Jefferson
Thomas Jefferson University

Department of Medical Imaging and Radiation Sciences

Sonography Program

Academic Policies and Clinical Education Handbook

2020-2021

Notice of Equal Opportunity

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

Required Background Check

Students who are offered admission to Jefferson in a health-related program are generally required to pass a criminal background check and child abuse clearance. Please consult with the Program Director of Office of Admissions for clarification on required paperwork for admission. Additionally, some departments and/or programs within the College, as well as some clinical sites may require students to be fingerprinted and/or drug tested. The Office of Admissions, along with your academic program, will provide you with the appropriate information to complete these requirements.

Clinical rotation, fieldwork, and residency sites that require a criminal background check, child abuse clearance and/or fingerprinting may deny a student's participation in the clinical experience, rotation, fieldwork, or residency because of a felony or misdemeanor conviction or a record of child abuse. Clinical sites may also deny participation in clinical experiences for other reasons, including but not limited to failure of a required drug test, or inability to produce an appropriate health clearance. As participation in clinical experiences, rotations, fieldwork, or residencies is a required part of the curriculum and a requirement for graduation, denial of participation by a clinical site may result in delay of graduation or the inability to graduate from the program.

Regardless of whether or not a student graduates from Jefferson, individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

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

Revised 2020

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UNIVERSITY MISSION

We are a university with preeminence in transdisciplinary, experiential professional education, research and discovery, delivering exceptional value for 21st century students with excellence in architecture, business, design, fashion, engineering, health science, and textiles infused with the liberal arts.

ENTERPRISE MISSION

We Improve Lives.

ENTERPRISE VISION

Reimagining health, education and discovery to create unparalleled value.

COMMITMENT TO DIVERSITY & INCLUSION

We are reimagining diversity and inclusion to promote and cultivate an inclusive environment that celebrates the differences and similarities of our patients, families, students, workforce and the communities we serve to achieve an equitable culture.

MISSION OF THE DEPARTMENT & SONOGRAPHY PROGRAM

The Mission of the Department of Medical Imaging & Radiation Sciences and the Sonography Program is to provide a comprehensive education preparing students for entry-level practice in medical imaging and radiation sciences as competent, caring members of the health care team, cultivating professionalism and life-long learning.

PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

Goal # 1: Clinical Performance & Clinical Competence
Students will:

- Select appropriate transducers and use appropriate technical settings
- Demonstrate knowledge of proper patient prep
- Obtain appropriate images of highest obtainable technical quality
- Provide safe and quality patient care

Goal # 2: Problem Solving Skills & Critical Thinking
Students will:

- Adjust technical settings as needed based on patient body habitus and/or pathology
- Change transducers or patient position as needed for exam
- Critique images for diagnostic quality

Goal # 3: Communication Skills
Students will:

- Demonstrate appropriate and effective oral and written communication skills with patients and the interprofessional healthcare team.

Goal # 4: Professional Development & Growth
Students will:

- Integrate professional ethics and behavior into clinical practice
- Function as part of the interprofessional healthcare team
- Participate in professional growth development

THE HANDBOOK

This Academic Policies and Clinical Education Handbook serves as a guide for students enrolled in the Department of Medical Imaging & Radiation Sciences, Jefferson College of Health Professions, Thomas Jefferson University.

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

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

Each student will be responsible for maintaining his/her knowledge of the information contained in the Academic Policies and Clinical Education Handbook, as well as the Jefferson College of Health Professions Catalog, and Jefferson College of Health Professions Student Handbook.
See: www.jefferson.edu/handbook.

NATIONAL CERTIFICATION EXAMINATION

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

PROGRAM ACCREDITATION

The educational programs of the Department are approved by the University administration. Programs are programmatically accredited by their respective accreditation bodies (e.g. JRCERT, JRCNMT, and JRCDMS). All programs, including the Computed Tomography, Invasive Cardiovascular Technology and PET/CT programs, are covered under the University's accreditation by Middle States Commission on Accreditation.

PROGRAM COMPLIANCE

A student who believes a program is not in compliance with the accreditation standards should submit a written complaint to the Program Director, including documentation for the complaint. The Department Chair, Program Director, and Clinical Coordinator will review the complaint and documentation and respond to the student within three (3) business days of receiving the complaint. If the student is not satisfied with the response, he/she has the right to contact the accreditation body

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

UNIVERSITY AND JCHP POLICIES AND PROCEDURES

While we have attempted to provide you with a comprehensive departmental handbook, it does not stand alone.

Students are responsible for understanding academic policies and procedures of Thomas Jefferson University and the Jefferson College of Health Professions (JCHP). Important University wide policies, including the Community Standards and Student Sexual Misconduct Policy, and information on University Services are found on the Thomas Jefferson University Center Student Handbook website at www.jefferson.edu/handbook. Students are also directed to the policies and procedures contained in the JCHP Student Catalog and the JCHP Student Handbook, which can be found at https://www.jefferson.edu/university/health-professions/student-resources.html

If you should have any questions throughout your academic career here, we encourage you to reach out to your program director, advisor, or to the Associate Dean for Student and Academic Affairs, Ms. Nannette Fromm at Nannette.fromm@jefferson.edu.

ACADEMIC POLICIES

POLICIES ON STUDENT PROGRESSION

COURSE REQUIREMENTS

1. Program curriculum is sequential in nature and each course must be taken in the prescribed semester according to the plan of study.

2. Students are responsible for accessing courses through Canvas, https://canvas.jefferson.edu/ and downloading all course syllabi, handouts, and assignments for each course every semester.

3. Students must complete course evaluations for each of their courses at the end of the semester. A link will be provided to the students at the end of each semester.

4. Students must complete the University Orientation, Health Insurance Portability and Accountability Act (HIPAA) module, and Safety module prior to matriculation**.**

5. Students are responsible for checking their **Jefferson** e-mail accounts daily. All Program related correspondence will occur through this account only.

POLICIES ON UNDERGRADUATE STUDENT PROGRESSION IN THE MEDICAL IMAGING & RADIATION SCIENCES MAJOR

1. Students who earn one course grade of C- or below in the Medical Imaging & Radiation Sciences curriculum in any academic year will be placed on departmental academic probation and will be required to meet with their assigned faculty advisor to monitor academic progress.

2. Students who do not maintain a minimum of a 2.0 cumulative GPA will be placed on University academic probation.

3. Students who earn two or more course grades of C- or below in the Medical Imaging & Radiation Sciences curriculum in any academic year will be dismissed from the Department of Medical Imaging & Radiation Sciences.

4. Students who earn a course grade of F in any Medical Imaging & Radiation Sciences curriculum will be dismissed from the Department of Medical Imaging & Radiation Sciences.

5. Two-year students who have been placed on departmental academic probation during their junior academic year, but has successfully completed their junior academic year, will be taken off departmental academic probation at the beginning of their senior academic year.

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

GRADUATION REQUIREMENTS

Requirements for graduation include:

- Completion of a graduation application
- Completion of all clinical and didactic courses in the program's curricular plan of study
- Receiving a passing grade for all clinical and didactic courses in the program's curricular plan of study
- Being in good academic standing at the end of the final semester of the program

TIME TO DEGREE RESTRICTIONS

- Students are required to complete their course of study in no more than 150% of the standard time frame required by the academic program.
    - The one-year Bachelor of Science program has a standard time frame of 12 months.
    - The two-year Bachelor of Science program has a standard time frame of 24 months.
    - The undergraduate certificate program has a standard time from of 12 months.

An extension may be granted in the event of extenuating circumstances. The death of a family member or documented medical illness is examples of unusual and extenuating circumstances.

TRANSFER OF CREDITS/CHALLENGE EXAM, CREDIT BY EXAM, COURSE BY APPOINTMENT

Prerequisites must be completed by the time the student enters Thomas Jefferson University. Credits may be earned through standardized tests, including CLEP for nonscience-based courses. Thomas Jefferson University does not accept challenge exams.

COURSE REPEAT POLICY

Programs in the Department follow a sequential prescribed curricular plan of study. Courses are only offered one time in a particular semester. If a course is failed with a grade of "F", the student is dismissed from the Department. The Department readmission policy should be followed if a student wishes to seek readmission. An individual plan of study would be created, that includes, but not limited to repeat of the full program's curricular sequence.

READMISSION POLICY

Students who are dismissed from the Department of Medical Imaging & Radiation Sciences due to unsatisfactory academic and clinical performance may, within one-year of the dismissal, apply for re- admission by submitting a written request directly to the Department Chairperson. After a one- year time period, all applications for readmission must be made through the Office of Admissions with a review by the Department Chair.

RETENTION OF STUDENT WORK

Student records are maintained by the Department for a minimum period of three years after graduation.

STUDENT ADVISEMENT

All students are required to meet with their faculty advisor at least once during each semester.

COMPETENCY-BASED CLINICAL EDUCATION

COMPETENCY BASED CLINICAL EDUCATION

Competency-based clinical education has been established for the students enrolled in the Department of Medical Imaging & Radiation Sciences programs. It is designed to permit accurate assessment of the knowledge, skills, and attitudes of students in the clinical education component of the program. Evaluation of students' clinical competencies must be completed by registered technologists under the direction of the Clinical Affiliate Supervisor.

All students must attend the scheduled clinical education rotations (see clinical syllabus). All students must complete the minimum number of clinical competencies in accordance with the requirement of their certification and/or accreditation body. Individual clinical course syllabi will detail the clinical competency requirements to successfully pass the clinical course.

CLINICAL EDUCATION ELIGIBILITY

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

- Provide and maintain proof of certification in adult, child, and infant cardiopulmonary resuscitation (BLS/CPR/AED for Healthcare Provider).
- Meet program specific technical standards **Appendix A**.
- Complete all immunization requirements prior to commencing or resuming clinical courses.
- Be in compliance with the University requirements for influenza vaccination.
- Complete any additional requirements mandated by the clinical site, department, or university as indicated at the time of the clinical course.

Failure to meet the clinical education eligibility requirements will result in the delay of clinical practical or the failure of clinical courses. Students not in compliance with the eligibility requirements are not permitted to attend clinical and possibly in-person classes.

