meet the Chairman of the Department of Ob/Gyn and the Chief of the Division of Midwifery during Orientation Week. They offer their availability to students, as needed.

Failure to achieve a score of 80% or greater on any exam will require a retake of that exam. Failure to achieve 80% 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 course is required to continue in the Program.

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

Students who are not achieving didactic and/or clinical objectives meet with the Chourse Coordinatio to develop a mutually agreed upon learning plan. This meeting is initiated by the Course Coordinator. The process for instituting a learning plan is in the Student Policies and Procedures, Section II.A and II.D "Assessment of Progress/Evaluation." (Appendix I.D.2 pages 15 and 17.) The learning plan addresses assessment of the knowledge deficit and includes learning objectives for remediation, mutually agreed upon by student and Course Coordinator, with support of the program director as needed. Previously used techniques for supporting

didactic learning needs have been review of the students course module units and objectives, review of course workbook activities, case study discussions, review of test taking techniques, and tutorials in specific content areas.

A student was put on a learning plan for knowledge deficits in 2015 after failure to pass two exams in the first semester. Significant deficit in basic physiology was identified, along with poor test preparation techniques, and insufficient time dedicated to studying. A learning plan was put in place but the student was not able to achieve passing exam grades and withdrew from the program. (Exhibit III.D.i Learning plan_didactic.) This student has since repeated a college level physiology course, reapplied and was readmitted to program, and is currently progressing adequately.

In the clinical area the student is assessed using the clinical evaluation tool. (Exhibit III.D.ii) The clinical evaluation rankings are:

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.

If a student receives the designation "1" in one or more clinical objectives, a conference is required between the Course Coordinator and the student. The substance of this conference is 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 are given to the student, the Course Coordinator, Program Director, and any 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 Course Coordinator.

During the spring of 2016, a student in the Advanced of Ambulatory Women's Health course was having difficulties in the affective domain. She was not able to meet the Clinical

Objective: "Student interacts as a professional with preceptor and other members of the healthcare team." (Exhibit III.D.iii Clinical eval tool KR). The student became flustered with the increasing demands of progression in the clinical setting and was unable to incorporate what she perceived as "criticism" to move forward in her clinical performance. This identified lack of progress in the clinical setting was precipitated by the increasing demands on clinical performance with advancing clinical experience and increased knowledge base. A learning plan was devised during a meeting between the course coordinator, who was also the program director, and the student and mutually agreed upon assessment and plan were devised. This processes helped her to coordinate her clinical practice, improve her self-evaluation capabilities, accept constructive feedback and increase her professional interactions. (Exhibit D.III. iv v, vi learning plans 1, 2, 3) She progressed with intensive faculty support and some extra ambulatory sessions and the learning plan was closed. In preparation for the upcoming Intrapartum experience, a meeting was held with the preceptors who would be working with her to enhance consistency in precepting approach. (Exhibit D.III.vii: remediation meetings.) This student continued to grow by leaps and bounds for the remainder of the program and is a CNM currently employed in full-time, full-scope midwifery practice.

During Orientation Week, the Director also explores study strategies and skills with the students and conducts a learning styles seminar using the Kolb Learning Styles Inventory. Learning styles of all students and faculty are published annually. Students also participate in a seminar addressing self-evaluation and feedback. These topics are addressed again during the orientation for each clinical course.

The Program has three specific approaches to maximize test performance. All exams have both a pre- and post-test seminars, a part of which focuses on testing skills. In addition, if a student has testing difficulties beyond what can be addressed in these seminars, the course coordinator works directly with the student. Students that do not meet learning objectives meet with the Course Coordinator to develop a learning plan. The Program Director is involved as needed.

After completion of the first semester, academic supports for student learning skills are available through Philadelphia University's Academic Success Center and include Writing Assistance. Students have used these services in past years.

Occasionally due to personal circumstances, students require a leave of absence from the Program. The procedure for a Leave of Absence is included in the Student Handbook on page

23. (Appendix I.D.2) "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."

A student who started the program in the fall of 2015 became pregnant before the start of the program. She completed the fall semester but found parenting two children and continuing in the program full time too difficult. She and the Program Director met together to discuss the decision making process and options open to her. She decided to take a year leave of absence but continue with her Philadelphia University on-line courses. The following fall, she chose to repeat clinical sessions for the Foundations in Ambulatory Health course as a way to "get back in the saddle." Then in January, 2017, she started the BMEP again with the cohort graduating in 2018. She is progressing well and is finding it a great ease of burden to not have to take the master's classes concurrently.

III.E. Evaluation of students is an ongoing process that assesses the student's movement toward and ultimate achievement of the midwifery program's objectives/outcomes.

The student evaluation process is directed to successful program completion, passing the Board exam and entering midwifery clinical practice. There are separate formal evaluation processes for didactic and clinical objectives. Didactic evaluation consists of written examinations, oral topic and case presentations, and one short paper. Clinical evaluation consists of acceptable performance and progress in skills/learning labs and clinical rotations.

Students are tested on course content through a variety of types of test questions. While case-based, management type questions are emphasized, approximately one third of all written questions are multiple choice. Problems with student performance on tests are identified early in the Program and a learning plan initiated, as described in III.D. Topic presentations, case studies and papers are evaluated based on a published rubrics. (Exhibit III.E.i: Grading rubric case presentation, Exhibit III.E.ii: Grading rubric case study, Exhibit III.E.iii: Grading rubric topic paper, Exhibit III.E.iv Rubric for cultural competency presentation.)

Criteria for clinical evaluation are contained in the Program's general Clinical Evaluation Tool used for every clinical rotation (Appendix III.E.i: pages 10-12). In addition, each course has specific clinical objective behaviors which are deliniated in the course module. The ambulatory clinical specific objective behaviors an be reviewed in the Foundations of Ambulatory Health course module. (Appendix III.E.i: pages15-19) The clinical specific

objective behaviors for the Intrapartum Course can be found on module pages 17-19. (Appendix IV.D) Clinical specific objective behaviors for the Mother/Baby course can be found on module pages 20-24. (Appendix IV.D) Clinical evaluation occurs during each clinical session/day through the standard process of pre-conference, post-conference, written student self-evaluation and written faculty evaluation. Clinical evaluation forms are kept in the students' file upon completion of each course. In 2016, the program changed to electronic forms. This has increased the timeliness and utility of student self-evaluation and goal setting and faculty feedback. The evaluation tools are stored on a Google Drive in folders that are shared by each student with their clinical preceptors. It is available for review by invitation only. Record of all edits assures authenticity.

Individual student performance in both the classroom and clinical areas is discussed at monthly faculty meetings. The faculty preceptors for a given course communicate more frequently with the Course Coordinator, and urgent or serious performance issues are brought immediately to the Program Director.

A significant strength of the BMEP model is the close involvement of faculty with day to day student clinical training, and the close communication about student progress that occurs between faculty. Faculty make sure they are 'on the same page' with each student's progress and agree quickly on 'next steps' to further each student's learning. Faculty working with the same student will communicate with one another to support that student's learning.

Techniques that have been used by BMEP faculty to support clinical learning needs have included providing a primary preceptor or small preceptor group, and increased clinical sessions.

III.E.1. Students are formally informed of course objectives/outcomes and methods of evaluation at the beginning of each course.

The general course objectives are outlined as Module Goals. Grading criteria are clearly detailed in the Course Requirement section of each course module, and reviewed with the students during the course orientation seminar. The module goals and grading criteria for Foundations of Ambulatory Women's Health can be viewed in the course module pages 5-9. (Appendix III.E.i) The module goals and grading criteria for Intrapartum Course can be viewed in the course module pages 3-6. (Appendix IV.D) The module goals and grading criteria for Mother Baby Care Course can be viewed in the course module pages 3-6. (Appendix IV.D) Clinical progression through the courses is assessed using the standard clinical evaluation tool and course specific clinical specific objective behaviors as described in III.D above.

III.E.2. Students are apprised of their progress on an ongoing basis.

There are several mechanisms in place to apprise students of their progress in the Program. As described above, each course delineates the requirements for completion. Classroom exams and presentations are graded within one week of completion, and the grades are communicated in writing to the student, as delineated in the Exam and Distribution of Grades policies. (Appendix I.D.2, pages 32-34) All exams in courses with a clinical component are followed by an exam review. This provides students with an opportunity to review errors and learn from them.

The grade notification policy has been recently updated to reflect a shift to electronic communication (Appendix III.E.iv). If a student fails to achieve an 80% on any exam, she meets with the Course Coordinator to identify deficiencies on the exam and map out strategies to improve prior to taking an exam retake.

In clinical, mutual goal setting between the student and the preceptor occurs during both pre- and post-conference. Students perform a self-evaluation at the end of each clinical session, and review this with their preceptor who adds her comments and feedback. In the event a student is not progressing with the clinical objectives, a meeting is arranged with the Course Coordinator. During clinical courses, the Course Coordinator routinely meets with each student at mid-module to review progress, and at the end of each module. Summative Evaluations are completed by the student in preparation for these meetings. The evaluations are reviewed and discussed between the course coordinator and student and a mutually agreed upon goals are set for continued clinical growth. Sample Summative Modules Evaluations can be reviewed in Exhibit III.E.v Summative Module Evaluations.

Final grades for each course are communicated to students within one week of course completion. (Appendix I.D.2, page 34) The course coordinators provides exams to the staff assistant who maintains grade report forms for each student for each course. (Appendix III.E.v) Upon course completion, the final grades are reviewed by the course coordinator then entered into the student's BMEP transcript by the staff assistant.

III.F. Student rights and responsibilities consistent with institution policy are available in written form, and students are notified where the policies may be found. This includes:

III.F.1. Opportunities for student involvement in development and implementation of midwifery program policies.

A student representative is welcome at faculty meeting and students are informed of this opportunity during orientation week. Participation by all students is encouraged, and any student is welcome to communicate recommendations to the Program Director. A student representative has attended faculty on rare occasions. Students have frequently opted not to attend the Faculty Meetings, as they have felt that avenues to share any concerns with the faculty are open at all times, and that they are heard (Appendix I.D.2, page 23). Feedback from students via seminar, module, program and post-graduation evaluations is included in Final Module and Program Reports that are presented to the faculty and discussed at faculty meetings.

The BMEP Director regularly greets students at seminar times to check in about concerns. Meetings have occurred between students and the Program Director to address student concerns on one occasion in the past three years. On one occasion, a student expressed concern about an interaction she had witnessed between a faculty CNM and a patient. The Program Director met with the students to hear the concerns, assess the interaction that had occurred between the student and the CNM preceptor about the student's concerns, and then met with the faculty member involved. The Program Director offered to arrange additional meetings but the students felt they had been heard on this issue.

III.F.2. Opportunities to participate or have input into the representation on councils or committees of the institution or academic unit.

Because we are an academic program located within a medical center rather than a university, there are no student councils or committees.

III.F.3. Clearly defined mechanisms for consideration of grievances, complaints, or appeals.

Grievance Procedure can be found in Section XI of Student Policies and Procedures. (Appendix I.D.2: page 27-28)

If a student feels that they have been unfairly evaluated and if that evaluation is of such a serious nature that their presence in the Program is jeopardized, the following recourse is available: 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 they may request in writing that the Director of the Program convene a subcommittee of no less than two midwifery faculty to review the issue. This group will investigate the appeal and recommend the action to be taken to the Program Director. If a student is still dissatisfied, they may request, in writing, a meeting with the Chief of the Division

of Midwifery and Community Health. Although it is expected that this process will be rarely, if ever, used, the appeals process provides the student with a mechanism to have a fair hearing of the grievance or appeal. The organizational structure of BMC defines an oversight responsibility by the Chair of the Department of Ob/Gyn 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.

There have been no grievances filed in the last 10 years.

III.F.4. Access to resources and opportunities is equivalent regardless of student location and teaching modalities.

BMEP is a campus based program, i.e. classes and seminars are held, for the most part, at BMC. Students are provided keys to the BMEP building giving them access to the classroom floor. When students are oriented to the Health Science Library, they are given log-ins and passwords that allow them to access many of the library resources from home. They have 24/7 access to the Health Sciences Library.

Students are welcome at all education opportunities within Baystate Medical Center including grand rounds, chairman's rounds, safety rounds, and morning reports. Some Department of Ob/Gyn Grand Rounds are videotaped and available to students for review.

CRITERION IV: CURRICULUM

IV.A. The curriculum is based on three distinct statements which provide the foundation for the development, implementation, and evaluation of the curriculum. They are 1) a statement of philosophy, 2) a statement of purpose/mission, and 3) a statement of objectives/outcomes.

A.1. The midwifery program philosophy is consistent with:

The key concepts that Baystate Health, UMMS, and BMEP have in common are provided in Appendix IV.A.1.

A.1.a. The Philosophy of ACNM

The philosophy of the BMEP (Appendix IV.A.1.a) incorporates the Philosophy of the American College of Nurse-Midwives. In addition, the Faculty have adopted the following philosophy:

> The faculty and staff of the Division of Midwifery and Community Health, in congruence with the philosophy of the University of Massachusetts Medical School, believe that formal education represents only a part of the learning continuum, and that the primary aim of midwifery education is to provide an experience that will enable students to become caring, knowledgeable, and competent clinicians. The curriculum is designed to be challenging and to stimulate active learning, logical analysis, and critical thinking, rather than rote learning. While the faculty provide educational opportunities, the student is responsible for 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.

The faculty adhere to the mission of Baystate Health to "improve the health of the people in our communities every day with quality and compassion."

IV.A.1.b. The philosophy of the institution within which the midwifery program resides or is affiliated.

The mission of the UMMS is "to advance the health and well-being of the people of the Commonwealth and the world through pioneering advances in education, research and health care delivery." (Appendix IV.A.1.b.i) http://umassmed.edu/about/missionandvalues/) In additions, the medical school's primary responsibility has been to "provide . . . students with accessible, comprehensive and personally rewarding medical education of the highest quality." (Appendix IV.A.1.b.ii) http://umassmed.edu/about/objective/

The partnership between BH and UMMS was formed to "confront the urgent rural and urban health care challenges in our community." The goals for this collaboration is "to increase the availability of effective and efficient primary care." (Appendix IV.A.1.b.iii) https://www.baystatehealth.org/education-research/umms-baystate-campus/umms-bh-partnership

IV.A.1.c. The philosophy of the academic unit within which the midwifery program resides, if applicable.

The Baystate Midwifery Education Program is the academic unit.

IV.A.2. The midwifery program's purpose/mission and objectives/outcomes are clearly stated and are consistent with the midwifery program philosophy.

The congruency of the BMEP's philosophy with the Programs purpose and objects is displayed in Table IV.A.2 below.

IV.A.3. The curriculum is designed to achieve the stated objectives/outcomes of the midwifery program.

Refer to the Curriculum Grid (Appendix IV.A.3.)

IV.B. Curriculum development is a continuing process.

The midwifery faculty has been responsible for the curriculum since its inception in 1991. Course content and clinical experiences are discussed during monthly Faculty Meetings. In 2016, the faculty was restructured to concentrate course coordination between three persons. This Principal Faculty meets approximately every two weeks. There is an annual Faculty Retreat at which an action plan is developed. At the conclusion of each course, the coordinator prepares a Final Module Report which summarizes the course itself, incorporates the students' evaluations, and makes suggestions for the subsequent year. These reports are also discussed during the Faculty Meetings. Faculty and Principal Faculty minutes, action plans, and completed final course reports are included in Exhibit IV.B Actions Plans, Meeting Minutes, Final Course Reports. (Content pertinent to curriculum development and maintenance is highlighted in yellow.)

Table VI.A.2 BMEP Purpose, Philosophy, and Objectives

Purpose (Appendix IV.A.2.i) To prepare competent clinicians who:	**Philosophy** (Appendix IV.A.1.a)	**Objectives and Goals** (Appendix IV.A.2.ii)
are eligible to take the AMCB examination	The faculty and staff of the Division of Midwifery and Community Health. . .believe that. . . the primary aim of midwifery education is to provide an experience that will enable students to become caring, knowledgeable, and competent clinicians. (paragraph 1)	A graduate of the Program will be able to utilize a family-centered approach in accordance with the Management Framework Process, Principles and Skills to manage the primary, reproductive and gynecologic health care of essentially healthy women; collaboratively manage the primary, reproductive and gynecologic health care of women with obstetrical, gynecological or medical complications; and manage the care of the normal newborn." (Objective 1)
are committed to providing care to all women with a particular emphasis on meeting the health care needs of vulnerable populations	"Equitable, ethical, accessible quality health care that promotes healing and health" (ACNM Philosophy 1st bullet) "We honor midwifery's long history caring for diverse and vulnerable populations and strive to education midwives who will continue this commitment." (paragraph 1)	"A graduate of the Program will be able to provide relevant patient education to foster health promotion and disease prevention in an understandable and culturally appropriate format." (Objective 2) "A graduate of the Program will work effectively with diverse racial, ethnic, cultural and socio-economic populations." (Objective 4)
will contribute to improving the health care system for women and families through practice and involvement in community and professional activities.	"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." (ACNM philosophy, last sentence) "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." (paragraph 2) "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." (ACNM philosophy last paragraph)	"A graduate of the Program will be able to assume responsibility for her/his own professional growth and for fostering the professional growth of other midwives." (Objective 3) "A graduate of the Program will be able to develop and evaluate midwifery services targeted to improve health care delivery for women." (Objective 5)

IV.C. The midwifery program has standards for student preparation or exemption from clinical course work and clinical experience.

IV.C.1. The midwifery program has established criteria which students must meet prior to (prerequisite) or concomitantly with (co-requisite) enrolling in, receiving transfer credit for, or being exempted from, midwifery clinical coursework and clinical experience.

Pre-requisites for the program are outlined in the BMEP informational brochure (Appendix I.D.1: pages 7-8) and on the BMEP website: https://www.baystatehealth.org/education-research/education/midwifery-education-program/applying. Rationale for each admission criterion is presented in Table IV.C.1.i.

Table IV.C.1.i: Admission (Prerequisite) Criteria

Criterion	Rationale
Current RN license	BMEP does not have a bridge options for non-RNs or RNs without a bachelor's degree
BS or BA, any major	Bachelor's degree is a necessary prerequisite for MS
College level course in Physical Assessment with a clinical component within the past five years	BMEP Advanced Health Assessment curriculum builds on the foundation of physical assessment skill. The foundation must relatively current for students to be able to the advanced assessment skills required
An undergraduate course in statistics	A basic understanding of statistical concepts is prerequisite to understanding the concepts of evidence based clinical practice
GPA of 3.0 or greater	BMEP is located within an academic medical center rather than a university. There is no access to tutoring services. Our experience is that demonstration of previous strong academic skill is associated with program success.
One year of maternal-child nursing experience strongly encouraged	Experience in maternal-child health supports many of the BMEP learning objectives. However, it is recognized that it is not possible for all nurses to secure such positions and that many qualified applicants have gone to nursing school for the sole purpose of accessing midwifery education program admission. For this reason, may related maternal-child and women's health experiences are accepted in lieu of nursing experience.

Students that are admitted to the BMEP without a master's degree are required to enroll in the Midwifery Institute of Philadelphia University and complete the four courses required for completion of a master's degree during semesters 2-5. Students are informed that they will not be able to sit for the certification examination if they do not complete all requirements for the master's degree. (Appendix 1.D.2: pages 11-13)

The Transfer of Credit policy (Appendix IV.C.1) can be access on the BMEP website: https://www.baystatehealth.org/education-research/education/midwifery-education-

program/applying/. The criterion for transfer of credit and the rationale are presented in Table IV.C.1.ii.

Table IV.C.1: Transfer of Credit

Criterion	Rationale
Non-clinical courses such as Pharmacology, Primary Care of Women, and the research and community health portions of Professional Issues and Community Health may be accepted for exemption following review of the syllabus for comparability.	These curricula are similar among advanced practice nursing programs and, on a case by case basis, may be accepted following review.
Foundation in Ambulatory Women's Health (FAWH) and Advanced Ambulatory Women's Health (AAWH) may be considered for revised course requirements. Considerations would include time since completion of study, grade earned in previous program of study, evaluation of course syllabus, whether the candidate has been functioning in an advanced practice role	Experienced clinicians come to the program with varied backgrounds and many have developed skills in the ambulatory setting that will enhance the speed with which the meet module goals and objectives. Revision of course requirement is made on a case by case basis.
For Women's Health Nurse Practitioners and Family Nurse Practitioners who have been working in ambulatory women's health, the minimum requirements will require passing the exams in both FAWH and AAWH, and demonstrating clinical competency. This would usually entail at least 2 credits for both FAWH and AAWH.	Practitioners with these backgrounds may have extensive overlap with the objectives for the care of women in the ambulatory setting. We require demonstration of clinical knowledge by taking the associated exams and we assess competency in the clinical setting prior to granting credit.
All students are required to complete Intrapartum, Intrapartum Complications, Mother Baby and Mother Baby Complications, as well as Integration.	Students with extensive homebirth experience have been able to demonstrate competency with fewer clinical hours but the curriculum is constant for all students of all backgrounds.

IV.C.2. The midwifery program ensures that students meet the program's established prerequisite or co-requisite criteria prior to or concomitantly with enrolling in, or being exempted from, midwifery clinical coursework and clinical experience.

BMEP Staff Assistant uses the Application Checklist (Appendix III.A.ii) to confirm receipt of all required admission materials for program applicants. The process is outlined in the Application Processing Policy in the BMEP Administrative Policies. (Appendix III.A.1: page 24) Once the application is complete, the Program Director reviews the material to be sure admission criteria are met prior to inviting for an admissions interview. BMEP Staff Assistants issue invitations and schedule interviews.

Transfer of credit is done on a case by case basis by the Program Director. The Transfer of Credit worksheet is used to guide and document this process. (Appendix IV.C.2.i) Requests

for transfer of credit are rare in our program. There has not been a request in over a decade. A women's health nurse practitioner is intending on applying to our program to enter semester three, summer 2018. Her application is not yet submitted and so there has been no review. However, a proposed plan for assessment of this applicant had been developed. (Exhibit IV.C.2: proposed plan of study.) This plan includes a mechanism for evaluation in the clinical setting by a faculty preceptor to assess clinical competency.

Clinical performance is competency based. A student with clinical experience as a practitioner would be evaluated in the clinical setting and if they met clinical expectations in a shorter time frame the amount of clinical experience might be decreased. The clinical evaluation tool would be used for this assessment. (Appendix III.E.i: pages 11-13) This was done in a previous class for a student with extensive homebirth experience. Overall, she did five fewer call shifts than her classmates during her intrapartum because she met clinical objectives.

At the end of the first semester, the Program Director confirms that students without a master's degree are enrolled with Philadelphia University. Upon completion of the first semester of study, an official BMEP transcript is sent to Philadelphia University. All students taking these courses are assigned a Faculty Advisor by the Institute of Midwifery at Philadelphia University. There is ongoing communication between this Advisor and the Program Director to assure that students are continuing to progress successfully in both programs.

IV.D. The midwifery program has standards for student preparation for an exemption from didactic course work.

IV.D.1. The midwifery program has established criteria which students must meet prior to (prerequisite) or concomitantly with (co-requisite) enrolling, receiving transfer credit for, or being exempted from midwifery didactic coursework.

The Transfer of Credit policy (Appendix IV.C.1) can be accessed on the BMEP website: https://www.baystatehealth.org/education-research/education/midwifery-education-program/applying/. It is also described in Table IV.C.1. Transfer of credit is done on a case by case basis by the Program Director. The Transfer of Credit worksheet is used to guide and document this process. Appendix IV.C.2.i)

BMEP Staff Assistant uses the Application Checklist (Appendix III.A.iii) to confirm receipt of all required admission materials for program applicants. The process is outlined in on page 24 for the BMEP Administrative Policies. (Appendix III.A.1 page 24) Once the application

is complete, the Program Director reviews the material to be sure admission criteria are met prior to inviting for an admissions interview.

Requests for transfer credit are reviewed by the Program Director on a case by case basis following the Transfer of Credit Policy. (Appendix IV.C.1) Transcripts, course objectives and course syllabi may be requested for this process. A grid has been developed for recording the decision on transfer of credit. (Appendix IV.C.2.i)

Students who have taken courses comparable to those in the BMEP may be exempt from didactic course work by passing the associated BMEP course exams. A passing grade of 80% is required. Didactic coursework and clinical experience run concurrently in all BMEP clinical courses. If a student had completed clinical coursework equivalent to that offered by BMEP, assessed by syllabus comparison, but did not have clinical experience, he/she could challenge the didactic portion of the course by passing the associated exams. The clinical experience would occur concurrently with other enrolled students. Tuition would be assessed accordingly.

IV.D.2. The midwifery program ensures that students meet the program's established prerequisite or co-requisite criteria prior to or concomitantly with enrolling in, or being exempted from, midwifery didactic coursework.

BMEP Staff Assistant uses the Application Checklist (Appendix III.A.iii) to confirm receipt of all required admission materials for program applicants. The process is outlined in on page 24 for the BMEP Administrative Policies. (Appendix III.A.1 page 24) Once the application is compete, the Staff Assistant directs the application to the Program Director who reviews the material to be sure admission criteria are met prior to inviting for an admissions interview. Didactic course pre-requisites are confirmed by the Program Director prior to invitation of admissions interview.

Requests of students wishing to apply for transfer credit are reviewed by the Program Director on a case by case basis following the Transfer of Credit Policy. (Appendix IV.C.1.) Transcripts, course objectives and course syllabi may be requested for this process. A grid has been developed for recording the decision on transfer of credit. (Appendix IV.C.2.i)

Students who have taken courses comparable to those in the BMEP may be exempt from didactic course work by passing the associated BMEP course exams. A passing grade of 80% is required. Didactic coursework and clinical experience run concurrently in all BMEP clinical courses. If a student had completed clinical coursework equivalent to that offered by BMEP, assessed by syllabus comparison, but did not have clinical experience, he/she could challenge the

didactic portion of the course by passing the associated exams. The clinical experience would occur concurrently with other enrolled students. Tuition would be assessed accordingly.

IV.E. Components of the program and its curriculum include:

IV.E.1. The curriculum is consistent with the ACNM *Core Competencies for Basic Midwifery Practice.*

The ACNM Core Competencies are identified in the Curriculum Grid. Appendix IV.E.1. The associated course modules and seminar schedules are included in Appendix IV.D

IV.E.2. The curricular content includes the most up-to-date evidence base for midwifery practice and is congruent with ACNM *Standards for the Practice of Midwifery* and other practice documents.

A list of text books and resources utilized by the BMEP is provided for each incoming student. This list is updated annually to reflect the most recent text editions. (Exhibit IV.E.2.i: Booklist)

Each course is revised and update annually by the Course Coordinator. Each course unit is followed by a list supporting references: textbooks, articles, websites. Text books are updated to the newest editions and references are adjusted accordingly. A literature review is performed annually. Course coordinators subscribe to content related peer reviewed journal alerts for review of topic specific publications. (Exhibit IV.E.2.ii Journal content alerts) This provides a review of current articles that may be appropriate for inclusion as references to support unit objectives.

ACNM and ACOG statements are checked annually for new statements and updates. These are referenced and provided for students on common BMEP student computer drive.

Following the release of the 2012 AMCB Task Analysis, a curriculum review was performed and areas that had changed since the prior Task Analysis and content areas to add and remove were identified. This information was presented to the Faculty and course specific modifications shared with each Course Coordinator (Exhibit IV.E.2.iii: Task Analysis PowerPoint)

Evidenced Based sources are regularly referenced, including, among others, the CDC, ASCCP, NAMS, ACOG, USPSTF.

Examples of references can be reviewed at the end of the units of each course module. (Appendix IV.D)

IV.E.3. The didactic and clinical components of the curriculum are implemented by a variety of methods to achieve the program objectives/outcomes and ensure student learning.

The BMEP core clinical courses combine didactic with concurrent clinical experiences that allow the student to acquire cognitive knowledge while developing affective and psychomotor skills. Teaching methods include seminars, case studies, student case presentations, student topic presentations, learning labs, simulation labs and clinical experience.

Advanced Pathophysiology is taught concurrently with the related clinical courses rather than as a separate course, and pathophysiology objectives are identified by **bold** type. Advanced pathophysiology content is spread between FAWH, AAWH, IP, and MB. This allows faculty to include the physiology and pathophysiology along with clinical identification and management of health problems. For the purpose of this SER, the pathophysiology objectives have been collected in a single pathophysiology module for ease of review. (Exhibit IV.E.3 Advanced Pathophysiology)

The progression of the curriculum is illustrated in Table IV.E.3 below.

Students start the program with **Advanced Health Assessment (AHA.)** (Appendix IV.D: AHA course module, seminar schedule) The assessment and management skills from this course serve as the basis for the management of women's health care. The curriculum introduces the management process, adult learning theory, cultural sensitivity and the practice skills of performing breast and pelvic exams, as well as microscopy of the wet prep. This course has seminars with learning labs to support skills development. Simulation models are used for breast and pelvic exam in learning labs. After simulation labor experiences, professional pelvic models are engaged by the program to teach breast and pelvic exam and provide opportunities to safely practice these skill prior to entering the clinical setting. All the clinical skills necessary for women's health care in the ambulatory setting are reviewed and practiced prior to starting clinical experience. Students are scheduled for observation in the primary care setting and with midwives in the ambulatory setting. The bulk of this course occurs during the first six weeks of the semester.

Table IV.E.3: BMEP Curriculum Progression

	Semester 1		**Semester 4**	
September	AHA	Pharm 1, PCOW	IP, MB + clinical	Integration classroom
October	FAWH + Clinical	↓	↓	↓
November	↓	↓	↓	↓
December	↓	↓	↓	↓
	Semester 2		**Semester 5**	
January	AAWH + Clinical	Pharm 2, PICH	Integration (full scope clinical)	
February	↓	↓	↓	
March	↓	↓	↓	
April	↓	↓	↓	
	Semester 3			
May	IP, MB + Clinical	Pharm 3	Graduation	
June	↓	↓		
July	↓	↓		
August	↓	↓		

Key
AHA: Advanced Health Assessment
FAWH: Foundation in Ambulatory Women's Health and Advanced Pathophysiology
AAWH: Advanced Ambulatory Women's Health and Advanced Pathophysiology
Pharm: Pharmacology, taught in three sections
PCOW: Primary Care of Women
PICH: Professional Issues and Community Health
IP: Intrapartum and Advanced Pathophysiology
MB: Mother-Baby Care and Advanced Pathophysiology

Primary Care of Women (PCOW) (Appendix IV.D PCOW course module, seminar schedule) runs throughout the first semester. There is no clinical component separate from the ambulatory clinical but as Baystate Midwifery and Women's Health is the only care provider for many of our patients, students accrue a wide variety of primary care experiences while in the clinical setting. Students track primary care experiences on their clinical statistics tools use for each clinical course. (AppendixIV.E.3)

PCOW is organized by body system and the AHA skills sessions associated with each body system are presented concurrently. Seminars are supplemented with learning labs. In 2017, Shadow Health Digital clinical Experiences were introduced to support advanced health assessment skills. (https://shadowhealth.com/advanced-health-assessment.html) Students are required to complete the related assessment portion of the digital clinical experience prior to each seminar.

