Welcome OTD Class of 2020 and returning classes,

The University of South Dakota Occupational Therapy Program faculty, staff, and students welcome you to the occupational therapy profession and to the USD graduate program. Congratulations on your admission to the program and for choosing a very rewarding profession!

Occupational therapists are in high demand and we are proud to have educated over 430 graduates now practicing in approximately 40 states. The University of South Dakota Occupational Therapy program has been preparing students at the master’s level since the inception of our program in 1991, and is now one of 16 programs accredited at the doctoral level. Our graduates have earned a 98% first-time pass rate on the board exam over the past 23 years, one of the highest rankings in the nation! You can read more about the history of our program on page 14.

We have prepared the Occupational Therapy Student Handbook to assist you in becoming an informed and active participant in your professional education. The handbook will orient you to the organization, standards, and expectations of the Occupational Therapy Program at The University of South Dakota.

Through your didactic and clinical education, you will learn to help the individuals and populations you serve to live life to its fullest through meaningful occupations. The unique and diverse life experiences that you bring to this program will enrich your education and that of your colleagues. We look forward to facilitating your learning and socialization to the profession.

Best wishes for a very successful academic career!

Dr. Brockevelt
# Resources

## Telephone Numbers

<table>
<thead>
<tr>
<th>Staff:</th>
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<td>Physical Therapy</td>
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Start-End Dates – Quick Look

### Occupational Therapy 2017-2018 Calendar

<table>
<thead>
<tr>
<th>Semester</th>
<th>Class</th>
<th>Classes Begin</th>
<th>Classes End</th>
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<tbody>
<tr>
<td>Summer 2017</td>
<td>OT 2 OTD (Graduate May 2019)</td>
<td>Monday, May 15, 2017</td>
<td>August 4, 2017</td>
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<tr>
<td></td>
<td>OT 3 OTD (Graduate May 2018)</td>
<td>Monday, May 15, 2017</td>
<td>August 25, 2017</td>
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<tr>
<td></td>
<td>OT 3 MS (Graduate Dec 2017)</td>
<td>Monday, May 15, 2017</td>
<td>August 25, 2017</td>
</tr>
<tr>
<td>Fall 2017</td>
<td>OT 1 OTD (Graduate May 2020)</td>
<td>Monday, July 24, 2017 (orientation July 17-21)</td>
<td>December 13, 2017</td>
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<tr>
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<td>OT 2 OTD (Graduate May 2019)</td>
<td>Monday, August 14, 2017</td>
<td>December 13, 2017</td>
</tr>
<tr>
<td></td>
<td>OT 3 OTD (Graduate May 2018)</td>
<td>Monday, August 28, 2017</td>
<td>December 8, 2017</td>
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<tr>
<td></td>
<td>OT 3 MS (Graduate Dec 2017)</td>
<td>Monday, August 28, 2017</td>
<td>December 8, 2017</td>
</tr>
<tr>
<td>Spring 2018</td>
<td>OT 1 OTD (Graduate May 2020)</td>
<td>Wednesday, January 3, 2018</td>
<td>May 4, 2018</td>
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<td>OT 2 OTD (Graduate May 2019)</td>
<td>Wednesday, January 3, 2018</td>
<td>May 4, 2018</td>
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<td></td>
<td>OT 3 OTD (Graduate May 2018)</td>
<td>Wednesday, January 3, 2018</td>
<td>May 4, 2018</td>
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Commencement for OTD May 5 (9:30 am)
Fall Semester 2017
Orientation Begins (1st yr.) Monday July 17
Year 1 Classes Begin Monday July 24
Year 2 Classes Begin Monday August 14
Labor Day Holiday Monday September 4 No Classes
National Backpack Awareness Day September 20
AOTA Hill Day September 25
SDOTA Fall Conference September 30-October 1 Sioux Falls, SD
Guatemala Service Trip Sat-Sat October 7-14
Dakota Days October 7
Native American Day Monday October 9 No Classes
AOTA/NBCOT Student Conclave Fri-Sat November 3-4 Birmingham, AL
Veteran’s Day Holiday Friday November 10 No Classes
USD SHS Career Fair Friday November 17
Thanksgiving Holiday Wed-Fri November 22-24 No Classes
Older Driver Safety Awareness Week Mon-Fri December 4-8
OTD Class of 2018 Comp Exam Wednesday December 6
MS Class of 2017 Therapy Ed Course Wed-Thurs December 6-7 (Online)
MS Class of 2017 Hooding Ceremony Friday December 8
Semester End Wednesday December 13
Final Grades Due Monday December 18
Last day to drop a course with refund or a “W” varies by course – See your advisor

Spring Semester 2018
OT Classes Begin Wednesday January 3
Martin Luther King Jr. Day Monday January 15 No Classes
Presidents Day Holiday Monday February 19 No Classes
Spring Break & Guatemala Service Trip Mon-Fri March 5-9 No Classes
SDOTA Spring Conference (TBA)
Easter Recess Friday March 30 No Classes
IDEAFest 2016 Wed-Thurs April 4-5
USD SHS Research Conference Friday April 6
AOTA Conference Thurs-Sun April 19-22 Salt Lake City, UT
USD OT Research Symposium Thursday May 3
Class of 2018 Capstone Presentations Friday May 4
Class of 2018 Hooding Ceremony Friday May 4
Semester End Friday May 4
Commencement, OTD Class of 2018 Saturday May 5, 9:30 am
Last day to drop a course with refund or a “W” varies by course – See your advisor

Summer Session 2018
OTD 2 Classes Begin Monday May 14
Memorial Day Holiday Monday May 28 No Classes
OTD 2 Classes End (tentative) Friday August 3 5:00 pm

Students completing Fieldwork during the 2017-2018 academic year have unique start and end dates and may not have USD holidays.
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1: INTRODUCTION

1.1: Purpose of the Handbook

The purpose of the Occupational Therapy Student Handbook is to assist you in becoming an informed and active participant in your professional education. The handbook will orient you to the expectations, standards, and organization of the Occupational Therapy Program at The University of South Dakota. The Handbook is available online on the myUSD portal. This Handbook should be used in conjunction with other important published materials, such as the American Occupational Therapy Association Code of Ethics (2015), the USD Occupational Therapy Fieldwork Manual, the Graduate School Catalog and the USD Student Handbook, excerpts of which are included in this document. Students and faculty should be familiar with the policies, and various deadlines publicized by the Department, School of Health Sciences, Graduate School, and University.

1.2: Provisions of the USD OT Student Handbook

The provisions of the USD OT Student Handbook are congruent with the provisions of the USD Student Handbook and USD Graduate School policies. The Department of Occupational Therapy publishes this handbook and reserves the right to alter the contents at any time. This publication cannot be considered an agreement or contract between individual students and the School of Health Sciences or Department of Occupational Therapy. Any changes in policy and procedures apply to all current and prospective students. The faculty reserves the right to alter the curriculum, the schedule of required courses, and regulations affecting admission, progression, and graduation requirements. Students are expected to remain well informed of any changes.

1.3: Handbook Acknowledgment Agreement

Occupational therapy students are expected to read and understand the information and policies contained in this handbook. Students are asked to sign a Handbook Acknowledgment Agreement indicating their understanding and willingness to abide by the policies contained in the Handbook. Please sign and return the acknowledgement form to the Main Office in 375A by Monday, July 24.
ACKNOWLEDGMENT OF HANDBOOK

I have received and read my copy of the USD Department of Occupational Therapy Handbook.

I understand that I am expected to keep this handbook, familiarize myself with its contents, and follow the policies and procedures contained herein.

I have been informed of the Essential Functions of the OT Program at USD and have had the opportunity to ask questions. I have been provided with contact information for the Office of Disability Services. I understand that I must initiate the registration process with Disability Services in order to receive consideration regarding accommodations.

I further understand that any changes to the policies and procedures will be provided in writing and that my academic advisor or the program director will inform me of any such changes.

Name: __________________________________________________________________
(Please Print)

Signature: _______________________________ Date: _____________

Please return this signed form to the Occupational Therapy Department Office (Sanford Coyote Sports Center A375A) by Monday, July 24. Thank you.
2: DEPARTMENT OF OCCUPATIONAL THERAPY

2.1: Organizational Structure

The Occupational Therapy Program is an Academic Department within the School of Health Sciences and the Graduate School of The University of South Dakota.

The University of South Dakota
The University of South Dakota was authorized by the first territorial legislature in 1862. The University is managed by the State of South Dakota and is supported by appropriations from the state government, student tuition and fees, research grants, gifts from alumni and friends, and federal assistance.

The University is divided into the following colleges and schools: Graduate School, College of Arts & Sciences, School of Business, College of Fine Arts, School of Education, School of Law, School of Medicine, and School of Health Sciences.

Health Affairs
Health Affairs includes the Sanford School of Medicine and the School of Health Sciences. Dr. Mary Dekker Nettleman is Vice-President of Health Affairs and Dean of the School of Medicine. Basic Science faculty of the Sanford School of Medicine teaches interdisciplinary courses in human gross anatomy and human neuroscience for occupational therapy, medicine, physician assistant and physical therapy students.

The School of Health Sciences
Occupational Therapy is one of ten academic departments within the School of Health Sciences. The other nine include Addiction Studies, Medical Laboratory Science, Dental Hygiene, Nursing, Master of Public Health, Physician Assistant Studies, Physical Therapy, Social Work, and the Health Sciences Undergraduate Major. In addition to entry-level degrees at the baccalaureate, master's or professional doctorate in these fields, the school also offers three post-professional doctoral degrees – the post-professional Occupational Therapy Doctorate, the transitional Doctorate in Physical Therapy and the PhD in Health Sciences. Dr. Michael Lawler is Dean of the School of Health Sciences.

The Graduate School
The Graduate School of The University of South Dakota awards the Master of Science degree or Occupational Therapy Doctorate degree to graduates of the Occupational Therapy Program. Students admitted to the Occupational Therapy Program must meet and maintain criteria established by the Occupational Therapy Department and the Graduate School for successful completion of the degree requirements.

Within the standards and guidelines established by the graduate school, the responsibility for the development and implementation of the individual graduate programs resides with the graduate faculty of the individual academic disciplines. A student admitted to the graduate school is expected to demonstrate intellectual maturity and independence in the pursuit of advance knowledge. Devotion to the exacting demands of advanced learning while utilizing a variety of intellectual skills is expected of the graduate student. A graduate degree does not represent a mere accumulation of hours and credits in specific competencies within a major field. The student will be judged at all stages on the above grounds, and regardless of grades in courses, may be dropped from the graduate program if progress, behavior, or attitudes are found to be unsatisfactory. Students are encouraged to review the Graduate School catalog carefully, specifically the policies related to academic performance. The University of South Dakota is accredited by the North Central Association of Colleges and Secondary Schools.
2.1.1: USD Organization Chart

THE UNIVERSITY OF SOUTH DAKOTA
ORGANIZATION CHART
2/2/2017

---

* Position reports to the VP for Health Affairs on policy matters and to the VP for Academic Affairs on operational matters.
2.2: Mission and Vision Statements

2.2.1: University of South Dakota
Mission Statement:
The University of South Dakota is the comprehensive liberal arts university offering undergraduate, graduate, and professional programs within the South Dakota System of Higher Education.

Our Vision:
To be the best small, public flagship university in the nation built upon a liberal arts foundation.

2.2.2: The Graduate School
Mission Statement:
The mission of The Graduate School is to provide high-quality graduate programs in the liberal arts and sciences, education, business, fine arts, law, and medicine; to promote excellence in teaching and learning; and to support research and creative scholarship. In partnership with individual degree programs, we accomplish this mission by providing students with excellent academic preparation and extraordinary opportunities for research, creative scholarship, clinical experiences, and internships.

2.2.3: School of Health Sciences
Mission Statement:
The School of Health Sciences develops scholars, practitioners, and leaders in health and human services, meeting the workforce needs of South Dakota, the region and beyond.

Inclusive Excellence:
The University of South Dakota supports an inclusive learning environment where diversity and individual differences are understood, respected, appreciated, and recognized as a source of strength.

The University of South Dakota School of Health Sciences is committed to an environment of inclusiveness in classroom and practice settings that honors diverse perspectives, traditions, heritages, and experiences.

2.2.4: Occupational Therapy Purpose, Mission & Vision Statement
Occupational Therapy: Living Life to Its Fullest™
Occupational therapy helps people live life to its fullest. It does this by assisting people of all ages participate in the things they want and need to do through the therapeutic use occupations or everyday activities. Occupational therapists have a holistic perspective that considers the physical, psychological, and social needs of its clients and the context in which they live, work, and play. Adapting the environment to fit the person is an important aspect of service.

The Master of Science in Occupational Therapy and the Occupational Therapy Doctorate are designed to support the institution’s mission of offering graduate and professional education; promoting excellence in teaching and learning; supporting research, scholarly activity, and creative activities; and providing service to the State of South Dakota.

Mission Statement:
The mission of the Department of Occupational Therapy, USD School of Health Sciences is to prepare occupational therapists who value: (1) the use of meaningful occupation to influence health; (2) the unique attributes of the clients they serve; (3) critically using and creating evidence which supports their practice and contributes to the advancement of the profession and society; and (4) innovative services for diverse communities and cultures.
Vision:
The Department of Occupational Therapy at the University of South Dakota shall be renowned for the preparation of occupational therapists with exceptional expertise in interprofessional practice and healthcare leadership; faculty with significant scholarship; and a contemporary teaching and learning environment.

2.3: History of the Occupational Therapy Program

The Occupational Therapy Program at the University of South is the first and only graduate occupational therapy program in the state of South Dakota. Since its inception in 1991, the USD Program has graduated 406 occupational therapists, with an overall first-time pass-rate of 98% on the national board exam. Graduates are living and working in approximately 45 states, in all realms of practice.

In the late 1980s, a shortage of occupational therapists in the state prompted the director of the University Affiliated Program (now the Center for Disabilities) at USD to propose the development of an occupational therapy educational program at USD. Feasibility studies conducted by the SD UAP and the Board of Regents supported the program proposal. USD’s President delegated the planning tasks to the Vice-President for Health Affairs. A five-person committee, which included the program’s current chair, Dr. Barb Brockevelt, was formed to develop a preliminary curriculum plan and budget. Representatives from the American Occupational Therapy Association (AOTA) visited the campus to provide additional consultation in Program development. In 1990, the Legislature appropriated funds to proceed with development of an Occupational Therapy Program at USD housed administratively in the USD School of Medicine. In fall 1991, the first class of students was admitted. The founding chair of the program, Dr. Dorothy Anne Elsberry, was hired in 1991 and served in that capacity until her death in May 1997. Family and friends established a scholarship in her honor; each spring the scholarship is awarded to a 2nd year student.

Biographical sketches of core faculty of the Occupational Therapy Program are included in this handbook. Additional adjunct clinical faculty and faculty members of the Sanford School of Medicine’s Basic Biomedical Science Department and the School of Health Science’s Physical Therapy Department also teach in the occupational therapy program.

2.4: Program Accreditation

The University of South Dakota Occupational Therapy Doctorate and Master of Science in Occupational Therapy programs are accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. The phone number for AOTA is (301) 652-6611 and its web address is www.acoteonline.org.

The USD Occupational Therapy Doctorate is one of only 16 entry-level doctoral degree programs accredited by ACOTE.

Graduates are eligible to sit for the National Board for Certification in Occupational Therapy (NBCOT) examination.
2.5: Occupational Therapy Philosophy of Learning

Consistent with the School of Health Sciences and the Occupational Therapy Program mission statements at the University of South Dakota, one of the occupational therapy department’s goals is to use active learning strategies that are designed to ensure graduation of occupational therapists who are skilled in the use of occupation to foster health and well-being. In line with the articulated program mission statement, our philosophy of learning is based on the basic principle of active learning, grounded on the notion of “free will”. This philosophical principle denotes that human beings learn by engaging in meaningful activities that facilitate exploration, problem solving, reflection, discovery of personal strengths and limitations, behavior change, and participation in co-construction of discourse on significant issues affecting society (Dewey, 1938; Ginsburg, 2009). This engaged learning approach is what has been referred to as “learning by doing” and is associated with Dewey’s (1938) version of the philosophy of pragmatism. It is a philosophy of learning that is consistent with the fundamental principles of occupational therapy.

Based on the above described philosophy of learning, we see human beings as active learners collaborating with each other to explore and develop knowledge that benefits all humanity. We share the constructivist perspective where knowledge is perceived to be actively generated by a community of scholars within meaningful contexts. This denotes that human beings learn best by doing, being involved in their environments, engaging in service activities, and participating in the construction of knowledge through collaborative scholarly activities. In other words, we agree with those who believe that the goal of education is to teach students how to search and discover knowledge, communicate with peers, and solve problems in partnership with occupational therapy educators (Bitner & Bitner, 2002).

2.6: Philosophy of the Program

In line with the philosophy of learning, the occupational therapy program at The University of South Dakota propounds a vision that is consistent with the American Occupational Therapy Association’s Philosophy of Occupational Therapy Education (2014). We emphasize the proposition that humans are complex beings who are in dynamic, active interaction with their environment through occupation. This interaction facilitates growth, change, and/or adaptation leading to further participation in meaningful occupations that support survival, self-actualization, balance, and well-being. Consequently, we see occupation as a learning tool whose skilled use helps students learn experientially and actively, resulting in development of insight regarding the importance of occupation in human growth, adaptation, self-actualization, and sense of well-being. Collaboration between students and occupational therapy educators is crucial in facilitating this process of learning.

Occupational therapy educators are committed to the development of meaningful activities and learning experiences, preferably occupation-based, in addition to didactic instruction. They act as role models to help students internalize the collaborative process of learning. This facilitates building upon prior knowledge, integration of academic knowledge, clinical reasoning, and self-reflection. The ideal outcome of the process is a graduate who is able to synthesize knowledge and experiences acquired in the curriculum, and apply learned skills to help improve the quality of life of individuals and populations, with or without impairments in a diverse and multicultural society. The graduates will maintain high ethical standards of practice based in evidence and grounded in interprofessional practice for the benefit of the individuals and populations they serve. Furthermore, we see such a graduate as a critical thinker who engages in lifelong learning in order to be informed, to improve skills, and to contribute positively to the growth of the profession, both regionally and nationally.


\textbf{2.7: Essential Functions}

\textbf{University of South Dakota of the Occupational Therapy Student}

A Doctorate in Occupational Therapy signifies that the holder is eligible to sit for the National Board for Certification in Occupational Therapy Examination, that the holder is prepared for entry into the profession of occupational therapy, and that the holder has advanced practice skills in the area of the capstone experience. Therefore, it follows that graduates must have knowledge and skills to function in a broad variety of clinical, community, or school environments and to render a wide spectrum of occupational therapy services. All students admitted to the Occupational Therapy Program at The University of South Dakota must meet the abilities and expectations outlined below.

Regarding those students with verifiable disabilities, the University will not discriminate against such individuals who are otherwise qualified, but will expect applicants and students to meet certain minimal technical standards (essential functions) as set forth herein with or without reasonable accommodation. A reasonable accommodation is intended to reduce the effects that a disability may have on a student’s performance. Accommodations do not lower course standards or alter degree requirements, but give students a better opportunity to demonstrate their abilities.

In adopting these standards, the University believes it must keep in mind the ultimate safety of the clients whom its students and graduates serve. The standards reflect what the occupational therapy program believes are reasonable expectations required of students and practitioners in performing essential functions of the profession.

\textbf{I. Sensory Processing Demands:} Participating as a student requires functional use of vision, hearing, and touch along with awareness of body position and movement. Specific visual skills required include near and far vision, peripheral vision, color vision, and depth perception. Students must be able to perceive and interpret sensory information accurately to provide quality client care.

\textbf{II. Cognitive Demands:} The occupational therapy student must be able to measure, calculate, reason analyze, synthesize, integrate, remember, organize, and apply information. The successful occupational therapy student maintains a high level of alertness and responsiveness during classroom and fieldwork situations and possesses the ability to focus on a task for a prolonged period of time to allow for successful learning to take place. This includes the ability to acquire, retain, and prioritize informational data, conceptualize and integrate abstract information, apply theoretical knowledge to specific client populations and justify a rationale for therapeutic interventions, and problem-solve to create innovative and practical solutions.

\textbf{III. Physical Demands:} The successful occupational therapy student must possess sufficient motor abilities to allow for treatment intervention with a variety of clients. This includes functional use of all four extremities, which would allow the student to carry out assessments and to provide therapeutic interventions. Quick reactions are necessary not only for safety, but for one to respond therapeutically in most clinical situations. The student also needs to demonstrate good mobility skills including the ability to walk, climb, stoop, kneel, crouch, and crawl to allow one to complete therapeutic interventions on all types of surfaces. The student is regularly required to maintain positions for extended periods of time such as sitting, standing and writing. The student frequently is required to demonstrate good arm placement to allow for reaching and positioning of hands to successfully manipulate large and small objects. The student must be able to lift and carry up to 50 pounds, and push or pull up to 100 pounds.

\textbf{IV. Psychosocial Demands:} The student must display the emotional maturity to interact with a variety of individuals with diverse age, diagnoses, culture, and socioeconomic backgrounds. The student frequently
needs to address multiple, demanding tasks simultaneously and to meet impending deadlines, and therefore needs to have established coping skills and strategies for stress management.

V. Communication Demands:

**Written:** The student must be able to effectively communicate in written English. The format can range from a brief note with appropriate use of abbreviations to a manuscript-ready research paper.

**Verbal and Nonverbal:** The student must be able to produce the spoken word and to interpret factual information along with nonverbal cues of mood, temperament, and social responses from clients, family members, care providers, members of the health care or educational team, supervisors, and peers. Communication could occur on an individual or group basis. Response to emergencies / crisis situations, as well as more routine communication must be appropriate to the situation. Communication must be accurate, sensitive, and effective.

**Reading:** The student must be able to read and comprehend information in English from a variety of written sources (e.g., textbooks, professional journals, medical/school records, and government regulations).

VI. Environmental Demands: The occupational therapy student must be able to negotiate and successfully achieve access to multiple environmental situations. These environmental situations may be physical, social, or cultural.

The physical environment would consist of nonhuman aspects. The student is occasionally exposed to wet or humid conditions (non-weather); work near moving mechanical parts, fumes or airborne particles, hazardous materials, blood borne pathogens, outdoor weather conditions, risk of electrical shock, risk of radiation, and vibration. The noise level in the work environment will range from a classroom situation in which the noise level is low to an industrial or clinical environment where then noise level may be high.

The social environment would consist of norms, expectations, and routines of different environments. The occupational therapy student will be exposed to multiple treatment environments, which have implicit and explicit rules for behavior.

The occupational therapy student must demonstrate multicultural competency to interact with multiple client populations. Multicultural competency as outlined by the American Occupational Therapy Association includes awareness of one’s culture, willingness to explore and become knowledgeable about another culture, being respectful to individual diversities, and being able to select culturally sensitive therapeutic interventions.

VII. Professional Behaviors: The student is expected to demonstrate professional behaviors and attitudes during his/her participation in the classroom and clinical settings. This includes, but is not limited to: commitment to learning, dependability, written and verbal communication, interpersonal skills, professionalism, adherence to professional ethics and the student code of conduct, cooperation and positive attitude, and clinical reasoning. Faculty will assess and mentor the development of each student’s professional behavior. Students must be able to give and receive constructive criticism. Responsiveness to constructive criticism from faculty, clinical instructors, and peers is essential for success.