CLINICAL PRACTICES AND POLICIES

1. Attendance at clinical practical is mandatory.
2. A student who does not demonstrate safe clinical practice will be in violation of clinical practices and policies.
3. A student who does not demonstrate professional behavior and professional practice may be removed from their clinical rotation and clinical site.
4. Safe clinical or professional practice is defined as:
    a. Adhering to the *Patients' Bill of Rights* - **Appendix B.**
    b. Performing clinical duties consistent with the professional standards of ethics - **Appendix C**
    c. Adhering to the code of behavior/conduct outlined in the University, College and Department of Medical Imaging & Radiation Sciences handbooks.
    d. Adhering to all clinical practices and policies of the clinical site, and as outlined in the University, College, and Department policies and procedures
    e. Adhering to departmental radiation protection and monitoring practices where appropriate*. See Appendix D, E, F & G (*only applicable to modalities that use ionizing radiation)
    f. Adhering to the Sonographer's Scope of Practice Standards, **Appendix I**.

VIOLATIONS OF CLINICAL PRACTICES AND POLICIES

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

- First violation – written warning and counseling by the Program Director and/or Clinical Coordinator.
- Second violation – possible suspension, at the discretion of the Program Director, or dismissal.
- Third violation – dismissal from the Department.

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

POLICY GOVERNING CLINICAL EDUCATION SCHEDULING

The purpose of the clinical assignment is to correlate didactic knowledge with practical skills and attitudes. The total number of students assigned to any clinical site shall be determined by the Department of Medical Imaging & Radiation Sciences and approved by program accreditation bodies.

The student is subject to all rules and regulations of the clinical affiliate. The clinical affiliate reserves the right to suspend or terminate from the site a student who does not adhere to established policies of the program or the clinical affiliate. A student who does not maintain appropriate behavior may be suspended or dismissed immediately. (Refer to the section entitled "Responsibilities of the Student" on page 17.)
Due to the limited number of clinical sites, should a student be asked to leave the assigned clinical site for any disciplinary reason, the Department cannot guarantee the student a new clinical placement. This would result in a failure for the clinical course and dismissal from the Department.

If a student is suspended or dismissed from a clinical affiliate, the Department Chair, Program Director and Clinical Coordinator will review the circumstances for this action. All parties are encouraged to address the issue promptly in writing (within five (5) business days whenever possible) so that resolution of grievance should require no more than three (3) weeks. If the decision to dismiss is upheld, the clinical dismissal will result in a final grade of "F". Students who have reason to believe that the grade has been inappropriately assigned may request a review of the grade in accordance with the provisions of the Grade Appeal Protocol, which is published in the TJU Student Handbook.

CLINICAL AFFILIATE ASSIGNMENT

The Program Director and/or Clinical Coordinator determines student schedules and assignments at clinical affiliates. Assignments at the clinical affiliates are intended to provide the student with a comprehensive clinical education as deemed appropriate by the faculty and serves to correlate didactic knowledge with practical skills. Students are not guaranteed specific clinical affiliates, although student input is considered.

Please see Appendix J and K for the policy regarding students performing imaging procedures performed by professionals who are of the opposite gender of the patient (e.g., breast sonography, scrotal ultrasound, etc.)

Students have the opportunity to select multiple imaging modalities to observe beginning in the

first semester of the program. Students may visit or revisit any modality of their choice during the sonography program.

The program provides equitable learning opportunities for all students regarding learning activities and clinical assignments. Any student requesting changes in the clinical schedule must submit written justification for the change to the Program Director and/or Clinical Coordinator. A decision will be made based on the student's educational needs and site availability.

RESPONSIBILITIES OF THE CLINICAL AFFILIATE SUPERVISORS/INSTRUCTORS

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

- Providing appropriate clinical supervision. Refer to the section entitled "Supervision policy" on page 33
- Providing student clinical evaluation and feedback.
- Providing orientation to the clinical department.
- Providing feedback to the program director and clinical coordinator.
- Being knowledgeable of program goals.
- Understanding the clinical objectives and clinical evaluation system.
- Understanding the sequencing of didactic instruction and clinical education.
- Providing students with clinical instruction and supervision.
- Evaluating students' clinical competence.
- Maintaining competency in the professional discipline and instructional and evaluative techniques through continuing professional development.
- Maintaining current knowledge of program policies, procedures, and student progress.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.

RESPONSIBILITIES OF CLINICAL STAFF

Responsibilities of the clinical staff include:

- Understanding the clinical competency system
- Understanding requirements for student supervision
- Supporting the educational process
- Maintaining current knowledge of program policies, procedures, and student progress
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials

RESPONSIBILITIES OF THE DEPARTMENT/CLINICAL COORDINATOR

The Department of Medical Imaging & Radiation Sciences/Clinical Coordinator coordinates the daily operations of clinical education. Duties include, but are not limited to:

- Providing clinical education placements.
- Mentoring students.
- Supervising students.
- Advising students.
- Providing guidance to clinical instructors.
- Reviewing program policies and procedures with clinical affiliate supervisor/ instructors.
- Visiting clinical sites each semester to observe and evaluate student performance.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.

RESPONSIBILITIES OF THE STUDENT

The student is responsible for:

- Displaying professional appearance in compliance with the dress code policy.
- Establishing harmonious working relationships and earning the respect of the Medical Imaging & Radiation Sciences personnel and other members of the health care team through a professional and dignified posture and attitude.
- Using all equipment and materials responsibly and safely.
- Embodying the highest standards of civility, honesty, and integrity.
- Respecting and protecting the privacy, dignity, and individuality of others.
- Observing and assisting the clinical staff.
- Attending and participating in all scheduled clinical activities.
- Consulting with clinical affiliate supervisors and/or departmental faculty for help with problems.
- Participating in the development of an individualized clinical education plan.
- Maintaining an accurate record of clinical examinations/competencies.
- Recording the number and types of evaluations required during each academic semester.
- Striving to broaden his/her knowledge and background on clinical subject matter by reading professional literature and attending conferences and seminars.
- Incurring all travel costs and expenses. Use personal or public transportation to clinical affiliates. Commuting time and costs are not determining factors for clinical assignments. These time and cost factors are borne solely by the student.
- Meeting with advisor at least once per semester.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials
- Providing safe and quality patient care for patient, self, and the healthcare team.
- Demonstrating clinical progression
- Corresponding in a timely fashion with all program faculty and administration.
- Adhering to all policies and procedures of the clinical affiliate, the Department, the College, and the University

CLINICAL POLICIES

DEPARTMENT POLICY ON CONDUCT

Students must comply with the rules and regulations of the Department of Medical Imaging & Radiation Sciences. Deviation constitutes misconduct. Misconduct includes, but is not limited to:

- Sleeping during a clinical assignment.
- Failure to actively participate in clinical education.
- Leaving a clinical assignment or room/area assignment without qualified staff's permission.
- Failure to notify Clinical Affiliate and the Program Director/Clinical Coordinator of absence or lateness.
- Failure to accurately document completion of scheduled clinical rotations (time of start of day's rotation, lunch break, time of end of day's rotation).
- Failure to accurately document competencies in accordance with department regulations.
- Using any personal electronic devices in the patient-care/clinical education setting.
- Using the hospital computer for any reason EXCEPT hospital business.
- Violation of the supervision policy.
- Violation of any duly established rules or regulations.

FAMILY MEMBERS/FRIENDS WORKING AT CLINICAL AFFILIATE POLICY

It may be deemed a conflict of interest for a student to be supervised or evaluated by family members or friends employed at his/her clinical affiliate. If this situation arises, the student should inform his/her Program Director/Clinical Coordinator so that alternative arrangements can be considered.

FAMILY MEMBERS/FRIENDS CLASSROOM, LAB, & CLINICAL POLICY

At the Clinical Affiliate

- Family and friends are not permitted to visit the student at the clinical affiliate during clinical hours. In particular, unsupervised children are not permitted.
- Family and friends must wait in a public area, and are **not** permitted in scanning or treatment rooms.
- It is not acceptable for students to entertain their family and friends and neglect their professional duties.
- Students may not ask clinical affiliate staff to baby-sit for them.
- TJU's liability insurance does not extend to students' family and friends.

In the Medical Imaging & Radiation Sciences (MIRS) Department

- The University teaching and learning environment is not an appropriate setting for children.
- Faculty and students shall refrain from bringing children to classrooms, studios, laboratories and other instructional settings except in the event of unanticipated emergencies and in those instances, only with appropriate approval.
- When unanticipated emergencies do arise and an exception is being sought, the procedure for seeking approval can be found at https://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks/university-policies/children-in-instructional-settings.html

In the Medical Imaging & Radiation Sciences (MIRS) laboratories

- Only Medical Imaging & Radiation Sciences students with proper Jefferson ID are permitted in the laboratories.
- The students are not permitted to bring family members or friends in the laboratory at any time.
- Scanning or performing any procedures on family members or friends is not permitted.
- Other Jefferson students or employees who are not part of the Medical Imaging & Radiation Sciences department are not permitted in the MIRS laboratory unless they have signed a waiver to be used as a student volunteer.
- TJU's liability insurance does not extend to students' family and friends.

Failure to comply with the above policy may result in disciplinary action up to and including dismissal from the department.

PERSONAL ELECTRONIC DEVICES POLICY

Students may not carry or use any type of personal electronic device during clinical hours. These devices must be placed with your personal belongings. The use of any type of recording device (camera, video, etc.) is strictly prohibited. Students in violation of this policy may be asked to leave the clinical affiliate and will be marked absent for that day. It is the student's responsibility to notify the Program Director and/or Clinical Coordinator of any absence.

For exceptional circumstances necessitating immediate personal communication by phone or text, students should ask the Clinical Affiliate Supervisor to be excused, attend to the personal business, and return to duty as quickly as possible.

COMPUTER POLICY

Students may not use computers for personal business during clinical hours. Personal business includes (but is not limited to) internet surfing, shopping, emailing, instant-messaging, texting, and printing.
Personal storage devices (USB, flash drives, CDs) are not permitted in the clinical setting.

Students in violation of this policy may be asked to leave the clinical affiliate and will be marked absent. It is the student's responsibility to notify the Program Director and/or Clinical Coordinator of any absence.

STUDENT WORK POLICY

If a student is employed at any clinical affiliate, they must abide by the following policies:

- Students must notify Program officials that they are working at the clinical affiliate.
- Students are not permitted to work during scheduled clinical hours.
- Students may **not** wear student uniforms or Jefferson ID.
- Students may not accrue competencies during non-clinical hours.
- Students may not apply work time to make-up time.
- Students are not covered by Jefferson liability insurance during non-clinical hours.