Foundation of Ambulatory Women's Health and Advanced Pathophysiology (FAWH.) (Appendix IV.D FAWH course module, seminar schedule) starts week seven of the first semester. The course encompasses the foundation of well woman care in the ambulatory setting and includes annual health exams, health screening, gynecologic exams, post- partum visits, family planning, preconception care, and routine antepartum care. Advanced pathophysiology related to each course module unit is in bold print for ready identification. The most common gynecologic problems are introduced in the course, including vaginal health and vaginitis, sexually transmitted infections, breast health and screening. The multidisciplinary team of providers at Baystate Medical Center lends depth to the seminar offerings. BMEP has inter-professional relationships with a variety of specialties, including nutrition, social work and genetic counseling. The students are scheduled for one half day ambulatory clinical session per week. Didactic learning is supported by seminars, which utilize different teaching methods, including case reviews, case presentations, and simulation with models. Clinical learning is supported with 1:1 ratio of faculty to student and evaluated using the clinical evaluation tool. (Appendix III.E.i: pages 11-12.) Clinical experiences are tracked on the ambulatory clinical statistics tool. (Appendix IV.E.3 page 13)

Pharmacology is introduced during the first semester and content is spread through semesters 1-3 to complement the clinical courses. (Appendix IV.D: Pharm module, seminar schedules) Two thirds of the content is in the first semester. Most of pharmacology content is presented as lecture.

Advanced Ambulatory Women's Health and Advanced Pathophysiology (AAWH) (Appendix IV.D AAWH course module, seminar schedule) is presented in semester 2 of the program. During this course, students are introduced to deviations from normal that may be encountered in the ambulatory clinical setting. Complications of pregnancy include hypertensive disorders, hematology disorders, bleeding and trauma, side/dates discrepancy, mal-presentation, postdate management, and diabetes, preterm labor and premature rupture of membranes, and

conditions affecting pregnancy Content covering more complicated gynecologic presentations is also included such as abnormal uterine bleeding, care of the adolescent, menstrual cycle abnormalities, sexual wellness, PCOS and other endocrine abnormalities, care of the peri- and menopausal woman and violence against women. Physicians within the Department of OB-Gyn support the learning need of the students, presenting specialty seminars on infertility, sterilization and termination of pregnancy, and menopause. Didactic learning is supported by seminars, case reviews, case presentations and simulation. Clinical learning is supported with 1:1 ratio of faculty to student. The student is in the ambulatory setting two half days each week.

Professional Issues and Community Health (PICH) (Appendix IV.D PICH, seminar schedule) occurs during semester 2. The course provides the larger context necessary for full participation in the profession of midwifery. Topics related to the profession and to wider population-based maternal/child health are presented. Classroom seminars are supplemented with a Professional Issues Day with other regional programs in the New England Midwifery Education Consortium (NEMEC). This day-long event provides opportunities for students from multiple programs to share experiences and learn topics together. (Exhibit IV.E.3 NEMEC Agenda Spring 2016) A variety of techniques are utilized including case studies, break out discussions, and didactic presentation. Students are also required to attend ACNM National Convention. The content of the convention supports the course objectives and provides opportunities for students to experience the non-clinical side of the profession.

Intrapartum Care and Advanced Pathophysiology (IP) (Appendix IV.D IP course module, seminar schedules) and **Mother/Baby Care** and **Advanced Pathophysiology**(MB) Appendix IV.D MB course module, seminar schedules) run during semester 3 and semester 4 of the program. The content progresses from normal physiologic birth and normal transitions to complications of the puerperium. The didactic components of these courses run concurrently with clinical experience with nurse-midwifery faculty on-call. Students are assigned two 12 hours shifts weekly and will have experiences in obstetrical triage, labor and delivery, and care of the mother/baby dyad. Students have six half day sessions with the Pediatric rounding team Additional clinical experience include a half day with the Lactation Counsultant, and an observational experience in the NICU.

Didactic learning is supported by seminars, case studies, student presentations, and simulation. All students complete the American Academy of Pediatrics and American Health Association Neonatal Resuscitation provider course. Students complete *Gnosis for Obstetrics*

Fetal Assessment and Monitoring education and analytics. (Exhibit IV.E.3.i: Gnosis Obstetric Modules) In 2017, inter-professional education experiences will be introduced. Obstetrical residents and student midwives will participate in communication and obstetrical emergency simulations.

Integration (Appendix IV.D Integration course module, seminar schedule) occurs during semester 5, though the didactic component is presented during semester 4. Students work as full scope midwives in midwifery practice. Seminars for integration are presented in semester 4 and include topics in practice management and design, coding and billing, resume construction and job application, and certification and licensure. This content is supported by a second NEMEC day (Appendix IV.E.3.i: fall NEMEC day.) A variety of techniques are utilized including case studies, break out discussions, and didactic presentation. Students have the option to complete *Gnosis for Obstetrics* education and analytics for Shoulder Dystocia, Obstetrical Hemorrhage and Hypertensive Disorder in Pregnancy. (Exhibit IV.E.3.i: Gnosis Obstetric Modules)

IV.E.4. The program ensures that graduates will have achieved competence.

Didactic content is evaluated with representative testing. Each course, with the exception of Integration, has 2-3 exams which are a combination of short answer and multiple choice questions. (Exhibit IV.E.4.i Course Exams) A grade of 80 is required to pass an exam. A retake exam is allowed. A student who does not pass the retake can no longer continue in the program. A student who fails three clinical examinations may be dismissed from the Program. (Appendix I.D.2: page 16) The Course Coordinator will meet with any student who does not achieve a passing grade on a course exam to identify areas of deficit and design a plan for remediation. (Exhibit IV.E.4.ii: Sample learning plan.)

At the end of Integration, students are required to take the NERCCEM comprehensive exam and must achieve a passing grade of 80%. The NERCEM committee creates a comprehensive exam which can be used by the member education programs to evaluate their students' comprehension of the data base, philosophy, and scope of practice needed of a graduate midwife. By pooling resources, member schools can prepare a better exam that can also be used to help evaluate whether their program is educating their students in the ACNM core competencies expected of graduate nurse midwives. (Exhibit IV.E.4.iii: NERCCEM Policy and Procedures.)

The courses with a clinical component include FAWH, AAWH, IP, MB 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 Tool (Appendix III.E.i: pages 11-13) is used for each clinical experience throughout a clinical course to monitor students' progress toward the acquisition of the clinical goals of a given couse. All courses use the same Clinical Performance Evaluation Tool. The clinical objectives are based upon the midwifery management framework. Each course has Course Specific Objective Behaviors which provide detail of expected clinical specific behaviors. The ambulatory Clinical Specific Objective Behaviors can been viewed in the FAWH course module, pagers 15-18. (Appendix IV.D) The IP Clinical Specific Objective Behaviors can been viewed in the IP course module on paged 17-19. (Appendix IV.D) Clinical Specific Objective Behaviors for MB care can been viewed in the MB course module on pages 19-24. (Appendix IV.D)

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 is 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 has 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. (Exhibit IV.E.4.v: Sample clinical evaluation tool.)

A mid-semester meeting occurs between the Course Coordinator and each student. Clinical and classroom performance are reviewed, evaluated, any necessary areas of deficits identified and a remediation plan developed, as needed. At the end of the semester, a Summation of the Clinical Performance Evaluation is completed by the student and reviewed with the Course Coordinator. (Exhibit IV.E.4.vi: Summation of Clinical Performance) Once reviewed and agreed upon by student and Course Coordinator, the summation is shared with Course Coordinator for the following semester.

During the Integration semester, students are generally placed with a midwifery practice other than Baystate Midwifery and Women's Health. Clinical Evaluation is performed using the Clinical Evaluation Tool but the evaluations are done weekly, either by an integration coordinator at the site or by an Integration preceptor. The Integration Course Coordinator checks the clinical tools weekly for completeness and to monitor ongoing progress. The Course Coordinator is in communication with the Integration preceptor and with the student approximately every two weeks. Communication is more frequent if there are identified performance deficits. The Course Coordinator is ultimately responsible for the student's clinical progress.

IV.E.4.a. The program provides students with the necessary clinical experiences to achieve the objectives/outcomes of the program.

The first clinical experiences of the program occur during the first six weeks of the fall(1) semester. Each student has an opportunity to observe BMWH midwives in the ambulatory setting. Each student is also given the opportunity to observe a primary care Nurse Practitioner at the Western Massachusetts Women's Correctional Center. During AHA, breast and pelvic exam education is enhanced by use of simulation using silicone models. Model patients are also engaged for education in breast and pelvic exam so that all students are able to practice this skill prior to their first clinical experience. Patient education is practiced in role play simulation with a faculty member.

In 2016 we introduced the *Shadow Health Digital Clinical Experience*, an on-line interactive Advanced Health Assessment tool. Digital Clinical Experiences allow students to demonstrate and perfect clinical reasoning skill through interactions with digital standardized patient. (Website: https://shadowhealth.com/advanced-health-assessment.html)

Throughout didactic seminars for ambulatory care, models and simulations are utilized to enhance seminar content. Topics such as IUD insertion, clinical Pelvimetry, Leopold's

maneuvers and pelvic anatomy all utilize simulation and hands on manipulation of pelvic models. All students attend Nexplanon insertion training provided by Merck Pharmaceuticals. All basic ambulatory clinical experiences are with the faculty of the BMEP. Ambulatory clinical sessions are 3.5 hours in length. Each student has 8 sessions in the fall semester and 30 sessions in the spring semester. During ambulatory clinical sessions, students are encouraged to sit in with the nutritionist to hear nutrition counseling visits. In addition, each student spends a session with a BMWH colposcopist and a session with a nurse practitioner at the Baystate Breast and Wellness Center.

IP and MB occur during the summer and fall(2) semesters. Classroom seminars are supported by numerous simulations: uncomplicated vaginal birth, estimation of blood loss, local and pudendal anesthesia administration, episiotomy and laceration repair, breech delivery, and obstetrical emergencies: shoulder dystocia, uterine inversion, obstetrical hemorrhage. All students complete the Gnosis "Fetal Assessment and Monitoring", available to all learners through BMC. (Exhibit IV.E.3.i: Gnosis Obstetric Modules) This is a tracing-centered approach to teach advanced concepts of fetal assessment and monitoring. Topics include anatomy and physiology, pattern identification, NICHD nomenclature, FHR components, patterns, interventions, pattern management, among others. The Baystate Simulation Lab faculty support the BMEP faculty in teaching suturing and in neonatal resuscitation simulation.

During the summer semester (12 weeks) and fall semester (15 weeks) students spend two 12 hours shifts each week with the BMWH midwife on-call. Clinical experience includes obstetrical triage in all semesters of pregnancy, management of late preterm and term birth, newborn exams and postpartum care. Additional experiences spread through the two semesters include one half day with the Lactation Consultant team to support breastfeeding education and a day of observation experience in the Neonatal Intensive Care Unit.

Newborn care experiences occur with the Pediatric Rounding team. Each student midwife rounds on newborns with the pediatric residents and the pediatric attending on six occasions. These half day experiences end with case presentations of neonatal topics. All students complete the American Academy of Pediatrics/American Heart Association Neonatal Resuscitation Provider Course.

During the spring(2) semester, BMEP contracts with a number of external sites to provide Integration clinical experiences for students. These include regional as well as distant sites. Students practice as a full-time midwife for 15 weeks

IV.E.4.b. The program provides that each student has access to at least this minimum number of experiences:

1. **10 Preconception care visits**
2. **15 New antepartum visits**
3. **70 Return antepartum visits**
4. **20 Labor management experiences**
5. **20 births**
6. **20 newborn assessments**
7. **10 Breastfeeding support visits**
8. **20 Postpartum visits (0-7 days)**
9. **15 Postpartum visits (1-8 weeks)**
10. **Primary care visits:**
    - **a) 40 common health problems**
    - **b) 20 family planning visits**
    - **c) 40 gynecologic visits including perimenopausal and postmenopausal visits**

The Final Program Statistics for the clinical experiences for the two graduates in 2016 and five graduates in 2017 can be viewed in Exhibit IC.E.4.b: Final Program Statistics. No numbers fall below those listed in the ACME criteria

IV.E.5. The program implements established policies and procedures to verify student identity for academic work, including that conducted by electronic or distance technologies.

All applicants for the program have their identity verified by photo ID at the time of interview to the program. Following admission to the program, each student's identity is confirmed by a background check performed by Baystate Health. (Exhibit IV.E.5: Backfroun release form) There are no distance technologies for the BMEP. All exams are proctored by a BMEP staff member. Students are required to wear their Baystate ID badge at all time when in BMC or associated patient care sites. All electronic programs (Shadow Health, Gnosis) are password protected and require unique student identifier logins.

IV.F. Regular communication occurs among and in between faculty and students during implementation of the curriculum.

The BMEP is located in a two story house adjacent to the medical center campus. The staff assistant and faculty offices are above the student classroom space. There is ready access to the staff assistants for help locating faculty, scheduling appointments, responding to queries, and help with other matters. There is almost always a faculty member at the midwifery house, as well.

Students are in the classroom with program faculty between 1-4 times each week of the program. Each class begins with an opportunity to share concerns, joys, stories. Students are in the clinical setting with faculty 1-4 times each week of the program. Whenever possible, clinical experiences begin with a pre-conference and end with a post-conference between the student and the preceptor.

The students have a computer drive specific to their needs. Articles, practice bulletins, the course modules, and presentations can be accessed from any BMC computer. Subject headings of this drive are listed in Exhibit IV.F Student S:dive Headings.

During each of the primary clinical courses (FAWH, AAWH, IP, MBC) the course coordinator meets twice a semester with each student.

Each student is assigned a faculty advisor who meets with the student at the beginning of the program and as needed as the program progresses.

Communication expectations of students are included in the Student Policies and Procedures page 20. (Appendix I.D.2) Communication expectations of clinical faculty are included in Article IX of the Faculty Handbook: Expectations of Clinical Faculty. (Appendix II.C.3 pages 21-22) Communication expectations of classroom faculty are included in Article X of the Faculty Handbook: Expectations of Seminar Presenters (Appendix II.C.3: pp 23-24)

IV.G. The curriculum conforms to state or nationally recognized guidelines for the program/s educational level/s: certificate, master's degree, and/or doctoral degree.

BMEP is a Post Graduate Certificate in Midwifery Program. The curriculum conforms to ACNM core competencies. Refer to Appendix IV.E.1.

CRITERION V: RESOURCES

V.A. Faculty and staff for the midwifery program are sufficient in number to meet midwifery program objectives/outcomes. They include:

FACULTY
Susan (Sukey) Krause, MSN, CNM, FACNM: Director
Carly Detterman, CNM, MSN: principal faculty
Laurie Friedman, CNM, PhD: principal faculty
Susan DeJoy, PhD, CNM, FACNM
Sharon Holley, DNP, SNM, FACNM
Donna Jackson Köhlin, MSN, CNM
Tonja Santos, MSN, CNM
Anastasia Hallisey, MSN, CNM
Jain Lattes, MSN, CNM
Laura Motyl, MS, CNM
Audrey Psaltis, MS, CNM
Barbara Graves, MN, MPH, CNM, FACNM

STAFF
Elyena Brotherton – Staff Assistant
Jenna DelBuono—Staff Assistant (temporary)
Lori Puza, Business Operations Manager, Baystate Children's Hospital and Women's Services

V.A.1. Adequate number of qualified faculty.

The program FTE allotment is based on the time spent teaching, precepting, and administrating the courses and the program, faculty and staff development. The total face to face time between students and faculty in a given year is 1228 hours. The calculation of direct faculty teaching time, for a full class of six students, is presented in Table V.A.1.i.

Table V.A.1.i: Hours of direct faculty teaching time

Course	**Classroom**	**Meetings with students**	**Learning lab**	**1:1 clinical precepting***
Program Orientation	15			
Adavanced Health Assessment	54		15	
Foundations in Amb. Women's Health	73	4		168
Primary Care of Women	35.5			
Pharmacology	52			
Professional Issues and Community Health	68			
Advanced Amb. Women's Health	73.5	4		336
Intra-partum	87	6		
Mother/Baby	82	4		126
Integration	25	3		
Totals	**565**	**18**	**15**	**630**

*The precepting time included in this calculation is time spent in the clinical setting assigned to supervision of students, not as staff to the midwifery clinical practice.

A breakdown of faculty time utilization is found in Table V.A.1.ii

Table V.A.1.ii. Faculty Utilization

Faculty time expenditure	**Hours/year**	**Hours/week**
Classroom and precepting	1231	24
Seminar preparation Hour per hour	565	11
Course Coordination		8
Program coordination		16
Total		**59**

A utilization of 59 hours per week is equivalent to 1.5 FTEs, assuming a 40 hour work week. This time is spread throughout the faculty as all faculty members teach seminars and precept students. The bulk of the education time is delegated to two principal faculty midwives and the program director who coordinate all the courses, and to preceptors.

V.A.2. Adequate number of staff for secretarial, technical, and student support.

The program has one full time staff assistant who is housed in the BMEP administrative office. An additional half time staff assistant for the Division of Midwifery and Community Health is also present in the BMEP administrative office. This provides coverage for administrative needs of the program weekdays from 8:00-4:30. Additional phone coverage is available through the phone pool for the Department of Ob/Gyn. There is also additional secretarial support of intermittent, larger tasks, from other secretaries within the Department of OB/Gyn. Coordination of additional support, when needed, and supervision of staff assistants is provided by the Business Operations Manager for Baystate Children's Hospital and Women's Services

V.B. Physical facilities are adequate to meet program objectives/outcomes.

Offices for faculty and staff

The Program is housed at BMC, North Campus, in the 689 Chestnut Street house adjacent to the Medical Center. The house is purposed for BMEP only. The second floor of this building contains the faculty and administrative office space. There is a reception area, two large administrative assistant areas, and an office for the Education Program Director. There are also three offices for one to three faculty each. A small kitchen/conference area is also located on this

floor for the faculty and administrative staff. The faculty library is housed in bookcases on this floor. There is an adjacent parking lot. Additional office space for clinicians is available at the hospital.

All desks are equipped with computers linked to the BMC computer system, which provides security and back up of all data. The desks for the principal faculty have dual monitors. There is IT and AV support available as needed. In 2016, the Audio Visual department assisted with a redesign of the AV options for the first floor classroom. The BMEP is included in all upgrades, software additions, etc., that are instituted by BMC.

The administrative office has printing capability, including color option. The printer has copy and fax options, as well as scan and send capabilities. Additional printing support is available through Baystate print shop.

Learning environment

The major midwifery classroom area is on the first floor of the 689 Chestnut Street house. There are eight total rooms on this floor, one of which is full bathroom. The majority of seminars are held in the large classroom. This classroom is equipped with computer and monitor, flat screen projection capacity, and click share technology (allows other student computers to be connected to projection.) The majority of seminars and conferences are held here. An audio visual room provides storage space for teaching models, audio visual equipment, and other teaching aids. The fourth and fifth rooms are the student lounge and kitchen. Student mailboxes, bookcase, a computer and a printer are available for student use. A full size refrigerator, microwave oven, toaster oven, and coffee pot are located here. Wi-Fi is available throughout the house.

There are three smaller rooms. There is a student retreat room to be used for sleep after night call, as needed, to support safe travel. This is also a comfortable private area for pumping or breastfeeding. The third and fourth rooms are the Program's learning labs, which are set up and furnished like gynecology exam rooms. This is where students do their first skills labs in physical, breast and pelvic examination. The learning lab is completely stocked and supplied with the needed medical equipment and supplies, including a microscope.

There are several other classrooms, meeting rooms, and auditoriums on the North Campus at Baystate Medical Center. Additional conference space is also available in the Chestnut Surgery Center. These are fully available to the Program as needed.

The Chestnut Surgery Center also houses a large Simulation Center that supports the needs of learners at Baystate Medical Center. Students have suturing education and simulation at the Simulation Center. Neonatal Resuscitation simulation also occurs here. Starting in 2017, inter-professional education simulation experiences for the OB residents and midwife students occur in the sim lab.

The Health Sciences Library is also located in the Chestnut Surgery Center building. This is available to students at all times. Librarians are available during business hours. Students can access this study space and resources during off hours as well through ID keyed access. All texts recommended for the program are held on reserve. Acquisitions purchases all requested texts used by the BMEP. The students have remote access to the library which allows them access to on-line texts, articles and data bases from remote sites. Additionally, Baystate has a license for UpToDate, an evidence based electronic clinical resource tool which is linked to the electronic medical record and can be accessed directly during patient care experiences. All students are given a tour and orientation to the Health Sciences Library and available services by the director during orientation week. The students have access to the library and its resources 24/7 with their Baystate ID badge. This allows them computer access and study space at any time.

Health Science Library

Ellen Brassil, Director

Bridget Gunn, Information and Knowledge Services Librarian

Sharlene Pepin, Acquisitions

Baystate Simulation Center

Gladys Fernandez, MD, Direction, Baystate Stimulation Center

Ronald Bush, Simulation Instructor, Baystate Simulation Center

John Budrow, Simulation Technician

V.C. Learning resources are current, available, accessible, and adequate.

The Health Sciences Library is located on the main campus of BMC and supports the clinical, educational, research and administrative missions of Baystate Health. The library provides easy access to print, digital, video and audio materials as well as study and training space. The library is fully networked and provides access to intranet and internet information, as well as clinical information systems. Individual and group training sessions are offered on

the use of all databases and general searching techniques, and the midwifery students have a full orientation to the library during the first week of the Program. (Appendix V)

Personal and group instruction is available to students upon request including the following topics: Advanced PubMed Searching, Specialty Databases, Evidence-Based Information and Point-of-Care Tools, Get organized with EndNote Citation Management, Using TurningPoint for your Presentations, ResponseWare: Audience Responses using Mobile Devices, Mobile Devices to Access Digital Resources. A list of services provided by the Health Sciences Library is list on the website: (http://libraryinfo.bhs.org/content.php?pid=355263&sid=2906968#10186140

Students are provided remote access to the library databases and e-books. The library maintains a web page to facilitate information about and access to over 400 current print journal titles, 1600 electronic journals, 10,000 print books, 140 e-books, 20 databases, and access to CME materials on tape and CD. Professional librarians are available to help locate and acquire information not licensed by the library. The library participates in both the DOCLINE and OCLC document delivery systems.

The library is extremely responsive to requests to purchase books which are referenced by the BMEP, and subscribes to midwifery professional journals. The reference librarians help students to obtain articles which are in journals to which the library does not subscribe, conduct database searches and access internal learning resources.

Midwifery students have access to the Health Science Library 24 hours a day, seven days a week. In addition, they have access to many of the library's databases via password from home or other remote locations.

The Baystate Simulation Center is accredited by the American College of Surgeons as a Level 1 Comprehensive Education Institute. This is a 4,000 square foot fully–staffed facility with a technical skills laboratory, three patient simulation rooms, and a control room with audiovisual monitoring and teleconferencing capabilities. The BMEP has been increasing its utilization of the services provided by this resource over the past several years. The Simulation Center website can be accessed via: https://www.baystatehealth.org/education-research/education/simulation-center

The product used for competency maintenance for providers and nurses in the OB Gyn department is available for students. GNOSIS is an online learning platform that helps clinicians

measure knowledge and improve proficiencies. It provides content in electronic fetal monitoring, shoulder dystocia, obstetrical hemorrhage and hypertensive disorders of pregnancy.

There are many learning opportunities for midwifery students at Baystate Medical Center. Genetics, Maternal Fetal Medicine, Medical Ethics, and OG/Gyn department provide weekly-monthly rounds that all are welcome to attend. Learners within the Baystate system are welcome at these sessions. The Program staff assistant sends schedules of the topics monthly, and the Program Director highlights topic particular suitable to the student midwife. (Exhibit V.C Rounds schedules)

CRITERION VI: ASSESSMENT AND OUTCOMES

VI.A. Each program has a comprehensive plan for ongoing assessment of the program philosophy, mission/purpose, and objectives/outcomes to achieve continuous quality improvement.

The program philosophy, mission/purpose and objectives are reviewed at the annual staff retreat. Please review to the highlighted portions of Annual Retreat Minutes for 2014, 2015, 2016. (Exhibit VI.A: Retreat minutes)

VI.A.1. The program assessment process includes ongoing data collection and analysis to achieve program improvement. These data include, but are not limited to:

Evaluation and quality improvement occur continuously throughout the program, upon completion and during the years following the program. This evaluation process has the advantage that it pertains only to the BMEP rather than to a more generic evaluation for a larger University. The Comprehensive Evaluation Plan is summarized in Table VI.1

An Action Plan is developed at the Annual Retreat held each spring. (Exhibit IV.B: Action Plans) Multiple sources of information feed into the Action Plan: Final Module Reports; the Final Program Evaluation; committee reports; the graduate survey; pass rate on Boards; number of qualified applicants for positions; attrition rate; the previous year's goals and results; active grant funded objectives and goals; information from the Division Leadership Team on budget, fiscal projections, resources, needs and institutional directions; and information on national trends from CNMs in the Division in professional leadership positions.

Goals must be attainable, reasonable, prioritized and foster achievement of the Program's mission. Actions are developed for each goal, responsible parties are assigned and timelines developed.

Examples of changes that have been made based on student and graduate feedback in recent years include expanding skills session for perineal repair and expanding simulation lab time, adding ambulatory clinical sessions in the semester prior to Integration, expanding the number of exams in the ambulatory care courses from two to three, expanding the preparation materials sent to students prior to starting the program, increasing simulations activities, and upgrading the equipment and facilities.

Table VI.1 Comprehensive Evaluation Plan

Individual Course Evaluations		
Didactic	Course Coordinator Final Course Evaluation	Exhibit VI.1 Final Course evaluations
Clinical	Preceptor evaluations by students	Exhibit VI.1 Final Program Report section IB, II.C Appendix VI.1 SNM Preceptor evaluation form
	Faculty peer discussions during faculty meetings	Exhibit VI: Faculty Meeting Minutes
Faculty evaluations	Course and faculty evaluations by students	Exhibit VI.1 Course evaluation form Exhibit VI.1 Individual seminar evaluations
	Annual evaluations with BMEP Director with faculty development goals for Annual performance evaluation with Division Chief	Exhibit VI.1 Annual Faculty Performance Evaluation
	Self and Peer evaluation by faculty	Exhibit VI.1 Self or peer evaluation
Final Program Evaluations	Completed by graduating students, reviewed and compiled by Program Director, and discussed with Faculty	Exhibit VI.1 Final program evaluation Final Program Report 2015, 2016
Evaluations by Students and Graduates	Student evaluations of didactic and clinical preceptors for each course	Exhibit VI.1 Course evaluation form Exhibit VI.1 SNM Preceptor evaluation form
	Final Program evaluations by each graduating student, including: Application Process Orientation Coordination between modules Clinical sites Adequacy of clinical experience Methods of testing and student evaluation Support services, including library, administrative staff, teach support	Exhibit VI.1 Final Program Report 2016 Exhibit VI.1 Final Program Report 2015
	Surveys of graduates every 2 years	Exhibit VI.1 Graduate survey
Evaluations from employers and public comment	Employer surveys every 2 years	Exhibit VI.1 Employer Evaluation of BMEP alum
	25% Alumni have or have had Medical Staff privileges with the Department of OB/Gyn at BMC	Appendix VI.A BMEP graduates with privileges at BMC
	Informal feedback from midwifery groups hiring graduates. Several graduates have been hired by Baystate, allowing ongoing evaluation of their competencies	

Highlights of BMEP Division reports are shared with the Chairman of the Department of OB Gyn by the Chief of Division of Midwifery and Community Health. The Chairman chooses Department highlights from Divisions within the Department of OB/Gyn to be included in the

Annual Report of Baystate Medical Practices presented to the Board of Trustees. Highlights of the Department of OB/Gyn can be reviewed on page 20 of the BMP Annual Report for 2016. (Exhibit VI.1.A: BMP Annual Report 2016) In 2015, the Baystate Health Annual Report specifically highlighted the achievements of the BMEP and can be viewed by scrolling to "Academic Innovations" section and continuing to "Midwifery Education Program Graduates Excel" at http://2016.bhannualreport.org/year-in-review/highlights .

Baystate Health granted permission for BMWH to participate in the recent documentary by Brigid Mahar entitled *Mama Sherpas*. This film debuted in 2016 and features BMWH and its involvement in the BMEP as one of three practices highlighting midwives working within medical centers. More information about the documentary *Mama Sherpas* can be viewed at: www.themamasherpas.com.

VI.A.1.a. Evaluations of the midwifery program by midwifery students and by graduates.

Students have the opportunity to evaluate the BMEP continuously throughout the program and upon program completion, and submission of evaluations are required. Additional opportunity is provided in the graduate survey sent to alumi after their first years of practice. A summary of the evaluation process is presented in Table VI.A.1 below. Samples of each of these evaluations is available in Exhibit VI.A.1.a: student evaluations.

As described above, examples of changes that have been made based on student and graduate feedback in recent years include expanding skills session for perineal repair and expanding simulation lab time, adding ambulatory clinical sessions in the semester prior to Integration, expanding the number of exams in the ambulatory care courses from two to three, expanding the preparation materials sent to students prior to starting the program, increasing simulations activities, and upgrading the equipment and facilities.

The goal of the BMEP is that 100% of students will complete the course and end-of-program evaluations, and that all students will express satisfaction with the program. If these goals are not met, the Program Director will address the reasons for incomplete evaluations or dissatisfaction with the program faculty.

VI.A.1.b. Evaluations from external constituents such as employers of graduates and public comment as available.

Feedback from employers of the BMEP is sought every 2 years. Requests for feedback from the employers of the graduates of the class to 2014 (3), 2015 (5), and 2016 (2) were sent.

Return on these requests has been sparse. Recent responses from employers of recent graduates are included in Exhibit VI.A.1.b: Employer Feedback.

