Notice of Equal Opportunity
Thomas Jefferson University is committed to providing equal educational and employment opportunities for all persons without regard to race, color, national or ethnic origin, marital status, religion, sex, sexual orientation, gender identity, age, disability, veteran’s status or any other protected characteristic. The consideration of factors unrelated to a person’s ability, qualifications and performance is inconsistent with this policy. Any person having inquiries or complaints concerning Thomas Jefferson University’s compliance with Title VI, Title IX, the Age Discrimination Act of 1975, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act is directed to contact their Student Affairs Dean or Human Resources – Employee Relations, who have been designated by Thomas Jefferson University to coordinate the institution’s efforts to comply with the these laws. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, Washington, D.C. 20202, or the Director, U.S. Department of Education, Office for Civil Rights, Region Three, Philadelphia, Pennsylvania, regarding the University’s compliance with the equal opportunity laws.

Important Notice

Required Background Check
Students who are offered admission to Jefferson are required to pass a criminal background check and child abuse clearance. Some clinical sites may require students to be fingerprinted and/or drug tested. The Office of Admissions will provide you with the appropriate information to complete these requirements. Clinical rotation and fieldwork sites that require a criminal background check, child abuse clearance and/or fingerprinting may deny a student’s participation in the clinical experience, rotation or fieldwork because of a felony or misdemeanor conviction or a record of child abuse. Clinical sites may also deny participation in clinical experiences for other reasons, including but not limited to failure of a required drug test, or inability to produce an appropriate health clearance. As participation in clinical experiences, rotations or fieldwork is a required part of the curriculum and a requirement for graduation, denial of participation by a clinical site may result in delay of graduation or the inability to graduate from the program.
Regardless of whether or not a student graduates from Jefferson, individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

The Department of Radiologic Sciences reserves the right to make policy and procedure changes at any time. Such changes will be distributed for insertion into the appropriate section of the Handbook. All students enrolled in any courses sponsored by the Department must comply with such changes at the time specified by the Department.

Revised and Adopted August 2014
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JEFFERSON SCHOOL OF HEALTH PROFESSION
MISSION STATEMENT
The Jefferson School of Health Professions is committed to educating health care professionals of the highest quality and ethical standards for contemporary practice in the global community. By promoting faculty excellence in teaching, research and service, we prepare caring professionals who are competent in the use of evidence based practice, critical in their thinking, committed to life long learning and prepared to be leaders in diverse health care settings. In keeping with the mission of the University and the future of health care delivery, the Jefferson School of Health Professions is committed to interdisciplinary education and technologies that draw upon the strengths of all disciplines.

MISSION OF THE DEPARTMENT AND PROGRAM
The Department of Radiologic Sciences provides excellence and leadership in all aspects of Radiologic Sciences, by teaching, undertaking research and providing exemplary clinical practice skills in the broad field covered by the discipline.

The Mission of the Department of Radiologic Sciences is to provide a comprehensive education preparing students for entry-level practice into the radiologic and imaging sciences, as competent, caring professionals, cultivating professionalism, inter-professional practice and life-long learning. Through innovative pedagogy, critical thinking and problem-solving skills are developed and enhanced.

DEPARTMENT GOALS
The didactic, laboratory and clinical components of the curricula within the Department of Radiologic Sciences (DRS), Jefferson School of Health Professions (JSHP), Thomas Jefferson University (TJU), provide an environment for students to develop and master:
• Knowledge, insight and skills required to produce optimal diagnostic images or develop and deliver therapeutic treatment plans.
• Effective communication techniques required to interact successfully with both patients and other members of the health care team
• Self-assessment skills required to evaluate correctly the quality and quantity of their work
• Critical thinking and problem solving skills required to meet the challenges of the dynamic healthcare environment
• Values for commitment to life-long learning, public education and involvement in their professional organizations

PROGRAM GOALS AND STUDENT LEARNING OUTCOMES
The objectives of the program are to prepare Radiologic science professionals exhibit:

Goal #1: Clinical Competence
Goal #2: Effective Communication Skills
Goal #3: Critical Thinking
Goal #4: Professional Growth and Development
THE HANDBOOK

This *Academic Policies and Clinical Education Handbook* serves as a guide for students enrolled in the Department of Radiologic Sciences, Jefferson School of Health Professions, Thomas Jefferson University.

A Thomas Jefferson University student is required to uphold a high standard of academic and nonacademic conduct. That standard is presented in this document and will be upheld by the Department of Radiologic Sciences. Academic and nonacademic misconduct at Thomas Jefferson University is subject to disciplinary action.

This handbook is given to matriculating students during orientation. The Department will obtain documentation of the receipt and review of the handbook.

Each student will be responsible for maintaining his/her knowledge of the information contained in the Academic Policies and Clinical Education Handbook, as well as the Jefferson School of Health Professions Catalog, and Jefferson School of Health Professions Student Handbook.

The Academic Policies and Clinical Education Handbook is also available online at


The Jefferson School of Health Profession Handbook is available online at

NATIONAL CERTIFICATION EXAMINATION

Graduates of the Multicompetency and Advanced Placement Programs are eligible to take the associated certification examinations of the American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonographers (ARDMS), Cardiovascular Credentialing International (CCI), Medical Dosimetrist Certification Board (MDCB), and Nuclear Medicine Technology Certification Board (NMTCB), as applicable. Students who pass these examinations receive national certification.

PROGRAM ACCREDITATION

The educational programs of the Department are approved by the University administration. All programs are programmatically accredited by their respective accreditation body (e.g., JRCERT, JRCNMT, and JRCDMS).

PROGRAM COMPLIANCE

If a student feels the program is not in compliance with the accreditation standards, a complaint must be submitted in writing to the Program Director with documentation for the complaint. The Department Chair, Program Director, and Clinical Coordinator will review the complaint and documentation and respond to the student within three (3) business days of receiving the complaint. If the student is not satisfied with the response, he/she has the right to contact the accreditation body2.

1. All multicompetency students EXCEPT for sonography are not eligible for the certification exams until they have successfully completed both years.
2. For CT & ICVT students would contact the Dean of the School of Health Professions.

JRCERT
20 N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Fax: (312) 704-5304
http://www.jrcert.org/

JRCNMT
2000 W. Danforth Rd.
Ste 130, #203
Edmond, OK 73003
Phone: (405) 285-0546
Fax: (405) 285-0579
http://www.jrcnmt.org/

JRCDMS
6021 University Boulevard, Suite 500
Ellicott City, MD 21043
Phone: (443) 973-3251
Fax: (866)738-3444
http://www.jrcdms.
ACADEMIC POLICIES
POLICIES ON STUDENT PROGRESSION

COURSE REQUIREMENTS

1. Prerequisites for courses outlined in the curriculum must be met in order to follow the necessary educational sequence.
2. Students are responsible for accessing courses through Blackboard Learn (Jefferson.blackboard.com) and downloading all course syllabi, handouts and assignments for each course every semester.
3. Students are responsible for completing course evaluations for each of their courses at the end of the semester. A link will be provided to the students at the end of the semester.
4. Students are responsible for checking their Jefferson e-mail accounts daily.
5. Students must complete Health Insurance Portability and Accountability Act (HIPAA) and Safety Modules prior to matriculation.

POLICIES ON STUDENT PROGRESSION IN THE RADIOLOGIC SCIENCES MAJOR

1. A student who earns one course grade of C- or below in the Radiologic Sciences curriculum in any academic year will be placed on departmental academic probation and will be required to meet with his/her assigned faculty advisor to monitor academic progress.
2. A student who earns two or more course grades of C- or below in the Radiologic Sciences curriculum in any academic year will be dismissed from the program in which he/she is currently enrolled. He/She will be subject to dismissal from the Department of Radiologic Sciences.
3. A student who earns a course grade of F in any Radiologic Sciences curriculum will be dismissed from the program modality in which he/she is currently enrolled. He/She will be subject to dismissal from the Department of Radiologic Sciences.
4. A multicompetency student who has been placed on departmental academic probation during his/her junior academic year, but has successfully completed his/her junior academic year, will be taken off departmental academic probation at the beginning of his/her senior academic year.
5. A student who does not maintain a minimum 2.00 cumulative grade point average will be placed on School academic probation for one semester. If the student is enrolled in courses totaling fewer than 12 credits during the subsequent semester, the probationary period will be extended to two semesters. At the end of the probationary period:
   a. The student achieves the minimum cumulative grade point average and is reinstated in good standing, or
   b. The student fails to achieve the minimum cumulative grade point average at the end of the probationary period and is dismissed from the School for academic underachievement, or
   c. In extraordinary cases, where the student has made significant progress toward achieving the minimum grade point average, the Department Chairperson may recommend granting one additional probationary semester. If, at the conclusion
of the extended probationary semester, the cumulative grade point average is still below the minimum 2.00, the student is dismissed for academic underachievement.