**Comments:** The description above is intended to reflect the essential functions in a general manner. It is not all-inclusive, and is not a contract, expressed or implied. The description also attempts to illustrate functions in multiple contexts from the didactic experience to the fieldwork experience. Keeping this in mind some essential functions may increase or decrease depending on the context. Fieldwork sites may have additional technical standards beyond those pertaining to the OT curriculum. Accommodations given during Level I and Level II Fieldwork and Capstone Experience are determined by the Fieldwork/Capstone site in collaboration with the Office of Disability Services.
2.8: Curriculum Design

In designing the curriculum, we used the narrative meta-model (Berg et al., 2009) in which knowledge is considered to be evolving and dependent on the context. Based on this conceptual framework, regular course reviews are conducted and course content is revised according to the faculty and student experiences in the previous semester, and with consideration for what is happening in the wider social context that may affect prioritization of content in the coursework going forward (e.g. new legislation in health care). In this sense, knowledge is considered to be continuously evolving and is based on the ongoing visions and experiences of both faculty and students. The guiding principle in this continuously evolving curriculum content is our shared vision, which is to graduate occupational therapists with exceptional expertise in interprofessional practice and healthcare leadership; support faculty so that they are successful and renowned for significant scholarship; and ensure that the teaching and learning environment is contemporary. In line with this vision, five themes are integrated in all courses and therefore tie the curricular content into a tightly woven whole in this meta-model where knowledge is considered to be continuous. The five themes are: valuing of meaningful occupation as the goal and means in therapy; competency in theory-based practice; emphasis on innovative scholarship; competency in providing services to individuals from diverse communities and cultural backgrounds; and leadership in professional practice. In the narrative curriculum meta-model, we conceptualize a recursive design (Berg, 2009) in which at every level of development, the student is guided to loop back and revisit concepts/constructs learned earlier in the curriculum and to explore them afresh critically and in more depth. At the same time, elements of the traditional curricula meta-model are incorporated in which the student is challenged and presented with problem-solving situations to ensure that he/she learns specific content that is essential for competent practice in today’s highly technical and scientific health care environment.

Curricular Structure

1. Foundations
   a. Science of human function
   b. Meaningful occupation and health
2. Paradigmatic core
   a. Theory and practice
   b. Application of evidence
3. Integration
   a. Fieldwork
   b. Capstone (OTD Only)

Curricular Threads

1. Meaningful Occupation
2. Theory-Driven Practice
3. Scholarship & Innovation
4. Diversity
5. Leadership in Interprofessional Practice
# 2.9: Program of Study
## MS Class of 2017

### Year 1 (2015 Fall)

<table>
<thead>
<tr>
<th>Block 1 (12 weeks)</th>
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<tbody>
<tr>
<td>ANAT 711 Human Gross Anatomy</td>
<td>6 credits</td>
</tr>
<tr>
<td>OCTH 712 Structure, Movement and Occupation</td>
<td>3 credits</td>
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<tr>
<th>Block 2 (8 weeks)</th>
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<tbody>
<tr>
<td>OCTH 710 The Meaning of Occupation</td>
<td>2 credits</td>
</tr>
<tr>
<td>OCTH 754 Social &amp; Political Contexts of OT Practice</td>
<td>2 credits</td>
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**Year 1 (2016 Spring)**

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<tr>
<th>Block 1 (9 weeks)</th>
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<tbody>
<tr>
<td>PHTH 731 Rehabilitation Neuroscience</td>
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</tr>
<tr>
<td>OCTH 720 Philosophical &amp; Theoretical Foundations of Occupational Therapy</td>
<td>2 credits</td>
</tr>
<tr>
<td>OCTH 721 Neurological Foundation of Occupation</td>
<td>1 credit</td>
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<th>Block 2 (9 weeks)</th>
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<tbody>
<tr>
<td>OCTH 715 Occupational Performance: Childhood</td>
<td>2 credits</td>
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<tr>
<td>OCTH 725 Occupational Performance: Adulthood</td>
<td>2 credits</td>
</tr>
<tr>
<td>OCTH 780 Research Design and Data Analysis</td>
<td>3 credits</td>
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<tr>
<td>OCTH 781 Evidence-Based Practice</td>
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**Year 2 (2016 Summer)**

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<tr>
<th>Summer 1 (6 weeks)</th>
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<tbody>
<tr>
<td>OCTH 724 Therapeutic Use of Self &amp; Groups</td>
<td>3 credits</td>
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<tr>
<td>OCTH 731 Physical and Psychosocial Health Conditions</td>
<td>4 credits</td>
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<tr>
<th>Summer 2 (6 weeks)</th>
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<tbody>
<tr>
<td>OCTH 732 Therapeutic Adaptations to Enhance Occupational Performance</td>
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<tr>
<td>OCTH 742 Preparatory Methods: Physical Agent Modalities &amp; Orthotic Devices</td>
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<tr>
<th>Full Summer</th>
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<tbody>
<tr>
<td>OCTH 784 Scholarly Project Proposal</td>
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**Year 2 (2016 Fall)**

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<th>Block 1 (9 weeks)</th>
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<tbody>
<tr>
<td>OCTH 746 OT Assessment &amp; Intervention: Adult Physical Disabilities</td>
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<tbody>
<tr>
<td>OCTH 734 Environmental Influences on Occupation</td>
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<td>OCTH 747 OT Assessment &amp; Intervention: Psychosocial Practice</td>
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<tbody>
<tr>
<td>OCTH 741 Professional Identity &amp; Field Experiences I</td>
<td>1 credit</td>
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<tr>
<td>OCTH 748 Interruptions to Adult Occupations</td>
<td>3 credits</td>
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<tr>
<td>OCTH 788 Master's Project in Health Sciences</td>
<td>1 credit</td>
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**Year 2 (2017 Spring)**

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<th>Block 1 (9 weeks)</th>
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<tbody>
<tr>
<td>OCTH 756 OT Assessment &amp; Intervention: Childhood &amp; Adolescence</td>
<td>4 credits</td>
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<td>OCTH 758 Interruptions to Childhood &amp; Adolescent Occupations</td>
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<tbody>
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<td>OCTH 750 Leadership &amp; Management in Healthcare</td>
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<tbody>
<tr>
<td>OCTH 751 Professional Identity &amp; Field Experiences II</td>
<td>1 credit</td>
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<td>OCTH 788 Master's Project in Health Sciences</td>
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**Year 3 (2017 Summer)**

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<tr>
<th>OCTH 764 Fieldwork Level II</th>
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**Year 3 (2017 Fall)**

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<th>OCTH 774 Fieldwork Level II</th>
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**GRADUATE**

**Dec 2017**

**TOTAL REQUIRED CREDITS**

81 CREDITS
# OTD Class of 2018

## Year 1 (Fall)

**Block 1 (12 weeks)**
- ANAT 711 Human Gross Anatomy 6 credits
- OCTH 712 Structure, Movement and Occupation 4 credits

**Block 2 (8 weeks)**
- OCTH 710 The Meaning of Occupation 2 credits
- OCTH 754 Social & Political Contexts of OT Practice 2 credits
- PHGY 735 Human Physiology for OT 1 credit

## Year 1 (Spring)

**Block 1 (9 weeks)**
- PHGY 735 Human Physiology for OT 3 credits
- PHTH 731 Rehabilitation Neuroscience 3 credits
- OCTH 720 Philosophical & Theoretical Foundations of Occupational Therapy 2 credits
- OCTH 721 Neurological Foundation of Occupation 1 credit

**Block 2 (9 weeks)**
- OCTH 715 Occupational Performance: Childhood 3 credits
- OCTH 725 Occupational Performance: Adulthood 3 credits

**Full Semester**
- OCTH 780 Research Design and Data Analysis 3 credits
- OCTH 781 Evidence-Based Practice 1 credit

## Year 2 (Summer)

**Summer 1 (6 weeks)**
- OCTH 724 Therapeutic Use of Self & Groups 3 credits
- OCTH 731 Physical and Psychosocial Health Conditions 4 credits

**Summer 2 (6 weeks)**
- OCTH 732 Therapeutic Adaptations to Enhance Occupational Performance 4 credits
- OCTH 742 Preparatory Methods: Physical Agent Modalities & Orthotic Devices 4 credits

**Full Summer**
- OCTH 784 Scholarly Project Proposal 1 credit

## Year 2 (Fall)

**Block 1 (9 weeks)**
- OCTH 747 OT Assessment & Intervention: Psychosocial Practice 4 credits
- OCTH 749 Interruptions to Adult Occupations II 2 credits

**Block 2 (9 weeks)**
- OCTH 734 Environmental Influences on Occupation 3 credits
- OCTH 746 OT Assessment & Intervention: Adult Physical Disabilities 4 credits
- OCTH 748 Interruptions to Adult Occupations 2 credits

**All semester (Block 1 & 2)**
- OCTH 741 Professional Identity & Field Experiences I 3 credits
- OCTH 786 Scholarly Project 1 credit

## Year 2 (Spring)

**Block 1 (9 weeks)**
- OCTH 756 OT Assessment & Intervention: Childhood & Adolescence 4 credits
- OCTH 758 Interruptions to Childhood & Adolescent Occupations 3 credits

**Block 2 (9 weeks)**
- OCTH 733 Promotion of Health & Prevention of Disability 3 credits
- OCTH 750 Leadership & Management in Healthcare 4 credits

**All semester (Block 1 & 2)**
- OCTH 751 Professional Identity & Field Experiences II 2 credits
- OCTH 786 Scholarly Project 1 credit
- OCTH 800 Capstone Proposal 3 credits

## Year 3 (Summer)

- OCTH 764 Fieldwork Level II 6 credits
- OCTH 770 The Health Professional as Academic & Clinical Educator 2 credits

## Year 3 (Fall)

- OCTH 774 Fieldwork Level II 6 credits

## Year 3 (Spring)

- OCTH 801 Capstone Experience 12 credits
- OCTH 802 Capstone Project 1 credit

**TOTAL REQUIRED CREDITS** 114 CREDITS
### Year 1 (Fall)

**Block 1 (12 weeks)**

- ANAT 711 Human Gross Anatomy  
  6 credits
- OCTH 712 Structure, Movement and Occupation  
  4 credits

**Block 2 (8 weeks)**

- OCTH 710 The Meaning of Occupation  
  2 credits
- OCTH 754 Social & Political Contexts of OT Practice  
  2 credits
- PHGY 735 Human Physiology for OT  
  1 credit
  15 credits

### Year 1 (Spring)

**Block 1 (9 weeks)**

- PHGY 735 Human Physiology for OT  
  3 credits
- PHTH 731 Rehabilitation Neuroscience  
  3 credits
- OCTH 720 Philosophical & Theoretical Foundations of Occupational Therapy  
  2 credits
- OCTH 721 Neurological Foundation of Occupation  
  1 credit

**Block 2 (9 weeks)**

- OCTH 715 Occupational Performance: Childhood  
  3 credits
- OCTH 725 Occupational Performance: Adulthood  
  3 credits
- OCTH 780 Research Design and Data Analysis  
  3 credits
- OCTH 781 Evidence-Based Practice  
  1 credit
  19 credits

### Year 2 (Summer)

**Summer 1 (6 weeks)**

- OCTH 724 Therapeutic Use of Self & Groups  
  3 credits
- OCTH 731 Physical and Psychosocial Health Conditions  
  4 credits

**Summer 2 (6 weeks)**

- OCTH 732 Therapeutic Adaptations to Enhance Occupational Performance  
  4 credits
- OCTH 742 Preparatory Methods: Physical Agent Modalities & Orthotic Devices  
  4 credits

**Full Summer**

- OCTH 784 Scholarly Project Proposal  
  1 credit
  16 credits

### Year 2 (Fall)

**Block 1 (9 wks)**

- OCTH 746 OT Assessment & Intervention: Adult Physical Disabilities  
  4 credits
- OCTH 748 Interruptions to Adult Occupations  
  2 credits

**Block 2 (9 wks)**

- OCTH 734 Environmental Influences on Occupation  
  3 credits
- OCTH 747 OT Assessment & Intervention: Psychosocial Practice  
  4 credits
- OCTH 749 Interruptions to Adult Occupations II  
  2 credits

**All semester (Block 1 & 2)**

- OCTH 741 Professional Identity & Field Experiences I  
  3 credit
- OCTH 786 Scholarly Project  
  1 credit
  19 credits

### Year 2 (Spring)

**Block 1 (9 weeks)**

- OCTH 756 OT Assessment & Intervention: Childhood & Adolescence  
  4 credits
- OCTH 758 Interruptions to Childhood & Adolescent Occupations  
  3 credits

**Block 2 (9 weeks)**

- OCTH 733 Promotion of Health & Prevention of Disability  
  3 credits
- OCTH 750 Leadership & Management in Healthcare  
  4 credits

**All semester (Block 1 & 2)**

- OCTH 751 Professional Identity & Field Experiences II  
  2 credits
- OCTH 786 Scholarly Project  
  1 credit
- OCTH 800 Capstone Proposal  
  1 credit
  18 credits

### Year 3 (Summer)

- OCTH 764 Fieldwork Level II  
  6 credits
- OCTH 770 The Health Professional as Academic & Clinical Educator  
  2 credits
  8 credits

### Year 3 (Fall)

- OCTH 774 Fieldwork Level II  
  6 credits
  6 credits

### Year 3 (Spring)

- OCTH 801 Capstone Experience  
  12 credits
- OCTH 802 Capstone Project  
  1 credit
  13 credits

**TOTAL REQUIRED CREDITS**  
114 CREDITS
OTD Class of 2020

Year 1 (Fall)
Block 1 (12 weeks)
ANAT 711 Human Gross Anatomy 6 credits
OCTH 712 Structure, Movement and Occupation 4 credits

Block 2 (8 weeks)
OCTH 710 The Meaning of Occupation 2 credits
OCTH 720 Philosophical & Theoretical Foundations of Occupational Therapy 2 credits
OCTH 754 Social & Political Contexts of OT Practice 2 credits
PHGY 735 Human Physiology for OT 1 credit
17 credits

Year 1 (Spring)
Block 1 (9 weeks)
PHGY 735 Human Physiology for OT 3 credits
PHTH 731 Rehabilitation Neuroscience 3 credits
OCTH 721 Neurological Foundation of Occupation 1 credit
Block 2 (9 weeks)
OCTH 715 Occupational Performance: Childhood 3 credits
OCTH 725 Occupational Performance: Adulthood 3 credits
All semester (Block 1 & 2)
OCTH 780 Research Design and Data Analysis 3 credits
OCTH 781 Evidence-Based Practice 1 credit
17 credits

Year 2 (Summer)
Summer 1 (6 weeks)
OCTH 724 Therapeutic Use of Self & Groups 3 credits
OCTH 731 Physical and Psychosocial Health Conditions 4 credits
Summer 2 (6 weeks)
OCTH 732 Therapeutic Adaptations to Enhance Occupational Performance 4 credits
OCTH 742 Preparatory Methods: Physical Agent Modalities & Orthotic Devices 4 credits
Full Summer
OCTH 784 Scholarly Project Proposal 1 credit
16 credits

Year 2 (Fall)
Block 1 (9 wks)
OCTH 746 OT Assessment & Intervention: Adult Physical Disabilities 4 credits
OCTH 748 Interruptions to Adult Occupations 2 credits
Block 2 (9 wks)
OCTH 734 Environmental Influences on Occupation 3 credits
OCTH 747 OT Assessment & Intervention: Psychosocial Practice 4 credits
OCTH 749 Interruptions to Adult Occupations II 2 credits
All semester (Block 1 & 2)
OCTH 741 Professional Identity & Field Experiences I 3 credit
OCTH 786 Scholarly Project 1 credit
19 credits

Year 2 (Spring)
Block 1 (9 weeks)
OCTH 756 OT Assessment & Intervention: Childhood & Adolescence 4 credits
OCTH 758 Interruptions to Childhood & Adolescent Occupations 3 credits
Block 2 (9 weeks)
OCTH 733 Promotion of Health & Prevention of Disability 3 credits
OCTH 750 Leadership & Management in Healthcare 4 credits
All semester (Block 1 & 2)
OCTH 751 Professional Identity & Field Experiences II 2 credits
OCTH 786 Scholarly Project 1 credit
OCTH 800 Capstone Proposal 1 credit
18 credits

Year 3 (Summer)
OCTH 764 Fieldwork Level II 6 credits
OCTH 770 The Health Professional as Academic & Clinical Educator 2 credits
8 credits

Year 3 (Fall)
OCTH 774 Fieldwork Level II 6 credits

Year 3 (Spring)
OCTH 801 Capstone Experience 12 credits
OCTH 802 Capstone Project 1 credit
13 credits

TOTAL REQUIRED CREDITS 114 CREDITS
2.10: The Academic Curriculum (Course Descriptions)

MASTER OF SCIENCE in OCCUPATIONAL THERAPY
Note: Admission to the program is prerequisite for all courses. All courses must be taken in the prescribed sequence as outlined in the MS Program of Study.

OCTH 710 The Meaning of Occupation  2 credits
In this course, the student will explore three major themes: the complexity of human occupation, including the meaning, language and dynamics of occupation; the impact of occupation and occupational balance on health and well-being; and occupational analysis, which is core to the practice of occupational therapy. The significance of human occupation is understood through readings, class discussion and analysis of the student’s own occupations.

OCTH 712 Structure, Movement, and Occupation  4 credits
In this course, students will apply knowledge of musculoskeletal anatomy, physiology, and biomechanics to understand and analyze movement and occupational performance, and to perform musculoskeletal assessment (range of motion and manual muscle testing). This course provides the conceptual basis for splinting, ergonomics, and therapeutic exercise.

OCTH 715 Occupational Performance: Childhood  2 credits
In this course, the occupational therapy student examines occupational performance and participation of the child as influenced by personal factors, context, and the demands of the task. The student applies knowledge of developmental theories to analyze human engagement in meaningful occupations from infancy through adolescence. The course allows the student to appreciate childhood occupations for their cultural and developmental importance.

OCTH 720 Philosophical & Theoretical Foundations of Occupational Therapy  2 credits
In this course, the student will examine the historical origins of therapeutic use of occupations from the moral treatment era to the present. Intellectual and social contexts that influenced the development of occupational therapy will be discussed. The origin of the profession in mental health practice and the influence of the philosophy of American pragmatism to professional development in the early 20th century will be highlighted. The focus of analysis will be on how pragmatism continues to provide the philosophical framework of occupational therapy in the present day. Theoretical constructs that have endured in the profession throughout its history will be examined and their influence on the development of conceptual practice models/frames of reference currently used in occupational therapy will be explored.

OCTH 721 Neurological Foundation of Occupation  1 credit
Students will train in the use of formal and informal screening procedures used to identify potential neurological deficits impairing occupational performance. Video analysis, practical laboratory activities, and case study will be used to help students understand the sensory, motor, affective, and cognitive components of function.

OCTH 724 Therapeutic Use of Self & Groups  3 credits
This is a required course in therapeutic use of relationship, groups, and group processes. In this course, students will explore their own beliefs, assumptions, and values in their cultural and family experiences. The influence of those beliefs, assumptions, and values on their behavior and interaction with other people will be discussed. They will use awareness resulting from the discussion to develop skills in interacting with individual clients using therapeutic communication, evaluating and facilitating purposeful participation in groups, and using groups as therapeutic tools. They will learn how to work with clients’ families as well as with rehabilitation team members as small groups.
OCTH 725 Occupational Performance: Adulthood 2 credits
In this course, the occupational therapy student examines occupational performance and participation of the adult as influenced by personal factors, context and the demands of the task. The student applies knowledge of developmental theories to analyze human engagement in meaningful occupations from young adulthood through old age. The course allows the student to appreciate adult occupations for their cultural and developmental importance.

OCTH 731 Physical and Psychosocial Health Conditions 4 credits
In this course, the occupational therapy student engages in a self-study of common physical and psychosocial/psychiatric health conditions that cross the lifespan. Through directed readings and discussion with classmates, students will develop an understanding of the etiology; incidence and prevalence; signs and symptoms; course and prognosis; medical/surgical management; and the impact on occupational performance of each of the selected health conditions. Presentations from expert clinicians will also be provided.

OCTH 732 Therapeutic Adaptations to Restore Occupational Performance 3 credits
In this course the occupational therapy student will explore the variety of strategies that humans use to adapt to changing life situations in order to maximize the ability to participate in daily occupations. The use of assistive technology as one therapeutic adaptation will specifically be addressed in this course. The student will gain practical experience in evaluating, prescribing, and training others in the use of technologically advanced equipment that enables performance in occupations and aids in efficiency and safety of performance.

OCTH 734 Environmental Influences on Occupation 3 credits
In this course the occupational therapy student will analyze how physical, social, cultural, institutional, and other environments enable or hinder occupational performance. The student will learn how to use the environmental context to address the occupational performance of individuals and communities.

OCTH 741 Professional Identity and Field Experience I 1 credit
The student completes participatory and observation experiences in a variety of practice settings with populations across the lifespan. These experiences afford the student opportunities to apply OT theory in evaluation and intervention planning. During face-to-face and web-based class sessions, students are encouraged to discuss and reflect on professional identity and professional practice issues. This course also addresses policies and procedures for Level I and II Fieldwork and introduces the Capstone Experience.

OCTH 742 Preparatory Methods: Physical Agent Modalities & Orthotic Devices 4 credits
This course provides the occupational therapy student with a fundamental basis of theory and skills necessary for selecting and utilizing physical agent modalities and splinting within the context of occupational therapy practice. Critical thinking and problem-solving skills are provided through various case studies, self quizzes, splint analyses, laboratory exercises, and self-evaluation. Licensure requirements, competency, indications, contraindications, and safety issues are addressed. This course is premised on an understanding of upper-extremity conditions and how they affect occupations.

OCTH 746 OT Assessment & Intervention: Adult Physical Rehabilitation 4 credits
In this course the occupational therapy student will learn appropriate assessment and intervention strategies for adult clients of OT services who have motor, cognitive, and/or sensory limitations that hinder performance of meaningful occupations. Selected assessments and interventions will be studied in light of occupational therapy conceptual models of practice and frames of reference. The student will practice and demonstrate competency in basic OT assessment and intervention strategies related to adult physical rehabilitation.
OCTH 747 OT Assessment & Intervention: Psychosocial Practice  4 credits
In this course the occupational therapy student will learn appropriate assessment and intervention strategies for adult clients of OT services who have psychiatric, social or emotional challenges that hinder performance of meaningful occupations. Selected assessments and interventions will be studied in light of occupational therapy conceptual models of practice and frames of reference. The student will practice and demonstrate competency in basic OT assessment and intervention strategies related to psychiatric and psychosocial disorders.

OCTH 748 Interruptions to Adult Occupations  3 credits
This is a case-based tutorial course in which occupational therapy students will work in small groups to apply the OT assessment and intervention process to case studies of adult clients of occupational therapy services. The students will identify learning needs, research those issues, and develop and appropriate evaluation and intervention plan for each of the clients studied.

OCTH 750 Leadership and Management in Health Care  2 credits
This course will explore leadership and management theories and practices in various service delivery systems. Students will apply ethical business strategies to promote, develop, and expand services related to occupational therapy practice in traditional and emerging areas. Skills in market analysis, personnel and financial resource management, marketing, strategic planning, and program evaluation will be developed through case studies and the analysis and creation of business plans. Students will examine the profession’s capacity for leadership and explore opportunities for leadership development in their professional lives.

OCTH 751 Professional Identity and Field Experience II  1 credits
The student completes participatory and observation experiences in a variety of practice settings with populations across the lifespan. These experiences afford the student opportunities to apply OT theory in evaluation and intervention planning. During class and web-based sessions, students are encouraged to discuss and reflect on professional identity and professional practice issues. This course also addresses policies and procedures for Level I and II Fieldwork.

OCTH 754 Social & Political Contexts of Occupational Therapy Practice  2 credits
The OT student will evaluate the health care, education, community, political, and social systems that affect the provision of OT services. Students will analyze current policy issues and begin to develop the skills necessary to advocate for changes in service delivery policies, effect changes in the system, and identify opportunities to address societal needs.

OCTH 756 OT Assessment & Intervention: Childhood & Adolescence  4 credits
In this course the occupational therapy student will learn appropriate assessment and intervention strategies of pediatric clients of OT services. Selected assessments and interventions will be studied in light of occupational therapy conceptual models of practice and frames of reference. The student will practice and demonstrate competency in basic OT assessment and intervention strategies related to the young child and adolescent population.

OCTH 758 Interruptions to Childhood and Adolescent Occupations  3 credits
This is a case-based tutorial course in which occupational therapy students will work in small groups to apply the OT assessment and intervention process to case studies of pediatric clients of occupational therapy services. The students will identify learning needs, research those issues, and develop and appropriate evaluation and intervention plan for each of the clients studied.
OCTH 764 Level II Fieldwork  
Level II Fieldwork is an arranged internship under the direct supervision of an occupational therapist. This experience is designed to advance skill development in occupational therapy assessment and intervention planning, enhance problem solving abilities and reflective practice, transmit the values and beliefs that enable the application of ethics related to the profession, and promote entry-level skill acquisition. Level II Fieldwork experiences may take place in medical settings, community-based programs, schools, or other practice environments. The Academic Fieldwork Coordinator and Fieldwork Educators will arrange and schedule this experience.

