

**JEFFERSON COLLEGE OF  
PHARMACY (JCP)  
2017-2018 STUDENT HANDBOOK**

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## ACCREDITATION NOTICE

The Thomas Jefferson University's Doctor of Pharmacy program is accredited by the Accreditation Council for Pharmacy Education (ACPE) through June 30, 2018. The United States Department of Education recognizes ACPE as the national agency for accreditation of professional degree programs(PharmD) in pharmacy and continuing education programs for pharmacists.

Contact ACPE :

135 South LaSalle Street  
Suite 4100, Chicago, IL 60503.

Phone: (312)664-3575. Fax: (866)228-26314652.

Web address: <http://www.acpe-accredit.org>

**INTRODUCTION TO  
THE JEFFERSON COLLEGE OF PHARMACY  
(JCP)**

## MESSAGE FROM THE DEAN

On behalf of the Faculty and Staff of the Jefferson College of Pharmacy (JCP), I would like to welcome you to the 2017 -2018 academic year at the Jefferson College of Pharmacy and Thomas Jefferson University. This is truly an exciting time to be part of Thomas Jefferson University and we welcome the JCP Class of 2021. Over the past year, under the leadership of Dr. Stephen Klasko, the Jefferson enterprise has continued to grow. Most importantly, our integration with the former Philadelphia University became official on July 1, 2017! This integration puts Jefferson among the largest Universities in the greater Philadelphia area and brings exciting opportunities for collaborations in education, training, research, community engagement and other student activities. Over the upcoming year, there will be many changes at Jefferson and I urge you to be monitor your e-mail and other Jefferson communications regarding the integration.

The Jefferson Health System also has continued to grow. Aria Health and the Rothman Specialty Orthopaedic Speciality Hospital joined Jefferson last year and the Kennedy Health System in New Jersey will join Jefferson this fall. Jefferson Health will now include 12 hospitals, more than 30,000 employees, more than 25 outpatient and urgent care centers and Thomas Jefferson University with its 7800 students. We are all very excited that our flagship hospital, Thomas Jefferson University Hospital was named 16<sup>th</sup> on the *U.S. News & World Report's 2017-2018 Best Hospitals Honor Roll* – a distinction awarded to just 20 hospitals in the U.S. chosen for breadth and depth of clinical excellence! At Jefferson, research and education are truly synergistic with patient care and our commitment to innovation, creativity, entrepreneurship and partnerships will provide unprecedented professional growth opportunities for Jefferson students.

On July 1, 2016, new standards for the accreditation of Doctor of Pharmacy programs were implemented by the Accreditation Council for Pharmacy Education (ACPE). Over the past year, Faculty, Students, Alumni and other stakeholders have been assessing our compliance to the new standards as well as identifying opportunities to enhance our program in preparation for our reaccreditation process this year. These standards and an accompanying guidance document are available for review at: <https://www.acpe-accredit.org/>.

This Student Handbook is just one of several tools designed to assist you while at Jefferson. Within it you will find important information regarding resources available to you at Jefferson as well as policies and procedures that provide the framework for the Jefferson community. As a Jefferson student it is your responsibility to understand and adhere to JCP and TJU policies therefore, I urge you to review this Handbook carefully and use it as a resource throughout the year. In addition to a culture focused on learning, advancement of the health sciences, and excellence in patient care, you will find that values including *civility, respect and courtesy* also define the Jefferson community. Embracing and exemplifying these values will go far in defining your success, satisfaction, and respect as a member of the health care team. Simple actions such as the following basic courtesies will be very important in setting you on a course for success at Jefferson and for your entire career.

- Greet people when you encounter them on campus, even those you do not know.
- Remember that while e-mail and texting are a quick and informal means of communication, messages still require courtesy and respect, particularly when writing to people you do not know.
- Respond to invitations and keep appointments you make.
- Thank or acknowledge people who do something for you.
- Try not to be the first person on the elevator or through the door. Hold the door for others. Curb your backpacks in the elevators. Be especially aware that many visitors on campus may be patients or their family – please assist them in any way you can and be compassionate.
- Be aware of the impact of your language. Language begets culture and ours is defined by civility and respect.
- Pick up trash and dispose of it properly – we are all part of this community and appearances send an important message about who we are and our values.

- Turn off your cell phone, take out your earbuds, and be present and engaged in class and at University events. Ensure that your laptops and tablets only display course-related material during class. Paying attention signals respect and also earns it.
- Take responsibility for your mistakes. Mistakes are inevitable but the true measure of character is how you respond to your own mistakes.
- Read carefully, accept and uphold the Jefferson Code of Conduct in this Handbook.

We are honored that you have chosen to be a part of the Jefferson community. Be assured that the highest priority of our Faculty and Staff is your success at Jefferson. We are all committed to providing you support and guidance throughout your tenure at Jefferson and are confident that it will be a rewarding foundation for your professional careers. We are all excited to have this opportunity to share our experience and our passion for pharmacy practice and research with you.

Lastly, we value your feedback and sincerely hope that you will assist us in improving the academic program and the Jefferson community for future students. Please let us know if there is additional information that would be helpful in future additions of this Handbook. We also invite and appreciate your feedback both through the formal evaluation processes as well as through informal recommendations regarding how we can enhance this experience for you and your colleagues.

I sincerely hope that this academic year is both successful and professionally rewarding for everyone.

A handwritten signature in cursive script, reading "Rebecca S. Finley". The signature is written in black ink and is positioned to the left of the typed name.

Rebecca S. Finley, PharmD, MS, FASHP  
Founding Dean and Professor

## UNIVERSITY HANDBOOK

This handbook includes JCP-specific information, policies and procedures. Students are responsible for knowing the contents and adhering to all policies within the JCP Student Handbook as well as the University policies and procedures found at: <http://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks.html>

### University Policy and Procedures:

- [Campus Violence](#)
- [Code of Conduct/Students Rights, Freedoms & Responsibilities](#)
- [Confidentiality of Student Records](#)
- [Disability Accommodations](#)
- [Drugs & Alcohol Policy](#)
- [Emergency Preparedness](#)
- [Flu Vaccination Policy](#)
  
- [Grievance Procedure](#)
- [Health Insurance Policy](#)
- [Occupational Exposure to Blood and Body Fluids](#)
- [Peer-to-Peer File Sharing on University Networks](#)
- [Policy on Equal Opportunity;](#)  
[Policy Prohibiting Sexual Harassment;](#)  
[Policy Prohibiting Retaliation](#)
- [JEFFAlert Emergency Notification System](#)
- [Social Media Policy](#)
- [Student Alcohol Policy](#)
- [Student Directory](#)
- [Student Emergency Contact Information](#)
- [Student Identification Cards](#)
- [Student Religious Observance Policy](#)
- [Student Sexual Misconduct Policy](#)
- [Tobacco Free Environment](#)
- [Use of College's Name/Logo](#)
- [Weapons Policy](#)
- [Weather Emergency Policy](#)

**University and JCP Policies and Procedures may be updated at any time.** JCP attempts to notify students of substantive changes in policies or procedures; however, students are responsible for consulting the most recent updates available online.

**JEFFERSON SCHOOL OF PHARMACY  
ADMINISTRATION**

**Rebecca S. Finley, PharmD, MS, FASHP**  
Founding Dean

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Associate Dean for Student Affairs

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Associate Dean for Professional Affairs  
Chief Pharmacy Officer, Thomas Jefferson University Hospital

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Associate Dean for Academic Affairs  
Co-Director, Jefferson Center for Interprofessional Education

**Alok Bhushan, PhD**  
Chair, Department of Pharmaceutical Sciences

**Cynthia A. Sanoski, PharmD, FCCP, BCPS**  
Chair, Department of Pharmacy Practice

**Gerald E. Meyer, PharmD, MBA, FASHP**  
Director, Experiential Education

**Andrea S. Joseph, MS, RPh**  
Assistant Director, Experiential Education

**Stephen Doll, BA**  
Executive Assistant to the Dean

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Clinical Professor, Jefferson College of Pharmacy

Anne Reiley, Administrative Assistant to the Chair

Anyta Thomas, Administrative Assistant to the Director of Experiential Education

## **Thomas Jefferson University Mission, Vision and Values**

### **Mission**

We Improve Lives.

### **Vision**

Reimagining health, education and discovery to create unparalleled value.

### **Values**

The behaviors our employees demonstrate daily to patients and their fellow staff enable Jefferson to continue achieve its mission. Jefferson's values define who we are as an organization, what we stand for, and how we continue the work of helping others that began here nearly two centuries ago. These values are:

#### **Put People First**

Service-Minded, Respectful & Embraces Diversity

#### **Be Bold & Think Differently**

Innovative, Courageous & Solution-Oriented

#### **Do the Right Thing**

Safety-Focused, Integrity & Accountability

#### **Our Commitment to Diversity**

Thomas Jefferson University has a long and proud history of contributing to the national healthcare workforce. We aspire to create a diverse and inclusive environment, knowing that the creative energy and innovative insights that result from diversity are vital for the intellectual rigor and social fabric of the University. It is also requisite for a highly effective healthcare workforce of the future. As a scholarly community, the University welcomes people of all racial, ethnic, cultural, socio-economic, national and international backgrounds, diversity of thought, pedagogy, religion, age, sexual orientation, gender/gender identity, political affiliation and disability.

## **MISSION OF THE JEFFERSON COLLEGE OF PHARMACY**

The mission of the Jefferson School of Pharmacy (JCP) is to prepare its students for careers in the profession of pharmacy. Through the provision of a learner-centered, interdisciplinary curriculum, our students will develop the requisite knowledge, skills, and attitudes to provide excellent patient-centered and population-based care. Consistent with the mission of Thomas Jefferson University, we strive to develop in our students a sense of social, personal and professional responsibility.

## **VISION OF THE JEFFERSON COLLEGE OF PHARMACY**

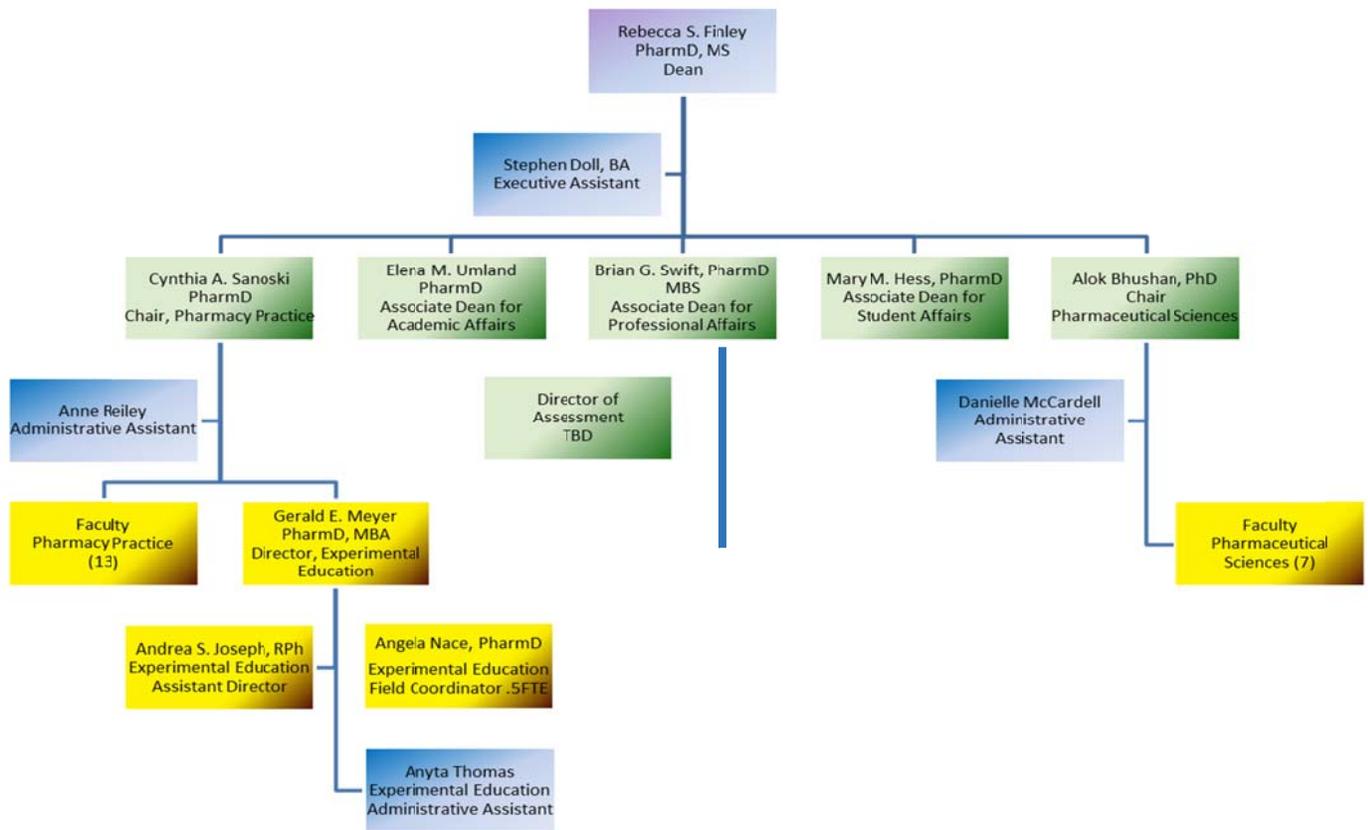
The JCP will consistently demonstrate its ability to provide a superb environment that fosters collaborative relationships with health care practitioners and scientists that result in the advancement of patient care and safety, educational methodologies, and research. It will be recognized as a premier organization that advances the profession of pharmacy through our graduates and our faculty.

- Our graduates will be recognized for their: ability to provide outstanding patient-centered and population-based care; leadership skills; cultural competency; social responsibility; and commitment to maintaining professional competence throughout their careers.
- Our faculty will be recognized for their: strong commitment to the advancement of pharmacy and graduate education, patient care, and research; leadership in the professional societies and educational organizations; and strong commitment to the improvement of our community through service initiatives.

## **JEFFERSON COLLEGE OF PHARMACY CORE VALUES**

The JCP is committed to:

- maintaining a culture that fosters integrity, respect, social responsibility, diversity, and compassion;
- a learner-centered educational environment that recognizes the importance of lifelong learning;
- meeting the diverse needs of and fostering positive morale among our students, faculty and staff;
- preparing and encouraging our students to pursue postgraduate education and training programs;
- the continued professional development and mentoring of our students, faculty and staff;
- the development of leadership skills among students, faculty and staff;
- a research-rich environment that stimulates the advancement of science, patient care and safety, and educational effectiveness; and,
- maintaining an ongoing assessment program that results in the continuous improvement of our educational program, research endeavors, and infrastructure in an effort to support our mission and vision



## ACADEMIC CALENDAR 2017-2018

*The University reserves the right to make changes to the academic calendar as circumstances may require.*

### 2017 FALL SEMESTER

8/21, 22	Mon, Tue	JCP Welcome Days for the Class of 2021
8/23	Wed	Classes Begin
9/4	Mon	Labor Day Holiday
9/13	Wed	Drop/Add Period Ends
9/20	Tue	Last Date to Remove an "I" Grade from Previous Term
10/18	Wed	Last Date to Withdraw with a Grade of "W"
11/13	Mon	On-line Registration for Spring Semester Begins (Anticipated)
11/22	Wed	Thanksgiving Holidays Begin/No Classes Scheduled
11/27	Mon	Thanksgiving Holidays End/Classes Resume
12/1	Fri	Classes End
12/2-7	Sat-Fri	Final Examinations
12/14	Thu	Grades Due in Registrar's Office, 9:00 am
12/29	Fri	Last Date to File Application for Graduation

### 20186 SPRING SEMESTER

1/6	Fri	On-line Registration for Spring Semester Ends
1/8	Mon	Classes Begin
1/22	Mon	Drop/Add Period Ends
2/2	Fri	Last Date to Remove an "I" Grade from Previous Term
2/23	Fri	Last Date to Withdraw with a Grade of "W"
2/26	Mon	Spring Recess Begins/No Classes Scheduled
3/5	Mon	Spring Recess Ends/Classes Resume
3/26	Mon	On-line Registration for Summer/Fall Semesters Begins (Anticipated)
4/27	Fri	Classes End
4/30-5/5	Mon-Sat	Final Examinations
4/27	Mon	Senior Grades Due in Registrar's Office, 9:00 am
5/15	Tue	On-line Registration for Summer Semester Ends
5/16	Wed	All Other Grades Due in Registrar's Office, 9:00 am
5/22	Tue	Class of 2018 Commencement

<b>JCP P4 Academic Calendar</b>					
<b>Pre-Fall Semester</b>	<b>2017</b>	<b>Fall Semester</b>	<b>2017</b>	<b>Spring Semester</b>	<b>2018</b>
APPE I Begins	5/15	APPE III Begins	8/7	APPE VI Begins	1/7
Memorial Day	5/29	APPE III Ends	9/15	APPE VI Ends	2/16
APPE I Ends	6/23	APPE IV Begins	9/25	APPE VII Begins	2/26
APPE II, Begins	6/26	APPE IV Ends	11/3	APPE VII Ends	4/6
APPE II, Ends	8/4,	APPE V Begins	11/6	Board Review and Seminar II	Weeks of 4/9; 4/16
		APPE V Ends	12/15		

# **Doctor of Pharmacy PROGRAM OF STUDY**

## DOCTOR OF PHARMACY PROGRAM OF STUDY

### Curriculum Goals

The JCP Doctor of Pharmacy (PharmD) curriculum will prepare its graduates to provide patient-centered and population-based care that ensures optimal health outcomes. It will also prepare its graduates to practice in diverse patient care environments and to become valued members of the health care team. Its graduates will embrace the need for life-long, self-directed learning.