Table VI.A.1 Student and Graduate Evaluation of Program	
Evaluations by Students and Graduates	Student evaluations each course. (Exhibit VI.A.1.a: Course evaluations) Student evaluations of individual seminars (Exhibit VI.A.1.a: seminar evaluations) Student evaluations of preceptors (Exhibit VI.A.1.a: Preceptor evaluations)
	Final Program evaluations by each graduating student, including: Educational Content Faculty Evaluation Process Presentations Clinical evaluation Meetings with Course Coordinatoris Facilities Organization and Administration Readiness to enter clinical practice (Exhibit VI.A.1.a Final Program Reports for 2015 and 2016)
	Surveys of graduates every 2 years that review assessment of educational preparation after the experience of the first years of practice (Exhibit VI.A.1.a Graduate surveys)
	Open door policy for students to voice concerns to Program Director. The program is extremely intimate with numerous opportunities for faculty, students and program director to interface. Check-ins start most seminars.
	Grievance Procedure is outlined in the Student Policies section XI to address issues that students that go beyond other evaluation processes. (Appendix I.D.2 Student Policies, page 27)

While formal feedback from employers and public comment is solicited, responses to these requests are limited. The majority of graduates are hired within Region 1, and the Director of the BMEP is able to obtain direct feedback from employers. In addition, several graduates have been employed following graduation, which allows the Division of Midwifery leadership to compare the knowledge and skills of graduates from the BMEP with new graduates of other midwifery education programs. These evaluations and comparisons are universally favorable. Baystate Medical Center has granted obstetrical privileges to all CNM alumni of the BMEP program who have applied and all have successfully completed the review process of the Medical Staff Office. Twenty five percent of BMEP alumni have received privileges to practice midwifery at Baystate Medical Center. (Appendix VI.A).

One change that has occurred as a result of this feedback from an employer and Integration site was to increase our curriculum content on management of gestation diabetes to

add more emphasis on medication treatment to become better aligned with community hospital expectations of the scope of management of this complication. This change is also supported by the 2013 Task Analysis. We are currently investigating the opportunity of adding an half day clinical session with the Nurse Practitioner in the Maternal Fetal Medicine Practice that manages the gestational diabetes consults for medical management for our clinical practice.

Public comment was solicited in advance of the re-accreditation visit.:

BMEP Web site: https://www.baystatehealth.org/education-research/education/midwifery-education-program/accreditation
BMEP Facebook page: https://www.facebook.com/BaystateMidwiferyEducationProgram/
MA Affiliate Blog posting: http://massachusetts.midwife.org/Welcome-back-to-the-ACNM-Massachusetts-Affiliate-Blog
Affiliate mailing (Appendix I.B.i)
Recent Integration Practices (Appendix I.B.ii)
Baystate Alumi email (appendix I.B.iii)
ACNM Smart Brief of July 20, 2017 (Appendix I.B.iv)
ACME website: http://www.midwife.org/Announcements
ACME Newsletter (Appendix I.B.v)
Quickening: August 25

VI.A.1.c. Enrollment, graduation, attrition, and other data relevant to the program for the past 3 years (or the SER year for programs seeking initial accreditation).

Cohorts are defined by their matriculation into the BMEP each fall.

The goal of the BMEP is to enroll 6 students every fall, and have each of those students graduate. Unfortunately, this is not always within the program's control. Although most years see an adequate applicant pool and admit enough students to fill the class, admitted students do not always make the decision to matriculate. Due to limited clinical sites, the program does not admit more than 6 students per year. Other qualified students are placed on a waiting list, and notified as soon as a slot becomes available. Because this process often leads to short notice for those on the waiting list, some classes remain unfilled if admitted students make a last minute decision not to attend and those on the waitlist have insufficient time to rearrange their fall plans. The program has used a rolling admission process to address this problem, requiring a $500.00 deposit from accepted applicants to secure a space in the upcoming class. In 2015, an early admission option was introduced to help encourage earlier applications and allow accepted students greater time to make their arrangements for attending the program. In 2017, the program saw its greatest number of applicants with four applications for each available slot.

Once students are admitted, their life circumstances such as pregnancy or family issues may prevent continuing their studies. Whenever a student withdraws from the program the faculty review her application, performance, and any learning plans to evaluate changes that might have been made to improve chances of success in the program. In 2014, we had one student withdraw from the program do to under performance. This student was on a learning plan, we had worked with her extensively and a significant knowledge deficit was identified in basic physiology. The student was encouraged to repeat a basic pathophysiology course at the college level and told that her application would be re-considered if she completed with course with a grade of 3.0 or better. The student did this, has reapplied to the program and is currently enrolled and progressing adequately. On student became pregnancy during the program in 2016 and took a year's LOA and is currently enrolled and progressing well. Rates are presented in Table VI.A.1.d.

Table VI.A.1.d BMEP Enrollment, Attrition and Graduation rates*

Admission	Applicants	Admission	Deferred	Enrolled	Attrition	Leave of Absence	Graduated
2013	6	6	1	5	0	0	5 (5/2015)
2014	9	8 + defer	1	3	1	0	2 (5/2016
2015	10	5 + defer	1	6	0	1	5 (2017)
2016	7	5+LOA+defer	1	5	0	0	
2017	19	9+defer	2	7			

* As of time of submission of SER

VI.A.1.d. Program's aggregated annual American Midwifery Certification Board (AMCB) pass rates, as available, for all test takers. Time frame includes the SER year for programs seeking initial accreditation, and for the past three years for programs seeking continuing accreditation.

The AMCB pass rates are available on the BMEP website page under "Accreditation and Statistics": https://www.baystatehealth.org/education-research/education/midwifery-education-program/accreditation and below in TableVI.A.d.

VI.A.2. Program's aggregated annual American Midwifery Certification Board (AMCB) pass rate for first time takers is at least 85%. Programs failing to meet this criterion develop improvement plan to bring the pass rate to 85%.

The rate of BMEP graduates passing the AMCB certification examination on their first attempt has been 100% since the inception of the program. The AMCB pass rates are available on the BMEP website page "Accreditation and Statistic" heading:

https://www.baystatehealth.org/education-research/education/midwifery-education-program/accreditation

Table VI.4.A.d: BMEP AMCB Exam Pass Rate		
Year	Graduates	First time Pass Rate %
2013	5	100
2014	3	100
2015	5	100
2016	2	100
2017	5	Pass rate will be provided at the time of site visit

VI.A.3. The assessment plan reflects state or national standards in its review and updating of the program philosophy, purpose/mission, objectives/outcomes. Standards will include at a minimum:

VI.A.3.a. Current ACNM philosophy and standards

Every year at the Faculty retreat the faculty review both the ACNM Philosophy, Standards for Practice of Midwifery, Competencies for Masters Level Midwifery Education and the Code of Ethics for congruence between the national standards and the BMEP philosophy, standards and curriculum. The ACNM documents are available for review on the Education Program shared drive. Documents are circulated for review prior to retreat and then faculty discussion occurs during retreat, as needed. Emails documenting the review process are included in Appendix VI.A. Philosophy of ACNM is reviewed at the ACNM website: http://www.midwife.org/Our-Philosophy-of-Care. Course coordinators consider the Core Competencies for Basic Midwifery Practice.

VI.A.3.b. Significant changes in higher education that are relevant to the program.

The BMEP Director is primarily responsible for being attuned to changes in higher education that are relevant to the program. One mechanism is twice yearly attendance at the DOME meetings, where external influences on midwifery are discussed.

Past examples of external decisions that affected the program include the release of Consensus Model for APRN practice, which required the delineation of Advanced Physiology, Physical Assessment and Advanced Pathophysiology into distinct curriculum paths. This lead to expansion of the Advanced Physiology and Advanced Pathophysiology courses to meet the 3-credit recommendation. The BMEP has been successful at incorporating Advanced Physiology and Pathophysiology into the clinical courses, but following the release of the Consensus Model,

the program undertook a curriculum review to identify the relevant content and assure that it met requirements for granting a minimum of 3 credits for this material. The pertinent course objectives are highlighted in each course and have been gathered in to a separate document for review. (Exhibit IV.E.3: Advanced Pathophysiology)

The leadership and faculty of the BMEP are following discussions of doctoral preparation. Faculty are in congruence with the ACNM Statement Midwifery Education and the Doctorate of nursing Practice which states:

> Because the educational standards for midwifery education, accreditation and certification have been and continue to be carefully updated, monitored and maintained, the practice of nurse-midwives has well-documented evidence regarding its safety and positive outcomes for women and newborns. ACNM does not support the requirement of the DNP for entry into clinical midwifery practice.

(http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000079/Midwifery%20Ed%20and%20DNP%20Position%20Statement%20June%202012.pdf

Baystate continues to support midwifery education at the master's level. Although many midwifery education programs opt to offer their programs with varying degrees of distance learning, the BMEP has chosen to continue as an on-site program.

VI.A.4. The assessment process includes periodic evaluation of clinical education. Clinical evaluation will include:

VI.A.4.a. Initial and periodic evaluation of the ability and effectiveness of clinical sites to meet student learning needs.

Basic clinical experience is provided to students by BMEP faculty within the BMWH practice, an integral part of the Division of Midwifery. Based on student evaluations regarding clinical sites and preceptors, as well as faculty discussions of student progress, this allows for ongoing assessment of how well the clinical sites meet the student learning needs. Students who are not meeting milestones work with preceptors, advisors and the program director to analyze their difficulties. Management options include providing different preceptors or more frequent clinical experiences.

Most students move to other full-scope clinical practices for their Integration experience. There are several sites that have ongoing relationships with BMEP. If a student is interested in another full-scope midwifery practice for Integration, the Program Director or her designee

contacts the site, and discusses the appropriateness and availability. During this contact she assesses the clinical facilities and available experiences. If the site is suitable and agreeable, a contract is then generated. Contracts are negotiated between the BMEP Director and the site designee. The Risk Management Department of Baystate Health support the Program Director as needed and has adjusted the standard contract used as needed over time. BMEP students have not experienced any problems with their Integration sites. On-site visits are made within the first two years of contract with a new site.

During Integration student progress is evaluated through weekly written evaluations that are reviewed by the Program Director and weekly to bi-weekly conversations between the Program director and lead preceptor. If a student experiences difficulty progressing toward becoming a safe, beginning practitioner, a learning plan is developed with input from the student, preceptor and Program Director. If adequate progress is not achieved, the Program has the option to have the student return to Baystate for intensive assessment of performance and supervision. For example, in 2017 one Integration student was having difficulty making the final transition to assuming the role of practitioner in a high-volume site. The Program Director communicated closely with the preceptor in that site, and a learning plan was developed. A mutual decision was made by the Program Director, preceptor and student for the student to return to Baystate, where she was able to attain this competency with more focused precepting and guided experiences. Learning plans, a transcript of email communication, the Clinical Evaluation Tool and Self Evaluation Tool for this student are all included for review in Exhibit VI.A.4.a.i: Student Learning Needs.

Evaluation of the Integration site is part of the student's evaluation of the Integration course. Integration evaluations for 2015 and 2016 are scanned to each clinical site folder. The contract between Baystate Medical Center and the Integration sites for 2015 and 2016 are included in each site folder in Exhibit VI.A.4.a.ii Clinical sites documents. The BMEP Director is supported in the contracting process by the Risk Management department of Baystate Health. This department provides the basic contract used and legal advice as needed.

All Integration sites used by BMEP are evaluated according to the clinical site checklist. If the site is considered suitable for student placement, the contracting process is carried out by the Program Director and the site designee. Clinical site checklists for the Integration sites used in 2016 and 2017 are included in Exhibit IV.A.4.a.ii: Clinical site documents. Site visits are performed for new sites within the first two years of use. Site visits were performed for

Massachusetts General Hospital in Boston, MA and Midwifery Care of Holyoke, MA in 2016 and Reliant Health Care in Worcester, MA in 2017. Site visit reports are included in Exhibit IV.A.4.a.ii Clinical sites documents. Alivio Medical Center and Connecticut Childbirth and Women's Center were used for the first time in 2017, site visits were not performed. Exhibit IV.A.4.a.ii: Clinical site documents will contain all pertinent documentation for each clinical site.

VI.A.4.b. Evaluation of the clinical experiences in relation to enabling students to achieve clinical competence.

During the basic clinical, prior to Integration, students log their clinical experiences, complete a self-evaluation, and are evaluated by the preceptor daily. These documents are then reviewed by the preceptor for the next clinical, and help to guide subsequent clinical experiences. Student progress is discussed at each monthly faculty meeting, including discussions on how best to foster learning. They are also reviewed at mid-semester and at the end of the semester by the course coordinator to assess the adequacy of clinical experiences for each student. This data is reported in the Final Course Report, and is reviewed in faculty meetings. Because Ambulatory and Intrapartum/Mother-Baby are each 2 semesters long, adjustments can be made in clinical assignments to provide for adequate experiences.

When at all possible, students are placed in a practice other than BMWH for their final semester Integration experience. During Integration students submit their experience logs, self, and preceptor evaluations weekly to the Program Director. These are reviewed, and serve as the basis for regular phone conferences and email correspondence between the Program Director and lead preceptors. The lead preceptor is responsible for assessing the student's clinical competency, and signs the Certificate of Safety. In a situation where the preceptor is not seeing adequate progress toward this goal, a learning plan is developed. If concerns continue, as described above, the program is able to bring a student back to Baystate for another assessment, and opportunity for focused precepting. The clinical evaluation, self-evaluation , statistics tools, and declaration of clinical safety for Integration for the clinical cohorts of this SER can be reviewed in Exhibit VI.A.4.b: Clinical Progress Integration.

VI.A.4.c. Current Contract for each clinical site

The contracting process with clinical sites is initiated by the Program Director, with support and advisement from the Risk Management Department for BH. The contract process must be completed prior to placing a student with a new site. The standard contract template is

used and adjusted as necessary. All adjustments are reviewed with the Risk Management team. (Exhibit VI.A.4.c: Baystate Clinical Contract Affiliation Agreement.) Table VI.A.4.c presents clinical sites utilized during for the cohorts of the SER.

VI.A.4.c. Current contract for each clinical site.

Integration Site	Year Utilized	Contract	Clinical Site Checklist	Site visit	Annual Performance Review
Alivio Medical Center, Chicago, IL	2017	Exhibit IV.A.4.a.ii Clinical sites documents	Exhibit IV.A.4.a.ii Clinical sites documents	Not done	Yes, Exhibit VI.A.4.c Annual Performance Review
BMWH/Mary Lane OB, Ware and Springfield, MA	2016	n/a BMC site	n/a	n/a BMEP Faculty	Yes
Connecticut Childbirth and Women's Center, Danbury, CT	2017	Exhibit IV.A.4.a.ii Clinical sites documents	Exhibit IV.A.4.a.ii Clinical sites documents	Not Done	Yes Exhibit VI.A.4.c Annual Performance Review
MA General Hospital, Boston, MA	2017	Exhibit IV.A.4.a.ii Clinical sites documents	Exhibit IV.A.4.a.ii Clinical sites documents	April 22, 2016	Yes Exhibit VI.A.4.c Annual Performance Review
Midwifery Care of Holyoke,	2017	Exhibit IV.A.4.a.ii Clinical sites documents	Exhibit IV.A.4.a.ii Clinical sites documents	April 15, 2016	Yes Exhibit VI.A.4.c Annual Performance Review
Reliant Health, Worchester, MA	2017	Exhibit IV.A.4.a.ii Clinical sites documents	Exhibit IV.A.4.a.ii Clinical sites documents	January 11, 2017	Yes Exhibit VI.A.4.c Annual Performance Review

VI.A.5. The assessment process includes a plan for evaluation of faculty teaching in the program. All faculty are evaluated annually on the following basis:

BMEP faculty, including preceptors for basic clinical, are evaluated annually using the Criteria-Based Standards for Faculty Performance (Exhibit II.B.3.ii Faculty performance eval). These standards include classroom and clinical teaching, module coordination and communication skills. Since all faculty also have clinical appointments, their clinical performance is also evaluated annually as part of performance review. The performance appraisal is initially completed by each individual faculty who then meets with the Program Director to discuss progress and upcoming goals. The faculty member then meets with the Division Director, who reviews, comments on, and revises the self-evaluation as appropriate based on personal observation, peer review, input from the Program Director, and student evaluations.

Each faculty member develops specific goals every year related to their faculty roles. These goals flow from needs identified through performance review, in preparation for expanded

faculty responsibilities, and/or as a result of personal interest. Examples include: attendance at exam writing workshops to improve skills or to assume module coordination duties; completion of a self-directed module on clinical teaching to improve skills; involvement in a research project to improve research skills; attendance at clinical conferences in content areas in which teaching duties will be assumed.

Integration site coordinators confirm that midwives at the Integration sites for the time of the SER do undergo annual performance reviews. (Exhibit VI.A.4.c Annual performance review)

VI.A.5.a. Didactic teacher competence as applicable.

All faculty who teach in the classroom have seminars evaluated by students. These evaluations are submitted to the Course Coordinator, who share them with the individual faculty. In addition, faculty have periodic classroom teaching peer reviewed. Part of the mentoring process for new faculty is to observe another faculty member present a seminar and have a senior faculty member observe and give feedback to the presenter. (Exhibit VI.A.5.a.i: Seminar evaluations)

VI.A.5.b. Clinical teacher competence as applicable.

Evaluations of preceptors are completed at the end of each module by the students. These are collected by the module coordinator, and shared with individual preceptors. In the clinical area, basic preceptors are observed interacting with students by fellow faculty members, allowing for informal peer review of clinical teaching. In addition, the Baystate faculty discusses teaching case studies at the regular faculty meetings, which gives an opportunity to critique the way in which various teaching/learning situations were approached. This system is especially helpful as junior faculty begin precepting students.

Although adjunct faculty are not directly observed, their teaching is assessed via frequent phone conversations and adjunct faculty meetings with the Module Coordinator, evaluation of preceptor comments on the student evaluation tool and feedback from the students to the Course Coordinator. (Exhibit VI.A.1.a.ii Preceptor Evaluations)

VI.A.5.c. Currency of knowledge and clinical competence in area(s) of practice related to midwifery program responsibilities.

In addition to the annual Faculty Performance Appraisal, each faculty member is evaluated annually by the Division Director on her clinical performance. In addition, each CNM participates in the AMCB Certificate Maintenance Program. Examples of individual faculty

performance evaluation can be reviewed in Exhibit VI.A.5.c: Sample Faculty Performance Evaluations.

All faculty CNMs have supported time and continuing education funds. There are numerous educational opportunities within BMC including grand rounds, chairman's rounds, and biannual conferences on women's health topics and lactation.

VI.A.5.d. Non-discriminatory, respectful approach to students, colleagues, and patients in keeping with the basic principles of the ACNM *Code of Ethics.*

All employees of Baystate Health, including CNM faculty and staff, is evaluated annually for adherence to BH Key Behaviors and Caring Values. Table VI.A.5.d. Key behaviors to be demonstrated are "communication, integrity, respect, trust and collaboration." Caring values to be demonstrated are "quality, compassion, teamwork, service and innovation." (Exhibit VI.A.5.d Employee Performance Evaluation for Baystate Health)

Table VI.A.5.d Delineation of Caring Values

Quality	Relentlessly pursue excellence. Create reliable processes that benefit patients. Use best practices to guide our actions. Measure, make improvements, and measure again. Share stories of our progress
Compassion	Be there for those who need us. Have concern for the hardship of others. Ask how you can help. Listen fully and respond with care and empathy.
Teamwork	Be there for each other, always. Build trust. Combine our strengths for maximum impact. Focus on the benefits of patients and families. Clearly define our shared goal so we all work toward the same outcome.
Service	Wow them with your service. Own the moment and the outcome. Learn about others' needs and exceed their expectations. Respond immediately if service recovery is needed. Confirm satisfaction in every interaction.
Innovation	Be part of the solution. Think boldly, dream, and discover new idea. Invite and nurture creative thinking. Find ways to advance new ideas. Make the most of every resource we have. Have the courage to do thing differently

The Baystate Midwifery Education resides in an institution that takes it non-discriminatory policy very seriously. Baystate Health Nondiscrimination notice is readily viewed at: https://www.baystatehealth.org/patients/rights-and-responsibilities/nondiscrimination-notice. The BMEP program displays its non-discrimination policy on the program website: https://www.baystatehealth.org/education-research/education/midwifery-education-program/applying

It is the expectation of Baystate Health that all employees will support the best interests of the communities and patients served. Baystate Health seeks to foster a work environment that is characterized by a direct relationship between employees and the leadership team. Baystate

Health Employee Relations Philosophy (Exhibit VI.A.5.d: HR 100) states the commitment to establishing fair and effective human resource policies. Baystate Health is committed to fair and equitable treatment of all employees and demonstrates this commitment by:

- Caring about each other as individuals.
- Engaging in communication that encourages freedom of expression of ideas and concerns to all levels of the Organization.
- Putting into daily practice our Operating Principles of trust, integrity, respect, collaboration and communication

Baystate Health is committed to equal employment opportunity and is pledged to affirmative action. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or protected veteran status. Baystate Health, in all its employment actions, also takes affirmative action to achieve prompt and full utilization at all levels and in all segments of the workforce of minorities, women, veterans, and disabled individuals. (Exhibit VI.A.5.d: HR 809)

Most importantly, the BMEP reinforces these principles from within. The faculty represents differences in race/ethnicity, marital status, age, sexual orientation, religion, and socio-economic background. By treating each other with respect, faculty members set the example of appropriate interactions with both students and patients. One of the stated objectives of the BMEP is to provide culturally appropriate care, and it is recognized that this modeling must begin with faculty and faculty/student interactions.

Appendix I.A: SER Contributors

Susan (Sukey) Krause, MSN, CNM, FACNM, Program Director Baystate Medical Center Midwifery Education Program

Laurie Friedman, PhD, CNM, Principal Faculty, Baystate Medical Center Midwifery Education Program

Barbara Graves, CNM, MN, MPH, Clinical Faculty, Program Consultant, previous Program Director, Baystate Medical Center Education Program,

Sharon Holley, DNP, CNM, Faculty CNM; Chief, Division of Midwifery and Community Health, Department of Ob/Gyn, Baystate Medical Center

Susan DeJoy, PhD, CNM, Faculty CNM, previous Program Director, previous Chief of the Division of Midwifery and Community Health

Heather Sankey, MD, Interim Chair, Department of Ob/Gyn, Baystate Medical Center UMMS-Baystate

Kevin Hinchey, MD, Chief Education Officer, Baystate Health; Senior Associate Dean of Education, Baystate-UMMS

Appendix I.B: Third Party Comment Elicitation

BMEP Web site: https://www.baystatehealth.org/education-research/education/midwifery-education-program/accreditation

BMEP Facebook page: https://www.facebook.com/BaystateMidwiferyEducationProgram/

MA Affiliate Blog posting: http://massachusetts.midwife.org/Welcome-back-to-the-ACNM-MA

Affiliate mailing (Exhibit I.B.)

Recent Integration Practices (Exhibit I.B.)

Baystate Alumi email (Exhibit I.B.)

ACNM Smart Brief of July 20, 2017 (Exhibit I.B)

ACME website: http://www.midwife.org/Announcements

ACME Newsletter (Exhibit I.B)

Quickening: August 25

Apprendix I.C.2.i: FY 2016 Buget

Baystate Midwifery Education Program												
Annual Revenue and Expense - FY16												
Revenue												
	Application Fees		($50/yr x 10 appli)			500						
	Tuition		($4000/semester) (1)			92,000						
	Total					**92,500**						
Expense												
					720			**T55/678**				**Total Expens**
	Salaries											
		CNM Faculty Krause @ 0.5 FTE			64,563							
		CNM Faculty Jackson-Kohlin @ 0.4 FTE			49,600							
		CNM Faculty Detterman @ 0.6 FTE						61,286				
		Admin Asst Sealander @ 1.0 FTE			22,329			22,329				
		Total			136,492			83,615				
		Fringe @ 21%			28663			17559.15				
		Total Salary and Fringe			165,155			101,174			**266,329**	
	Other											
		Travel, Mtgs, Prof Dev						6,000				
		Pelvic Models						800				
		Office Supplies, Curriculum Printing						3,000				
		Marketing						4,000				
		Accreditation Annual Fee						3,000				
		Preceptor Honoraria						5,000				
		Graduation						500				
		Physical Space Upgrades for classroom (one time cost)						20,000				
		Birth simulator (one time cost)						14,000				
		Total Other Expense						56,300			**56,300**	
					165,155			**157,474**				**322,629**

Appendix I.C.2.ii: Medicare funding worksheet

BAYSTATE MEDICAL CENTER
BAYSTATE MIDWIFERY EDUCATION PROGRAM
ESTIMATED IMPACT ON COST REPORT SETTLEMENT

The following is a summary of the components of the estimated $169.5k reimbursement as a result of claiming Baystate Midwifery Program pass-through costs on the Medicare cost report:

Worksheet A Direct Costs:

Salaries -	197,775	Supervisor	
	22,329	Secretary	
	220,104	Total salaries	
Other Exp -	22,300	Miscellaneous	
	22,300		
Subtotal, Direct Costs	242,404		
Less: Tuition revenue	(92,500)		
Total Direct Costs	149,904		

2016 Midwifery Rev_Exp.pdf

Worksheet B Pt I Line 23.03 - Overhead Expenses Allocated to the Midwifery Program:

Capital	109,332	Col 1.00 and 2.00
Emp Benefits	53,581	Col 4.00
A&G	69,862	Col 5.00
Maint/Repairs	34,435	Col 6.00
Operation of Plant	40,200	Col 7.00
Housekeeping	38,497	Col 9.00
Cafeteria	0	Col 11.00
Total Indirect Costs	345,907	
Total Costs for Allocation	495,811	Col 23.03, Line 23.03

Worksheet B Pt I Midwifery Program Allocation to patient care areas:

	Unit	Wkst B Pt I Col 23.02	Est Medicare Utilization Rate	
Line 30.00	Adults & Peds	394,000	40.37%	159,060
Line 43.00	Nursery	14,190	0.00%	0
Line 90.00	Clinic	73,077	14.31%	10,458
		481,267		169,519
Line 194.00	Non-Patient	14,544	0.00%	0
		495,811		**169,519**

Estimated reimbursement for Midwifery pass-through costs on Medicare cost report

Appendix I.C.3: Business Operations support

Baystate Medical Center

August 16, 2017

Susan Krause, MSN, CNM, FACNM
Director, Baystate Midwifery Education Program
689 Chestnut Street, 2nd Floor
Springfield, MA 01199

Dear Susan:

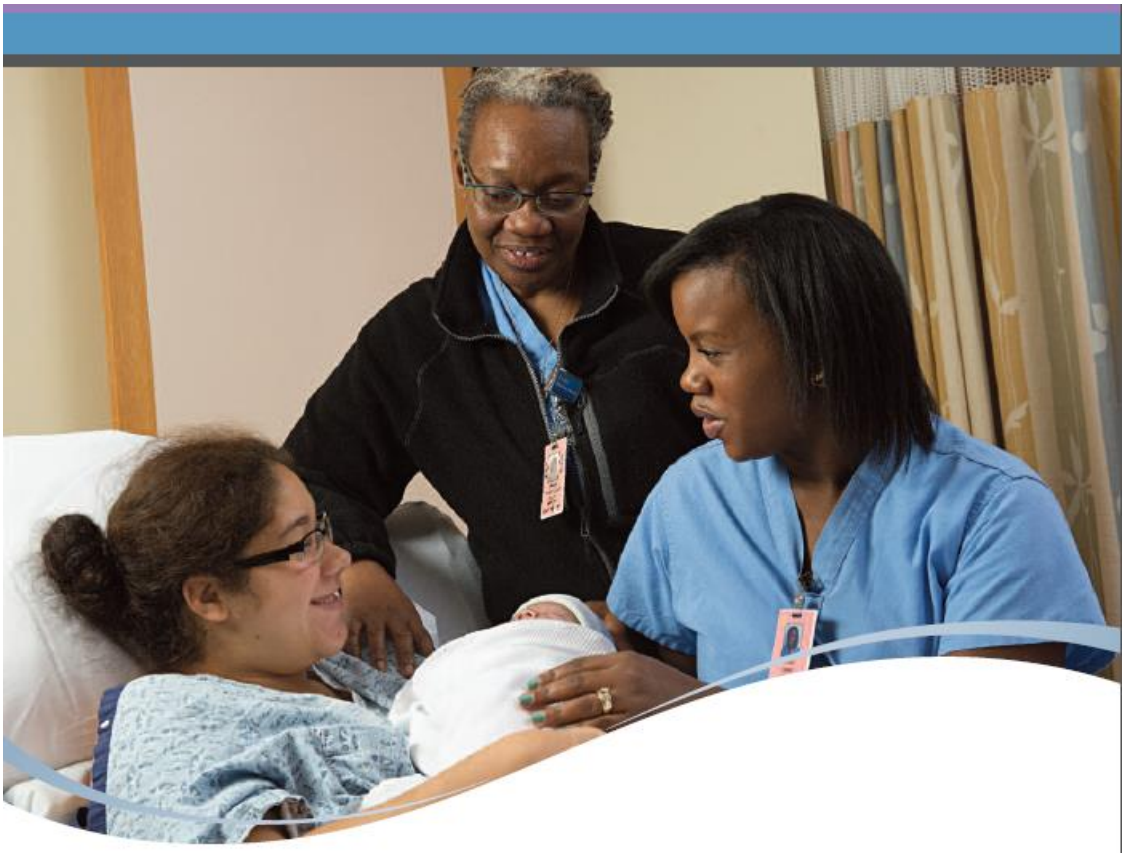
As Business Operations Manager for Women's Services, I meet with the Chief of Midwifery and Community Health as well as the Director of the Baystate Midwifery Education Program to assist in the development of the annual operating budget for the Education Program. It is expected that the program is self-sustaining. The Director oversees the programs budget and operating expenses and ensures the program operates within budget.

Sincerely,

Lori Puza
Business Operations Manager
Baystate Children's Hospital & Women's Services

Appendix I.d.1: BMEP Program Brochure

Provided separately as hard copy and as electronic appendix



A Career In Midwifery

Baystate Medical Center

MIDWIFERY EDUCATION PROGRAM

689 Chestnut Street, Springfield, MA 01199 • 413-794-4448

baystatehealth.org/midwiferyed • midwifery@baystatehealth.org

Appendix I.D.2: Student Policies

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

Baystate Health

Appendix II.A.i: Non discrimination

BH-HR-809
Page 88 of 205
Effective: December 4, 2015

Equal Employment Opportunity/Affirmative Action

I. POLICY:

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

II. PURPOSE:

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

III. SCOPE:

All Baystate Health employees and applicants for employment.

IV. RESPONSIBILITIES:

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

V. PROCEDURE:

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

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

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

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

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

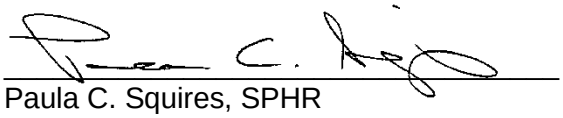
E. Reprisals for a refusal to respond to sexual advances—no supervisor or manager shall threaten or insinuate, either explicitly or implicitly, that an employee's submission to or rejection of sexual advances will in any way influence any personnel decision involving that employee.