OCTH 774 Level II Fieldwork  
Level II Fieldwork is an arranged internship under the direct supervision of an occupational therapist. This experience is designed to advance the skill development in occupational therapy assessment and intervention planning, enhance problem solving abilities and reflective practice, transmit the values and beliefs that enable the application of ethics related to the profession, and promote entry-level acquisition. Level II Fieldwork experiences may take place in medical settings, community-based programs, schools, or other practice environments. The Academic Fieldwork Coordinator and Fieldwork Educators will arrange and schedule this experience.

OCTH 780 Research Design and Data Analysis  
This is a required course in qualitative and quantitative research design, methodology, and data analysis. The student is expected to become proficient in designing basic research and to demonstrate ability to conduct a viable research study, read, understand, and interpret published research, evaluate the quality of qualitative and quantitative research methods, and apply research findings to clinical practice. Students will complete thematic and statistical analysis of original narrative and quantitative data. They will be introduced to the procedures for setting up research databases, completing data analysis using qualitative data analysis and the statistical package for social sciences (SPSS) software, and interpreting the data analysis outcomes. Topics will include, but are not limited to: experimental and naturalistic type research designs, instruments, and procedures; parts of a research proposal and report; thematic data analysis; grounded theory and phenomenological procedures; descriptive statistics, t-tests, analysis of variance, correlation, regression, and chi-square analysis.

OCTH 781 Evidence Based Practice  
This course introduces students to principles of evidence-based practice in occupational therapy. Students will work in small groups with a faculty mentor to evaluate and synthesize findings in current literature which address a clinical question and report those findings in oral and/or written form. Students will become proficient in database search techniques, the interpretation of published research, and in determining the quality of published research to guide clinical practice decisions.

OCTH 784 Scholarly Proposal Development  
The purpose of this course is to facilitate student engagement in scholarship that contributes to knowledge development in the profession and/or to clinical practice improvement. Under the guidance of a faculty advisor, the student will develop a scholarly proposal and identify potential funding for a study that evaluates professional practice, service delivery, and/or professional issues.

OCTH 788 Master’s Research Proposal  
Students apply general concepts of evidence-based practice and skills in research design and methodology gained in earlier courses (OCTH 780, OCTH 781, and OCTH 784) to revise their literature review, collect and analyze research/program data, and disseminate the results. Through participation in student-faculty groups and journal clubs, students become members of a community of scholars, contribute to the body of knowledge of the profession, and develop skills for life-long learning. Consistent with a constructivist perspective, students work collaboratively with other members of their project team,
including the faculty advisor, to prepare a manuscript suitable for publication or other form of dissemination.

The following courses are not offered by the Occupational Therapy Department; however, these courses are required to complete the Master of Science degree.

**ANAT 711 Human Gross Anatomy**  
6 credits  
A complete and detailed regional dissection of the human subject is performed utilizing human cadavers. Topographical and radiological correlations are utilized in combination with medical cases/clinical correlations to enhance student learning.

**PHTH 731 Rehabilitation Neuroscience**  
3 credits  
Upon completion of this course, students will relate structural components of the nervous system to their function, correlate neurological examination findings with structural components, and associate neurological deficits or dysfunction seen in clinical practice with damage to specific neurological systems. Throughout the course, students are encouraged to develop critical thinking and problem solving skills to apply anatomical knowledge to clinical case scenarios.

**OCCUPATIONAL THERAPY DOCTORATE**  
Note: Admission to the program is prerequisite for all courses. All courses must be taken in the prescribed sequence as outlined in the OTD Program of Study.

**OCTH 710 The Meaning of Occupation**  
2 credits  
In this course, the student will explore three major themes: the complexity of human occupation, including the meaning, language and dynamics of occupation; the impact of occupation and occupational balance on health and well-being; and occupational analysis, which is core to the practice of occupational therapy. The significance of human occupation is understood through readings, class discussion and analysis of the student’s own occupations.

**OCTH 712 Structure, Movement, and Occupation**  
4 credits  
In this course, students will apply knowledge of musculoskeletal anatomy, physiology, and biomechanics to understand and analyze movement and occupational performance, and to perform musculoskeletal assessment (range of motion and manual muscle testing). This course provides the conceptual basis for splinting, ergonomics, and therapeutic exercise.

**OCTH 715 Occupational Performance: Childhood**  
3 credits  
In this course the occupational therapy student examines occupational performance and participation of the child as influenced by personal factors, context, and the demands of the task. The student applies knowledge of developmental theories to analyze human engagement in meaningful occupations from infancy through adolescence. The course allows the student to appreciate childhood occupations for their cultural and developmental importance.

**OCTH 720 Philosophical & Theoretical Foundations of Occupational Therapy**  
2 credits  
In this course, the student will examine the historical origins of therapeutic use of occupations from the moral treatment era to the present. Intellectual and social contexts that influenced the development of occupational therapy will be discussed. The origin of the profession in mental health practice and the influence of the philosophy of American pragmatism to professional development in the early 20th century will be highlighted. The focus of analysis will be on how pragmatism continues to provide the philosophical framework of occupational therapy in the present day. Theoretical constructs that have endured in the profession throughout its history will be examined and their influence on the development of conceptual practice models/frames of reference currently used in occupational therapy will be explored.
OCTH 721 Neurological Foundation of Occupation 1 credit
Students will train in the use of formal and informal screening procedures used to identify potential neurological deficits impairing occupational performance. Video analysis, practical laboratory activities, and case study will be used to help students understand the sensory, motor, affective, and cognitive components of function.

OCTH 724 Therapeutic Use of Self & Groups 3 credits
This is a required course in therapeutic use of relationship, groups, and group processes. In this course, students will explore their own beliefs, assumptions, and values in their cultural and family experiences. The influence of those beliefs, assumptions, and values on their behavior and interaction with other people will be discussed. They will use awareness resulting from the discussion to develop skills in interacting with individual clients using therapeutic communication, evaluating and facilitating purposeful participation in groups, and using groups as therapeutic tools. They will learn how to work with clients’ families as well as with rehabilitation team members as small groups.

OCTH 725 Occupational Performance: Adulthood 3 credits
In this course, the occupational therapy student examines occupational performance and participation of the adult as influenced by personal factors, context and the demands of the task. The student applies knowledge of developmental theories to analyze human engagement in meaningful occupations from young adulthood through old age. The course allows the student to appreciate adult occupations for their cultural and developmental importance.

OCTH 731 Physical and Psychosocial Health Conditions 4 credits
In this course, the occupational therapy student engages in a self-study of common physical and psychosocial/psychiatric health conditions that cross the lifespan. Through directed readings and discussion with classmates, students will develop an understanding of the etiology; incidence and prevalence; signs and symptoms; course and prognosis; medical/surgical management; and the impact on occupational performance of each of the selected health conditions. Presentations from expert clinicians will also be provided.

OCTH 732 Therapeutic Adaptations to Restore Occupational Performance 4 credits
In this course the occupational therapy student will explore the variety of strategies that humans use to adapt to changing life situations in order to maximize the ability to participate in daily occupations. The use of assistive technology as one therapeutic adaptation will specifically be addressed in this course. The student will gain practical experience in evaluating, prescribing, and training others in the use of technologically advanced equipment that enables performance in occupations and aids in efficiency and safety of performance.

OCTH 733 Promotion of Health & Prevention of Disability 3 credits
This course focuses on the role of occupation and lifestyle in the promotion of health and the prevention of disease and disability in society. Models of health promotion, wellness, and health education for the individual, family, and society will be discussed. Students will apply the process of community program development to address issues of social and occupational injustice and chronic disease.

OCTH 734 Environmental Influences on Occupation 3 credits
In this course the occupational therapy student will analyze how physical, social, cultural, institutional, and other environments enable or hinder occupational performance. The student will learn how to use the environmental context to address the occupational performance of individuals and communities.

OCTH 741 Professional Identity and Field Experience I 3 credits
The student completes participatory and observation experiences in a variety of practice settings with populations across the lifespan. These experiences afford the student opportunities to apply OT theory in
evaluation and intervention planning. During face-to-face and web-based class sessions, students are encouraged to discuss and reflect on professional identity and professional practice issues. This course also addresses policies and procedures for Level I and II Fieldwork and introduces the Capstone Experience.

OCTH 742 Preparatory Methods: Physical Agent Modalities & Orthotic Devices  4 credits
This course provides the occupational therapy student with a fundamental basis of theory and skills necessary for selecting and utilizing physical agent modalities and splinting within the context of occupational therapy practice. Critical thinking and problem-solving skills are provided through various case studies, self quizzes, splint analyses, laboratory exercises, and self-evaluation. Licensure requirements, competency, indications, contraindications, and safety issues are addressed. This course is premised on an understanding of upper-extremity conditions and how they affect occupations.

OCTH 746 OT Assessment & Intervention: Adult Physical Rehabilitation  4 credits
In this course the occupational therapy student will learn appropriate assessment and intervention strategies for adult clients of OT services who have motor, cognitive, and/or sensory limitations that hinder performance of meaningful occupations. Selected assessments and interventions will be studied in light of occupational therapy conceptual models of practice and frames of reference. The student will practice and demonstrate competency in basic OT assessment and intervention strategies related to adult physical rehabilitation.

OCTH 747 OT Assessment & Intervention: Psychosocial Practice  4 credits
In this course the occupational therapy student will learn appropriate assessment and intervention strategies for adult clients of OT services who have psychiatric, social or emotional challenges that hinder performance of meaningful occupations. Selected assessments and interventions will be studied in light of occupational therapy conceptual models of practice and frames of reference. The student will practice and demonstrate competency in basic OT assessment and intervention strategies related to psychiatric and psychosocial disorders.

OCTH 748 Interruptions to Adult Occupations  3 credits
This is a case-based tutorial course in which occupational therapy students will work in small groups to apply the OT assessment and intervention process to case studies of adult clients of occupational therapy services. The students will identify learning needs, research those issues, and develop and appropriate evaluation and intervention plan for each of the clients studied.

OCTH 749 Interruptions to Adult Occupations II  2 credits
This is the second in a series of cased-based tutorial courses in which occupational therapy students will work in small groups to apply the OT assessment and intervention process to case studies of adult clients of occupational therapy services. The students will identify learning needs, research those issues, and develop an appropriate evaluation and intervention plan for each of the clients studied.

OCTH 750 Leadership and Management in Health Care  4 credits
This course will explore leadership and management theories and practices in various service delivery systems. Students will apply ethical business strategies to promote, develop, and expand services related to occupational therapy practice in traditional and emerging areas. Skills in market analysis, personnel and financial resource management, marketing, strategic planning, and program evaluation will be developed through case studies and the analysis and creation of business plans. Students will examine the profession’s capacity for leadership and explore opportunities for leadership development in their professional lives.
OCTH 751 Professional Identity and Field Experience II 2 credits
The student completes participatory and observation experiences in a variety of practice settings with populations across the lifespan. These experiences afford the student opportunities to apply OT theory in evaluation and intervention planning. During class and web-based sessions, students are encouraged to discuss and reflect on professional identity and professional practice issues. This course also addresses policies and procedures for Level I and II Fieldwork.

OCTH 754 Social & Political Contexts of Occupational Therapy Practice 2 credits
The OT student will evaluate the health care, education, community, political, and social systems that affect the provision of OT services. Students will analyze current policy issues and begin to develop the skills necessary to advocate for changes in service delivery policies, effect changes in the system, and identify opportunities to address societal needs.

OCTH 756 OT Assessment & Intervention: Childhood & Adolescence 4 credits
In this course the occupational therapy student will learn appropriate assessment and intervention strategies of pediatric clients of OT services. Selected assessments and interventions will be studied in light of occupational therapy conceptual models of practice and frames of reference. The student will practice and demonstrate competency in basic OT assessment and intervention strategies related to the young child and adolescent population.

OCTH 758 Interruptions to Childhood and Adolescent Occupations 3 credits
This is a case-based tutorial course in which occupational therapy students will work in small groups to apply the OT assessment and intervention process to case studies of pediatric clients of occupational therapy services. The students will identify learning needs, research those issues, and develop and appropriate evaluation and intervention plan for each of the clients studied.

OCTH 770 The Healthcare Professional as Academic & Clinical Educator 2 credits
In this course, the student examines theoretical principles of teaching and learning and develops skills in formulating instructional design plans for adult learners. Students will explore a variety of teaching methods with a particular emphasis on the educational roles health care professionals may assume in academic and clinical settings.

OCTH 764 Level II Fieldwork 6 credits
Level II Fieldwork is an arranged internship under the direct supervision of an occupational therapist. This experience is designed to advance skill development in occupational therapy assessment and intervention planning, enhance problem solving abilities and reflective practice, transmit the values and beliefs that enable the application of ethics related to the profession, and promote entry-level skill acquisition. Level II Fieldwork experiences may take place in medical settings, community-based programs, schools, or the other practice environments. The Academic Fieldwork Coordinator and Fieldwork Educators will arrange and schedule this experience.

OCTH 774 Level II Fieldwork 6 credits
Level II Fieldwork is an arranged internship under the direct supervision of an occupational therapist. This experience is designed to advance the skill development in occupational therapy assessment and intervention planning, enhance problem solving abilities and reflective practice, transmit the values and beliefs that enable the application of ethics related to the profession, and promote entry-level acquisition. Level II Fieldwork experiences may take place in medical settings, community-based programs, schools, or other practice environments. The Academic Fieldwork Coordinator and Fieldwork Educators will arrange and schedule this experience.
OCTH 780 Research Design and Data Analysis  3 credits
This is a required course in qualitative and quantitative research design, methodology, and data analysis. The student is expected to become proficient in designing basic research and to demonstrate ability to conduct a viable research study, read, understand, and interpret published research, evaluate the quality of qualitative and quantitative research methods, and apply research findings to clinical practice. Students will complete thematic and statistical analysis of original narrative and quantitative data. They will be introduced to the procedures for setting up research databases, completing data analysis using qualitative data analysis and the statistical package for social sciences (SPSS) software, and interpreting the data analysis outcomes. Topics will include, but are not limited to: experimental and naturalistic type research designs, instruments, and procedures; parts of a research proposal and report; thematic data analysis; grounded theory and phenomenological procedures; descriptive statistics, t-tests, analysis of variance, correlation, regression, and chi-square analysis.

OCTH 781 Evidence Based Practice  1 credit
This course introduces students to principles of evidence-based practice in occupational therapy. Students will work in small groups with a faculty mentor to evaluate and synthesize findings in current literature which address a clinical question and report those finds in oral and/or written form. Students will become proficient in database search techniques, the interpretation of published research, and in determining the quality of published research, and in determining the quality of published research to guide clinical practice decisions.

OCTH 784 Scholarly Proposal Development  1 credit
The purpose of this course is to facilitate student engagement in scholarship that contributes to knowledge development in the profession and/or to clinical practice improvement. Under the guidance of a faculty advisor, the student will develop a scholarly proposal and identify potential funding for a study that evaluates professional practice, service delivery, and/or professional issues.

OCTH 786 Scholarly Project  1 credit
The student will implement an approved scholarly study and gather outcome data evaluating professional practice, service delivery, and/or professional issues. The student will complete a written report of the study and present it orally to a panel of expert reviewers. The final paper describing the findings will be submitted either for publication or for presentation.

OCTH 800 Capstone Proposal  1 credit
The doctoral student will develop a proposal for the capstone practicum that provides in-depth experience in advanced clinical practice, scholarship, administration, leadership, advocacy, program and policy development, education, or theory development. The student will develop specific learning objectives for the experience in collaboration with faculty. Once faculty and the site have approved the proposal, the student will collaborate with faculty and site mentors to carry out the experience in the final semester of the program.

OCTH 801 Capstone Experience  12 credits
This experiential course allows the doctoral student to enhance skills in advanced clinical practice, scholarship, administration, leadership, advocacy, program and policy development, education, or theory development. The field experience may occur in a traditional or non-traditional site, and the student will be expected to perform beyond that of an entry-level occupational therapist.

OCTH 802 Capstone Project  1 credit
In this course, the student completes a culminating project that relates theory to practice and demonstrates synthesis of advanced knowledge in a practice area.
The following courses are not offered by the Occupational Therapy Department; however, these courses are required to complete the Occupational Therapy Doctorate degree.

ANAT 711 Human Gross Anatomy 6 credits
A complete and detailed regional dissection of the human subject is performed utilizing human cadavers. Topographical and radiological correlations are utilized in combination with medical cases/clinical correlations to enhance student learning.

PHTH 731 Rehabilitation Neuroscience 3 credits
Upon completion of this course, students will relate structural components of the nervous system to their function, correlate neurological examination findings with structural components, and associate neurological deficits or dysfunction seen in clinical practice with damage to specific neurological systems. Throughout the course, students are encouraged to develop critical thinking and problem solving skills to apply anatomical knowledge to clinical case scenarios.

PHGY 735 Human Physiology for Occupational Therapy 4 credits
This course will cover human physiology needed for the practice of Occupational Therapy. Content emphasis will be on cell physiology, cardiovascular, respiratory, and endocrine areas of physiology and their application to Occupational Therapy. Enrollment is limited to students enrolled in the Occupational Therapy program. [OTD students will enroll in Year 1 Fall for 1 cr and Year 1 Spring for 3 cr.]

2.11: Learning Outcomes

Graduates of the Master of Science Occupational Therapy Program will be able to:
1. Articulate an awareness and understanding of the scope and dimensions of occupational therapy and promote the role of occupational therapy in health care planning and building healthy communities.
2. Apply theoretical concepts and current research evidence appropriately to practice situations.
3. Use clinical reasoning and client centered services to identify client strengths and needs, and to plan occupational therapy interventions that are meaningful and respectful of life style choices and cultural distinctions.
4. Effectively and efficiently analyze, grade, and structure meaningful treatment activities that provide self-esteem, motivation, and purpose for clients and that maximize quality of life.
5. Supervise the implementation of occupational therapy intervention and coordinate/manage services in a variety of treatment settings.
6. Advocate for individuals with disabilities and develop strategies to overcome attitudinal and environmental barriers and improve access to services.
7. Assist communities, businesses, and schools to create barrier-free environments and to encourage healthy life style choices.
8. Become actively involved in public forums, community initiatives and in professional organizations that promote occupational therapy and health and wellness.
9. Participate in outcomes research and/or quality improvement regarding occupational therapy practice.
10. Demonstrate professional behaviors that reflect respect for the profession, other disciplines, individuals, and the values of society.

Graduates of the Occupational Therapy Doctorate Program will:
1. Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity.
2. Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.
3. Have achieved entry-level competence through a combination of academic and fieldwork education.
4. Be prepared to articulate and apply occupational therapy theory and evidence-based evaluations and interventions to achieve expected outcomes as related to occupation.
5. Be prepared to articulate and apply therapeutic use of occupations with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings.
6. Be able to plan and apply occupational therapy interventions to address the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life.
7. Be prepared to be a lifelong learner and keep current with evidence-based professional practice.
8. Uphold the ethical standards, values, and attitudes of the occupational therapy profession.
9. Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process.
10. Be prepared to effectively communicate and work interprofessionally with those who provide care for individuals and/or populations in order to clarify each member’s responsibility in executing components of an intervention plan.
11. Be prepared to advocate as a professional for the occupational therapy services offered and for the recipients of those services.
12. Be prepared to be an effective consumer of the latest research and knowledge bases that support practice and contribute to the growth and dissemination of research and knowledge.
13. Demonstrate in-depth knowledge of delivery models, policies, and systems related to the area of practice in setting where occupational therapy is currently practiced and where it is emerging as a service.
15. Demonstrate active involvement in professional development, leadership, and advocacy.
16. Relate theory to practice and demonstrate synthesis of advanced knowledge in a practice area through completion of a culminating project.
17. Develop in-depth experience in one or more of the following areas through completion of a doctoral experiential component: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development.

### 2.12: National Board for Certification of Occupational Therapists (NBCOT)

Graduates of the program are eligible to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy (NBCOT), located at 12 S. Summit Ave. Suite 100, Gaithersburg, MD 20877-4150. NBCOT’s telephone number is (301) 990-7979. The website address is [www.nbcot.org](http://www.nbcot.org).

After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). Most states, including SD, require licensure to practice and use the NBCOT exam as the license examination. A felony conviction may affect a graduate’s ability to sit for the NBCOT certification exam or to attain state licensure.

Occupational therapy graduates from USD have achieved a first-time exam pass rate of approximately 98% since its inception compared to the national average of 86%.
### Occupational Therapy NBCOT Exam Results

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<th>Exam Year</th>
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### 2.13: Short Biographical Descriptions of OT Core Faculty

**Barb Brockevelt, PhD, MA, OTR/L, FAOTA**  
Professor  
Department Chair

I received a B.A. in Occupational Therapy from the College of St. Catherine, St. Paul, MN, a M.A. in Anatomy from The University of South Dakota, and a PhD in Occupational Therapy from Nova Southeastern University in Fort Lauderdale. My practice experience spans over 30 years and includes pediatrics, skilled nursing, and adult developmental disabilities. In addition to 10 years of practice at Children’s Care Hospital & School in Sioux Falls, SD, I have also worked as an evaluator for the USD Center for Disabilities Autism & Related Disorders Clinic and Native American Reservation Developmental Clinics; as a private practitioner; and as a consultant to facilities serving children and adolescents with visual impairment. I served as the Occupational Therapy Discipline Head for SD LEND (Leadership Education Excellence in Caring for Children with Neurodevelopmental Disabilities) from 2000-2017.
I initially joined USD as a graduate assistant for the Center for Disabilities while completing my MA in Anatomy and assisted in drafting the proposal for the USD Occupational Therapy Program to the SD Board of Regents. In 1994, I joined the Occupational Therapy Program at USD full-time, and assumed the position of Program Chair in 2000. I teach coursework in biomechanics and kinesiology and research in the entry-level occupational therapy doctorate program and leadership and capstone in the post-professional occupational therapy doctorate program. I also serve as the director of the PhD in Health Sciences program. My scholarship interests and publications are in the areas of meaningful occupation and participation of children, feeding, and the scholarship of teaching and learning. I authored a text and video series in typical development that will be published in 2018. I have given numerous presentations at a regional, national and international level, including platform presentations at the Congress of the World Federation of Occupational Therapists (WFOT) in Sweden and Australia and at conferences of the Multinational Qualitative Study “Children's Understanding of Well-being - Global and local Contexts” in Germany and at the International Society for Child Indicators in Montreal, Canada.

I have held various offices in the South Dakota Occupational Therapy Association (SDOTA), including secretary, chair of the Occupational Therapy Advisory Committee to the South Dakota Board of Medical and Osteopathic Examiners (SDBOME), and president, twice. During my first term as president, I directed legislative activities that led to the development and passage of the Occupational Therapy Practice Act in 1985, and hold license 001 in SD as a result of that effort.

My professional service on a national level includes membership on the advisory board for the National Board for Certification in Occupational Therapy and onsite chair for the Roster of Accreditation Evaluators of the Accreditation Council for Occupational Therapy Education for 8 years. In 2008, I was named a Leadership Fellow of the American Occupational Therapy Association (AOTA) and American Occupational Therapy Foundation (AOTF). In 2013, I was named to the Roster of Fellows of the American Occupational Therapy Association. This award is granted in recognition of occupational therapist members of AOTA who with their knowledge and expertise have made a significant contribution to the continuing education and professional development of members of the Association.

Bob Brockevelt, PT, MPA
Instructor

I received a B.S. in physical therapy from the University of North Dakota, Grand Forks, ND and a Master of Public Administration from the University of South Dakota. I have been a physical therapist for more than 36 years and have practiced in the areas of pediatrics, geriatrics, adult developmental disabilities, orthopedics, and acute care services. I initially came to USD in 1989 to develop the Physical Therapy program and served as the first Academic Coordinator of Clinical Education until 1993. Since then I served as Manager of Rehabilitation Services including the departments of Physical Therapy, Occupational Therapy, and Speech Therapy at Sanford Vermillion Hospital for 22 years.

I am presently an instructor in the Occupational Therapy Program teaching course content in the areas of biomechanics, functional assessment, pathophysiology, and management and leadership. Prior to my current position, I served as an adjunct instructor for academic and clinical education in the occupational therapy program for 19 years.