Non-compliance: Students who do not maintain compliance with the aforementioned clinical policies are subject to disciplinary action, including removal from the clinical affiliate and potential dismissal from the department.

Any clinical time missed due to a violation of these policies will be made up by the student at a later date. The Program Director and/or Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time. Further disciplinary action may be taken for habitual violations of policies. Refer to the section entitled "Violations of Clinical Practices and Policies" on page 15.

VENIPUNCTURE POLICY

The ARRT clinical competency requirements include performance of venipuncture for injection of contrast agents and radiopharmaceuticals. In order to participate in the performance of venipuncture on patients, students must:

- Have completed all immunizations as required by JCHP.
- Have current BLS certification, as required by the Department of Medical Imaging & Radiation Sciences.
- Have health insurance, as required by JCHP.
- Have completed a venipuncture certification course, as required by the Department of

Medical Imaging & Radiation Sciences.

- Attend and complete institutional venipuncture training, as required by clinical affiliates.

HEALTH INFORMATION CONFIDENTIALITY POLICY:

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Students must maintain strict confidentiality of all health information of patients at clinical affiliate sites during and after the course of their clinical rotations. Students may neither use nor disclose health information of patients to which they have access, other than as expressly authorized by the clinical affiliate. Students may not record any patient-identifiable information on their personal documents (e.g. clinical logs). Students must be familiar with and adhere to their clinical affiliate's HIPAA policy.
Jefferson's HIPAA/Patient Privacy Policy can be found at, https://tjuh.jeffersonhospital.org/policy/index.cfm/universitypnp/view/id/10329. Please note that this link will only function from within the University's Intranet.

PREGNANCY POLICY

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

Option 1. The student may continue in the program if she chooses, without modifications to any component of the program.
Option 2. The student may take a leave of absence from clinical education, but continue her didactic studies. Clinical assignments will be completed when the student returns.
Option 3. The student may withdraw from the program and reapply in accordance with College policies.
Option 4. The student, in writing, may withdraw her declaration of pregnancy at any time and/or for any reason.
Due to the need for special radiation protection education, counseling by the Radiation Safety Officer (RSO) is available.

MAGNETIC RESONANCE IMAGING (MRI) SAFETY POLICY

An MR room has a very strong magnetic field that may be hazardous to individuals entering the MR environment if they have certain metallic, electronic, magnetic, mechanical implants, devices, or objects. Therefore, all Medical Imaging and Radiation Sciences students are required to undergo an MRI Safety lecture and MRI Safety Screening prior to MRI rotations or observations.

1. Students will attend an MRI Safety lecture and be screened for MRI Safety clearance in the fall semester by the MRI Clinical Coordinator.
2. Students will abide by clinical affiliate MRI Safety Protocols during their clinical rotations and/or observations.
3. Students will notify the MRI Clinical Coordinator and be re-screened for MRI Safety clearance, should their status change during the academic year, with regard to any potentially hazardous implants, devices, or objects, prior to MRI rotations or observations.

N95 RESPIRATOR POLICY

Medical Imaging & Radiation Sciences students will be fit tested for a N95 respirator mask. Although students will be fit tested for a N95 respirator mask, the following patient care restrictions must be followed:

- Students will not participate in direct in-person contact with patients who have known, suspected, or presumed COVID-19 infections. Students can, however, follow the clinical course of these patients and participate in their care without direct contact.
- Students will not enter rooms with droplet precaution restrictions.
- Students will not participate in high-risk aerosol-generating procedures (such as endotracheal intubations), even if proper PPE is available.

INCIDENT REPORTS AT THE CLINICAL AFFILIATE

Students who become ill, injured, or involved in an incident during a clinical rotation must:

1. Report immediately to their Clinical Affiliate Supervisor and follow departmental protocol.
2. Immediately contact the Program Director and/or Clinical Coordinator.
3. Student must contact Jefferson Occupational Health Network (JOHN) for Employees & Students as soon as possible (215-955-6835) and follow all instructions given to them by JOHN.
4. Present a note to the Program Director and/or Clinical Coordinator from the Emergency Room Physician, Jefferson Occupational Health Physician, or family physician stating the date the student may resume normal duties.

If a patient is injured while in the student's care, the student must:

1. Make sure that the patient is safe.
2. Report the incident immediately to the Clinical Affiliate Supervisor and follow departmental protocol.
3. Immediately contact the Program Director and/or Clinical Coordinator.

COMMUNICABLE DISEASES

Should students be diagnosed as having an infectious disease, they must report such diagnosis to

the Program Director and/or Clinical Coordinator and the Clinical Affiliate Supervisor. The student may be asked to leave clinical until cleared by his/her physician and Jefferson Occupational Health Network (JOHN) for Employees & Students. The student must present a physician's note to the Program Director and/or Clinical Coordinator stating that the student may resume normal duties.

OCCUPATIONAL EXPOSURES TO INFECTIOUS DISEASE AND/OR BLOOD BORNE PATHOGENS

Needlesticks

Get more information on occupational exposures from needlesticks, sharps injuries, splashes, etc. (accessible by Jefferson staff and students only)

What to Do for an Occupational Exposure to Body Fluids (Needlestick or Splash)

If you have sustained an exposure to a body fluid from one of your patients, please follow the instructions below.

1. Wash the exposed area with soap and water. DO NOT USE BLEACH.
2. If a fluid splashed in your eye, rinse with tap water or with sterile saline.
3. If a fluid splashed in your eye, remove your contacts immediately.
4. Advise your supervisor that you have been exposed.
5. Complete the accident report online through PeopleSoft Employee Self-serve System if you are an employee. Students will complete an accident report in the Jefferson Occupational Health Network (JOHN)).
6. Report to JOHN at 833 Chestnut Street, Suite 204 (when JOHN is closed report to the Emergency Department) as soon as possible.
7. Know your patient's name, DOB and MR# as well as the name of the attending physician of the source patient.
8. Source patient testing (hospitalized) can be ordered through Epic by selecting: "Needlestick Inpatient Evaluation" on the drop-down menu.
   (Includes STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen)
9. Source patient testing (outpatient population) should include:
   STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen.

JOHN will discuss the risks of your exposure and advise whether or not further treatment or evaluation is necessary. A student's insurance may be billed for services resulting from occupational exposure. Please call 215-955-6835 with any questions.

If you are a Jefferson student at an affiliate, please call our office as soon as possible. You may opt to be seen at an emergency department, and the visit will be billed to your insurance. Follow up in JOHN is recommended on the next business day. Questions may be directed to Dr. O'Connor at ellen.oconnor@jefferson.edu.

Detailed information on Occupational Health Network for Employees & Students may be viewed on the JOHN website: https://hospitals.jefferson.edu/departments-and-services/occupational-health-network.html

Contact Occupational Health Network for Employees & Students

- Phone: 215-955-6835
- Fax: 215-923-5778
- E-mail: jeffuhs@jefferson.edu

Hours of Operation:

- Monday through Friday, 7:30 a.m. to 4 p.m.
  - Closed every Thursday from noon to 1 p.m.

Office Location:

- 833 Chestnut Street, Suite 205, Philadelphia, PA 19107

ATTENDANCE REGULATIONS

DIDACTIC/LABORATORY INSTRUCTION

Each course syllabus details the individual course's attendance policy.

CLINICAL ATTENDANCE RECORDS

EXXAT and/or attendance sheets will be used for the documentation of clinical attendance. Each student must personally document the required attendance "in" and "out" time. Students must document the time and have the designated program official (clinical coordinator, clinical preceptor, or clinical staff) approve the documented time. Time not documented must be made up. Under no circumstances is it permissible to document clinical attendance for another student. Any student found guilty of such an offense is subject to disciplinary action including dismissal from the department.

CLINICAL EDUCATION HOURS

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

Students will be assigned a lunch period each day, which they are required to take. The lunch break will be commensurate with the practice of the department and area/rotation assignment. The lunch break may not be used to make-up or accrue time.

Clinical Affiliate Supervisors may re-schedule students (within an assigned eight hours) to provide complete exposure to the unique learning opportunities in Medical Imaging & Radiation Sciences. The Clinical Affiliate Supervisor must notify the Program Director and/or Clinical Coordinator of these changes.

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

PERSONAL DAYS

Students are allocated one personal day each rotation. This time cannot be taken in half-days. Time off must be taken in full 8.5 hour days (8 clinical hours plus 30-minute break). It is not accruable nor is it transferable. A personal time request form must be submitted to the Program Director or Clinical Coordinator via EXXAT or other designated method. The Clinical Affiliate Supervisor and Program Director and/or Clinical Coordinator must be notified when a student is out of clinical. This notification must occur via email or phone call per the Clinical Affiliate, Program Director, and Clinical Coordinator instructions,

ABSENCE POLICY

Attendance is required for all scheduled clinical education sessions. The standard clinical day rotation for students is eight (8) hours of clinical activity and a half hour meal break. The start time and end time of the clinical shift will be determined by the Clinical Affiliate, Program Director, and Clinical Coordinator so as to be beneficial to the student's clinical education. Any change in an individual student's start time and end time must be discussed and approved by the Clinical Affiliate and the Program Director and Clinical Coordinator prior to any change.

Students absent from a clinical assignment, for any reason, must call or email the Clinical Affiliate Supervisor and call or email the Program Director and/or Clinical Coordinator prior to the start of the shift. An individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of missed time and clinical requirements.

If an emergency arises requiring an early departure from the clinical affiliate, the student must notify both the Clinical Affiliate Supervisor and the Program Director and/or Clinical Coordinator. It is the responsibility of the student to make these calls. An individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of missed time and clinical requirements. The attendance record must accurately reflect the early departure time from the clinical setting

Students receive one personal day per rotation. Requests must be submitted via the mechanism set by the Clinical Coordinator. Requests for a personal day should be pre-approved by the Clinical Coordinator. Students are responsible for informing the Clinical Affiliate Supervisor of personal days. Personal days are per rotation and do not accrue.

For time out of clinical, other than the one personal day, an individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of clinical requirements.

Students who are feeling generally unwell, who are symptomatic of COVID 19 (e.g., fever, cough, shortness of breath, loss of taste or smell), who believe they have had recent possible exposure to COVID-19, or who have a confirmed diagnosis of COVID-19 should not attend clinical. Students should contact Jefferson Occupational Health Network (JOHN) for guidance on steps to take. Students must maintain contact with the Program Director and Clinical Coordinator and all parties must be kept up-to-date with any absences and requirements and recommendations for the return to clinical.