### Curriculum Objectives

The PharmD curriculum goals will be met by:

- Identification of the key curricular outcomes to be achieved by our students;
- Vertical integration of the necessary knowledge, attitudes, and skills necessary for achieving the key curricular outcomes throughout the curriculum;
- Ensuring that students know the curricular outcomes and have an understanding of the relationship between knowledge, attitudes, and skills and these outcomes;
- Consistent incorporation of active learning throughout the curriculum via modes that may include, but are not limited to, the use of educational technology, small group discussions, learning communities, and online coursework and discussions;
- Development of interprofessional educational coursework in the classroom and experiential settings;
- Creation of introductory and advanced pharmacy practice experiences in a variety of patient care settings;
- Utilization of end-of-year performance assessments throughout the curriculum;
- Development of student portfolios to aid in their professional development; and
- Incorporation of assessment into the College's planning process for providing continuous curricular revision and development.

### Curriculum Plan/Outline by Year

<i>First Year – P1 Fall</i>	<i>Credits</i>	<i>First Year – P1 Spring</i>	<i>Credits</i>
Biochemistry – PHRM510	3	Biostatistics – PHRM511	3
Preventive Healthcare and Self-Care Issues – PHRM512	2	Medicinal Chemistry – PHRM513	2
Pathophysiology I – PHRM514	3	Pathophysiology II – PHRM515	3
Pharmacy Practice I – PHRM516	1	Pharmacy Practice II – PHRM517	1
Healthcare Delivery Systems – PHRM519	2	Molecular and Cell Biology – PHRM520	3
IPPE: Healthcare Service Learning – PHRM522	*1	IPPE: Community Pharmacy – PHRM523	*1
Healthcare Communications and Patient Counseling – PHRM524	2	Physical Assessment and Clinical Skills – PHRM526	3
Immunology – PHRM525	3		
<b>Total Credits</b>	<b>17</b>		<b>16</b>
<i>Second Year – P2 Fall</i>	<i>Credits</i>	<i>Second Year – P2 Spring</i>	<i>Credits</i>
Drug Information and Literature Evaluation – PHRM527	3	Biopharmaceutics and Principles of Clinical Pharmacokinetics – PHRM535	3
IPPE: Hospital Pharmacy - PHRM528	*1	Pharmacology II – PHRM556	3

Medication Safety – PHRM529	2	IPPE: Ambulatory Care – PHRM537	*1
Pharmaceutics and Drug Delivery Systems – PHRM530	3	Pharmacy Practice IV – PHRM538	1
Pharmaceutics Lab – PHRM531	1	Clinical Diagnosis/Pharmacotherapy I: Introductory Pharmacotherapy Principles / Endocrine Module – PHRM554	2
Pharmacology I – PHRM549	3	Clinical Diagnosis/Pharmacotherapy II: Renal / Gastrointestinal Module - PHRM555	2
Pharmacy Management: Theory and Applications – PHRM533	3	Pharmacy Practice Lab I - PHRM542	1
Pharmacy Practice III - PHRM534	1	Professional Elective(s)	**2-3
Pharmaceutical Calculations – PHRM521	2		
<b>Total Credits</b>	<b>19</b>		<b>(**15)16</b>

<i>Third Year – P3 Fall</i>	<i>Credits</i>	<i>Third Year – P3 Spring</i>	<i>Credits</i>
Pharmacology III – PHRM539	3	Clinical Diagnosis Pharmacotherapy V : Neurology-Psychology Module – PHRM546	3
Clinical Diagnosis/Pharmacotherapy III : Cardiovascular / Pulmonary Module – PHRM557	3	Clinical Diagnosis/Pharmacotherapy VI : Oncology Module – PHRM547	3
Clinical Diagnosis/Pharmacotherapy IV : Infectious Diseases Module - PHRM544	3	Pharmacy Practice Lab III – PHRM548	1
Pharmacy Practice Lab II - PHRM545	1	Pharmacoeconomics and Health Outcomes – PHRM551	3
Interprofessional Grand Rounds – PHRM550	2	Integrated Practice Applications – PHRM552	1
IPPE: Direct Inpatient Care – PHRM558	*2	Professional Seminar I – PHRM553	2
Professional Elective(s)	**2-3	IPPE: Elective Site – PHRM568	*2
		Professional Elective(s)	**2-3
		Pharmacy Law – PHRM610	1
<b>Total Credits</b>	<b>(**16)17</b>		<b>(**18)19</b>

**Fourth Year – P4**

Advanced Pharmacy Practice Experiences (APPEs): 4 Core (Community Pharmacy - PHRM630, Hospital Pharmacy – PHRM64-, Ambulatory Care Pharmacy – PHRM650, Direct Inpatient Care Pharmacy – PHRM660 ) ; 2 Elective (Direct Patient Care – PHRM670, Indirect Patient Care – PHRM680) [6 X 6 weeks each x 40 hours/week = 1440 hours] 36 credits	
Professional Seminar II - PHRM620	2 credits
<b>Total Credits</b>	<b>39 credits</b>

**Total Curriculum Credits = 141**

\* = Without regard to semester; IPPE = Introductory Pharmacy Practice Experience

\*\* = Elective requirement is 8 credits of which a minimum of 50% must be earned from non-independent study, JCP-approved elective offerings.

**Credit Hour Policy**

Within JCP, credit hours are counted as follows:

1 hour in the classroom per week = 1 credit hour

3 hours in the laboratory per week = 1 credit hour

3 hours in a clinical experience per week = 1 credit hour

In the Advanced Pharmacy Practice Experiences, 40 hours per week X 6 weeks = 6 credit hours

### Grading System

At the close of an academic term, each instructor assigns a letter grade indicating the quality of a student's work in the course. The following is the grading system used in JCP, including the quality points assigned for use in the calculation of the grade point average (GPA).

GRADE	Percentage	Quality Points
A+	97.5-100	4.0
A	92.5-97.4	4.0
A-	89.5-92.4	3.7
B+	86.5-89.4	3.3
B	82.5-86.4	3.0
B-	79.5-82.4	2.7
C+	76.5-79.4	2.3
C	72.5-76.4	2.0
C-	69.5-72.4	1.7
D+	66.5-69.4	1.3
D	62.5-66.4	1.0
D-	59.5-62.4	0.7
F*	</=59.4	0.0
WF*	0.0	

### GRADES NOT CALCULATED IN THE GRADE POINT AVERAGE (GPA)

AU	Audit	Instructor permission required; no credit awarded.
CR	Credit	Awarded for successful completion of a challenge examination.
H	Honors	Awarded to students meeting set criteria in the P4 APPEs.
I	Incomplete	Awarded only when the student has done course work at a satisfactory level. Failure to remove an incomplete grade prior to the end of the 6th week following the conclusion of the final exam (or as determined by the department if the course is a pre-requisite) will result in a grade of F.
IP	In Progress	Assigned when course work is scheduled on a continuous basis over more than academic term (e.g., selected clinical practical). The final course grade and credit are awarded in the term of completion.
LP	Low Pass	Awarded to students meeting set criteria in the P4 APPEs. Receipt of this grade requires the APPE to be repeated.
N	No Credit	When it is impossible to complete work in a given course, the student may submit a written application for a grade of N, within one academic term, through the instructor to the Dean. If the request is approved, the student will be awarded a grade of N. No credit is awarded.
NC	No Credit	Did not achieve passing score on a challenge examination.
P	Pass	Satisfactory completion of a course graded on a Pass/Fail basis.
T	Transfer Credit	Transfer credit awarded.
W/WP/WF	Withdrawal	Students who complete an authorized withdrawal by the deadline published in the Academic Calendar receive a grade of W. After the deadline, a student who withdraws receives a grade of WP (Withdrew Passing) or WF* (Withdrew Failing), depending upon the level of performance in the course at the time. WF <i>is</i> calculated in the student's GPA.

\*An earned grade of F or WF in any IPPE or APPE course IS calculated into the GPA as 1 credit (IPPE) or 6 credits (APPE) of zero quality points.

### **Grade Point Average Calculation**

The grade point average (GPA) is computed in the following manner:

1. Multiply the number of Quality Points for each grade by the Credit Hour value assigned to each course attempted.
2. Divide the sum of these products by the total number of credits attempted.

**The cumulative GPA is based on the grades earned in all courses taken and applied towards Completion of the Doctor of Pharmacy degree.**

**Information regarding academic progression in the PharmD program including successful completion of courses, progression to the subsequent academic year and meeting requirements for the Doctor of Pharmacy degree are found in the JCP Academic Progression Standards in the next section (Academic Policies) of the Handbook.**

### **Repeated Courses**

If a student must repeat a course (see JCP Academic Standards below), the initial credits attempted, credits earned and quality points are all included in the calculation of the cumulative GPA. The repeated course grade also appears on the transcript and is averaged into the student's semester and cumulative GPA

### **GPA Calculations for Those Previously Enrolled in Other Jefferson Programs**

For any student previously enrolled in another TJU degree program who is admitted to a second degree program at TJU, their cumulative GPA for the second program is computed only on the grades earned in courses taken after the completion of the first program.

### **Coursework and Course Syllabi**

Each JCP course is required to have a detailed course syllabus which is posted on the Course page within BbLearn prior to the start of each semester. This important document includes course objectives, schedule, course policies and a description of how student performance is assessed. The student is responsible for being familiar with all of the content included in the course syllabus and adherence to all course policies. This includes but is not limited to, policies regarding attendance, absences, exams, make-ups, and assignments, as outlined in each respective course syllabi, See Academic Policies in next section for additional information.

### **Posting of Assessment Results**

Each course has its own Bb shell. Assessment results, including exam and course grades, are posted to the Gradebook on that course's page. Please see individual course syllabi for further details. Final course grades will be posted to Banner Web.

### **Curriculum Outcomes**

Upon completion of the Doctor of Pharmacy program students will exhibit the following characteristics in order to function as effective members of the health care team in the provision of patient-centered and population-based care.

- The knowledge, understanding and application of the biomedical sciences, pharmaceutical sciences, social/behavioral/administrative sciences, and clinical sciences.
- The ability to think critically and problem solve.
- Effective communication through both written and verbal means.
- The highest level of professional, legal, and ethical behavior.
- The professional acumen to identify and analyze emerging health-related issues.
- A working knowledge of how legislation, regulations and related programs affect the practice of pharmacy.

### **Evaluation of Curricular Outcomes**

#### *Outcomes Assessment*

Rubrics (presented on subsequent pages) have been developed by the faculty to evaluate the curricular outcomes of written communications, verbal communications, and critical thinking and problem solving. Students will be asked to perform a self-assessment of their personal level of skill in each of these areas, relative to expected level of performance in that particular academic year, at the start of each academic year. The rubrics have been developed such that the expectations are further elevated in each subsequent year of the Program.

Students are encouraged to perform a less formal self-assessment of their abilities related to both curricular outcomes and study skills for discussion with their academic advisor.

#### *Student Evaluations of Courses*

Students are expected to complete evaluations of all JCP courses. These tools allow students to provide their own assessment of how well the courses meet the stated objectives (related to curricular outcomes) and provide the faculty with valuable feedback regarding course delivery, content and assessment techniques. More information regarding student course evaluations are included in the Section titled General Statements/ Policies Applicable to Program.

#### *Pharmacy Curriculum Outcomes Assessment (PCOA)®*

The PCOA is a valid and reliable assessment of student competence in the four broad curricular domains of the didactic curriculum required of all ACPE-accredited programs. All JCP P3 students are required to take the PCOA® exam at the conclusion of their Spring semester. This exam is a 220-item multiple choice web-based electronic assessment that is administered nationally. The exam, developed by the National Association of Boards of Pharmacy (NABP) encompasses the major content areas identified in the ACPE Accreditation Standards. These areas include: basic biomedical sciences; pharmaceutical sciences; social, behavioral, and administrative pharmacy sciences; and clinical sciences. JCP's participation in this national exam provides us with benchmarking data and information to identify areas of curricular strength and areas for which improvement may be needed.

#### *Rubrics*

The JCP rubrics evaluating student progress in the skill areas of written communication, verbal communication, and critical thinking/problem solving were developed using an iterative process and with the input of practitioners and faculty. These rubrics will serve to provide students with specific feedback relative to the elements that contribute to the achievement of each of these curricular outcomes. They will serve to provide the faculty in JCP with feedback relative to the effectiveness of the curriculum. The following pages illustrate the rubric that will be used, in whole or in part, throughout the first 3 years of the curriculum.

**VERBAL COMMUNICATION – P1**

The elements contributing to the curricular outcome of verbal communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Presentation Style</b>					
1. Transition and flow	Presentation lacks any transitions and lacks logical flow.	Presentation includes the poor use of transitions and demonstrates significant gaps in logical flow.	Presentation includes the infrequent use of transition and flows logically for most of it.	Presentation includes the occasional use of smooth transitions and flows logically for most of it.	
2. Use of verbal distractors	Excessive use of verbal distractors (e.g., ahs, ums, ok) to the extent that the impact of the presentation is lost.	Moderate use of verbal distractors (e.g., ahs, ums, ok) to the extent that the impact of the presentation is diminished.	Moderate use of verbal distractors (e.g., ahs, ums, ok) but the impact of the presentation is preserved.	Minimal use of verbal distractors (e.g., ahs, ums, ok).	
3. Pace	Inappropriate pace (i.e., too fast or too slow) throughout the entire presentation.	Appropriate pace through <50% of the presentation.	Appropriate pace through 50-75% of the presentation.	Appropriate pace through >75% of the presentation.	
4. Voice projection	Too loud/too soft throughout the entire presentation.	Appropriate voice projections through < 50% of the presentation.	Appropriate voice projection through 50-75% of the presentation.	Appropriate voice projection through > 75% of the presentation.	
5. Use of nonverbal distractors	Excessive use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) to the extent that the impact of the presentation is lost.	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) to the extent that the impact of the presentation is diminished.	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) but the impact of the presentation is preserved.	Minimal use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use).	
6. Eye contact	Avoiding eye contact with the audience throughout the entire presentation.	Maintains eye contact and scans the audience through <50% of the presentation.	Maintains eye contact and scans the audience through 50-75% of the presentation.	Maintains eye contact and scans the audience through >75% of the presentation.	
<b>Presentation Content</b>					
7. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
8. Audience comprehension	Student fails to recognize when the audience does not understand.	Student partially recognizes when the audience does not understand but fails to make appropriate adjustments.	Student partially recognizes when the audience does not understand and attempts to make appropriate adjustments.	Student fully recognizes when the audience does not understand and attempts to make appropriate adjustments.	
9. Pertinence of Information	< 25% of the material presented is essential to the topic and objectives.	25-49% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	>75% of the material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	The work lacks a conclusion.	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion.	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	

**VERBAL COMMUNICATION – P2**

The elements contributing to the curricular outcome of verbal communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student's performance. Identify the student's overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Presentation Style</b>					
1. Transition and flow	Presentation includes the poor use of transitions and demonstrates significant gaps in logical flow.	Presentation includes the infrequent use of transition and flows logically for most of it.	Presentation includes the occasional use of smooth transitions and flows logically for most of it.	Presentation includes the frequent use of smooth transitions and flows logically for most of it.	
2. Use of verbal distractors	Moderate use of verbal distractors (e.g., ahs, ums, ok) to the extent that the impact of the presentation is diminished.	Moderate use of verbal distractors (e.g., ahs, ums, ok) but the impact of the presentation is preserved.	Minimal, but noticeable, use of verbal distractors (e.g., ahs, ums, ok).	Minimal use of verbal distractors (e.g., ahs, ums, ok), but not noticeable.	
3. Pace	Inappropriate pace (i.e., too fast or too slow) throughout the entire presentation.	Appropriate pace through <50% of the presentation.	Appropriate pace through 50-75% of the presentation.	Appropriate pace through >75% of the presentation.	
4. Voice projection	Too loud/too soft throughout the entire presentation.	Appropriate voice projections through <50% of the presentation.	Appropriate voice projection through 50-75% of the presentation.	Appropriate voice projection through >75% of the presentation.	
5. Use of nonverbal distractors	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) to the extent that the impact of the presentation is diminished.	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) but the impact of the presentation is preserved.	Minimal, but noticeable, use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use).	Minimal use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use), but not noticeable.	
6. Eye contact	Avoiding eye contact with the audience throughout the entire presentation.	Maintains eye contact and scans the audience through <50% of the presentation.	Maintains eye contact and scans the audience through 50-75% of the presentation.	Maintains eye contact and scans the audience through >75% of the presentation.	
<b>Presentation Content</b>					
7. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
8. Audience comprehension	Student partially recognizes when the audience does not understand but fails to make appropriate adjustments.	Student partially recognizes when the audience does not understand and makes some appropriate adjustments.	Student fully recognizes when the audience does not understand and makes some appropriate adjustments.	Student fully recognizes when the audience does not understand and makes mostly appropriate adjustments.	
9. Pertinence of Information	< 25% of the material presented is essential to the topic and objectives.	25-49% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	>75% of the material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	The work lacks a conclusion.	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion. .	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	