Professionally, I have been an active member of the South Dakota Physical Therapy Association and have held a variety of leadership positions including President and Legislative Chairman. I was also elected to represent South Dakota at the American Physical Therapy Association national convention for 11 years. I presently serve as a member of the Physical Therapy Advisory Committee to the South Dakota State Board
of Medical and Osteopathic Examiners. I am proud to have been inducted into the South Dakota Physical Therapy Hall of Fame and was also honored as Clinical Education Therapist of the year. I am currently a member of the APTA and AOTA.

Shana Cerny, OTD, MS, OTR/L, BCP
Assistant Professor
Chair of Admissions

I earned my Master of Science degree in occupational therapy from The University of South Dakota and later received my Doctor of Occupational Therapy degree from Rocky Mountain University of Health Professions. I completed training from Texas Christian University to become a Trust-Based Relational Intervention® Educator and received Board Certification in Pediatrics from the American Occupational Therapy Association. I have clinical experience in the areas of early intervention, school-based services, pediatric rehab, and community mental health.

I teach course content in the areas of pediatric development, pediatric assessment and intervention, interruptions to childhood and adolescent occupations, common conditions in pediatric occupational therapy, and trauma-informed care in pediatrics.

My scholarly interests and publications are in the areas of the role of the occupational therapy practitioner in social issues, promotion of childhood mental health, and development of self-regulation skills for the young child. I also have research interests in interprofessional education.

In addition to teaching and research activities, I am chair of the USD OT Admissions Committee, a member of the USD Honors Committee, and faculty advisor for the pre-OT club. I am a member of the South Dakota Occupational Therapy Association (SDOTA) and the American Occupational Therapy Association (AOTA).

Diana Feldhacker, OTD, OTR/L
Assistant Professor
Scholarship Committee Chair

I earned my Doctor of Occupational Therapy degree from Creighton University. I have clinical experience in the areas of management and program development, early intervention, pediatric rehabilitation, geriatrics, sub-acute rehabilitation, skilled nursing, and outpatient services with emphasis on upper extremity rehabilitation and modality use.

My scholarly and clinical interests include sensory integration across the lifespan, vision therapy, cross-cultural and inter-professional learning, feeding therapy interventions, and yoga therapy.

I teach introductory coursework in occupational therapy including theory and the meaning of occupation, as well as coursework regarding pediatric development, physical dysfunction, neuro occupation, preparatory methods, and research practice.

Professionally, I am a member of the American Occupational Therapy Association (AOTA). I have published work in Occupational Therapy International regarding outcomes of international experiences on building students’ skills in cultural competency and inter-professional collaboration. I am also chair of the Scholarship Committee and am a core member of the Interprofessional Education Collaborative.
Moses Ikiugu, PhD, OTR/L
Professor & Director of Research

I received a diploma in occupational therapy from Kenya Medical Training College, Nairobi; diploma in counseling psychology from the Amani Counseling Center and Training Institute, Nairobi, Kenya; Bachelor of Arts degree in psychology and Master’s degree in counseling psychology from the United States International University, San Diego; and a PhD degree in occupational therapy from Texas Woman’s University, Denton, Texas.

I have been an occupational therapist for 30 years, 16 of those as an occupational therapy educator. I have clinical experience in mental health, long-term care, and sub-acute rehabilitation. Five years of my practice was as a psychological counselor working with individuals from a variety of ages, groups, and families. My research interests include investigation of the philosophical foundations of occupational therapy, occupational therapy theory development and application, use of knowledge derived from occupational science to help solve pertinent social issues, etc. I have published articles on the above topics in refereed journals such as the Canadian Journal of Occupational Therapy, Occupational Therapy in Health Care, Occupational Therapy International, and the Journal of Occupational Science among others. My publications include three textbooks in occupational therapy and occupational science: Meaningful Living across the Lifespan: Occupation-Based Intervention Strategies for Occupational Therapists and Scientists (with Dr. Nick Pollard of Sheffield Hallam University in England); Psychosocial Conceptual Practice Models in Occupational Therapy (with an accompanying on-line Instructor’s Resource manual); and Occupational Science in the Service of Gaia. In 2011, I received the School of Health Sciences Faculty Research Achievement, and the South Dakota Occupational Therapy Association Nola Awards. In 2015, I received an American Occupational Therapy Association (AOTA) Representative Assembly (RA) Service Award for six years of service in the profession’s policy-making body. I have been invited to present keynote addresses at the 2012 Occupational Therapy Association of South Africa Annual Conference, and at the 2009 conference in Nishi Kyushu University in Japan discussing human activity and environmental change. I was part of a group that developed a position statement on climate change and occupational therapy for the World Federation of Occupational Therapists (WFOT). I am currently leading the team that is working for the federation to develop principles that will be issued as a guide for inclusion of the topic of sustainability in occupational therapy curricula worldwide. I am also the current AOTA delegate to the WFOT.

Finally, I am a reviewer for the American Journal of Occupational Therapy, Canadian Journal of Occupational Therapy, the British Journal of Occupational Therapy, Journal of Occupational Science, and I am a member of the Editorial Boards for the Whiting and Birch Publishers, and the Occupational Therapy International. I have taught a variety of courses in occupational therapy including Psychosocial Rehabilitation, Pathological Conditions, Research, Dynamics of Interaction, and Occupational Therapy Theory. Prior to joining the occupational therapy faculty at The University of South Dakota in 2005, I was an assistant professor in the occupational therapy program at the University of Scranton in North East Pennsylvania.
Whitney Lucas Molitor, OTD, OTR/L, BCG
Assistant Professor & Capstone Director

I earned a Master of Science in occupational therapy from the University of South Dakota (USD) in 2009 and completed my post-professional Doctor of Occupational Therapy degree from USD in 2016. Currently I am pursing a PhD in Health Sciences. My clinical experience is primarily with adult and geriatric populations in a variety of service delivery settings. My primary focus is predominantly in acute hospital, outpatient, skilled nursing, and acute in-patient rehabilitation. I obtained my board certification in gerontology through the American Occupational Therapy Association.

I began working in the USD Occupational Therapy Department in September, 2015. As a faculty member, I teach in the areas of health and wellness promotion, adult assessment and intervention, and occupational performance from young adulthood to old age. I currently serve as Capstone Director. My scholarship interests include productive aging, health promotion, occupational justice, management of chronic disease, provision of services in meaningful environments, and cultural implications on occupational performance.

I am the current Vice President of the South Dakota Occupational Therapy Association. I serve as a member of the USD Faculty Senate and on the Center for Teaching and Learning Grants Taskforce Committee. I also serve on the Interprofessional Steering Committee within the School of Health Sciences.

Jessica McHugh, PhD, OTR/L
Assistant Professor

I earned a BA degree in elementary, early childhood, and special education from the University of Iowa and taught children with autism in Joplin, Mo. I was also an In-District Autism Consultant for the state of Missouri and an aquatics director prior to returning to the area in order to pursue a MS degree in Occupational Therapy at the University of South Dakota. I recently earned a PhD in Occupational Therapy from Texas Woman’s University.

While I have some clinical experience in acute hospital and outpatient facilities, the bulk of my experiences for the past 17 years have been in the area of school-based and outpatient pediatrics. In 2010, I founded AbleKids Pediatric Therapy, an outpatient pediatric therapy clinic in Sioux City, Iowa. AbleKids was acquired by LifeScape in 2016.

I joined the USD Occupational Therapy Department in 2012 as an adjunct professor and officially joined the faculty in 2016. In 2017, I transitioned to full-time faculty. I have taught in several areas in the entry-level OT program including: assistive technology, home modifications, and pediatrics and I am currently teaching in the post-professional doctorate program as well. My interest areas lie in pediatric practice, autism, sensory integration with a focus on proprioception and postural control, assistive technology, and private practice. I am a member of IOTA (Iowa Occupational Therapy Association) and AOTA.
Allison Naber, OTD, OTR/L  
Assistant Professor

I received my Bachelor of Arts in Psychology from Southwest State University, Marshall, MN in 2002. In 2004, I received my Master of Science in Occupational Therapy from the University of South Dakota. I received my Doctorate of Occupational Therapy degree through the post-professional program at the University of South Dakota in 2016. I have clinical experience in the areas of hand to elbow rehabilitation, occupational health, and lymphedema therapy. I am a Certified Lymphedema Therapist (CLT), and I am also certified through the Lymphology Association of North America (LANA).

My scholarship interests include upper extremity rehabilitation, occupational health and injury prevention, and the role of occupational therapy in lymphedema therapy.

I have teaching interests in the areas of upper extremity rehabilitation, splinting, occupational health and ergonomics, and professional identity and Level I fieldwork experiences.

Ranelle Nissen, PhD, OTR/L  
Assistant Professor & Academic Fieldwork Coordinator

I completed my undergraduate and graduate degrees at the University of South Dakota. In 2004, I received a BS in Psychology and in 2006 I received a Master of Science degree in Occupational Therapy. I completed my PhD in Occupational Therapy at Texas Woman’s University in May of 2017. My practice experience has been primarily in adult physical disabilities. I have experience in the areas of acute care, in-patient rehabilitation, skilled nursing facility, industrial ergonomics, and outpatient services.

I have been with The University of South Dakota, Department of Occupational Therapy since August of 2011. My primary role is in the coordination and education of fieldwork experiences but also teach courses related to professional behavior, normal development of adulthood, and research.

In addition to my duties as Academic Fieldwork Coordinator and teaching, I chair the Occupational Therapy Awards Committee, and am a member of the Admissions Committee, SHS Clinical Fieldwork Committee, Medical Informatics Committee and SHS Curriculum & Instruction Committee. I also serve as faculty advisor to the Student Occupational Therapy Association. I am an active member in AOTA, WFOT, and the National Rural Health Association, and I am the current chair of the Membership Committee for SDOTA.
3: GENERAL POLICIES & PROCEDURES

It is the responsibility of the student to know and to adhere to the policies, procedures, and deadlines of the University, the Registrar’s Office, the Graduate School, and the Occupational Therapy Program. Although excerpts of some USD policies are included below, please refer to each document for additional information.

3.1: USD Student Handbook

The USD Student Handbook contains policies governing the general student body, the student code of conduct, and a description of student services. It is available on the Academics page of the USD Portal.

3.2: USD Graduate School

Expectations
A student admitted to The Graduate School is expected to demonstrate intellectual maturity and independence in the pursuit of advanced knowledge. Graduate students are expected to meet the exacting demands of advanced learning through the use of intellectual skill. Thus, a graduate degree represents more than an accumulation of hours and credits in specific competencies in a major field. The student will be judged at all stages on the above grounds and, regardless of grades in courses, may be dropped from the graduate program if progress or behavior is found to be unsatisfactory.

Please refer to the Graduate School Resource page for more information.

Administration
The Graduate Dean exercises overall supervision and responsibility for administering the policies and procedures relating to graduate study. In collaboration with the Graduate Council, the Graduate Dean provides leadership in establishing standards for graduate education, developing new programs, and maintaining standards and guidelines for existing programs. Within the standards and guidelines of the Graduate Council, the responsibility for the development and implementation of the individual graduate programs resides with the graduate faculty of individual academic disciplines.

The USD Graduate School catalog is available online under the Academics tab on the USD website. In the pull down menu, please choose the Graduate Catalog for the corresponding academic year.

3.3: Office Hours

All faculty post regular office hours. Please attempt to meet with faculty during scheduled office hours or request an appointment. Faculty members are also available through email to answer questions. Contact information and office hours are included in the course syllabus. Remember that all professors have many responsibilities; therefore, please be reasonable regarding your expectations for response time.

Staff members have established set office hours where they will typically be available for student questions, equipment checkout, or other academic business. While office staff are available throughout the majority of each day, they are often involved in meetings, event planning, and additional job duties that take them away from their desks. The best time to visit with the OT program staff are listed below.

- Marcia Harnois Office Hours: 8:00-9:00am, 12:30-1:00pm, and 4:00-5:00pm M-F
- Rita Humphrey Office Hours: 8:00-9:00am, 12:00-12:30pm, and 4:00-5:00pm M-F
- Reception Office Hours: 8:00-9:00am and 4:00-5:00pm M-F
3.4: Assessment Resources and Lab Equipment

- Assessments and lab equipment may be checked out ONLY from the instructor of the class, not through staff or other faculty. When courses are co-taught, requests for materials must be made with the instructor for that class/section of the course.
- Because faculty have many obligations, students must plan and secure permission early.
- Each faculty member will establish a check-out system for the materials needed for their class.
- Unless indicated otherwise by the instructor, all items checked out must remain in the building. If the instructor allows the item to leave the building, the check-out period is 24 hours during the school week and 48 hours over the weekend.
- Faculty are responsible for monitoring when assessment forms need to be ordered.
- Students who check out equipment are financially responsible for any lost or damaged equipment.
- Some items may be placed on reserve in SCSC 350, 355, or 361. These items are to remain in the building and in a neat, orderly manner. If items are missing, not returned in their original condition, or the area is unkempt, everyone’s course grade may be affected.

3.5: Cancellation of Classes

The University of South Dakota rarely cancels a class. However, if weather or other emergency warrants cancellation of classes, announcements will be appear at the top of USD’s web pages and portal pages. When weather is not severe enough to cancel classes but poses extreme driving conditions, students are advised to stay home rather than take unnecessary risks. For statewide road conditions dial 511 or go to http://www.safetravelusa.com/sd. Faculty will review the situation and conditions when determining accommodations for missed classes in these circumstances.

On occasion, the OT Department may need to reschedule a class due to faculty emergency or weather, in cases when The University does not close. In this instance, faculty send an email to the class using USD email. Students should develop the habit of checking their USD email each morning.

To fulfill the requirements of the course of study and specific course contact hours, the Occupational Therapy Department faculty will reschedule class. Every attempt will be made to reschedule class during the 8-5 class/work day; however, there may be occasions when class or the activity is rescheduled during the evening.

3.6: Cell Phone Use

Cell phones should be turned off (not in vibrate mode) and put away BEFORE the start of class. Texting is not allowed during class. If there is an emergency, family members should contact the Main Office at 605-658-5999.

3.7: Communication Policies (USD & OT Department)

USD:
Because of the ever-increasing reliance on electronic communications to effectively conduct official business with students of The University of South Dakota, electronic communication standards have been set by the University. As a result, email and announcements posted in the myUSD Portal are considered official forms of communication at The University of South Dakota. The electronic communications policy ensures that all students have access to University-related information in a timely manner, utilizing a standardized methodology that serves the needs of both the University and its students.
In general, expect campus information to be displayed in the myUSD Portal, and important, time-critical information which has a major impact to a majority of students to be sent via email.

**Expectations.** It is imperative that students understand that the University assigned e-mail address and myUSD Portal announcements shall be the official means of communication. Use only University delegated email accounts when communicating with faculty. A student’s failure to receive and read University communications in a timely manner does not absolve that student from knowing and complying with the content of such communications.

**Redirects.** Students may elect to redirect (auto-forward) e-mail sent to their University e-mail address. Students who redirect e-mail from their official University e-mail address to another address do so at their own risk. If e-mail is lost as a result of forwarding, it does not absolve the student from the responsibilities associated with communications sent to their official University.

**Occupational Therapy:**
On rare occasions, the OT Department may need to reschedule a class due to faculty emergency or weather situations in which the university does not close. In this instance, faculty will send an email to the class letting them know of the change. Students should develop the habit of checking their email each morning.

### 3.8: Computer Use

Use of the Board of Regent’s information technology systems is a privilege and requires that individual users act responsibly. Individual users must respect the rights of other users, respect the integrity of the systems, and observe all relevant laws, regulations, and contractual obligations. Since electronic information is volatile and easily reproduced, users must exercise care in acknowledging and respecting the work of others through strict adherence to software licensing agreements, copyright, patent, trademark and trade secret laws. When accessing remote resources from Board or institutional facilities, users are responsible for following the policies of Board.

Please refer to the [South Dakota Board of Regents Acceptable Use Policy.](#)

Computer use in class is restricted to class-related activity. Any inappropriate computer use (including surfing the Internet, using Facebook, and sending email) that occurs during class time and is observed by the course instructor will negatively influence your class participation grade for the course.

Cords pose a safety hazard when they extend across the floor to plug in laptops during class; please use caution. For those using PCs, please consider an extended-use battery or a second battery. In rooms 350 and 355 there are hard internet drops and electrical power located near each seat. Cables and power cords should be run as neatly as possible to avoid possible snagging of the cables in an emergency. It is your responsibility to provide the appropriate cable for connecting to the internet.

### 3.9: Confidentiality of Student Records

**Privacy Rights**
The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records and affords students certain rights with respect to those records. They are 1) the right to inspect and review the student’s education records; 2) the right to request the amendment of the student’s education records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student’s privacy or other rights; 3) the right to a hearing if the request to correct an alleged inaccuracy is denied; 4) the right to consent to disclosures of personally identifiable information contained in the student’s educational records, except to the extent that FERPA authorizes disclosure without
consent; and 5) the right to file a complaint with the U.S. Department of Education concerning alleged failures by The University of South Dakota or any of its schools or colleges to comply with the requirements of FERPA.

Education records and personally identifiable information obtained from those records may be disclosed without the student’s consent to school officials with legitimate educational interests. The USD Student Record Policy may be found at [http://www.usd.edu/~media/files/policies/1014-student-records.ashx?la=en](http://www.usd.edu/~media/files/policies/1014-student-records.ashx?la=en).

**Directory Information**
The University of South Dakota has designated the following items as “directory information”: student name, address, telephone number, email address, hometown, major field of study, past and present participation in officially recognized activities, enrollment, status (undergraduate or graduate, full- or part-time), class, dates of attendance, degree(s) conferred (including dates), honors and awards received (but not scholarships), most recent school(s) attended, participation in officially recognized activities and sports, weight and height of members of athletic teams, and photograph.

**Confidentiality Request**
The University of South Dakota and any of the colleges or schools of The University of South Dakota may disclose any items of directory information without prior written consent, unless notified by the student in writing to the contrary by the 10th day of classes of the first semester in which the student is enrolled, or by the 10th day of classes of any subsequent fall semester during which the student is enrolled. Nondisclosure stipulations remain in effect until removed in writing by the student, even if the student has withdrawn or graduated. A request form to prevent disclosure of directory information is available in the Office of the Registrar or may be found at [http://www.usd.edu/~media/files/registrar/ferpaconfrequest.ashx?la=en](http://www.usd.edu/~media/files/registrar/ferpaconfrequest.ashx?la=en).

**Release Authorization (See Appendix H)**
Periodically, the OT Department may take photographs or videos for marketing purposes or during student assessment of learning. During Orientation, we will request that all students complete a Release Authorization form. Consent to photograph must always be attained for any class project requiring still or video photography. For example, in OCTH 756 you may be asked to demonstrate your evaluation skills by completing a standardized assessment of a typically developing child. If you are asked to videotape this for the instructor, the instructor will require that the parent provide written consent to photograph using this (or similar) form.

**Letter of Recommendation Authorization Form**
Letters of recommendation which are made from the recommender’s personal observation or knowledge do not require a written release from the student who is the subject of the recommendation. However, if the student wishes the recommender to include personally identifiable information from a student’s education record (such as grades, GPA, etc.), the student must provide a signed release. The Recommendation Authorization forms should be completed in order for the university to release information about you to employers. A student or graduate should always obtain permission from a professor prior to listing him or her as a reference.

**Authorization to Use Academic Work as a Sample (See Appendix I)**
Occasionally a faculty member may wish to use a student’s work as a sample of an excellent product for future students and/or for re-accreditation purposes. Students must provide authorization before faculty use the work as an example.
3.10: Contact Information

It is very important for the Occupational Therapy Program and the University to have your current address, telephone number, email address, and name on file. The Program and University are not responsible if they are unable to reach you due to inaccurate contact information. You will be asked to complete an Emergency Contact Information card during Orientation week. Please be sure that information remains current throughout your course of study. To promote this, you will be asked to verify the contact information we have on file each semester.

3.11: Course Evaluations

Students are given the opportunity to complete systematic course evaluations at the end of each semester of the curriculum. Individual faculty use this information to identify areas of strength and concern and to consider new or alternate teaching methodologies; the department uses this system to evaluate the program and faculty performance and to recommend changes in course offerings. It also provides better integration of the curriculum.

Course and instructor evaluations are done through multiple formats. Students receive emails from the USD Assessment Office for courses taught outside the OT department (ANAT and PHGY). Courses taught inside the OT and PT departments (OCTH and PHTH) will have evaluations disseminated by the OT/PT program staff. Students are responsible for checking their email and responding to all evaluation requests promptly.

The course evaluation system is anonymous to faculty, and the summarized information is forwarded to the respective course director/instructor, the Program Director, Dean, and the University Provost for review. A summary of department performance is used in academic review of the department and for accreditation purposes. Students should always be professional and constructive in their feedback.

3.12: Criminal Background Check

Notification of Disclosure – NBCOT & State Licensure

Applicants should know that making application to the National Board for Certification in Occupational Therapy (NBCOT) to sit for the national certification examination includes answering questions regarding any felony convictions. NBCOT will consider an individual's felony convictions on a case-by-case basis to determine if the circumstances of an individual's crime may be such to indicate an inability to engage safely, ethically, or proficiently in the practice of occupational therapy. A candidate should direct any questions he / she may have to NBCOT, 12 South Summit Avenue, Suite 100, Gaithersburg, MD 20877 or call (301) 990-7979. Additionally, applicants should know that most states have regulations regarding an individual’s eligibility to practice as an occupational therapist in that given state. As part of the application process, states may request information regarding history of chemical and / or alcohol abuse, felony convictions, and malpractice. Due to National and State requirements for disclosure, the Occupational Therapy Program at the University of South Dakota began to require accepted students to submit to a Felony Background Check in 2005.

School of Health Sciences Policy of Reporting Pending Criminal Charges

1. An occupational therapy student has a continual obligation to report any criminal felony or misdemeanor charges pending against him/her, which occur after the student has been granted final acceptance into the occupational therapy program.
2. A written explanation of the pending charges should be submitted to the Chair of the Occupational Therapy Department within 72 hours.
3. A decision regarding the student’s continued participation in Level I or II Fieldwork experiences and any other client-related activities will be made by the Chair of the Department of Occupational Therapy and the Academic Fieldwork Coordinator. Classroom attendance may not be affected.

4. Failure to comply with any aspect of this policy will result in immediate referral for dismissal from the program.

Throughout the program, students are required to complete a criminal background check update annually in the Spring. Students will be contacted by the Fieldwork Coordinator and provided the deadline and link/information necessary to meet this requirement. The cost of the update is the student’s responsibility. Failure to meet annual deadlines for completion may delay Fieldwork experiences and/or graduation.

3.13: Desire-2-Learn (D2L)

Desire2Learn is the web-based learning management system used by the SD Board of Regents University System. Faculty use Desire to Learn (D2L) to support face-to-face course content and to disseminate handouts and other course materials. Students will receive an orientation to Desire2Learn during Orientation. Student tutorials may also be found under Technology on the myUSD portal.

3.14: Dress Code

Professional Image Policy/Dress Code

Policy
Our appearance and presentation are powerful tools for making a positive impression and showing respect for self and others. As a representative of the Occupational Therapy Program, students contribute to the public image of our department and the profession of occupational therapy. This requires special attention to your appearance and clothing choices.

Procedure
Students will be notified of the acceptable attire guidelines for specific contexts (clinic/fieldwork/clinic simulation; classroom; lab; and professional presentation/guest presenter) in the annual USD OT Student Handbook and course syllabi. Classroom dress is expected anytime during the work/school day (7:30 am – 5:00 pm) even during non-class or independent lab days. When the Course Director/Course Instructor or Adjunct Instructor observes inappropriate dress, one warning will be issued. In the event of a second warning, the student will be expected to go home and change. If class is missed, a leave slip will need to be completed and may result in a deduction in course grade (see Leave Policy). The USD OT Progress & Conduct Committee may place a student on professional probation, if the Professional Image Policy is routinely violated.

The tables that follow outline specific attire for each setting. For all experiences outside of the classroom, students will comply with the Clinic/FW dress code. Exceptions to professional dress at specific Level II Fieldwork experiences may exist, and in those cases students are expected to conform to the dress requirements of the setting. Dress codes are usually written in consideration of the clients served, the types of services provided, the type of facility, safety, and so as not to distract from the services delivered or to offend clients, families, or other staff.