6. A student who is dismissed from the Department of Radiologic Sciences or the School due to unsatisfactory academic performance may, within two years of the dismissal, reapply for re-admission by submitting a written request directly to the Department Chairperson. All others wishing to continue their studies must reapply through the Office of Admissions.

7. A senior year multicompetency student who is dismissed from the Department of Radiologic Sciences due to unsatisfactory academic performance in his/her senior year may be given the option of applying for enrollment in a baccalaureate degree program in the Department of Professional and Continuing Studies.

8. Incomplete grades for a Radiologic Sciences course can be assigned only in the case of extenuating circumstances. These circumstances must be reviewed by the faculty prior to the issuance of an “Incomplete” grade. In all cases, an “Incomplete” grade is assigned only when the work already done has been of a quality acceptable to the instructor.

Every student is required to meet with his or her faculty advisor at least once during each semester.
COMPETENCY-BASED CLINICAL EDUCATION
COMPETENCY BASED CLINICAL EDUCATION

Competency-based clinical education has been established for the students enrolled in Department of Radiologic Sciences programs. It is designed to permit accurate assessment of the knowledge, skills, and abilities of students in the clinical education component of the program. Evaluation of students’ clinical competencies is completed by registered technologists under the direction of the Clinical Affiliate Supervisor.

All students must attend a minimum number of clinical training hours (see clinical syllabus). All students must complete clinical competencies in accordance with the requirement of their certification body (e.g., ARRT), as applicable.

CLINICAL EDUCATION ELIGIBILITY

To be assigned to a Clinical Education Affiliate site, the student must meet the following requirements or obligations:

• Be a student in good academic standing in the Department of Radiologic Sciences.
• Maintain a cumulative grade point average of 2.00 or higher.
• Provide and maintain proof of certification in adult, child and infant cardiopulmonary resuscitation (BLS/CPR/AED for Healthcare Provider).
• Provide a current health certificate from a licensed physician indicating that the student is in good health. The document should include a description of any physical disability that may require monitoring during the student's course of study. If a disability interrupts the student's course of study, it should be discussed with the Clinical Coordinator.
• Meet program specific technical standards Appendix A.
• Use personal or public transportation to clinical sites. Commuting time and costs are not determining factors for clinical assignments. These time and cost factors are borne solely by the student.
• All immunization requirements must be completed prior to commencing or resuming clinical courses. Failure to meet these health requirements will result in the delay of clinical practical or the failure of clinical courses.
• Be in compliance with the University requirements for influenza vaccination.
• Additional requirements may be needed.
• Students not in compliance are not permitted to attend classes or clinical

CRIMINAL BACKGROUND, CHILD ABUSE CHECKS AND DRUG TESTING

Individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies. Clinical rotation and fieldwork sites may require a criminal background check and/or child abuse check in order to permit participation in the clinical experience, rotation or fieldwork. Participation in clinical experiences, rotations or fieldwork is a required part of the curriculum and a requirement for graduation. Clinical rotation and fieldwork sites may deny a student's participation in the clinical experience, rotation or fieldwork because of a felony or misdemeanor conviction, failure of a required drug test, or inability to produce an
appropriate health clearance, which would result in delayed graduation or in the inability to graduate from the program.

**CLINICAL PRACTICES AND POLICIES**

1. Attendance at clinical practical is mandatory.
2. A student who does not demonstrate safe clinical practice will be in violation of clinical practices and policies.
3. A student who does not demonstrate professional behavior and professional practice is in violation of Clinical Practices and Policies.
4. Safe clinical or professional practice is defined as:
   a. Adheres to the *Patients’ Bill of Rights* - Appendix B.
   b. Performs clinical duties consistent with the professional Code of Ethics - Appendix C.
   c. Receives passing grades on clinical evaluations as evaluated by qualified personnel. See course syllabus.
   d. Adheres to the code of behavior/conduct outlined in the JSHP and Department of Radiologic Sciences handbooks.
   e. Adheres to all clinical practices and policies of the clinical site and JSHP and Department of Radiologic Sciences.
   f. Adheres to departmental radiation protection and monitoring practices where appropriate* - Appendix D & E (*only applicable to modalities that use ionizing radiation).

**VIOLATIONS OF CLINICAL PRACTICES AND POLICIES**

Violations of Clinical Practices and Policies will typically be addressed through progressive discipline, as follows:

- First violation – written warning and counseling by the Program Director and Clinical Supervisor
- Second violation – possible suspension or dismissal
- Third violation – dismissal from the Department

Depending on the particular circumstances, one or more progressive disciplinary steps may be skipped in instances of particularly serious violations of policies and/or practices, and some egregious violations may result in immediate dismissal from the Department.

**POLICY GOVERNING CLINICAL EDUCATION SCHEDULING**

The purpose of the clinical assignment is to correlate didactic knowledge with practical skills.

The total number of students assigned to any clinical site shall be determined by the Department of Radiologic Sciences and approved by program accreditation bodies.

The student is subject to all rules and regulations of the clinical site. The clinical education center reserves the right to suspend or terminate from the clinical site a student who does not adhere to established policies of the program or the clinical site. A student who does not maintain appropriate behavior in violation of Clinical Practices and Policies. (Refer to the section entitled "Responsibilities of the Student" on page 14.)
If a student is suspended or dismissed from a clinical site, the Department Chair, Program Director and Clinical Coordinator will review the circumstances for this action. All parties are encouraged to address the issue promptly in writing within five (5) class days whenever possible so that resolution of grievance should require no more than three weeks. If the decision to dismiss is upheld, the clinical dismissal will result in a final grade of “F”. Students who have reason to believe that the grade has been inappropriately assigned may request a review of the grade in accordance with the provisions of the Grade Appeal Protocol, which is published in the JSHP Student Handbook. For dismissal due to Unsafe Clinical Performance, students will follow the Policy on Dismissal for Unsafe Clinical Performance, which is published in the JSHP Student Handbook. The JSHP Student Handbook may be found at this link: http://www.jefferson.edu/health_professions/documents/JSHP_Handbook.pdf

**CLINICAL SITE ASSIGNMENT**

The Clinical Coordinator and Program Director determine student schedules and assignments at clinical education centers. Assignments at the clinical sites are intended to provide the student with a comprehensive clinical education as deemed appropriate by the faculty, and serves to correlate didactic knowledge with practical skills. Students are not guaranteed a specific clinical site, however, student input is considered. Should a student be dismissed from his/her clinical site, the department does not guarantee replacement at an alternate site.

Student's clinical assignments will be based on:

- Student's experience and competency level.
- Clinical education needs, directed toward reaching the highest level of competency in radiation therapy.

Any student requesting changes in the clinical schedule must submit written justification for the change to the Clinical Coordinator. A decision will be made based on the student's educational needs and site availability.

**RESPONSIBILITIES OF THE CLINICAL AFFILIATE SUPERVISORS/INSTRUCTORS**

The clinical affiliate supervisors/instructors are available to students whenever they are assigned to a clinical setting. Responsibilities include:

- Providing appropriate clinical supervision.
- Student clinical evaluation.
- Providing orientation to the clinical department.
- Providing feedback to the program director and clinical coordinator.
- Providing a scheduled rotations within the radiation therapy department.

**DIRECT SUPERVISION**

Direct supervision:

- Students are to be directly supervised at all times by the clinical supervisor or a designated registered technologist or any appropriate clinical staff member, eg. RN, CMD, MD etc.
• Students must never begin to prepare a patient for treatment or simulation without the clinical supervisor or a designated registered technologist being present in the treatment room or the simulation room.
• Students are not permitted to activate the radiation beam or the CT scanner without the clinical supervisor or a designated registered technologist present.
• Students are not to perform any patient assessment procedures (blood pressure, temperature, weight etc.) without the presence of a registered nurse or licensed physician or any other appropriate clinical staff.

RESPONSIBILITIES OF THE DEPARTMENT/CLINICAL COORDINATOR

The Department of Radiologic Sciences/Clinical Coordinator coordinates the daily operations of clinical education. Duties include, but are not limited to:
• Providing clinical education centers.
• Mentoring students.
• Supervising students.
• Advising students.
• Providing guidance to clinical instructors.
• Reviewing program policies and procedures with clinical affiliate supervisor/instructors.