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

seek to protect the privacy and confidentiality of all parties involved to the extent possible, consistent with a thorough investigation and its legal obligations.

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

VI. PROPONENT: Director, Human Resource Compliance & Employee Relations

Approval: 

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

Replaces:
Policy Name: HR-809 Equal Employment Opportunity/Affirmative Action
Policy Date: 1/20/2014

Appendix II.A.ii: HR Policy 201

Internal Transfers/Applications

I. POLICY:

It is Baystate Health's policy to offer internal candidates the opportunity for development and career advancement through transfer and promotion.

II. PURPOSE:

To provide qualified internal candidates the opportunity to be considered for job transfers and promotions throughout the organization.

III. SCOPE:

All employees who have: completed their introductory period, who have been in their present position for at least twelve (12) months and who have submitted an Internal Application within the posting period, and meet the guidelines for transfer.

IV. PROCEDURE:

Employees will be informed of job openings through the posting process. All positions up to and including Director level will be posted online available via PeopleSoft and on approved posting boards located throughout Baystate Health. It is the policy of Baystate Health to fill all vacancies in the shortest time possible and therefore positions may be posted in a number of different locations simultaneously.

Posted positions are available to employees of BH who have completed their introductory period, who have been in their present position for at least twelve (12) months and who have submitted an online Internal Application within the posting period. Per diem employees who meet the above requirements, or have worked 520 hours are eligible to apply as an internal applicant. Students in hospital-affiliated and sponsored programs may be given the same consideration as internal applicants for those positions that become available in the department where their course work is concentrated (e.g. Medical Technology students applying for positions in the laboratory).

To apply for a posted position, employees must apply online in PeopleSoft thus completing an online Internal Application. A separate online Transfer Application must be completed for each opening the employee wants to be considered for.

Employees should attach a resume to the online Internal Application.

We recommend that employees notify their current manager when applying for a posted opening as the current manager can provide valuable guidance and support in the process. Additionally as indicated on the Internal Application, before an offer is extended to an employee, the employee's current manager will be contacted by the Talent Acquisition Consultant for a reference.

- An employee must notify their current manager upon being notified that they are a finalist for the open position. It is at this time that the Talent Acquisition Consultant will contact the current manager for a reference.

A. Posting:

1. Departmental Posting:

When a position becomes vacant, the department head where the vacancy occurs will notify all employees in the department or division, as appropriate, of the vacancy and will screen qualified candidates who apply. Notification to employees of the vacancy must include a brief description of job content, position specifications (i.e. education, experience and competencies/skills), as well as scheduled hours, job title, and pay grade. This vacancy must be posted in a recognized central location.

It is the department's responsibility to ensure that employees transferred and/or promoted within the department meet the qualifications for the position they fill. It is also incumbent upon the department head to notify all applicants not selected for a position and to provide constructive feedback when appropriate to strengthen their candidacy for future openings. The hiring manager will coordinate the internal salary offer and transfer date with the assigned Human Resource Consultant or designee. The hiring manager will initiate the paperwork to transfer the employee and establish the employee's new start date, pay grade, base rate and cost center, if applicable.

2. Internal Posting:

Talent Acquisition for positions not filled from within the department or division, will be coordinated through the Talent Acquisition Department. The Hiring Manager will contact the Talent Acquisition Consultant when their internal department posting does not yield a qualified candidate. Before submitting a requisition for posting, the hiring manager will review the existing position description to ensure that the job information is current and that applicant specifications accurately reflect the minimum requirements of the position. The hiring manager will also review the physical demands of the position and update if needed at this point.

3. External Posting:

While the Job Posting Policy is intended to ensure that qualified employees within Baystate Health receive opportunities to advance, it is also the policy of the organization to ensure that there is an available pool of candidates to meet staffing needs. Therefore, jobs may be posted externally simultaneous to the BH internal posting. For further information on external postings, please see policy BH-HR-213.

B. Posting Procedures:

1. Posting Format:

The approved requisition will be forwarded to the assigned Talent Acquisition Consultant for the Department within PeopleSoft. Posting language for new or amended positions should be included with the requisition. Positions up to and including the Director level will be posted seven (7) consecutive days on Baystate Health bulletin boards.

2. **Posting Time Period:**
   All internal applicants who apply during the seven day period will be reviewed to determine if they meet the minimum qualifications for the position. If the employee meets these qualifications they will be sent to the hiring manager(s) for further review, otherwise all non-selects will be notified via PeopleSoft. In the event that an employee applies after the seven day posting period, he/she will be given equal consideration with external applicants, if the position is still open.

3. **Previously Posted Positions:**
   If a position is posted with incorrect information or information that has been updated, the position will be cancelled in PeopleSoft and reposted with the corrected information. All candidates will be notified that the position is being amended and reposted and that they may re-apply online should they still want to be considered.

C. Consideration of Qualifications:

Internal job applicants must be in good standing (no corrective action notices) in order to be considered for a job change/transfer/promotion. Exceptions will require approval from the VP of Workforce Planning and the Director Talent Acquisition and Workforce Planning.

D. Screening of Applicants:

Applicants who do not meet the minimum posted requirements for a position will not be referred to the department for consideration and the Talent Acquisition Consultant will notify that applicant via PeopleSoft.

It is the responsibility of the Talent Acquisition Consultant and the Manager to screen applicants who meet the minimum qualifications as presented on the posting and to do everything necessary with both the applicant and the department to ensure an accurate presentation of the position requirements and fair assessment and transmittal of job-related credentials (i.e. performance reviews, disciplinary notices, relevant skills) is made. The credentials of applicants who meet the minimum qualifications established for the position will be referred to the department for consideration. The hiring manager will interview those qualified candidates who appear to best meet the needs of the department. Although the hiring manager will review the credentials of all applicants referred for consideration, there is no requirement that all applicants who meet minimum requirements be granted an interview particularly where there are a significant number of qualified internal candidates for an opening.

The applications of transfer candidates will be treated confidentially, if the employee so designates, but the candidate agrees upon completing a Transfer Application that the Hiring Manager may contact the employee's current supervisor prior to the candidate's selection for the position.

E. Selection:

1. As with all Baystate Health employment practices, consideration will not be denied to an applicant based on race, color, religion, national origin or citizen status, sex, gender identity or expression, pregnancy, sexual orientation, age, disability, or military status.

2. The Talent Acquisition Consultant will make recommendations to the hiring manager to ensure that the hiring decision is based on job-related criteria. The hiring manager is responsible for all final selection decisions. The Talent Acquisition Consultant will notify all internal applicants not selected who are outside the hiring department. The hiring manager will notify all internal candidates within the department.

3. Transfers to a new position in a higher job grade are considered promotions and they are typically eligible for salary increase consideration. (For more information please refer to Promotional Wage Increases Policy BH-HR-410).

4. Transfers, where the employee is going into a position in the same or a lower pay grade, are not eligible for salary increase consideration. If an employee applies to transfer to a lower job grade, a reduction to salary may be required to ensure internal equity is maintained in the department. Exceptions to this policy can only be granted by the Vice President of Human Resource Operations and Total Compensation and the Director of Talent Acquisition or their designees.

5. All transfers are contingent upon medical clearance by Employee Health Services. Talent Acquisition notifies Employee Health Services to conduct a screening of all pending transfers.

6. The Talent Acquisition Consultant may review the personnel folder of all final candidates and contact the employee's current manager for a reference prior to extending a job offer.

F. Release of Employee to New Position:

Once the hiring manager has made a hiring selection, he/she will contact the employee's current manager to coordinate the employee's transfer date according to the following:

1. The release should take place within a time period that is not to exceed the time required for resignation with notice for the position vacated. Departments should refer to Policy BH-HR-820 Termination of Employment for guidance governing acceptable notice periods:

- Non-Exempt: 2 Weeks
- Exempt: 3 Weeks
- Management: 4 Weeks

This period may be extended by the mutual agreement of the two department managers involved, the Human Resource Consultant and the employee.

2. In the event a complaint is filed by a non-selected candidate, the release date will not take place until the dispute resolution process is concluded, in accordance with the established Dispute Resolution Policy of Baystate Health (For more information, please refer to Dispute Resolution Process Policy BH-HR-806).

G. Introductory Period:

There will be no introductory period for employees transferring within Baystate Health.

H. Response to Business Conditions:

Due to the changing business environment and Baystate Health's commitment to recognizing the complexity and diversity of its employees, decisions to pre-empt the job posting policy may occasionally be necessary. Examples of exceptions include:

1. Reductions in a particular service due to business volume decline.
2. Consolidation of space and of services.
3. Changing business conditions requiring Baystate Health to redirect programmatic efforts.
4. Extreme personal situations that impact on an employee's well being. Note: Employees for whom these exceptions are made should meet minimum qualifications for the job, or based on assessment by the department head and Talent Acquisition Consultant, be able to meet the minimum qualifications after a reasonable orientation and training period comparable to what would be allowed for any external candidate.

I. Transfer within Baystate Health

When involuntary intra-departmental and inter-departmental transfers of Baystate Health employees are necessary, the employee will be informed of the expected duration of the transfer and any effect on his/her salary and benefits. Department heads should consult with the Director of Talent Acquisition before such transfers are discussed with affected employees.

In order to expedite the process of filling budgeted positions, all internal transfers within a department that encompass a shift change or status change between like jobs (same occupational code, same salary) can be posted and processed within the department* without posting the position throughout Baystate Health.

Same status transfers can be initiated in the following manner:

1. All positions will be posted in a central location in the department for a seven day period.

2. Qualified internal applicants working in the department may apply to the hiring manager via a transfer request or any means so designated by the department head.

3. Employees must be informed of the department/division sign-up procedure upon hire.

4. Eligibility requirements for applicants for status change transfers are:

a. The introductory period is successfully completed.
b. The last performance review meets standards.
c. The candidate has satisfactory performance in their current position.

5. The hiring manager will forward the completed Turnaround Document to the Human Resource Service Center.

6. The start date must be no earlier than the Sunday following submission of the T-doc to the Service Center in order to ensure the newly hired employee is properly paid and benefits are appropriately assigned.

* Department is defined as an integral unit within a division or encompassing a division if that division is comprised of like positions and is small enough to warrant division wide internal posting.

Employees transferring between any BH entity, excluding HNE, will transfer their accrued time to the new corporation up to all accrual limits of the new corporation and the Finance Department will transfer the value of Personal (or, Vacation and Holiday) hours to the new corporation.

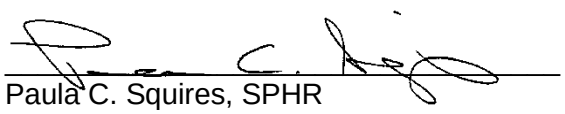
- **Employee Benefits**

  An employee, who transfers to a new BH entity, excluding HNE, will continue to have the same benefits elected at their current corporation, however, the amount of Choice Benefit credits and/or the amount of the employee contribution for each benefit will change in accordance to the schedule in effect at the employee's new corporation. The change will occur the first pay period of the first month after the effective date of the transfer.

- **Date of Hire for: Seniority, Service Awards and Accrual Factors for Accrued (Vacation and Sick) Time**

  An employee who transfers between any of the Springfield based BH entities, except HNE, will retain their Service Date and have their Cumulative Benefit Hours transferred with them to the new entity. At Baystate entities, the Cumulative Benefit Hours are used as the basis for these categories while the date of service is used at the other corporations. Employees transferring to a Springfield entity will be given Cumulative Benefit Hours that approximate their length of service with the corporation from which they transferred.

V. PROPONENT: Director of Talent Acquisition

Approval: 

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

Replaces:

Talent Acquisition

I. POLICY:

It is the policy of Baystate Health that the Talent Acquisition Department is to source, recruit, screen, evaluate, test (where applicable) and hire the most qualified candidates for Baystate Health.

II. PURPOSE:

Baystate Health is committed to employ, in its best judgment, the best qualified candidates for approved Baystate Health positions while engaging in recruitment and selection practices that are in compliance with all applicable employment laws. It is the policy of Baystate Health to provide equal employment opportunity for employment to all applicants and employees.

III. SCOPE:

All individuals employed by Baystate Health, its subsidiaries and affiliates.

IV. PROCEDURE:

A. Equal Opportunity/Affirmative Action

It is the policy of the Baystate Health to provide equal employment opportunities and not to discriminate against any applicant because of race, religious creed, color, sex, sexual orientation, gender identity or expression, age, national origin, disability, or status as a disabled or Vietnam era veteran. To further this goal, all selection decisions will be made in accordance with Equal Opportunity and Affirmative Action Plan goals.

B. Centralized Talent Acquisition Function

It is the policy of the Baystate Health to provide a centralized Talent Acquisition function within the Human Resources Division which will conduct all recruitment activities for Baystate Health.

C. Recruitment/Organizational Image Advertising

The Talent Acquisition department, in partnership with the hiring manager has the sole responsibility for planning, development, and placement of all recruitment and employment branding advertisements (hard print or Internet). This function includes the selection of media and the development of overall marketing and advertisement

strategy. Departments are not authorized to place recruitment or employment branding advertisements.

D. Employment Agencies

In specific instances, where other recruitment methods have been unsuccessful, private employment agencies may be used as part of a recruitment strategy. The Talent Acquisition department is authorized to list vacant positions with approved employment agencies and will act as the control and referral agent for all such contracts. Individual departments are not authorized to enter into any agreements with private employment agencies without referral to Talent Acquisition and should consult with Talent Acquisition before accepting any referrals directly from the agencies.

E. Employment of Relatives or Persons in the Same Household

Please see Hiring of Relatives/Nepotism or Persons in the Same Household Policy BH-HR-206 for further information**.**

V. PROCEDURES:

A. Job Opening

The hiring manager initiates an online Job Opening form within PeopleSoft which provides the essential information required to carry out the sourcing and selection process and is consistent with existing job specifications. The online Job Opening form must be completed and appropriately authorized to begin the recruitment process. In order for a Job Opening to be approved it must have director approval which will be documented within PeopleSoft.

1. The Talent Acquisition Consultant will contact the Hiring Manager to engage about the position and establish a service level agreement. In collaboration with the Marketing and Operations Manager a Sourcing/Marketing Plan will be developed.
2. Additions to or deviation from Position Management which are not supported by the base line or flex budget must be substantiated and approved by the Divisional Vice President and his/her senior leader.

B. Employment Procedure *(Internal Recruitment)*

Please see Internal Transfers/Applications Policy BH-HR-208 for further information.

C. Employment Procedure *(External Recruitment)*

1. ***Application Form***

An online application must be completed in full by all applicants. The application will be used to determine if the applicant meets the minimum approved requirements for the position and will be used as a preliminary screening device.

2. ***Preliminary Screening***

Talent Acquisition will review, contact and screen all qualified external candidates and present a slate of qualified candidates to the hiring manager(s). Pre-screened applications may be forwarded to the appropriate hiring manager(s) via the PeopleSoft system. All candidates deemed not qualified upon review/prescreen will be sent non-select letters via PeopleSoft

within 24-48 hours of such review.

3. *Testing*

In order to ensure that tests have been approved and meet validity requirements, any and all forms of testing must be reviewed and approved by the Director, Talent Acquisition and Workforce Planning. A test can be any activity or procedure in the selection process which measures the candidate's proficiency in a specific skill or function against a pre-set standard.

4. *Interview*

Interviews are conducted to obtain a clear understanding of how the applicant's background and interest will meet the needs and requirements of the vacancy.

- Interviews will be set up with the appropriate hiring manager(s) in accordance with the service level agreement.
- Post Interview: Interview Notes forms in PeopleSoft will be completed by the hiring manager(s) along with any other employee included on the interview team within 24 hours of interview.

5. *Selection Consultation*

The hiring manager will confer with the Talent Acquisition Consultant within 48 hours of the last candidate interview and will determine the most qualified applicant for the position. An interview reaction form will be utilized by the manager to identify the reasons for selection and returned to the Talent Acquisition Consultant who will then notify all non-selects via PeopleSoft.

6. *Reference Checks and Verification of Education*

Talent Acquisition will obtain a minimum of two (2) recent professional references. For specific positions there may be additional investigations conducted, i.e. CORI, Department of Transportation. Talent Acquisition may contract with a third party agency to obtain professional references and education verification on its behalf.

7. *Formal Offer of Employment*

A formal offer of employment may only be initiated if the Interview Reaction Summary forms have been completed and submitted for all candidates interviewed for the position. The Talent Acquisition Consultant will make the formal offer of employment, using the following criteria to recommend the starting salary to the hiring manager(s):

- Salary range for the position
- Applicant's experience and credentials
- Review of internal salary equity

Exceptions to the standard grade levels/salary structure for offers for exempt and non-exempt positions require consult with the Compensation Department.

Employment is contingent upon successful completion of the pre-employment requirements such as, but not limited to; reference checks, background checks, education, licensure verification and health services screenings.

8. ***Pre-Placement Health Screening Requirements***
All offers of employment are contingent upon successfully meeting the physical demands job requirement established by Baystate Health for the position. Individuals may request reasonable accommodations as defined in the Americans with Disabilities Act through the Director, Human Resource Consulting and Employee Relations. For more information, please refer to Pre-Placement Physical Examinations Policy BH-HR-605.

9. ***Licensure, Registration, and Required Certification***
In accordance with legal and regulatory requirements applicable to specific positions, the candidate must present valid licensure prior to the commencement of employment. A Talent Acquisition representative will do the following in order to verify licensure:

a. View original license of individual;

b. Verify personal identification of the individual by way of photo ID (i.e. driver's license or state ID card) in order to verify their stated identity.

c. Conduct primary source verification on-line (website address www.state.ma.us/reg)

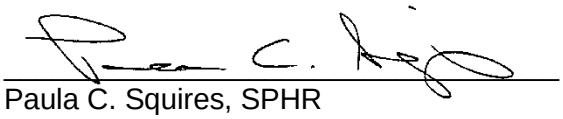
d. Place copy/print out of Professional licensure/Registration/Certification in the employee's personnel record which is sent to the HR Service Center upon hire.

After employment, it becomes a departmental responsibility with assistance from Human Resource Service Center to ensure that all required renewal regulations are met. Please see License Verification Policy BH-HR-211 for further information.

10. ***Payroll Sign-On and Orientation***
Employees will be required to complete Tax Forms and an I-9 prior to employment and will be scheduled for General House and other applicable orientations. (For further policy statements on this subject, refer to Orientation Policy BH-HR-703)

VI. **REVIEWED/APPROVED BY:** Director, Talent Acquisition and Workforce Planning

VII. **PROPONENT:** Director, Talent Acquisition and Workforce Planning

Approval: 

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

Replaces:
Policy Name: HR-213 Recruitment and Staffing Department
Policy Date: 05/31/2010

Appendix II.B.1: BMEP Faculty Preparation for Teaching									
Name/ Faculty Appts	Faculty (FTE) As of 2016	Degrees, Schools and Dates of Graduation	ACNM/ AMCB Certification	Midwifery License # & Exp Date	Prep for Teaching	Course/ Clinical Resp by course and Level of SNM	Additional Program Responsibilities	> 1Yrs Prior to BMC Fac Appt	Clin Prac w/o SNM (FTE)
BMEP Principal faculty:									
Sukey Krause, CNM, MSN, FACNM Director, Midwifery Ed. Program Clinical Instructor, TUSM Assistant Professor, UMMS (pending)	0.7	MSN 1990 UPenn BSN 1983 (UVM)	Cert. 5866 1991	MA 164033 exp. 4/18	Post Master's Certificate in Teaching, 1996, Preceptor Wksps, BMEP Faculty development activities, Mentoring by Sr. Faculty,	Course Coordinator: FAWH, AAWH, PICH Integration Preceptor all students: amb, IP, PP, NB	Program Director Curriculum Committee, Retention and Recruitment Committee Policy and Procedure Committee, Division of Midwifery and Community Health Leadership Team.	Y	0.1
Carly Detterman, CNM, MSN. Clinical Instructor, TUSM Clinical Instructor, UMMS (pending)	0.4	MSN 2008 Frontier U BSN 2003 UMass Amherst 1999 BA Wesleyan)	Cert. 12717 2008	RN256666 Exp. 2/18	BERST, TOT, BMEP Faculty development activities, Mentoring by Sr. Faculty	Course Coordinator: IP, MBC, Pharm Preceptor all students: amb, IP, PP, NB	Curriculum Committee, Retention and Recruitment Committee Policy and Procedure Committee, BMWH Pelvic Pain service	Y	0.3
Laurie Friedman, CNM, MSN, PhD UMMS faculty appt pending	0.4	PhD 2015 Boston College MSN 1985 Yale BA 1981 Bowdoin	Cert. 4691 1985	RN171324 Exp. 7/18	BERST	Course Coordinator: AHA, PCOW, AAWH, Preceptor all students: IP	Curriculum Committee, Retention and Recruitment Committee Policy and Procedure Committee	Y	0.4

BMEP Faculty									
Appendix II.B.1 Name/ Faculty Appts	Faculty (FTE) As of 2016	Degrees, Schools and Dates of Graduation	ACNM/ AMCB Certification	Midwifery License # & Exp Date	Prep for Teaching	Course/ Clinical Resp by course and Level of SNM	Additional Program Responsibilities	> 1Yrs Prior to BMC Fac Appt	Clin Prac w/o SNM (FTE)
Rachel Ballester, CNM, MS. Clinical faculty, BMEP		MS 2013 Phila Univ BA 2008 UMass Boston	Cert. CNM1438 2013	RN2268435 Exp. 2/17/18	Faculty meeting development activities, Mentoring by senior faculty	Seminars: MB, PCOW, FAWH; Precepting AMB, IP, and PP		Y	0.8
Theresa Coley-Kouadio, CNM, MSN Clinical Instructor, TUSM	0.4 Left in 12/16	MSN 1995 Case Western BA 1986 Slippery Rock Univ	Cert. 7329 1995	RN2258071 Exp 1/16/18	Faculty meeting development activities, Mentoring by senior faculty.	Course Coordinator: AHA Preceptor all students: amb, IP, PP Nexplanon Trainer	Curriculum Committee, Retention and Recruitment Committee Policy and Procedure Committee	Y	0.5
Susan DeJoy, CNM, MSN, PhD, FACNM Assistant Clinical. Professor, TUSM; Clinical Assistant Professor, UMMS	<0.1	PhD 2011 UMass Amherst MSN 1982 UPenn BSN 1979 SUNY Down-state BS 1976 SUNY Geneseo	Cert. 4116 1982	MA176130 exp. 10/18	Mentoring with experienced faculty, numerous education wkshps	Pharm Course Coordinator: 2015-16, Seminars: PICH, Int, Pharm. Preceptor all students: amb, IP, PP, NB	Director, Division of Midwifery and Community Health; Chair, Division of Midwifery and Comm. Hlth; Leadership Tm until 2016. Coordinator, Neighborhood Health Center practice site; BMWH Colposcopy Service	Y	0.8

Appendix II.B.1 Name/ Faculty Appts	Faculty (FTE) As of 2016	Degrees, Schools and Dates of Graduation	ACNM/ AMCB Certification	Midwifery License # & Exp Date	Prep for Teaching	Course/ Clinical Resp by course and Level of SNM	Additional Program Responsibilities	> 1Yrs Prior to BMC Fac Appt	Clin Prac w/o SNM (FTE)
Anissa Dickerson, CNM, MPH, FNP Clinical Instructor, TUSM	Left in 2016	MSN, FNP, MPH 2012 Emory BSN 2007 BA 2002 U of OK	Cert. 0938 2012	RN2278970 Ex. 1/18	Faculty meeting development activities, Menortin by senior faculty	PICH course co-coordinator 2015, Preceptor all students: amb, IP, PP		Y	0.9
Anastasia Hallisey, CNM, MSN Fac., Midwifery Ed. Prog. Clinical Instructor, TUSM UMMS Faculty appointment pending	<.1	MSN 2000 Univ of NM BSN 1996 Univ of NM	Cert. 9993 2000	RN267062 exp. 11/18	Faculty meeting development activities, Mentoring by senior faculty	AAWH Course co-cordinator 2016. Seminar presentor: FAWH, AAWH, IP. Preceptor all students: amb, IP, PP	Chair: Quality Improvement Committee. BMWH Pelvic Pain service	Y	0.9
Donna Jackson-Köhlin, CNM, MSN Clinical Instructor, TUSM UMMS Faculty appointment pending	<0.1	MSN 1990 UPenn- BSN 1987 UPenn) BA 1982 Rutgers)	Cert. 5873 1991	MA 196177 exp. 5/18	Post Master's Certificate in Teaching, 1996, Preceptor Wksps, BMEP Faculty development activities, Mentoring by Sr. Fac	Semin ars: FAWH, AAWH, IP, NB. Preceptpr all students: amb, IP, PP, NB	Coordinator: Women's Correctional Facility practice site, Brightwood Riverview Health Center practice site: BMWH Colposcopy service	Y	1.0

Appendix II.B.1 Name/ Faculty Appts	Faculty (FTE) As of 2016	Degrees, Schools and Dates of Graduation	ACNM/ AMCB Certification	Midwifery License # & Exp Date	Prep for Teaching	Course/ Clinical Resp by course and Level of SNM	Additional Program Responsibilities	> 1Yrs Prior to BMC Fac Appt	Clin Prac w/o SNM (FTE)
Jain Lattes, CNM, MS Clinical Instructor, TUSM UMMS Faculty appointment pending	<0.1	MS 2000 Columbia BA 1998 Bowdoin	Cert. 10193 2000	MA 255831 Exp. 9/18	Preceptor Wksp, BMEP Faculty development activities, Mentoring by Sr. Fac	Course Coordinator: IP 2016, Preceptor all students: amb, IP, PP	Coordinator: Northampton practice site	Y	0.5
Laura Motyl, CNM, MS UMMS faculty appointment pending	<0.1	Certificate of Midwifery 2012 BMEP MS 2012 Phila U BA 2001 UMass Amherst ADN 2009 STCC	Cert. 0984 2012	RN2261440 Exp. 4/18	BMEP Faculty development activities, Mentoring by Sr. Faculty	Course coordinator PICH, 2016. Preceptor all students: amb, IP, PP	Coordinator: 3300 Main St. practice site until 2016	Y	0.5
Audrey Psaltis, CNM, MSN Clinical Instructor, TUSM UMMS faculty appointment pending	<0.1	MS 1991 George-town BSN 1985 American	Cert. 6104 1991	RN225355 Exp. 10/18	BMEP Faculty development activities, Mentoring by Sr. Faculty. Physician Leadership Academy	Co- Coord.: IP, PP, Pharm; Preceptor all students: Amb, IP	Division of Midwifery and Community Health Leadership Team.. Coordinator: Neighborhood Health Center practice site until 2016	Y	0.9
Tonja Santos, CNM, MSN Assistant Director, Division of Midwifery,	<0.1	MSN 2002 Yale BA 1997 Mount Holyoke	Cert. 10967 2002	RN259148 Exp. 8/18	BMEP Faculty development activities, Mentoring by Sr. Faculty	PCOW Course Coordinator: PCOW 2016. Preceptor all	Division of Midwifery and Community Health Leadership Team. Coord: 3300 Main	Y	0.9

Clinical Instructor, TUSM UMMS fac appt pending		College				students AWH, IP, PP	St. practice site		
Appendix II.B.1 Name/ Faculty Appts	Faculty (FTE) As of 2016	Degrees, Schools and Dates of Graduation	ACNM/ AMCB Certification	Midwifery License # & Exp Date	Prep for Teaching	Course/ Clinical Resp by course and Level of SNM	Additional Program Responsibilities	> 1Yrs Prior to BMC Fac Appt	Clin Prac w/o SNM (FTE)
Tara Starling, CNM, MSN	<0.1	MSN 2006 Yale BA 1995 Smith College	Cert. 12156 2006	RN271096 Exp. 2/16	BMEP Faculty development activities, Mentoring by Sr. Faculty	Seminars: FAWH, Preceptor all students: amb, IP. PP		Y	Per diem
Sarah Todd, CNM, MS	<0.1 left in 2016	Certificate of Midwifery 2011 BMEP MS 2011 Phila Univ BSN 2009 UMass Amherst BS 2005 W. MI Univ	Cert. 1509 2013	RN2274174 Exp. 8/18	BMEP Faculty development activities, Mentoring by Sr. Faculty	PHARM coordinator 2015-2016. Preceptor all students: amb, IP, PP		Y	Per diem

Appendix II.B.2: Faculty CNM Job Description

JOB RATING SPECIFICATIONS
(CLERICAL, TECHNICAL, SUPERVISORY)

CODE NO. 991 78
CLASS NURSE-MIDWIFERY SERVICES
GRADE N 9 (E)

JOB NAME FACULTY CERTIFIED NURSE-MIDWIFE CLASS

BAYSTATE MEDICAL CENTER

JOB DESCRIPTION:

Responsible to the Assistant Director, Nurse-Midwifery Education Program, for the education and clinical training of nurse-midwife students.

Participate in: development, implementation and evaluation of curriculum; selection, advancement and counseling of students; recruitment, selection and promotion of faculty; peer evaluation of teacher effectiveness and clinical competence; development of mechanisms for student evaluation of teaching and program effectiveness; evaluation of program's resources, facilities and services.

Organize and direct various curricula modules, including lecturing, facilitating group discussions and case presentations, organizing guest speakers, and clinical scheduling of students. Develope various methods of student evaluation in assigned modules including test writing, administration, grading and evaluation. Write and revise modules.

Supervise and evaluate students in the clinical areas. Facilitate appropriate and adequate clinical experience for students in assigned modules.

Maintain clinical competence, continue to improve expertise in areas of responsibility.

Demonstrate effective interpersonal skills with peers, other health care professionals, and students.

Attend assigned clinical sessions and meetings.

Maintain records, compile statistics, prepare required reports.

Participate in research, educational activities, professional, and community activities.

Observe all health and safety requirements.

Perform other similar and related duties as required or directed.

REVISED	
BY	DATE

DATE 5/91

THE ABOVE DESCRIPTION COVERS THE MOST SIGNIFICANT DUTIES PERFORMED BUT DOES NOT EXCLUDE OTHER OCCASIONAL WORK ASSIGNMENTS NOT MENTIONED, THE INCLUSION OF WHICH WOULD BE IN CONFORMITY WITH THE FACTOR DEGREES ASSIGNED TO THIS JOB.