The Occupational Therapy Program considers t-shirts with sexual, alcohol or drug-related expressions to be offensive at all times, including after hours, outside the classroom, lab, or clinic environment.
### The University of South Dakota Occupational Therapy Classroom Dress

<table>
<thead>
<tr>
<th>Work Attire</th>
<th>Expected</th>
<th>Unacceptable</th>
</tr>
</thead>
</table>
| **Pants/ Skirts or dresses** | - Pants for Women and Men:  
  - Khakis, Chinos, Wool Blend, Linen, Cotton, Twill, Corduroy, Knit, Polyester  
  - Denim without frayed hems, dark dye, no holes/distressed areas  
  - Skirts/Dresses:  
    - Hems no shorter than 3 finger widths above the knee  
    - Modest neckline  
  - Shorts & Capris:  
    - Capris – dress, not carpenter/cargo style  
    - Dress shorts must be no shorter than 3 finger widths above the knee | - Pants for Women and Men:  
  - Spandex/stretch tights  
  - Sweat or jogging pants, yoga pants  
  - Bib overalls  
  - Carpenter/cargo pants  
  - Pants that are too loose at the waist/too low riding at the hips and reveal undergarments or skin when squatting down  
  - Pants with frayed hems or holes  
  - Skirts/Dresses:  
    - Spaghetti straps  
    - Shorter than length described  
  - Shorts & Capris:  
    - Carpenter/cargo style  
    - Gym shorts  
    - Jean shorts  
    - Any shorter than length described at left |
| **Shirts/Blouses/Sweaters** | - Long-or short-sleeved blouses  
  - Sleeveless dresses and tops are acceptable if modest  
  - Dress shirts  
  - Long or short sleeved sweaters, cardigans, vests  
  - Long or short sleeved shirts (such as Polo shirts, Henley, Turtlenecks)  
  - Appropriate, modest neckline with midriff and back coverage  
  - Neat, clean, conservative, practical, dignified, safe, and appropriate for duties  
  - On game days, we encourage official USD “business casual” athletic wear that meets the criteria above. | - Fabrics:  
  - Lace, Sheer, Leather  
  - Shirts:  
    - T-shirts  
    - Camisoles  
    - Sweatshirts  
    - Spaghetti Straps  
    - Shirts that reveal back, midriff, or cleavage when reaching or bending  
    - Form fitting/immodest shirts |
| **Undergarments** | - Discrete and modest | - Bright and/or noticeable colors, patterns or lines  
  - Undergarments should not be visible when bending or reaching (please check!) |
| **Foot Attire** | - Clean  
  - Leather/leather-like shoes or boots (Clogs, Casual dress shoes, Flats)  
  - Athletic shoes  
  - Sandals  
  - Heels or wedges no more than 2½” high | - Flip flops  
  - Hiking boots  
  - Slippers  
  - Heels greater than 2½”  
  - Bare feet |
| **Accessories** | - Watch  
  - Appropriate and conservative jewelry | - Baseball caps  
  - Elaborate jewelry  
  - Artificial nails |
| **Grooming** | - Clean and neat  
  - Hair neatly cut, styled, worn safely (pulled back) during patient care  
  - Facial hair should be neatly trimmed  
  - Nails – trimmed, clean, and well groomed; conservative nail polish | - Perfumes or colognes  
  - Discernible body odor |
<table>
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| Pants/Skirts or dresses | Pants for Women and Men:  
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- Spandex/stretch tights  
- Sweat or jogging pants, yoga pants  
- Bib overalls  
- Carpenter/cargo pants  
- Pants that are too loose at the waist/too low riding at the hips and reveal undergarments or skin when squatting down  
- Pants with frayed hems or holes |
| | **Skirts/Dresses**  
- Shorts & Capris | **Fabrics:**  
- Lace, Sheer, Leather |
| | **Shirts/Blouses/Sweaters**  
- Tailored shirts with a collar and sleeve  
- Tank tops – when worn under a blouse  
- Dress shirts  
- Long or short sleeved sweaters, cardigans, vests  
- Long or short sleeved shirts (such as Polo shirts, Henley, Turtlenecks)  
- Appropriate, modest neckline with midriff and back coverage  
- Neat, clean, conservative, practical, dignified, safe, and appropriate for duties | **Shirts:**  
- T-shirts  
- Tank tops alone without cover  
- Camisoles  
- Sweatshirts  
- Spaghetti Straps  
- Shirts that reveal back, midriff, or cleavage when reaching or bending  
- Form fitting/immodest shirts |
| | **Fabrics:**  
- Lace, Sheer, Leather  
- **Undergarments**  
- Discrete and modest  
- Hose or socks are mandatory | **Bright and/or noticeable colors, patterns or lines  
- Undergarments should not be visible when bending or reaching (please check!)** |
| | **Foot Attire**  
- Clean  
- Closed-toe  
- Leather/leather-like shoes or boots (Clogs, Casual dress shoes, Flats) | **Flip flops  
- Hiking boots  
- Slippers  
- Open-toed shoes  
- Bare feet** |
| | **Accessories**  
- Watch  
- ID badge  
- Appropriate and conservative jewelry | **Baseball caps  
- Elaborate jewelry  
- Artificial nails  
- Cell phones, personal pagers** |
| | **Grooming**  
- Clean and neat  
- Hair neatly cut, styled, worn safely (pulled back) during patient care  
- Facial hair should be neatly trimmed  
- Nails – trimmed, clean, and well groomed; conservative nail polish | **Perfumes or colognes  
- Discernible body odor** |
### The University of South Dakota Occupational Therapy
### Professional Presentation Dress / Guest Presentation Dress

<table>
<thead>
<tr>
<th>Work Attire</th>
<th>Expected</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pants/Skirts/Dresses</strong></td>
<td>- Men: Dress slacks, suits or suit separate (sport coat)</td>
<td>- Khakis, chinos, carpenter/cargo pants</td>
</tr>
<tr>
<td></td>
<td>- When presenting only to each other and faculty, you may omit the sport coat or suit jacket.</td>
<td>- Ill-fitting slacks/pants that are too low riding at the hips and reveal undergarments or skin when bending over or squatting down</td>
</tr>
<tr>
<td></td>
<td>- Women: Dress pants or dress/skirt no shorter than 3 finger widths above the knee, suit ensemble or suit separate jacket</td>
<td>- Acceptable attire that is wrinkled, soiled, tattered or has holes</td>
</tr>
<tr>
<td></td>
<td>- Men &amp; Women: You may omit the suit jacket when</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- presenting only to each other and faculty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- In the event of a guest lecturer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Men: Professional button down shirt with tie</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- When presenting only to each other and faculty, you may omit the tie</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Women: Modest business style shirt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Discrete and modest</td>
<td>- Shirts that are ill-fitting that reveal back, midriff, or cleavage</td>
</tr>
<tr>
<td><strong>Undergarments</strong></td>
<td></td>
<td>- Acceptable attire that is wrinkled, soiled, tattered or has holes</td>
</tr>
<tr>
<td></td>
<td>- Clean, polished</td>
<td>- Undergarments should not be visible when bending or reaching (please check!)</td>
</tr>
<tr>
<td></td>
<td>- Dress shoes with heels 2 ½” or less</td>
<td></td>
</tr>
<tr>
<td><strong>Foot Attire</strong></td>
<td></td>
<td>- Flip flops</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sandals</td>
</tr>
<tr>
<td></td>
<td>- Watch</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Appropriate and conservative jewelry</td>
<td></td>
</tr>
<tr>
<td><strong>Accessories</strong></td>
<td></td>
<td>- Elaborate jewelry</td>
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<tr>
<td></td>
<td></td>
<td>- Artificial nails</td>
</tr>
<tr>
<td><strong>Grooming</strong></td>
<td></td>
<td>- Perfumes or colognes</td>
</tr>
<tr>
<td></td>
<td>- Clean and neat</td>
<td>- Discernible body odor</td>
</tr>
<tr>
<td></td>
<td>- Hair neatly cut, styled, worn safely (pulled back) during patient care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Facial hair should be neatly trimmed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Nails – trimmed, clean, and well groomed; conservative nail polish</td>
<td></td>
</tr>
<tr>
<td>Work Attire</td>
<td>Expected</td>
<td>Unacceptable</td>
</tr>
<tr>
<td>------------</td>
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<td>--------------</td>
</tr>
</tbody>
</table>
| **Pants/Shorts** | • Purchased black shorts with SHS logo  
• Purchased USD OT logo sweat pants | • Any attire other than SHS black shorts & sweatpants  
• Ill-fitting shorts or pants that are too low riding at the hips and reveal undergarments or skin when bending over or squatting down  
• Acceptable attire that is soiled, tattered or has holes |
| **Shirts/Jackets** | • Purchased red shirts with SHS logo through approved vendor  
• Purchased SHS racerback tank for women  
• Purchased black USD OT logo jacket through approved vendor  
• Black sports bra | • Any attire other than indicated to the left  
• Shirts that are ill-fitting that reveal back, midriff, or cleavage when reaching or bending  
• Sports bra for women that is not racerback  
• Acceptable attire that is soiled, tattered or has holes |
| **Undergarments** | • Discrete and modest | • Bright and/or noticeable colors, patterns or lines  
• Undergarments should not be visible when bending or reaching (please check!) |
| **Foot Attire** | • Clean  
• Closed toed  
• Athletic shoes  
• Leather/leather-like shoes or boots (Clogs, Casual dress shoes, Flats) | • Flip flops  
• High heels  
• Hiking boots  
• Slippers  
• Bare feet, unless instructed otherwise |
| **Accessories** | • Watch  
• Appropriate and conservative jewelry | • Baseball caps  
• Elaborate jewelry  
• Artificial nails |
| **Grooming** | • Clean and neat  
• Hair neatly cut, styled, worn safely (pulled back) during patient care  
• Facial hair should be neatly trimmed  
• Nails – trimmed, clean, and well groomed; conservative nail polish | • Perfumes or colognes  
• Discernible body odor |
<table>
<thead>
<tr>
<th>Work Attire</th>
<th>Expected</th>
<th>Unacceptable</th>
</tr>
</thead>
</table>
| **Pants/Shorts** | - Purchased black shorts with SHS logo  
- Black sweat pants or USD/Coyote logo sweat pants, such as ![Black Sweatpants](image.png) | - Any attire other than SHS black shorts and black/USD sweatpants  
- Yoga pants  
- Ill-fitting shorts or pants that are too low riding at the hips and reveal undergarments or skin when bending over or squatting down  
- Acceptable attire that is soiled, tattered or has holes |
| **Shirts/Jackets** | - Purchased red shirts with SHS logo through approved vendor  
- Black fleece jacket or USD/Coyote logo jacket  
- Purchased racerback tank and/or black sports bra for women | - Any attire other than indicated to the left  
- Shirts that are ill-fitting that reveal back, midriff, or cleavage when reaching or bending  
- Tank or sports bra for women that is not racerback  
- Acceptable attire that is soiled, tattered or has holes |
| **Undergarments** | - Discrete and modest | - Bright and/or noticeable colors, patterns or lines  
- Undergarments should not be visible when bending or reaching (please check!) |
| **Foot Attire** | - Clean  
- Closed toed  
- Athletic shoes  
- Leather/leather-like shoes or boots (Clogs, Casual dress shoes, Flats) | - Flip flops  
- High heels  
- Hiking boots  
- Slippers  
- Bare feet, unless instructed otherwise |
| **Accessories** | - Watch  
- Appropriate and conservative jewelry | - Baseball caps  
- Elaborate jewelry  
- Artificial nails |
| **Grooming** | - Clean and neat  
- Hair neatly cut, styled, worn safely (pulled back) during patient care  
- Facial hair should be neatly trimmed  
- Nails – trimmed, clean, and well groomed; conservative nail polish | - Perfumes or colognes  
- Discernible body odor |
3.15: E-Mail & List Serves

Students are required to have a personal computer (desktop or laptop) equipped with the most recent version of Microsoft Office (including Word and PowerPoint) and internet access at home.

**D2L Email:** Specific course-related communication will be sent through D2L email or the News feature of D2L.

**USD OT List Serves:** Two list serves were created for general OT student-faculty-staff communication. First- and second-year students may post to usdot12@usd.edu; students on FW may post to usdot3@usd.edu. It is imperative that the list serves are used for school business only.

*It is the responsibility of each student to check his/her USD email and D2L DAILY.*

**Lee Med List Serves:** Two list serves were created for announcements to faculty and students who are frequently in Lee Medical Building: LeeMedStudent-list@usd.edu (med, PT, PA, OT and BBS graduate students) and LeeMed-list@usd.edu (faculty and staff) list serves. Students may use the LedMedStudent-list@usd.edu list serve to announce a student organization fundraiser or service project. This represents about 300 to 350 students. Please note that when an announcement is made on the LeeMedStudent list serve it is generally bounced to the faculty and staff list serve shortly thereafter. These list serves are only for professional and/or educational use. If you have an email that you wish directed to faculty and staff, please forward your email to Steve Waller (Steve.Waller@usd.edu), Tamara Olson (Tamara.Olson@usd.edu) or Andrea Jahn (Andrea.Jahn@usd.edu). They will review your request and, when appropriate, forward to the appropriate faculty and staff list serves.

3.16: Handouts

Class handouts will be posted electronically via Desire2Learn. Depending upon the instructional design of the course, handouts and/or PowerPoint slides may or may not be posted on Desire2Learn in advance of the scheduled class session. The instructor is not obliged to provide course content in other formats unless written documentation is received from the Office of Disability Services. When a guest is presenting, it is his or her choice whether to provide handouts and the format of any handouts. **Students should always be prepared to take notes during class sessions.**

3.17: Human Subjects Training

All OT graduate students will complete training in human subject research as part of OCTH 784 Master's Proposal Development. CITI (Collaborative Institutional Training Initiative) training is available on-line. The course instructor for OCTH 784 will provide instructions for access and completion. Each student will provide a copy of the certificate of completion to his/her research advisor to place in the student file. Students should also retain a copy for their personal records.
3.18: Sanford Coyote Sports Center Building Information

Access to Learning Spaces after Class Time
Learning spaces such as the classrooms and small group rooms for group studying are accessible 24 hours a day with use of the access card. They are available for your use on a first come-first served basis. However, small group rooms may be scheduled for classes or formal meetings. If you are using a room for studying or a meeting and are asked to leave as another group has the room for a scheduled event, please respect their request and leave quietly. Never leave personal items in the room unattended and never allow persons you do not know to use these rooms. If you wish to reserve small group rooms contact the OT Main Office (ot@usd.edu). Rooms will not be reserved for individual study or group study sessions.

Food in Classroom Policy
Food and beverages are not permitted in the classrooms, small group rooms, Teaching and Research Laboratory (TRL), ADL suite, hospital sim room, or conference room in the SCSC. Only water with no colorant or flavoring will be allowed.

Any spills or messes should be reported to Dan Gaston (Dan.Gaston@usd.edu) or Sara Wieseler (Sara.Wieseler@usd.edu) as soon as possible. Please cc ot@usd.edu on these messages. The Custodial Staff will attend to the spill/mess as quickly as possible. Please notify ot@usd.edu to report other problems identified within the building such as inadequate soap in dispensers, lights not working, etc. The email address is monitored by the front office staff.

The University’s contract with Aramark provides Aramark exclusive rights to all catering and food service at USD. This includes the Sanford Coyote Sports Center. Essentially, all catering at the SCSC, regardless of funding source, must be Aramark. Catering refers to any food provided to a group through a commercial food service business (Little Italy’s, Subway, Mr. Smith’s, etc.) and regardless of fund source (personal funds, University or organizational funds). This policy does not apply to personal food orders you might place. However, it does apply to events like journal clubs, club or organizational meetings, etc. Also, if an outside group wants to provide lunch within USD buildings, they MUST use Aramark or seek permission from Aramark to use another food service caterer. Working with Aramark, permission to use another vendor can be granted on a case-by-case basis. To seek an exemption from using Aramark, requests should be sent to ot@usd.edu for forwarding to Aramark. Limited budget is rarely viewed as an acceptable reason for an exemption. Charity fundraisers that include food must also seek exemption from using Aramark. Please remember the USD contract appears to be very clear – Aramark has exclusive food service/catering rights at USD-Vermillion. Please do not assume your event is exempt without official confirmation. Confirmation may take time, please submit your requests as early as possible.

Card Access Policy
Your student ID/access card will provide entrance into the SCSC through the south building entrance (24/7/365) and the northern most bank of doors on the east side of the building (access through this door will typically be available 7am to 6pm but may be limited due to event scheduling). If your access card has been lost or broken, immediately contact coyoteid@usd.edu and cc ot@usd.edu. You are required to contact the Coyote Card Office within 24 hours if your card has been lost or misplaced. The old card will be deactivated and a new card ordered and programmed. There will be approximately a $20 charge for replacements. Never loan your card to another person. You are responsible for how your card is used.
Weather Emergency
In the event of severe weather alerts such as tornado or severe thunderstorm, persons within the SCSC should immediately proceed to any centrally located windowless rooms on the first floor of the building using the fastest route available. The preferred locations are the Teaching and Research Laboratory, interior windowless classrooms, and interior bathrooms. In the event that the first floor is not available or cannot be reached safely, persons within the SCSC should immediately proceed to any windowless rooms.

Designated staff from each area will quickly survey the area to assure that evacuation is in progress or has been completed. The following staff have been designated:

- Main Arena/North Corridor – Arena Operations Manager
- West Practice Courts – Athletics Facility Worker
- Weight Room – Coach, Strength and Conditioning
- Administrative Offices – Asst. Athletic Director, Administration
- KSM – Division Chair, KSM
- Upper Concourse – Sr. Associate AD, Operations
- OT/PT – Front Office Staff, OT/PT

Emergency Evacuation Policy
In the event that the Sanford Coyote Sports Center (SCSC) must be evacuated, the following procedures shall be followed.

Upon activation of the fire alarm, all persons within the SCSC will immediately begin exiting the building through the nearest available exit route.

Elevators should NOT be used during an evacuation event unless necessary for the evacuation of a disabled/handicapped person.

Prior to leaving the room, any open fires, hot plates, coffee pots, or similar equipment should be turned off. Electrical equipment that cannot be left unattended for prolonged periods should also be turned off prior to exiting the room.

Each section of the SCSC has two or more faculty/staff identified as being responsible for sweeping through their areas and making sure all persons that can leave have evacuated. Each member of this sweep team has full access to all rooms in their area and is authorized to open and verify all rooms are vacated during an evacuation event.

Designated persons from each floor will quickly survey the floor to assure that evacuation is in progress or completed. The following staff have been designated:

- Main Arena/North Corridor – Arena Operations Manager
- West Practice Courts – Athletics Facility Worker
- Weight Room – Coach, Strength and Conditioning
- Administrative Offices – Asst. Athletic Director, Administration
- KSM – Division Chair, KSM
- Upper Concourse – Sr. Associate AD, Operations
- OT/PT – Front Office Staff, OT/PT

All persons within the SCSC will convene on the lawn south of the SCSC near the north edge of the parking lot. This will allow quick assessment for any missing persons and avoid interference with the
emergency responders. In the event of weather conditions where shelter is desired, please move away from the SCSC and go inside the North end of the Dakota Dome for comfort and safety.

**Building Hours**
The Sanford Coyote Sports Center is open most weekdays from 8 am to 5 pm. The building may be open later than 5 pm weeknights for scheduled events. Your proximity access card will provide you 365/24/7 access to the building through the south entrance and those areas of the building for which you are authorized. Your access card will also allow you entrance to the building through the northern most bank doors on the east side of the building. This entrance access will be limited on some evenings due to event scheduling. Athletic event information is posted on the student Google calendar.

**Technology in the SCSC**
The Sanford Coyote Sports Center is wireless. Students should find strong wireless connectivity to the USD network in all parts of the building. However, access to the USD network requires installation of approved (and current) antivirus software. Instructions can be found on the Technology page on the Student Portal. The wireless internet will have slower loading while games are happening within the Arena.

In rooms 350 and 355 there are hard internet drops and electrical power located near each seat. Cables and power cords should be run as neatly as possible to avoid possible snagging of the cables in an emergency. It is your responsibility to provide the appropriate cable for connecting to the internet.

If you are expecting an important call, you are encouraged to work with the front office staff for them to receive the call and how best to reach you. If you are expecting a call and may be contacted during a class session, you should notify the instructor of this situation and sit in a location where you can be contacted or leave the room with minimal classroom disruption. Cell phones should be off during normal class sessions.

**Bicycles at the SCSC**
The Sanford Coyote Sports Center has bicycle racks on the east and south sides of the building. There are additional bicycle racks on the west side of Coyote Village. Bicycles should not be locked to benches, trash cans, handrails, or other structures around the SCSC. Bicycles should never be brought into the SCSC.

**Parking at the SCSC**
All students, faculty, and staff with a parking permit are expected to park in the lot to the south of the SCSC. The lot to the east of the SCSC is designated as event parking and should not be utilized. Parking is available on the streets surrounding the Dome/SCSC.

**Classroom Cleaning**
Upon completion of each laboratory session and similar in the clinic, the students are responsible for wiping down the hi-lo tables and returning all equipment/supplies to the appropriate place. Chairs are to be placed upside down on the tables to permit housekeeping access to clean the floors. Linens are to be placed in the clothes hamper when soiled or returned to the shelf if appropriate. It is the students’ responsibility to inform the office staff when cleaning supplies are running low.

**Storage Closet**
Everyone has the responsibility of returning equipment and materials to the appropriate shelves in the storage closet. The storage closet will be opened by 8am and locked by 5pm and is not available after hours or on weekends.
Laundry Policy
All students have the responsibility for keeping the laundry cabinet stocked and the linens cleaned. There will be a group of 3-4 students assigned each week to monitor the laundry usage in the USDOT classrooms. The class presidents will be responsible for creating a schedule to be hung on the wall above the laundry rack in SCSC 355. While the front office staff will contact our vendor to do the actual washing/drying of the linens, the assigned students will be responsible for:

- Bringing the laundry bag of soiled laundry to the main office in room 375A. The laundry bag should be checked at the end of each day. If the bag is at least three quarters full, the soiled laundry should be brought to the main office. Any soiled laundry left in the classrooms will not be washed.
- Placing a clean laundry bag from the cabinet on the laundry rack.
- Checking in with the main office each Tuesday and Friday morning to retrieve any clean linens that are to be folded.
- Folding of clean linens and placing neatly in the laundry cabinet in the designated areas.

Food in Classroom Policy
Normally food and beverages are not permitted in carpeted classrooms at USD. Working with USD’s Custodial Services policies have been created to allow food and beverages in classrooms and small group study rooms. It is expected that all students, faculty, and staff will clean up after themselves. If a student organization holds an event that includes food, the group will be held responsible for the cleanup when the event ends. Please note that certain items should be avoided because they quickly stain carpets. These include tomato-based sauces, fruit punch, pink lemonade, or other red-colored liquids. During the year, various organizations have catered meals or fundraisers selling food in the atrium. These foods are typically taken into classrooms. Please have your menus reviewed by Andrea.Jahn@usd.edu, Tamara.Olson@usd.edu or Steve.Waller@usd.edu prior to the event. If there is a concern, we will contact USD’s building custodial supervisors to verify the food is permitted in the classroom. If this policy is abused, food and beverages will be banned from the classrooms. Food and drink are NEVER permitted in laboratories, including Gross Anatomy, Lee Medicine and Science Building 15, and the clinical exam rooms.

Any spills or messes should be reported to LeeMedClean@usd.edu as soon as possible. The Custodial Staff will attend to the spill/mess as quickly as possible. Their normal workday ends mid- to late-morning so spills/messes reported after noon will likely be handled the next day. This email address may be used to report other problems identified within the building such as inadequate soap in dispensers, lights not working, etc. The email address is monitored by the custodial staff, representatives of Facilities Management, and Basic Biomedical Sciences staff.