Students may be asked to utilize other methods of learning while not in clinical such as, but not limited to, completing assignments that support the clinical course objectives.

Students may also consult the Medical Leave of Absence policy as a certain level of absenteeism will disrupt the continuity of learning and achievement of clinical requirements, including, but not limited to the completion of clinical competencies. Students may be assigned a grade of "I" incomplete in extenuating circumstances.

PUNCTUALITY

Students not in the assigned clinical area at the assigned time will be considered late. Three late arrivals in one semester count as one day's absence. Habitual lateness could lead to dismissal from the Department.

It is the policy of the Department of Medical Imaging & Radiation Sciences that any student who is going to be late must notify both the Clinical Affiliate Supervisor and the Program director/Clinical Coordinator prior to the start of the assigned time. All lost time due to lateness from the clinical area must be made up by the student. Failure to abide by these policies could lead to dismissal from the department.

Students will be advised in writing concerning their habitual lateness or violation of the Department of Medical Imaging & Radiation Sciences lateness policies by the Clinical Coordinator and/or Program Director.

Disciplinary actions including suspensions from the clinical affiliate or dismissal from the Department may be taken against students who persist in habitual lateness or violations of the Departmental of Medical Imaging & Radiation Sciences lateness policies, after previously having been counseled in writing by the Clinical Coordinator and/or Program Director and/or Department Chair at an Advisement Conference.

MAKE-UP TIME

Arrangements must be made in advance with the Clinical Affiliate Supervisor and approved by the Program Director and/or Clinical Coordinator. Make up time may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Make up time may not be assigned during non-traditional hours of clinical assignments such as weekends. Jefferson's liability insurance covers students during make up time assignments. Unless directed by the Program Director or Clinical Coordinator, clinical absences must be made up at the clinical affiliate where the time was missed, consistent with the room assignments in effect when the absence occurred.

The make-up time form is signed upon fulfillment of the time missed. The form will be submitted via EXXAT or to the Program Director and/or Clinical Coordinator as required.

The lunch break may not be used to make-up or accrue time.

POLICY CONCERNING DEATH IN THE FAMILY

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

HOSPITAL JOB ACTIONS OR STRIKES

Whenever a strike or job action occurs at an assigned clinical site, students must leave the assignment immediately and report to the Program Director or Clinical Coordinator for further directions. Missed clinical time must be made up.

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

JURY DUTY

Being selected for jury duty is a civic responsibility in which the Department encourages students to participate.
Please be advised that the College cannot intervene on the student's behalf should a student be summoned for jury duty.

STUDENT ACTIVITIES

STUDENT ACTIVITIES

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

CLASS DAY PINNING CEREMONY

Graduating students are invited to participate in the Department's Class Day Pinning Ceremony. During the ceremony graduating student names are announced and a pin is given to each graduate by their program faculty. The pin symbolizes the welcoming into the profession. Honors and awards of the graduates, along with clinical educators, are also announced. Friends and family of the graduates are invited to participate in the celebration. The Class Day Pinning Ceremony is a special time to celebrate and acknowledge the hard work and achievements of the Department graduates, faculty, and administrative personnel.

HONORS AND AWARDS

Students are eligible for:

- Department awards for outstanding overall performance
- Awards for clinical excellence

Awards are presented during the Class Day Pinning Ceremony.

PROFESSIONAL SOCIETIES

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

PROFESSIONAL ORGANIZATIONS

- American Institute of Ultrasound in Medicine (AIUM)
- Society of Diagnostic Medical Sonography (SDMS)
- Society for Vascular Ultrasound (SVU)
- Association of Schools Advancing Health Professions (ASAHP)
- American Society of Echocardiography (ASE)
- American Society of Radiologic Technologists (ASRT)
- Delaware Valley Echo Society (DVES)
- Philadelphia Regional Vascular Student Chapter (PRVSC) of the SVU
- Association of Collegiate Educators in Radiologic Technology (ACERT)

HONOR SOCIETIES

- Lambda Nu Society (Honor society for radiologic and imaging science professionals) http://www.lambdanu.org
    - Information to join Jefferson's PA Gamma Chapter of Lambda Nu is posted in the Canvas page, STUDENTS- Department of Medical Imaging and Radiation Sciences

ADDITIONAL POLICIES

SUPERVISION POLICY

Until the student achieves and documents competency in any given procedure, that procedure must be carried out under the direct supervision of a registered sonographer.

Direct supervision assures patient safety and proper educational practices. Direct supervision is defined as student supervision by a qualified sonographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student' knowledge
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image

Indirect Supervision promotes patient's safety and proper educational practices. The indirect supervision is defined as that supervision provided by a qualified sonographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the presence of a qualified sonographer adjacent to the room or location where the procedure is being performed.

The presence of a qualified sonographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.

DRESS CODE AND APPEARANCE POLICY

Dress and appearance standards promote a consistent professional image and help patients and employees feel safe, confident, and comfortable. One must present a professional appearance at all times. The following charts list the acceptable and unacceptable dress and appearance standards.

Dress standards

	Acceptable	Unacceptable
Tops	Navy scrub top. Jefferson branded embroidery Tops in good condition, wrinkle-free and fit appropriately. A solid color navy, white or black crew tee shirt may be worn under the scrub top.	Tight, clingy, over-sized, or excessively baggy-fitting tops. Wrinkled, shrunk, faded, stained (including under arms), or worn-out tops. Tops that reveal the abdomen when standing, lifting or bending over. Tops that expose the cleavage, bra, back, shoulder, chest, lower back or under garments is not allowed. Shirts under the scrub top that are not solid navy, white or black or have graphics or other patterns.
Jackets	Navy scrub jacket. Jefferson branded embroidery Jacket in good condition, wrinkle-free and fits appropriately. This jacket is optional but it is the only approved jacket.	Tight, clingy, over-sized, or excessively baggy-fitting jacket. Wrinkled, shrunk, faded, stained (including under arms), or worn-out jacket. Sweatshirts, track jackets, hoodies, fleece jackets, or any other type of covering.
Pants	Navy scrub pant. Pants in good condition, wrinkle-free and fit appropriately.	Tight, clingy, over-sized, or excessively baggy-fitting pants. Baggie pants worn below the hips or that expose underwear. Wrinkled, shrunk, faded, stained, or worn-out pants. Pants that reveal the lower back or undergarments when standing, lifting or bending over. Pant hemlines that touch or drag on the ground.

Undergarments	Must be worn at all time.	These items are not to be visible or show through clothing.

Footwear	Solid white or black, leather, low-top sneaker footwear with laces that tie. Closed toe and closed heel with a solid upper covering (no holes on the top or side of the shoe). Danskos are permitted but must have closed heel Shoestrings should be properly tied. Shoes and laces must be clean and in good condition with no holes or tears	Clogs (other than Danskos), sandals, flip-flops, slippers or open-toed shoes are not permitted. Dirty or odor-ridden footwear.
Socks	Worn at all times. Socks should be solid color in black or white.	Colors other than solid black or solid white. Print styles other than solid color. Ornamentation such as beads, bells, etc. Dirty or odor-ridden socks.
Jewelry	Earrings should be of the small post type (no hoops). Only one (1) post earring per ear. Rings, necklaces, bracelets are not recommended. Wedding band is acceptable. Wristwatch with a second hand and that is water resistant is recommended.	More than one post earring per ear. Excessive rings, bracelets, necklaces.
Body piercings	Any body piercing besides the ears should not be evident. Tongue rings are unacceptable and are not allowed to be worn.	Visible or evident body piercings.
Tattoos	Any visible tattoos must be appropriately covered.	Visible tattoos on the body.
Identification badges	ID badges and name tags must be worn at collar/eye-level at all times. ID badges must be free from distracting stickers, pins, etc. Photo ID must be legible and visible at all times.	Badges worn at or below the bottom of the sternum or that are not visible to staff and patients. Pins, stickers and other distracting adhesives. Lanyards used to hold ID badges are not permitted.

Operating room (OR) attire	Specific operating room scrubs, hair, face, and shoe attire will be provided by the operating room/radiology department. The OR attire are to be worn ONLY when physically present in the OR. The full Jefferson clinical uniform is required at all other times.	Wearing hospital approved OR attire outside of the OR.

Grooming standards

Body odor	Must practice personal hygiene and be free of offensive odor.	Perfume, lotion, or cologne that might interfere with those who are ill or allergic to such odors or fragrances. Clothing and body with smoke odor.
Hair-head	Must practice personal hygiene and hair must be neat, clean, and well groomed. Long hair must be neatly tied back away from face, neck, and shoulders to avoid patient and equipment contact. Hair colors must be of natural, traditional (brunette, blonde, etc.) tones.	Extreme trends are not acceptable. Non-natural colors such as pink, blue, green, orange etc. are not acceptable.
Hair- face	Nose and ear hair must be trimmed and maintained. Facial hair including mustache and beard must be neatly maintained. Facial hair is not permitted when fit testing for or wearing a N95 respirator mask. Consult JOHN for further advisement.	Excessive beard or mustaches styles.
Makeup	Makeup should be worn conservatively. If worn, makeup must appear professional and natural and should be conservative in styles and colors.	Frosted, bright colored eye shadow (i.e., bright green, purple, pink, etc.). Bright or excessively dark, thick eye liner worn under the eye or on top of the eyelid.
Hair accessories	Solid white, black or navy blue hair bands or ties.	Ornamentation such as beads, bells, excessive bows, etc.
Fingernails	Nail length must be less than ¼ inches. No artificial nails. No nail polish.	
Gum	Chewing gum is not permitted.	

Non-compliance

Students not complying with the dress code and appearance policy will be removed from the

clinical affiliate. Any clinical time missed due to a dress and appearance standards violation will be made up by the student at a later date. The Program Director and/or Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time if the site is willing to resume the clinical experience.

CONFIDENTIALITY OF STUDENT RECORDS

Appropriately maintaining the security and confidentiality of student records and other program materials protects the student's right to privacy. Student records are maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). Student records at the clinical sites are maintained by the student/ and or clinical supervisor and are not to be placed in open, public areas of the department.

Appendix A

TECHNICAL STANDARDS FOR PROGRAMS IN THE DEPARTMENT OF MEDICAL IMAGING AND RADIATION SCIENCES

Physical Demands

Clinical and laboratory assignments for the Sonography program require certain physical demands that are the minimum technical standards for admission. Listed below are the technical standards that all students must meet in order to enter and complete the Sonography program.