**VERBAL COMMUNICATION – P3**

The elements contributing to the curricular outcome of verbal communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Presentation Style</b>					
1. Transition and flow	Presentation includes the infrequent use of transition and flows logically for most of it.	Presentation includes the occasional use of smooth transitions and flows logically for most of it.	Presentation includes the frequent use of smooth transitions and flows logically for most of it.	Entire presentation includes the use of smooth transitions and flows logically.	
2. Use of verbal distractors	Moderate use of verbal distractors (e.g., ahs, ums, ok) but the impact of the presentation is preserved.	Minimal, but noticeable, use of verbal distractors (e.g., ahs, ums, ok).	Use of verbal distractors (e.g., ahs, ums, ok) not noticeable.	Presentation is completely devoid of the use of verbal distractors (e.g., ahs, ums, ok).	
3. Pace	Inappropriate pace (i.e., too fast or too slow) throughout the entire presentation.	Appropriate pace through <50% of the presentation.	Appropriate pace through 50-75% of the presentation.	Appropriate pace through >75% of the presentation.	
4. Voice projection	Too loud/too soft throughout the entire presentation.	Appropriate voice projections through <50% of the presentation.	Appropriate voice projection through 50-75% of the presentation.	Appropriate voice projection through >75% of the presentation.	
5. Use of nonverbal distractors	Moderate use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use) but the impact of the presentation is preserved.	Minimal, but noticeable, use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use).	Minimal use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use), but not noticeable.	Presentation is completely devoid of the use of nonverbal distractors (e.g., swaying, inappropriate posture, inappropriate laser pointer use).	
6. Eye contact	Maintains eye contact and scans the audience through < 50% of the presentation.	Maintains eye contact and scans the audience through 50-75% of the presentation.	Maintains eye contact and scans the audience through 76-99% of the presentation.	Maintains eye contact and scans the audience throughout the entire presentation.	
<b>Presentation Content</b>					
7. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
8. Audience comprehension	Student fails to recognize when the audience does not understand.	Student partially recognizes when the audience does not understand but fails to make appropriate adjustments.	Student fully recognizes when the audience does not understand and attempts to make appropriate adjustments.	Student fully recognizes when the audience does not understand and to makes appropriate adjustments.	
9. Pertinence of Information	<50% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	76-99% of the material presented is essential to the topic and objectives.	All material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion. .	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	Overall conclusion is consistent with evidence presented and incorporates knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	

**WRITTEN COMMUNICATION – P1**

The elements contributing to the curricular outcome of written communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Writing Proficiency</b>					
1. Proper grammar	Three or more grammatical errors present.	Two grammatical errors present.	One grammatical error present.	Complete absence of grammatical errors.	
2. Accurate spelling	Three or more spelling errors present.	Two spelling errors present.	One spelling error present.	Complete absence of spelling errors.	
3. Transition and flow	Written work lacks any transitions and lacks logical flow.	Written work includes the use of smooth transitions <50% of the time and demonstrates significant gaps in logical flow.	Written work includes the use of smooth transitions <50% of the time and flows logically for most of it.	Written work includes the use of smooth transitions ≥50% of the time and flows logically for most of it.	
4. Reference format	No references are present.	<50% of the references are in the correct format.	50-75% or less of the references are in the correct format.	76-99% of the references are in the correct format.	
5. Reference citation	No references are present.	<50% of the references are accurately cited within the document.	50-75% of the references are accurately cited within the document.	76-99% of the references are accurately cited within the document.	
<b>Writing Content</b>					
6. Reference relevance	None of the references are related to the topic.	<50% of the references are related to the topic OR ≤50% of the critical references are included.	50-75% or less of the references are related to the topic OR 75% or less of the critical references are included.	76-99% of the references are related to the topic OR 76-99% of the critical references are included.	
7. Reference Credibility	None of the references are credible.	<50% of the references are credible.	50-75% of the references are credible.	76-99% of the references are credible.	
8. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
9. Pertinence of Information	<25% of the material presented is essential to the topic and objectives.	25-50% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	>75% of the material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	Written work lacks a conclusion.	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion. .	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	

**WRITTEN COMMUNICATION – P2**

The elements contributing to the curricular outcome of written communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Writing Proficiency</b>					
1. Proper grammar	Three or more grammatical errors present.	Two grammatical errors present.	One grammatical error present.	Complete absence of grammatical errors.	
2. Accurate spelling	Three or more spelling errors present.	Two spelling errors present.	One spelling error present.	Complete absence of spelling errors.	
3. Transition and flow	Written work includes the poor use of transitions and demonstrates significant gaps in logical flow.	Written work includes the use of smooth transitions <50% of the time and flows logically for most of it.	Written work includes the use of smooth transitions 51-75% of the time and flows logically for most of it.	Written work includes the use of smooth transitions 76-99% of the time and flows logically for most of it.	
4. Reference format	<50% of the references are in the correct format.	50-75% or less of the references are in the correct format.	76-99% of the references are in the correct format.	All references are in the correct format.	
5. Reference citation	<50% of the references are accurately cited.	50-75% of the references are accurately cited.	76-99% of the references are accurately cited within the document.	All references are accurately cited within the document.	
<b>Writing Content</b>					
6. Reference relevance	<50% of the references are related to the topic OR <50% of the critical references are included.	50-75% or less of the references are related to the topic OR 51-75% or less of the critical references are included.	76-99% of the references are related to the topic OR 76-99% of the critical references are included.	All references are related to the topic and all critical references are included.	
7. Reference credibility	<50% of the references are credible.	50-75% of the references are credible.	76-99% of the references are credible.	All references are credible.	
8. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
9. Pertinence of Information	<25% of the material presented is essential to the topic and objectives.	25-49% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	>75% of the material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	Written work lacks a conclusion.	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion. .	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	

**WRITTEN COMMUNICATION – P3**

The elements contributing to the curricular outcome of written communication will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

Element	0	1	2	3	NA
<b>Writing Proficiency</b>					
1. Proper grammar	Three or more grammatical errors present.	Two grammatical errors present.	One grammatical error present.	Complete absence of grammatical errors.	
2. Accurate spelling	Three or more spelling errors present.	Two spelling errors present.	One spelling error present.	Complete absence of spelling errors.	
3. Transition and flow	Written work includes the use of smooth transitions <50% of the time and flows logically for most of it.	Written work includes the use of smooth transitions 50-75% of the time and flows logically for most of it.	Written work includes the use of smooth transitions 76-99% of the time and flows logically for most of it.	Entire written work includes the use of smooth transitions and flows logically.	
4. Reference format	<50% of the references are in the correct format.	50-75% or less of the references are in the correct format.	76-99% of the references are in the correct format.	All references are in the correct format.	
5. Reference citation	<50% of the references are accurately cited.	50-75% of the references are accurately cited.	76-99% of the references are accurately cited within the document.	All references are accurately cited within the document.	
<b>Writing Content</b>					
6. Reference relevance	<50% of the references are related to the topic OR <50% of the critical references are included.	50-75% or less of the references are related to the topic OR 51-75% or less of the critical references are included.	76-99% of the references are related to the topic OR 76-99% of the critical references are included.	All references are related to the topic and all critical references are included.	
7. Reference credibility	<50% of the references are credible.	50-75% of the references are credible.	76-99% of the references are credible.	All references are credible.	
8. Terminology	Excessive use of inappropriate terminology.	Moderate use of inappropriate terminology.	Mostly appropriate level of terminology used throughout.	Appropriate level of terminology used throughout.	
9. Pertinence of information	<50% of the material presented is essential to the topic and objectives.	50-75% of the material presented is essential to the topic and objectives.	76-99% of the material presented is essential to the topic and objectives.	All material presented is essential to the topic and objectives.	
10. Information accuracy	Potentially harmful information presented OR completely inaccurate information provided.	Mostly inaccurate information provided throughout the presentation.	Mostly accurate information provided throughout the presentation.	Accurate information provided throughout the presentation.	
11. Synthesis of evidence	Overall conclusion is contrary to the evidence presented or new evidence is presented in the conclusion.	Overall conclusion is not entirely supported by the evidence presented.	Overall conclusion is consistent with evidence presented.	Overall conclusion is consistent with evidence presented and incorporates knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	

**CRITICAL THINKING / PROBLEM SOLVING – P1**

The elements contributing to the curricular outcome of critical thinking / problem solving will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

<b>Element</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>
1. Problem identification	Identifies <50% of the major problems.	Identifies 50-75% of the major problem(s) independently or with assistance.	Independently identifies 76-99% of the major problem(s).	Independently identifies all major problem(s).	
2. Problem prioritization	Prioritizes <50% of the major problems.	Independently prioritizes 50-75% of the major problem(s) OR requires assistance in prioritizing the major problem(s).	Independently prioritizes 76-99% of the major problem(s).	Independently prioritizes all major problem(s).	
3. Identifies solutions	Identifies <50% of the possible solutions.	Independently identifies 50-75% of the possible solutions without considering situation and/or case-specific findings OR requires assistance in identifying solutions.	Independently identifies 76-99% of the possible solutions without considering situation and/or case-specific findings.	Independently identifies all possible solutions without considering situation and/or case-specific findings.	
4. Evidence evaluation	Fails to identify appropriate evidence.	Requires assistance in identifying appropriate evidence OR inaccurately evaluates the evidence.	Independently identifies appropriate evidence but provides only a partial, accurate evaluation of it.	Independently identifies appropriate evidence and accurately evaluates it.	
5. Support for conclusion(s)	Overall conclusion is contrary to the evidence presented.	Overall conclusion is not supported by the evidence presented.	Overall conclusion is not entirely supported by the evidence presented.	The rationale to the solution(s) is consistent with evidence presented.	

**CRITICAL THINKING / PROBLEM SOLVING – P2**

The elements contributing to the curricular outcome of critical thinking / problem solving will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

<b>Element</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>
1. Problem identification	Identifies <50% of the major problems.	Identifies 50-75% of the major problem(s) independently or with assistance.	Independently identifies 76-99% of the major problem(s).	Independently identifies all major problem(s).	
2. Problem prioritization	Prioritizes <50% of the major problems.	Independently prioritizes 50-75% of the major problem(s) OR requires assistance in prioritizing the major problem(s).	Independently prioritizes 76-99% of the major problem(s).	Independently prioritizes all major problem(s).	
3. Identifies solutions	Identifies <50% of the possible solutions.	Independently identifies 50-75% of the possible solutions without considering situation and/or case-specific findings OR requires assistance in identifying solutions.	Independently identifies 76-99% of the possible solutions without considering situation and/or case-specific findings.	Independently identifies all possible solutions without considering situation and/or case-specific findings.	
4. Evidence evaluation	Fails to identify appropriate evidence.	Requires assistance in identifying appropriate evidence OR inaccurately evaluates the evidence.	Independently identifies appropriate evidence but provides only a partial, accurate evaluation of it.	Independently identifies appropriate evidence and accurately evaluates it.	
5. Support for conclusion(s)	Overall conclusion is contrary to the evidence presented.	Overall conclusion is not supported by the evidence presented.	Overall conclusion is not entirely supported by the evidence presented.	The rationale to the solution(s) is consistent with evidence presented.	

**CRITICAL THINKING / PROBLEM SOLVING – P3**

The elements contributing to the curricular outcome of critical thinking / problem solving will be evaluated using the scale provided. For each element, please place the number in the box that best describes the student’s performance. Identify the student’s overall performance below with commentary as necessary and provide feedback for all elements for which a 0 or 1 is earned.

<b>Element</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>NA</b>
1. Problem identification	Independently identifies <75% of the major problem(s) OR requires assistance in identifying the major problem(s).	Independently identifies 76-99% of the major problem(s).	Independently identifies all major problem(s).	Independently identifies all problems, incorporating knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	
2. Problem prioritization	Independently prioritizes <75% of the major problem(s) OR requires assistance in prioritizing the major problem(s).	Independently prioritizes 76-99% of the major problem(s).	Independently prioritizes all major problem(s).	Independently prioritizes all problems, incorporating knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	
3. Identifies solutions	Independently identifies <75% of the possible solutions without considering situation and/or case-specific findings OR requires assistance in identifying solutions.	Independently identifies 76-99% of the possible solutions without considering situation and/or case-specific findings.	Independently identifies all possible solutions without considering situation and/or case-specific findings.	Independently identifies all plausible situation and/or case-specific solutions.	
4. Evidence evaluation	Fails to identify or requires assistance in identifying appropriate evidence OR inaccurately evaluates or fails to evaluate the evidence.	Independently identifies appropriate evidence but provides only a partial, accurate evaluation of it.	Independently identifies appropriate evidence and accurately evaluates it.	Independently identifies the most appropriate evidence and accurately evaluates it.	
5. Support for conclusion(s)	Overall conclusion is contrary to the evidence presented.	Overall conclusion is not entirely supported by the evidence presented.	The rationale to the solution(s) is consistent with evidence presented.	The rationale to the solution(s) is consistent with evidence presented and incorporates knowledge from the clinical, social, and/or administrative sciences as applicable (e.g., cost issues, quality of life, mortality, etc.).	

# **Student Academic and Professional Support**

## **Academic Advising for PharmD Students**

### **Mission Statement:**

The mission of the JCP student advisement program is to provide assistance to students toward attainment of academic and professional goals.

### **General Description:**

Student advisement is a shared responsibility among the faculty advisor, student, and JCP Administration.

Faculty advisors serve in this capacity and will have approximately 10-12 students assigned to them. Students will stay with the same faculty advisor until graduation unless their advisor departs the University or the student requests a change in writing to the Associate Dean for Student Affairs.

### **College of Pharmacy Responsibilities:**

It is the responsibility of JCP to ensure that the faculty advisor provide accurate information and effective advice to students. The college is responsible for:

- providing students, faculty, and other advising staff with accurate information in the Student Handbook and other publications
- maintaining records of students' academic progress and advising conferences
- providing the resources necessary for the maintenance of an effective advisement network

### **Student Responsibilities:**

Students are ultimately responsible for knowing and fulfilling all requirements for graduation, as stated in this Handbook. In order to meet that goal, students are responsible for:

- attending the JCP Orientation program as an entering student
- taking full advantage of the opportunities for student advisement provided by JCP
- conferring with their advisor on a regular basis and keeping in touch with the advisor between scheduled visits
- knowing the requirements for completion of the JCP Doctor of Pharmacy degree
- maintaining their own personal academic records including the University Catalog of their term of admission, transcripts, degree audits, evaluation of transfer work, and notes of previous advisement sessions

### **Student Preparation for the Advisement Session:**

In order to make the best use of the advisement session, it is important to come to the appointment prepared. Here are some tips to help plan for the advising appointment:

- **Bring a list of your questions or topics to your advising appointment.** Think about the big picture, don't just think about what you need to do to get through the semester, think about how your choices will impact your future and your career.
- **Academic advising is more than preparing your schedule for the upcoming semester.** Feel free to discuss academic and other professional matters with your advisor. To get the most out of your advising relationship, get to know your advisor and let your advisor get to know you. Be willing to identify and discuss your difficulties and come up with ideas for addressing them. Then follow up on the plan you and your advisor agree upon. Your advisor is also interested in hearing about your successes!
- **Learn the College of Pharmacy curriculum and policies.** Your advisor is here to help you navigate your way through your education. Ultimately, it is your responsibility to make sure that you are meeting all requirements and policies required by JCP. If you don't understand something, ask!

**Advisor as a potential resource for information.** Your advisor works hard to understand the services available to you within the College of Pharmacy and university. Because advisors try to discuss more than course schedules with students, your advisor can be your resource to navigating the campus. If you feel overwhelmed or you are having any trouble, ask for advice. Your advisor will help identify support services available.

### **Classroom Materials and Handouts**

Blackboard Learn (Bb Learn) is the repository for classroom-related materials, handouts, and assignments. Such materials and handouts will not be provided by faculty in the classroom; rather, it is the responsibility of the student to electronically access these items and use them in class as they so choose.

### **Course Attendance**

Consistent attendance in class, for all laboratory and clinical experiences, and for all course assessments (including, but not limited to, examinations), reflects professional behavior. It is expected that students attend and participate in all such events. See **Course Attendance and Missed Coursework** policy regarding excused absences and make-up procedures.

### **Lecture Recordings**

Select courses delivered in JCP's Doctor of Pharmacy program utilize the lecture recording system. Lecture recordings are not intended to replace attendance in class as this is not a distance education program. Recordings are available only to students enrolled in the course and are typically available to students up to the time of graduation. When course content changes and is updated in subsequent years, such updates are not applied to the original lecture recording postings. JCP is not responsible for technical issues that may prevent a recording from occurring.

### **Student Evaluations of Courses and Faculty**

Completion of each Course Evaluation is a component of professionalism. Students are responsible for the completion of the evaluation by the specified date; failure to do so will result in a 2% deduction from the final overall course grade. All evaluations are posted to the class Bb Learn Community page and notification regarding these is sent out by the Associate Dean for Academic Affairs.

It is the professional responsibility of all students to participate in the end-of-semester faculty evaluations as they are posted throughout and at the end of the semester. The feedback provided to course coordinators and faculty is of extreme importance in JCP's continuous quality improvement. It is expected that students will voice their comments and criticisms in a constructive manner and positive tone. It should be noted that the expression of criticism or problems through the use of abusive language or disruptive behavior directed toward a class or an instructor is inconsistent with the demeanor aspiring professionals should be seeking to develop and will not be considered in the review of the course.

### **Cell Phone/Personal Electronic Device/Laptop Computer Use in Class Policy**

Students may carry cell phones and have them turned on during class and while at off-campus sites in the event that the Jeff ALERT system is activated. It is requested, however, that they remain in a silent mode, i.e., vibrate, quiet, etc. in order to minimize any distraction that they may cause. Use of cell phones (e.g., taking phone calls, instant or text-messaging, video recording of lectures) during class is strongly discouraged as a courtesy to your colleagues and the faculty facilitating learning in the classroom.