The University’s contract with Aramark provides Aramark exclusive rights to all catering and food service at USD. This includes the Lee Medicine and Science Building. Essentially, all catering at Lee Medicine and Science Building, regardless of funding source, must be Aramark. Catering refers to any food provided to a group through a commercial food service business (Little Italy’s, Subway, Mr. Smith’s, etc.) and regardless of fund source (personal funds, University or organizational funds). This policy does not apply to personal food orders you might place. However, it does apply to events like journal clubs, club or organizational meetings, etc. Also, if an outside group wants to provide lunch within Lee Medicine, they MUST use Aramark or seek permission from Aramark to use another food service caterer. Working with Aramark, permission to use another vendor can be granted on a case-by-case basis. To seek an exemption from using Aramark, requests should be sent to Steve Waller (Steve.Waller@usd.edu) for forwarding to Aramark. Limited budget is rarely viewed as an acceptable reason for an exemption. Charity fundraisers that include food must also seek exemption from using Aramark. Please remember the USD contract appears to be very clear – Aramark has exclusive food service/catering rights at USD-Vermillion.
Please do not assume your event is exempt without official confirmation. Confirmation may take time, please submit your requests as early as possible.

**Card Access Policy**

If your access card has been lost or broken, immediately contact Andrea.Jahn@usd.edu. The old card will be deactivated and a new card ordered and programmed. Never punch a hole in the card as this may inactivate the card. If you wish your card to be punched, please see Jane Stewart in Lee Medicine and Science Building 202. Jane Stewart is knowledgeable about where holes can be punched into these cards without compromising their performance. There will be a $5 charge for replacements. Never loan your card to another person. You are responsible for how your card is used.

Your program of study determines the areas you are provided access. If you feel you need access to an area but your card does not allow access, please contact Andrea.Jahn@usd.edu.

**Weather Emergency**

In the event of severe weather such as a tornado or severe thunderstorm, the lower level of Lee Med is the recommended safe place. All access cards provide entry into the lower level by the north or south stairwell. In severe weather, do not stand near a window or in the atrium.

**Emergency Evacuation Policy**

In the event that the alarm system is activated, the entire building must be evacuated regardless of time of day or weather conditions. The following procedures shall be followed.

- Upon hearing or seeing the fire evacuation signal, all persons within the Lee Medicine and Science Building will immediately begin exiting the building through the nearest available exit route. The recommended evacuation routes are posted near or on the primary exit doors of all rooms in Lee Medicine.
  - Elevators should NOT be used during an evacuation event unless necessary for the evacuation of a disabled/handicapped person.
  - Prior to leaving the room, any open fires, hot plates, coffee pots, or similar equipment should be turned off. Electrical equipment that cannot be left unattended for prolonged periods should also be turned off prior to exiting the room.
- All persons within the Lee Medicine and Science Building that can escape the building will convene on the lawn in front of the SD Union Building or Julian Hall, located on the other side of Clark Street. This will allow quick assessment for any missing persons and avoid interference with the emergency responders. In the event of weather conditions where shelter is desired, please move away from the Lee Medicine and Science Building and go inside either Julian Hall or SD Union Hall for comfort and safety.
- All persons within the Lee Medicine and Science Building that CANNOT safely exit the building will convene in the designated “safe rooms”. These are the small meeting rooms located on the west side of the building on both the second and third floors that overlook the parking lot, rooms 203, 220, 306, and 320. Working with emergency responders for Vermillion and Clay County, rescue personnel will check these areas for occupancy and assist with escapes as needed.
- Each floor has two or more faculty/staff identified as being responsible for sweeping through their areas and making sure all persons that can leave have evacuated. Each member of this sweep team has full access to all rooms in their area and is authorized to open and verify all rooms are vacated during an evacuation event.

**Small Group Rooms**

On the west side of the second floor, there are small group rooms. Each room has a wall-mounted monitor that can be connected to video output of most portable computers. Your access card can be used to enter any of these rooms. They are available for your use on a first come-first served basis. However, these rooms may be scheduled for classes or formal meetings. If you are using a room for studying or a meeting
and are asked to leave as another group has the room for a scheduled event, please respect their request and leave quietly. Never leave personal items in the room unattended and never allow persons you do not know to use these rooms. If you wish to reserve a room for a formal group meeting or class, contact Wendy Pederson (Wendy.Pederson@usd.edu). Rooms will not be reserved for individual study or group study sessions.

List Serve Information
LEEMEDSTUDENTS-LIST@USD.EDU to serve as a single means of communicating with the MD, OT, PT, PA and Graduate Students based at the Lee Medicine and Science Building. This represents about 300 to 350 students. All members of this list serve can send to the list serve. If you have an email that you wish directed to faculty and staff, please forward your email to Steve Waller (Steve.Waller@usd.edu), Tamara Olson (Tamara.Olson@usd.edu) or Andrea Jahn (Andrea.Jahn@usd.edu). They will review your request and, when appropriate, forward to the appropriate faculty and staff list serves.

Building Hours
The Lee Medicine and Science Hall is open most weekdays from 7 am to approximately 5:30 pm. The building may be open later than 5:30 pm weeknights for scheduled events. Your proximity access card will provide you 365/24/7 access to the building and those areas of the building for which you are authorized.

Technology in Lee Medicine and Science Hall.
Lee Medicine and Science Building is wireless. Students should find strong wireless connectivity to the USD network in all parts of the building. However, access to the USD network requires installation of approved (and current) antivirus software. Instructions can be found on the Technology page on the Student Portal.

In Lee Medicine and Science Building 111, 107, and 22A, there are hard internet drops and electrical power located near each seat. Cables and power cords should be run through the grommets on the desktop and not around the desktop to avoid possible snagging of the cables in an emergency. It is your responsibility to provide the appropriate cable for connecting to the internet.

Printing in Lee Medicine and Science Building by students can be done through the Pharos networked printer located in Lee Medicine and Science Building 220. This is a Pharos printer managed by ITS. All student access cards should provide you 365/24/7 access to this space. Students are provided a limited amount of free printing on this printer each academic year by the University. Students wishing to print more will have to pre-pay for printing through the Coyote Cash system. You must add money to this system at the Kiosk located at the Munster University Center or by calling the Coyote Card office directly. No person or office in Lee Medicine and Science Building is able to assist you with this task. It must be done at the MUC or by calling the Coyote Card office. Instructions for connecting to and using the Pharos Printer can be found on the Technology page on the Student Portal. Problems with the printer in Lee Medicine and Science Building 220 can be referred to the ITS helpdesk (Helpdesk@usd.edu or 658-6000).

Cell phone reception in parts of the Lee Medicine and Science Building ranges from poor to non-existent. Reception is best near the exterior walls of the building and poorest in the lower level. If you are expecting an important call, you are encouraged to work with your main office (Medical Student Affairs, Basic Biomedical Sciences, or Health Sciences) for them to receive the call and how best to reach you. If you are expecting a call and may be contacted during a class session, you should notify the instructor of this situation and sit in a location where you can be contacted or leave the room with minimal classroom disruption. Cell phones should be off during normal class sessions.
Bicycles at Lee Medicine and Science Building
Lee Medicine and Science Building has a single bicycle rack located at the south end of the building. The bicycle rack will accommodate approximately 120 bicycles (using both sides). Bicycles should not be locked to benches, trash cans, handrails or other structures around Lee Medicine and Science Building. Bicycles should never be brought into Lee Medicine and Science Building.

3.20: Smoke-Free Campus Policy
Consistent with USD’s obligation to protect and promote the health and wellbeing of employees, students and visitors, smoking is prohibited at all times on the campus of the University of South Dakota. Signs stating the policy are posted across campus.

3.21: Mailboxes
Faculty and staff mailboxes are located in SCSC room 354. Any items that need to be delivered to faculty or staff mailboxes should be given to the staff at the front desk.

3.22: Parking
USD parking policies and procedures are available online at http://www.usd.edu/administration/university-police/parking.cfm

GENERAL: The University develops and maintains parking lots for the use of its faculty, staff, students and others attending the campus for university functions or for university purposes. Parking permits are required to use the university parking system except as noted. Parking permits may be purchased by members of the faculty, staff, student body, employees of entities affiliated with the university and visitors who are on campus for university purposes.

All parking on campus, except designated visitor parking and metered parking, is by permit only. Permit Type A is used to designate Non-campus Resident (including employees) and Permit Type B is used to designate Campus Resident. The lot directly west of Lee Medical Building and the lot directly south of the Sanford Coyote Sports Center are designated as Type A; whereas the lot across Dakota Street near Lee Med and the lot directly south of the Coyote Village are designated as Type B.

A parking permit does not guarantee a parking space but an opportunity to park within a specified area or areas. Permits are sold on a first come, first served basis. Parking permits sold may exceed the number of available campus parking spaces. Since spaces in prime parking areas tend to fill first, a motor vehicle operator may have to choose space in a less convenient location.

VISITOR PARKING: Not for students or employees of the University.

TEMPORARY RESTRICTIONS AND CHANGES: The University reserves the right to make temporary changes in the parking regulations. Such changes will be posted, and when practical be publicly announced in advance.

3.23: Peer Review
The Occupational Therapy faculty believes that critical review of peers should be as integral a part of graduate education as it is of occupational therapy practice. Therefore, students in the Program are frequently expected to provide an honest and thorough review of the work of their peers. Peer Feedback may constitute a portion of the course grade of one or both parties. The Faculty will provide the structure and format for constructive and meaningful peer assessment.
3.24: Photographs and Recordings

Students may not take photographs during classroom and laboratory activities without permission of the instructor. In addition to instructor permission, a signed release must be on file before obtaining photographs of clients, children, or other laboratory participants. Absolutely no photographs may be taken in the anatomy laboratory. Any student who wishes to record lectures must obtain prior permission from the instructor.

3.25: Presenter View in PowerPoint or Turning Point

The Presenter View in PowerPoint or Turning Point allows you to post the presentation on the projector screen while viewing your notes on the computer screen. Follow the steps below:

1. Go into the computer’s control panel
2. Click on Display
3. Click on change display settings
4. Change the multiple display settings to ‘extend these displays’
5. Apply changes
6. Keep changes
7. Open up PowerPoint or Turning Point
8. Click on slide show tab
9. Click on ‘use presenter view’
10. Show on: ‘Monitor 2’ in room 316 and ‘Monitor 1’ in room 327

OR

1. Right click
2. Select screen resolution
3. Change the multiple display settings to ‘extend these displays’
4. Apply changes
5. Keep changes
6. Open up PowerPoint or Turning Point
7. Click on slide show tab
8. Click on ‘use presenter view’
9. Show on: ‘Monitor 1’

*you will need to change the setting back to duplicate displays to show any other document*

Please remember to change the display setting back to ‘duplicate displays’ at the end of class.

3.26: Printing and Photocopying

Preparation for class includes printing any necessary handouts prior to class either on a personal printer at home or at one of the computer labs on campus. Often students choose to bring their laptop to class and use the electronic version of the class PowerPoint handout or outline, if provided by the instructor.

If printed materials are required for research activities, class or community presentations, you are responsible for the cost and labor involved in printing, unless otherwise instructed.

Pharos printers: Any USD student, faculty or staff member with a current Coyote Card and USD username and password can print in any of the labs where Pharos Uniprint is available. Every student has a $28.00 allotment for each academic year that will be added to your Coyote Card in mid- to late-August each year. Once this allotment has been depleted, there is a $0.07 charge per page for black and white printing or a
$0.42 charge per page for color printing. Additional funds can be added to your Coyote Card for printing by visiting the Coyote Card office in room 204B in the Muenster University Center or online at Coyote Card Online.

Labs that are part of the Pharos system include:
- Lee Med 220
- 1st floor I.D. Weeks and Lommen Libraries
- McKusick Technology 201
- University Housing Labs
- Neuharth Media Center 207
- Law School
- Math Emporium
- Neuharth 207
- Delzell 109

In certain labs, you are able to print from your personal laptop once you have downloaded the lab specific Pharos package.

You are also able to use the following multi-function computers to scan documents to email, as well and print and copy. (Note: You can scan to email at no charge.) These devices use Coyote Cash only and you cannot use your Pharos printing allowance.
- 1st and 3rd floor of ID Weeks (black and white and color on first floor)
- Slagle 1st and 2nd floor
- Honors lab in Old Main
- Coyote Village Lobby
- Law School

**3.27: Social Media Guidelines**

Adapted from the USD Physician Studies Program Social Media Guidelines.

Social media are web- and mobile-based applications that support and promote the exchange of user-developed content. Some current examples include Facebook, blogs, Twitter, LinkedIn, iTunes, and YouTube. Posting personal images, experiences and information on these kinds of public sites poses a set of unique challenges for all members of the healthcare community, including employees, faculty, volunteers and students (collectively “Personnel”). All personnel have a responsibility to the University, the Occupational Therapy Program, and the profession regardless of where or when the post or interaction occurred.

The University of South Dakota OT Program is committed to supporting your right to interact via electronic means for social purposes and to advance your knowledge; however, these electronic interactions have a potential impact on clients, colleagues, the program, the profession, and future employers’ opinions of you. The principal aim of this Guideline is to identify your responsibilities to The University of South Dakota OT Program in relation to social media and to help you represent yourself, your colleagues, and your profession in a responsible and professional manner.

**Guideline**
The following Guideline outlines appropriate standards of conduct related to all electronic information (text, image or aural) that is created or posted externally on social media sites by Personnel affiliated with The University of South Dakota OT Program. Examples include, but are not limited to: text messages, media messaging service (MMS), Twitter®, Facebook®, Linked-In®, YouTube®, iTunes® and all other social networks, personal and organizational websites, blogs, wikis, and similar entities. This Guideline applies to
future media with similar implications. It also applies whether Personnel are posting to The University of South Dakota-hosted sites; social media in which an individual’s affiliation is known, identified, or presumed; or a self-hosted site, where the views and opinions expressed are not intended to represent the official views of The University of South Dakota OT Program.

**Best Practices**
Everyone who participates in social media activities should understand and follow these simple but important Best Practices:

1. **Take Responsibility and Use Good Judgment.** You are responsible for the material you post on personal blogs or other social media. Be courteous, respectful, and thoughtful about how other Personnel may perceive or be affected by postings. Incomplete, inaccurate, inappropriate, threatening, harassing or poorly worded postings may be harmful to others. They may damage relationships, undermine The University of South Dakota OT Program’s reputation, discourage teamwork, and negatively affect the program’s commitment to patient care, education, research, and community service.

2. **Think Before You Post.** Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Future employers can often have access to this information and may use it to evaluate you. Take great care and be thoughtful before placing your identifiable comments in the public domain. Social media/internet reviews are becoming increasingly common as part of the application review and in some cases replaces the interview.

3. **Protect Patient Privacy.** Disclosing information about patients without written permission, including photographs or potentially identifiable information is strictly prohibited. These rules also apply to deceased patients and to posts in the secure sections of your social media pages that are accessible by approved friends only.

4. **Protect Your Own Privacy.** Make sure you understand how the privacy policies and security features work on the sites where you are posting material.

5. **Respect Work Commitments.** Ensure that your blogging, social networking, and other external media activities do not interfere with your educational commitments.

6. **Identify Yourself.** If you communicate in social media about The University of South Dakota OT Program, disclose your connection with The University of South Dakota and your role in the program. Use good judgment and strive for accuracy in your communications. False and unsubstantiated claims, and inaccurate or inflammatory postings may create liability for you.

7. **Use a Disclaimer.** Where your connection to The University of South Dakota is apparent, make it clear that you are speaking for yourself and not on behalf of The University of South Dakota OT Program. A disclaimer, such as, *“The views expressed on this [blog; website] are my own and do not reflect the views of The University of South Dakota or The University of South Dakota Occupational Therapy Program,”* may be appropriate.

8. **Respect Copyright and Fair Use Laws.** For The University of South Dakota’s protection as well as your own, it is critical that you show proper respect for the laws governing copyright and fair use of copyrighted material owned by others, including The University of South Dakota’s copyrights, brands, and logos.

9. **Protect Proprietary Information.** Do not share confidential or proprietary information that may compromise The University of South Dakota OT Program’s practices or security. Similarly, do not share information in violation of any laws or regulations.

10. **Seek Expert Guidance.** Consult with the OT Department Chair if you have any questions about the appropriateness of materials you plan to publish or if you require clarification on whether specific information has been publicly disclosed before you disclose it publicly. Social media may generate interest from the press. If a member of the media contacts you about a University of South Dakota-related blog posting or Program information of any kind, contact the OT Department Chair before disclosing information to the media.
Failure to abide by the aforementioned best practices will be considered a breach of appropriate professional behavior and can result in discipline, up to and including dismissal from the program.

Addendum to Social Media Guideline
The following are fictional case examples of social media and blogging activities and an explanation of their appropriateness as per The University of South Dakota OT Program Social Media Guideline:

1. A patient attempts to “friend” a healthcare provider or student on Facebook. This is nearly always inappropriate. Even after the provider-patient relationship has ended, it would be inappropriate to discuss health-related information. (Best Practice 3)
2. A patient comments on a faculty or student blog and discloses protected health information with the expectation that the University of South Dakota OT Program faculty or student will continue the discussion. Any health-related discussions by email with patients/clients require a written consent. Similarly, social media discussion with a patient should not directly address health concerns of individual patients. (Best Practice 3)
3. An OT student “twitters” that she just finished her first day of Level I Fieldwork and describes the clinical findings of a patient with a diagnosis unfamiliar to her. It is difficult to be certain that information disclosed in the Twitter® post is not identifiable to that particular patient. The best type of posting would include very general information. Other posts by the same student could indicate his/her school and current rotation, leading to circumstances that indirectly identify the patient, such as by naming a very rare disease. (Best Practice 3)
4. An OT student writes in his blog, naming a fieldwork educator who did minimal teaching and recommending to other students that they avoid requesting a Level II Fieldwork at this site. Legitimate critique of an educational activity is appropriate, but students should provide this feedback in a professional manner through appropriate means outlined by the Academic Fieldwork Coordinator. These means are more effective, less public mechanisms for relaying this type of information. (Best Practices 1, 2)
5. An OT student posts to his “wall” on Facebook that half of the class was sleeping during Dr. X’s lecture. This is very similar to the use case above. (Best Practices 1, 2)
6. A student on a pediatric fieldwork experience posts (on her Facebook wall) a picture of a baby who was just discharged from care, expressing joy, best wishes to the family, and congratulating everyone involved in this excellent patient outcome. Without written patient/representative consent, this is a clear violation of patient confidentiality, even if the patient is not named. (Best Practice 3)
7. A student blogs that the clinical equipment he is using should have been replaced years ago and is unreliable. The public disclosure of such information increases the liability for the fieldwork educator and The University of South Dakota OT Program and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality. (Best Practices 1, 2)
8. An OT student wearing a University of South Dakota OT Program polo is tagged in a photo taken at a local bar and posted on a friend’s Facebook page. The student is clearly inebriated. The two issues are that: (1) The University of South Dakota OT Program logo identifies the affiliation to the institution; and (2) the unprofessional behavior of the student is available for all to see, including future employers and patients. Although the student did not post the photo, he or she should do everything possible to have the photo removed and should remove the tagging link to his or her own Facebook page. (Best Practices 2, 4)
9. A student blogs that her teammate wears too much cologne, has terrible taste in clothes, and takes a long time to complete exams. These are inappropriate comments expressed in an inappropriate forum. It demonstrates unprofessional behavior. There are legitimate and confidential mechanisms for addressing valid concerns in the classroom. (Best Practices 1, 2)
10. An OT student creates a social media website to discuss medical knowledge (e.g., “Kinesiology Interest Group” on Facebook®) This is a learning community environment, in which knowledge is exchanged, shared and discussed. While the goal is laudable, there are still risks. A disclaimer is necessary, since postings may be incorrect, taken out of context, or improperly referenced. The
moderator should take precautions to prevent the posting of information or photographs that are potentially identifiable to a particular colleague or patient. (Best Practices 1, 3, 6, 7)

3.28: Student Use of State Vehicles

University vehicles are available for students when traveling to/from an observation/educational experience site (sites outside the university campus) in either of the following situations:
- When the entire class is scheduled to attend a site/facility
- When a faculty member is traveling with students for the assigned experience

A Student Driver Application must be completed and the USD Student Driver Policy must be followed.

Procedure for accessing a university vehicle:
1. **Students must initiate** a request to the course instructor at least 3 weeks (15 working days) in advance of the departure.
2. The instructor shall notify the OT Program Assistant at least 10 working days prior to departure if the request for a university vehicle is by the instructor, and provide the course number and the purpose of the travel to the OT Program Assistant.
3. **Students must complete and submit** all required paperwork to the OT Program Assistant 10 working days prior to departure. The most current fleet request form is available under Student Organization Resources. The form requires:
   a. Name and home phone number of the driver
   b. Photocopies of driver’s valid drivers’ license and current personal car insurance
   c. Volunteer form
   d. Date/time of departure
   e. Names of passenger(s) – the passenger list cannot change. Once you commit to be or not to be a passenger, you must adhere to that commitment.
   f. Destination
   g. Date/time of return from travel
4. Please be sure to follow university policies regarding fleet vehicle use. This includes filling the tank at the fleet lot upon return (See Fueling Procedures below). **Only USD faculty, staff and students may ride in a University vehicle. The vehicle may be used ONLY for work/school purposes; students may not shop on the way home.**

If students do not meet these timelines, the Program Chair will not authorize the use of a University vehicle.

Student Driver Coverage State Liability Program
Students not employed by the university who drive University vehicles are provided coverage under the State of South Dakota liability program ONLY IF THE FOLLOWING CONDITIONS have been met:

1) At the time the student (designated as driver) makes application to use a University vehicle, the student must present a valid driver’s license and current proof of compliance with the financial responsibility laws of the State of South Dakota.
2) The Dean, Director, or Department Chair authorizing a student to drive a University vehicle shall attach, to the Fleet Vehicle Dispatch form, photocopies of the student’s driver’s license and proof of financial responsibility. Vehicles will not be dispatched without this information.
3) The University shall keep the documentation required in paragraph 2 for a minimum of three (3) years.
4) If the information and documentation required in paragraph 1 is false, or if the University fails to perform the requirements in paragraph 3, no liability coverage shall be provided.
When a student not employed by the University is driving a University vehicle in accordance with the above, the STUDENT’S OWN INSURANCE SHALL BE PRIMARY, and as such, he or she assumes all legal liability for property damage or bodily injury. The State of South Dakota liability program coverage is secondary and available only after all other available coverage (student insurance) is exhausted. This does not apply to students employed by the University driving University vehicles in connection with that employment. Students who are employed by the University are considered employees of the University, and the State liability program provides primary coverage for legal liability resulting from driving a vehicle.

**Fleet Vehicle Fueling Procedures:**
To fill Fleet Travel Management (FTM) vehicles at a state site, e.g., FTM-Vermillion:
For these locations you will use the plastic key that is on the key ring with the ignition key. You put the key in the pump and will be asked to enter the odometer reading.

To fill FTM vehicles at gas stations:
For these locations (which can be found on the website below), you will use the credit card that is in the bag with the keys. You will need to input the odometer reading and the PIN. The PIN is the last 4 #’s of the Vehicle Identification Number (VIN). These are found on the lower left hand corner of the driver’s side of the dash or possibly on the driver’s side door when the door is open. Please note you can only charge gas on the credit card. Any other charges have to be authorized via the phone # below. The number is located in the bag with the credit card.

Please return the car with a full tank of gas. If it is not filled the OT department will incur additional costs.

*If you have questions while traveling, contact the South Dakota Fleet and Travel Management office @ 1-800-543-2372 or 773-3509 (24 hrs./day).*

**After-Hours Emergency Procedures:**
If your assigned fleet vehicle is not available at the designated time of pickup or a different vehicle is needed for whatever reason and the Fleet and Travel Office is closed, please follow these steps to secure a different vehicle.

a. Call 800-543-2372 (24/7 Emergency Number) to reserve a different vehicle. You will need your journey number from the journey sheet provided when the original keys were picked up. Explain that your vehicle is not in the lot and a different vehicle is needed.

b. A new journey number will be assigned and a new journey form will be faxed to the Fleet & Travel Office. Call University Police at 677-5342 and an officer will come to Fleet to assist in getting the keys.

c. Leave your original key packet along with the original journey form at the Fleet & Travel Office.

d. Record the beginning and ending mileage on the new journey form.