The student must be able to routinely:

- Bend, stoop, reach and stretch the arms and body, often utilizing awkward and ergonomically incorrect positions
- Assist patient on/off examination tables
- Work standing on one′s feet 80% of the time
- Have sufficient manual dexterity to manipulate the ultrasound transducer and operator controls
- Have sufficient gross and fine motor coordination to implement skills related to the performance of ultrasound such as positioning, transporting and scanning patients.
- Sonographers must be able to manipulate heavy ultrasound equipment, such as for portable examinations, move patient beds, be able to assist patients that are unable to assist themselves, and must be able to lift up to 50 lbs.
- Have sufficient auditory perception to receive verbal communication from patients and members of the healthcare team. This includes assessing the health needs of patients through the use of cardiac/respiratory monitors, fire alarms, intercoms, etc.
- Sufficient visual acuity to view grayscale and color images on a computer monitor or film, and read written reports, chart orders, etc.
- Interact compassionately with the sick or injured
- Perform proper steps in a procedure in an organized manner and in a specific sequence
- Have the ability to write or otherwise provide a preliminary report using sonographic terminology
- Communicate effectively with patients and other health care providers. Effective communication includes verbal, reading and writing skills.

Appendix B

PATIENTS' BILL OF RIGHTS

https://www.americanpatient.org/aha-patients-bill-of-rights/

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

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

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

help you resolve problems and questions about your hospital stay and care.

- You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.
- This hospital works to provide care efficiently and fairly to all patients and the community. You and you visitors are responsible for being considerate of the needs of other patients, staff, and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.
- Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.
- A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate doctors, health professionals, patients, and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.

Appendix C

ASRT/ARRT CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics.* The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patientcare.

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

3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.

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

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

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

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

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

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

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

11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

Appendix D

RADIATION PROTECTION PRACTICES

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

2. A student must be aware of and enforce the policies and procedures of radiation safety in keeping with institutional, state, and national standards.

3. A student will always wear radiation dosimeters in the Clinical Site. (Does not apply to sonography program students)

4. A student will wear the radiation film badge outside the clothing, on the torso. A ring badge will be worn when handling radioactive materials. (Does not apply to sonography program students)

5. A student will always remove personal radiation dosimeters while having diagnostic medical or dental radiographs taken. (Does not apply to sonography program students)

6. A student who deliberately exposes his/her radiation dosimeter will be suspended and/or dismissed from the program.

7. A student will use appropriate shielding.

8. Students must not hold image receptors during any radiographic procedure.

9. Students must not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

10. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

11. Radiation protection of the patient and others within the examination room is the student's responsibility when he/she is performing the study.

12. A student may not procedures utilizing ionizing radiation on other students or staff at their request without a prescription for the exam by a physician.
    The student will be dismissed from the program for this violation.*

13. A technologist or physician may not procedures utilizing ionizing radiation on a student without a prescription for the exam from the student's physician.
    The student will be dismissed from the program for this violation.*

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

Appendix E

PERSONAL RADIATION MONITORING

1. Each student is responsible for wearing properly dated radiation dosimeter(s) (body and ring badges) at Clinical Affiliate Sites and in laboratory classes. No student will be allowed in clinical or the laboratory class without properly dated radiation dosimeter(s) appropriately worn.

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

3. Dosimeters will be given to students each month.

4. Each student is responsible for exchanging the radiation dosimeter(s) on the designated day of each month. Radiation dosimeters are exchanged with the Program Director or Clinical Coordinator

5. Dosimeter loss or accident must be reported immediately to the Program Director or Clinical Coordinator. The cost of lost radiation dosimeters is the responsibility of the student.

6. Each student is responsible for submitting their dosimeter(s), on time.

    - A $20.00 cash fee will be collected for all unreturned or late radiation dosimeters.

7. The Program Director or Clinical Coordinator receives monthly radiation dose reports from the Radiation Safety Officer, and informs each student of his/her exposures.

8. Monthly radiation exposures for students **must not** exceed the maximum permissible dosage to occupationally exposed persons as established by state and federal agencies for radiologic health.

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

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

On completion of the clinical rotation students must return their radiation dosimeter(s) to the Program Director or Clinical Coordinator. Students will be billed for unreturned badges.

Appendix F

RADIATION DOSIMETER USE

Policy Owner: John C. Keklak Contributors/Contributing Departments:
To assess employee occupational radiation dose from ionizing radiation sources external to the body.
POLICY
Radiation dosimeters ("individual monitoring devices" as defined in 10 CFR 20.1203) are to be issued for the purpose of assessing occupational radiation dose as follows:

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

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

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

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

Definitions:
For the purposes of this Policy and related procedures, the following terms are defined:

"ALARA Investigation Levels" are pre-set dosimeter reading values that trigger formal reviews by Radiation Safety Staff. [ALARA stands for "as low as reasonably achievable" and is a radiation protection philosophy whereby the objective is to keep radiation doses to individuals and populations as far below (maximum) regulatory limits "as is reasonably achievable".]
"ALARA Investigation Level 1" means total radiation doses in any single calendar quarter (e.g., January 1 to March
31) above the following:
Effective Dose Equivalent (EDE) ["whole body"] above 125 mrem Lens Dose Equivalent (LDE) above 375 mrem
Shallow ("Skin") Dose Equivalent (SDE) above 1250 mrem Extremity Dose reading above 1250 mrem
"ALARA Investigation Level 2" means total radiation doses in any single calendar quarter (e.g., January 1 to March
31) above the following:
Effective Dose Equivalent (EDE) ["whole body"] above 375 mrem Lens Dose Equivalent (LDE) above 1125 mrem

Shallow (“Skin”) Dose Equivalent (SDE) above 3750 mrem Extremity Dose reading above 3750 mrem

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

“Deep Dose Equivalent” (“DDE”) means the dose equivalent (tissue dose from external radiation sources) determined for a tissue depth of 1.0 cm, as measured by a radiation dosimeter.

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

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

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

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

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

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

Procedures:

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

Dosimeter Wearer Responsibilities

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

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

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

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

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

e. Not wearing dosimeters when being exposed to radiation sources for personal medical purposes (The wearer should notify Radiation Safety if this inadvertently occurs or if administered a radiopharmaceutical).

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

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

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

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

2. Failure to comply with guidelines and responsibilities listed above may result in forfeiture of (optional) dosimeters and/or disciplinary action.

3. Any inquiries related to dosimeter use should be directed to the individual's supervisor, dosimeter distributor, or Radiation Safety.

Dosimeter Issuance:
Dosimeters are issued and distributed in accordance with internal Radiation Safety Department Procedure RSO-041: "Badging and Distribution"

Review of Dosimetry Readings

1) Dosimetry reports from Jefferson's dosimetry provider (currently Mirion Technologies) should be reviewed by designated Radiation Safety staff within 5 business days of receipt.
2) Review of dosimetry results by the Radiation Safety Officer or Senior Health Physicist are to be performed at least quarterly.
3) The purposes of such reviews are to:
   a) Determine if the reading is valid (accurately represents occupational radiation dose)
   b) Identify possible opportunities for intervention to reduce future dose
4) The reviewer is to examine readings for the following:

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

5) The reviewer is to specifically review the DDE, EDE, SDE, LDE, and extremity readings for the dosimeter wear period and the calendar quarter-to-date and year-to-date totals for compliance with occupational dose limits and for any trending that may indicate that annual dose limits could potentially be exceeded.

6) The reviewer is to look for possible causes for high or unusual readings including:
   a) Badges not being properly worn (wrong location, wrong orientation, worn outside of holder, etc.)
   b) Sub-optimal work practices by the wearer
   c) Dose to the dosimeter while not being worn (dosimeter left in room during procedures, dose stored near a radiation source or otherwise in a high background area, etc.)
   d) Dose due to the wearer undergoing a medical procedure involving radiation (e.g., wearer administered a Nuclear Medicine radiopharmaceutical as a patient)
   e) Dosimeter exposed to unusual environmental conditions (e.g., excessive heat)
   f) Any other potential cause

7) Regarding the review/investigation process:
   a) Reviews/investigations may require personal contact with the wearer and /or wearer's supervisor in order to perform an evaluation as per the preceding item 4.
   b) All total readings above "ALARA Investigation Levels" are to be performed and documented. "Level 2" investigations should include direct contact with the wearer and evaluation of work practices where feasible, unless the readings are consistent with an historical pattern previously determined to be reasonable for the workload and practices employed.
   c) All ALARA Level Investigations are to be documented.
   d) Summary reports of readings above ALARA Investigation Levels are reported to the Radiation Safety Committee at its regular quarterly meetings.

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

Dose History Adjustments:

1) Readings determined to be due to non-occupational radiation sources, or to be inaccurate

due to some identifiable cause, may be adjusted.

2) Adjustments to the wearer's occupational dose history are made after review by the Radiation Safety Officer by notifying the dosimetry vendor in writing, in accordance with the vendor's procedures.

Reports to Wearers:

1. Dosimeter wearers will be notified of radiation doses as obtained as per the criteria specified in regulations contained in 10 CFR 19 or any other applicable state or federal regulation.
2. Individuals may be notified if their cumulative readings in any calendar quarter exceed pre- established 'investigation levels', or if any unusual or apparently 'high' dosimeter reading(s) are identified by Radiation Safety personnel.
3. Regular dose reports [excised of personal information other than dosimeter wearer id number] are provided to the dosimeter distribution group distributor for availability to wearers.

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

Confidentiality:

1. Individual radiation dose readings are considered as protected information and access to this information is limited to Radiation Safety personnel, supervisors, program directors, management personnel, members of the Radiation Safety Committee, regulatory inspectors, or others (with RSO approval) with a legitimate need-to-know,
2. Release of individual dose information in any circumstances is limited to the minimum necessary.
3. Any other personal information obtained by the Office of Radiation Safety in the administration of the dosimeter program is treated as confidential.