As stipulated in the JCP Exam Policy and Procedure, use of cell phones/pagers, smart watches or other personal electronic devices (except those used for exams) are prohibited during exams or other structured assessments. At these times, other mechanisms of alerting the class regarding emergencies would be implemented.

As a courtesy to faculty and peers, any technology device brought to class and utilized during class should be for the sole purpose of accessing direct course or related material. All other use should be refrained from during the duration of the course. Faculty reserve the right to request no technology access, that technology be put aside, and/or remove individuals deemed disruptive to the course.

### **Campus Key**

Jefferson will issue each student a campus-key (your user name to access restricted content) and an email account. The campus-key will be used to access course content (on Pulse/Bb), library resources (Jeffline), Banner (registration, official grades, contact information), and email.

### **Jefferson E-mail**

It is the responsibility of all students to check their jefferson.edu e-mail account on a regular basis and outside of scheduled class time. It is strongly recommended that this account be checked daily during the work week. E-mail is the primary mode of communication for official University and College announcements as well as for course-specific correspondence. While on clinical rotations (IPPEs or APPEs), TJU students should never use email (Jefferson.edu or any other email account) for transmission of patient communications or any protected health information.(TJU policy 126.05 TJU)

### **Withdrawal from the College**

A student may initiate withdrawal from JCP by due notice if not subject to dismissal because of failure or disciplinary action. If a withdrawal is initiated, the same procedures and policies pertaining to grading of individual course withdrawals will be in effect.

In order to withdraw, the student must obtain a Student Status Change Form from the University Office of the Registrar or academic department office. The date that the form is filed, not the date of the last class attendance, is considered the official day of withdrawal.

A student matriculated in the Doctor of Pharmacy degree program who fails to enroll for any academic semester without having been granted a leave of absence will be given an administrative withdrawal at the conclusion of the Drop/Add period for that semester.

A student who withdraws voluntarily from the College must reapply to the Office of Admission to re-enroll. If readmitted, the student is subject to the academic and curricular requirements in place at the time of readmission. NOTE: Students who have been dismissed from JCP and who seek readmission must apply directly to the Dean of the college.

Students who withdraw from JCP prior to the start of a semester will be eligible to receive a full refund of tuition paid in advance. Students withdrawing prior to the end of the drop-add period will be eligible for a refund of 80% of tuition. Those withdrawing after the end of the drop-add period will be considered individually but will receive no more than a 50% refund of tuition. A student withdrawing from JCP may petition the Dean for a higher refund in the case of extenuating circumstances.

# **STUDENT ACADEMIC POLICIES AND PROCEDURES**

## **ACADEMIC POLICIES AND PROCEDURES**

It is the responsibility of the student to be familiar with and observe the academic policies of the Jefferson College of Pharmacy (JCP) and Thomas Jefferson University.

### **Program Enrollment Requirements - Policy**

All Jefferson student pharmacists must complete designated requirements to be eligible to fully participate as a student in the program.

#### **Annual Program Requirements**

Most clinical rotation sites require a criminal background check, child abuse clearance and/or fingerprinting and may deny a student's participation in the clinical experience or rotation (IPPEs or APPEs) 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 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.

Thomas Jefferson University reserves the right to amend any regulations, fees, conditions and courses described herein as circumstances may require without prior notice to persons who might thereby be affected. The provisions of this handbook are not and may not be regarded as contractual between the College and the students or its employees.

Students must complete all annual requirements prior to the start of each academic year, except where indicated otherwise. Directions regarding requirements and how to complete them are made available on the JCP Student community page in Bb Learn under the JCP Program Documents tab, in the Annual Requirements folder. In summary, the following items are required on an annual basis:

HIPAA – Health Insurance Portability and Accountability Act annual training

Fire and Safety Certification

Child Abuse Clearance Certificate

Criminal Background Check

PPD

Influenza immunization (available in September each year) – See University policy

CPR Certification (with BLS) — Entry to fourth year only

Pennsylvania Intern License (active)

Health Insurance verification (available July 1 each year) – See University policy

Student Emergency Contact Information – this must be completed prior to the start of each semester – See University policy

University policies may be found at: <http://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks/university-policies.html>

#### **Obligation to Report Regulatory or Legal Actions**

Students must report any actions taken by a licensing authority (Board of Pharmacy or other agency) against a professional license (pharmacy intern or technician license or other health-related license).

If at any time a student receives notice of a violation that may result in a conviction or licensure action after admission to the Doctor of Pharmacy program and until the student either graduates or leaves the program it must be immediately disclosed to the Associate Dean of Student Affairs.

Individuals who self-report a violation or actions taken by a licensing authority will be provided an opportunity to present additional information for consideration by the Associate Dean for Student Affairs with regard to a decision on retention in the PharmD program, placement in pharmacy practice experiences, or dismissal from the PharmD program.

Students currently in the Doctor of Pharmacy program who fail to self-disclose actions taken by a licensing authority against a professional license (pharmacy intern or technician license or other health-related license) or fail to disclose information in the annual criminal background check may be referred to the Judicial Board for review and possible dismissal from the PharmD program.

## **Performance Requirements / Technical Standards**

Students enrolled in JCP will receive training to prepare them to practice pharmacy in a variety of practice setting, e.g., community, health care systems, clinics, etc. Regardless of the specific area of practice selected by the student, all students must demonstrate competence in the areas of intellectual, physical and social tasks that together represent the fundamentals of being able to provide contemporary pharmaceutical care. Throughout the curriculum students will be evaluated on their scholastic achievement and ability. In addition, students will be evaluated on their intellectual, physical and emotional capacities to meet the full requirements of the school's curriculum.

The following technical standards specify those attributes the faculty considers necessary for completing pharmacy training, enabling each graduate to subsequently enter clinical practice, residency or fellowship training. These standards describe the essential functions students must demonstrate in order to fulfill the requirements of a general pharmacy education, and thus, are prerequisites for *entrance, continuation, and graduation* from the College of Pharmacy.

JCP will consider for admission any applicant who demonstrates the ability to perform or to learn to perform the skills listed in this document. Applicants are not required to disclose the nature of their disability(ies), if any, to the Admissions Committee. However, any applicant with questions about these technical standards is strongly encouraged to discuss the issue with the Associate Dean for Student Affairs prior to the interview process. If appropriate, and upon the request of the applicant/student, reasonable accommodations will be provided.

Certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with pharmacy training or practice. Other conditions that may lead to a high likelihood of student illness should be carefully considered. Deficiencies in knowledge base, judgment, integrity, character, or professional attitude or demeanor, which may jeopardize patient care, may be grounds for course/rotation failure and possible dismissal.

A student must possess aptitude, abilities, and skills in five areas: 1) observation; 2) communication; 3) sensory and motor coordination and function; 4) conceptualization, integration and quantitative evaluation; and 5) behavioral and social skills, abilities and aptitude. These are described in detail below. The program faculty will monitor maintenance of these standards. Students must be able to independently perform the described functions.

### **1. OBSERVATION**

Students must be able to observe demonstrations and conduct exercises in a variety of areas related to contemporary pharmacy practice, including but not limited to, monitoring of drug response and preparation of specialty dosage forms. A student must be able to observe a patient accurately at a distance and close at hand, noting nonverbal as well as verbal signals. Specific vision-related requirements include, but are not limited to the following abilities: visualizing and discriminating findings on drug or fluid monitoring tests; reading written and illustrated material; observing demonstrations in the classroom or laboratory, including projected slides and video presentations; observing and differentiating changes in body movement; observing anatomic structures; discriminating numbers and patterns associated with diagnostic and monitoring instruments and tests, and competently using instruments for monitoring drug response.

### **2. COMMUNICATION**

Students must be able to relate effectively and sensitively with patients and their caregivers and or partners, and convey a sense of compassion and empathy. A student must be able to communicate clearly with, and observe patients in order to elicit information, accurately describe changes in mood, activity and posture, and perceive verbal as well as nonverbal communication. Communication includes not only speech but also reading and writing. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team and to patients or their care provider. Specific requirements include but are not limited to the following abilities; communicating

rapidly and clearly with the health care team on rounds; eliciting a thorough history from patients; and communicating complex findings in appropriate terms to patients and their caregivers, partners and various members of the health care team (fellow students, physicians, nurses, aides, therapists, social workers, and others). Students must learn to recognize and promptly respond to emotional communication such as sadness, worry, agitation, and lack of comprehension of communication. Each student must be able to read and record observations and care plans legibly, efficiently and accurately. Students must be able to prepare and communicate concise but complete summaries of individual encounters and complex, prolonged encounters with patients. Students must be able to complete forms or appropriately document activities according to directions in a complete and timely fashion.

### *3. SENSORY AND MOTOR COORDINATION OR FUNCTION*

Students must have sufficient sensory and motor function to monitor drug response and to prepare and or dispense pharmaceuticals. A student should be able to execute motor movements reasonably required to participate in the general care and emergency treatment of patients. They must be able to respond promptly to urgencies within the practice setting and must not hinder the ability of their co-workers to provide prompt care. Examples of such emergency treatment reasonably required of pharmacists include arriving quickly when called, participating in the initiation of appropriate procedures, and rapidly and accurately preparing appropriate emergency medication.

### *4. INTELLECTUAL-CONCEPTUAL INTEGRATIVE AND QUANTITATIVE ABILITIES*

These abilities include measurement, calculation, reasoning, analysis, judgment, numerical recognition and synthesis. Especially important is the appropriate and rapid calculation of dosages in a variety of conditions such as renal or hepatic failure, obesity, cardiac or respiratory arrest, etc. Additionally, calculations involving appropriate dilution or reconstitution of drug products, electrolytes, etc. must be made accurately and quickly. Problem solving, a critical skill demanded of all pharmacists, requires all of these intellectual abilities and must be performed quickly, especially in emergency situations. Students must be able to identify significant findings from history, physical assessment, and laboratory data; provide a reasonable explanation and analysis of the problem; determine when additional information is required; suggest appropriate medications and therapy; develop appropriate treatment plans to improve patient outcomes; develop patient counseling information at a complexity level appropriate to a particular situation; and retain and recall information in an efficient and timely manner. The ability to incorporate new information from peers or teachers, and to locate and evaluate new information from the literature to be used appropriately in formulating assessments and pharmaceutical care plans is essential, as is good judgment in patient assessment and therapeutic planning for disease management. Students must be able to identify and communicate the limits of their knowledge to others when appropriate and be able to recognize when the limits of their knowledge indicate further study or investigation is essential before participating in decision making. Students must be able to interpret graphs or charts describing biologic, economic or outcome relationships.

### *5. BEHAVIORAL ATTRIBUTES*

Empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation are all personal qualities that are required. Students must possess the emotional health required for full use of their intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities attendant to the care of patients; and the development of mature, sensitive and effective relationships with patients and their caregivers and partners. At times this requires the ability to be aware of and appropriately react to one's own immediate emotional responses and environment. For example, students must maintain a professional demeanor and organization in the face of long hours and personal fatigue, dissatisfied patients, and tired colleagues. Students must be able to develop professional relationships with patients and their caregivers and partners, providing comfort and reassurance when appropriate while protecting patient confidentiality. Students must possess adequate endurance to tolerate physically taxing workloads and to function effectively under stress or with distractions. All students are at times required to work for extended periods, occasionally with rotating shifts. Students must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent

in the clinical problems of many patients. Students must also develop the skills necessary to instruct and supervise technical personnel assisting with the delivery of pharmaceutical services. Students are expected to accept appropriate suggestions and criticism and if necessary, respond quickly, appropriately and cooperatively by modification of behavior.

**Graduation Requirements Policy**

A student must complete the specific total credits, course requirements and program requirements (ie, NAPLEX Review Course) in the Doctor of Pharmacy program and achieve a cumulative grade point average of at least 3.00 on all attempted work to qualify for graduation from the University.

JCP students are required to complete their course of study within six years of the date of matriculation (exclusive of any time approved for LOA). An extension may be granted in the event of extenuating circumstances.

**Residence Requirements for Graduation**

A student must earn a minimum of 30 semester credits preceding graduation for a degree to be conferred.

**Application for Graduation**

The official awarding of degrees takes place three times each year: at the Commencement Exercises following the conclusion of the spring semester, in August/September at the conclusion of the summer semester, and in December at the conclusion of the fall semester. Students who expect to meet the requirements for graduation must file an online application with the University Office of the Registrar. Applications must be filed with the Registrar no later than the deadline published in the Academic Calendar to be considered for the designated graduation date.

A student who applies for graduation and then fails to qualify must reapply, indicating the revised date of the completion of graduation requirements. A student who does not qualify for graduation in time for Commencement Exercises may participate in the next academic year's graduation program.

### **Course Attendance and Missed Coursework Policy**

Consistent attendance in class, for all laboratory and clinical experiences, and for all course assessments (including, but not limited to, examinations), reflects professional behavior. It is expected that students attend and participate in all such events. Please refer to individual course syllabi for attendance policies specific to each course

Students may be excused from participating in or completing coursework in the designated time frame. An excused absence provides the student an opportunity to make-up the missed assessment at full point value.

### **Procedure to Request an Excused Absence**

Officially excused absences from course activities **MUST** be requested and approved prior to the course or course assessment except in the case of an emergency. Approval must be made for the missed class or assessment to be considered approved and approval should be prior to the event if possible.

#### Procedure:

Students upon knowledge of a need to miss class or an assessment should alert the appropriate authority as early as possible and prior to the start of the class or assessment. In the case of an emergency, communication should occur as quickly as reasonably possible.

In order for an excused absence to be considered the following steps should be followed:

- The student is responsible to complete an Excused Absence Request Form prior to the event and prior to the start of the class or assessment except in the setting of an emergency (see chart below for examples). This form **MUST** be completed which includes provision of supporting documentation (see table for examples of excused absence and appropriate supporting documentation) and submitted to the appropriate source in a timely manner.

In the setting of an emergency the request form will be accepted after the fact.

The request form may be found on the JCP Student organization page, under Program Document, in the Form folder.

Determining where to submit the form:

- If one day will be missed – the request should be submitted to the Course Coordinator for all courses that will be missed.
- If 2 or more days will be missed – the request should be submitted to the Associate Dean for Student Affairs.

**Submission of a request does not equate to approval.** Students should refrain from making plans until approval has been granted. Approval must be obtained for the missed class or assessment to be considered excused and approval should be prior to the event if possible, except in the setting of an emergency.

- If you have not received a response within 3 business days, please contact the Associate Dean for Student Affairs.

Examples provided on the following page.

<b>Example Excused Absence Requests</b>		
This table reflects common examples and is not intended to be a comprehensive list.		
<b>Category</b>	<b>Definition</b>	<b>Documentation (If multiple examples are provided, the student need only provide 1 of the options)</b>
Bereavement	Immediate family only (student's spouse, registered domestic partner, parents (including step), siblings (including step), children (including step), grandparents, father/mother in-law, son/daughter in-law, grandchildren). Please indicate relation in the request form. Allowance: 1 for local funeral, 3 day for out of town	Obituary Funeral announcement Funeral program
Emergency (non-health)	Automobile accident, severe weather including tornadoes, hurricanes, flood, fire, snow/ice, mudslide, extended loss of electrical power	Local media reports Photograph of damage
Health Personal	Verified illness or hospitalization	Note from physician verifying illness or hospitalization*
Health Immediate Family	Immediate family members (as listed above) with terminal or acute illness or scheduled surgery. This does not include when child/dependent care is not available	Physician documentation
Jury duty / court summons	May be considered when you are called to service. If possible students should attempt to defer their service if the time anticipated to serve will be of substantial length. This does not apply should you be scheduled to attend court for a personal violation.	Copy of summons
Military Duty	Deployment for two consecutive days or less may be considered excused. Longer deployment should be handled through a leave of absence request.	Military order
Professional Meeting	Attendance or active participation in a professional meeting.	Copy of the meeting brochure.

\*Students are not required to disclose specific information regarding healthcare diagnosis, condition, treatment, etc. If documentation contains this type of information, it may be provided to the Associate Dean or to the Medical Director at University Health Services for verification.

**Course Drop/Add**

Once registered, students may drop or add a course until the deadline published in the Academic Calendar. The Drop/Add period during the Fall and Spring Semesters is normally a two-week period. For Summer Sessions and other accelerated terms, it is proportionately less.

To make a schedule change, the student must complete a Drop/Add form. The Drop/Add form must be received in the University Office of the Registrar by the deadline date.

**Course Withdrawal**

After the conclusion of the Drop/Add period, a student may withdraw from a course by completing a Course Withdrawal Form and obtaining the necessary approvals from the appropriate academic department. A student who withdraws from a course prior to the deadline published in the academic calendar will receive a grade of "W."

A student who withdraws from a course after the deadline published in the academic calendar will receive a grade of "WP" (withdrew Passing) or "WF" (withdrew Failing), depending upon the level of work at the time of the withdrawal. A grade of "WF" is calculated in the grade point average in the same manner as a failing grade.

NOTE: Students who do not officially drop or withdraw from a course according to the procedures described above but stop attending classes will be responsible for the full payment of tuition and will receive a grade of "F" for the course. Verbal notification to the course instructor does not constitute an official course drop or withdrawal.