Appendix I.B.3.i
Baystate Medical Center Midwifery Education Program
Summary of Faculty Development Activities 1/2015-6/2017

Date	Topic	Attendance
9/2007	Clinical learning	
9/2010	Clinical precepting	
7/2011	Precepting 101	
2/2013	Midwifery Management Process	
12/2013	Acing Module Coordination	
3/2014	Test preparation	
6/2014	Making the most of our teaching efforts (Grand Rounds)	
7/2014	Test blueprinting	
8/2014	Seminar preparation	
11/2014	The Art of Asking Questions	
3/4/15	Test Preparation: One hour presentation given by TS in preparation for faculty NERCCEM exam writing contribution.	SDJ, AH, TS, JL, TSS, TCK, DJK, (LM)
4/1/2015	Curriculum threads	SK, KS, LM, CD, SD, AH, TS, TSS, TCK, DJK, CH
6/10/2015	"Keeping Current with Literature" review: Part I	JL, SAK, SDJ, ST, LM, DJK, AH, TCK, CD, KS
7/8/2015	Test Blueprinting	SDJ, CH, CD, AD, AH, TCK, SK, KS
8/8/2015	Use of the SNM S: Drive	SDJ, DJK, CH, TS, AH
9/2/2015	"Keeping Current With literature" review: Part II Easy lit reviews, saving searches, building article collections	SAK, SDJ, ST, JL, CD, AH, (KS)
10/14/2015	Working with the most basic students in classroom and clinical	CD, SAK, SDJ, ST, TSS, (TS)
10/28/2015	Charting with SNMs: Attestation	SDJ, DJK, (TS), AH, LM, ST
12/2/2015	The Centrality of Feedback	SDJ, TS, TSS, JL, CH, AH, TCK
1/2016	1/2016 Congruency of practice: attestation, student charting, presentation format, wet prep, charting.	SAK, SDJ, TS, DJK, AH, CD, LM, TSS, TCK
1/13/2016	Enhancing Congruency of Precepting Practice: attestation, student charting, presentation format, wet prep, charting	SDJ, TS, DJK, AH, CD, TCK, LM, (TSS)
3/2/2016	Project Implicit: discussion, sharing, ed program retention and recruitment	SDJ, SK, TS, JL, CH, TSS, CD, TCK, LM, ST
4/6/2016	Precepting tips to move students along	SDJ, SK, TS, DJK, JL, TSS, AH, CD, TCK, LM
4/6/2016	Refresher Curriculum discussion	SDJ, SK, TS, DJK, JL, TSS, AH, CD, TCK, LM
5/20/2016	2012 Task Analysis: Curriculum implications	SDJ, TSS, TS, DJK, CD, LM, ST
6/22/2016	Attrition rates	SDJ, JL, CSH, AH, CD, TCK, (TS)
7/2016	Effective utilization of the clinical tool	SDJ, TS, TSS, AH, CD, RB,

		DJK, SAK
7/2016	Test Blueprinting	SDJ, CH, CD, AD, AH, TCK, SK, SAK
7/6/2016	Effective utilization of clinical tool	SDJ, TS, TSS, AH, CD, RB, (DJK)
8/2016	Suture skills: CNM review, support of SNM learning	TCK, AH, RB, CD, ST, SAK
8/10/2016	IP Skills checklist review and discussion, Education program goals	CD, TCK, ST
8/31/2016	Shadow Health orientation, use of technology, AV set up at house, review continuous suturing techniques for labial repair	TCK, AH, SDJ, RB, CD, ST
10/5/2016	Cord blood collecting technique: the evidence, Congruency of practice: what is our responsibility as a faculty practice	SDJ, CD, TSM, TCK, (DJK)
1/2017	Extemporizing from PowerPoint	
1/4/2017	Case based learning techniques	TS, AH, SDJ, CD, (BG) (LF)
3/1/2017	Using "Kahoot" in the classroom, NERCEM Exam Questions Development	CD, TS, AH, SH, SD, LM, LF, SK
4/5/2017	"Making it Stick" Techniques for facilitating student learning, Developing NERRCEM questions, Using role play for practicing T/C/AG	SK, LF, TS, LF, SH, DJK, BG, AW
6/21/2017	Millennial learners, Flipping the classroom, Review of SOAP notes for IP labor progress	AH, LF, CD, SK

Appendix II.B.3.ii: Module Evaluation Template

(COURSE NAME: Credit allocation)

(ADVANCED PATHOPHYSIOLOG with credit allocation, if applicable)

FINAL REPORT – Semester, year

Coordinator – (name)

Co-coordinator, if applicable

I. Breakdown of time

A.	(Current yr)	(Prev yr 1)	(Prev yr 2)
Classroom			
Presentations			
Exam/Exam Reviews			
Totals			
B.			
Clinical Experience(s) (average hours/type of exprience)			
Totals			

(explanation for substantive changes, curriculum adjustments, etc)

(Breakdown of sites used, clinical experiences provided, explanation for any substantive differences)

II. Grading Criteria

Criteria	% of Grade	Average Grade	Range

(Describe any remediation necessary, retakes, etc)

III. Meetings with SNMs

Describe how student progress was monitored by course coordinator

IV. Faculty Development/Interactions

Discuss how student progress is shared with faculty

V. Course Evaluations

Give course evaluation results.

Give student suggestions

If preceptor or seminar presenter evaluations done, mention how results were disseminated but do not share results here

VI. Follow-up Recommendations from (fill in previous year)

Address each recommendation from previous year and if incorporated or not, and if not why not.

VII. Recommendations for (fill in upcoming year)

List recommendations for upcoming year

VIII. Statistics

Attach summary sheet of student's statistics. (Staff assistants can make summary statistic sheets)

File under: S:\education program\modules\(course name)/(class year)

Appendix II.b.3.iii: Action Plans

Baystate Medical Center
Division of Midwifery and Community Health
Midwifery Education Program
Action Plan: Academic Year 2015-2016
Update 10/28/15
Completed 5/11/17

Objective/ Priority	Sub-objective	Action	CNM	Time Frame/ Metric	Current Status
Curriculum Development and Maintenance	Increase incorporation of simulation to compensate for low volume of clinical experiences with emergencies	Investigate availability of simulation equipment currently in use	JL, CD	Summer 2015	SAK will check in with CD/JL
		Develop simulation for PPH, shoulder dystocia. Incorporate Dept fetal monitoring web-based Gnosis program with students	CD, JL	Initiate fall 2015, cont Summer 2016 Gnosis Summer 2016	Checklist for PPH: TS Parto pants obtained: C and JL developing sims Accomplished
		Investigate available equipment, evaluate need for additional Equipment	SAK	Fall	In process: SD and PPH with epis checkout
	Re-convening Curriculum Committee	Where to place curriculum: Pelvimetry, PP Depression, sleep disturbances (insomnia, sleep apnea)	SAK, TS, CD TCK, AH	Qo month meetings	Met 10/7/14: minutes o s:drive
	Increase Multiple choice questions o exams	All Modules except PCOW, pharm Prototype test bank being	SAK, JL CD	Approx. 20/exam, MC will do test content assessments	Accomplished in FAWH. SAK to check with CD an JL for IP and NB: in proce

Curriculum Development and Maintenance, continued	Align curriculum with 2012 Task Analysis, Monitoring curriculum threads	FAWH: Vulnerable populations overlap with PICH, content on inverted nipples, restless legs	SAK, AH	Fall 2015	_____ Accomplished
	Align curriculum with 2012 Task Analysis, Monitoring curriculum Threads, continued	AAWH: screening in postmenopausal women, DM A2 management, Diagnosis and Management of IUFD, Management of twin pregnancy, Pruritic conditions, PP Depression Post AB/TAB f/u care	SAK AH	Spring 2016	Accomlished
		PCOW: - Case studies in primary care -Maintaining Primary care thread throughout ambulatory modules Continuous testing on this content More added to workbooks	-TS -SAK, AH	Fall 2015 Fall2015 Spring 2016	Accomplished Accomplished
		IP: delivery of IUFD, DIC to PPH, increase student experience with consultation	JL	Fall 2015	Accomplished
		MB: inverted nipples, low milk supply, post op c/section care, perineal dehiscence and infection	CD	Spring 2016 Fall 2015	Accomplished
		Integration: stress opportunity to consult	SAK	Spring 2016	Accomplished
		PICH: care of vulnerable populations, care of incarcerated women	SAK,AH DJK -TCK,	Spring 2016	Not accomplished

	Reinforce the primary care for menopausal patients	AHA: - cultural competency: return all content to fall, MD/CNM ed overlap -add component to case studies Case studies in PCOW,FAWH, AH	SAK -TSS TS, AH, SAK	Sept, 2015	Accomplished Partially accomplished inprocess
Preceptor Development	Assessing student learning through the report they provide _____ Increasing student role in consultation/referral processes _____ Offer preceptor development opportunities to outside sites	Faculty Meeting discussion with most recent student tools _____ Reinforce in IP 2 Check Integration content Reinforce in Integration	SAK _____ JL SAK _____ SAK	Sept, 2015 _____ Fall 2015 Sp, 2016 _____ Sp, 2016	accomplished _____ Accomplished: will ad stat sheet _____ Not much need this ye
Faculty Development	Faculty Presentations _____ Role of Faculty Advisor _____ Committee Assignments	-Keeping Current with lit review -Test blueprinting -Use of the SNM s:drive -Working with the most basic students -Nurturing the beginning critical thinker: assessing student presentation for evidence of critical thinking _____ Add to Faculty and Student Handbooks to set expectations _____ Recruitment and Admissions Policies and Guidelines	SDJ SAK SAK SAK SDJ (?) _____ SAK _____ JL, LM ST, CH	June, 2015 July, 2015 August, 2015 September, 2015 October _____ Fall 2015 _____	Accomplished Accomplished Accomplished Accomplished Accomplished _____ Accomplished _____ To be reevaluated with Ed program structure

Tracking Student Progress	Investigate products for on-line tracking of student progress	Review Typhon tutorial electronic student progress	SAK, JL, CR SAK		accomplished **(**TR left prior to develo Google Doc)
		Gather info from preceptors Gather utility inform from other programs	SAK		Accomplished
	Change Integration evaluation to no less than weekly, depending on Integration design		SAK	Sp, 2016	
	Increasing advisor involvement	Advisors to reach out twice during first semester, then q semester Add expectation to faculty and student handbook	Advisors	Onset Sept, 2015	Accomplished
	Institute tracking form for documentation	Documentataion of avisor check in, mid module check in, final module clinical assessment. SAK to incorporate comments and present form.	MCs SAK	October, 2015 August, 2015	Accomplished
Affiliations	UConn UMass Elms	F/U with Ivy Alexander: agree on next steps Contact Dean Cavanaugh: initial iquiry, investigation of intent to reinstitute MSN Reach out to Dr. Scoble for prelim meet and greet	SAK	Summer 2015	No interested Met in spring, no ongo interest expressed Not accomplished
Program Administration	Initiate rolling admission	Early admission December Regular Admission April	SAK	Winter 2015 Spring 2016	Accomplished: 2 early decision acceptances

	Develop Program Budget and Marketing Plan		SAK	Fall, 2015	Accomplished
Recruitment	Website development Access to student loans _____ Facebook Page management _____ Expand open houses, set date for fall _____ Reach out to all area nursing program	Minor text changes, additions Meet with Marketing for larger revision Reapplying for distribution of Title IV _____ _____ Film Spring open house, link on website and Facebook, Investigate offering open house in Boston area_____ Send brochures	CR, SAK SAK _____ CR SAK SAK _____ CR	Ongoing 6 months _____ Ongoing _____ March 2016 _____ November 2016	Accomplished On hold pending chang In affiliation agreemen Will disband after Con per BMC policy Agreement with MCH of their site
Program/Practice interface	Improve flow at 3300 when students present	Institute new precepting plan at 3300: sharing CNM template Utilize sites more evenly for students	SAK, LM TS SAK	October, 2015 Fall 2015 Spring 2016	Accomplished accomplished
Site Development	Family Planning obs Primary Care obs Additional Integration sites: St. Elizabeth's, Harvard/Pilgrim, BOGG Possible local site for basic student	 SAK in communication with PVWH	SAK TCK SAK SAK	Fall 2015 Sept, 2015 Fall 2015 Summer 2015	Not accomplished Accomplished In process, renewing Contract with reliant, s process with Danbury In dialogue

BMEP Action Plan: 2016-2017

Objective/Priority	Sub Objective	Action	CNM	Time Frame	Current Status
Curriculum Development and maintenance	Incorporation of simulation curriculum		JL, CD	2016 IP	Accomplished
	IPE Sims	Coordinate with MD, RN	JL, CD	2016 IP	Ongoing: implement in 2017
	Documentation of simulation skills attainment	Checklists from DOME	SAK	Summer 2016	Accomplished
	Development of checklist of competencies	Development of tools	JL, CD, TS in process with Shoulder dystocia	Summer 2016	Accomplished
	IP end of module skills checkout for IP emergencies and episiotomy and repair	Include sims during epis checkout	JL, CD, SAK	December 2016	Accomplished
	Incorporate Gnosis	Incorporation of gnosis into curriculum	JL fr IP SAK for Integration	December 2016 Spring 2017	Accomplished: Integration reports will have recommendations
	Master List of learning ops (jeopardy, med student lectures, etc) that out students could involve	Determine application with midwifery program	CSH AP? And SDJ	Spring 2017	
	Update sim equipment	MamaNatal	SAK	Summer 2016	Accomplished
	Increase test bank		All MCs	During each module '16-'17	Accomplished and in process
	Add "consult" to stat sheet		JL/CD: IP SAK: Integration	Summer 2016	Accomplished
	Consider Planned Parenthood observation	FAWH	SAK	Fall 2016	

	Emphasize low intervention, physiologic birth	IP	JL	Summer 2016	Accomplished: CD to check JL
	Primary Care reinforcement curriculum	Case studies	MCs	Each module	On going: importance of keeping track of existing experiences
	Transition to professional models for breast and pelvic lab education	Praxis curriculum and trainers	TCK, SAK	September 2016	Accomplshed. AHA recommendations pending
Objective/Priority	**Sub Objective**	**Action**	**CNM**	**Time Frame**	**Current Status**
Faculty Development	Test question analysis	Faculty presentation	TCK		accomplished
	Teaching via case studies	Faculty presentation	SAK		accomplished
	Effectively using power point without reading from slides	Faculty presentation	SAK		accomplished
	Clinical tool expectations and utilization	Student progress tool review each faculty meeting	SAK		accomplished
	Regular review of tools at faculty meeting				accomplished
	Pilot and incorporate on line tool using google doc	JL piloting, will present to faculty	JL All faculty	IP pilot October 2016	accomplished
	Incorporating new technology	Shadow Health	TKC	Fall 2016	Accomplished: recommendations AHA final report pending
Program Administration	Program restructuring: Consolidation of module coordination	Consolidation of module coordination	SAK, TCK, CD		accomplished
	Curriculum committee		SAK, TCK, CD		accomplished
	Program expansion	SAK is working with MCA to accept a beginning level	SAK	May 2017	Accomplished

		student for AAWH and IP.			
Retention and recruitment	Website work Affiliate blog		SAK		Ongoing Accomplished
	Marketing Plan	SAK working the Sue Spriy			ongoing
	Boston area Open House		SAK, LF	Fall 2016	
	Offer info sessions at local nursing schools		SAK	Fall 2016 Spring 2017	Accomplished
Affiliations	UMass		SAK		
	Elms		SAK		
	UMMS				Ongoing
Accreditation	Curriculum grid		All MCs	Sept, 2016	Accomplsished
	Self-evaluation report		SAK	November, 2016	Deferred 6 months
Objective/Priority	**Sub Objective**	**Action**	**CNM**	**Time Frame**	**Current Status**
Monitoring from 2015	Summative evaluation process	Continue incorporation with students at end of each module	MCs	ongoing	accomplished
	Primary Care thread	Cases, exam questions	MCs	ongoing	ongoing
	Program practice interface	Assess effect of students on flow	All preceptors	ongoing	accomplished

Updated 1/4/2017

BMEP Action Plaan: 2017-2018

Curriculum Development and maintenance	Safety curriculum	Incorporate Team STEPPs, SBAR (Gnosis) into PICH or Integration	SAK	Spring 2018	
	Continued IPE implementation	Launch: lunch social and curriculum Pt Counseling sims Poverty Sim: Incorporate into PICH Pediatric rounds presentations Local and pudendal anesthesia Lactation curriculum Teaching interaction: two handed knots	SAK SAK, CD SAK CD SAK CD CD	Summer 2017 Summer, fall 2017 Summer 2018 Summer/fall 2017 Summer 2018 Summer 2018 Summer 2017	
	Evaluation of IPE incorporation	including faculty balance between residency and MEP	SAK, CD	Spring 2018	
	Shadow Health	Reassessment and modification	LF	Fall 2017	
	Charting expectations for student	Design three state charting progression, including prescription and implement for congruency	Task Force: TS, DJK, LF	October, 2017	
	PCOW currency	LF to attend Primed Conference in Boston	LF	Fall 2017	

	Continued simulation development	CD to attend Sim Conference	CD	Fall 2017	
	Course module updating	Congruency of format, content order, APA format for references	Staff assistants	Ongoing, completed by summer 2018	
	Enhance pelvic exam curriculum	Improve congruency between faculty to support student learning Make a video Engage pelvic models from UMMW	LF, SAK LF, SAK SAK	Fall 2017	
	Philadelphia University interface improvement	Preparation: scheduling, topic selection Utilization of learning resources	SAK, LF SAK, LF	Fall 2017 Spring 2018	
	Incorporate Gnosis learning	-Fetal monitoring -HTN in pregnancy -Shoulder dystocia -OB hemorrhage	CD CD CD SAK	Summer 2017 Fall 2017 Fall 2017 Spring 2018	
Faculty Development	Google Drive maintenance	Clean up drive Organize full program tools Transfer students' tools to folders on secure program drive	Ellie Course coordinators	Summer 2017	

	Preceptor development topics:	Basics for new preceptors Completion of JMWH supplement Precepting without designated preceptors Pre- Post-conference strategies Supporting learners through emergency skills(combine faculty and clinical skills development) Techniques for updating seminars	SDJ? All faculty SAK SDJ? SAK SAK	Fall 2017 Spring 2017	
	Investigate template adjustment		JL	Fall 2017	
	Test questions development		LF	On going	
	Congruency of practice: pelvic, breast exams	Improve congruency between faculty to support student learning Make a video	LF LF, SAK	Fall 2017 Spring 2018	
	Long range development plan BERST TOT		SAK LF LF	Spring 2018	
Program Administration	Evaluate admission process and applicant ranking tool		SAK, LF, CD with faculty input	Fall 2017	
Retention and recruitment	Website review and redesign		SH, LF, all faculty	Spring 2018	

	Website video enhancement		SAK	Spring 2018	
	Facebook	Keep active	CD		
Program Expansion	Investigate additional Boston sites	CHA, Atrius, Mt. Auburn	LF		
	MCH	investigate option of basic IP, basic amb	SAK		
	Clinical opportunity expansion	Investigate triage of amb, IP	SAK. AG	Spring 2018	
	Boston Based Open House		SAK, LF	Fall 2018	
Accreditation	Initial Criteria completion		SAK, LF, BG	July 1	
	SER Completed		SAK, BG, LF	Aug 14	
	Review of SER		SH, SDJ	9/1/2017	
	Site Visit		All faculty	October 2-4	
Other	25th Graduating Class 2019	Design an event	SAK, SDJ		

Objective/Priority	**Sub Objective**	**Action**	**CNM**	**Time Frame**	**Current Status**
Monitoring from 2015	Use of outside site for basic IP				
	Ed program restructure				
	Basic student precepting				
	On-line tool				

Appendix II.4.B: AMCB exam results

2008-20016: Cumulative

Subject area	National Average	BMC Average
Overall	77.7	82.9
Primary Care	77.6	84.7
Ante-partum	75.3	79.0
Intra-partum	77.5	84.4
Post-partum	78.0	84.3
Newborn	80.2	84.5
Gyn	77	81.7

Appendix II.C.1.i: Course Coordinators 2015-2016

Advanced Health Assessment (AHA)	Theresa Coley-Kouadio, MSN, CNM
Primary Care of Women	Tonja Santos, MSN, CNM
Foundations in Ambulatory Women's Health and Advanced Pathophysiology (FAWH)	Sukey Krause, MSN, CNM
Pharmacology	Sarah Todd, MS, CNM
Advanced Ambulatory Women's Health and Advanced Pathophysiology (AAWH)	Sukey Krause, MSN, CNM
Professional Issues and Community Health (PICH)	Laura Motyl, MS, CNM
Intrapartum and Advanced Pathophysiology	Jain Lattes, MSN, CNM
Mother/Baby Care and Advanced Pathophysiology	Carly Detterman, MSN, CNM
Integration	Sukey Krause, MSN, CNM

Appendix II.C.3.f: Facilities and Equipment Upgrade

Past three years

Facilities upgrade:

Classroom furniture

Signage

Painting

Carpeting replacement

Sleep room/nursing lounge

AV upgrade

Large screen video monitor

ClickShare technology

Camera for student computer

Equipment acquisition

Model Med pelvises for gyn and IP

Parto pants for simulation

Modern exam tables, stools, and lights

Appendix II.C.3: Faculty Handbook.

Digital and hard copy provided

BAYSTATE MEDICAL CENTER
DIVISION OF MIDWIFERY
AND COMMUNITY HEALTH
MIDWIFERY EDUCATION PROGRAM

FACULTY HANDBOOK

Originated 1/92
Revised: 12/92, 12/94, 11/95, 11/96, 11/97
12/98, 12/99, 12/00, 11/01, 12/02
12/05, 12/06; 9/2008; 6/2010, 6/2012
8/2014; 5/2016

Baystate Medical Center
Division of Midwifery and Community Health
Midwifery Education Program

Appendix II.C.3.g.i: Professional Activities

Division of Midwifery and Community Health

Professional Activities (Fall 2015)

*Susan DeJoy, PhD, CNM	• ACNM/ACOG Workgroup on Interdisciplinary Education • ACNM HBI: Reducing Primary Cesareans – BMC project leader
*Barbara Graves, MS, MPH, CNM	• Editorial Consultant, JMWH
*Sukey Krause, MSN, CNM	• DOME (Directors of Midwifery Education Programs) • ACNM/ACOG Interprofessional Education Workgroup • DPH Medication Assisted Treatment Committee
*Donna Jackson-Köhlin, MSN, CNM	• Board, Proyecto Adames • Trip Leader, Medical Professional Interchange, Dominican Republic • Facilitator – MotherWoman PPD support group for Latino mothers • DPH Medication Assisted Treatment Committee
Janet Kaplan, MSN, CNM	• Board, Vermont Maternal Mortality Review Panel
*Tonja Santos, MSN, CNM	• AMCB Exam Writing Committee
*Theresa Coley-Kouadio, MSN, CNM	• NERCCEM Exam Writing Committee • ACNM Midwives of Color Committee

*BMEP Faculty

Division of Midwifery and Community Health

Hospital Committees Fall 2015

Susan DeJoy	• Ob/Gyn Executive Committee • BMC Perinatal Committee • BMC Ob Ops Leadership Committee
Tonja Santos	• Ob/Gyn Ad Hoc Peer Review
Christine Hunter	• Postpartum Depression Resources Ad Hoc Group • Ob Patient Safety Committee • Team STEPPS
Sukey Krause	• Department Education Committee
Audrey Psaltis	• Resident Clinical Competency Committee • Ob/Gyn Education Committee
Donna Jackson-Köhlin	• REACH Planning Committee
Amy Galli	• Women's Services PI Committee
Theresa Coley-Kouadio	• Resident's Quality Council

Appenddix II.C.3.g.5.i

PUBLICATIONS: BMEP FACULTY
2013-2017

Faculty CNM	Title	Journal/Test
Barer MD, Nannini A, **Dejoy SA**, Wisner k, Markenson G.	Maternal and newborn outcomes following uterine rupture among women without versus those with a prior cesarean	J Matern Fetal Neonatal Med 2013 26(2)
Graves B.	Mental Health:	Chapter in *Primary Care of women 2nd Ed*. Hackley B, Kriebs J. 2017
Krause S	Precepting challenge: Helping the student attain the affective skills of a good midwife.	JMWH 2016, 61(supplement 1)
Osborne K, Shorr M, **Graves B**	A call for evaluation of the certified midwifery credential	JMWH 2015, 60(6)
DeJoy, SA, et al.	The evolving role of midwives as laborists and hospitalists.	JMWH 2015, 60(6)
Graves, B	Mental health conditions	Chapter in *Varney's Midwifery 5th Ed,* King T, Brucker M, Eds. 2014
DeJoy, SA, et al.	Validation of CNM database for use in clinical research	JMWH 2014, 59(4)
Graves, B	Newborn transition	JMWH 2013, 58(5)

ORAL PRESENTATION: BMEP FACULTY

2013-2017

Presenter	Topic	Location	Date
Susan Krause, CNM	Growing the midwifery workforce	ACNM Annual Meeting, Chicago, IL	May, 2017
Laurie Friedman, CNM	Midwives for Peace and Social Justice	ACNM Annual Meeting, Chicago, IL	May, 2017
Susan DeJoy, CNM	Fellows Talk: Clinical practice outside the box	ACNM Annual Meeting, Chicago, IL	May, 2017
Susan DeJoy, CNM Marie Henderson CNM	How to run a midwifery practice: Business basics for success (full day workshop)	ACNM Annual Meeting, Albuquerque, NM	May, 2017
Donna Jackson-Kohlin, CNM	Establishing a pre-release contraception program of women	National commission on correctional Health Care Annual Meeting	October, 2016
Susan Krause, CNM	Table Talk: Midwifery education program in a tertiary care center	ACNM Annual Meeting, Albuquerque, NM	May, 2016
Donna Jackson-Kohlin	Incarcerated mothers	Victim Rights Conference, Springfield, MA	2015
Donna Jackson-Kohlin, CNM; Carly Detterman, CNM; Theresa Coley-Kouadio, CNM	Increasing staff comfort levels in caring for Pregnant women	National commission on correctional Health Care Annual Meeting, Dallas, TX	October, 2015
Susan Krause, CNM	Intrahepatic cholestasis of pregnancy	ACNM Annual Meeting, Denver, CO	May, 2014
Susan DeJoy, CNM Katherine White, MD	Immediate postpartum IUD insertion	Washington, DC	May, 2013

Appendix II.C.3.g.5.i: BH Policy Humanitarian Relief LOA

Baystate Health

Baystate Health Policy

Humanitarian Relief Leave Of Absence

I. POLICY:

It is the policy of Baystate Health to support our employees who wish to take time off, for the purpose of volunteering their time through a Community Service Organization, to provide humanitarian relief in response to catastrophic disaster events. This service may occur locally, nationally, or internationally. Meeting patient care and business needs are the health system's first priorities and must be considered in assessing requests for Humanitarian Relief Leave.

II. PURPOSE:

The mission of Baystate Health is to improve the health of the people in our communities every day with quality and compassion. The purpose of this policy is to support our employees who provide volunteer services to local, national, or international communities in need, in accordance with our mission and vision.

III. SCOPE:

Eligible regular part-time and full-time employees.

IV. BENEFIT:

1. **Humanitarian Relief Leave** is service in direct response to a catastrophic disaster, where it is determined that the employee's skills and service are vital to saving the lives or protecting the health and well being of disaster victims. Employees who use their accrued Personal or Vacation Time for the purpose of providing Humanitarian Relief for catastrophic events covered by the policy will be eligible for restoration of up to a maximum of eighty (80) hours Personal/Vacation Time per calendar year, prorated based on FTE.
2. **Payroll Deductions, Tax, and Overtime:** Normal benefit deductions, tax and other authorized payroll deductions will be taken. Humanitarian Relief Leave hours will not be included toward the calculation of overtime.
3. **Employee Benefits:** During the Humanitarian Relief Leave, an employee will continue to be covered by his/her benefits provided by Baystate Health. These

include health, life, and long term disability insurances. Eligibility for voluntary benefits is dependent upon the employee's contract with the insurance provider. Please be aware that this leave and the work performed while on leave is voluntary; therefore, any injury or loss arising from it is ineligible for coverage by Workers' Compensation.

4. **Malpractice and Liability Insurance:** Services performed by an employee for the purpose of Humanitarian Relief are not performed on Baystate Health's behalf, and therefore are performed at the employee's sole risk. Baystate Health does not provide malpractice insurance or indemnification for employees providing services during or related to a Humanitarian Relief Leave. Employees on a Humanitarian Relief Leave who have concerns about professional or medical malpractice liability should consider obtaining liability insurance personally or from any external non-profit entity through whom such services are provided or coordinated.

V. DEFINITIONS:

Humanitarian Relief: A service provided through a Community Service Organization that requires the skills and knowledge of the eligible employee to save the lives or protect the health and well being of disaster victims. Humanitarian relief does not include personal certification, training or educational classes.

Community Service Organization: An organization recognized by the Internal Revenue Service as not-for-profit.

Catastrophic Disaster: An act of nature or man made event that so overwhelms response agencies that local, state, and federal resources combined are insufficient to meet the needs of the affected community. Examples of a catastrophic disaster include but are not limited to earthquakes, floods, or terrorist attacks.

VI. ELIGIBILITY:

A. Determination of Catastrophic Disaster: Baystate Health's President's Cabinet, will make the determination on a case-by-case basis on declaring any catastrophic disaster in which Humanitarian Relief Leave will be extended. Once declared by the President's Cabinet, the Humanitarian Relief Leave Policy and leave benefit as described within this policy will be in place for four (4) months. Continuation of the Humanitarian Relief Leave benefit beyond four months will be at the discretion of the President's Cabinet. Baystate Health reserves the right to suspend this policy at any time, due to financial and operational considerations.

B. All full and part time employees who meet the following criteria are eligible for consideration:

1. Employed by Baystate Health for at least one year.
2. Must be eligible to take Personal/Vacation Time off, in accordance with the Personal/Vacation Time policy for his or her entity.
3. Have not and will not be compensated by the Community Service Organization.

4. Have proficient performance or better at the time of the Humanitarian Leave request. Employees in the process of Corrective Action are not eligible.

C. To be eligible for restoration of Personal/Vacation Time, the Service performed must meet all of the following requirements:

1. The Humanitarian Relief service proposed must be consistent in fulfilling Baystate Health's mission, and be performed pursuant to an officially declared catastrophic event.
2. The Service must be performed through a not-for-profit Community Service Organization recognized by the Internal Revenue Service.
3. The employee must provide evidence of participation in the Humanitarian Relief.

VII. APPLICATION & APPROVAL PROCESS:

Employees who wish to take a Humanitarian Relief Leave must complete the Humanitarian Relief Leave Request Form (Attachment A) at least 5 days in advance of the leave, or as soon as possible, in the event that 5 days notice is not possible. The manager will review the employee's work record for consideration of the employee's length of service, work performance and operational impact. The manager will also evaluate the availability of replacement staff and the potential impact on service.