RESPONSIBILITIES OF THE STUDENT

The student is responsible for:
• Displaying professional appearance in compliance with the dress code policy.
• Establishing harmonious working relationships and earning the respect of the radiologic sciences personnel through a professional and dignified posture and attitude.
• Using all equipment and materials responsibly and safely.
• Embodying the highest standards of civility, honesty, and integrity.
• Respecting and protecting the privacy, dignity, and individuality of others.
• Observing and assisting the clinical staff.
• Attending and participating in all scheduled clinical activities.
• Consulting with clinical site supervisors and/or departmental faculty for help with problems.
• Participating in the development of an individualized clinical education plan.
• Maintaining an accurate record of clinical examinations/competencies.
• Recording the number and types of evaluations required during each academic semester.
• Striving to broaden his/her knowledge and background on clinical subject matter by reading professional literature and attending conferences and seminars.
• Incurring all travel costs and expenses.
• Meeting with clinical coordinator at least once per semester.
CLINICAL POLICIES
JSHP POLICY ON CONDUCT
All students enrolled at Thomas Jefferson University are expected to follow a code of behavior consistent with the high standards of the health professions and to uphold the reputation of the University. In addition, students must comply with the rules and regulations duly established within the School. Deviation constitutes misconduct. This includes, but is not limited to:

- Dishonesty, such as cheating, plagiarism or knowingly furnishing false information to the University.
- Forgery, alteration, or misuse of University documents, such as records, time sheets, evaluation forms or identification.
- Violation of public law.
- Disruption of class or clinical session such as by use of abusive or obscene language or behavior.
- Insubordination (defined as "unwilling to submit to authority; disobedient; rebellious").
- Inappropriate behavior at the clinic affiliate or on University premises.
- Being intoxicated or under the influence of illegal drugs while on clinical assignment or on University premises.
- Vandalism or stealing.
- Disrespectful and negative postings on any social media (for example – Facebook, Twitter, etc.) concerning Jefferson’s Programs, faculty, associated clinical personnel and/or fellow students will be viewed as unprofessional conduct. (Please see APPENDIX F – University Policies and Procedures: Social Media)

DEPARTMENT POLICY ON CONDUCT
Students must comply with the rules and regulations of the Department of Radiologic Sciences. Deviation constitutes misconduct. This includes, but is not limited to:

- Sleeping during a clinical assignment.
- Failure to actively participate in clinical education.
- Leaving a clinical assignment or room/area assignment without qualified staff’s permission.
- Failure to notify Clinical Education Affiliate and the Clinical Coordinator of absence or lateness.
- Using a cell phone during clinical hours.
- Using the hospital computer for any reason EXCEPT hospital business.
- Violation of any duly established rules or regulations.

FAMILY/FRIENDS WORKING AT CLINICAL SITE POLICY
It may be deemed a conflict of interest for a student to be supervised or evaluated by family members or friends employed at his/her clinical site. If this situation arises, the student should inform his/her Program Director/Clinical Coordinator, so that alternative arrangements can be considered.
FAMILY MEMBERS/FRIENDS CLASSROOM, LAB & CLINICAL POLICY

At the Clinical Affiliate
- Family and friends should be discouraged from visiting the clinical site. In particular, unsupervised children are not permitted.
- Family and friends must wait in a public area, and are not permitted in scanning or treatment rooms.
- It is not acceptable for students to entertain their family and friends and neglect their professional duties.
- Students may not ask clinical affiliate staff to baby-sit for them.
- TJU’s liability insurance does not extend to students’ family and friends.

In the RS Department
- Students should discourage their family and friends from visiting the RS department while they (the students) are in class.
- Family and friends are not permitted to attend lectures or laboratory sessions.
- Unaccompanied children are not permitted in the RS department.
- Students may not ask faculty or administrative staff to baby-sit for them.
- TJU’s liability insurance does not extend to students’ family and friends.

In the Radiologic Science (RS) laboratories (sonography, radiography, nuclear medicine, radiation therapy and medical dosimetry)
- Only Radiologic Science students with proper Jefferson ID are permitted in the laboratory.
- The students are not permitted to bring family members or friends in the laboratory at any time.
- Scanning or performing any procedures on family members or friends is not permitted.
- Other Jefferson students or employees who are not part of Radiologic Science are not permitted in the RS laboratory unless they have signed a waiver to be used as a student volunteer.
- TJU’s liability insurance does not extend to students’ family and friends
- The students should inform the security guard on 1st floor Edison, both when entering and leaving the laboratory, outside of the regular assigned hours.

Failure to comply with the policy may result in disciplinary action and even dismissal from the program.

DRESS CODE POLICY

Uniforms
- The dress code for students enrolled in Radiologic Sciences programs consists of navy blue hospital scrubs (tops and bottoms) with TJU patch sewn on the right sleeve. These scrubs are available and may be purchased directly through the University Bookstore. A Jefferson ID badge needs to be worn at all times during clinical rotations.
- A short, white lab coat with the Jefferson patch on the right shoulder may be worn (unless prohibited by the clinical site). A cardigan sweater (button-down
front) of solid navy blue or solid white may be substituted for the lab coat. A white or navy blue mock turtleneck may also be worn under the scrub top in the fall and winter seasons. **Students enrolled in the nuclear medicine program are required to wear a long, white lab coat while in clinical.**

- Name tags must be visible to patient and staff and worn at all times.
- Solid white or black, leather footwear or solid white low-top sneakers. Clogs, sandals or open-toed shoes are not permitted. Students are responsible for keeping shoes neat, clean, and polished. Shoestrings should also be kept clean and properly tied.

**Appearance**

- Students are required to practice good personal hygiene and present a professional appearance at all times.
- Appropriate and clean attire is required during **ALL** clinical and didactic sessions.
- Unacceptable apparel includes: short skirts/pants, torn/ripped garments, low-cut tops, lewd and/or suggestive slogans on any clothing
- Keep hair, mustaches and beards neatly trimmed. Long hair must be tied back.
- Fingernails:
  - No artificial nails.
  - No nail polish.
  - Nail length must be less than ¼ inches.
  - Keep jewelry to a minimum. Earrings should be of the small post type (no hoops).
- Any body piercing besides the ears should not be evident at clinical site. Tongue rings are unacceptable and are not allowed to be worn.
- Wear makeup conservatively. No perfumes, colognes, lotions or powders are to be worn at clinical sites.
- Any visible tattoos must be appropriately covered.
- Chewing gum is not permitted.
- Students are required to wear identification and radiation badges supplied by Thomas Jefferson University, and Clinical Affiliate Sites if provided, at all times.

**Non-compliance**

Any student not complying with the dress code policy will be removed from the clinical site. Any clinical time missed due to dress code violation will be made up by the student at a later date. The Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time.

**STUDENT WORK POLICY**

If a student is employed at any clinical site, he/she must abide by the following policies:
- Students must notify Program officials that they are working at the clinical site.
- Students are not permitted to work during scheduled clinical hours.
- Students may **not** wear student uniforms or Jefferson ID.
- Students may not accrue competencies during non-clinical hours.
• Students may not apply work time to make-up time.
• Students are not covered by Jefferson liability insurance during non-clinical hours.

CELL PHONE/BEEPER POLICY
Cell phones and beepers must be placed on vibrate during lectures and laboratory sessions. Instructors will not tolerate interruptions from these devices and may ask the student to leave the classroom.

Students may not carry cell phones or beepers with them during clinical hours. These devices must be placed in lockers. Any student in violation of this policy will be asked to leave his/her clinical site and will be marked absent for that day.

In limited circumstances demanding immediate personal phone use, students should seek approval from their supervisor for any incoming communication, whether via call or text message, to ensure they are sanctioned.

COMPUTER POLICY
Students may not use computers for personal business during clinical hours. Personal business includes (but is not limited to) internet surfing, shopping, emailing, social networking and instant-messaging.

Any student in violation of this policy will be asked to leave his/her clinical site and will be marked absent.

VENIPUNCTURE POLICY
The ARRT clinical competency requirements include performance of venipuncture for injection of contrast agents and radiopharmaceuticals. **Not applicable for radiation therapy program.**

In order to participate in the performance of venipuncture on patients, students must:
• Have completed all immunizations as required by JSHP.
• Have current CPR certification, as required by the Department of Radiologic Sciences.
• Have health insurance, as required by JSHP.
• Have completed a venipuncture certification course, as required by the Department of Radiologic Sciences.
• Attend and complete institutional venipuncture training, as required by clinical sites.
HEALTH INFORMATION CONFIDENTIALITY POLICY:
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Students must maintain strict confidentiality of all health information of patients at clinical affiliate sites during and after the course of their clinical rotations. Students may neither use nor disclose health information of patients to which they have access, other than as expressly authorized by the clinical affiliate. Students may not record any patient-identifiable information on their personal documents (e.g. clinical logs). Students must be familiar with and adhere to their clinical site HIPAA policy.