### **Exam Policies and Procedures**

1. Personal belongings
  - a. No hats, bags, drinks, or other personal items including smart phones, smart watches, Google glasses or similar digital devices will be allowed at the exam table or desk except for iPads when required for exams. All personal items should be moved to a designated area in the front of the room. Calculators will be provided, if needed.
2. Absenteeism
  - a. Students may be excused in the event of an illness or an emergency provided that the course coordinator is notified prior to the scheduled start of the exam. (See also Course Attendance - Missed Coursework/Excused Absence Policy)
    - i. For any illnesses, the student will be required to show documentation from a medical provider to be eligible for a make-up exam.
    - ii. For any emergencies (defined by Mariam Webster as an unforeseen circumstance or the resulting state that calls for immediate action), the student will be required to show documentation.
    - iii. If the student does not contact the course coordinator prior to the scheduled exam time, a make-up exam may be permitted at the discretion of the course coordinator. Documentation will be required for consideration of a make-up exam.
    - iv. Students can contact the administrative assistants to contact the course coordinator directly at 215-503-9000.
3. Lateness
  - a. Students are expected to be on time for exams to minimize disruption to the class.
  - b. Students who arrive to the exam within the first 25% of the exam time will be allowed to sit for the exam, but will not be allotted any additional time to take the exam, unless by the discretion of the faculty it is considered to have been beyond the control of the student.
  - c. Students will be required to stay for the first 25% of the exam time, regardless if they have completed the exam early.
  - d. Students will not be allowed to enter the exam once 25% of the exam time has elapsed. A make-up exam may be permitted at the discretion of the course coordinator. Documentation will be required for consideration of a make-up exam. The following times will be used for these policies:
    - i. 50 minute exam: 15 minutes
    - ii. 110 minute exam: 30 minutes
    - iii. 170 minute exam: 45 minutes
4. Restroom breaks
  - a. Only one student may be allowed to use the restroom at a time.
    - i. At the discretion of the course coordinator, the students may or may not be accompanied by a proctor to ensure academic integrity.
    - ii. Students will not be allowed to leave the exam for restroom breaks within the first 25% of the exam time (see the late policy for times).
5. Students with disabilities (ADA)
  - a. The above policies and procedures apply to students with disabilities unless otherwise stipulated by the accommodation.
  - b. Refer to the ADA section of the Student Handbook.

*Exam Policy – recommendation from EP&P; adapted and approved by EC, March 17, 2015  
Amended August 18, 2015  
Proposed revision – August 2017*

## **Review of Exams and other Assessment and Request for Regrading**

### *Policy*

Students have the right to review graded course assessments and request a re-grade of those assessments. This does not apply to Second Chance Option (See Second Chance Option Assessment Review Policy and Procedure).

### *Procedure*

1. An opportunity to review a graded assessment will be available to the student within 5 business days following the posting of a grade in Blackboard.
2. An opportunity to request a regrade will be available to the student. All requests for regarding of an assessment must be completed within 7 business days after the grade was posted in Blackboard.
3. All re-grade requests must be submitted via e-mail to the course coordinator and specifically indicate what is to be regraded.
4. The student must justify the reason for a regrade request using the required course materials (examples: textbook, other required readings/references for the course as utilized by the faculty, slides, and handouts).
5. Faculty will process all regrade requests after all students have had the opportunity to submit their requests.
6. Once the review and request period have passed no further opportunity to make a request for regrading of that assessment will be available.
7. A regrade has the potential to increase or decrease grades.
8. The Department Chair may extend the Regrade Request Period if the student provides evidence of extenuating circumstances no later than the end of Regrade Request Period.

## **JCP Second Chance Option**

### *Policy*

The Second Chance Option applies only to required letter-graded courses; it does not apply to courses that are identified as Pass/Fail. Any student who earns a grade of less than a C in a letter-graded course may be given another opportunity to demonstrate competency in that course by taking a single comprehensive assessment. A fee of \$50/course credit will be billed to the student to cover the administrative and overhead costs. If the student intends to appeal the original final course grade while participating in the second chance option, they must submit both the grade appeal and the second chance option request form within 5 business days of the posting of the original final course grade in Banner. There is no formal grade appeal of the results of the second chance option.

Eligibility to participate requires that:

1. the student has earned a final grade in the course of 59.5-72.4%; and
2. the student has not exceeded the number of Second Chance attempts as outlined here:
  - o A student may not invoke the Second Chance Option for the same course more than once.

The maximum grade that the student can receive for the course for which they invoked the Second Chance Option is a C.

- o If the student is successful (earning a 72.5% or better), a grade of C will be earned for the course.
- o If the student is unsuccessful (earning a 72.4% or less), the original grade earned in the course stands, and the student must repeat the course at JCP the next time the course is offered.

### *Procedure*

1. Each faculty member will identify in their syllabus/course outline the format of the cumulative, Second Chance Option for their course (e.g., multiple choice questions, short-answer format, essay format, a combination, verbal challenge, etc.)
2. Any student invoking the Second Chance Option must file a written request using the Second Chance Option Request Form (available on the JCP Students webpage in Banner) with the Course Coordinator and the Associate Dean for Academic Affairs no later than five business days after the grades are posted by the Registrar's Office on the student record (Banner Web).
3. The Course Coordinator and the Associate Dean for Academic Affairs will determine whether the student has met the criteria for participation in the Second Chance Option and will notify the student regarding eligibility to participate in the Second Chance Option in a timely manner.
4. For the Fall semester, the Second Chance Option will be administered no later than the Tuesday of the last full week prior to the resumption of Spring classes. For the Spring semester the Second Chance Option will be administered after the conclusion of the semester on a date to be determined by the Dean's office in conjunction with the Course Coordinator but not later than three (3) weeks from the date that the final grade is entered into Banner Web.

## **JCP Second Chance Option Assessment Review**

### *Policy*

Students have the right to review graded Second Chance Option assessments.

### *Procedure*

1. An opportunity to review a Second Chance Option assessment will be available to the student within 48 hours of grading completion.
2. An opportunity to request a regrade of a Second Chance Option assessment will not be available to the student.

**JCP Academic Progression Standards (Proposed by the E&O Committee, January 2015; amended and approved by JCP Executive Committee, February 2015; approved by JCP General Faculty, March 2015)**

- Students enrolled in the Doctor of Pharmacy program must successfully complete all courses which are prerequisites for subsequent courses in the curriculum in order to progress in the curriculum.
- Minimum enrollment for Fall/Spring academic semesters is 9 credits unless an alternative plan is approved by the Office of the Dean in collaboration with the JCP Executive Council.
- The minimum passing grade is a C in all required, letter-graded courses and a Pass in all Pass/Fail courses.
- Any student who earns below a C in any letter-graded, required course must either repeat the course in its entirety or participate in the Second Chance option as noted below, if applicable. The student must earn a grade of C or better in order to successfully complete the course and progress.
- P1 students in their first matriculated semester at JCP will not be placed on academic probation for a GPA < 3.0.
- Any fulltime student beyond their first matriculated JCP semester whose **cumulative GPA falls below 3.0** will be placed on academic probation.
- Students who are subject to academic probation and dismissal are reviewed by the Office of the Dean prior to any related action being taken.

A student is determined to be in good academic standing if he/she was not placed on academic probation at the conclusion of the preceding semester.

**Standards Specific to Progression from year P3 to year P4**

- Students must earn a 3.0 cumulative GPA by the end of the P3 year in order to progress into the Advanced Pharmacy Practice Experiences of the P4 year.
- If a student fails to meet the 3.0 cumulative GPA by the end of the P3 year, he/she will be dismissed from the Doctor of Pharmacy program.

**Consideration for Degree Conference**

- Candidates for the Doctor of Pharmacy degree must complete all program credits, all competency requirements in the Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs) and all other program requirements. All P4 students are required to participate in the pharmacy board exam prep course offered on campus as a program requirement for graduation.

**Dismissal from the Doctor of Pharmacy Program**

A student will be dismissed from the Doctor of Pharmacy program for the following reasons:

- Earning a grade of less than a C in the same course twice
- Earning a grade of F in more than one required course (the 2<sup>nd</sup> F would result in dismissal from the program)
- Inability to achieve a cumulative GPA of 3.0 by the end of the P3 year
- Exceeding two semesters (consecutive OR nonconsecutive) of academic probation stemming from a cumulative GPA of < 3.0

Any student who has been dismissed from the Doctor of Pharmacy Program is eligible to apply for readmission (see Readmission Policy later in this section of the Student Handbook). Any student dismissed from JCP because of academic underachievement, and subsequently readmitted to JCP, must achieve a semester grade point average of 3.00 for the semester in which he or she was readmitted. If the student fails to do so, he or she will be dismissed. Furthermore, if such a student has a cumulative grade point average of < 3.0 at the end of the semester in which he or she was readmitted, he or she must raise the cumulative grade point average to a 3.0 or greater by the end of the following semester or be dismissed.

### **JCP Academic Integrity Policy**

The Administration and Faculty of JCP believe that academic integrity is one of the most important values and behaviors that should be practiced by students during their academic and clinical education. Integrity and honesty are especially valued in the healthcare professions because of their responsibilities to patients.

Because we are committed to educating practitioners who provide the highest quality of health care, the JCP Administration and Faculty are equally committed to mandating and enforcing the practice of academic integrity by all students. The following policy on academic integrity defines dishonesty and describes the procedures for responding to charges of academic dishonesty in the College.

### **Forms of Academic Dishonesty**

#### *Plagiarism*

As stated in the American Medical Association Manual of Style (2014), "In plagiarism, an author documents or reports ideas, words, data, or graphics, whether published or unpublished, of another as his or her own and without giving appropriate credit."

When a student submits work for credit that includes the words, ideas or data of others, the source of that information must be acknowledged through complete, accurate and specific references, and, if verbatim statements are included, through quotation marks as well. By placing his or her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgments.

Examples of plagiarism include, but are not limited to:

1. Quoting another person's actual words, complete sentences or paragraphs, or entire pieces of written work without acknowledgment of the source.
2. Using another person's ideas, opinions or theories, even if they are completely paraphrased in one's own words, without acknowledgment of the source.
3. Noting the original source of only a part of what is borrowed.
4. Borrowing facts, statistics or other illustrative materials that are not clearly common knowledge without acknowledgment of the source.
5. Copying another student's essay test answers.
6. Copying, or allowing another student to copy, a computer file that contains another student's assignment and submitting it, in part or in its entirety, as one's own.
7. Working together on an assignment, sharing the computer files and programs involved and then submitting individual copies of the assignment as one's own individual work. Students are urged to consult with individual faculty members if in doubt.

#### *Fabrication*

Fabrication is the use of invented information or the falsification of research or other findings with the intent to deceive. Examples include, but are not limited to:

1. Citation of information not taken from the source indicated. This may include the incorrect documentation of secondary source materials.
2. Listing sources in a bibliography not directly used in the academic exercise.
3. Submission in a paper, thesis, lab report or other academic exercise of falsified, invented or fictitious data or evidence, or deliberate and knowing concealment or distortion of the true nature, origin or function of such data or evidence.
4. Submitting as one's own any academic exercises (e.g., written work, printing, sculpture, etc.) prepared totally or in part by another.

#### *Cheating*

Cheating is an act or an attempted act of deception by which a student seeks to misrepresent that he or she has mastered information on an academic exercise that he or she has not mastered. Examples include but are not limited to:

1. Copying from another student's test paper or allowing another student to copy from a test paper.

2. Using the course textbook or other material such as a notebook brought to a class meeting but not authorized for use during a test.
3. Collaborating during a test with any other person by receiving information without authority, or collaborating with others on projects where such collaboration is not expressly permitted.
4. Using or possessing specifically prepared materials during a test, e.g., notes, formula lists, notes written on the student's clothing, etc., that are not authorized.
5. Taking a test for someone else or permitting someone else to take a test in one's place.
6. Tapping pencils or other objects or otherwise signaling in code.
7. Entering any office or opening a file to obtain a test or answer key.
8. Viewing test materials on a secretary's or faculty member's desk.
9. Passing quiz/test questions or answers from one student to another, even after the test is completed.
10. Copying a posted answer key without permission.
11. Discussing test questions or answers outside the examination room while the test is in progress.

#### *Academic Misconduct*

Academic misconduct is the intentional violation of University policies, by tampering with grades, or taking part in obtaining or distributing any part of an unadministered test. Examples include, but are not limited to:

1. Stealing, buying or otherwise obtaining all or part of an unadministered test.
2. Selling or giving away all or part of an unadministered test including answers to an unadministered test.
3. Bribing any other person to obtain an unadministered test including answers to an unadministered test.
4. Entering a building or office for the purpose of changing a grade in a grade book, on a test or on other work for which a grade is given.
5. Changing, altering or being an accessory to the changing and/or altering of a grade in a grade book, on a test, in a computer, on a "change of grade" form or other official academic records of the University which relate to grades.
6. Entering a building or office for the purpose of obtaining an unadministered test.
7. Continuing to work on an examination or project after the specified allotted time has elapsed.
8. Signing into classes for others.

#### *Academic Dishonesty in Clinical Settings*

Academic dishonesty in the clinic is characterized by deliberate, deceitful intention to (1) obtain information from another source and claim as one's own, (2) fabricate clinical data or information, or (3) misrepresent one's own actions or the actions of another in order to avoid sanctions. Examples include, but are not limited to:

1. Looking up in a log book, equivalent source or consulting a professional for a diagnosis or treatment plan on an assigned unknown case without authorization from the clinical instructor.
2. Using a correlated histopathologic or clinical diagnosis in lieu of his/ her own clinical or technical interpretation.
3. Reporting results without performance of a test or procedure.
4. Providing unauthorized information to other students on clinical assignments.
5. Changing answers on work sheets or patient records after they have been reviewed and/or submitted.
6. Misrepresenting one's own or another's identity.
7. Feigning illness or emergency to avoid a clinical rotation or assignment.
8. Signing into rotation for another student when absent.
9. Communicating confidential information to a person not involved in the patient's care without authorization.
10. Misrepresenting any aspect of patient care or documentation.

### Sanctions

Two possible sanctions exist for cases of academic dishonesty. Option A outlines adjudication of cases at the discretion of the faculty. Cases may alternatively be referred directly to the Judicial Board for adjudication under Option B of these guidelines.

#### Option A

Option A is limited to one or more of the following, by choice of the faculty member:

- a verbal reprimand
- a written reprimand
- a grade of zero for an assignment or examination
- a requirement that the student repeat the work affected by the academic dishonesty
- a statement concerning the action to be sent to the JCP Dean's Office by the instructor.

No notation of faculty action will appear on the student's transcript. However, the School may choose to keep documentation in the student's file and this may be taken into account if the student is involved in another incident of academic dishonesty.

When the instructor chooses to have the student repeat the assignment, the instructor will tell the student the maximum grade that may be assigned for the repeated assignment. For example, it is acceptable for the instructor to assign no more than a minimal passing grade to a repeated assignment, if successfully completed by the student.

The student may contest the instructor's allegation by requesting a hearing with the TJU Judicial Board. Any such request must be made within five (5) working days from the time the student has been informed of the charge and the instructor's recommended resolution. The instructor's initial penalty will be considered in assessing a penalty for a guilty finding by the TJU Judicial Board.

#### Option B

Option B is direct referral of the charge by the faculty member to the TJU Judicial Board for adjudication. Information concerning procedures for requesting a judicial hearing is found in the Code of Conduct section of this Handbook (see "Judicial System").

The contents of sections on Academic Dishonesty were taken wholly or adapted in part with permission from "The Academic Honesty & Dishonesty" brochure prepared by the Dean of Students Office, 218 Hullahen Hall, University of Delaware, Newark, Delaware, (302) 831-2117.  
Revised June 20, 1997

### **Unsafe Clinical Practice - Policy**

Because patient well-being is a major concern of the University, it is necessary that certain actions be taken when a student's clinical practice poses a potential threat to patient health, welfare or safety. Therefore, students are subject to the School's regulations governing clinical practice and may be placed on probation by the School and/or recommended for dismissal for unsafe clinical behavior as defined by the School. Unsafe clinical practice is described below. Students who wish to appeal a decision of clinical dismissal for unsafe clinical performance may do so by following the provisions of the Appeal Process for Dismissal Due to Unsafe Clinical Performance.

Unsafe clinical practice encompasses behavior (omission or commission) which threatens or has the potential to threaten the physical, mental, emotional, or environmental safety of patients, family members, other students, faculty members, or other healthcare providers in the patient care setting.

Unsafe clinical practice can include, but is not limited to:

- (1) lack of preparation, unsafe clinical judgment, or deficits in problem-solving ability;
- (2) unsupervised or unauthorized clinical practice or unauthorized presence in a clinical facility;
- (3) violation of any provision within the Pharmacy Act;
- (4) falsification of documentation;
- (5) inappropriate or unauthorized use of equipment, supplies, data, clinical information systems, or communications systems;
- (6) gross interference with the educational process or health care services;
- (7) gross impairment (physical or cognitive) by illicit or prescription drugs, chemicals, or alcohol in patient care settings;
- (8) creating unnecessary risk of exposure to or harm from environmental, chemical- and/or biohazards in patient care settings; and
- (9) verbally abusive, physically threatening or harmful behavior toward patients or other health care providers .
- (10) intentional or unintentional violation of patient confidentiality

## **Transfer Credit Policy**

### **Policy**

Academic credit may be given for courses successfully completed with a grade of B or better at other academic institutions. Coursework completed prior to matriculation may not apply towards the professional elective courses within the JCP curriculum. In cases where the approval to transfer credits has been granted, no grade will appear on the student's transcript. Credit hours will be awarded.