Once approved at the manager level, the employee's application must be reviewed and approved by the organization's leadership (Director, Vice President or Chair of the employee's division). Approved applications will be forwarded to the HR Service Center or local HR Department.

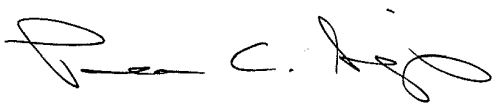
Personal/Vacation Time will be restored up to a maximum of eighty (80) hours per calendar year, prorated by FTE, after the conclusion of the Humanitarian Relief Leave.

VIII. EMPLOYEE HEALTH REQUIREMENTS:

If the employee's Humanitarian Relief Leave will occur outside the United States, immunizations may be required. Employees are responsible for obtaining required immunizations related to the Humanitarian Service Leave. Employees have the option to obtain required immunizations from their primary care physician or through the Baystate Travel Medicine Clinic (employees' insurance will be billed):

Baystate Travel Medicine Clinic
3300 Main Street, Springfield
(413) 794-4130

IX. PROPONENT: Director of HR Consulting and Employee Relations



Approval: _____

Paula C. Squires, SPHR

Senior Vice President, Human Resources

Replaces:

Policy Name: HR-308 Humanitarian Relief Leave

Policy Date: 1/12/2010

HUMANITARIAN RELIEF LEAVE REQUEST FORM

(Please Print)

Name _____ En# _____ Date _____

Title _____ Dept _____ Date of Hire _____

Are you requesting a Humanitarian Relief Leave in response to a Catastrophic Disaster? Y N

Identify the Catastrophic Disaster for which the President's Cabinet has approved the use of Humanitarian Leave:

_____

Name of Community Service Organization:

_____

Will you be compensated by the organization? _____ Yes _____ No

Where will community service be performed (location)?

_____

Dates of Community Service (not to exceed 80 hours per calendar year):

Date Leave Will Start: ___/___/___ Date Leave Will End: ___/___/___

If you plan to make more than one trip for the purpose of humanitarian relief:

Date 2nd Leave Will Start: ___/___/___ Date 2nd Leave Will End: ___/___/___

Describe Community Service Duties to be Provided:

_____

_____

___

Qualifications Offered (skills, licensure, etc.):

_____

You will be required to provide documentation supporting the completion of your service, within 30 days of your return from leave. After the documentation is received, you may have up to eighty (80 hours) of Personal/Vacation Time restored to your Personal/Vacation Time Bank, pro-rated by FTE.

_____ _____

Employee Signature Date

_____ _____

Department Director/Manager Signature Date

_____ _____

Division VP Signature Date

Send Approved Request To Human Resource Service Center For Your Organization

Appendix II.C.3.g.5.ii: Faculty Community Service Activities

COMMUNITY SERVICE ACTIVITIES: BMEP FACULTY

2013-2017

Midwife	Activity	Location	Date
Tonja Santos, SNM	Midwifery and Women's Health	Smith College, Northampton, MA	4/4/2017
Susan Krause, CNM	The Profession of Midwifery	Chicopee High School and Chicopee Comprehensive High School	2014, 2015, 2016
Susan Krause, CNM	The Profession of Midwifery	Baystate/Springfield Educational Partnership	2014, 2015, 2016
Carly Detterman, CNM	The Profession of Midwifery	Chicopee High School and Chicopee Comprehensive High School	2017
Donna Jackson-Kohlin, CNM	Proyecto ADAMES, founding member, board member	Amherst, MA	2004-present
Susan Krause, CNM Donna Jackson-Kohlin, NCM	Mass Department of Public Health, Bureau of Substance Abuse Services, sub-committee on Medication Assisted Treatment	Springfield, MA	2012-present

Appendix II.D.1.i: Academic Freedom and Tenure

Academic Freedom and Tenure

Recommended Institutional Regulations on Academic Freedom and Tenure

Recommended Institutional Regulations on Academic Freedom and Tenure *set forth, in language suitable for use by an institution of higher education, rules which derive from the chief provisions and interpretations of the 1940* Statement of Principles on Academic Freedom and Tenure *and of the* 1958 Statement on Procedural Standards in Faculty Dismissal Proceedings. *The* Recommended Institutional Regulations *were first formulated by Committee A on Academic Freedom and Tenure in 1957. A revised and expanded text, approved by Committee A in 1968, reflected the development of Association standards and procedures as set forth in the 1961* Statement on Recruitment and Resignation of Faculty Members , *the 1964* Statement on the Standards for Notice of Nonreappointment , *and the 1966* Statement on Government of Colleges and Universities. *Texts with further revisions were approved by Committee A in 1972 and again in 1976.*

The current revision, approved by Committee A in 1982 (with a footnote added in 1990), is based upon the Association's continuing experience in evaluating regulations actually in force at particular institutions. The 1982 revision is also based upon further definition of the standards and procedures of the Association as set forth in the 1970 Interpretive Comments *on the 1940* Statement of Principles, *the 1971 Council* Statement on Freedom and Responsibility, *the 1971* Statement on Procedural Standards in the Renewal or Nonrenewal of Faculty Appointments, *the 1972* Statement of Principles on Leaves of Absence , *recommended procedure adopted by the Council in 1976 on* Termination of Faculty Appointments Because of Financial Exigency, Discontinuance of a Program or Department, or Medical Reasons, *the 1976 policy* On Discrimination, *and the 1977 statement* On Processing Complaints of Discrimination on the Basis of Sex. *The Association will be glad to assist in interpretation of the regulations or to consult about their incorporation in, or adaptation to, the rules of a particular college or university.*

FOREWORD

These regulations are designed to enable the [named institution] to protect academic freedom and tenure and to ensure academic due process. The principles implicit in these regulations are for the benefit of all who are involved with or are affected by the policies and programs of the institution. A college or university is a marketplace of ideas, and it cannot fulfill its purposes of transmitting, evaluating, and extending knowledge if it requires conformity with any orthodoxy of content and method. In the words of the United States Supreme Court, "Teachers and students must always remain free to inquire, to study and to evaluate, to gain new maturity and understanding; otherwise our civilization will stagnate and die."

1. STATEMENT OF TERMS OF APPOINTMENT

(a) The terms and conditions of every appointment to the faculty will be stated or confirmed in writing, and a copy of the appointment document will be supplied to the faculty member. Any subsequent extensions or modifications of an appointment, and any special

Appendix II.D.1.ii: Academic Freedom_BH

BH-AA-1.0

Baystate Medical Center

Policies and Procedures: Division of Academic Affairs

Individuals Reviewing Policy

Hal B. Jenson, MD, MBA
DIO & Senior VP, Academic Affairs

Anita Sarro, RN, MS, JD
Research Integrity Officer, Academic Affairs

Policy: **BH-AA-1.0**

SUBJECT: **Academic Freedom and Integrity**

I. Policy
Baystate Health accepts and embodies the principle of academic freedom, specifically as stated in the TUSM Faculty Handbook: "Academic freedom is essential to the free search for truth and its free exposition and applies to both teaching and research. Freedom in research is fundamental to the advancement of truth. Academic freedom in its teaching aspect is fundamental, not only to the advancement of truth but for the protection of the rights of the teacher in teaching and of the student to freedom in learning as well. It carries with it duties correlative with rights."

II. Purpose
This policy establishes principles and guidelines of conduct with respect to academic freedom and integrity.

III. Scope
This policy applies to any professional scholarly activity that incorporates an element of research or teaching associated with Baystate Health.

IV. Procedure
The researcher is entitled to full freedom in research and in the publication of the results, subject to the adequate performance of his/her other clinical and academic duties and compliance with institutional policies and practices.

The teacher is entitled to freedom in teaching subject to compliance with institutional policies and practices, and must be careful not to introduce into his/her teaching controversial matters that have no relation to the subject.

Any professional activity, including research and teaching, associated with Baystate Health that results in personal financial gain requires appropriate institutional oversight.

Baystate Health researchers and teachers assure quality and integrity in their research, education, and publications primarily by: self-regulation; adherence to individual ethical codes, federal regulations, professional standards, and institutional policies; and instilling the traditions and collegiality that characterize academic and

Appendix III.A.i Ed Program Admin Policies (hard copy and digital copy provided)

BAYSTATE MEDICAL CENTER

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

DIVISION OF MIDWIFERY AND COMMUNITY HEALTH

EDUCATION PROGRAM ADMINISTRATION

POLICIES

Reviewed: 8/30/2016

Baystate Medical Center

Department of Obstetrics and Gynecology

Midwifery Programs

Appendix III.A.ii: Application Checklist

BAYSTATE MEDICAL CENTER
NURSE-MIDWIFERY EDUCATION PROGRAM
APPLICANT CHECK LIST
FOR CLASS OF
NAME: _____

	Date Rec'd	Notes (names of references, schools, etc.)
APPLICATION		
FEE		
ESSAY		
REFERENCE # 1		
REFERENCE # 2		
COPY OF LICENSE		
COPY OF CPR		
COPY OF NRP (not required)		
TRANSCRIPTS Name of School (for each listed application p 3)		
STATISTICS		
PHYSICAL ASSESSMENT		

Application Review: FAC #1 _____ Date Completed _____

FAC #2 _____ Date Completed _____

Interview: Yes _____ No _____

Application Rating Points _____ Rank # _____

Points _____ Rank # _____

Total Points _____ Rank # _____

COMMITTEE DECISION APPLICANT DECISION

Accept _____ Reject _____ Wait List _____ Yes _____ No _____

Background Check: Sent:_____ Received:_____

COMMENTS:

S:\education program\applicant checklist, updated 1/2017, print on Pink

Appendix III.A.iii: Applicant Ranking Tool

Applicant: _____

Date: _____

Academic Year : _____

Ranker's Name: _____

1. GPA

_____ X 50 =

TOTAL GPA (200) _____

2. ESSAY (0 = unacceptable, mid = acceptable, max = outstanding)

a. Presentation (max = 10) _____
Appearance, typos

b. Writing Ability (max = 20) _____
Sentence structure (grammar), punctuation,

Spelling, clarity of communication, logical

Though processes, vocabulary, completion

(answered all questions)

c. Content
1) Decision to Become a Midwife (max = 40) _____
Description/motivation, relevance of prior

Background, realistic expectations, sense of

Scope of practice.

2) Short/Long Term Goals(max = 40) _____

Commitment to practice

Commitment to work with underserved

Interest in professional activities

Realistic goals

3) Academic Ability (max = 40) _____
Study skills, library skills

Self direction/motivation

Ability to locate, utilize resources

Previous academic performance

Independent learning ability

4) Strengths/Limitations (max = 40) _____
Self awareness, confidence

Ability to work with others

Empathy

Sensitivity to cultures/ethnic variations

Assumption of responsibility

TOTAL ESSAY (190) _____

Applicant: _____

Date: _____

Academic Year: _____

Ranker's Name: _____

3. REFERENCES (n/a = not addressed, 0 = unacceptable, 3 = acceptable, 4 = outstanding)

#1_____

(Name)

1)	Motivation / Enthusiasm	(max =4) _____
2)	Interaction with patients	(max =4) _____
3)	Interaction with other professionals	(max =4) _____
4)	Performance under stress	(max =4) _____
5)	Adaptability to new situations	(max =4) _____
6)	Ability to accept criticism	(max =4) _____
7)	Cross - Cultural sensitivity	(max =4) _____
8)	Leadership Skills	(max =4) _____
9)	Additional Comments	(max =4) _____

TOTAL (36) _____

#2_____

(Name)

1)	Motivation / Enthusiasm	(max =4) _____
2)	Interaction with patients	(max =4) _____
3)	Interaction with other professionals	(max =4) _____
4)	Performance under stress	(max =4) _____
5)	Adaptability to new situations	(max =4) _____
6)	Ability to accept criticism	(max =4) _____
7)	Cross - Cultural sensitivity	(max =4) _____

8) Leadership Skills (max =4) _____

9) Additional Comments (max =4) _____

TOTAL (36) _____

TOTAL REFERENCES (72) _____

Applicant: _____

Date: _____

Academic Year: _____

Ranker's Name: _____

4. ACADEMIC DISCRETIONARY POINTS (10 points for each)

MS/MA _____

Certified NP _____

TOTAL ACADEMIC DISCRETIONARY POINTS (30+) _____

GRAND TOTAL

Part 1	(GPA)	_____	(200)
Part 2	(ESSAY)	_____	(190)
Part 3	(REFERENCES)	_____	(72)
Part 4	(ACAD. DISCR.)	_____	(30+)

TOTAL APPLICATION POINTS: _____ (495+)

Applicant: _____

Date: _____

Academic Year: _____

Ranker's Name: _____

5. INTERVIEW EVALUATION

PART A

0 = unacceptable, 10 = acceptable, 15 = outstanding

1) Motivation for Education Program _____

Comments:

2) Knowledge of and Aptitude for Midwifery _____

Comments:

3) Professional Goals _____

Comments:

TOTAL PART A (60) _____

PART B

0 = unacceptable, 30 = acceptable, 60 = outstanding

Communication Skills

Consider: expectations of student role; tension management; response to questions; information seeking; interviewer engagement; ability to "think on feet"; thinking process; and self awareness.

Comments:

TOTAL PART B (60) _____

Applicant: _____

Date: _____

Academic Year: _____

Ranker's Name: _____

PART C

Discretionary points, 0 – 50

The interviewer may award from 0 to 50 additional points to take into account unusual life Experience and unique background for accomplishments. MEMBERS OF ETHNIC/RACIAL MINORITY GROUPS SHOULD BE AWARDED A FULL 25 POINTS TO ACKNOWLEDGE THEIR UNIQUE LIFE EXPERIEINCE. Others who would merit consideration would be those With the Peace Corps, bilingual or bicultural experiences; those who have made an outstanding Contribution to their field; those who come from socio-economically disadvantage backgrounds; And those whose experience and accomplishments are, by comparison to others you've Interviewed, clearly unique or superlative.

Explain why points are awarded.

TOTAL PART C (50) _____

GRAND TOTAL (170) _____

TOTAL APPLICATION POINTS _____ (460)

TOTAL INTERVIEW POINTS _____ (170)

RANKING POINTS _____ (630)

RANKS #

Appendix III.B: Outreach Activities

Outreach Activities

Activity	Location	Date	CNM	Comments
Baystate Springfield Partnership	BMC	Fall, 2015 Spring, 2016 Fall, 2016	SAK SAK SAK	Springfield HS students interested in health careers
BMEP Open House	BMC	Fall 2014-present Spring 2015-present	SAK SAK	
High School Health Professions Survey course	Chicopee comprehensive Chicopee High	2015, 2016, 2017 2015	SAK SAK	Chicopee HS students interested in health careers
Nurse Career Day	Greenfield Comm College	2016 2017	SAK SAK	
Baystate Nursing Career Fair	Whitney Ave	2016, 2017	SAK	Education fair for area nurses

Date	**Event**	**Information given to students**	**Pursuing midwifery**	**Open House interest**
4/6/2017	GCC nurse Career day	9 first year 3 second year	2	4
4/4/2014	Smith College: Health Psychology class	midwifery, career paths, women's health, etc.		

Appendix III.D.i: Communications I

BAYSTATE MEDICAL CENTER

MIDWIFERY EDUCATION PROGRAM

ORIENTATION FALL 2015

COMMUNICATIONS I: WHO'S WHO, WHAT'S WHAT

Program Administrative Assistants. Christina "Tina" Rosado, 794-9305. Kathy Snow: 794-4172 Guardians of the copy machine. Take and record payments (tuition, etc.). Answer general questions, book appointments for Director (other faculty as requested). Have knowledge of where faculty/SNMs are at any time; emergency/sick contact person.

Program Director - The CNM who has ultimate accountability for the Program. Oversees overall presentation of curriculum, general SNM progress, establishment of policies and procedures, acquisition of resources/space. Meets with SNM group as requested to respond to group input.

Faculty Advisor - A moral support person and academic counselor. Able to discuss broad issues of your adjustment to the Program/CNM role. Counsel on ways to improve learning (study skills, exam taking skills, etc.) and/or direct you to the appropriate resource. Also counsel on professional behavior/relationships, problem solving, group (peer) issues.

Module Coordinator - The CNM who has authority and accountability for a module. Makes decisions about seminar content and speakers, clinical placements of SNMs, evaluation modes. Responsible for final evaluations and grades for the module.

Module Co-Coordinator - Shares some module responsibilities with the Module Coordinator. May conduct seminars, precept. Delineation of roles are clarified at the beginning of each module.

Clinical Preceptor - The person (CNM or other) who give you day-to-day feedback and evaluation on clinical performance and progress.

Appendix III.D.ii: Communications II

BAYSTATE MEDICAL CENTER

DIVISION OF MIDWIFERY

MIDWIFERY EDUCATION PROGRAM

ORIENTATION – FALL 2015

COMMUNICATIONS II

BMC prefix is 794

To dial from a BMC phone:	* dial 4, then 4 digit suffix
	* dial 9 for an outside line
BMC Operator	794-0000
BMC Paging	794-3222 (thru operator)
	794-PAGE (direct page outside)
Web Paging	Page by last name from Baystate computer
Paging Access (from phone inside hospital)	1-2-3; then beeper #; then return #
Education Program Office (2nd floor main#)	794-4448
Christina "Tina" Rosado	794-9305
Kathy Snow	794-4172
SNM Phone (1st floor)	794-5513

Clinical Sites for Baystate Midwifery Associates - Inside Numbers:

3300 Main Street, Suite 4D	794-4163
Mason Square Neighborhood Health Center (AKA Wilbraham Rd)	794-9636
Brightwood Health Center	794-9404

CNM Faculty:

	OFFICE	BEEPER	HOME
Theresa Coley-Kouadio	4-4448	9-0779	(863)214-3430
Susan DeJoy	4-5114	4-5114	(413)224-2106
Carly Detterman	4-4448	9-0545	(413)528-1971
Anastasia Hallisey	4-4448	9-1784	(413)326-1884
Donna Jackson-Köhlin	4-4448	4-4381	(413)585-8273
Sukey Krause	4-3653	4-2865	(413)695-0761
Jain Lattes	4-4448	4-2866	(413)527-8892
Audrey Psaltis	4-4448	4-4693	(413)636-6473
Tonja Santos	4-4448	4-3934	(413)626-9714
Chris Sevigny	4-4448	9-0924	(413)262-8970
Tara Starling	4-4448	9-0950	(413)584-4703
Laura Motyl	4-4448	9-0781	(413)668-6420
Sarah Todd	4-4448	9-2023	(413)548-9306

S:/Education Program/Orientation/Communications II

Revised 8/27/14

Appendix III.E.i: FAWH Module 2016 (hard copy and digital copy provided)

BAYSTATE MEDICAL CENTER

DIVISION OF MIDWIFERY AND COMMUNITY HEALTH

MIDWIFERY EDUCATION PROGRAM

FOUNDATIONS IN AMBULATORY WOMEN'S HEALTH

and

ADVANCED PATHOPHYSIOLOGY MODULE

2016

Appendix III.E.iv: Grading policy_revised 2017

DIVISION OF MIDWIFERY AND COMMUNITY HEALTH

MIDWIFERY PROGRAMS POLICY

DISTRIBUTION OF GRADES

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

SCOPE: BMWH Faculty, Staff Assistants, and Students

POLICY:

1. Exams and assignments will be graded within one week.

2. Grades will be given to students within one week. There are three mechanisms for this. Students will either receive grades during exam review, in a sealed envelope in their mailboxes, or via individual e-mail.

3. If a student fails an exam, the Course Coordinator will notify the SNM as soon as possible either by phone or in person.

4. Exam and assignment grades will be sent to the Staff Assistant by the Course Coordinator. The program staff assistant will record them on the course grading template.

5. Final course grades will be confirmed by the Course Coordinator and be distributed to students within one week of receiving final module evaluation.

_____

Sukey Agard Krause, CNM, MSN

Director, Midwifery Education Program

Effective Date: 12/16/98 Revised: 07/07/2017

Reviewed: 12/18/06; 5/25/10; 5/25/16

Appendix III.E.v: Grading Template

Baystate Medical Center - Midwifery Education Program
GRADE REPORTING FORM : (year)

MODULE: Advance Health Assessment of Women 2 credits
MODULE COORDINATOR: Sukey Krause CNM, MSN

SNM Name	Ex 1@ 25%	Ex 2 @ 25%	Exam 3 @ 25%	Topic 1	Topic 2	Topic 15%	Case 10%	Final Grade
	0	0	0			0	0	0
	0	0	0			0	0	0
	0	0	0			0	0	0
	0	0	0			0	0	0
	0	0	0			0	0	0
	0	0	0			0	0	0

Appendix IV.A.1: Key Concepts in Philosophies of Baystate Midwifery Education Program, University of Massachusetts Medical School, and Baystate Health

Concepts	Midwifery Education Program	University of Massachusetts	Baystate Health
Life-long Learning	…formal education represents only a part of the learning continuum. …the student is responsible for her/his own education and learning both while in school and after graduation. . . .formal education , lifelong individual learning, and the development and application of research to guide ethical and competent midwifery practice.	develop educators, clinicians and scientists who are equipped to become the next generation of outstanding leaders in health care	Innovative models for Graduate Medical Education
Competent clinicians	. . .to provide an experience that will enable students to become caring, knowledgeable, and competent clinicians	. . .excellence in achieving the highest quality standards in patient care and satisfaction, education and research	Baystate Health's mission is to improve the health of the people in our communities every day, with quality and compassion
Individual Learners	. . .students learn best in an environment that recognizes individual strengths, motivates and fosters individual growth and self-confidence.	scientific advancement made possible by embracing creative thinking and innovation to yield an understanding of the causes, prevention, and treatment of human disease for the pursuit of knowledge and the benefit of people everywhere.	
Community Health	. . .the importance of (women's) health in the well-being of families, communities and nations. We recognize diversity and inclusion in midwifery education is necessary for effectively addressing the needs of all communities.	improving health and enhancing access to care for people within our community, the commonwealth, and the world partner to create and optimize health care initiatives that improve the health of the communities we serve.	improve the health of the people in our communities every day . Study ways to improve health care delivery and reduce health disparities among western Massachusetts communities
Human Dignity	Health care that respects human dignity, individuality and diversity among groups		
Collaborative Approach	Consultation, collaboration and referral with other members of the health care team as needed to provide optimal health care	collegiality as we work through a shared vision for the common good;	

Appendix IV.A.1.a: Program Philosophy

BAYSTATE MIDWIFERY EDUCATION PROGRAM

PHILOSOPHY

The faculty and staff of the Division of Midwifery and Community Health, in congruence with the philosophy of the University of Massachusetts Medical School, believe that formal education represents only a part of the learning continuum, and that the primary aim of midwifery education is to provide an experience that will enable students to become caring, knowledgeable, and competent clinicians. The curriculum is designed to be challenging and to stimulate active learning, logical analysis, and critical thinking, rather than rote learning. While the faculty provide educational opportunities, the student is responsible for 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
- 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.

Updated: 9/2/2016

Appendix IV.A.1.b.i: UMMS Mission

University of Massachusetts Medical School
UMASS

About UMass Medical School

Our Mission, Values and Vision

The mission of the University of Massachusetts Medical School is to advance the health and well-being of the people of the commonwealth and the world through pioneering advances in education, research and health care delivery.

Values and Vision

As a combined enterprise with our clinical partner, UMass Memorial Health Care, we value:

- improving health and enhancing access to care for people within our community, the commonwealth, and the world;
- excellence in achieving the highest quality standards in patient care and satisfaction, education and research;
- common good as an institutional focus, exercised both internally and externally;
- collegiality as we work through a shared vision for the common good;
- integrity in decision-making and actions held to the highest ethical standards;
- diversity promoted within our institution to foster an atmosphere of compassion, courtesy, and mutual respect, stimulating inventiveness and broadening our talents and perspectives;
- academic opportunity and scholarship through high-quality, affordable educational programs for the training of physicians, nurses, advanced practitioners, researchers, and educators; and
- scientific advancement made possible by embracing creative thinking and innovation to yield an understanding of the causes, prevention, and treatment of human disease for the pursuit of knowledge and the benefit of people everywhere.

To become one of the nation's most distinguished academic health sciences centers, we seek to:

- achieve excellence in the practice of safe, high-quality care;
- design and implement innovative educational methods to train educators, clinicians, and scientists to meet the future health care workforce needs in Massachusetts and the United States;
- develop educators, clinicians and scientists who are equipped to become the next generation of outstanding leaders in health care;
- develop and capitalize on the strengths of all staff who provide the operational support for an academic health sciences center;
- nurture ongoing progress in the basic sciences to fuel breakthrough discoveries that will transform the practice of medicine;
- translate scientific discoveries to improve patient outcomes and address the root causes of poor health; and
- partner to create and optimize health care initiatives that improve the health of the communities we serve.

Retrieved from: http://umassmed.edu/about/missionandvalues/

Appendix IV.A.1.b.ii: UMMS Educational Objective

About UMass Medical School

Educational Objective

Since accepting its first class in 1970, the primary responsibility of the School of Medicine has been to provide our students with an accessible, comprehensive and personally rewarding medical education of the highest quality and one which optimally prepares them to excel as tomorrow's physicians--caring, competent, productive and fulfilled in their chosen career serving a diversity of patients, communities and the health sciences. The school is committed to training in the full range of medical disciplines, with an emphasis on practice in the primary care specialties, in the public sector and in underserved areas of Massachusetts. Our educational program, nationally recognized for excellence in primary care training by *U.S.News & World Report*, has benefited from recent investments in state-of-the-art educational technology and medical simulation, and an array of expanded elective offerings to complement our new competency-based curriculum. Our education program provides outstanding clinical training and preparation for graduates' diverse career choices beyond medical school, whether in primary care or the medical specialties, and our fast-paced growth and leadership in health science research offers exceptional research opportunities for our students.

The medical school's educational mission is enhanced by over 45 accredited residency and 28 fellowship programs; the awarding of over 31,000 continuing medical education certificates to date to the region's health care professionals; cooperative degree programs with area colleges and universities; diverse community-based education programs across the state of Massachusetts; outstanding achievements in basic and clinical research in the health sciences; and our Commonwealth Medicine initiative, dedicated to serving the state's broad community of health care and service agencies. As the Commonwealth's only public medical school, UMMS places an emphasis on partnerships with the community, creating opportunities for students to learn in and contribute to serving Massachusetts communities and the care of our vulnerable populations.

The School of Medicine's educational program has been enriched through national grant awards that promote quality, innovation and national distinction in medical education. Over the past 10 years, these awards have included:

- **Integrated Geriatrics Education: A Model Curriculum across the Medical Education Continuum**, *Donald W. Reynolds Foundation Aging and Quality of Life Program(2009-2012),addressing the special health care needs of the elderly through targeted, comprehensive curricula.*
- **NIDA Centers of Excellence for Physician Information***, National Institute for Drug Abuse (2007-2009), providing targeted curriculum in prescription drug abuse education.*
- **Marrow for Tomorrow,** *Association of American Medical Colleges Caring for Community grant (2005-2007), a student-led initiative to increase the representation of underserved minority populations in the marrow donor pool through outreach and education.*
- **AMA Medical Education Research Consortium***, American Medical Association (2005-2007), a national consortium of medical schools dedicated to furthering rigorous research in medical education, with a focus on the "art of medicine" competencies.*
- **Stemmler Medical Education Grant***, National Board of Medical Examiners (2003-2005) investigating the use of standardized patients in assessing medical students' behaviors and skills in the domain of professionalism.*

- **Educational Development for Complementary and Alternative Medicine**, *(2003-2007), integrating educational objectives and curricula in complementary and alternative medicine into the mainstream of the Medical School curriculum.*
- **A Comprehensive Approach to Sexual Health in Undergraduate Medical School Curricula**, *Pfizer, Inc. (2001-2003), promoting the development of curricular innovations in sexual health.*
- **Enhancing Gerontology and Geriatric Medicine Education in Undergraduate Medical Education**, *AAMC/John A. Hartford Foundation (2001-2003), dedicated to enhancing our students' preparedness and commitment to care for the needs of the elderly.*
- **Macy Initiatives in Health Communication**, *Josiah Macy, Jr. Foundation (1998-2006), a multi-staged project designed to catapult communication skills into the mainstream of medical education.*
- **Undergraduate Medical Education for the 21st Century Associate Partnership** *(1998-2001), promoting teaching and understanding about our changing health care systems, medical care delivery models and health policies.*

The Graduate School of Biomedical Sciences trains students as scientists through laboratory research relating to human disease, and as educators by promoting service as faculty members in institutions devoted to the medical sciences. UMMS-trained research scientists also play a key role in the Commonwealth's vital biotechnology industry.

The Graduate School of Nursing offers master's, post-master's and doctoral degrees, providing high quality education to prepare registered professional and advanced practice nurses within nurse practitioner and nurse educator specialties and for faculty, research and other nursing leadership positions.

Currently supporting more than 300 investigators, the growth of the UMMS research enterprise has led to stimulating advancements in the treatment of disease and injury, as UMMS scientists undertake research to discover the causes of and cures for the most devastating diseases of our time.

Accomplished faculty members include a Nobel Prize winner; a Lasker Award recipient; two members of the National Academy of Sciences; a member of the Royal Society; five Howard Hughes Medical Institute Investigators; Banting Medal awardees; Pew and Keck scholars; MERIT awardees; a Fellow of the American Association for the Advancement of Science; cancer research award recipients, and many other winners of scientific accolades.

Today, UMMS is proud to be at the forefront of the commonwealth's life sciences initiative, having received funding in 2007 and 2008 to establish an Advanced Therapeutics Cluster (ATC) on campus. To be housed in the Albert Sherman Center, the ATC will bring together an interdisciplinary group of research faculty and physician-scientists in three interconnected research clusters—stem cell biology, RNA biology and gene therapy. RNA studies at UMMS are conducted by world leaders in the field; to direct gene therapy initiatives, UMMS recruited an internationally recognized researcher in 2008. And in the realm of stem cell biology, the institution launched the Stem Cell Bank and Stem Cell Registry, two separate but complementary infrastructure programs that are fundamental to the advancement of today's cutting-edge biomedical research.

Retrieved from: http://umassmed.edu/about/objective/

Appendix IV.A.1.b.iii: UMMS_BH Partnership

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL-BAYSTATE HEALTH PARTNERSHIP

PARTNERSHIP ADDRESSES PRIMARY CARE CHALLENGE

Baystate Health (BH) and UMass Medical School (UMMS) are partnering to confront urgent rural and urban healthcare challenges in our community by achieving three goals designed to increase the availability of effective and efficient primary care.

1. Increase Access to Affordable Medical Education

Increase the number of Massachusetts students who can access affordable medical education at a time when physician shortages are becoming a bigger problem.