Attachment(s): na References and Citations:
Internal Office of Radiation Safety Procedure RSO-041 "Badging and Distribution"

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

Title 10, Code of Federal Regulations (10 CFR) as incorporated by reference in Title 25 Pa. Code Chapter 219; specific sections as follows:
10 CFR 20.1003 (definitions)
10 CFR 20.1201; 20.1207; 20.1208 (re occupational dose limits)
10 CFR 20.1502 (requirements for use of individual monitoring devices)

Original Issue Date: 11/01/2000
Revision Date(s) : 07/31/2012; 08/07/2014
Review Date(s): 11/08/06, 05/16/2011, 07/31/2012, 7/01/14; 08/07/2014; 06/08/15
Responsibility for maintenance of policy: John C. Keklak

Appendix G

RADIATION WORKERS WHO BECOME PREGNANT

PURPOSE

To minimize ionizing radiation dose to the embryo/fetus of any radiation worker, arising from the occupational radiation exposure of the worker.
To comply with pertinent Federal (NRC) and Pennsylvania regulations. [Note: Pennsylvania incorporates the NRC regulations reference.]
To conform to Regulatory Guidance as contained in US Nuclear Regulatory Commission Regulatory Guide 8.13, Revision 3, issued June 1999, regarding prenatal radiation exposure.

POLICY

Individuals whose occupational duties may include tasks that involve exposure to ionizing radiation are classified as "radiation workers"1. Female radiation workers who become pregnant have the right to voluntarily "declare" their pregnancy in accordance with Federal and Pennsylvania regulations (See 10 CFR 20.1003 Definition "declared pregnant woman", below). It is the policy of Thomas Jefferson University/Thomas Jefferson University Hospital (TJU/TJUH) to:

Provide instruction and otherwise make information available to potentially pregnant workers about the health effects of ionizing radiation on the embryo/fetus [as required under 10 CFR 19.12],

establish procedures to ensure that the dose limits to the embryo/fetus of the declared pregnant worker are within the levels specified in Federal regulations (contained in 10 CFR 20.1208), and

establish procedures to minimize ionizing radiation doses to the embryo/fetus of any pregnant worker (declared or undeclared) in accordance with the ALARA ("as low as reasonably achievable") principle [as required by 10 CFR 20.1101(b)].

1 Note: Students whose curriculum involves clinical training in the medical uses of ionizing radiation are also considered to be "radiation workers" for the purpose of this policy.

Definitions:

For the purposes of this Policy and related procedures, the following terms are defined.

"Declared pregnant woman" means a woman who has voluntarily informed Thomas Jefferson University or Thomas Jefferson University Hospital (through Notification to the institutional Radiation Safety Officer), in writing, of her pregnancy and the estimated date of conception (month and year only). The declaration remains in effect until either the declared pregnant woman voluntarily withdraws the declaration in writing or is no longer pregnant. [Definition derived from that in Federal regulation 10 CFR 20.1003.]

"Declaration of pregnancy" for the purpose of this Policy and related procedures, means a declaration as described under the definition of "declared pregnant woman", which is made solely for the purpose of requiring TJU/TJUH to take any measures that may be necessary to

ensure that the embryo/fetus does not receive a radiation dose due to the occupational radiation exposure of the declared pregnant woman in excess of the limits set in 10 CFR 20.1208.

"Radiation worker" means a Jefferson employee and/or student whose assigned duties or clinical training requirements involve reasonable likelihood of exposure to ionizing radiation sources such that the individual might receive an annual total effective dose equivalent greater than 50 millirem, and/or the individual actively handles radioactive materials as part of those duties or requirements.

Procedures:
Information on radiation and pregnancy is to be incorporated into the radiation safety training provided to those whose duties may routinely involve exposure to ionizing radiation such that they are considered to be "radiation workers".
Pregnant workers may voluntarily "declare" pregnancy by notifying the Radiation Safety Officer in writing. The information to be included in this notice must include the individual's name, the fact that she is pregnant, the approximate (month and year only) date of conception, and the date the written statement is provided to the RSO. A recommended form letter is attached. The form letter provided in USNRC Regulatory Guide 8.13 (Instructions Regarding Prenatal Radiation Exposure) or a self-composed letter may also be used.
The woman may withdraw her declaration of pregnancy in accordance with regulations by providing a written statement to the RSO to this effect. The woman's status will revert to that in effect prior to her initial declaration without discrimination or repercussion with respect to her job status or work environment. Withdrawal of the declaration does not preclude the woman from subsequently re-declaring her pregnancy.

Jefferson will take any necessary steps to ensure that the embryo/fetal dose limits specified in 10 CFR 20.1208 (500 millirem for the duration of the pregnancy; or no more than 50 millirem for the remainder of the pregnancy if it is found that the dose to the embryo/fetus had already exceeded 450 millirem by the time the pregnancy was declared) are not exceeded. An additional operational goal is to permit radiation doses to the embryo/fetus of no more than 50 millirem in any one month. In most cases, no change in job assignments will be necessary, since few Jefferson radiation workers ever exceed these dose levels. Where required, workers may be reassigned to other areas or duties involving lower potential for occupational radiation exposure; or may have some tasks involving radiation exposure reduced in frequency. For any declared pregnant woman whose normal job duties are unlikely to result in embryo/fetal doses above 500 mrem/gestation period any job/task reassignment will be at the discretion of the individual's supervisor and/or department manager or director and will be subject to the availability of other personnel to perform those tasks being reassigned. [It should be emphasized that these dose limits apply only to radiation doses resulting from the occupational radiation exposure of the woman, and would not include any radiation
doses arising from any medical diagnostic or therapeutic procedures performed on the woman or the embryo/fetus; nor would it apply to radiation exposure occurring from background radiation sources.]

The Radiation Safety Officer (RSO) or the Senior Health Physicist with the Office of Radiation Safety are available to provide one-to-one counseling to radiation workers who

are pregnant (or who are contemplating becoming pregnant) to answer questions and provide additional information based on the woman's specific work situation. Appointments can be made by contacting the Radiation Safety Office.

Radiation Safety will issue any radiation dosimeters as may be warranted to track radiation doses to the embryo/fetus of the declared pregnant woman. Information from radiation dosimeter(s) that may have already been assigned to the woman would be sufficient for tracking fetal dose in most cases, except that the woman will be instructed to wear the dosimeter at the level of the abdomen (as opposed to, for example, the collar or shirt pocket area).

The Office of Radiation Safety will treat any information obtained related to an individual's pregnancy as "confidential", and such information will be shared only on a "need to know" basis (e.g., with the individual's supervisor) as may be necessary to ensure compliance with the prenatal radiation dose limits and other regulatory requirements.

A "Declaration of Pregnancy" for the purpose of invoking the dose limit requirements as specified in 10 CFR 20.1208 is for that purpose only, and is distinct and separate from any other information that a pregnant woman may provide to representatives of Thomas Jefferson University or Thomas Jefferson University Hospital related to the woman's pregnancy and its relevance to the performance of her other (i.e. not involving radiation exposure) job duties. Notice to representatives of TJU/TJUH, Inc. other than as specified in Item No. 2 above will not be considered as a formal "Declaration of Pregnancy" for radiation protection purposes.

References:
Title 10, Code of Federal Regulations; Parts 19 and 20.
USNRC Regulatory Guide 8.13, Revision 3 (June 1999), "Instruction Concerning Prenatal Radiation Exposure".
Radiation and Radioactivity, A Guide for the Radiation Worker (TJUH, Inc/TJU internal training booklet), Revision 4, September 4, 2002.
USNRC Regulatory Guide 8.29, Revision 1, February 1996, "Instruction Concerning Risks from Occupational Exposure".
[Copies of the above references may be obtained by contacting the Office of Radiation Safety, 215-955-7813.]

Attachment
Attachment(s):
References and Citations:
Original Issue Date: 07/08/2004
Revision Date(s) : 03/08/2005; 05/03/2010
Review Date(s): 04/22/2011, 07/30/2012, 01/15/14, 03/30/15
Responsibility for maintenance of policy: John C. Keklak
Policy Owner: John C. Keklak Contributors/Contributing Departments

Appendix H

Magnetic Resonance (MR) Environment Screening Form

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechaMRI screening formnical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room.

Please indicate if you have any of the following:

Yes	No	Brain aneurysm clips/ Brain surgery
Yes	No	Cardiac pacemaker
Yes	No	Implanted cardioverter defibrillator (ICD)
Yes	No	Electronic/Magnetically-activated implant or device
Yes	No	Heart surgery/Heart valve prosthesis
Yes	No	Shunts *(Spinal or intraventricular)*
Yes	No	Shunts/Stents/Filters/Intravascular Coil
Yes	No	Spinal cord stimulator
Yes	No	Neurostimulator/Biostimulator
Yes	No	Insulin or other infusion pump
Yes	No	Implanted drug infusion device
Yes	No	Internal electrodes or wires
Yes	No	Ear Surgery/Cochlear Implants/Stapes Prosthesis
Yes	No	Hearing aid *(Remove before entering MR scan room)*
Yes	No	Eye Surgery/Implants/Eyelid Spring/Wires/Retinal Tack
Yes	No	Have you ever worked in a metal or machine shop
Yes	No	Injury to the eye involving metal or metal shavings
Yes	No	Artificial or prosthetic limb
Yes	No	Orthopedic Pins/Screws/Rods
Yes	No	Joint replacement
Yes	No	Endoscopic video capsule
Yes	No	Endoscopy or Colonoscopy clips
Yes	No	Metal Mesh Implants/Wire Sutures/Wire Staples or Clips/Internal Electrodes
Yes	No	IUD, diaphragm or pessary
Yes	No	Tattoo's/Permanent Make-up/Body Piercing/Patches
Yes	No	Metallic Foreign Bodies - Bullets/Shrapnel/BB
Yes	No	Any other internal/external implant or device

If you answered yes to any of the above, please explain:

I attest that the above information is correct to the best of my knowledge. I read and understand the entire contents of this form.

Updated 7/15

APPENDIX I

DESCRIPTIONS OF CLINCAL EDUCATION FORMS

Some of these forms will be completed via the EXXAT website as instructed by the Clinical Coordinator.

The Clinical Evaluation Packet

1. Attendance Record
2. Competency Checklist
3. List of competencies
4. Clinical Exam Logbook
5. Clinical Evaluation Form
6. Site Evaluation Form
7. Attitude & Professionalism Evaluation

The specific forms required for each rotation may vary. The Supervising Sonographer will distribute the requirements for each packet at the beginning of the clinical rotation. Each item of the clinical packet is described below:

1. Attendance Record
Completion and the recording of all assigned clinical hours. Timesheets are found in the front of the clinical exam logbook. The EXXAT system may be used in lieu of or in addition to paper time tracking as determined by the Clinical Coordinator. If paper time tracking is used, time sheets must be signed (time in and out) by the Clinical Affiliate Supervisor before submitting them with the clinical packet. A rotation time sheet is required with every packet. Hours for that rotation must be totaled.