Transfer credits are not utilized in determining a student's grade point average. Students are encouraged to discuss transferring course credit with their academic advisor and/or the Associate Dean for Academic Affairs.

### **Procedure**

1. The student must submit a written request to the JCP Associate Dean for Academic Affairs.
2. The request should include the course title, number of credits, course description, and syllabus from the outside institution.
3. The Dean's office will communicate the decision to approve or deny the credit transfer request to the student within 14 calendar of receiving the written request.
4. If the decision is made to transfer credit, the student will be asked to produce an official transcript from the outside institution.

## **Student Complaints, Appeals and Grievances**

Students who feel they have been treated unfairly in the academic program or in non-academic disciplinary actions have the right to initiate the appeal process as described by the Grade Appeal Protocol and the Code of Conduct (see Judicial System). Students may also make informal complaints or formal grievances regarding other issues such as academic or non-academic policies or procedures, curricular issues, extracurricular issues, or facilities. In such cases, students are strongly encouraged to provide feedback in a constructive manner and first attempt to resolve their disputes with the appropriate Faculty or Staff. The Dean or the Associates Deans and Faculty Advisors are available to assist students in determining the potential courses of action available to them. (See Student Grievance Procedure) Students also have the right to file complaints related to topics covered by the ACPE Accreditation Standards directly to ACPE (see Complaints Policy for the Accreditation Council for Pharmacy Education).

### **Grade Appeal Protocol**

#### **I. Grade Appeals Board**

The Schools of Health Professions, Nursing, Pharmacy and Population Health shall collectively support a Grade Appeals Board.

##### **A. Membership**

1. A member of the administration designated by the Provost.
2. Three faculty members each from JCHP and JCN, and one faculty member each from JCP and JCPH. Each college shall designate two alternates. An alternate may serve on the Board in case one of the college's faculty designees is unavailable.
3. Two students from each college. Each college shall identify two alternates. An alternate may serve on the Board in case one of the college's student designees is unavailable.

The Board, by a majority vote of its members, will elect one member as Chair at the beginning of the academic year.

##### **B. Responsibilities**

A Grade Appeals Hearing Panel, as set forth in **Section IV**, shall provide a hearing for students who, following the established grade appeal process, wish to present evidence that their level of achievement is, or has been, other than as adjudged by the College.

The Grade Appeals Hearing Panel will also hear appeals of dismissal for unsafe clinical performance. The hearing procedures followed by the Grade Appeals Hearing Panel are set forth below.

#### **II. Basis for Grade Appeal**

The grade appeal protocol affords recourse to a student who has evidence or believes that evidence exists to show that an inappropriate final grade has been assigned under the following circumstances:

- Grade was assigned in a capricious or arbitrary way: The faculty member has arrived at the grade without considering all the pertinent facts or has arrived at the grade based on reasoning which is influenced by irrelevant information not in accord with the course syllabus.
- Assignment of a grade inconsistent with criteria used to assign grades to other students: The grade was given using criteria not on the syllabus and different from criteria used to grade all other students in this specific class, with the same instructor, in the same semester.
- Mechanical error occurred in the calculation of a grade: The grade has been inaccurately assigned due to clerical or administrative error.

Reduction of a grade for alleged academic dishonesty does not follow this protocol. It must be appealed to the Judicial Board on Student Conduct.

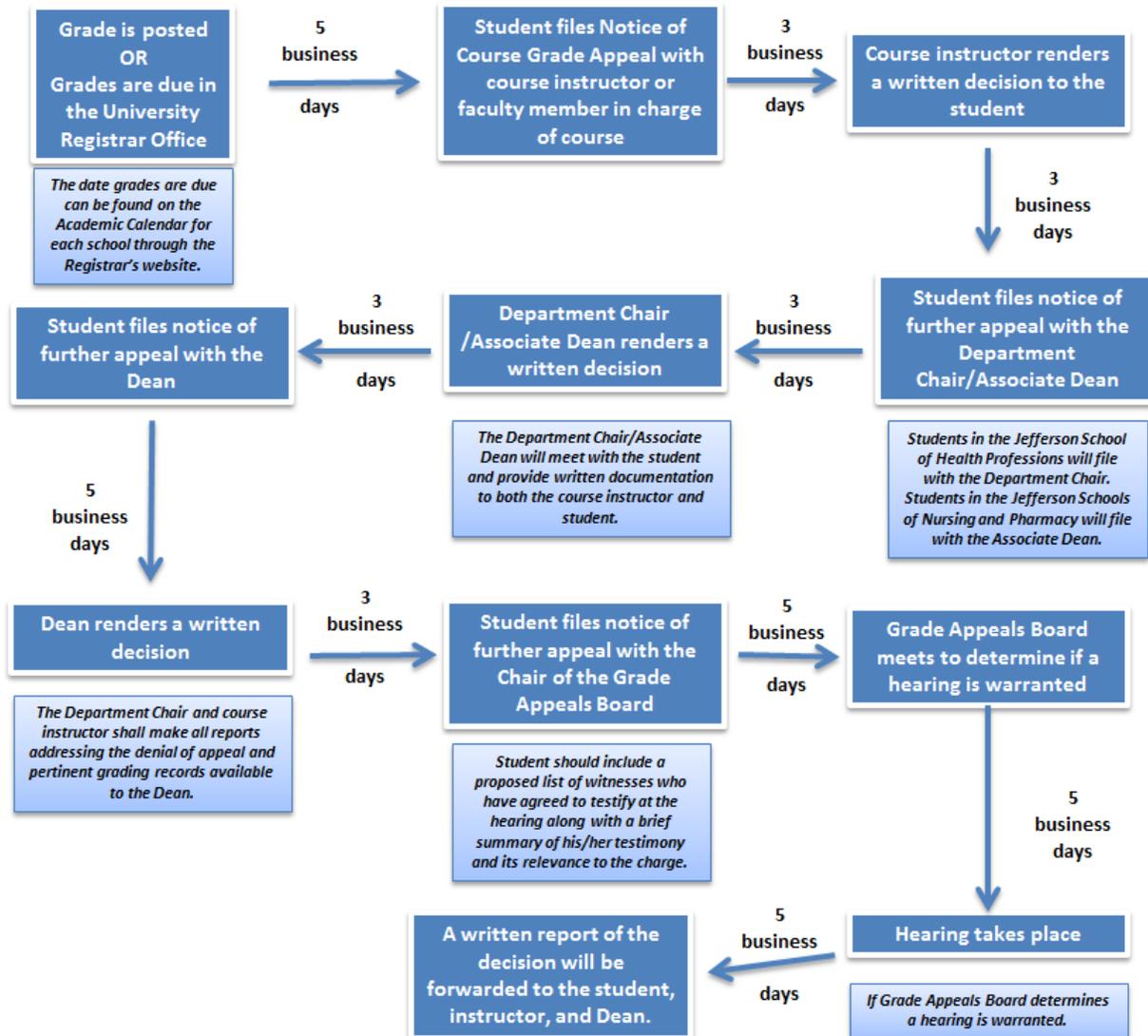
### III. Steps of Grade Appeal and Timeframe for Grade Appeal

1. To begin the Grade Appeal process students must meet with the Assistant Provost for Student Affairs. For a grade appeal, the burden of proof is on the student. The student must identify reasons he/she believes the grade assignment was inappropriate and provide evidence supporting the claim. The student will be able to review all material relevant to the case from his or her department file. To file an appeal the student must compile the following documents, which will be used in each step of the grade appeal process:

- a. a signed Notice of Course Grade Appeal (the form is available from the Assistant Provost for Student Affairs and online in the Bb community page for Students in the Jefferson Colleges of Health Professions, Nursing, Pharmacy, and Population Health);
- b. a detailed written statement explaining the basis for the appeal setting forth one or more of the Bases for Grade Appeal described in Section II of this Protocol. The statement must include a specific account of all alleged procedural irregularities and a chronology of significant events related to the assignment of the grade;
- c. a copy of the course syllabus; and
- d. copies of other pertinent documents and any other evidence that may have a bearing on the grade in question. These may include, but are not limited to, College/Department/University policies, tests, papers, clinical records or evaluations, journals, handouts, correspondence to/from the instructor, course outlines, handouts, logs and any written feedback given by the instructor on written work.

2. The Department Chair/Associate Dean will decide if the student may continue in class during the appeal period and notify the student of the decision in writing. Any instructor recommending that a student should not continue in the class or academic program must clearly document that the student poses a safety risk to others and/or has engaged in disruptive behavior towards other students, faculty, clinical instructors and/or patients.

3. The timeframe for each step of the Grade Appeal process are described in the chart below. **PLEASE NOTE: The timelines in the grade appeal procedure are mandatory.** If, due to extenuating circumstances, the student is unable to follow the timeframe, he/she must submit a written request for an extension from the next person in the process during the specified timeframe. Likewise, a faculty member, course director, or Chair/Associate Dean must submit a written request for an extension from the Dean if there are extenuating circumstances that would not allow the timely completion of their review and decision.



4. Each step of the process must include a written response to the participants. The student has the opportunity to reply to the response in the grade appeal document that is forwarded to the next stage of the process.
5. If the appeal is resolved within the school, either because the student does not file with the next corresponding person or the school finds in favor of the student, a notice of the final outcome should be sent by the school to the Assistant Provost for Student Affairs.
6. It is important to note that, as depicted in the chart, if the appeal is denied by the Dean and the student elects to file the appeal with the Grade Appeals Board, he/she must also submit a proposed list of witnesses who have agreed to testify at the hearing. For each witness the student should include a brief summary of his/her testimony and its relevance to the charge that an inappropriate grade has been assigned.
7. The reviewing authority (Instructor, Department Chair/Associate Dean, Dean, or Hearing Panel) has the right to enact a grade change and will determine the grade upon their decision.

8. If the Department Chair/Associate Dean or Dean is the course instructor the Dean will appoint another faculty member to serve as a replacement in the appeal process. The Department Chair/Associate Dean or Dean will remain as the course instructor.

#### **IV. The Grade Appeals Panel and Hearing**

The Grade Appeals Board reserves the right to deny a hearing if the evidence submitted by the student does not clearly demonstrate a basis for grade appeal. The Board Chair will notify both parties in writing of the decision and, if a hearing is granted, the time, date and location of the hearing.

The Board will appoint a Grade Appeals Hearing Panel consisting of the Chair of the Grade Appeals Board, two additional faculty members, two student representatives, and a non-voting representative of the Office of the Provost. None of the members of the Grade Appeals Hearing Panel may be from the academic department from which the Appeal originates. A Board member must withdraw from the proceedings if he/she cannot remain unbiased or if involved with the grade in any capacity. The Chair of the Board shall appoint another representative to maintain the Hearing Panel's structure in accordance with this Protocol. If the Chair of the Board disqualifies himself/herself, or is disqualified due to a conflict of interest, another member of the Board will be elected by the Grade Appeals Board. The Panel will determine which proposed witnesses may testify at the hearing.

1. Attendance at the hearing is required of the following individuals and is closed to all others:

- a. All members of the Grade Appeals Hearing Panel shall be present and shall serve with full voting rights.
- b. A representative of the Office of the Provost shall serve on the Panel in a non-voting capacity.
- c. The student and course instructor shall be present. If either party is unable to attend due to an extraordinary circumstance such as, but not limited to, severe illness, death in the immediate family or professional obligation that cannot be rescheduled, the Board Chair must be notified immediately. The Hearing Panel will use best efforts to reschedule the hearing within five days of the originally scheduled date.
- d. Witnesses called by either party and approved by the Hearing Panel may be present only for their own testimony.
- e. A non-Board member provided by the Office of the Provost who will take notes of the discussion and prepare a summary of the proceedings.

2. The hearing shall be conducted in the following manner:

- a. The student and course instructor must represent themselves.
- b. The student will have the opportunity to state the nature of the grade appeal in detail and present supporting witnesses and evidence.
- c. The course instructor will be given the opportunity to respond to the student's statement and present supporting witnesses and evidence.
- d. Hearing Panel members may question the student, course instructor and witnesses.
- e. The student, course instructor and witnesses are excused.
- f. Following a period of closed deliberation, the decision of the Hearing Panel will be determined by a simple majority vote. A written report citing the basis for the decision will be forwarded to the student, the course instructor, and the College Dean within five business days.

#### **V. Appeal to the Provost**

1. If the decision of the Grade Appeals Hearing Panel is not acceptable to either party, the student or the course instructor may file a written notice of appeal with the Provost within three days of receiving the decision. The appeal must be based on either a lack of due process or new information not available at the time of the hearing. Such a request shall be granted or denied at the discretion of the Provost, or a designee appointed by the Provost, based on an analysis of whether the new information is likely to make

a significant and substantial difference in the initial disposition of the case or whether the process followed was inconsistent with University procedures.

2. If a request for appeal based on new information is approved, the Provost or designee will remand the appeal to the hearing panel and another hearing will take place. The decision of the reconvened hearing panel shall be final and binding.

3. If a request for appeal based on lack of due process is approved, the Provost or designee shall meet with the individual appealing the decision of the Hearing Panel to attempt to resolve the situation. In advance of the appeal meeting, the Provost or designee may request any additional records or documentation that he/she feels are relevant to the case. The Provost or designee shall provide a written decision, which shall be sent to the student, the Dean and the Chair of the Grade Appeals Board within five business days of receiving the written notice of appeal. The decision of the Provost or designee shall be final and binding. There is no further university recourse available for the student or course instructor.

### **Student Complaints and Grievance Procedure**

For student grievances or complaints other than grades or dismissal due to unsafe clinical performance, students are encouraged to address the problem at the point closest to the issue. 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 Department Chair, then the Associate Dean for Academic Affairs or Students Affairs as appropriate, then the JCP Dean who will attempt to mediate the situation. 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. If the complaint is related to any aspect of the program or College which pertains to ACPE accreditation standards or policies or procedures, the student may submit a complaint directly to ACPE as described below.

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

### **Complaints Policy for the Accreditation Council for Pharmacy Education (ACPE)**

The following has been taken directly from <http://www.acpe-accredit.org/students/complaints.asp>

“ACPE has an obligation to assure itself that any institution which seeks or holds a preaccreditation or accreditation status for its professional program(s) conducts its affairs with honesty and frankness. Complaints from other institutions, students, faculty, or the public against a college or school of pharmacy, including tuition and fee policies, and as related to ACPE standards, policies or procedures, shall be placed in writing in detail by the complainant and submitted to the ACPE office. The complaint shall be submitted to the institution for response. Requests for confidentiality shall be respected to the extent any such information is not necessary for the resolution of the complaint.

The Executive Director shall, based upon the complaint, the response, and information from such further investigation deemed necessary, promptly determine the facts surrounding the issue, determine the validity of the complaint, and resolve the issue; provided, however, where the Executive Director deems it necessary or appropriate, the matter shall be considered at the next regular meeting of the Council. The time frame for resolution is generally within six months. A record of complaints regarding a specific college or school of pharmacy, including student complaints received or made available, is kept for consideration on file at the Council office. Such record of complaints is considered during scheduled evaluations, or a special evaluation, as the case may require.

The procedure shall provide for treatment of complaints in a timely manner that is fair and equitable to all parties. The complainant shall be advised of the decision or action as soon as possible. When ACPE has cause to believe that any institution with which it is concerned is acting in an unethical manner or is deliberately misrepresenting itself to students or the public, it will investigate the matter and provide the institution an opportunity to respond to the allegations. If, on the basis of such investigation, after notice to

the institution and opportunity for institutional response, ACPE finds an institution has engaged in unethical conduct or that its integrity has been seriously undermined, ACPE will either:

- a. request that the institution show cause, within a stated time period, why adverse action should not be taken, or
- b. in extreme cases, immediately discontinue its relationship with the institution by denying or withdrawing preaccreditation or accreditation status.

A complaint against a college or a school of pharmacy must be related to the standards or the policies and procedures of ACPE and must be submitted in writing to the Executive Director. Under existing practices, when a complaint is received, it is submitted to the college or school affected for response. If, thereafter, based upon the complaint and the response, the Executive Director determines that a complaint is not related to the standards or policies, the complainant is so advised in writing with a copy to the school or college, and the matter is treated as resolved.

Anonymous complaints pertaining to accreditation matters are retained and, depending on circumstances, may or may not be forwarded to the school or college involved, depending somewhat on the severity of the complaint. This decision is made by the Executive Director. Where a complainant has threatened or filed legal action against the institution involved, ACPE will hold complaints in abeyance pending resolution of the legal issues and the complainant is so advised.

If the Executive Director finds a complaint to be extremely serious in nature charging egregious conduct that may warrant adverse action by the Council, or involves an interpretation which the Executive Director believes should be made by the Council, the complaint will be submitted to the Council for determination at the next regular meeting. Extraordinary remedies available for complaints covering extreme cases are set forth in paragraphs (a) and (b) above.

ACPE has an obligation to respond to any complaints which may be lodged against it by any institution, student, faculty or third party in respect to the application of ACPE's standards, policies and procedures where the complaining party is directly affected thereby. Any such complaint shall be submitted in writing. The Executive Director shall promptly determine the facts surrounding the issues and shall attempt to resolve the matter in consultation with the Public Interest Panel established pursuant to Article V of the ACPE By-Laws. Complaints which cannot be resolved by the Executive Director shall be considered and resolved at the next regular meeting of the Council. The time frame for resolution is generally within six months."