2. Establish a Primary Care Physician Pipeline

Increase the number of physicians trained in urban and rural primary care who are likely to practice locally.

3. Improve the Health of Our Communities

Study ways to improve health care delivery and reduce health disparities among western Massachusetts communities, including expanding our patients' access to cutting-edge therapeutics.

Retrieved from: https://www.baystatehealth.org/education-research/umms-baystate-campus/umms-bh-partnership

Appendix IV.A.2.i: BMEP Purpose

BAYSTATE MIDWIFERY EDUCATION PROGRAM

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.

Appendix IV.A.2.ii: Objectives and Goals

BAYSTATE MIDWIFERY EDUCATION PROGRAM

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

Revised: 1992, 1994, 1997, 1998, 2003, 2005, 2006, 2007, Reviewed 2009, 2012, 2014, 2015; 2016

Appendix IV.A.2.ii: Objectives and Goals

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

Numbers refer to specific unit objectives. Full modules are available for review in Appendix IV.D
CET = Clinical Evaluation Tool
SEM = Seminar (Schedule in Exhibits IV-2)

Curriculum Support of Program Purpose and Objectives

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
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	Achieved by successful completion of all academic courses in this ACME accredited program and master's degree courses and declaration of clinical safety (Integration course module page 12)								
2. Are committed to providing care to all women with particular emphasis on meeting the health care needs of vulnerable populations.	Unit 12								Unit 3 Module Goal 2
3. Will contribute to improving the health care system for women and families through practice and involvement in community and professional activities.						Unit 1 Unit 4			Unit 2, Unit 6
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:	Unit 12	Included in Foundations of Women's Health, Ambulatory Women's Health, Intrapartum, Primary Care course module goals, units and objectives and the Clinical Evaluation Tool and Clinical Specific Objective Behaviors outlines in each module							
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;					Mother/Baby Course module units and objectives				
2. Provide relevant patient education to foster health promotion and disease prevention in and understandable and culturally appropriate format;	Unit 7 Unit 8 Unit 9 Unit 10	Unit 4 Unit 9			Unit 10, 13			Unit 1	
3. Assume responsibility for her/his own professional growth and for fostering the professional growth of other midwives						Unit 7			Unit 10
4. Work effectively with diverse racial, ethnic, cultural, and socio-economic populations	Unit 12	Evaluated in each clinical session as an item in the Clinical Evaluation Tool. Evaluated in case presentations as an item on case presentation rubric in each module.						Introduction to "Culturevision"pg 7	Unit 10
5. Develop and evaluate midwifery services targeted to improve health care delivery for women						Unit 4 Unit 6			

Appendix IV.C.1 Transfer of Credit Policy

DIVISION OF MIDWIFERY AND COMMUNITY HEALTH

MIDWIFERY PROGRAMS

POLICY

TRANSFER OF COURSEWORK AND CREDIT

PURPOSE: To evaluate candidates' coursework from previous Advanced Practice Nursing Education Programs for possible transfer or challenge of Program requirements

SCOPE: Education Program

POLICY:

1. Applicants applying as post-master's students may request evaluation of their previous coursework and experience to either exempt them or alter course requirements for the Baystate Midwifery Education Programs.

    a. Non-clinical courses such as Pharmacology, Primary Care of Women, and the research and community health portions of Professional Issues and Community Health may be accepted for exemption following review of the syllabus for comparability.

    b. Ambulatory Women's Health may be considered for revised course requirements. Considerations would include

        1. time since completion of study

        2. grade earned in previous program of study

        3. evaluation of course syllabus

        4. whether the candidate has been functioning in an advanced practice role

2. For WHNPs and FNPs who have been working in ambulatory women's health, the minimum requirements for Ambulatory Women's Health are passing the midterm and

final exams in both FAWH and AAWH, and demonstrating clinical competency. This would usually entail at least 2 credits for both FAWH and AAWH.

3. All students are required to complete Intrapartum, Intrapartum Complications, Mother Baby and Mother Baby Complications, as well as Integration.

_____

Sukey Agard Krause, CNM, MSN

Director, Midwifery Education Program

Approved, 4/13/2011 Reaffirmed: 3/29/2107

Appendix IV.C.2.i: Transfer of Credit Worksheet

Baystate Midwifery Education Program

Transfer of Credit Worksheet

Applicant name:_____ Date:_____

	Accept If so	Review syllabus? Y/N	Challenge - if so…	Take exams	Demonstrate Clinical Competency	Require course	Comments
Adv Health Assm't Women							
Phys/Pathophys							
Pharmacology							
Research							
Primary care of Women							
Ambulatory OB/Gyn							
Primary Care							
Intrapartum							
Mother Baby							

Baystate Midwifery Education Program Course Modules

Provided hard copy and digital

AHA: Advanced Health Assessment (2015)

FAWH: Foundation in Ambulatory Women's Health and Advanced Pathophysiology (2015)

AAWH: Advanced Ambulatory Women's Health and Advanced Pathophysiology (2106)

Pharm: Pharmacology, taught in three sections (2015-2016)

PCOW: Primary Care of Women (2015)

PICH: Professional Issues and Community Health (2016)

IP: Intrapartum and Advanced Pathophysiology (2016)

MB: Mother-Baby Care and Advanced Pathophysiology (2016)

Integration (2016)

Appendix: IV.E.3.i

NEMEC Professional Issues Day

October 28, 2016

Room _____

8:30-9:00	1st Floor Hub, coffee & rolls
9:00	Welcome
9:00-10:00	**Credentialing & Hospital Practice** – Sukey Krause ACNM Position Statement: Principles for Credentialing and Privileging CNMS and CMs. 2006 Ament, LA. *Professional Issues in Midwifery*. Sudbury, MA: Jones and Bartlett, Pub. 2007. Chapter 10 (attached)
10:00-10:45	**Finding the Right Fit in a Practice: assessing a practice, presentation of self** (cover letter, resume, interviewing) – Holly Kennedy, Susan Altman, Laura Motyl, Sukey Krause
10:45-11:00	Break
11:00-11:30	Breakout session for practice interviewing and discussion on "fit"
11:30-12:30	**Setting Research Priorities for Midwifery** – Holly Kennedy Kennedy, H.P., Yoshida, S., Costello, A. Declercq, E., Dias, M.A.B., Duff, E., Gherissi, A., Kaufman, K., McConville, F., McFadden, A., Michel-Schuldt, M., Moyo, N.T., Schuiling, K., Speciale, A.M., Renfrew, M.J. (2016). Asking different questions: research priorities to improve the quality of care for every woman, every child. *Lancet Global Health, S2214-109X*(16)30183-8.
12:30-1:30	Lunch, Buffet style in hub (students to share favorite resources, aps – these will be collated and sent to the entire group)
1:30-2:30	**Positioning Midwives for a Changing Healthcare Environment** – Lisa Summers Add reading &/or any websites to visit
2:30-3:30	**Certification, the American Midwifery Certification Board** – Susan Altman Students should be familiar with the Candidate handbook on the AMCB website: http://www.amcbmidwife.org/amcb-certification/candidate-handbook

3:30-3:45	Break
3:45-4:15	**Sharing of best resources & aps** – student presentation
Online module – will be available via streaming	**Medical error: prevention, liability insurance, claims process** - Cecilia Jevitt Students must read the ACNM's Professional Liability packet in presentation. Go to ACNM website and download it. Come prepared with the following information FOR YOUR STATE: • What does the average midwife in private practice pay in liability premiums each year? • What is the statute of limitations for malpractice torts? • What state agency reviews their professional behavior? Board of Nursing? Board of Midwifery? Department of Health?
4:15-4:30	Wrap up and evaluation

Faculty:

- Sukey Krause, MSN, CNM - Director, Baystate Medical Center Midwifery Education Program
- Laura Motyl, MS, CNM - Baystate Medical Center Midwifery Education Program
- Susan Altman, DNP, CNM – New York University Midwifery Program Director
- Holly Powell Kennedy, PhD, CNM, FACNM, FAAN – Varney Chair of Midwifery, Interim Dean, Yale School of Nursing
- Cecilia Jevitt, PhD, CNM, FACNM – Midwifery Specialty Director, Yale School of Nursing
- Lisa Summers, DrPH, CNM, FACNM – Senior Policy Fellow, American Nurses Association

Yale Students
Jenny Bagg
Maariya Bassa
Madison Beal
harlotte Cohane
Ana Sofia DeBrito
Alyssa DeConto
Hannah Fortini
Katharine Francis
Gabrielle Gill
Courtney Hooks
Allison Lawrence
Sarah Long
Sara Price-Arora
Nicole Primoff
Grace Rice
Jocelyn Rinne
Madeline Spahr
Elizabeth Sullivan
Katie Temes
Angela Winston
Elizabeth Witten

Baystate students:
Emily Jackson
Katie Ruell

NYU Students
Nuranisa Rae
Madeleine Pascale
Briana Kramer
Courtney Stroud
Laura Langberg
Merry Fontenot

Full modules are available for review in Exhibits IV.D. CET=Clinical Evaluation Tool SEM=Seminar

Table IV.E.1
Curriculum Grid

ACNM COMPETENCY BY COURSE

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH	CNM
I. Hallmarks of Midwifery **The art and science of midwifery are characterized by the hallmarks;**										
The art and science of midwifery are characterized by the hallmarks;										
A. Recognition of menarche, pregnancy, birth, and menopause as normal and physiologic and developmental processes		1.3, 1.4, 1.9 Unit 5 10.1, 10.4	Units 9 (entire unit), 17.1-17.6	Intro pg 4						
B. Advocacy of non-intervention in normal processes in the absence of complications	7.4		Unit 2.1.1	Intro pg 4 4.24	SEM – newborn transition					
C. Incorporation of scientific evidence into clinical practice	x		Units 1, 2, 6, 8, 7, 15, 12, 10, 17, 19, 16	Intro pg 4 CET			1-18	1.9	Unit 1.10 pg 11 Unit 2.4, pg 12 MG 7, pg 2	SAK
D. Promotion of woman- and family-centered care	Unit 7 inclusive		Unit 6, 7.6-7.41, 9 (entire unit), 15.1.2, 15.2.4, 15.3.4-15.3.6, 15.3.9, 15.3.10, 10 (entire unit), 17 (entire unit), 21 (entire unit) – Also in PCOW	Intro pg 4	Course Goal 3. Pg 3 Unit 13 pg 68 MSCO pg 19 Unit 14 pg 71		18.4.2	1.1.B.9		
E. Empowerment of women as partners in health care	Unit 11.2.3		Unit 2.14-2.16, 3.10.1, 4.20, 7.13, 7.34, 7.39, 8.2.5.3, 9.6-9.12.5, 10.2-10.3.4, 10.5-10.16, 11.5.3-11.6.1, 12.9	Intro pg 4 COSB IV B Unit 5				1.1.B.7		
F. Facilitation of healthy family and interpersonal relationships	x		Units 9.2, 9.4, 10.6, 21	5.2	Unit 13 pg 68 Unit 14 pg 71		3.15.4	1.1.B.7		
G. Promotion of continuity of care	11.2			Into pg 4				1.1.B.1, 4.5		
H. Health promotion, disease prevention, and health education	Unit 9		Units 7.28, 7.34, 7.39, 10.14, 11.5.2, 12.6, 14.4.5, 15.1.3, 15.2.2, 17.7		Unit 8.8 pg 58 Unit 12 pg 66		6.1, 6.8, 6.9, 7.1	1.3, 1.6, 1.7		sak
I. Promotion of a public health care perspective	x		Unit 9.13, 18.1, 18.1, 18.19-18.30		Unit 22.2, 22.5 Pg 94		6.1, 6.8, 6.9, 7.1	1.4, 1.5, 1.6, 1.7	MG 1, 2, 10 pg 2	
J. Care to vulnerable populations	x	9.10	Units 7 (entire unit), 9 (entire unit), 11 (entire unit) 21 (entire unit)	Intro pg 4, pg 8 Units 5, 9.5	Unit 22 pg 94			1.8	Unit 3.1-3.10, Pg 14	
K. Advocacy for informed choice, shared decision making, and the right to self-determination	10.3, 10.9	4.8	Unit 10.5-10.16, 15.3					1.1.B.7	Unit 2.5.1, pg 12 Unit 10.3, pg 51	
L. Integration of cultural humility	1.4, 10.1, 10.13, 12.		Unit 10.12, 13 (entire un	Unit 5.2.5	CET Intro pg. 4 Presentation grading r 9 12.3.5 pg 66 13.6.8 pg 69 14.12.5.2 pg 72			1.3, 1.6, 1.8, 2.2.E, 3.2.E, 4.1.B.5, 4.2.B.5, 5.2.E, 6.3.5, 7.5.B.5, 7.6.B.5, 8.2.E, 9.5.E, 10.2.E		
M. Incorporation of evidence-based complementary and alternative therapies in education and practice	x	Unit 13 (entire Unit)								
N. Skillful communication, guidance, and counseling	2.5, 10.1		Unit 10.3, 10.16							
O. Therapeutic value of human presence	2.5									
P. Collaboration with other members of the interpersonal health care team	11.2									

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
II. Components of Midwifery Care: Professional Responsibilities of CNMs and C Ms									
The professional responsibilities of CNMs and CMs include but are not limited to the following components:									
A. Promotion of the hallmarks of midwifery	X			CET	CET				MG 1, pg 2
B. Knowledge of the history of midwifery	X								MG 4, pg 2 Unit 4.1-4.1.12, Pg 20
C. Knowledge of the legal basis for practice	X						12.1-12.3, 12.6-12.8, 12.10.1		MG 3, pg 2, Unit 6, pg. 37-38
D. Knowledge of national and international issues and trends in women's health and maternal/newborn care	X	13.1.2, 13.1.3							MG 10, pg 2
E. Support of legislation and policy initiatives that promote quality health care	X								Unit ,3 pg. 14-19 Unit 8, pg 44
F. Knowledge of issues and trends in health care policy and systems	X						12.10		Unit 4.3, pg 20 Unit 8.1, pg 44
G. Knowledge of information systems and other technologies to Improve the quality and safety of health care	X					Unit 4			Unit 11.1, pg 53
H. Broad understanding of the bioethics related to the care of women, newborns, and families	X								Unit 1, pg 6-8 Unit 10.1, pg 51
I. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics	X								MG 5, pg 2 Unit 4.4.1, pg 21 Unit 5.1.3-5, pg 23 Unit 10.6, pg 51
J. Ability to evaluate, apply, interpret, and collaborate in research	X								Unit 2, pg 12-13
K. Participation in self-evaluation, peer-review, lifelong learning, and other activities that ensure and validate quality practice	Shadow health	All clinical courses: CET, Seminar evals, course evals, precetpro evals, goal setting			CET				Unit 7.5-6, pg 43 Unit 9, pg 46
L. Development of leadership skills	X								Unit 9.4, pg 46
M. Knowledge off licensure, clinical privileges, and credentialing	X					Unit 2	12		Unit 5.1.5, pg 23 Unit 5.4, pg 34 Unit 5.5, pg 24
N. Knowledge of practice management and finances	X					Unit 6			Unit 9.4, pg 46 Unit 11.2, pg 53
O. Promotion of the profession of midwifery, including participation in the professional organization at the local and national level	X					Unit 5			Unit 5.1-5.2, pg 23
P. Support of the professions growth through participation in midwifery Education	X					Unit 7			Unit 9.3, pg 46
Q. Knowledge of the structure and function of ACNM	x								Unit 5.2, pg 23-24

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
III. Components of Midwifery Care: Midwifery Management Process The midwifery management process is used for all areas of clinical care and consists of the following steps:									
A. Investigate by obtaining all necessary data for the complete	Unit 11 inclusive	CET I AWH COSB	1.4, 1.9-11, 2.11-12, 2.20, 2.26, 2.38, 3.8.2, 3.12.3, 6.1.1-4, 6.2.1, 6.3.1, 6.4.1, 7.10, 8.2.4, 8.3.5, 11.5.2, 18.1.3, 19.8, 20.6, 20.9, 20.12	CET			2-11, 13-18	2.2.A and B, 3.2.A and B, 4.1.B.1 and 2, 5.2.A and B, 6.3.1 and 2, 7.5.B.1 and 2, 7.6.B.1 and 2, 8.2.C, 9.5.A and B, 10.2.A and B, 11.7	
B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.	11.2	CET II AWH COSB II	1.4, 1.5, 4.4-4.8, 19.19, 22.8, 20.9	CET			2-11, 13-18	2.2A and B, 3.2A and B, 4.1.B.1 and 2, 4.2.B.1 and 2, 5.2.A and B, 6.3.1 and 2, 7.5.B.1 and 2, 7.6.B.1 and 2, 8.2.C, 9.5.A and B, 10.2.A and B, 11.7	
	TCHAW	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.	x	AWH COSB II5	1.5,1.11, 2.9, 2.11-13,	CET COSB	CET COSB	c		2.2.A and B, 3.2.A and B, 4.1.B.1 and 2, 4.2.B.1 and 2, 5.2.A and B, 6.3.1 and 2, 7.5.B. 1 and 2, 7.6.B. 1 and 2, 8.2.C, 9.5.A and B, 10.2.A and B, 11.7	
D. Evaluate the need for immediate intervention and/or consultation, collaborative management, or referral with other health care team members as dictated by the condition of the woman, fetus, or newborn.	11.2	AWH CSOB IIIC	1.8-10, 2.17-18, 3.8.4-10, 3.12.6-8, 4.9.4, 4.13, 6.5, 6.8.1, 7.24, 7.29, 7.33, 8.3.5, 11.5.5, 11.6, 16.10, 17.8, 18.1.8, 18.14, 19.13, 19.16, 19.19.3	CET COSB	CET pg 12-17 MSCO pg 18-20			2.2.F, 3.2.F, 4.1.B.6, 4.2.B.6, 5.2.F, 6.3.6, 7.5.B.6, 7.6.B.6, 8.2.F, 9.5.F, 10.2.F	
E. In partnership with the woman, develop a comprehensive plan of care that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated.	11.2	CET IIIC AWH CSOB III, IV	3.5.6, 8.2.5, 15.1.3, 19.7,	CET COSB	CET pg 12-17 MSCO pg 18-20			1.6, 1.8, 2.2.C and D, 3.2.C and D, 4.1.B.3 and 4, 4.2.B.3 and 4, 5.2.C and D, 6.3.3 and 4, 7.5.B.3 and 4, 7.6.B.3 and 4, 8.2.C and D, 9.5.C and D, 10.2.C and D	
F. Assume responsibility for the safe and efficient implementation of a plan of care that includes the provision of treatments and interventions as indicated.	11.2	CET IV AWH CSOB, IV		CET	CET pg 12-17 MSCO pg 18-20			2.2.C, 3.2.C, 4.1.B.3, 4.2.B.3, 5.2.C, 6.3.3, 7.5.B.3, 7.6.B.3, 8.2.C, 9.5.C, 10.2.C, 11.2	
G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.	1.2	CET V AWH CSOB V	15.3.13	CET Pg 8	CET pg 12-17 MSCO pg 18-20		3.10, 3.15		

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
IV. Components of Midwifery Care: Fundamentals									
A. Anatomy and physiology, including pathophysiology	Units 3&4 inclusive	Unit I,	Units 1,2,3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20 (all units have highlighted A&P)	Units 1-3	Unit 1 pg 26 Unit 2 pg 29 Unit 6 pg 48 Unit 7.1, 7.2 pg 53 Unit 10 pg 62 Unit 11.1 pg 64 Unit 15.1- 15.4 pg 75 Unit 16.1-16.3 pg 77 Unit 17.1-17.4 pg 80 Unit 18.1-18.4pg 83 Unit 19 pg. 85 Unit 20.1-20.3 pg. 89		1.5.2, 1.5.5, 1.5.6, 3.16.1, 5.1, 8.1, 8.2, 9.1, 10.0.0, 10.1.2, 11.4.1, 11.2.1, 11.5.3, 13.4, 13.3, 14.1, 14.2, 14.3, 14.4 14.5, 16.2-16.3, 17.15, 18.1, 18.2	2.1, 3.1, 4.1.A, 4.2.A, 5.1, 6.2, 7.2, 7.3, 7.5.A, 7.6.A, 8.1, 9.4, 10.1, 11.1	
B. Normal growth and development	x	Unit 21	Unit 9.1.2		Unit 6 pg 48				
C. Psychosocial, sexual, and behavioral development	x	Unit 9	Unit 10 (entire unit)						
D. Basic Epidemiology	x							1.4, 1.11	Unit 1. p. 6-8
E. Nutrition	x	Unit 6	Unit 2.14, 2.19		Unit 7 pg.53 Unit 12.1.9 pg.66		7.1.1-7.1.9		
F. Pharmacokinetics and pharmacotherapeutics	x			Unit 7	Unit 3.10.5 pg 34 Unit 4.7 pg 36 Unit 11.2 pg 64		1-11, 13-18		
G. Principles of individual and group health education	Unit 9 inclusive	3.15, 4.3							
H. Bioethics related to the care of women, newborns, and families	x								Unit 10, p. 51
I. Clinical genetics and genomics	x	Unit 23.1-23.11							

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
V. Components of Midwifery Care of Women Independently manages primary health screening, health promotion, and care of women from the peri-menarcheal period through the lifespan using the midwifery management process. While the woman's life is a continuum, midwifery care of women can be divided into primary, preconception, gynecologic, antepartum, intrapartum, and post-pregnancy care.									
A. Applies knowledge, skills, and abilities in primary care that include but are not limited to the following:	x								
1. Nationally defined goals and objectives for health promotion and disease prevention	x	2.1, 2.2,					6.8	1.4, 1.5, 1.9	Unit 3.10, p. 15, 17-19
2. Parameters for assessment of physical, mental, and social health	x	2.3	11.5.1-11.6.1	Unit 6					
3. Nationally defined screening and immunization recommendations to promote health and to detect and prevent disease	x	2.4. 2.6, 11.10, 12.15						1.5	
4. Management strategies and therapeutics to facilitate health and promote healthy behaviors.	x	2.5, 2.9					2-11, 19-18	1.4, 1.5, 1.6, 1.9	
5. Identification of normal and deviations from normal in the following areas:	x								
a. Cardiovascular and hematologic	x	2.16.4	Unit 1, 2, 20.11	3.18				6	
b. Dermatologic	x		Unit 6.2.1, 19.20				11.1.1-11.1.5.5	9	
c. Endocrine	x		Unit 8 (entire unit)				11.3, 11.4	2	
d. Eye, ear, nose, and throat	x							4	
e. Gastrointestinal	x	2.16.3, 2.16.5	Unit 20.9-20.10.5	3.18				7	
f. Mental health	x		Unit 11		Unit 13.13 pg 68		15.1, 15.2		
g. Musculoskeletal	x		20.20				11.2	5	
h. Neurologic	x		20.17, 20.19					10	
i. Respiratory	x		20.1-20.8	3.18			11.5	3	
j. Renal	x		Unit 18.7-18.18	3.18				8	
6. Management strategies and therapeutics for the treatment of common health problems and deviations from normal of women, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.	x		Unit 18, 19, 20				2-11, 13-18	1.6, 1.8, 2.2.C and D, 3.2.C and D, 4.1.B.3 and 4, 4.2.B.3 and 4, 5.2.C and D, 6.3.3 and 4, 7.5.B.3 and 4, 7.6.B.3 and 4, 8.2.C and D, 9.5.C and D, 10.2.C and D	

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
B. Applies knowledge, skills, and abilities in the preconception period that include but are not limited to the following:									
1. Individual and family readiness for pregnancy, including physical, emotional, psychosocial, and sexual factors including:		Unit 6							
a. Non-modifiable factor s such as family and genetic/genomic risk	x	6.3.1, 6.3.7							
b. Modifiable factors such as environmental and occupational factors, nutrition, medications, and maternal lifestyle	7.4.3	6.3.2, 6.3.5, 6.3.6.	Unit 7				13		
2. Health and laboratory screening	Unit 5 inclusive	6.3.3, 6.3.7	Unit 1, 2, 3, 8, 17, 18, 19, 20						
3. Fertility awareness, cycle charting, signs and symptoms of pregnancy, and pregnancy spacing.	x	16.9, 7.0, 7.1, 7.4, 6.9, 18.1			x				
C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following:									
1. Human sexuality, including biological sex, gender identities and roles, sexual orientation, eroticism, intimacy, and reproduction.	x		Unit 10		Unit 13.6 pg 68				
2. Common screening tools and diagnostic tests	Unit 5 inclusive	11.4, 2.4, 12.14, 12.15							
3. Common gynecologic and urogynecologic problems	x	Unit 12,	Unit 5, 6						
4. All available contraceptive methods	x	Unit14, Unit 15, Unit 16, Unit 17, Unit 18, Unit 19	10.10.4		Unit 12.4 pg 66		4.2, 10.1-10.6		
5. Sexually transmitted infections including indicated partner evaluation, treatment or referral	x	12.4-12.14	Unit 18.1-18.1.8, 18.19-18.30		Unit 18.6 pg 83		3.15.1-3.15.4, 3.16.4.2		
6. Counseling for sexual behaviors that promote health and prevent disease	x	12.12, 12.16, 12.17 12.20, 12.21	Unit 10.1.4						
7. Counseling, clinical interventions, and/or referral for unplanned or undesired pregnancies, sexual and gender concerns, and infertility	x	9.1	Unit 10.5, 15.3.5				3.15, 14.1-14.5		
8. Identification of deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated	x	11.6, 1.7, 11.8, 11.9,	Unit 4						

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
D. Applies knowledge, skills, and abilities in the perimenopausal and postmenopausal periods that include but are not limited to the following:									
1. Effects of menopause on physical, mental, and sexual health			Unit 10.2.4, 17.7.6				14.5		
2. Identification of deviations from normal			Unit 6, 14, 17				14.5		
3. Counseling and education for health maintenance and promotion	Unit 9								
4. Initiation or referral for age/risk appropriate period health screening			Unit 17.7						
5. Management and therapeutics for alleviation of common discomforts			Unit 17.6.1				14.5.1-14.5.4		
E. Applies knowledge, skills, and abilities in the antepartum period that include but are not limited to the following:									
1.Epidemiology of maternal and perinatal morbidity and mortality									Unit 3.1-3.9, p. 14-15
2. Confirmation and dating of pregnancy		Unit 7							
3. Promotion of normal pregnancy using management strategies and therapeutics as indicated	7.4	3.1, 3.3					9, 17		
4. Common discomforts of pregnancy	7.4.6	5.20, 5.21, 5.22					9		
5. Influence of environmental, cultural and occupational factors, health habits, and maternal behaviors on pregnancy outcomes		Unit 4	Unit 7.22, 7.27, 7.31, 7.35-40				13, Worksheet 13-1		
6. Health risks, including but not limited to domestic violence, infections, and substance use/abuse		9.8	Unit 7.8,11.5.1-4, 21(entire unit)				16.4, 16.7, 16.5		
7. Emotional, psychosocial, and sexual changes during pregnancy	7.4.4, 7.4.15	Unit 9	Unit 10.2.3, 11.5						
8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation	7.5.1, 7.5.1-3, 7.5.14,15	4.5, 18.4	Unit 10.2.3						
9. Deviations from normal and appropriate interventions, including management of complications and emergencies		3.11, 3.12, 3.16, 3.17	Unit 2, 3, 4, 6, 8, 14, 16, 18, 19	Unit 13			17		
10. Placental physiology, embryology, fetal development, and indicators of fetal well-being		Unit 20. Unit 21, Unit 22		Units 2, 6.1, 6.3m 10.2	Unit 20 pg 89		13		

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
F. Applies knowledge, skills, and abilities in the intrapartum period that include but are not limited to the following:									
1. Confirmation and assessment of labor and its progress				Units 4.1, 4.6-4.11					
2. Maternal and fetal status				Units 4.1, 4.6-4.11, 6					
3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies				Units 8, 11.3-11.5, 12, 13, 15, 16			17		
4. Facilitation of physiologic labor progress				Unit 4.23					
5. Measures to support psychosocial needs during labor and birth				Unit 5					
6. Labor pain and coping				Units 5, 7.1, 7.2.5, 7.2.8, 7.2.9			17.3-17.9		
7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping				Unit 5			17.3-17.9		
8. Techniques for:									
a. administration of local anesthesia				Unit 7.2.4					
b. spontaneous vaginal birth				Unit 9.3					
c. third stage management				Units 10.3, 10.4					
d. performance of episiotomy, repair of episiotomy and 1st and 2nd degree lacerations				Units 9.4					
G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following:									
1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth		2.7			Unit 2.1.2, 2.2 pg 31 MSCO				
2. Management strategies and therapeutics to facilitate a healthy puerperium		2.13, 2.14, 2.l5			Unit 11 pg 64 Unit 13 pg 68 Unit 12 pg 66 MSCO		17.10.5, 17.10.2, 17.10.4		
3. Discomforts of the puerperium	7.4.6,7				Unit 11 pg 64 MSCO		17.10.5, 17.10.2, 17.10.4		
4. Self-care					Unit 12 pg 66 MSCO				
5. Psychosocial coping and healing following pregnancy	7.5.1, 7.5.1-3, 7.5.14,15				Unit 13 pg 68 MSCO				
6. Readjustment of significant relationships and roles	7.5.1, 7.5.1-3, 7.5.14,15				Unit 14 pg 71 MSCO				

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
7. Facilitation of the initiation, establishment, and continuation of lactation where indicated					UNIT 7 pg 55 Unit 2.3 pg 30 MSCO		17.10.4		
8. Resumption of sexual activity, contraception, and pregnancy spacing	7.4.15	2.9			Unit 12.4 pg 66 Unit 13.6 pg 68 MSCO				
9. Deviations from normal and appropriate interventions including management of complications and emergencies		2.16			Unit 18 pg 83 Unit 19 pg 85 MSCO				
VI. Components of Midwifery Care of the Newborn Independently manages the care of the newborn immediately after birth and continues to provide care to well newborns up to 28 days of life utilizing the midwifery management process and consultation, collaboration, and/or referral to appropriate health care services as indicated.									
A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:					Unit 5.1 pg 39				
1. Effect of maternal and fetal history and risk factors on the newborn					Unit 3.5 pg 33 Unit.5.1 pg 39		18.1		
2. Preparation and planning for birth based on ongoing assessment of maternal and fetal status				MSCO II,b, III Unit 6.2, Unit 8.2 Unit 10.3, Unit 12, Unit 13, Unit 14 Un it 18.7.2, Unit 18.7.5					
3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:					Unit 1 pg 26				
a. Establishment of respiration					Unit 1.5 pg 26				
b. Cardiac and hematologic stabilization including cord clamping and cutting					Unit 1.6 pg 26 Unit 3.5 pg. 34				
c. Thermoregulation					Unit 4.1-4.5 pg 36				
d. Establishment of feeding and maintenance of normoglycemia					Unit 10.3 pg 62				
e. Bonding and attachment through prolonged contact with neonate					Unit 4 pg 38 Lecture				
f. Identification of deviations from normal and their management					Unit 3 pg 35 Unit 4 pg 38				
g. Emergency management including resuscitation, stabilization, and consultation and referral as needed					Unit 3 pg 35				