2. Competency Checklist
This form is used to document the learner's progress toward achievement of entry-level and progressive competencies required for the completion of the program. Competencies should be entered onto this form as they are earned so there is always a current record of earned competencies.

3. List of Competencies
The competencies are assigned by the Clinical Coordinator and are expected to be fulfilled within a given rotation period and/or prior to graduation. These forms are to be completed by the Supervising Sonographer (either on paper or through EXXAT) and are required with every packet. A student who does not perform satisfactorily in the first attempt to pass a Competency will be permitted additional attempts. All evaluations attempted must be submitted to the Clinical Coordinator. The Clinical Coordinator or Clinical Affiliate Site may request that an examination be repeated at any time; this is called a Challenge. If such a request is made, the student will receive faculty advisement for the requested repeat. An average grade of A or B is required to pass a Competency. Competencies will be submitted through the EXXAT system unless directed by the Clinical Coordinator.

4. Clinical Exam Logbook (Exam Studies Log)
The student will maintain a record of all ultrasound examinations observed, assisted or performed by the student in the clinical area. The date, exam type and findings will be documented for each patient. A completed Exam Studies Log (one page for every day in the attendance record) is required with every packet. This may be submitted via the logbook or through EXXAT, as directed by the Clinical Coordinator.

5. Clinical Evaluation Form
This form documents the student's mastery of professionalism, scanning ability, and image evaluation skills. It is also used to evaluate the level of the student's performance during a rotation and the level of a student's performance compared to an entry-level sonographer. It will be completed and signed by the Supervising Sonographer. The Supervising Sonographer and student should discuss the ratings on this form. The student will then sign the form. One Clinical Evaluation Form is required for each clinical site with every packet. This form may be submitted on paper or through EXXAT as directed by the Clinical Coordinator.

6. Site Evaluation Form
The Site Evaluation Form allows the student to evaluate their experience at their clinical site. This provides an opportunity to give feedback on the staff, equipment, availability of exams and the learning environment. One is required for every clinical site with every packet. This form may be submitted on paper or through EXXAT as directed by the Clinical Coordinator.

7. Attitude and Professionalism
This form is for the Clinical Site Supervisor to evaluate the students on professional behavior, communication skills, and critical thinking skills. This form evaluates the student on the affective domain of his/her clinical education. One is required per clinical site, per semester. This form may be submitted on paper or through EXXAT as directed by the Clinical Coordinator.

APPENDIX J

SCOPE OF PRACTICE AND CLINICAL STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHER.

April 12, 2015
Source: SDMS.org

SCOPE OF PRACICE REVISION PROCESS

I n M a y 2013, representatives of sixteen organizations came together to begin the process of revising the existing Scope of Practice and Clinical Practice Standards. Thus began a process that engaged the participating organizations in an unrestricted dialogue about needed changes. The collaborative process and exchange of ideas has led to this document, which is reflective of the current community standard of care. The current participants recommend a similar collaborative
process for future revisions that may be required as changes in ultrasound technologies and healthcare occur.

PARTICIPATING ORGANIZATIONS

The following organizations participated in the development of this document. Those organizations
that have formally endorsed the document are identified with the "†" symbol. Supporting organizations are identified with the "*" symbol.

- American College of Radiology (ACR)
- American Congress of Obstetricians and Gynecologists (ACOG) *
- American Institute of Ultrasound in Medicine (AIUM)
- American Registry for Diagnostic Medical Sonography (ARDMS)
- American Registry of Radiologic and Radiation Technologists (ARRT)
- American Society of Echocardiography (ASE) †
- American Society of Technologists (ASRT)
- Cardiovascular Credentialing International (CCI)
- Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS)
- Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT)
- Society of Diagnostic Medical Sonography (SDMS) †
- Society of Radiologists in Ultrasound (SRU)
- Society for Maternal-Fetal Medicine (SMFM)
- Society for Vascular Surgery (SVS) †
- Society for Vascular Ultrasound (SVU) †
- Sonography Canada (formerly the Canadian Society of Diagnostic Medical Sonography)

LIMITATION AND SCOPE.

Federal and state laws accreditation standards, and lawful faculty policies and procedures supersede these standards. A diagnostic medical sonographer, within the boundaries of all applicable legal requirements and restrictions, exercises individual thought, judgment, and discretion in the performance of an examination taking into account the facts of the

individual case. This document is intended to set forth the standards in major areas of the diagnostic medical sonographer's responsibilities. It does not cover all areas or topics that may present themselves in actual practice. In addition, technological changes or changes in medical practice may require modification of the standards.

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SCOPE OF PRACTICE AND CLINICAL STANDARDS FOR THE DIAGNOSTIC MED ICAL SONOGRAPHER O P E O F P R A C T I C E AND CLINICAL STANDARDS HE DIAGNOSTIC MED ICAL SONOGRAPHER

The purpose of this document is to define the scope of practice and clinical standards for diagnostic medical sonographers and describe their role as members of the healthcare team.
Above all else, diagnostic medical sonographers act in the best interest of the patient.

DEFINITION OF THE PROFESSION

Diagnostic medical sonography is a multi-specialty profession comprised of abdominal sonography, breast sonography, cardiac sonography, obstetrics/gynecology sonography, pediatric sonography, phlebology sonography, vascular technology/sonography, and other emerging clinical areas. These diverse areas all use ultrasound as a primary technology in their daily work.

The diagnostic medical sonographer is an individual who provides patient care services using ultrasound and related diagnostic procedures. The diagnostic medical sonographer must be educationally prepared and clinically competent as a prerequisite to professional practice.
Demonstration and maintenance of competency through certification by a nationally recognized sonography credentialing organization is the standard of practice in sonography, and maintenance of certification in all areas of practice is endorsed.

The diagnostic medical sonographer:

- Functions as a delegated agent of the physician; and
- Does not practice independently.

Diagnostic medical sonographers are committed to enhanced patient care and continuous quality improvement that increases knowledge and technical competence. Diagnostic medical sonographers use independent, professional, ethical judgment, and critical thinking to safely perform diagnostic sonographic procedures.

A fundamental approach to the safe use of diagnostic medical ultrasound is to apply elements of the As Low as Reasonably Achievable ("ALARA") Principle including lowest output power and the shortest scan time consistent with acquiring the required diagnostic information. The diagnostic medical sonographer uses proper patient

positioning, tools, devices, equipment adjustment, and ergonomically correct scanning techniques to promote patient comfort and prevent compromised data acquisition or musculoskeletal injury to the diagnostic medical sonographer.

DIAGNOSTIC MEDICAL SONOGRAPHER CERTIFICATION/CREDENTIALING

A diagnostic medical sonographer must be competent in any sonographic procedure they perform. Certification by a sonography credentialing organization that is accredited by National Commission of Certifying Agencies (NCCA) or the American National Standards Institute - International Organization for Standardization (ANSI – ISO) represents "standard of practice" in diagnostic sonography.

Despite the commonality of ultrasound technology across the field of sonography, the bodies of knowledge, technical skills, and competencies of sonographers in different areas of sonography specialization are markedly different. If performing procedures in any of the following primary areas of sonography specialization, a diagnostic medical sonographer must demonstrate competence in the specialty area(s) through appropriate education, training, and certification:

1. Abdominal Sonography
2. Obstetrical/Gynecological Sonography
3. Cardiac Sonography
4. Vascular Technology/Sonography

If the diagnostic medical sonographer specializes or regularly performs procedures in secondary area(s) of specialization (e.g., breast sonography, fetal cardiac sonography, musculoskeletal sonography, pediatric sonography, phlebology sonography, etc.), the diagnostic medical sonographer should demonstrate competence through certification in the area(s) of practice by a nationally recognized sonography credentialing organization. Employers and accrediting organizations should require maintenance of diagnostic medical sonographer certification in all areas of practice.

NOTE: Temporary or short-term situational exceptions to the certification standard of practice may be necessary (in accordance with applicable federal and state laws and facility policy). For example:
1. Students enrolled in an accredited educational program who are providing clinical services to patients under the direct supervision of an appropriately certified sonographer or other qualified healthcare provider;
2. Sonographers who are cross-training in a new sonography specialty area under the direct supervision of an appropriately certified sonographer or other qualified healthcare provider; and
3. Sonographers who are providing emergency assessment in an urgent care environment where an appropriately certified sonographer is not available in a timely manner.

DIAGNOSTIC MEDICAL SONOGRAPHY CLINICAL STANDARDS

Standards are designed to reflect the behavior and performance level expected in clinical practice for the diagnostic medical sonographer. These clinical standards set forth the principles that are common to all of the specialties within the larger category of the diagnostic sonography profession. Individual specialties or clinical areas may extend or refine, but not limit, these general principles according to their specific practice requirements.

SECTION 1

STANDARD – PATIENT INFORMATION ASSESSMENT AND EVALUATION:

1.1 Information regarding the patient's past and present health status is essential in providing appropriate diagnostic information. Therefore, pertinent data related to the diagnostic sonographic procedure should be collected and evaluated to determine its relevance to the examination. The diagnostic medical sonographer:

1.1.1 Verifies patient identification and that the requested examination correlates with the patient's clinical history and presentation. In the event that the requested examination does not correlate, either the supervising physician or the referring physician will be notified.

1.1.2 In compliance with privacy and confidentiality standards, interviews the patient or their representative, and/or reviews the medical record to gather relevant information regarding the patient's medical history and current presenting indications for the study.

1.1.3 Evaluates any contraindications, insufficient patient preparation, and the patient's inability or unwillingness to tolerate the examination and associated procedures.

STANDARD – PATIENT EDUCATION AND COMMUNICATION:

1.2 Effective communication and education are necessary to establish a positive relationship with the patient or the patient's representative, and to elicit patient cooperation and understanding of expectations. The diagnostic medical sonographer:

1.2.1 Communicates with the patient in a manner appropriate to the patient's ability to understand. Presents explanations and instructions in a manner that can be easily understood by the patient and other healthcare providers.

1.2.2 Explains the examination and associated procedures to the patient and responds to patient questions and concerns.

1.2.3 Refers specific diagnostic, treatment, or prognosis questions to the appropriate physician or healthcare professional.