**If you wish to file a complaint, please e-mail:** [csinfo@acpe-accredit.org](mailto:csinfo@acpe-accredit.org) (regarding a professional degree program)

### **Leave of Absence**

When personal circumstances make a temporary absence from the School advisable and when intent to return is evident, a leave of absence may be granted to students who file the Student Status Change Form available in the JCP Dean's Office. Permission of the College Dean or the Dean's designee is required. Normally, a leave will be granted for a period from one semester to a full academic year. Students who are subject to dismissal for academic or disciplinary reasons are not eligible for a leave of absence. A student who has been placed on academic probation and is subsequently granted a leave must satisfy the terms of the probation upon returning. If a leave is granted during an academic term, the same procedures and policies pertaining to grading of individual course withdrawals will be in effect. If changes to the Doctor of Pharmacy curriculum impact the course of study for a student who is returning from a leave of absence, that student will be responsible for meeting all requirements of the class with whom they will graduate.

If a leave is granted during an academic term, the same procedures and policies pertaining to grading of individual course withdrawals will be in effect.

Students who fail to return to the School by the date that the approved leave expires will have their status changed from a leave of absence to withdrawal, and they will have to apply for readmission in order to return.

Students considering a leave should first consult with their academic advisor and other appropriate advisors regarding possible effects on their progress toward the degree, financial aid and tuition charges. A leave of absence should be arranged in advance, and the student should follow the same procedure as for withdrawal from the School. Students who have borrowed federal, institutional or private loans are required to complete a federally mandated Exit Interview counseling session. Besides being a federal requirement, it is a very helpful counseling process to ensure that students know the facts and repayment strategies that apply to student loans and to safeguard loans from becoming delinquent during a leave of absence, withdrawal or any other period of non-enrollment or drop in credits to below a half-time status level.

#### *Medical Leave of Absence*

For medical leaves of absence, students must proceed through University Health Services, which will notify the Office of the School Dean of its recommendation regarding a medical leave. No medical leaves will be reviewed or received without the endorsement of the Director of University Health Services, or other physicians designated by the Director of University Health Services.

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 College Dean. Prior to reentry, which must 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 student's fitness to return to class. All fees associated with any evaluation are the responsibility of the student. This process must be completed 15 days prior to the start of the requested re-entry semester.

#### *Academic Enrichment / Personal/ Non-Medical Leave of Absence*

A leave of absence for academic enrichment or other personal, non-medical reasons may be entertained by the JCP Associate Dean for Student Affairs. Leaves of absence for academic enrichment and personal, non-medical reasons may be considered from a student in good academic standing and entertained by the JCP Associate Dean for Student Affairs upon receipt of a written request. The student must supply to JCP Associate Dean for Student Affairs reasons that unequivocally validate the need for a non-medical leave. As a corollary, should such a leave be granted, the JCP Associate Dean for Student Affairs, at the time that the leave is granted, will establish clear stipulations that the student must follow in order to gain reinstatement. Generally, such leaves will be no more than one (1) year in duration. Non-medical leaves do not involve or require action or endorsement by the Director of University Health Services.

*Mandatory Medical Leave of Absence*

The Jefferson College of Pharmacy has an obligation to protect patients, students, faculty and employees from harm caused by the actions of any student.

If remaining in a course or rotation or in pharmacy school is thought to be detrimental to the student, classmates, faculty or to the delivery of patient care,<sup>1</sup> the JCP Dean or the Dean's designee has the right to temporarily remove a student from JCP, a course, or a rotation, pending medical and/or psychiatric evaluation. Removal from JCP, a course, or rotation, are all subject to review by the JCP Executive Council or the Judicial Board, as appropriate.

The JCP Dean or the Dean's designee will determine the length of the leave and will require the student to demonstrate fitness to return. The Dean's designee will determine whether restrictions in access to campus, students and email account are necessary during the leave. The Dean's designee will alert the student, in writing, of any restrictions during his/her leave of absence.

Prior to reentry, appropriate medical screening will be arranged by the student and the Director of University Health Services with consultation, if necessary. Any financial costs that may be incurred are the responsibility of the student. Reentry after a leave for psychological/psychiatric reasons will include an interview by the psychiatrist designated by the Director of University Health Services.

Should the JCP Executive Council direct a mandatory leave of absence, the Executive Council will define the conditions of return, which may include restricting the scheduling of clinical or research rotations at away sites or at Thomas Jefferson University/Thomas Jefferson University Hospitals.

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<sup>1</sup> Potential harm/perceived threats may be described as occurring from behavior defined by Thomas Jefferson University, students or patients as threatening, hostile or otherwise inconsistent with the duties and responsibilities of a student. Behavior can also include that which is disruptive to medical treatment, the educational process or student working environments.

## **Readmission Policy and Procedure**

### **Policy**

Any student who withdraws or who has been dismissed from the Doctor of Pharmacy Program is eligible to apply directly to the JCP Dean's Office for readmission. If readmitted, the student will begin with the cumulative GPA they had at the time they were dismissed from the Doctor of Pharmacy Program. Following readmission, the student must maintain fulltime status which includes core required courses as stipulated in their Conditions of Readmission. Any student dismissed from JCP because of academic underachievement, and subsequently readmitted to JCP, must achieve a semester grade point average of 3.00 for the first full-time semester in which he or she was readmitted. If the student fails to do so, he or she will be dismissed. Furthermore, if such a student has a cumulative grade point average of < 3.00 at the end of the semester in which he or she was readmitted, he or she must raise the cumulative grade point average to a 3.00 or greater by the end of the following semester or be dismissed. After this point, the cumulative GPA of 3.00 or greater must be maintained or the student will be dismissed. Students may not be readmitted to the JCP Doctor of Pharmacy Program more than twice. They must be able to complete the program in 150% of the allotted time. Their ability to do so will be taken into consideration in the readmission process as applicable.

### **Procedure**

1. Students who withdraw or who are dismissed for academic underachievement may be considered for readmission for the subsequent academic year. Students who wish to apply for readmission should complete the JCP Application for Readmission which includes a narrative identifying any potential contributors to their lack of academic success, to date, and describing any steps they have or are taking to ensure their future academic success. This may include additional coursework at other institutions, working with a counselor or coach to improve their academic skills (eg., study skills, exam taking, reading comprehension, etc.) or other appropriate interventions. The application for readmission may include attachments such as transcripts from other institutions. The completed Application for Readmission must be submitted to the Deans' Office
2. Upon receipt of the Application for Readmission, the Associate Dean for Academic Affairs will review the Application and determine if the student's eligibility for readmission (i.e., ability to achieve a cumulative GPA of  $\geq 3.0$  by the end of the second semester following their readmission). If the Associate Dean for Academic Affairs determines that the student is eligible for readmission, they will schedule a meeting with the student to discuss the Conditions of Readmission. These may include but are not limited to re-taking courses in which they have previously performed poorly or taking additional foundation courses. If changes to the Doctor of Pharmacy curriculum impact the course of study for a student who is being readmitted that student will be responsible for meeting all requirements of the class with whom they will graduate unless an exception is included in the terms of readmission.
3. Terms of readmission recommended by the Associate Dean for Academic Affairs will be detailed in a Readmission Conditions agreement. At the next regular meeting of the Executive Council, the Associate Dean for Academic Affairs will provide an update of requests for Readmission, including recommended Conditions of Readmission and recommend an action to the Executive Council. The Executive Council will vote to approve the readmission as requested, approve the readmission with changes to the additional conditions, or deny the readmission.
4. Within one week of the Executive Council meeting the student will be notified in writing, by the Dean, of the readmission decision including the Conditions of Readmission.
5. Following readmission, the student will be subject to the readmission policy stated in the Student Handbook and any terms stipulated in their Conditions of Readmission.

Approved Spring 2010 by JCP Executive Council.

Updated Spring 2011 by JCP Executive Council.

**Satisfactory Academic Progress Policy - Federal Title IV Programs**

Policy Statement ([http://www.jefferson.edu/university/academic-affairs/tju/academic-services/financial\\_aid/policies/graduate\\_studies.html](http://www.jefferson.edu/university/academic-affairs/tju/academic-services/financial_aid/policies/graduate_studies.html))

In order to receive payment for any Title IV Financial Aid Program, students must maintain satisfactory progress in their chosen program of study. If a student transfers to another program of study at the University, academic work in the prior program may be considered in determining satisfactory progress.

Students receiving aid for the first time must have been making satisfactory progress prior to receiving Title IV aid.

Students are considered to be maintaining satisfactory progress in their program of study if they successfully complete 70 percent of the credits attempted while receiving Title IV Funds.

The Satisfactory Academic Progress Policy will be applied at the end of each academic term.

Students who do not demonstrate satisfactory progress are not eligible to receive further Title IV Funds until they have re-established satisfactory progress.

To re-establish satisfactory progress, students must successfully complete, without receiving Title IV Funds, at least 70 percent of the attempted credits which fulfill degree requirements during one academic term.

When satisfactory progress is re-established, the Satisfactory Progress Policy will again be applied at the end of the semester. Application of the policy will continue until students complete or terminate their education.

Students who are placed on academic probation are permitted to continue on aid as long as they are making progress in accordance with School regulations. Students are required to complete their course of study in no more than 150% of the standard time frame required by the academic program. An extension may be granted by the Office of Financial Aid in the event of extenuating circumstances. The death of a family member and/or documented medical illness are examples of unusual and extenuating circumstances.

Students who are asked to withdraw from a major but who are permitted to remain in the School taking nonprofessional required courses and/or professional courses in the major with permission of the School may not continue on financial aid.

If students feel that they are not fairly judged or have extenuating circumstances, they may request a review of their individual circumstances by the Director of Financial Aid. In the event that students are not satisfied with a decision made by the Director, they may appeal to the College Dean or his/her designee. A subsequent appeal may be made to the Senior Vice President for Academic Affairs, who will render the final decision.

In the event of highly unusual or extenuating circumstances which result in the student not maintaining satisfactory progress, the Director of Financial Aid may waive or adjust the Satisfactory Academic Progress Policy on an individual basis. The death of a family member and/or documented medical illness are examples of unusual and extenuating circumstances.

Financial Aid may be available to students for the necessary repetition, one-time, of a failed course. When repeated, courses for which a passing grade has been received are not eligible for financial aid funding.

**Definitions**

Title IV Programs: Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Perkins Loans, Federal Work Study, Federal Direct Loan program (Stafford and PLUS).

Title IV Funds: Any payment originating from the Federal Title IV Financial Aid Programs.

Credits Attempted: A credit will be considered attempted only for those courses in which a student is enrolled and which fulfill degree requirements. Withdrawal from classes or the School after the specified drop/add period does not exclude those credits from being considered as attempted. Required courses that are repeated will be considered in calculation of credits attempted for satisfactory progress. Non-credit, remedial courses or challenge examinations are not aided and are not considered as credits attempted.

Temporary letter grades such as I, IP or NR will be considered at the time the final grade is received. These credits will be evaluated with the other credits the student attempted during the academic term the course was originally intended to be completed.

Successful Completion: A credit will be considered successfully completed if the student receives a letter grade of A+, A, A-, B+, B, B-, C+, C, C -, D+, D, D-, H, P or LP. A credit for which a student receives the grade W, WP, WF, F, U, NC or N will not be considered successfully completed. Graduate students must maintain a minimum Grade Point Average of 3.00.

#### Satisfactory Progress Table

The following table will be used to measure satisfactory progress for the Federal Title IV Financial Aid Programs.

Number of Credits Attempted*	Number of Credits which must be successfully completed for satisfactory progress
1	1
2	2
3	3
4	3
5	4
6	4
7	5
8	6
9	6
10	7
11	8
12	8
13	9
14	10
15	11
16	11
17	12
18	13
19	13
20	14

- See definition of "Credits Attempted" above.

**Financial Aid Refund** [http://www.jefferson.edu/university/academic-affairs/tju/academic-services/financial\\_aid/policies/title\\_iv.html](http://www.jefferson.edu/university/academic-affairs/tju/academic-services/financial_aid/policies/title_iv.html)

#### Title IV Aid\*

For each Title IV aid recipient who withdraws, the school must calculate the amount of Title IV assistance the student has earned. This amount is based upon the length of time the student was enrolled. The School must return any portion of unearned Title IV funds for which the School is responsible.

The School must also advise the student of the amount of unearned Title IV grant aid that he or she must return, if applicable. The student (or parent, in the case of a PLUS Loan) must repay any unearned funds that the School did not return according to the normal terms of the loan.

If a student has completed more than 60% of the payment period, he or she is considered to have earned 100% of the Title IV grant and loan aid received for the payment period. In this case, no funds need to be returned to the Title IV aid programs.

However, if a student withdraws before completing more than 60% of the payment period or period of enrollment, the amount of any Title IV loan and grant aid that the student received for the payment period or period of enrollment must be recalculated to reflect the portion of the payment period that he or she completed prior to withdrawal. The unearned Title IV loan and grant aid for the percentage of the payment period not completed must be returned to the applicable Title IV aid programs.

\* Title IV programs of aid include Federal Pell, Federal SEOG, Federal Perkins, Federal Work Study Program, Federal Direct Grad PLUS and Federal Direct Stafford Loan.

#### State Grant

Refunds/prorations of state grant funds are calculated according to the specific regulations of the sponsoring state. Programs of financial aid described herein are subject to change due to federal, state, local or institutional regulations or funding.

### **Transcripts**

At the end of each semester, active status students can view grades and transcript (a copy of the student's complete academic record) at Banner Web.

Thomas Jefferson University has authorized the National Student Clearinghouse to provide transcript ordering privileges via the Web, using any major credit card. To request a transcript, please access the following website:  
[https://secure.studentclearinghouse.org/tsorder/faces/TranscriptOrder?\\_afLoop=4905005904406487&\\_afWindowMode=0&\\_adf.ctrl-state=14ztl5ejlv\\_4#firstload](https://secure.studentclearinghouse.org/tsorder/faces/TranscriptOrder?_afLoop=4905005904406487&_afWindowMode=0&_adf.ctrl-state=14ztl5ejlv_4#firstload)

Routine transcript requests carry a processing charge of \$5.00 per copy for currently enrolled students and \$10.00 per copy for graduates and former students. Immediate need and special handling requests may incur additional fees. Your credit card will only be charged after your order has been completed. Although transcripts are normally processed within five working days, students should allow for a processing time of 10 working days, particularly during peak periods such as registration, drop-add, grade reporting and commencement.

The University reserves the right to deny transcript requests of students who have not fully satisfied all financial obligations to the University.

# PROFESSIONAL DEVELOPMENT

## **PROFESSIONAL DEVELOPMENT**

It is expected that all JCP students, faculty, and administrators will exhibit behavior consistent with the highest level of professionalism. The American College of Clinical Pharmacy has defined the traits of professionalism to include responsibility, commitment to excellence, respect for others, honesty and integrity, and care and compassion. These are defined in a White Paper published in *Pharmacotherapy*\*.

### **TRAITS OF PROFESSIONALISM**

- **Responsibility** - Responsibility focuses on what one can do and should do; it defines the pharmacist's duty and moral obligation. Pharmacists have responsibilities to individual patients, to health care professionals, to society, and to the profession.
- **Commitment to excellence** - Excellence is a conscientious effort to exceed ordinary expectations. It implies first a commitment to lifelong learning.
- **Respect for others** - To respect others is to hold in high regard their feelings, opinions, and values. For pharmacists, this should apply to individual patients and their families, other health care professionals, colleagues, coworkers, and others with whom they come in contact.
- **Honesty and Integrity** - Pharmacists must uphold the highest standards of behavior and refrain from actions that would violate one's personal or professional codes. Displaying honesty and integrity means that pharmacists are truthful, fair, trustworthy, dependable, and honest.
- **Care and Compassion** - To care and to be compassionate are at the very center of the fiducial relationship between the patient and the pharmacist. Caring, in the most basic terms, means to attend to the needs of others and to have personal concern for the well-being of another.

\*ACCP White Paper: Development of Student Professionalism. *Pharmacotherapy* 2009;29(6):749-56.

### **CODE OF ETHICS FOR PHARMACISTS**

A code is adopted by a profession to regulate that profession. An ethical code may be styled as a code of professional responsibility that may dispense difficult issues of what behavior is "ethical". The following Code of Ethics for Pharmacists was adopted by the American Pharmacists Association, October 27, 1994.

#### **Preamble**

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

#### **I. A pharmacist respects the covenantal relationship between the patient and pharmacist.**

Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

#### **II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.**

A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

#### **III. A pharmacist respects the autonomy and dignity of each patient.**

A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in

terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

**IV. A pharmacist acts with honesty and integrity in professional relationships.** A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.

**V. A pharmacist maintains professional competence.** A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.**VI. A pharmacist respects the values and abilities of colleagues and other health professionals.** When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

**VII. A pharmacist serves individual, community, and societal needs.** The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

**VIII. A pharmacist seeks justice in the distribution of health resources.**

When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

#### **THE OATH OF A PHARMACIST – Approved by the APhA House of Delegates, 2007**

“I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

- I will consider the welfare of humanity and relief of human suffering my primary concerns.
- I will apply my knowledge, experience and skills to the best of my ability to assure optimal outcomes for my patients.
- I will respect and protect all personal and health information entrusted to me.
- I will accept the lifelong obligation to improve my professional knowledge and competence.
- I will hold myself and my colleagues to the highest principles of our profession’s moral, ethical, and legal conduct.
- I will embrace and advocate changes that improve patient care.
- I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.”