**3.29: Submitting Assignments**

**Naming Assignments**
Faculty members typically ask students to submit assignments in the D2L course drop box or by email attachment. Please name completed assignments as follows:
Lastname.firstname.assignmentname

**Due Date & Time**
It is the student’s responsibility to assure that the faculty member received the assignment in the appropriate D2L drop box by the due date and time to avoid late penalties. Be sure to check the viability of the document before sending. A 10% penalty will be assigned for each day a paper or assignment is late, including weekdays, weekends and holidays.
**Review Pane**
Faculty may use the Reviewing Pane feature to make electronic comments and corrections to papers/assignments. They may also ask students to use this feature when providing peer review of assignments. During Orientation Week, faculty will provide demonstration of D2L and the Reviewing Pane in Microsoft Word.
4: HEALTH AND SAFETY POLICIES & PROCEDURES

4.1: Campus Public Safety

The University Police Department consistently strives to ensure the safety of the University community and the surrounding area. The officers work closely with the University Administration and the Vermillion Police Department.

The University Police Department is the agency responsible for law enforcement on campus. In addition to law enforcement, the department is responsible for operating the Campus heating plant, Parking and Traffic Management, and Escort Services. UPD is located in the Davidson Building, directly south of the ID Weeks Library, in the heart of campus. Our office is open 24 hours a day, 365 days a year.

Our staff is composed of full-time Police Officers and part-time Security staff. Full-time Police Officers are sworn in as Vermillion City Deputy Police Officers and receive the same training as other City Police Officers. Each Officer is required to attend the South Dakota Law Enforcement Academy in Pierre, SD. In addition to law enforcement, our officers respond to all medical emergencies on campus. Subsequently, many of our officers are certified EMTs.

Crime prevention and education are high priorities of UPD. We work with all members of our community to find answers to problems and address concerns of those we serve.

4.2: Automated External Defibrillator (AED) Policy for Lee Medicine and Science Hall

Introduction
Automated External Defibrillators (AEDs) is a lightweight, portable computerized medical device that can save lives. They are designed to be used by persons trained in basic skills such as cardiovascular pulmonary resuscitation (CPR) and require limited training for their proper use. Following a simple setup process, the AED can check a person’s heart rhythm and can recognize a rhythm that requires a defibrillation shock, advise when one is needed, and can provide that shock. Used properly, AEDs can save many persons experiencing sudden cardiac arrest.

AEDs in Sanford Coyote Sports Center
There is one AED located in the Teaching and Research Laboratory (TRL room 310). This unit is located near the west interior door next to the fire extinguisher.

AEDs in Lee Medicine and Science Hall
There are five AEDs located in Lee Medicine and Science Hall. Four units, Physio-Control LIFEPAK 500 AEDs, are located in alarmed wall cabinets located in the public areas. In the lower level, the AED is located outside of LeeMed 15. On the first, second and third floors, the AED’s are located outside of the restrooms at the south end of the building. The cabinets are alarmed such that opening the door will trigger an audio and visual strobe alarms.

Training in AED Usage
There are many levels of CPR/AED training offered by the American Heart Association. The training requirements for CPR/AED process are fulfilled by any American Heart Association training program covering CPR/AED, including the basic “heart saver” training.

Students enrolled in the OT and PT programs are all trained in AED use during their normal basic life-saving courses.
Faculty, staff and students certified in CPR/AED use will be required to receive refresher training once every two years.

**Liability and Good Samaritan Laws Relating to AED Use**
SDCL 20-9-4.4 provides civil immunity for emergency use or nonuse of AED by a lay person. Anyone may, at their discretion, provide voluntary assistance to victims of medical emergencies to the extent appropriate to their training and experience.

20-9-4.4. Civil immunity for emergency use or nonuse of AED. Any person, who in good faith obtains, uses, attempts to use, or chooses not to use an AED in providing emergency care or treatment, is immune from civil liability for any injury as a result of such emergency care or treatment or as a result of an act or failure to act in providing or arranging such medical treatment.

**Maintenance of AEDS**
The USD Safety Officer will be responsible for maintaining all records for the AED units housed in the Sanford Coyote Sports Center. This will include the following:

- Guidelines for use
- Manufacturer’s instructions
- Training records for faculty, staff and students and a description of the training program
- AED Incident Reports
  - AED Incident Reports will be automatically reported to the USD AED Program Coordinator.
  - If your program requires reporting to another point of contact (i.e., medical director), you are expected to make the report to that point of contact in addition to reporting to the BPSOC.

The USD Safety Officer will inspect all AEDs in SCSC to verify they are in proper working order and in adherence to manufacturer specifications. A tag will be maintained on each unit for documentation of inspections. Units found not to be in proper working order will be removed from service until they are repaired or replaced.

**Required Equipment**
Each wall-mounted AED unit should have accompanying the unit the following supplies:

- Adult AED electrodes. Pediatric electrodes are optional but strongly encouraged for areas where children may be involved in our educational process.
  - At least one spare set of adult and pediatric electrodes should be available for each model of AED.
  - At least one set of batteries for each model of AED in should also be available.
- Safety razor for shaving chest hair when necessary to apply the AED pads
- Cardiovascular pulmonary resuscitation barrier (face shield or mask) for protection from infectious disease
- Two pairs of unused medical examination gloves (size large or extra-large)

**Building Safety Point of Contact**
USD designates for all academic and administrative buildings a single BSPOC. This person is responsible for the coordination of the emergency response for this building and plays a vital role in the campus safety structure and in building evacuations. BSPOC, or their designee, is responsible for disseminating non-emergency information throughout the building and developing and maintaining a contact tree for their building to communicate both emergency and non-emergency information. The Lee Med BSPOC is Steven Waller. Dr. Waller can be reached by email at Steve.Waller@usd.edu, by telephone at 605-658-6323 (landline to office) or 605-677-9033 (cell phone).
4.3: Cardiopulmonary Resuscitation (CPR) Certification

All first-year students must complete a CPR/BLS certification course scheduled by the OT Department in May/June. This certification will carry students through the completion of Level II Fieldwork. If the student has an emergency and is unable to attend the certification course, the student is independently responsible for attaining certification at his/her own cost by June 10. The only exception to this is a student who is CPR-certified and whose certification will expire after completion of Level II Fieldwork.

4.4: Disruption of Workplace Setting

The Board of Regents strives to attract the best and the brightest, and to encourage the pursuit of higher education among aspiring students, accomplished teachers and researchers, and diligent administrators. As part of this education mission, the Regental system sponsors many recruiting activities and welcomes young children and families to many special events. However, in consideration of safety and in order to create an environment most conducive to learning and efficient to work activities, children, family, pets (other than service animals as defined below), and other non-work related individuals are prohibited from routinely being brought to the workplace.

The full SDBOR policy may be found at https://www.sdbor.edu/policy/documents/4-41.pdf.

4.5: Emergency Guidelines - Active Shooter

To Faculty, Staff and Students:
- Remain calm.
- Plan a strategy for survival.
- Make the best choice given the situation.

If Shooter is Outside your Building:
- Go to a room that can be locked.
- Close and lock windows and doors. Turn off lights.
- If possible, get down on the floor, keep quiet, and try not to be visible from outside the room.
- One person should call 9-911. Advise the dispatcher what is taking place and where.
- Unfamiliar voices may be the shooter attempting to lure you out. Do not respond until you can verify with certainty it is police or USD staff known to you.

If Shooter is in the Same Building as You:
- Lock the room if possible. Follow procedures above.
- If the room cannot be locked, block the door with desks, file cabinets, etc.
- Depending on location of shooter, determine if there is a nearby location that can be reached safely or if you can safely exit the building.
- If you move, make sure you have an escape route and plan in mind.
- Do not attempt to carry anything while fleeing.
- Move quickly and keep your hands visible so police can see that you are not carrying weapons.
- Follow the instructions of police.
- Leave wounded victims where they are and notify authorities of their location as soon as possible.

If Shooter Enters Your Office or Classroom:
- Remain calm.
- If safe to do so, alert police to the shooter's location. Dial 9-911. If you cannot speak, leave the line open so dispatcher can listen.
- If there is no opportunity for escape or hiding, and after all other options have been exhausted, attempting to overpower the shooter with force may be your last resort.
If the shooter leaves the area, proceed immediately to a safer place and do not touch anything that was in the vicinity of the shooter.

What to Expect from Responding Police Officers:
- Police are trained to proceed immediately to the area in which shots were last heard. Their purpose is to stop the shooting quickly.
- Responding officers will normally be in teams. They may be dressed in regular patrol uniforms, or they may be wearing external bulletproof vests, kevlar helmets, and other tactical equipment. The officers will be armed with guns. Regardless of how they appear, remain calm, do as the officers tell you, and do not be afraid of them.
- Put down anything you may be carrying and keep your hands visible at all times.
- The first officers will not stop to aid injured people. Other officers and emergency medical personnel will follow to remove injured persons.
- Keep in mind that after you have escaped to a safer location, the entire area is still a crime scene.
- Police will usually not let anyone leave until the situation is fully under control and all witnesses have been identified and questioned.
- Until you are released, remain where authorities designate.

4.6: Emergency Guidelines - Bomb Threat

About Bomb Threats:
- Bomb threats are usually received by telephone, sometimes by note or letter.
- Most bomb threats are intended to create panic – but all such calls must be taken seriously.
- Bomb threats are assumed to be real and considered a threat to the university and its operations.

If You Receive a Bomb Threat:
- If you are on campus and receive a threat of any kind, immediately call 9-911.
- If possible, get a coworker to call while you talk with the caller. Permit the caller to say as much as possible without interruption.
- Then ask questions:
  1. Where is the bomb?
  2. When is the bomb going to go off?
  3. What kind of bomb is it?
  4. What does the bomb look like?
- Take notes on everything said and your observations about background noise, voice characteristics, caller’s emotional state, etc.
- Use the Bomb Threat Checklist to document your observations.
- University Police will advise if evacuation is necessary.
- If there has been a threat, and you see a package or foreign object, do not touch it. Immediately call 9-911.
- If an explosion occurs at any time, report it immediately.
- False reporting of a bomb threat is a Class 6 Felony.

On-Campus Housing
- In case of a bomb threat, a determination will be made by University officials whether to evacuate a building or not.
- If the decision is to NOT evacuate, students will be notified a bomb threat exists and can then decide whether to evacuate or remain in a University building.
  - Safe alternative sites are identified and available for students if they choose to evacuate.
4.7: Emergency Guidelines - Fire

Prepare in Advance:
- Know locations of exits.
- If your work station is located within an office, know exactly how many doors you will pass to reach the nearest exit. In heavy smoke, exit signs may be invisible but you can count the number of doors you pass.
- Know locations of fire alarms and fire extinguishers. Fire extinguishers are found in the Teaching and Research Laboratory (310), in the hallway near Dr. Svien’s office (385), and in the hallway near the east door to the ADL suite (361).
- Know where the general assembly area is located outside of the building.
- Do not leave assembly area or re-enter building until instructed by institutional authorities or emergency personnel.

Fire Procedure in Lab or Classroom
- Each OT student receives instruction on fire suppression techniques of portable fire extinguishers, causes of fires, and basic fire prevention principles through the SanfordLearn curriculum.
- If a small fire occurs in one of the labs, portable fire extinguishers are available for use by trained personnel. Before deciding to fight a fire, follow RACE:
  - Rescue (remove person(s) from immediate fire area)
  - Activate the building fire alarm, then call security at 5342 from a safe location
  - Confine the fire by closing all doors
  - Evacuate if the fire is spreading beyond the point of origin or if the fire could block your exit or you are not sure how to use an extinguisher

OR
- Extinguish the fire if you have activated the fire alarm and closed doors, the fire is small and contained, you have a clear exit from the fire and you have been trained on the proper use of an extinguisher within the last year.

Remember – fire spreads quickly. If you cannot extinguish it in 30 seconds, get out.
- Fire extinguishers in the hallway just outside the ADL suite (Room 325) and the Media/Craft Lab (Room 327). These extinguishers are rated Class A, B, & C and are intended for all types of fire.
- To activate a fire extinguisher, remember the acronym PASS:
  - Pull pin on fire extinguishers,
  - Aim hose at base of fire, standing 3-4 feet away
  - Squeeze handles steady and slowly
  - Sweep hose side-to-side across base of fire
- For larger fires, GET OUT. Close the doors to confine the fire as much as possible.
- If your clothing catches on fire, STOP...DROP...ROLL.
- Follow directions of institutional authorities and emergency personnel.

When a Fire Alarm is Activated in your Building:
- Proceed to the nearest exit.
- Feel the door, top and bottom, for heat (use back of hand).
- If door is hot, do not open. If door is not hot, open slowly.
- Stand behind the door and to one side; be prepared to close it quickly if fire is present.
- Use the stairway for exit; do not use the elevator. Close the stairwell door behind you.
- Stay low when moving through smoke; walk down to the ground floor and exit.
- Do not return to the area until instructed to do so by emergency personnel.

If Trapped in a Room:
- Place cloth material around/under the door to prevent smoke from entering.
• Retreat. Close as many doors as possible between you and the fire.
• Be prepared to signal from window but DO NOT BREAK GLASS unless absolutely necessary.
• If caught in smoke - drop to your hands and knees and crawl or crouch low with your head 30 to 36 inches above floor, watching the base of the wall as you go.
• Hold your breath as much as possible; breathe shallowly through your nose using shirt as filter.
• If forced to advance through flames - hold your breath. Move quickly and cover head and hair.

4.8: Emergency Guidelines - Hazardous Materials

Hazardous Materials:
Includes fuels, janitorial supplies, chemicals, and other items and materials such as fluorescent lights, batteries, asbestos, and paints.
Each student in the OT program will be instructed in interpreting material safety data sheets (MSDS), handling chemicals and products in a safe manner, proper disposal of chemicals and/or products per EPA guidelines, and the use of personal protective equipment as specified in the MSDS for the chemical/product being used. A current MDS manual is available in SCSC 355.
The OT Program stores chemicals/products in small amounts so they do not require specialized storage. All products will have appropriate labels as to contents and hazards contained in or associated with the product. At minimum, manufacturer labels will be on all containers.
Waste products will be disposed of in accordance with SD EPA regulations.

For Spills and Accidents:
Notify your supervisor and contact University Police immediately.
If spilled chemical is flammable, extinguish all nearby sources of ignition.
If a person has been splashed with a chemical, wash them with plenty of water for at least 15 minutes, remove all contaminated clothing, and get medical attention.
If a person has been overexposed by inhalation, get the victim to fresh air; apply artificial respiration if necessary, and get medical attention.
In other cases of overexposure, get medical attention and follow the instructions of the medical professional.

4.9: Emergency Guidelines - Tornado

Terms:
• Tornado Watch means conditions are favorable for tornadoes. Listen to local radio and TV stations for further updates.
• Tornado Warning means a tornado has been sighted or radar indicates rotation in the clouds. TAKE SHELTER!

Civil Defense Sirens:
• Sirens are designed for persons who are outdoors.
• Persons indoors are expected to be aware of the weather and to listen to media for further information.
• If the siren has sounded and stopped, it should not be construed as an all-clear. Wait for the media to issue the all-clear.

Sirens:
• Tone For Three (3) Minutes - Severe weather. Seek shelter immediately.
• Alternating high/low tones - Firefighter notification. No immediate danger to general public.
Siren Activation:
- Sirens will be activated for imminent emergencies that require citizens to seek immediate shelter.
- Sirens will not be activated for severe thunderstorm warnings.
- Sirens will be activated for tornado warnings affecting the Vermillion or Wakonda areas.
- Sirens will be activated by spotter request if they feel the situation is dangerous to the general public.
- Sirens will be activated when The National Weather Service or The Office of Emergency Management provides direct information of immediate danger.
- There will not be an all-clear sounded once the danger has passed.
- Listen to KVHT Radio 106.3 for current updates and situation reports.

If a Tornado Warning is Issued:
- If inside, go to a safe place in the building - normally basement areas, interior hallways, and locations away from windows. (Refer to Lee Med Evacuation Plan)
- If outside, go to the basement of a nearby sturdy building. Take shelter in a ditch, creek or other depression if close.
- If in a motor vehicle, get out immediately and head for safety. Vehicles are not safe in tornadoes. Do not take shelter under a bridge or bypass structure.

Tornado Shelter Procedures:
If you are off campus and in Vermillion, the following locations have been identified as shelter locations.
- Hillside Community Church - 1800 Constance Drive
- Trinity Lutheran Church - 816 East Clark Street
- Vermillion Fire & EMS Station - 820 North Dakota Street
- Public Safety Center - 15 Washington Street
- National Guard Armory - 603 Princeton Street

After a Tornado:
- Remain in safe areas away from broken glass and other sharp debris, and away from power lines, puddles containing power lines, and emergency traffic areas.
- While waiting for emergency personnel to arrive, render aid to those injured.
- Keep everyone out of damaged parts of buildings.
- Ensure nobody is using matches or lighters, in case of leaking natural gas pipes or fuel tanks nearby.

4.10: Health Affairs Student Health Insurance Policy

Students enrolled in the Health Affairs professional programs are required to carry health insurance coverage that meets or exceeds the minimum standards outlined below. Students must provide proof of credible coverage meeting minimum coverage standards at the beginning of each academic year. Health insurance coverage is a requirement of the new Affordable Care Act, each academic program’s accreditation standards, and affiliation agreements with clinical rotation sites. Students who are unable to provide or have not provided sufficient proof of credible coverage meeting minimum standards will not be allowed to participate in clinical rotations or experiences.

If required by the student’s specific academic program, other insurances (e.g., Life, disability, malpractice) will continue to be purchased as a part of the student tuition and fees.

Minimum coverage requirements are:
- Nationwide coverage
- Insurance must contain provisions for mental health or chemical dependency coverage.
- Insurance must not have a deductible higher than $7500 or out of pocket maximum of $7500.
NOTE: Exceptions may be made to the deductible and out of pocket maximum requirements if the student is a dependent on a parent or spouse’s insurance. The student must provide a written statement from the primary insurance holder that they are accepting financial responsibility for the higher deductible.

Examples of acceptable coverage may include but are not limited to:

- Group plans where student is a dependent of a parent or spouse.
- Tricare
- Medicaid
- Coverage through the HealthCare.gov marketplace. South Dakota companies participating in the marketplace include Avera Health Plans and Sanford Health Plan.
- Various Wellmark Bluecross/Blueshield plans

All students must provide proof of current health insurance to the University and is accountable for payment of personal medical expenses as a result of illness or injury during the course of clinical education. Students are required to bring a copy of their insurance card to Rita Humphrey in SCSC 375A during orientation week and again each May.

4.11: Health Information Portability & Accountability Act (HIPAA)

All students receive USD School of Health Sciences mandatory training on the Health Information Portability and Accountability Act during the first semester of the program. Training must be completed at the level of "Workforce with Protected Health Information Contact" prior to any access to PHI (Protected Health Information). Instruction and the competency exam will be provided on-line.

The University of South Dakota

4.12: Health Affairs Immunization Policy

Sanford School of Medicine Student Immunization Policy
(Updated 3-4-2017)

For the protection of the health of our students and because of the risks of exposure to infectious diseases to which students are subjected in the course of clinical work, certain tests and immunizations are required. Entering and visiting students are required to provide documentation of all required immunizations to the program prior to matriculation or visit. As these immunizations are a part of the Schools on-going affiliation agreements with our clinical sites, students will not be allowed to register or participate in any clinical activities until documentation is provided.

Health Affairs Requirements:

Students are required to follow the Immunization Compliance Policy of their specific program (MD; Nursing; PT; OT, etc).

For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, the immunization form must be completed with the appropriate signatures. Include copies of titer reports and other medical records when applicable.

1. Measles (Rubeola), Mumps, Rubella: One of the following is required:
   a. All students born after December 31, 1956 are required to have medically signed proof of TWO properly administered immunizations.
   OR
   b. Immune titers for measles (rubeola), mumps, and rubella.
2. **Hepatitis B immunization:** ALL students are required to receive HBV vaccination (3 doses at 0, 1 and 6 months). *The first two doses of the three dose series are required prior to the start of classes.* A positive HEP B titer without proof of vaccine dates is accepted if unable to obtain immunization dates.

**AND**

**Hepatitis B titer:**

a. Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.

b. Students admitted with documented prior vaccination history must also provide immune status documentation. If that is not available, current immune status will be determined by the titer.

c. A copy of the titer report must accompany the immunization form or be provided as soon as it is available.

d. Those who do not seroconvert when the titer is done 1-2 months following the series should be revaccinated with a full series with the titer repeated 1-2 months after the last immunization.

e. Those who do not seroconvert when the titer has been delayed greater than 12 months since the initial series may choose to obtain one additional booster dose of the vaccine with the titer repeated 1-2 months after the last immunization. If the second titer remains below 10mIU/mL, the person will complete the series followed by another titer.

f. If after a second series, titers remain below 10mIU/mL, the person is considered at risk for acquiring HBV.

   i. Students should be counseled about the occupational risk and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood. No further vaccine series are recommended. However, the student should be tested for HbsAg to make sure that chronic HBV infection is not the reason for vaccine non-response (assuming the 2nd negative HbsAb titer was performed 1-2 months following the last hepatitis B vaccine of the second series).

3. **Varicella/Chicken Pox immunity:** One of the following is required.

   a. Varicella Titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form);

   **OR**

   b. Two doses of varicella immunization is indicated if there is no history of the disease of if the varicella titer is negative. Recommended interval is 4-8 weeks between doses.

4. **Tdap (tetanus, diphtheria, adult pertussis):** One dose of Tdap (tetanus, diphtheria, adult pertussis) is required. Tdap vaccine can be administered to healthcare workers without concern for the length of time since the most recent Td vaccine. If it has been longer than 10 years since the Tdap, a Td or Tdap booster is required.

5. **TB Skin Tests or Interferon Gamma Release Assay (IGRA):**

   **Upon admission:**

   a. **Initial Two-Step TB Skin Test:** Documentation of two TB skin tests is required. If the first is negative, a second TB skin test will be given in 1-3 weeks. The second negative will confirm lack of infection (any two documented TB skin tests completed within a 12 month period can meet this requirement.)

   **OR**

   b. **Interferon Gamma Release Assay (IGRA):**
Note: History of BCG vaccine is NOT a contraindication for tuberculin testing. TB skin test reactivity caused by BCG vaccine generally wanes with time. If more than 5 years have elapsed since administration of BCG vaccine, a positive reaction is most likely a result of *M. tuberculosis* infection.

**During enrollment:**

a. **Annual TB Skin Test: OR**
b. **IGRA**

**OR**
c. **Annual symptom checklist if history of latent TB**

**Note:** If there is a lapse greater than 13 months between annual TB skin tests, the two-step TB skin test will be repeated.

**Note:** Students with a positive TB skin test or IGRA are required to provide documentation from their health care provider including the following:

a. Result of the positive TB skin test (date placed, read, measurement in mm, signed by a health care provider) or IGRA report.
b. Chest x-ray report.
c. Determination by the health care provider if this is a latent TB infection or active TB disease.
d. Treatment; including what it was, when started, when completed, etc.

**Note:** Students who have active TB disease will be restricted from school and patient contact until they have provided documentation that satisfies the infection prevention policies of the health care facilities where the student trains.

**Note:** Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually (see last page of Infection Control Policies and Procedures Manual in medical student portal).

6. **Influenza vaccination:**
   a. The influenza vaccine is required by December 1<sup>st</sup> annually.

**Recommended Immunizations:**

* Meningococcal (meningitis) vaccine. Recommended for students living in college dormitories who have not been immunized previously or for college students under 25 years of age who wish to reduce their risk.

All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine (Menactra® or Menveo®). A booster dose is recommended at age 16 years. Teens and young adults also may be vaccinated with a serogroup B meningococcal vaccine. In certain situations, other children and adults could be recommended to get any of the three kinds of meningococcal vaccines. Students should consult with their physician about the appropriate vaccine for their specific risk.

**Childhood DTP/DTaP/DPT and polio vaccines.**
University of South Dakota Health Affairs
4.13: Required Immunization Form

Required Immunization Form

Name: [Name]
DOB: [DOB]
USD ID#: [USD ID#]

Program: Addiction Studies [ ] Dental Hygiene [ ] Health Science [ ] Medical Laboratory Science [ ] Medicine [ ] Nursing [ ]
Occupational Therapy [ XXXX ] Physical Therapy [ ] Physician Assistant [ ] Public Health [ ] Social Work [ ] Master of Social Work [ ]

Health Affairs Requirements: For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, this form must be completed with the appropriate signatures.

Include copies of titer reports and other medical records when applicable.