PREGNANCY POLICY

If a student becomes pregnant during a component of the program, she may voluntarily inform the Program Director, in writing, of her pregnancy.

Option 1 The student may continue in the program if she chooses, without modifications to any component of the program.

Option 2 The student may take a leave of absence from clinical education, but continue her didactic studies. Clinical assignments will be completed when the student returns.

Option 3 The student may withdraw from the program and reapply in accordance with School policies.

Option 4 The student, in writing, may withdraw her declaration of pregnancy at any time and/or for any reason.

Due to the need for special radiation protection education, counseling by the radiation safety officer (RSO) is available.

INCIDENT REPORTS AT THE CLINICAL EDUCATION CENTER

If a student is injured or involved in an incident during a clinical rotation, he/she must:
1. Report immediately to his/her supervisor and follow departmental protocol.
2. Report immediately to the Clinical Coordinator
3. Present a note to the Clinical Coordinator from the Emergency Room Physician, Student Health Physician, or family physician stating the date the student may resume normal duties.
4. Student must report to Student Health Services as soon as possible (215-955-6835).

If a patient is injured or involved in an accident while in the student's care, the student must:
1. Make sure that the patient is safe.
2. Report the incident immediately to the supervisor and follow departmental protocol.
3. Report the incident immediately to the Clinical Coordinator.

INFECTION DISEASES

Should a student be diagnosed as having an infectious disease, he/she must report such diagnosis to the Clinical Coordinator and the Clinical Affiliate Supervisor. The student may be asked to leave clinical until cleared by his/her physician. The student must present
a physician’s note to the Clinical Coordinator stating that the student may resume normal duties.

MEDICAL LEAVE OF ABSENCE
For medical leave of absence, students must proceed through the University Health Services (UHS), which will notify the office of the Dean of its recommendation regarding a medical leave. No medical leaves will be reviewed or received without the endorsement of the Director of UHS.

Medical leaves will be for a period of up to one year. A leave of more than one year’s duration will be granted only under the most extraordinary circumstances and only after review by the office of the Dean. Prior to reentry, which may be applied for prior to the one-year anniversary, appropriate medical screening will be arranged by the Director of University Health Services with consultation, if necessary, to provide assurance of the students' fitness to return to class.
During clinical clerkships, students may be exposed to blood and body fluids from the patients they examine and care for. Examples include needle sticks, splashes of body fluids into the eyes, mouth or on to broken skin. These incidents are serious and should be reported.

If a student sustains one of the above injuries while doing a rotation at Jefferson, an accident report should be completed and the student should call or report the accident to University Health Services (UHS) as soon as possible. The source patient’s name, medical record number and attending physician’s name will be required. If the exposure occurs during off hours (after 4:00 PM on weekdays or during the weekends), the student should report to the Emergency Department at Jefferson.

If the exposure is determined to be significant and is reported within 72 hours of occurrence, UHS will test the patient for hepatitis B and C. If the student consents to a baseline HIV test, UHS, according to PA law, has the right to test the source patient even if the patient refuses to consent.

The student will be enrolled in the UHS exposure protocol which includes testing for HIV, hepatitis B surface antibody and hepatitis C antibody at the time of the exposure, and then 3 and 6 months after the incident. HIV testing is only done if the student consents. Testing is done anonymously through a coding system. Results are kept in the student’s chart and not released for any reason unless the student gives specific consent. All expenses of the protocol are covered by UHS except for medications given for the post exposure protocol.

If the student sustains an exposure while doing a rotation at an affiliate, the student should still call or report to UHS for enrollment in our exposure protocol as soon as possible after the exposure. It is not always possible to obtain the proper source patient testing in this circumstance. UHS will coordinate all efforts with the affiliate where possible. In the past, some of the students who have reported an exposure to the affiliate’s Emergency Department as directed by their supervisors have received bills for service. All follow up done in UHS after an exposure is free of charge.
ATTENDANCE REGULATIONS
DIDACTIC/LABORATORY INSTRUCTION
Each course syllabus details the attendance policy.

CLINICAL ATTENDANCE RECORDS
Time cards/Attendance Sheets provided by the Department are used for documenting clinical hours. Each student must personally sign or clock "in" and "out." Time not documented must be made up. Under no circumstances is it permissible to sign-in or out or clock-in or out for another student. Any student found guilty of such an offense is subject to dismissal.

CLINICAL EDUCATION HOURS
Total clinical assignments will not exceed 40 hours per week. Assignments on any one day will not exceed 8 hours, unless otherwise requested by the student and approved by the Clinical Coordinator in conjunction with the Clinical Affiliate Supervisor, or if patient care responsibilities dictate otherwise. No student will be permitted to leave a patient during the course of an examination, even if such completion requires remaining on duty beyond the end of the shift.

Students will be assigned a lunch period each day, which they are required to take. The lunch break will be commensurate with the practice of the department and area/rotation assignment. The lunch break may not be used to make-up or accrue time. Clinical Affiliate Supervisors may re-schedule students (within an assigned eight hours) to provide complete exposure to the unique learning opportunities in radiologic sciences. The Clinical Affiliate Supervisor must notify the Clinical Coordinator of these changes.

Students will participate in designated procedures during their clinical assignments under the guidance of a supervising technologist in the areas to which they are assigned.

PERSONAL DAYS
Students are allocated one personal day each semester. It is not accrueable nor is it transferable. A personal time request form must be submitted to the clinical coordinator.

Students may not accrue any additional personal time during the year.

ABSENCE POLICY
Attendance is required for all clinical practicum sessions. If a student will be absent from a clinical assignment, he or she must call both the Clinical Affiliate Supervisor and Clinical Coordinator prior to the start of the shift. Absences of three or more consecutive days require a doctor’s note. Extenuating circumstances will be dealt with on an individual basis.

If an emergency arises requiring an early departure from the clinical site, the student must notify both the Clinical Affiliate Supervisor and the Clinical Coordinator. It is the responsibility of the student to make these calls. Absences must be made up at the discretion of the faculty.
PUNCTUALITY
Any student who is not in his/her clinical area at the assigned time will be considered late. Three late arrivals in one semester will be counted as one day’s absence. Habitual lateness could lead to dismissal from the program.

The Clinical Coordinator and/or Program Director will advise the student of excessive lateness, and disciplinary action will be handled as specified in Violations of Clinical Practices and Policies.

MAKE-UP TIME
Arrangements must be made with the Clinical Affiliate Supervisor and approved by the Clinical Coordinator.
The make-up time form is signed upon fulfillment of the time missed. The form will be submitted to the Clinical Coordinator.
All clinical absences must be made up at the Clinical Affiliate where the time was missed, consistent with the room assignments in effect when the absence occurred.
The lunch break may not be used to make-up or accrue time.

POLICY CONCERNING DEATH IN THE FAMILY
Upon notification to the Program Director, students will be allowed a minimum of three (3) days of leave of absence for death in the immediate family. Immediate family members include parents, grandparents, spouse, brother, sister or child. Leaves of absence requested because of the death of someone other than an immediate family member may be granted by special permission.

HOSPITAL JOB ACTIONS OR STRIKES
Whenever a strike or job action occurs at an assigned clinical site, the student must leave the assignment immediately and report to the Clinical Coordinator for further directions.

At no time should a student attempt to cross a picket line to enter a Clinical Education Center.

JURY DUTY
Being selected for jury duty is a civic responsibility in which the Department encourages students to participate.
Please be advised that the School cannot intervene on the student's behalf should a student be summoned for jury duty.
DUE PROCESS FOR STUDENT GRIEVANCES

For student grievances other than grades or dismissal due to unsafe clinical performance, students are encouraged to address the problem at the point closest to the issue. In schools and/or academic departments, the student is encouraged to attempt to resolve the dispute directly with the faculty or staff member. If dissatisfied with the outcome, the student may meet with the Program Director, then the Department Chair or School Dean, as appropriate, and then with the Assistant Vice President for Student Life, who will attempt to mediate the situation. If the student is still dissatisfied with the outcome, he/she may meet with the Senior Vice President for Academic Affairs or his or her designee. The Senior Vice President is the final authority in hearing student grievances. All parties are encouraged to address the issue promptly in writing (within three [3] class days whenever possible) so that resolution of the grievance should require no more than three weeks.