**Joint Commission of Pharmacy Practitioners (JCPP)  
Pharmacists' Patient Care Process  
May 29, 2014**

<http://jcopp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf>

**Pharmacists' Patient Care Process**

The goal of high quality, cost-effective and accessible health care for patients is achieved through team-based patient-centered care. Pharmacists are essential members of the health care team. The profession of pharmacy is continuing its evolution from a principal focus on medication product distribution to expanded clinically-oriented patient care services. As a result of this professional evolution, the importance of, and need for, a consistent process of care in the delivery of patient care services has been increasingly recognized by the profession at large.

Pharmacists have unique training and expertise in the appropriate use of medications and provide a wide array of patient care services in many different practice settings. These services reduce adverse drug events, improve patient safety, and optimize medication use and health outcomes. Pharmacists contribute to improving patients' health by providing patient care services as authorized under their scope of practice and facilitated by collaborative practice agreements. The foundation for the pharmacist's patient care process is embedded within the pharmaceutical care model developed by Hepler and Strand in the 1990s. However, there is variability in how this process is taught and practiced. To promote consistency across the profession, national pharmacy associations used a consensus-based approach to articulate the patient care process for pharmacists to use as a framework for delivering patient care in any practice setting.

The pharmacists' patient care process described in this document was developed by examining a number of key source documents on pharmaceutical care and medication therapy management. Patient care process components were catalogued and compared to create the following process that encompasses a contemporary and comprehensive approach to patient-centered care that is delivered in collaboration with other members of the health care team.

## **STATEMENT OF PROFESSIONAL CONDUCT/HONOR CODE**

### **Preamble:**

The faculty of Thomas Jefferson University affirms its deep commitment to the values and ethical standards of the health professions. These principles involve our conduct with patients and one another where honesty, morality, integrity, civility, altruism, and compassion are the rule. By embracing the values and standards of conduct of health professionals, we maintain our contract with society and the trust that grants us professional autonomy and the privilege of self-regulating our professions.

### **General Principles of Professionalism in the Health Professions:**

At this time when the health professions are beset by an explosion of technology, changes in market forces, serious problems in healthcare delivery, conflicts of interest, and the threat of bioterrorism, the Faculty of Thomas Jefferson University reaffirms its commitment to professionalism. Understanding that at their core, the health professions place the welfare of the patient above self interest, we accept our responsibility to educate future health professionals in the values and ethical standards of medical professionalism. We acknowledge that we can best achieve this by serving as strong role models and advocates while maintaining professional relationships based on mutual respect and concern. We must promote an atmosphere of cooperation and learning, of intellectual openness, honesty, and sincerity in order to constantly protect and redefine and make meaningful our core values and covenant of trust with society.

### **The Core Values of Thomas Jefferson University:**

At Jefferson, we are committed to the highest principles of professionalism. We aspire to be a community that is not only academically and fiscally successful, but also a community of discovery, learning, caring, and sharing. The core values of professionalism guide our actions. At Jefferson:

- Our word is our bond (**Integrity**)
- We respect each other and all with whom we come into contact (**Respect**)
- We care about and attempt to ameliorate the suffering and pain of illness; we care about and attempt to ameliorate the trials and tribulations of the Jefferson family (**Compassion**)
- We are committed to excellence and the life-long pursuit of new knowledge and personal and professional growth (**Excellence**)
- We aspire to do the right thing, for the right reason, even if it does not serve our personal interests (**Altruism**)
- We are committed to each other and to those we serve. We work together to achieve our mission and goals (**Collaboration**)
- We are committed to the prudent use of the resources made available to us by the hard work of the faculty, the tuition of our learners, the support of the public, and the philanthropic giving that sustains us and helps us grow (**Stewardship**)

### **Professionalism in the Teacher-Student Relationship:**

The Faculty of Thomas Jefferson University is committed to principles of mutual respect and trust between teachers and students. Training future health professionals who are entrusted with the lives of others must be based on faculty members embodying the values of professionalism. A critical part of the values of professionalism in the teacher-student relationship is that faculty members should not use their professional position to engage in relationships outside the professional realm with students or patients. Faculty members should be role models and mentors in their interaction with each other, students, nursing staff and other health professionals, as well as patients. In all of these relationships, faculty members act to enhance the learning experience based on shared professional values.

### **Shared Professional Values of Thomas Jefferson University:**

In entering the health professions, and in the process of crafting future health professionals as students and educators, we recognize the implicit trust that patients and society have granted us. As such, we must commit to embodying the highest standards of civility, honesty, and integrity in all aspects of our personal and professional lives. This must include our interpersonal relationships, our academic pursuits, and our professional practices. We must treat everyone compassionately, and respect and protect his or her privacy, dignity, and individuality.

As part of the trust that society has placed in us, we must advocate for outstanding patient care for all people. Accordingly, we must always recognize those attitudes and values of ours that may limit our ability to do so.

As health professionals, we must also recognize limitations in our knowledge and skills, and accordingly, we must accept our duty to provide and receive constructive feedback with the goal of improving our ability to care for our patients. This eagerness to improve is central to our commitment to excellence, and will be the foundation upon which we build our practice of lifelong learning.

### **Faculty Self-Regulation:**

As part of their contract with society, the health professions are given the privilege of self-regulation. As part of self-regulation, faculty must contribute to the spirit and principles of the Thomas Jefferson University Honor Code. The faculty must have individual and corporate responsibility to uphold the Honor Code.

### **The Thomas Jefferson University Honor Code**

As Jefferson students and faculty, we seek to establish a community based on honor, integrity and awareness of others. Our commitment to this community begins with our first day of professional or educational association with Thomas Jefferson University when we sign a pledge to uphold the values and rules of the Honor Code that follows:

As faculty members, residents, fellows and students, we pledge to embrace the academic and social integrity on which Jefferson was founded, pursuing honesty, equality and fairness in all aspects of our lives. This includes not seeking an unfair advantage over our peers, teachers, students, residents, fellows or any other member of the Thomas Jefferson University community. These goals are dependent on our personal concern for ourselves and one another, as well as our collective concern for the maintenance of the community standards that are reflected in the Code.

The Honor Code assumes that all faculty, residents, fellows, and students conduct themselves in an ethical and professional manner. Altruism, accountability, commitment to excellence, duty to serve, honor, integrity and respect for others are essential characteristics of a health professional. In addition, the code is dependent on the collective desire of all members of the academic community to prevent and deter violations, rather than on proceedings to impose penalties after violations have occurred. If violations do occur within this system, each member of the community is expected to support and uphold all aspects of the code.

- **Community** - A goal of each member of the University is to foster an environment of trust and cooperation with respect for the work and efforts of others. When we speak of community we imply the student body, the faculty, the staff, and the administration, each of which contributes to the combined concept of community.
- **Academic Integrity** - We seek to enhance our professional knowledge and achieve excellence in our time spent at Jefferson but not at the cost of honesty, integrity and trust, all integral aspects to the development of a health professional.
- **Social Integrity** - Jefferson is dependent on equality among all its members, regardless of race, culture, religion, gender, age, disability or sexual orientation. Every individual should be treated with equal respect by their peers, faculty and staff.
- **Responsibility** - All members of the University must be willing and encouraged to discuss with their peers and all members of the community any action or issue that appears to be unacceptable and take the necessary actions in a timely manner to address the situation. The failure to deal with the breach in professional conduct not only jeopardizes the strength of the code but also puts the observer in direct violation of the code.

- **Mediation** - Resources exist for students, faculty members and staff to meet with other people within the Jefferson community to work out any differences and disagreements with the help of a third party. If these efforts fail to reach a resolution, further resources through official University channels can be used to review any disagreement and determine the appropriate course of action.

### **JCP PROFESSIONAL DEVELOPMENT AWARD**

A limited amount of funding is set aside each academic year to support students involved in professional development activities. Activities may include participation in professional meetings, development of scholarly projects, or provision of services that align with the mission and vision of the college. Information about this award and the application form may be found on the JCP Student Organization page in Bb Learn.

### **PROFESSIONAL ACTIVITIES DOCUMENTATION**

Consistent with the mission and vision of the college, JCP needs to be informed about student contributions and activities. Students are asked to self-report using the Professional Activities Document found on the JCP Student organization page in the Program Documents folder. The College will utilize the information gathered in the accreditation process, to provide recognition to student contributions within the college and the university.

### **INTERN LICENSURE INFORMATION**

Students are encouraged to access the website for the National Association of Boards of Pharmacy website at <http://www.nabp.net/>

Scroll down to 'Boards of Pharmacy' in the left-hand column to find the links to all of the state boards of pharmacy in the United States, Canada, Australia, and New Zealand. Each state has its own requirements for internship and licensure. Please research the state(s) where you anticipate seeking licensure following graduation to see the requirements of that state. For example, in the state of Pennsylvania, an internship license is required and 1,500 registered, documented hours are necessary prior to being eligible to sit for the North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE). Of the 1,500 hours, 750 hours are granted through the student's participation in the experiential component of the pharmacy school curriculum.

### **STUDENT PARTICIPATION IN INSTITUTIONAL GOVERNANCE**

In an effort to provide an exceptional educational experience at the JCP, students will be solicited to participate in several standing committees within the School. In addition, opportunities may arise where students are recruited to participate in University-wide committees and task forces. The standing JCP committees and a brief description of their responsibilities are as follows:

#### **Committee on Educational Philosophy and Policy**

- This Committee shall consider proposed curricular changes in the College and make recommendations to the Executive Council on such proposals; encourage and monitor changes in program objectives, courses, and methods of instruction and degree requirements; and provide a forum for discussion of educational philosophy and policy issues that arise within the College. The Committee shall also consider proposed changes in the School's general academic policies regarding admission to the College, academic achievement and progression and make recommendations to Executive Council on such proposals.

#### **Committee on Student Affairs**

- The duties of the Committee shall be to monitor student welfare through attention to academic and personal counseling, evaluate recruitment activities, review criteria for admissions and make recommendations to the Faculty or Committee on Admissions, coordinate nominations for student awards, refer student grievances to the appropriate body, make recommendations regarding student workload, and serve as

the liaison body between the School and the student body, including recognized student organizations.

#### Committee on Admissions

- The committee will recommend to Faculty or Committee on Educational Philosophy and Policy the criteria, policies and procedures for admission to the pharmacy professional degree program, including the process for interviews with applicants. The committee will select students who have the potential for success in the professional degree program and the profession of pharmacy. In conjunction with the Committee on Evaluation and Outcomes, the Committee on Admissions will review data correlating the admissions criteria, policies and procedures with student achievement in the professional degree program and performance in professional practice.

#### Committee on Evaluations and Outcomes

- The duties of the committee shall be to oversee evaluation of the programs of instruction as well as the College of Pharmacy Assessment Plan, faculty and students' professional achievement and satisfaction, interpret data collected, and provide feedback to the appropriate committees and individuals for decision-making.

### **STUDENT PHARMACY ORGANIZATION INFORMATION**

#### **Student Body Governance (SBG)**

The purpose of this organization shall be to enhance the student's experience both professionally and socially, and to provide a channel of communication between the student body and the administration and faculty of JCP.

#### **Field of Membership**

Any matriculated student in the Jefferson College of Pharmacy shall be eligible for participation in the JCP Student Government. Membership is discontinued upon graduation or loss of academic standing in the Jefferson College of Pharmacy.

SBG Faculty Advisor: Mary Hess, PharmD., Office: 901 Walnut Street, Suite 901 C; Email: [mary.hess@jefferson.edu](mailto:mary.hess@jefferson.edu)

#### **AMCP**

The JCP AMCP chapter functions to encourage education and support the advancement of managed care pharmacy. The chapter engages in promoting professional opportunities and leadership within managed care pharmacy. The chapter also is focused on establishing, developing and promoting education programs relating to and improving health as it related to the delivery of pharmacy services through managed care.

#### AMCP Mission Statement

To promote sound managed care pharmacy principles through educational, professional, and social development of its student pharmacist members.

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#### **APhA-ASP**

The American Pharmacists Association's (APhA) Academy of Student Pharmacists (ASP) unofficially began in 1921 when students from the University of North Carolina petitioned the APhA Council to be recognized as an APhA student branch. Since then, the student section of APhA has gone through a steady evolutionary process. After the first student branch was

recognized, many other schools and colleges of pharmacy began to form their own student branches.

At the 2004 Annual Meeting in Seattle, Washington, APhA-ASP celebrated 35 years as an official academy of APhA. During the meeting, the 2004 APhA-ASP House of Delegates voted in favor of a proposed resolution to change the Academy's name to the *American Pharmacists Association - Academy of Student Pharmacists*, in order to better define the professional role of student pharmacists and to emphasize students' commitment to the profession of pharmacy. In April 2009, the JCP chapter received its chapter charter at the APhA annual meeting.

#### APhA-ASP Mission Statement

The mission of the American Pharmacists Association Academy of Student Pharmacists is to be the collective voice of student pharmacists, to provide opportunities for professional growth, and to envision and actively promote the future of pharmacy.

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#### **ISPOR**

The International Society for Pharmacoeconomics and Outcomes Research (ISPOR) promotes worldwide the science of pharmacoeconomics (*health economics*) and outcomes research (*the scientific discipline that evaluates the effect of health care interventions on patient well-being including clinical, economic, and patient-centered outcomes*) and facilitates the translation of this research into useful information for healthcare decision-makers to increase the efficiency, effectiveness, and fairness of health care to improve health. Since 2005, Jeff - ISPOR serves to link students interested in pharmacoeconomics and members of the pharmaceutical industry, health-related organizations, and academia.

#### ISPOR Mission Statement

The mission of ISPOR is to share knowledge in pharmacoeconomics and health outcomes research for students who are interested in a career in pharmacoeconomics, outcomes research, or pharmaceutical service design.

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#### **JCP-SSHP**

In 1942, hospital pharmacists established the American Society of Hospital Pharmacists, affiliated with APhA. In 1995 the name was changed to American Society of Health-Systems Pharmacists (ASHP). The name reflects changes in the industry and diversification beyond inpatient care into ambulatory care and home care. Today ASHP's membership has grown to ~ 31,000 members. The Student Society of Health-Systems Pharmacy (SSHP) was developed to educate members about career options in hospital and health-systems, provide career and professional development, and create opportunities to network.

#### JCP-SSHP Mission Statement

The mission of the Jefferson College of Pharmacy student society is to make students aware of pharmacy practice in health systems; provide information to students about career directions in and credentials needed for pharmacy practice in health systems; and encourage membership and participation in the respective regional affiliate or Pennsylvania state society of ASHP as a student upon graduation.

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JCP – Rho Chi National Pharmacy Honor Society

The Rho Chi Society originated in the merger of two movements, both commencing in 1917, to create a national honor society for pharmacy. One started on the campus of the University of Michigan where there was a local honor society, the "Aristolochite Society". A second movement was initiated by Rufus A. Lyman in his presidential address to the American Conference of Pharmaceutical Faculties. In the meantime, the "Aristolochite Society" became the "Rho Chi Society" and was granted a charter by the State of Michigan on May 19, 1922. The Conference of Pharmaceutical Faculties extended its recognition to Rho Chi as "the Honor Society of Pharmacy." Chapters could be established at colleges that were members of the Conference, now the American Association of Colleges of Pharmacy. Jefferson College of Pharmacy petitioned for membership in 2015 and was installed as the Epsilon Epsilon chapter in April 2016. Members of Rho Chi are identified in the top 20% of their class and inducted following completion of the first two years of the Doctor of Pharmacy curriculum.

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### **Pharmacy-Related Websites**

#### Professional Organizations

Academy of Managed Care Pharmacy

[www.amcp.org](http://www.amcp.org)

American Association of Colleges of Pharmacy

[www.aacp.org](http://www.aacp.org)

American Association of Pharmaceutical Scientists

[www.aaps.org](http://www.aaps.org)

American College of Clinical Pharmacy

[www.accp.com](http://www.accp.com)

American Pharmacists Association

[www.pharmacist.com](http://www.pharmacist.com)

American Society of Consultant Pharmacists

[www.ascp.org](http://www.ascp.org)

American Society of Health-Systems Pharmacists

[www.ashp.org](http://www.ashp.org)

Delaware Pharmacists Society

[www.dpsrx.org](http://www.dpsrx.org)

Delaware Society of Health-System Pharmacists

[www.dshp.net](http://www.dshp.net)

National Association of Boards of Pharmacy

[www.nabp.net](http://www.nabp.net)

National Association of Chain Drug Stores

[www.nacds.org](http://www.nacds.org)

National Community Pharmacists Association

[www.ncpanet.org](http://www.ncpanet.org)

National Pharmaceutical Association

[www.npha.net](http://www.npha.net)

New Jersey Pharmacists Association

[www.njpharma.org](http://www.njpharma.org)

New Jersey Society of Health-System Pharmacists

[www.njshp.org](http://www.njshp.org)

Pennsylvania Pharmacists Association

[www.papharmacists.com](http://www.papharmacists.com)

Pennsylvania Society of Health-System Pharmacists

[www.pshp.org](http://www.pshp.org)

*State Boards of Pharmacy*

Delaware State Board of Pharmacy

[www.dpr.delaware.gov/boards/pharmacy/index.shtml](http://www.dpr.delaware.gov/boards/pharmacy/index.shtml)

New Jersey State Board of Pharmacy

[www.state.nj.us/lps/ca/medical/pharmacy.htm](http://www.state.nj.us/lps/ca/medical/pharmacy.htm)

Pennsylvania State Board of Pharmacy

[www.dos.state.pa.us/pharm](http://www.dos.state.pa.us/pharm)

*Pennsylvania Peer Assistance Program (SARPH)*

[www.sarph.org](http://www.sarph.org)