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
4. Evaluation of the newborn:									
a. Initial physical and behavioral assessment for term and preterm infants					Unit 5 pg 41				
b. Gestational age assessment					Unit 6 pg.48				
c. Ongoing assessment and management for term, well newborns during the first 28 days					Unit 8 pg. 57				
d. Identification of deviations from normal and consultation, and/or referral to appropriate health services as indicated					Unit 5.14 pg 39 Unit 10 pg 64 Unit 16 pg 77 Unit 17 pg 80 Unit 20 pg 89 Unit 21 pg 93 Unit 22 pg 95				
5. Develops a plan in conjunction with the woman and family for the care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:									Unit 3.10, p. 15 Add 3-1, p. 17-19
a. Teaching regarding normal behaviors and development to promote attachment					Unit 9 pg 60 Unit 14 pg 77				
b. Feeding and weight gain including management of common breastfeeding problems					Unit 7.6 pg 53				
c. Normal daily care, interaction, and activity including sleep practice and creating safe environment					Unit 8.1 pg 57 Unit 9 pg 60				
d. Provision of preventative care that includes but is not limited to:									
(1) Therapeutics including eye ointment, vitamin K, and others as appropriate by local or national guidelines					Unit 4.7 pg 36		18.3		
(2) Testing and screening according to local and national guidelines					Unit 8.11.11 pg 57				
(3) Need for ongoing preventative health care with pediatric care providers					Unit 8.8 -8.9 pg 57				
e. Safe integration of the newborn into the family and cultural unit					Unit 9 pg 60 Unit 13 pg 68				

	AHA	FAWH	AAWH	IP	MB	INTEG	PHARM	PCOW	PICH
f. Appropriate interventions and referrals for abnormal conditions:									
(1) Minor and severe congenital malformations					Unit 20 pg 89				
(2) Poor transition to extrauterine life					Unit 6 pg 48		18.3.4		
(3) Symptoms of infection					Unit 15 pg 75		18.3.5		
(4) Infants born to mothers with infections					Unit 15 pg 75		18.3.5		
(5) Postpartum depression and its effect on the newborn					Unit 13.3 pg 68 Lecture				
(6) End-of-life care for stillbirth and conditions incompatible with life					Unit 14.6 pg 73 SEM – newborn transition				
g. Health education specific to the infant and woman's needs:									
(1) Care of multiple children including siblings and multiple births		4.2			Unit 8.7 pg 57 Unit 14.14 pg 72 Unit 14.9 pg 71				
(2) Available community resources					SEM – alterations in maternal child attachment & home visiting program				Unit 3.6.2, p. 15

Appendix V

BAYSTATE MEDICAL CENTER
DIVISION OF MIDWIFERY
MIDWIFERY EDUCATION PROGRAM
ORIENTATION SCHEDULE
September 2015

Tuesday, September 8		
9:00-12:00	Introduction Organizational Issues: Parking, Keys, House security, Confidentiality, Phone Tree	Sukey Krause, CNM
12:00-1:00	Lunch (on your own)	
1:00-1:30	Pharmacology (Brief Intro)	Susan DeJoy, CNM
1:30-4:30	Program Overview	Sukey Krause, CNM
Wednesday, September 9		
8:30-9:00	Photos by Media Service (Meet at House)	Wesson Basement
9:00-11:00	Learning Styles Inventory	Susan DeJoy, CNM Sukey Krause, CNM
12:00-1:30	Lunch with 2nd yr students and faculty (lunch provided)	
2:00-4:30	Professional Issues and Community Health topics	Sukey Krause, CNM
Thursday, September 10		
9:00-11:30	Primary Care of Women (PCOW)	Tonja Santos, CNM
12:00-1:00	Lunch (on your own)	
1:00-1:30	Security Orientation	Monica Wynne
1:30-3:00	Library Orientation	Ellen Brassil
3:00-4:00	Pharmacology (Introduction to the module)	Susan DeJoy
Friday, September 11		
9:00-12:00	Pharmacology	Sarah Todd, CNM
12:00-1:30	Lunch (on your own)	
1:30-3:30	Advanced Health Assessment (AHA)	Theresa Coley-Kouadio, CNM
Monday, September 14		
11:30-12:00	Meet with Dr. Dan Grow, Department Chairman	Chairman's Office S1688
1:00-2:00	Tour of the hospital: meet at the house	Sukey Krause, CNM
2:00-3:00	ID badges, parking stickers: security	Baystate Security

Appendix VI.1

BAYSTATE MEDICAL CENTER
DIVISION OF MIDWIFERY
MIDWIFERY EDUCATION PROGRAM

PRECEPTOR EVALUATION

Module: _____ Year: _____

not well very well

How well did the clinical instructors contribute to your learning in the clinical area?

Site: _____ Preceptor: _____ # Experiences 1-2 ___ >3___

Appropriately uses pre/post conference, clinical evaluation tool.	1	2	3	4	5
Challenges SNM and promotes decision making.	1	2	3	4	5
Supports appropriate SNM management plans, level of independence.	1	2	3	4	5
Is able to explain and demonstrate skills and procedures clearly.	1	2	3	4	5
Is clinically competent, demonstrates depth and breadth of knowledge.	1	2	3	4	5
Creates positive learning environment.	1	2	3	4	5

Comments:

How well did the clinical instructors contribute to your learning in the clinical area?

Site: _____ Preceptor: _____ # Experiences 1-2 ___ >3___

Appropriately uses pre/post conference, clinical evaluation tool.	1	2	3	4	5
Challenges SNM and promotes decision making.	1	2	3	4	5
Supports appropriate SNM management plans, level of independence.	1	2	3	4	5
Is able to explain and demonstrate skills and procedures clearly.	1	2	3	4	5
Is clinically competent, demonstrates depth and breadth of knowledge.	1	2	3	4	5
Creates positive learning environment.	1	2	3	4	5

Comments:

Appendix VI.A: BMEP Graduates at BMC

BMC CNM	Position	Grad year	Years of employment
Emily Jackson	BMWH	2016	2016-present
Jennifer Love	WETU per diem	2015	2017-present
Sarah Todd	BMWH	2013	2013-2017
Rachel Ballester	BMWH	2013	2015-2017
Laura Motyl	BMWH	2012	2012-present
Adrienne Hines	WETU	2006	2016-2017
Michelle Rappold	BMWH, WETU	2002	2004-present
Michelle Palmer	WETU	2002	2004-2009
Amy (Harrington)Galli	WETU, OB Team	2001	2008-present
Christine (Sevigny) Hunter	BMWH, OB Team	2000	2002-2016
Elizabeth Baker	BMWH	1999	2001-2005
Robin LaValley	BMWH	1999	1999-2001
Karen Gosselin	BMWH	1993	1996-2003
Pam Robinson	BMWH, WETU	1993	195-2001
Mary Casatello	WETU, OB Team	1992	2002-present

Non-Division CNMs at BMC at some point	Practice	Graduation year
Kyrsten Hamel	BOGG	2014
Elizabeth Howell	BOGG	2010
Kendra Wiesel	WWG	2003
Carolyn Labadorf	Riverbend*	1999
Susan Krasner	Valley Women's Health Group; BMWH	1998
Lisa (D'Amato) Beaudry	Mary Lane	1996
Brenda Maloney	Riverbend*	1993
Evelyn Kazakos-Resh	Riverbend*	1992
Carmen Smidy	Mercy Cares (cross covered with Riverbend)	2000
Anne Kilroy	Baystate Pioneer Women's Health	2007

*Included Riverbend CNMs that had privileges at BMC.

AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime™

STANDARDS FOR THE PRACTICE OF MIDWIFERY

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

STANDARD I

MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS
The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

STANDARD II

MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.
The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

STANDARD III

MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY
The midwife:

1. Practices in accord with the Philosophy and the Code of Ethics of the American College of Nurse-Midwives.
2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.

3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

STANDARD IV

MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.
The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.

STANDARD V

MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES AND ARE USED TO GUIDE THE SCOPE OF MIDWIFERY CARE AND SERVICES PROVIDED TO CLIENTS.
The midwife:

1. Maintains written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Has accessible resources to provide evidence based clinical practice for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.

STANDARD VI

MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE.
The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

STANDARD VII

MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.
The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.

2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

STANDARD VIII

MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.
The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
   a) Knowledge of risks, benefits, and client selection criteria.
   b) Process for acquisition of required skills.
   c) Identification and management of complications.
   d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.

Source: Division of Standards and Practice
Approved: ACNM Board of Directors, March 8, 2003;
Revised and Approved: ACNM Board of Directors, December 4, 2009
Revised and Approved: ACNM Board of Directors, September 24, 2011

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)

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Core Competencies for Basic Midwifery Practice

The *Core Competencies for Basic Midwifery Practice* include the fundamental knowledge, skills, and behaviors expected of a new practitioner. Accordingly, they serve as guidelines for educators, students, health care professionals, consumers, employers, and policy makers and constitute the basic requisites for graduates of all nurse-midwifery and midwifery education programs accredited/preaccredited by the Accreditation Commission for Midwifery Education (ACME), formerly the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA).

Midwifery practice is based on the *Core Competencies for Basic Midwifery Practice*, the *Standards for the Practice of Midwifery*, the *Philosophy of the ACNM*, and the *Code of Ethics* promulgated by the ACNM. Certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the ACNM or the American Midwifery Certification Board (AMCB), formerly the ACNM Certification Council, Inc. (ACC), assume responsibility and accountability for their practice as primary health care providers for women and newborns.

The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the *Standards for the Practice of Midwifery*.

Midwifery education is based on an understanding of health sciences theory and clinical preparation that shapes knowledge, judgment, and skills deemed necessary to provide primary health care management to women and newborns. Midwives provide health care that incorporates appropriate medical consultation, collaborative management, or referral. Each education program is encouraged to develop its own method of addressing health care issues beyond the scope of the current core competencies, and each graduate is responsible for complying with the laws of the jurisdiction where midwifery is practiced and the ACNM *Standards for the Practice of Midwifery*.

ACNM defines the midwife's role in primary health care based on the Institute of Medicine's report, *Primary Care: America's Health Care in a New Era*,[1] the *Philosophy of the ACNM*,[2] and the ACNM position statement, "Midwives are Primary Care Providers and Leaders of Maternity Care Homes."[3] Primary health care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing the majority of health care needs, developing a sustained partnership with patients, and practicing within the context of family and community. As primary health care providers, CNMs and CMs assume responsibility for the provision of and referral to appropriate health care services, including prescribing, administering and dispensing of pharmacologic agents. The concepts, skills, and midwifery management processes identified

below form the foundation upon which practice guidelines and educational curricula are built. The core competencies are reviewed and revised regularly to incorporate changing trends in midwifery practice. This document must be adhered to in its entirety and applies to all settings for midwifery care, including hospitals, ambulatory care settings, birth centers, and homes.

I. Hallmarks of Midwifery

The art and science of midwifery are characterized by the following hallmarks:

A. Recognition of menarche, pregnancy, birth, and menopause as normal physiologic and developmental processes
B. Advocacy of non-intervention in normal processes in the absence of complications
C. Incorporation of scientific evidence into clinical practice
D. Promotion of woman- and family-centered care
E. Empowerment of women as partners in health care
F. Facilitation of healthy family and interpersonal relationships
G. Promotion of continuity of care
H. Health promotion, disease prevention, and health education
I. Promotion of a public health care perspective
J. Care to vulnerable populations
K. Advocacy for informed choice, shared decision making, and the right to self-determination
L. Integration of cultural humility
M. Incorporation of evidence-based complementary and alternative therapies in education and practice
N. Skillful communication, guidance, and counseling
O. Therapeutic value of human presence
P. Collaboration with other members of the interprofessional health care team

II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs

The professional responsibilities of CNMs and CMs include but are not limited to the following components:

A. Promotion of the hallmarks of midwifery
B. Knowledge of the history of midwifery
C. Knowledge of the legal basis for practice
D. Knowledge of national and international issues and trends in women's health and maternal/newborn care
E. Support of legislation and policy initiatives that promote quality health care
F. Knowledge of issues and trends in health care policy and systems
G. Knowledge of information systems and other technologies to improve the quality and safety of health care
H. Broad understanding of the bioethics related to the care of women, newborns, and families
I. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics
J. Ability to evaluate, apply, interpret, and collaborate in research

K. Participation in self-evaluation, peer review, lifelong learning, and other activities that ensure and validate quality practice
L. Development of leadership skills
M. Knowledge of licensure, clinical privileges, and credentialing

N. Knowledge of practice management and finances
O. Promotion of the profession of midwifery, including participation in the professional organization at the local and national level
P. Support of the profession's growth through participation in midwifery education
Q. Knowledge of the structure and function of ACNM

III. Components of Midwifery Care: Midwifery Management Process

The midwifery management process is used for all areas of clinical care and consists of the following steps:

A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.
C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.
D. Evaluate the need for immediate intervention and/or consultation, collaborative management, or referral with other health care team members as dictated by the condition of the woman, fetus, or newborn.
E. In partnership with the woman, develop a comprehensive plan of care that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated.
F. Assume responsibility for the safe and efficient implementation of a plan of care that includes the provision of treatments and interventions as indicated.
G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.

IV. Components of Midwifery Care: Fundamentals

A. Anatomy and physiology, including pathophysiology
B. Normal growth and development
C. Psychosocial, sexual, and behavioral development
D. Basic epidemiology
E. Nutrition
F. Pharmacokinetics and pharmacotherapeutics
G. Principles of individual and group health education
H. Bioethics related to the care of women, newborns, and families
I. Clinical genetics and genomics

V. Components of Midwifery Care of Women

Independently manages primary health screening, health promotion, and care of women from the peri-menarcheal period through the lifespan using the midwifery management process. While the woman's life is a continuum, midwifery care of women can be divided into primary, preconception, gynecologic, antepartum, intrapartum, and post-pregnancy care.

A. Applies knowledge, skills, and abilities in primary care that include but are not limited to the following:

1. Nationally defined goals and objectives for health promotion and disease prevention
2. Parameters for assessment of physical, mental, and social health
3. Nationally defined screening and immunization recommendations to promote health and to detect and prevent disease
4. Management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Identification of normal and deviations from normal in the following areas:
   a. Cardiovascular and hematologic
   b. Dermatologic
   c. Endocrine
   d. Eye, ear, nose, and throat
   e. Gastrointestinal
   f. Mental health
   g. Musculoskeletal
   h. Neurologic
   i. Respiratory
   j. Renal
6. Management strategies and therapeutics for the treatment of common health problems and deviations from normal of women, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health car services as indicated.

B. Applies knowledge, skills, and abilities in the preconception period that include but are not limited to the following:

1. Individual and family readiness for pregnancy, including physical, emotional, psychosocial, and sexual factors including
   a. Non-modifiable factors such as family and genetic/genomic risk
   b. Modifiable factors such as environmental and occupational factors, nutrition, medications, and maternal lifestyle
2. Health and laboratory screening
3. Fertility awareness, cycle charting, signs and symptoms of pregnancy, and pregnancy spacing

C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following:

1. Human sexuality, including biological sex, gender identities and roles, sexual orientation, eroticism, intimacy, and reproduction
2. Common screening tools and diagnostic tests
3. Common gynecologic and urogynecologic problems
4. All available contraceptive methods
5. Sexually transmitted infections including indicated partner evaluation, treatment, or referral
6. Counseling for sexual behaviors that promote health and prevent disease
7. Counseling, clinical interventions, and/or referral for unplanned or undesired pregnancies, sexual and gender concerns, and infertility
8. Identification of deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated

D. Applies knowledge, skills, and abilities in the perimenopausal and postmenopausal periods that include but are not limited to the following:

1. Effects of menopause on physical, mental, and sexual health
2. Identification of deviations from normal
3. Counseling and education for health maintenance and promotion
4. Initiation or referral for age/risk appropriate periodic health screening
5. Management and therapeutics for alleviation of common discomforts

E. Applies knowledge, skills and abilities in the antepartum period that include but are not limited to the following:

1. Epidemiology of maternal and perinatal morbidity and mortality
2. Confirmation and dating of pregnancy
3. Promotion of normal pregnancy using management strategies and therapeutics as indicated
4. Common discomforts of pregnancy
5. Influence of environmental, cultural and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
6. Health risks, including but not limited to domestic violence, infections, and substance use/abuse
7. Emotional, psychosocial, and sexual changes during pregnancy
8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
9. Deviations from normal and appropriate interventions, including management of complications and emergencies
10. Placental physiology, embryology, fetal development, and indicators of fetal well-being

F. Applies knowledge, skills, and abilities in the intrapartum period that include but are not limited to the following:

1. Confirmation and assessment of labor and its progress
2. Maternal and fetal status
3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
4. Facilitation of physiologic labor progress
5. Measures to support psychosocial needs during labor and birth
6. Labor pain and coping
7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping
8. Techniques for
    a. administration of local anesthesia
    b. spontaneous vaginal birth
    c. third stage management
    d. performance of episiotomy repair of episiotomy and 1st and 2nd degree lacerations

G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following:

1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth
2. Management strategies and therapeutics to facilitate a healthy puerperium
3. Discomforts of the puerperium
4. Self-care
5. Psychosocial coping and healing following pregnancy
6. Readjustment of significant relationships and roles
7. Facilitation of the initiation, establishment, and continuation of lactation where indicated
8. Resumption of sexual activity, contraception, and pregnancy spacing
9. Deviations from normal and appropriate interventions including management of complications and emergencies

VI. Components of Midwifery Care of the Newborn

Independently manages the care of the newborn immediately after birth and continues to provide care to well newborns up to 28 days of life utilizing the midwifery management process and consultation, collaboration, and/or referral to appropriate health care services as indicated.

A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:

1. Effect of maternal and fetal history and risk factors on the newborn
2. Preparation and planning for birth based on ongoing assessment of maternal and fetal status
3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:

a. Establishment of respiration
b. Cardiac and hematologic stabilization including cord clamping and cutting
c. Thermoregulation
d. Establishment of feeding and maintenance of normoglycemia
e. Bonding and attachment through prolonged contact with neonate.
f. Identification of deviations from normal and their management.
g. Emergency management including resuscitation, stabilization, and consultation and referral as needed

4. Evaluation of the newborn:
    a. Initial physical and behavioral assessment for term and preterm infants
    b. Gestational age assessment
    c. Ongoing assessment and management for term, well newborns during first 28 days
    d. Identification of deviations from normal and consultation, and/or referral to appropriate health services as indicated
5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:
    a. Teaching regarding normal behaviors and development to promote attachment
    b. Feeding and weight gain including management of common breastfeeding problems
    c. Normal daily care, interaction, and activity including sleep practice and creating a safe environment
    d. Provision of preventative care that includes but is not limited to
        (1) Therapeutics including eye ointment, vitamin K, and others as appropriate by local or national guidelines
        (2) Testing and screening according to local and national guidelines
        (3) Need for ongoing preventative health care with pediatric care providers
    e. Safe integration of the newborn into the family and cultural unit
    f. Appropriate interventions and referrals for abnormal conditions:
        (1) Minor and severe congenital malformations
        (2) Poor transition to extrauterine life
        (3) Symptoms of infection
        (4) Infants born to mothers with infections
        (5) Postpartum depression and its effect on the newborn
        (6) End-of-life care for stillbirth and conditions incompatible with life
    g. Health education specific to the infant and woman's needs:
        (1) Care of multiple children including siblings and multiple births
        (2) Available community resources

REFERENCES

1. Donaldson MS, Yordy KD, Lohr KN, Vanselow NA, eds. *Primary Care: America's Health Care in a New Era*. Washington, DC: National Academy Press; 1996.

2. American College of Nurse-Midwives. Our philosophy of care. http://www.midwife.org/Child-Page-3. Accessed December 17, 2012.

3. American College of Nurse-Midwives. Midwives are primary care providers and leaders of maternity care homes. Position statement. http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000273/Primary%20Care%20Position%20Statement%20June%202012.pdf. Published June 2012. Accessed December 17, 2012.

Source: Basic Competency Section, Division of Education
Approved by the ACNM Board of Directors: December 2012
(Supersedes all previous *ACNM Core Competencies for Basic Midwifery Practice*)

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CODE OF ETHICS

Certified nurse-midwives (CNMs) and certified midwives (CMs) have three ethical mandates in achieving the mission of midwifery to promote the health and well-being of women and newborns within their families and communities. The first mandate is directed toward the individual women and their families for whom the midwives provide care, the second mandate is to a broader audience for the "public good" for the benefit of all women and their families, and the third mandate is to the profession of midwifery to assure its integrity and in turn its ability to fulfill the mission of midwifery.

Midwives in all aspects of professional relationships will:
1. Respect basic human rights and the dignity of all persons.
2. Respect their own self worth, dignity and professional integrity.

Midwives in all aspects of their professional practice will:
3. Develop a partnership with the woman, in which each shares relevant information that leads to informed decision-making, consent to an evolving plan of care, and acceptance of responsibility for the outcome of their choices.
4. Act without discrimination based on factors such as age, gender, race, ethnicity, religion, lifestyle, sexual orientation, socioeconomic status, disability, or nature of the health problem.
5. Provide an environment where privacy is protected and in which all pertinent information is shared without bias, coercion, or deception.
6. Maintain confidentiality except where disclosure is mandated by law.
7. Maintain the necessary knowledge, skills and behaviors needed for competence.
8. Protect women, their families, and colleagues from harmful, unethical, and incompetent practices by taking appropriate action that may include reporting as mandated by law.

Midwives as members of a profession will:
9. Promote, advocate for, and strive to protect the rights, health, and well-being of women, families and communities.
10. Promote just distribution of resources and equity in access to quality health services.
11. Promote and support the education of midwifery students and peers, standards of practice, research and policies that enhance the health of women, families and communities.

Source: Ad Hoc Committee on Code of Ethics
Approved by Board of Directors June 2005
Reviewed and Endorsed by the ACNM Ethics Committee, October 2008; December 2013

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COMPETENCIES FOR MASTER'S LEVEL MIDWIFERY EDUCATION

Introduction

The discipline of midwifery has a long and rich history of care to women and their families. To continue this tradition, those practicing midwifery have an obligation to remain responsive to changing health care needs in an increasingly complex health care environment. In order to develop knowledge, skills, and competencies that improve the health care and outcomes of women and newborns, the midwifery profession has determined that education for midwives must be at the graduate level.

The American College of Nurse-Midwives (ACNM) is the professional organization for midwives educated directly in midwifery or dually in nursing and midwifery and is responsible through the Accreditation Commission for Midwifery Education (ACME) for ensuring that high-quality education programs are available in midwifery. ACNM defines midwifery practice as "the independent management of women's health care, focusing particularly on common primary care issues, family planning and gynecologic needs of women, pregnancy, childbirth, the postpartum period and the care of the newborn."[1]

ACNM, ACME and the American Midwifery Certification Board (AMCB) all endorse a graduate-level degree as the basic preparation for midwifery practice. The ACNM Board of Directors has recognized the need to develop competencies for midwifery that reflect master's education. All students must achieve the Core Competencies for Basic Midwifery Practice, whether at the master's or doctoral level. Because of the wide variety of master's degrees offered in various education programs for midwives, a set of competencies for this level of education provides a standard and scope to which such programs must adhere. These master's level educational competencies relate to the theme of integrating clinical midwifery practice with midwifery education, administration, research, public service or other related midwifery role. For students who enter a midwifery education program with a graduate level degree, it remains the purview of the program faculty to determine whether this degree meets the master's level competencies for a midwife.

This document uses the International Confederation of Midwives definition of competency: "A combination of knowledge, professional behavior and specific skills that are demonstrated at a defined level of proficiency in the context of midwifery education and practice."[2] These recommendations may be used to guide educators who are developing, revising, or enhancing midwifery educational programs and will be available to the ACME to inform the development of criteria for the accreditation of the master's degree within programs in midwifery. The task force has agreed that such competencies should be flexible enough to reflect the variety of master's degrees that midwives might earn, including, but not limited to, Master of Science in midwifery; Master of Science in nursing or nurse-midwifery; Master of Science in Nursing or Nurse-Midwifery; Master of Public Health.

Master's Level Midwifery Competencies

After successfully completing a basic midwifery education program and earning a master's degree from that program, or having already received an appropriate graduate-level degree, the graduate will be able to integrate the provision of midwifery care with midwifery education, administration, research, public service or other related midwifery role. To achieve that outcome, the graduate will be able to do the following:

1. Evaluate and apply expert clinical knowledge into best practice models utilizing relevant data to analyze midwifery outcomes.
2. Identify gaps between evidence and practice and consider potential solutions for bridging gaps.
3. Evaluate and utilize research to provide high quality, evidence- based health care, initiate change, and improve midwifery practice for women and newborns.
4. Analyze the process for health policy development, influential factors, and the impact of policy on clinical practice.
5. Participate as an effective team member to enhance team function and promote positive change in the health care of women and newborns.
6. Identify theories relevant to midwifery practice or scholarship.
7. Utilize information systems and other technologies to improve the quality and safety of health care for women and newborns.
8. Evaluate health care finance and identify appropriate use of resources for management of a health care practice.
9. Explore potential areas of interest in midwifery scholarship.

References

[1]American College of Nurse Midwives. (2011) Definition of midwifery practice and scope of practice of certified nurse-midwives and certified midwives. Position statement. http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000266/Definition%20of%20Midwifery%20and%20Scope%20of%20Practice%20of%20CNMs%20and%20CMs%20Dec%202011.pdf. Accessed October 8, 2014.

[2]International Confederation of Midwives. Essential competencies for basic midwifery practice 2010. (2011) http://www.unfpa.org/sowmy/resources/docs/standards/en/R430_ICM_2011_Essential_Competencies_2010_ENG.pdf. Accessed October 8, 2014.

Source: ACNM Master's Competency Task Force*
Approved by the ACNM Board of Directors, December 2014

*Task Force Members: Megan Arbour (Chair), Elaine Germano, Kathryn Harrod, Carol Howe, Shannon Keller, Ronnie Lichtman, Tonya Nicholson, Nicole Rouhana, Marian Seliquini, Melissa Willmarth-Stec.

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POSITION STATEMENT

Mandatory Degree Requirements for Entry into Midwifery Practice

It is the position of the American College of Nurse-Midwives (ACNM) that

- Certified nurse-midwives (CNMs®) and certified midwives (CMs®) must be educated according to the ACNM "Core Competencies for Basic Midwifery Practice."
- As of 2010, completion of a graduate degree program became an added requirement for certification and entry into clinical practice.
- The professional competencies and analytical skills developed and fostered in the course of graduate education contribute to the profession and to the success of the graduates themselves.
- The value of graduate degree preparation in midwifery, nursing, public health, and other related fields is widely recognized. However, the Doctor of Nursing Practice (DNP) degree will not be a requirement for entry to practice for CNMs or CMs.[1]
- CNMs and CMs educated prior to 2010 in certificate programs, without graduate degrees, should continue to retain their licensure to practice without the added requirement of a graduate degree and granting such midwives licensure to practice in additional states is recommended.

Background

ACNM has set the standard for education programs for certified nurse-midwives (CNMs) since 1962 and for certified midwives (CMs) since 1994. The clinical safety of entry-level midwifery practice has been and will continue to be assured by several mechanisms:

- The ACNM document, "Core Competencies for Basic Midwifery Practice," provides standardized, entry-level competencies that must be mastered in all education programs. This document is updated periodically.
- The Accreditation Commission for Midwifery Education (ACME) (formerly the ACNM Division of Accreditation [DOA]) assesses the quality and content of midwifery education programs. ACME is recognized by the United States Department of Education as an accrediting agency. ACME currently accredits independent institutions as well as nurse-midwifery and midwifery programs affiliated with institutions of higher learning and accredits programs in institutions that offer distance education options.
- The American Midwifery Certification Board (AMCB) is responsible for developing and administering the national certification examination. AMCB is a member of the National Organization for Certifying Agencies (NOCA) and is certified by the National Commission for Certifying Agencies (NCCA).

[1] Midwifery Education and the Doctor of Nursing Practice (DNP). ACNM 2007. http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000079/Midwifery%20Ed%20and%20DNP%207.09.pdf

ACNM has a history of affirming the value of midwifery education programs by awarding either a graduate degree or a certificate. ACNM continues to affirm the value of the certificate route for entry into midwifery practice for students with previously earned graduate degrees and those concurrently enrolled in graduate degree programs.

ACNM's recommendation regarding the licensing of CNMs and CMs who were educated without graduate degrees prior to 2010 is in alignment with the grandfathering clause for licensure, Footnote 7, in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education.[2]

Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the ACNM Certification Council, Inc. (ACC).

Original Source: Division of Education, Basic Competency Section

Approved by the ACNM Board of Directors: November 1, 1992

Revised: August, 1997; November, 1998; December, 2005; March 2006; July 2009

Reviewed and revised, March, 2012

ACNM BOD Approved: June 2015

[2] Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 2008

Self-Evaluation Report

Baystate Medical Center
Midwifery Education Program

Addendum: Criterion VI

VI.B. The program maintains and publicizes current data on student outcomes. Data to be measured and publicized will include:

The program maintains records of student outcomes on the BMEP secure computer drive. AMCB reports are stored and the results from each class are collated. The annual monitoring reports for ACME are also saved to the same location. The data is published on our program website: https://www.baystatehealth.org/education-research/education/midwifery-education-program/accreditation. The website is maintained by Baystate Health Office of Academic Affairs and is updated annually.

VI.B.1 Graduation data for both full-time and part-time students.

BMEP does not have the option for students to attend part time. The graduation data for the full time students is published on our website: https://www.baystatehealth.org/education-research/education/midwifery-education-program/accreditation.

VI.B.2 Certification pass rates.

The certification pass rates are published on our website: Https://www.baystatehealth.org/education-research/education/midwifery-education-program/accreditation.

VI.B.3 Program-specific data related to program philosophy, mission/purpose and objectives/outcomes for marketing or public disclosure purposes.

The BMEP Purpose, Philosophy and Objectives are published on the program website: https://www.baystatehealth.org/education-research/education/midwifery-education-program/program-description/objectives-philosophy. These are also published in the Student Policies and Procedures. (Appendix I.D.2., pages 5-7.) We have collected data on student demographics and student attrition rates for internal use but we have not published this data. Our students do not participate in research during their time in the program. There is a vehicle for publication for projects involving students through the Baystate Health Education and Research website: https://www.baystatehealth.org/education-research.