Records of the grievance are kept by the respective faculty and administrative personnel and do not become part of the student’s permanent record.
STUDENT ACTIVITIES
STUDENT ACTIVITIES

Students are encouraged to participate in campus activities, e.g., orientation programs, recruitment functions, social and cultural events, interprofessional activities and Class Night. They have the opportunity to represent the students’ viewpoints on Department, School and University committees. The University and Thomas Jefferson University Hospital sponsor many volunteer and mentoring programs. Professional organizations, Jefferson Alumni Association and the School sponsor many programs that focus on career and professional development.

HONORS AND AWARDS

Students are eligible for:
- JRCERT award for clinical excellence.

Awards are presented during class night.

PROFESSIONAL SOCIETIES

Students are strongly encouraged to participate in professional activities and to seek memberships in national, state and local societies. These organizations sponsor competitions for students and several offer scholarships and educational grants.

PROFESSIONAL ORGANIZATIONS:
- American Society Of Radiologic Technologists  (ASRT)
- Pennsylvania Society of Radiologic Technologist  (PSRT)
- Philadelphia Society of Radiologic Technologists  (PhilaSRT)

HONOR SOCIETIES

- Alpha Eta Society
  - Honor society for health professionals
  - http://www.alphaeta.net
- Lambda Nu Society
  - Honor society for radiologic and imaging science professionals
  - http://www.lambdanu.org
STUDENT COUNSELING
Student Personal Counseling Center (SPCC)

The SPCC offers crisis consultation, individual counseling, couples counseling, group therapy, and psychiatric consultation for students.

Common Concerns

There are many concerns that may lead a student to seek counseling:

- Stress or anxiety
- Depressed mood
- Relationship problems
- Difficulties adjusting to school or loneliness
- Personal or family crises
- Difficulties making a career decision or choice
- Academic concerns
- Eating or body image concerns
- Alcohol or drug problems
- Identity issues
- Self esteem issues
- Dealing with physical illness or disability

Confidentiality

All information shared during counseling is confidential. No one outside the SPCC may have access to the specifics of counseling sessions without the prior written permission of the student, except in situations where there is a threat or danger to life.

What to Expect

All Thomas Jefferson University students are eligible for three visits without charge at the SPCC. Students interested in making an appointment should call 215-503-2817 and leave a confidential voicemail with their name and contact number. A SPCC counselor will conduct a brief and confidential telephone screen to gather some basic information that will
allow for a timely matching of services, based upon a student’s individual needs.

The SPCC staff encourages students to come in and talk, even if they are not sure that counseling is what they need. During the initial meeting, students will develop a course of action with their counselor, which may include continuing therapy on campus or receiving a referral to an off-campus provider. Some students may resolve their concerns during the initial 3 free sessions and decide that no further sessions are required. Some students decide to see a SPCC counselor on an ongoing basis.

For students who desire or need ongoing support, SPCC counselors are in network with a limited number of insurance providers. Students may call the SPCC to receive further details and information.

**Making an Appointment**

Students can schedule an appointment to see a counselor by calling the SPCC at 215-503-2817. Students should leave their name and contact information on the confidential voicemail and a SPCC counselor will return their call.

**Location and Hours**

The SPCC is located at 833 Chestnut Street, Suite 210. Hours are Monday –Friday, 9:00 a.m.—5:00 p.m. Early morning and evening appointments are sometimes available.

**Urgent Situations**

SPCC counselors and psychiatrists are available for in-person crisis intervention between 9:00 a.m. and 5:00 p.m.. After hours, all students experiencing an emergency should call 911 or go to the nearest emergency room. On-campus students should go to the Thomas Jefferson University Hospital Emergency Room, located in the Main Hospital Building at 10th and Sansom (215-955-6060) and ask to speak to the Psychiatry Resident On-Call. Dr. Nobleza is also available after hours for urgent phone consultation for students by calling the SPCC phone number at 215-503-2817 and then dialing ‘1’ and then ‘0.’
FAQ’s about the Student Personal Counseling Center at Thomas Jefferson University

What is the Student Personal Counseling Center?

The Student Personal Counseling Center (SPCC) offers psychological & psychiatric services to the greater student population of Thomas Jefferson University.

Where is the Counseling Center located?

The SPCC is located at 833 Chestnut Street, Suite 210.

How do I know if I can use the Counseling Center?

All Thomas Jefferson University students are eligible for services at the SPCC, and the first three visits are without charge.

Why would I use the Counseling Center?

Students can come to the SPCC for any number of reasons, including relationship difficulties, the stress of academic problems, depression, anxiety, and so on. If you aren’t sure what you need, just call us and we’ll do our best to help address your concerns.

How do I make an appointment?

Call the SPCC at 215-503-2817. If we don’t pick up and it’s not an emergency, leave your name, school/program and contact information on the confidential voicemail. An SPCC counselor will return your call, typically within a day.

What should I do in an emergency?

Between the hours of 9:00 a.m. and 5:00 p.m., SPCC counselors and psychiatrists are available on-site for in-person crisis intervention. After 5:00 p.m., students in crisis should call 911 or go to the nearest emergency room.

For students who are on campus, the nearest emergency room is: Thomas Jefferson University Hospital Emergency Room, Main Hospital Building, 10th & Sansom.

What about confidentiality?

All information shared during counseling sessions is strictly confidential. No one outside the Counseling Center may have access to the information shared in counseling sessions without written permission from the student except in cases of a medical emergency when a student is at imminent risk to him/herself or others.
Appendix A

Department of Radiologic Sciences
Jefferson School of Health Professions
Thomas Jefferson University

Technical Standards for Radiation Therapy

Physical Demands
A Radiation Therapist is typically employed in a hospital or clinic. Clinical and laboratory assignments for the Radiation Therapy program require certain physical demands that are the technical standards of admission. These standards are based upon the minimum tasks performed by graduates of the program as recommended by the American Society of Radiologic Technologists. Listed below are the technical standards which all applicants must meet in order to participate and complete the Radiation Therapy program.

1. Sufficient visual acuity to read radiation therapy prescriptions & charts, observe conditions of the patient & evaluate x-ray images, identify faint skin markings & optical distance indicator projections.
2. Sufficient auditory perception to receive verbal communication from patients and members of the healthcare team and to assess the health needs of people through the use of monitoring devices such as intercom systems, cardiac monitors, respiratory monitors, fire alarms, etc.
3. Sufficient gross and fine motor coordination to respond promptly and to implement skills related to the performance of radiation therapy procedures, such as positioning and transporting patients. Radiation therapists must be able to manipulate equipment such as the linear accelerator, table and control panel.
4. Sufficient communication skills (verbal, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the patient’s/client’s interest. Students must have access to email and be able to communicate via email.
5. Sufficient intellectual and emotional function to plan and implement patient care.

Examples of specific technical standards the radiation therapy student must be able to meet are:

- Lift, transfer and/or move patients from wheelchair/stretcher to x-ray table. Lift, move, reach or push equipment
- Manual dexterity and ability to bend/stretch
- Students must possess strong hand/eye coordination in order to operate equipment while observing patients.
- Be able to stand or walk for 75% of clinical time
- Distinguish color and shades of gray
- Demonstrate effective interpersonal skills, including patient instruction
- Read and extract information from the medical chart or patient prescriptions
- Explain clinical procedures verbally and/or in writing
• Physical, mental and emotional abilities to handle moderate and frequent exposure to infectious agents (blood, urine etc.) and possible moderate exposure to ionizing radiation
• Carry 12-30 pounds (lead aprons) while working
• Students are expected to quickly learn how to operate new equipment
APPENDIX B

Patients’ Bill of Rights

We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual.

While you are a patient in the hospital, your rights include the following:

• You have the right to considerate and respectful care.
• You have the right to be well informed about your illness, possible treatments, and likely outcome and to discuss this information with you doctor. You have the right to know the names and roles of people treating you.
• You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital. If you refuse a recommended treatment, you will receive other needed and available care.
• You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about you future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to your family, and your doctor.
• You have the right to privacy. The hospital, you doctor, and others caring for you will protect your privacy as much as possible.
• You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
• You have the right to review you medical records and to have the information explained except when restricted by law.
• You have the right to expect that the hospital will give you necessary health hospital services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
• You have the right to know if this hospital has relationships with outside parties that may influence you treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.
• You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
• You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.
• You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods. You have the right to know about hospital resources, such as patient representatives or ethic committees that can help you resolve problems and questions about your hospital stay and care.

• You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.

• This hospital works to provide care efficiently and fairly to all patients and the community. You and you visitors are responsible for being considerate of the needs of other patients, staff, and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.

• Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.

• A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate doctors, health professionals, patients, and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.
Appendix C

CODE OF ETHICS

ARRT Code of Ethics

1. The radiologic technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

3. The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination, on the basis of sex, race, creed, religion or socioeconomic status.