STANDARD – ANALYSIS AND DETERMINATION OF PROTOCOL FOR THE DIAGNOSTIC EXAMINATION:

1.3 The most appropriate protocol seeks to optimize patient safety and comfort, diagnostic quality, and efficient use of resources, while achieving the diagnostic objective of the examination.

The diagnostic medical sonographer:

1.3.1 Integrates medical history, previous studies, and current symptoms in determining
the appropriate diagnostic protocol and tailoring the examination to the needs of the patient.

1.3.2 Performs the examination under appropriate supervision, as defined by the procedure.

1.3.3 Uses professional judgment to adapt the protocol and consults appropriate medical
personnel, when necessary, to optimize examination results.

1.3.4 Confers with the supervising physician, when appropriate, to determine if intravenous contrast is necessary to enhance image quality and obtain additional diagnostic information.

1.3.5 With appropriate education and training, uses proper technique for intravenous line insertion and administers intravenous contrast according to facility protocol.

STANDARD – IMPLEMENTATION OF THE PROTOCOL:

1.4 Quality patient care is provided through the safe and accurate implementation of a deliberate protocol. The diagnostic medical sonographer:

1.4.1 Implements a protocol that falls within established procedures.

1.4.2 Elicits the cooperation of the patient to carry out the protocol.

1.4.3 Adapts the protocol according to the patient's disease process or condition.

1.4.4 Adapts the protocol, as required, according to the physical circumstances under which the examination must be performed (e.g., operating room, sonography laboratory, patient's bedside, emergency room, etc.).

1.4.5 Monitors the patient's physical and mental status.

1.4.6 Adapts the protocol according to changes in the patient's clinical status during the examination.

1.4.7 Administers first aid or provides life support in emergency situations.

1.4.8 Performs basic patient care tasks, as needed.

1.4.9 Recognizes sonographic characteristics of normal and abnormal tissues, structures, and blood flow; adapts protocol as appropriate to further assess findings; adjusts scanning technique to optimize image quality and diagnostic information.

1.4.10 Analyzes sonographic findings throughout the course of the examination so that a comprehensive examination is completed and sufficient data is provided to the supervising physician to direct patient management and render a final interpretation.

1.4.11 Performs measurements and calculations according to facility protocol.

STANDARD – EVALUATION OF THE DIAGNOSTIC EXAMINATION RESULTS:

1.5 Careful evaluation of examination results in the context of the protocol is important

to determine whether the goals have been met. The diagnostic medical sonographer:

1.5.1 Establishes that the examination, as performed, complies with applicable protocols and guidelines.

1.5.2 Identifies and documents any limitations to the examination.

1.5.3 Initiates additional scanning techniques or procedures (e.g., administering contrast agents) when indicated.

1.5.4 Notifies supervising physician when immediate medical attention is necessary, based on examination findings and patient condition.

STANDARD – DOCUMENTATION:

1.6 Clear and precise documentation is necessary for continuity of care, accuracy of care, and quality assurance. The diagnostic medical sonographer:

1.6.1 Provides timely, accurate, concise, and complete documentation.

1.6.2 Provides an oral or written summary of findings to the supervising physician.

SECTION 2

STANDARD – IMPLEMENT QUALITY IMPROVEMENT PROGRAMS:

2.1 Participation in quality improvement programs is imperative. The diagnostic medical sonographer:

2.1.1 Maintains a safe environment for patients and staff.

2.1.2 Performs quality improvement procedures to determine that equipment operates at optimal levels and to promote patient safety.

2.1.3 Participates in quality improvement programs that evaluate technical quality of images, completeness of examinations, and adherence to protocols.

2.1.4 Compares facility quality improvement standards to external metrics, such as accreditation criteria, evidence based literature, or accepted guidelines.

STANDARD - QUALITY OF CARE:

2.2 All patients expect and deserve optimal care. The diagnostic medical sonographer

2.2.1 Works in partnership with other healthcare professionals.

2.2.2 Reports adverse events.

SECTION 3

STANDARD – SELF-ASSESSMENT:

3.1 Self-assessment is an essential component in professional growth and development. Self-assessment involves evaluation of personal performance, knowledge, and skills.

3.1.1 Recognizes strengths and uses them to benefit patients, coworkers, and the profession.

3.1.2 Recognizes weaknesses and limitations and performs procedures only after receiving appropriate education and supervised clinical experience in any deficient areas.

STANDARD – EDUCATION:

3.2 Advancements in medical science and technology occur very rapidly, requiring an on -going commitment to professional education. The diagnostic medical sonographer:

3.2.1 Obtains and maintains appropriate professional certification/credential in areas

of clinical practice.

3.2.2 Recognizes and takes advantage of opportunities for educational and professional growth.

STANDARD – COLLABORATION:

3.3 Quality patient care is provided when all members of the healthcare team communicate and collaborate efficiently. The diagnostic medical sonographer:

3.3.1 Promotes a positive and collaborative atmosphere with members of the healthcare team.

3.3.2 Communicates effectively with members of the healthcare team regarding the welfare of the patient.

3.3.3 Shares knowledge and expertise with colleagues, patients, students, and members
of the healthcare team.

SECTION 4

STANDARD – ETHICS:

4.1 All decisions made and actions taken on behalf of the patient adhere to ethical standards.

The diagnostic medical sonographer:

4.1.1 Adheres to accepted professional ethical standards.

4.1.2 Is accountable for professional judgments and decisions.

4.1.3 Provides patient care with equal respect for all.

4.1.4 Respects and promotes patient rights, provides patient care with respect for patient dignity and needs, and acts as a patient advocate.

4.1.5 Does not perform sonographic procedures without a medical indication, except in educational activities.

4.1.6 Adheres to this scope of practice and other related professional documents.

APPENDIX A. GLOSSARY

For purposes of this document, the following definition of terms applies:

ALARA: an acronym for As Low As Reasonably Achievable, the fundamental principle for the safe use of diagnostic medical ultrasound is to use the lowest output power and the shortest scan time consistent with acquiring the required diagnostic information.

Certification: Designates that an individual has demonstrated through successful completion of a specialty certification examination the requisite knowledge, skills, and competencies and met other requirements established by a sonography credentialing organization. Certification also is intended to measure or enhance continued competence through recertification or renewal requirements.

Credential: Means the recognition awarded to an individual who has met the initial (and continuing) knowledge, skills, and competencies requirements of a sonography credentialing organization.

Education: The process undertaken to gain knowledge of facts, principles, and concepts. Education encourages problem solving, critical thinking, and application of the facts, principles, and concepts learned.

Examination: One or more sonographic or related procedures performed to obtain diagnostic information that aids in the verification of health or identification of disease or abnormality.
Interpreting Physician: The physician (e.g., radiologist, cardiologist, gynecologist, obstetrician, vascular surgeon, etc.) who evaluates the results of the diagnostic examination and provides the final report of the findings that is included in the patient's medical record.
Procedure: A specific action or course of action to obtain specific diagnostic information; often associated with a reimbursement procedure code.
Protocol: A written, standardized series of steps that are used to acquire data when performing a diagnostic sonographic examination and its associated procedures.
Referring Physician: A physician who orders a diagnostic examination or refers the patient to a specialized facility for a diagnostic examination. In some clinical environments, the referring and supervising physician may be the same person.
Sonography Credentialing Organization: An organization that is accredited by National Commission of Certifying Agencies (NCCA) or the American National Standards Institute - International Organization for Standardization (ANSI – ISO) that awards sonography credentials upon successful completion of competency-based certification examination(s). Also known as a sonography "registry."
Supervising Physician: A physician who provides overall medical direction of the sonographer but whose physical presence may not necessarily be required during the performance of a diagnostic examination. The supervising physician is available to review examination procedures and to offer direction and feedback. In some clinical environments, the supervising and interpreting physician may be the same person.
Training: The successful completion of didactic and clinical education necessary to properly perform a procedure in accordance with accepted practice standards. While closely related to education, training is undertaken to gain a specific skill.

Appendix K

PROGRAM CALENDAR 2020 – 2021

Highlighted areas denote the program's clarification from the JCHP academic calendar

Fall Semester	
Various	Orientation/Registration (Entering Class)
August 31, Monday	Welcome Date/Department Boot Camp/Orientation/ Classes begin
September 7, Monday	Labor Day Holiday
September 7, Monday	Last day to add online
September 10, Thursday	Last date to drop without a grade of "W"/ Online Registration Closes
October 3, Saturday	Last date to remove an "I" grade from Summer 2020 term
November 2, Monday	Fall clinical rotations begin (subject to change)
October 23, Friday	Last day for course withdrawal
November 2, Monday	On-line Registration for Spring 2021 Semester begins (anticipated)
November 20, Friday	Preliminary second year concentration forms submitted to education coordinator
November 25, Wednesday-November 29, Sunday	Thanksgiving break / No classes scheduled
November 30, Monday	Classes resume. Note all labs will move to online format until the end of the semester.
December 11, Friday	Classes end (Last day of fall clinical rotations)
December 12, Saturday	Final Examinations Begin
December 18, Friday	Final Examinations End
TBD	Last date to file Application for Graduation
Spring Semester	
January 4, Monday	Classes begin
January 8, Friday	Second year concentration form submitted to education coordinator
January 11, Monday	Last day to add online
January 14, Thursday	Last Day to Drop Without "W" Grade - Online Registration Closes
January 18, Monday	Martin Luther King Holiday/No classes scheduled
January 29, Friday	Last date to remove an "I" grade from previous term
March 1, Monday -March 7, Sunday	Spring Break
March 4, Thursday	Last day for course withdrawal
April 5, Monday	On-line Registration for Summer/Fall Semester begins (anticipated)
April 23, Friday	Classes end (Last day of spring clinical rotations)
April 24, Saturday	Final Examinations Begin
April 30, Friday	Final Examinations End
TBD	Department Class Day (Graduating students excused from clinical to participate)
TBD	Commencement Exercises (Graduating students excused from clinical to participate)
Summer Semester	
May 3, Monday	Classes begin
May 10, Monday	Last day to add online
May 14, Friday	Last Day to Drop Without "W" Grade - Online Registration Closes
May 31, Monday	Memorial Day Holiday
June 11, Friday	Last date to remove an "I" grade from previous term
June 17, Thursday	Last Day for Course Withdrawal
July 5, Monday	Independence Day holiday observed (no classes)
August 13, Friday	Classes end (Last day of summer clinical rotations)

August 14, Saturday	Final Examinations Begin
August 20, Friday	Final Examinations End