4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they have been designed, and employs procedures and techniques appropriately.

5. The radiologic situations, exercises care, discretion and judgment, assumes responsibility for professional decisions; and acts in the best interest of the patient.

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient, and recognizes the interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing the radiation exposure to the patient, self and other members of the health care team.

8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.

9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The radiologic technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects of professional practice.

Revised and adopted by The American Society of Radiologic Technologists and The American Registry of Radiologic Technologist, February 2003
Appendix D

Radiation Protection Practices

1. A student is required to exercise sound radiation protection practices at all times. At no time may a student participate in a procedure utilizing unsafe protection practices.

2. A student should not hold patients while exposures are occurring.

3. A student will always wear radiation monitors in the Clinical Affiliate Centers and in all laboratory classes.

4. A student will leave the treatment or simulation rooms while exposure is occurring.

5. The radiation film badge should be worn outside the students’ uniform. The radiation film badge should be worn at torso level.

6. A student will always remove personal radiation monitors while having diagnostic medical or dental radiographs taken.

7. The student must be aware of and enforce the policies and procedures of patient shielding, in keeping with national and international radiation protection standards.

8. A student may not have his/her self x-rayed by a staff technologist without an x-ray prescription for the exam by a physician. The student will be dismissed from the program for this violation.*

9. A student may not x-ray staff at their request without a prescription for the exam by a physician. The student will be dismissed from the program for this violation.*

10. Students who deliberately expose their radiation Dosimetry badge will be suspended and/or dismissed from the program.

*(PA Code, Title 25. Environmental Protection. Department of Environmental Protection, Chapter 211.11.)
APPENDIX E

Personal Radiation Monitoring

1. Each student is responsible for wearing radiation monitors at the Clinical Affiliate Sites and in laboratory classes. No student will be allowed in a Clinical Affiliate Site or laboratory class without properly dated radiation monitors appropriately worn.

2. Any student who does not have the properly dated radiation monitor will be suspended from his/her clinical area until he/she has the properly dated radiation monitor. Time lost from the clinical area must be made up.

3. Each student is responsible for exchanging radiation monitors on the first day of each that they are on campus for each month. Badges are exchanged with the Program Director or clinical coordinator.

4. An accident with, or loss of, monitor(s) must be reported immediately to Maria Hayes Education Coordinator, Room 1013.

5. The Program Director receives and reviews with each student the radiation dose report from the Radiation Safety Office. The report will be posted on the notice board.

6. Monthly radiation exposures for students MUST NOT exceed the maximum permissible dosage to occupationally exposed persons as established by state and federal agencies for radiologic health.

7. On completion of the clinical rotation students must return their radiation badges to the Education Coordinator. Students will be billed for unreturned badges.

8. “High” Radiation Dosimeter Readings
   High or unusual radiation dosimeter readings are investigated by Jefferson Radiation Safety Officer. Readings above designated “Investigation Levels” are evaluated with regard to workload and type of duties performed by the dosimeter wearer; adherence to proper work practices; proper care and use of the dosimeter; and possible exposure of the dosimeter to “non-occupational” radiation sources. In cases where it appears that the high readings may be due to inadequate safe work practices or improper use or storage of the dosimeter(s), the wearer is counseled by Radiation Safety Officer and/or the wearer’s supervisor(s).

   The Office of Radiation Safety maintains a history of each individual’s exposure and anyone may examine his/her own radiation exposure record, or obtain a copy by sending a signed, written request to the Radiation Safety Office.

9. The cost for replacement of lost badges is the responsibility of the student. Payment is due at the time the student receives the new badge. (Pricing may change with no notice)
• Radiation Monitors not returned - $5.00
• Replacement Holder - $5.00
• Replacement Film - $2.00
• Replacement Monitor Ring - $5.00
APPENDIX F

TJUH DEPARTMENT POLICIES & PROCEDURES

Department Name: Radiation Safety

Policy No: RSO-053
Effective Date: 11/02/2000
Revision Date: 08/07/2014

PURPOSE

To assess employee occupational radiation dose from ionizing radiation sources external to the body.

POLICY

Radiation dosimeters (“individual monitoring devices” as defined in 10 CFR 20.1203) are to be issued for the purpose of assessing occupational radiation dose as follows:

1. Radiation dosimeters are to be issued to anyone (employee/student/volunteer) whose assigned duties involve potential exposure to ionizing radiation and whom the Radiation Safety Officer has determined meets the requirements for individual monitoring devices as described in applicable federal or state regulations.

2. Radiation dosimeters may also be required for individuals in specific work areas or performing designated tasks, even if not required by state or federal regulations.

3. Radiation dosimeters may be offered as an option to individuals in areas where use of individual monitoring devices is not required by regulations, but where employees may have concerns about their level of radiation exposure. Optional use must be approved by the appropriate Department and/or Division Head and the RSO.

4. Radiation dosimeter readings are routinely reviewed by Radiation Safety Staff and appropriate follow-up action taken as may be indicated by the results.

Definitions:

For the purposes of this Policy and related procedures, the following terms are defined.
“ALARA Investigation Levels” are pre-set dosimeter reading values that trigger formal reviews by Radiation Safety Staff. [ALARA stands for “as low as reasonably achievable” and is a radiation protection philosophy whereby the objective is to keep radiation doses to individuals and populations as far below (maximum) regulatory limits “as is reasonably achievable.”]

“ALARA Investigation Level 1” means total radiation doses in any single calendar quarter (e.g., January 1 to March 31) above the following:
- Effective Dose Equivalent (EDE) ["whole body"] above 125 mrem
- Lens Dose Equivalent (LDE) above 375 mrem
- Shallow (“Skin”) Dose Equivalent (SDE) above 1250 mrem
- Extremity Dose reading above 1250 mrem

“ALARA Investigation Level 2” means total radiation doses in any single calendar quarter (e.g., January 1 to March 31) above the following:
- Effective Dose Equivalent (EDE) ["whole body"] above 375 mrem
- Lens Dose Equivalent (LDE) above 1125 mrem
- Shallow (“Skin”) Dose Equivalent (SDE) above 3750 mrem
- Extremity Dose reading above 3750 mrem

“Dose Equivalent” means the absorbed radiation dose to a human being, modified by appropriate radiation weighting factors, depending on the type of ionizing radiation source, or tissue/organ weighting factors (as may be necessary).

“Effective Dose Equivalent” (for the purposes of this policy) means the deep dose equivalent (tissue dose from external radiation sources at 1 cm below the surface of the skin) as measured by a radiation dosimeter, adjusted where appropriate by mathematical formulas to take into account the wearing of protective lead garments in the presence of diagnostic energy x-ray radiation.

“Extremity Dose” means the dose equivalent (tissue dose from external radiation sources) to the hands or forearms (below the elbows), or to the feet or lower legs (below the knees) determined for a tissue depth of 0.007 cm, as measured by a radiation dosimeter (e.g., ring dosimeter).

“Lens Dose Equivalent” means the dose equivalent (tissue dose from external radiation sources) determined for a tissue depth of 0.3 cm, as measured by a radiation dosimeter.

“Millirem (mrem)” is a unit of measure for any “dose equivalent” terms.

“Radiation dosimeters (individual monitoring devices”) means devices designed to be worn by a single individual for the assessment of dose equivalent such as film badges, thermoluminescence dosimeters (TLDs), pocket ionization chambers, etc.

“Shallow (“Skin”) Dose Equivalent” means the dose equivalent (tissue dose from external radiation sources) determined for a tissue depth of 0.007 cm, as measured by a radiation dosimeter.
Procedures:

[The following procedures and/or requirements have been approved by the Jefferson Radiation Safety Committee and instituted by the Radiation Safety Officer under his authority as established by federal and state regulations and institutional policy.]

**Dosimeter Wearer Responsibilities**

1. Regardless of whether the dosimeters are issued as required or optional, any employee who is issued any dosimeter is responsible for:

   a. Wearing the dosimeter while on duty in those areas where there is a potential for radiation exposure.

   b. Exchanging worn dosimeters for new ones on the first workday of each wear period (e.g., first day of month or calendar quarter, depending on assigned wear period), unless the new replacement dosimeters' arrival has been delayed, in which case the exchange may be made as soon as possible after the arrival of the new dosimeters).

   c. Taking proper care of dosimeters, as described by Office of Radiation Safety instructions, to avoid damaging or contaminating the dosimeters.

   d. Not storing dosimeters near radiation sources when not being worn.

   e. Not wearing dosimeters when being exposed to radiation sources for personal medical purposes (Notify Radiation Safety if this inadvertently occurs or you are administered a radiopharmaceutical).

   f. Notifying Radiation Safety immediately whenever dosimeters are lost, accidentally damaged, name change is required, place of work has changed, or any reason why accidental exposure may have occurred (i.e., dosimeter accidentally left near source when not worn).

   g. Returning all dosimeters and holders upon termination of duties with/near radiation sources.

   h. Notifying Radiation Safety/dosimeter distributor of pending employment termination.

   i. Otherwise wearing assigned dosimeters in accordance with any other Office of Radiation Safety instructions.

2. Failure to comply with guidelines and responsibilities listed above may result in forfeiture of (optional) dosimeters and/or disciplinary action.
3. Any inquiries related to dosimeter use should be directed to the individual’s supervisor, dosimeter distributor, or Radiation Safety.

Dosimeter Issuance:

Dosimeters are issued and distributed in accordance with internal Radiation Safety Department Procedure RSO-041: “Badging and Distribution”

Review of Dosimetry Readings

1) Dosimetry reports from Jefferson’s dosimetry provider (currently Mirion Technologies) are to be reviewed by Radiation Safety staff within 5 business days of receipt.

2) The purposes of such reviews are to:
   a) Determine if the reading is valid (accurately represents occupational radiation dose)
   b) Identify possible opportunities for intervention to reduce future dose

3) The reviewer is to examine readings for the following:
   a) Individual readings substantially above others doing similar work
   b) Individual readings substantially above the wearer’s past recorded readings
   c) Evidence of misuse or damage to the dosimeter
   d) Evidence of radioactive contamination to the dosimeter
   e) Calendar quarter total dose readings above “ALARA Investigation Levels” (see definitions)
   f) Evidence that the wrong analysis algorithms were applied by the vendor in generating the reported reading
   g) Evidence that the dosimeter had not been properly designated (e.g., “whole body” instead of “collar w/ EDE”)
   h) Any other contributing factor as may be identified in the vendor’s report notes.

4) The reviewer is to look for possible causes for high or unusual readings including:
   a) Badges not being properly worn (wrong location, wrong orientation, worn outside of holder, etc.)
   b) Sub-optimal work practices by the wearer
   c) Dose to the dosimeter while not being worn (dosimeter left in room during procedures, dose stored near a radiation source or otherwise in a high background area, etc.)
   d) Dose due to the wearer undergoing a medical procedure involving radiation (e.g., wearer administered a Nuclear Medicine radiopharmaceutical as a patient)
   e) Dosimeter exposed to unusual environmental conditions (e.g., excessive heat)
   f) Any other potential cause
5) Regarding the review/investigation process:
   a) Reviews/investigations may require personal contact with the wearer and/or
      wearer’s supervisor in order to perform an evaluation as per the preceding
      item 4.
   b) All total readings above “ALARA Investigation Levels” are to be performed
      and documented. “Level 2” investigations should include direct contact with
      the wearer and evaluation of work practices where feasible, unless the
      readings are consistent with an historical pattern previously determined to
      be reasonable for the workload and practices employed.
   c) All ALARA Level Investigations are to be documented.
   d) Summary reports of readings above ALARA Investigation Levels are
      reported to the Radiation Safety Committee at its regular quarterly meetings.

6) Readings for dosimeters issued to specifically assess radiation dose to
   embryo/fetus of a pregnant individual are to be closely scrutinized with regard to
   cumulative dose being acquired through the gestation period, in case
   intervention (e.g., job reassignment) is necessary to assure that applicable dose
   limits are not exceeded.

Dose History Adjustments:

1) Readings determined to be due to non-occupational radiation sources, or to be
   inaccurate due to some identifiable cause may be adjusted.
2) Adjustments to the wearer’s occupational dose history are made after review by
   the Radiation Safety Officer by notifying the dosimetry vendor in writing, in
   accordance with the vendor’s procedures.

Reports to Wearers:

1. Dosimeter wearers will be notified of radiation doses as obtained as per the
   criteria specified in regulations contained in 10 CFR 19 or any other
   applicable state or federal regulation.

2. Individuals may be notified if their cumulative readings in any calendar
   quarter exceed pre-established ‘investigation levels’, or if any unusual or
   apparently ‘high’ dosimeter reading(s) are identified by Radiation Safety
   personnel.

3. Regular dose reports [excised of personal information other than dosimeter
   wearer id number] are provided to the dosimeter distribution group
   distributor for availability to wearers.

4. Individuals may also obtain their dosimeter results by making proper request
   to the Radiation Safety Department. Such requests generally are required to
   be made in writing to protect the individual’s personal information from
   release to unauthorized personnel.

Confidentiality:
1. Individual radiation dose readings are considered as protected information and access to this information is limited to Radiation Safety personnel, supervisors, program directors, management personnel, members of the Radiation Safety Committee, regulatory inspectors, or others (with RSO approval) with a legitimate need-to-know,

2. Release of individual dose information in any circumstances is limited to the minimum necessary.

3. Any other personal information obtained by the Radiation Safety Department in the administration of the dosimeter program is treated as confidential.

Attachment(s): na

References and Citations:

Internal Radiation Safety Department Procedure RSO-041 “Badging and Distribution”

[Copies of the above references may be obtained by contacting the Office of Radiation Safety, 215-955-7813.]

Original Issue Date: 11/01/2000
Revision Date(s): 07/31/2012; 08/07/2014
Review Date(s): 11/08/06, 05/16/2011, 07/31/2012, 7/01/14; 08/07/2014
Responsibility for maintenance of policy: John C. Keklak

[Signature on File]

Approved by:

John C.Keklak

Department Director

Thomas Jefferson University Hospitals, Inc.

Departmental Policy Template/January 2010
APPENDIX G
University Policies And Procedures: Social Media

Policy No: 102.43
Effective Date: 3/25/2011

UNIVERSITY POLICIES AND PROCEDURES

Category: Administration
Title: SOCIAL MEDIA
Applicability Thomas Jefferson University. Jefferson University Physicians

PURPOSE and POLICY

Thomas Jefferson University and its affiliated entities (“Jefferson”) respects the rights of its students, faculty, staff, employees, contractors, consultants, temporary employees, guests, volunteers and other members of the Jefferson community (“Jefferson Users”) to use social networking sites (e.g., Face Book, My Space, and You Tube), personal Web sites, Weblogs, and Wikis such as Wikipedia and any other site where text can be posted (“Social Media”).

Use of Jefferson owned or provided computer hardware, software and other equipment which support and facilitate voice mail, electronic mail and access to the Internet (“Electronic Communications”) are the property of Jefferson. Accordingly, Jefferson Users must adhere to the Electronic Communications and Information Policy, Number 102.27, when using Electronic Communications to post text on social networking sites.

If a Jefferson User chooses to identify himself or herself as an employee/student/faculty/guest/volunteer/temporary employee/or other member of the Jefferson community when using Social Media for personal use, others may view the Jefferson User as a representative or spokesperson of Jefferson. In light of this possibility, Jefferson recommends that Jefferson Users not refer to Jefferson.

If the use of Social Media by a Jefferson User relates to the business/mission of Jefferson, this Policy requires the Jefferson User to observe the following guidelines.

• To create Social Media related to the business/mission of Jefferson, please obtain prior written approval from your Dean, JUP Executive Director, Hospital Senior Vice President, or Kimmel Cancer Center Director. Please be aware that this type of Social Media is not an open forum and postings must be related to Jefferson’s mission. Assign one or more administrator(s) who are the only person(s) in charge of reviewing and approving content to be posted to the Social Media. To obtain approval for use of the Jefferson name or logo on Social Media, follow the Trademark Policy and include the name(s) of the administrator(s) for the Social Media on the Trademark Request Form.
• Jefferson Users should be respectful in all communications related to or referencing Jefferson and its community. Be clear in any references to Jefferson that you are speaking for yourself and not on behalf of Jefferson, unless it is Jefferson created Social Media.

• If not otherwise publicly available, obtain the prior written approval of others of whom you wish to cite reference and/or post a picture.

• Jefferson Users should discuss internal matters directly with a manager, Human Resources, or through other appropriate, internal channels, such as the University Omnibudsman, or Office of Student Affairs.

• Remember that all Jefferson Policies apply to the use of Social Media. Jefferson Users should review the appropriate Code of Conduct, Student Handbook, Operating Policy, Hospital Procedure and/or School/College Bylaw to ensure the use of Social Media is compliant.

• Remember that all applicable federal, state or local laws, such as (but not limited to) patient privacy laws or copyright laws, apply to the use of Social Media.

• Jefferson Users may not post or disclose confidential or other proprietary information of Jefferson.

• Jefferson Users who are contacted by a Social Media page/channel/site for comments or authorization to use Jefferson owned or controlled material must: (i) contact Public Relations at 5-6300, (ii) follow Public Relations’ policies and (iii) secure the necessary approvals for comments and/or authorization to use Jefferson owned or controlled material.

**ENFORCEMENT**

Any Jefferson User found to have violated this Policy may be subject to appropriate disciplinary action, up to and including dismissal.

**MODIFICATION OF POLICY**

Jefferson reserves the right to revise this Policy at any time.

**INTERPRETATION AND ADMINISTRATION**

The Office of University Counsel shall be responsible for the interpretation of this Policy and the Office of the University President and the Office of the Director of Communications shall be responsible for the administration of this Policy.  

**Original Issue Date:** 3/24/2011  
**Revision Date(s):**  
**Review Date(s):**  

**Responsibility for maintenance of policy:** University Counsel
Joint Review Committee on Education in Radiologic Technology

Process for Reporting Allegations

Important Notes
1. The JRCERT cannot advocate on behalf of any student(s). An investigation into allegations of non-compliance addresses only the program’s compliance with accreditation standards and will not affect the status of any individual student.
2. The investigation process may take several months.
3. The JRCERT will not divulge the identity of any complainant(s) unless required to do so through legal process.

Process
1. Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. Each program/institution is required to publish its internal complaint procedure in an informational document such as a catalog or student handbook. (Standard Two, Objective 2.4)
2. If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT:

   Chief Executive Officer
   Joint Review Committee on Education in Radiologic Technology
   20 North Wacker Drive, Suite 2850
   Chicago, IL 60606-3182
   Ph: (312) 704-5300 Fax: (312) 704-5304
   mail: mail@jrcert.org

3. The Allegations Reporting Form must be completed and sent to the above address with required supporting materials. All submitted documentation must be legible.
4. Forms submitted without a signature or the required supporting material will not be considered.
5. If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

The Federal Higher Education Act of 1965, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegation(s) to the agency accrediting the institution or program.

The JRCERT, recognized by the United States Department of Education for the accreditation of radiography, radiation therapy, magnetic resonance, and medical dosimetry educational programs investigates allegation(s) submitted, in writing, signed by any individual with reason to believe that an accredited program has acted contrary to the relevant accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students. 03/09
Joint Review Committee on Education in Radiologic Technology (JRCERT)

Allegations Reporting Form

Please print or type all information.

Name of Complainant: ____________________________________________

Address: _______________________________________________________

City: ______________________ State: __________ Zip Code ______

Signature: ___________________________ Date: _________________

Institution sponsoring the program:

Name: _______________________________________________________________________________________

City: ______________________ State: __________________________

Type of Program: (Check One)

__ Radiography   __ Radiation Therapy   __ Magnetic Resonance
__ Medical Dosimetry

The following materials must be submitted:

1. Attach a copy of the program’s publication that includes the due process or grievance procedure.
2. Provide a narrative that identifies what you did at each step of the due process or grievance procedure and copies of materials that you submitted as part of your appeal and copies of correspondence you received in repose to your appeal.
3. List the specific objective(s) from the accreditation standards (available at www.jrcert.org/acc_standards.html) and indicate what the program is alleged to have done that is not in compliance with the cited objective(s).

Example

Objective 8.4
Direct supervision pre-competency

Allegation
Students often do patient exams without supervision before they have completed a competency check-off

03/09
Emergency Procedures

NUMBERS TO KNOW!

<table>
<thead>
<tr>
<th>Emergency (for any campus phone)</th>
<th>811</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency (non-campus phone)</td>
<td>215-955-8888</td>
</tr>
<tr>
<td>Personal Counseling Center</td>
<td>215-503-2817</td>
</tr>
</tbody>
</table>

| Security Confidential            | 215-955-5678 |
| Security Administration          | 215-955-6182 |
| Non-Emergency Services          | 215-955-8888 |
| Security Escort Service          | 215-955-6182 |
| Security Investigations          | 215-955-6175 |

EMERGENCY LOCATIONS

Building Area Of Refuge
A location in a building designed to hold occupants in the event of a fire or other emergency in the building when evacuation is not possible.

Recommended Relocation Site
Designated building away from the effected area.

Rally Point
The initial gathering point upon exiting a building.

This Building's Shelter Area
Area within the building where occupants can go in order to escape from exterior hazards or other outside emergency.

WHAT TO DO...

Fire
- R – Rescue or remove anyone who may be in immediate danger.
- A – Alarm: activate the nearest fire alarm pull station, dial 811, report Code Red, and give the location of the fire.
- C – Confine or contain the fire and close doors.
- E – Evacuate: know the location of all fire exits should an evacuation become necessary.
- Extinguish: Use the proper fire extinguisher to extinguish or control a fire.
- Do not enter the building until authorized to do so by emergency personnel.

Building Evacuation Procedures
- When the fire alarm is activated, evacuation is mandatory.
- DO NOT use elevators.
- Take personal belongings (ID, keys, purses, wallets, etc.) and dress appropriately for the weather.
- Upon exiting, proceed to your building’s rally point to begin the accountability process.

Shelter-in-Place
- Purpose: To shelter occupants inside the building in the event of a hazardous biological material or other emergency incident outside the building.
- When notified, go inside the nearest building.
- Close all windows and doors.
- Report to the building’s shelter area.

Suspicious Packages
- Any package found or received that arouses concern.
- Do not touch or disturb the object or package.
- Isolate the package and evacuate the immediate area.
- Call the emergency phone number.
- Notify your Building Administrator.

Suspicious Behavior
- Do not physically confront the person exhibiting the behavior.
- Do not let anyone into a locked room/building.
- Do not block a person’s access to an exit.
- Call the emergency phone number immediately.

Bomb Threat
- Remain calm.
- Get as much information as possible from the threatening caller.
- Call the emergency phone number above.
- Follow the instructions of emergency personnel.

Active Shooter/Lock Down
- If possible, exit the building immediately and call the emergency phone number above.
- If you cannot exit, clear the hallway immediately and/or remain behind closed doors in a locked or barricaded room, if possible, and stay away from all windows. Remain calm and quietly call the emergency phone number above.
- Evacuate the room only once authorities have arrived and instructed you to do so.
- DO NOT leave or unlock the door to "see what is happening."
- DO NOT attempt to confront or apprehend the shooter, except as a last resort.
- Upon exiting, proceed to your building primary relocation site and begin your accountability process.

Register to Receive Emergency Alerts or update your information
visit http://jefferson.edu/jeffalert

APPENDIX I
APPENDIX J

JeffHELP 2013-2014 Resource List

Student Personal Counseling Center
University Health Services
800-JEFF-NOW (855-JEFF-123)
FIRSTCALL
215-955-HELP (4357)

EMERGENCY LOCATIONS
Jefferson University Hospital—10th and Sansom (215) 955-6000
Pennsylvania Hospital—9th and Spruce (215) 829-3000
Hall Mercer Crisis Response Center—8th and Spruce (215) 829-5433
Department of Behavioral Health Emergency Mobile Team—(215) 685-6440

UNIVERSITY SERVICES
Housing & Residence Life—(215) 955-8913
Financial Aid—(215) 955-2857
Career Development Center—(215) 503-5805
Office of International Affairs—(215) 503-4335

Campus Security: 811 or (215) 955-8888  Anonymous TIP LINE: (215) 955-5678
Philadelphia Police Non-Emergency Number: 311

Women Organized Against Rape (WOAR) 24/7 Hotline—(215) 985-3333

GRADUATE SCHOOL OF BIOMEDICAL SCIENCES
Academic Support: Eleanor Gorman (215-503-5799)
Student Affairs: Gerald Grumwald, PhD (215-503-9890) Primary
Lisa Kozlowski, PhD (215-503-5750) Secondary

SCHOOL OF NURSING
Academic Support: Jen Fogerty (215-503-2787)
Student Affairs: Maureen Revaltii MSN, RN-C-NIC (215-503-4214)

SCHOOL OF HEALTH PROFESSIONS
Academic Support: Jen Fogerty (215-503-2787)
Student Affairs: Debbie Zelnick MS, OTR/L (215-503-8012)

SCHOOL OF PHARMACY
Academic Support: Jen Fogerty (215-503-2787)
Student Affairs: Mary Hess, PharmD, FASHP, FCC (215-503-6448)

MEDICAL COLLEGE
Academic Support: Karen Glaser, PhD (215-555-0704)
Student Affairs: Charlie Pohl, MD (215-503-6888)

SCHOOL OF POPULATION HEALTH
Academic Support: Jennifer Ravelli, MPH (215-955-8069)
Student Affairs: Caroline Golab, PhD (215-503-8468)