REQUIMED IMMUNITATIONS:

A. MMR (Measles, Mumps, Rubella) Vaccine. Two doses required for all students born after 12/31/56.
   Dates: 1. [Date] 2. [Date]
   OR individual vaccine/proof of immunity as noted below.
   1. Measles (Rubella)
      Vaccine Dates: 1. [Date] 2. [Date]
      OR has report of positive immune titer. Date: [Date]
      ATTACH LAB REPORT
   2. Rubella (German Measles)
      Vaccine Dates: 1. [Date] 2. [Date]
      OR has report of positive immune titer. Date: [Date]
      ATTACH LAB REPORT
   3. Mumps
      Vaccine Dates: 1. [Date] 2. [Date]
      OR has report of positive immune titer. Date: [Date]
      ATTACH LAB REPORT

B. Date of Tdap (tetanus, diphtheria, adult pertussis): Date: [Date]
   If longer than 10 years; date of latest booster Date: [Date]
   Td or Tdap (circle one)

C. Varicella (Chicken Pox) One of the following is required:
   Documentation of positive varicella titer. Date: [Date]
   OR Vaccine: Two doses are required for those without evidence of immunity. Recommended interval is 4-8 weeks between doses.
   Dates: 1. [Date] 2. [Date]

D. Hepatitis B Vaccine - Three doses and positive titer required.
   If unable to obtain dates of immunizations a positive titer is acceptable
   1st dose Date: [Date]
   2nd dose Date: [Date] (1 month after 1st dose)
   3rd dose Date: [Date] (6 months after 1st dose)

   AND
   Hepatitis B Titer (HbsAB or Anti-HBs – hepatitis B surface antibodies)
   Immunity demonstrated by hepatitis B titer - ATTACH LAB REPORT
   Date: [Date] Positive/Reactive [ ] Negative/Nonreactive [ ]
   (if neg. see immunization policy)

Updated 12/22/2016
E. **Tuberculosis Skin Test - PPD (Mantoux)** – Two-step TB skin test required initially or Interferon Gamma Release Assay

Two-Step TB Skin Test; recommended 1-3 weeks apart.*Note* any two documented TB skin tests completed within a 12 month period shall be considered a two-step.

Step 1 (Date placed) ___/___/___  Step 1 (Date read) ___/___/___ Results: ___________mm

Step 2 (Date placed) ___/___/___  Step 2 (Date read) ___/___/___ Results: ___________mm

If two-step was completed more than 12 months prior to start of classes, an annual TB skin test is required

Date placed ___/___/___  Date read ___/___/___ Results: ___________mm

**Interferon Gamma Release Assay (IGRA):** Date: ___/___/___ Positive ____ Negative ____

**ATTACH LAB REPORT**

**History of Positive TB Skin Test:**
Date placed ___/___/___  Date read ___/___/___ Results: ___________mm

**ATTACH COPY OF CHEST X-RAY REPORT AND DOCUMENTATION FROM HEALTHCARE PROVIDER.**

See immunization policy.

**History of BCG vaccination:** Date _____/_____/_____ (TB skin test required regardless of prior BCG vaccination)

F. **Influenza vaccine.** Required by Dec. 1st annually  Date: ___/___/___

*Not required prior to admission if starting in the summer or fall*

**RECOMMENDED IMMUNIZATIONS:**

G. **Meningococcal Vaccine (Meningitis vaccine).** Recommended for students living in college dormitories who have not been immunized previously or for college students under 25 years of age who wish to reduce their risk.

Vaccine: ________ Date: ___/___/___  Vaccine: ________ Date: ___/___/___

H. **Childhood DTP/TdA/PDT immunizations:**

Dates of Primary Series:  1. ___/___/___  2. ___/___/___  3. ___/___/___

4. ___/___/___  5. ___/___/___

I. **Polio immunizations:**

Dates of Primary Series:  1. ___/___/___  2. ___/___/___  3. ___/___/___

4. ___/___/___  5. ___/___/___  Type of vaccine: Oral (OPV) ____  Inactivated (IPV) ____

**SIGNATURE**  X ___________________________  Date ___/___/___

Must be signed by Healthcare Provider (Physician, PA, NP, Nurse)

**PRINT NAME**  ___________________________

Hospital/Clinic Address of physician or nurse verifying this information: Hospital/Clinic Phone # ___________________________

A copy of titer/lab reports must be provided with this form as indicated above.  Updated 12/22/2016
**4.14: Injuries**

Students are required to have adequate health insurance in case of injury, illness, or other medical needs. If a student is injured during a lab exercise, first aid treatment is to be administered. Appropriate medical attention should be provided for the type of injury.

**Injury Response Guidelines**

**Emergencies**

For all emergency situations, phone 911 immediately for assistance. Indicate the nature of the problem, your identification and your specific campus location. Once the injured party is attended to and transported, report the incident immediately, following the appropriate procedures indicated below.

If you are unsure if emergency medical care is required, immediately contact USD Police at 605-677-5342 and request assistance.

**Employee (including student employee) Non-Emergency Injuries**

1. If non-emergency medical treatment is required, have the injured person go to the physician of their choice. The nearest Urgent Care Medical facility is located at Sanford Vermillion, 20 S Plum Street (corner of Plum and Main).
2. If transportation assistance is needed for non-emergency medical care please contact the USD Police at 605-677-5342 and request assistance. Faculty or staff member should NOT attempt to transport the injured person.
3. Following treatment, employee is to complete the online First Report of Injury at FROI.
4. Workers’ Compensation staff will send a completed incident report form to the supervisor or Human Resources for review.

**Student Non-Emergency Injuries**

1. If non-emergency medical treatment is required, encourage the injured person to seek medical treatment with the physician of their choice. The nearest Urgent Care Medical facility is located at Sanford Vermillion, 20 S Plum Street (corner of Plum and Main).
2. If the injured person is unable to transport him or herself for non-emergency medical care, phone USD Police at 605-677-5342 and request assistance. Faculty and staff members should NOT attempt to transport the injured person.
3. Faculty or staff members providing assistance should inform the injured student that he/she is responsible for all medical expenses. They should submit related medical bills to their own insurance company for coverage.

If an injury occurs during a fieldwork experience, the student should report the injury immediately to their fieldwork educator and the AFWC. The student also has the responsibility to take precautions to avoid injuries, including but not limited to, notifying the fieldwork educator and/or AFWC of unsafe practices and environments that could potentially lead to injury. The cost of treatment for injuries incurred during classroom or fieldwork experiences is the student’s responsibility.

**4.15: Liability Insurance**

Students are required to have liability insurance throughout the Occupational Therapy program of study. Blanket coverage is provided through The University of South Dakota. Specific information regarding the policy will be provided.
4.16: Occupational Exposure to Bloodborne Pathogens

Definition
An occupational bloodborne pathogen exposure incident shall be defined as eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of a health professions’ student duty or assignment.

Exposure Incidents Requiring Follow-up
Exposure incidents requiring follow-up include: a percutaneous injury with contaminated sharp/instrument, or exposures to eye, mouth, other mucous membrane, or non-intact skin with blood, body fluids or tissue, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid; respiratory resuscitation without a resuscitation device; bites resulting in blood exposure to either person involved.

Protocol
a. Decontamination: Follow good first aid techniques including thorough flushing of mucous membranes and eyes, wound care if appropriate and thorough handwashing. There is no benefit from expressing blood at the site of the injury or application of caustic agents such as bleach.
b. Notification and Immediate Medical Treatment: It is the student’s responsibility to report all suspected exposure incidents and seek medical treatment:
   1. Immediately report to Faculty Member/Supervisor.
   2. Immediately report to Employee Health/Infection Control Personnel in the clinical site where the exposure occurred. If the clinical site does not provide post-exposure evaluation for students you need to seek treatment at the nearest ER.
   3. Next, report to the Campus Dean for SSOM and Site Coordinator for all other program departments.
   4. After initial management, return report form to the appropriate contact person within your program department as soon as possible.
c. Documentation: The student is required to report the following essential information to Employee Health/Infection Control Personnel and complete the University of South Dakota Health Affairs Occupational Exposure to Bloodborne Pathogens Report Form.
   1. Procedure being performed, including where and how the exposure occurred.
   2. Type of exposure: puncture, scratch, bite, mucous membrane of the eye, nose, or mouth, or other.
   3. Extent of exposure: type and amount of blood/body fluid/material, severity of exposure including depth and whether fluid was injected, etc.
   4. PPE (personal protective equipment) worn at the time of exposure: gloves, gown, mask, protective eyewear, face shield, etc.
   5. If related to a sharp device, description of the sharp including the band name.
   6. Decontamination: handwashing, flushing mucous membrane of eye, nose, mouth, etc.
   7. First aid administered.
   8. Student’s hepatitis B immunity status, last tetanus booster, etc.
   9. Source patient: known or unknown.
   10. Is it possible the patient was exposed to your blood?
d. University of South Dakota Health Affairs Occupational Exposure to Bloodborne Pathogens Form: This form may be downloaded from the portal. Do not delay seeking post-exposure evaluation for the purpose of retrieving the report form. However, it is the student's responsibility to complete the student section of the form (first page). Students are responsible for seeing that the medical professional doing the evaluation completes and signs the second page of the form and/or brings a copy of the post-exposure evaluation and follow-up written opinion from the facility where this occurred. The student is required to bring the form to the contact person for his/her program as soon as possible. Note this form is in addition to any forms required by the facility where the incident occurred.
e. **Questions/Concerns:** Contact your supervising faculty and program/course director as indicated. Medical students have access to the Sanford Medical Center 24/7 Exposure Hotline, regardless of clinical site where the exposure occurred: call **605-366-5251** during office hours or **605-333-1000** and ask operator to connect you to the Infection Control Nurse. All other students should contact their Site Coordinator. If post-exposure prophylaxis is indicated please be aware there is the PEPline (The National Clinician’s Post-Exposure Prophylaxis Hotline): [http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/](http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/)

f. **Billing for Testing:** Responsibility for payment of immediate wound care, post-exposure testing or initial post-exposure prophylaxis (if recommended by the medical professional providing the consultation and based on current CDC guidelines) differs by program; check with your program for details. USD SSOM pays for initial post-exposure testing and follow-up testing for medical students involved in required clinical activities. Students assume the costs for any exposures that occur during volunteer/non-required activities.

**Other Occupational Exposures**

The primary routes of infectious disease transmission in US healthcare settings are contact, droplet, and airborne. Students may protect themselves by having their immunizations up to date and through the adherence to standard precautions and transmission-based precautions as applicable. However, no matter how careful one adheres to standard precautions and transmission based precautions, accidents and exposures can happen.

Students are responsible for following the organism specific (ie. tuberculosis, measles, mumps, pertussis, etc.) guidelines and follow-up as outlined in the USD Health Affairs Infection Control Manual.

**Policy**

Students will be given instruction in precautionary and infection control measures for blood borne pathogens and other communicable diseases prior to students’ first contact with patients and first contact with human tissue, blood products, and body fluids. Specific training will be given on hand hygiene, use of personal protective equipment, handling of sharps, and specific isolation precautions to ensure students are aware of how to prevent acquisition and transmission of infectious diseases. In addition, students will be instructed on what constitutes an exposure and the protocol to follow in the event of an exposure. Follow-up training will be provided on an annual basis.

The facility providing the student's post-exposure management will be responsible for contacting the student with the results of the testing and the post-exposure evaluation and written opinion from the medical provider within 15 days of the completion of the initial evaluation or as soon as it is available. Students are responsible for completing and returning the Occupational Exposure to Infectious and Environmental Hazards form to the program chairs/education coordinators within 15 days of exposure.

(See the Occupational Exposure Report Form).

Responsibility for payment of immediate wound care, post-exposure testing or initial post-exposure prophylaxis (if recommended by the medical professional providing the consultation and based on current CDC guidelines) differs by program; check with your program for details. USD SSOM pays for initial post-exposure testing and follow-up testing for medical students involved in required clinical activities. Students assume the costs for any exposures that occur during volunteer/non-required activities.
Educational Accommodations:

- The USD Division of Health Affairs fulfills its obligation to educate future healthcare personnel while adhering to procedures that maintain the health and safety of patients and that protect the personal rights of students with infectious diseases or immunocompromised conditions. Students who are infected with potentially communicable agents (e.g. hepatitis B, hepatitis C, or HIV) and/or are immunocompromised are expected to discuss this with their personal physician and if the physician believes that a modification of the usual clinical activities of the student is required as a result of infection with a communicable agent, the student is responsible for sharing the documentation with the Dean of Student Affairs and/or Department Chair/Dean who then shares with the appropriate faculty involved in the student’s clinical activities.

- The Dean of Student Affairs and/or when appropriate, discipline-specific Chairs or Deans will work together to modify the clinical activities of immunocompromised students for whom patients may pose unwarranted risks or infected students who may pose unwarranted risks to patients.

- All reasonable accommodations will be made to assist the student in achieving the requirements of the educational program. The Dean for Student Affairs/Department Chair/Dean may convene a faculty panel to assist in the process.

- A student, when provided reasonable accommodations, must be able to perform the routine duties and minimum requirements for each course/clinical assignment, and meet the technical standards for enrollment at their specific program.

- Likewise, accommodations will be made for students in quarantine to monitor for signs and symptoms of communicable illnesses such as mumps, measles, varicella, etc.

- Decisions regarding return to educational activities will be made on an individual basis, and depend on the input from Infection Prevention at the clinical site, Student Affairs and the student’s personal healthcare provider.
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS REPORT FORM

Student_________________________________ Course & Campus ________________________

Student's phone number ____________________________________________________________

Program: Addiction Studies ☐; Dental Hygiene ☐; Health Science ☐; Medical Laboratory Science ☐; Medicine ☐; Nursing ☐; Physical Therapy ☐; Physician Assistant ☐; Occupational Therapy ☐; Social Work ☐; Master of Social Work ☐; Master of Public Health ☐

Date of report _______________ Date of exposure _______________ Time of exposure __________

Hospital/Clinic site where exposure occurred __________________________________________

City __________________________ Supervisor/Faculty _________________________________

Details of Exposure: To be Completed by the Student

Details of the procedure being performed; including where and how the exposure occurred ____________________________________________________________

Type of exposure: puncture- ☐; scratch-☐; bite-☐; nonintact skin-☐; mucous membrane of: eye-☐; nose-☐; mouth-☐; other type of exposure (describe) ________________________________________________________

Extent of exposure (type and amount of blood/body fluid/material, severity of exposure including depth and whether fluid was injected, etc.) ____________________________________________________________

PPE (personal protective equipment) worn: gloves-☐; gown-☐; mask-☐; protective eyewear-☐; face shield☐; other PPE (describe): _____________________________________________________________

If related to a sharp device: needle type: suture ☐ injection ☐ IV needle ☐ scalpel ☐ instrument ☐

brand name of device: ______________________________________________________________

other sharp device (describe): _________________________________________________________

Decontamination (i.e. hand washing, flushing mucous membrane eye, nose, mouth, etc.) _________________________________________________________

Description of first aid administered _________________________________________________

Is it possible the patient was exposed to your blood? YES NO (circle one)

Who was the exposure incident reported to at the facility? ______________________________

Date Reported: _____________________ Contact information ____________________________

I consent to the release of information such as immunization and immunity status and serology test results both to and from the clinical site providing my post-exposure counseling and management.

Student's signature: _____________________________ Date: ____________________________
4.17: Personal Protective Equipment

Protective equipment such as safety glasses, masks, and gloves will be available for students performing lab activities.

Students will be required to wear safety glasses when conducting lab exercises involving chipping, grinding, cutting, sanding, and soldering. An eye wash station is mounted on the wall in 355.

If OSHA noise levels are exceeded during a lab exercise utilizing power equipment, students will be required to wear hearing protection.

Disposable dust masks will be issued to students when conducting lab exercises in woodcutting. Clean up of lab area after woodcutting exercises will be performed using a vacuum cleaner and wet wiping methods. Waste will be discarded in double knotted plastic waste bags placed in regular trash containers.

Students will be required to wear chemical resistant gloves when conducting lab exercises that involve chemicals that are corrosive or have the potential to cause skin irritation.
4.18: Safe Removal of Gloves

To remove gloves without spreading germs or chemicals, never touch your skin with the outside of either glove. Follow these steps:

1. Grasp the palm of one glove near your wrist.
   Carefully pull the glove off.

2. Hold the glove in the palm of the still-gloved hand.
   Slip two fingers under the wrist of the remaining glove.

3. Pull the glove until it comes off inside out.
   The first glove should end up inside the glove you just took off.
   Dispose of the gloves safely.

4. Always wash your hands after removing gloves.
   Gloves can have holes in them that are too small to be seen.

When to Wear Gloves

Before putting on gloves, wash and dry your hands well. Cover scratches or scrapes with bandages.

- Wear gloves whenever contact is possible with blood, all body fluids, or hazardous chemicals.
- Wear gloves when touching any item or area that may be contaminated.
- Avoid touching uncontaminated items with contaminated gloves.
- Remove gloves right after use. Do not reuse disposable gloves.
**4.19: Sanford Success Center Regulatory Training**

All students enrolled in the School of Health Sciences are required to complete the SuccessCenter Regulatory Program. This online learning/assessment program covers the following topics:

- Chemical Safety (Hazard Communication)
- Electrical Safety
- Fire Safety
- Radiation Safety
- Standard Precautions 1
- Standard Precautions 2
- Tuberculosis Precautions
- HIPAA Privacy Overview
- Abuse and Neglect: The Healthcare Employee’s Role

The Main Office staff and/or Professor Cerny, will be contacting you regarding enrollment procedures and completion deadlines for Occupational Therapy Students. At the completion of the program you are required to save and a copy of your SuccessCenter transcript, which will be uploaded to a D2L shell.

**4.20: Sharps Disposal**

![Sharps Disposal Diagram](image)
4.21: Standard Precautions

Policy
It is standard policy that all body substances except sweat will be regarded as contaminated with the potential for transmission of serious illness. Therefore, all students in fieldwork settings will be expected to utilize a system of Universal (Standard) Precautions for the prevention of contact with these body substances.

Definition
Universal (Standard) Precautions is a system of infection control/precautions which places emphasis on the health care worker to consider all body fluids as potentially infectious for HIV, HBV or other pathogens and to adhere rigorously to infection control practices for minimizing the risk of exposure to the body fluids of all patients regardless of the patient's inpatient/outpatient status.

Key Points
Each fieldwork setting shall have a system of universal (standard) precautions that is consistent with recommendations from the Centers for Disease Control and OSHA Bloodborne Pathogens Final Standard.

The system focuses on isolating all blood and moist body substances (except sweat), dry blood, mucous membranes and non-intact skin from personnel by the use of appropriate barriers. Physician orders for special precautions may be initiated in instances where airborne, droplet, or contact precautions, or protective isolation is required.

The system fulfills a standard of care that interrupts cross-contamination of organisms from colonized and infected patients to others. It provides comprehensive protection for health care workers and patients from known and unknown sources of infection. It is used for all patients at all times.

The system relies on persistent, consistent applications of principles: 1) as outlined and 2) as these actions are determined necessary by the assessment of the healthcare worker.

Students shall be oriented to the standard precautions policies and procedures of the fieldwork education facility.

Equipment
The universal supplies and equipment that students may need are usually available in patient care areas:
1. Gloves
2. Gowns
3. Masks/eye protection/facial shields
4. Signs
5. Isolation linen
6. Microshields, resuscitation equipment
7. Hand washing facilities

Procedure
A. Personal Protective Equipment
   • Is considered “appropriate” ONLY if it does not permit blood or other potentially infectious materials to pass through or to reach the employee’s clothes, street clothes, undergarments, skin or mucous membranes.
   • Shall be readily accessible in all patient care areas. All staff shall be knowledgeable of its location.
   • Lack of practicality, concern regarding patient perception, discomfort in wearing personal protective equipment are NOT considered acceptable criteria for refusing to wear PPE.
1. Gloves: Gloves shall be worn when it can be reasonably anticipated that an employee may have hand contact with blood or potentially infectious materials; when performing vascular access procedures or when touching contaminated items or surfaces. Gloves may also be worn to minimize potential transfer of organisms from the healthcare worker to the patient.
   a. Use sterile gloves for procedures involving contact with normally sterile areas of the body.
   b. Use examination gloves for procedures involving contact with mucous membranes and non-intact skin (unless otherwise indicated) and for other patient care or diagnostic procedures that do not require the use of sterile gloves.
   d. Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactants may cause "wicking," i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause deterioration.
   e. Use general purpose utility gloves (e.g., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked or discolored, or if they have punctures, tears or other evidence of deterioration.
   f. Use gloves for activities/procedures which involve contact with mucous membranes/non-intact skin including, but not limited to: suctioning, oral care, perineal/genital care, bowel care, open lesion care, urinary drainage or emptying, handling of all specimens, handling of heavily soiled linen, starting and manipulating IV/arterial lines and stopcocks, emptying fluid-filled containers.
   g. Gloves are used when cleaning up blood/body fluids.

2. Gowns, Aprons and Other Protective Body Clothing
   a. Wear an impervious gown in instances where clothing may become soiled or wet. Change clothing and cleanse skin as soon as possible if contamination of clothing/skin occurs.
   b. Personnel during care of patients infected or suspected to be infected with significant organisms (e.g. antibiotic resistant organisms) wear gowns.

3. Masks/Goggles/Shield Masks
   a. Wear in instances of possible splashing, spraying, spatter or droplets where contamination of skin and mucous membranes can be reasonably anticipated.
   b. Wear a surgical mask to provide protection against infectious large-particle droplets spread by coughing, etc.

B. Linen and Laundry
   1. Use isolation linen (individual or packs) as necessary.
   2. Any handling of contaminated linen/laundry shall require the use of appropriate barriers.

C. Hand washing shall be considered an integral part of universal precautions, as well as good personal hygiene. Wearing gloves is NOT an acceptable alternative to hand washing. Instead, a combination of the two is necessary to interrupt infection transmission to patients or personnel.

Procedure:
1. Remove jewelry unless it has been worn during a procedure.
2. Wet hands under running water.
3. Keeping hands lower than elbows, apply soap or antiseptic.
4. Use friction for at least 10 seconds to clean between fingers, palms, back of hands, wrists and forearms.
5. Rinse under running water.
6. Use paper towels to dry hands.
7. Use paper towels to turn off the faucet and discard.
8. Use lotions after washing to prevent dermatitis, chapping and chafing.
D. Other
1. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lens are prohibited in work areas where there is reasonable likelihood for exposure to infectious materials.
2. HIV (+) persons require no procedures in addition to the above listed standard precautions/procedures. All patients’ blood and body fluids except sweat are considered potentially positive for bloodborne and other pathogens and thus are treated as such.

4.22: Student Physical Exam Requirement

In order to satisfy the requirements of a majority of our affiliated fieldwork sites, each student must complete a general physical through their personal physician or through student health. The Verification Form (Appendix I) signed by your physician indicates that that a physical has been completed within the last 6 months and that you are in good physical health. Please return this form to the USD Occupational Therapy Department.

4.23: Student Academic and Support Services

4.23.1: Disability Services
Office of Disability Services
Service Center North #119B
605-677-6389

It is the policy of the University of South Dakota in accordance with Section 504 of The Rehabilitation Act of 1973 and the Americans with Disability Act of 1990 to ensure that no qualified person shall, solely by reason of disability, be denied access to educational programs attendance.

The University is not required to lower or affect substantial modifications to academic requirements or to make modifications that would fundamentally alter the nature of the service, program, or activity.

Any occupational therapy student who has a disability needs to disclose this information to the Office of Disability Services. It is the student’s responsibility to self-identify through established procedures. If a student approaches a faculty or staff member and discloses a disability but does not have documentation from Disability Services, that faculty/staff person has a responsibility to direct the student to Disability Services in compliance with USD Policy. Please refer to the information on the Disabilities Services website.

The occupational therapy faculty will make the necessary accommodations for students with disabilities, only after the student has registered with the Office of Disabilities and complied with their policy on accommodations. Following registration, students are required to submit medical or other diagnostic documentation of their disability and their functional limitations. The student may also be asked to obtain additional evaluations prior to receiving requested accommodations. Students are encouraged to read the University of South Dakota Occupational Therapy Department Essential Functions & Technical Standards policies. It is the student’s responsibility to inform the Chairperson in writing of any accommodations.

Federal Law prohibits discrimination on the basis of disability (Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act). The University has designated Ms. Roberta Ambur, Vice President of Administration & ITS, as the Coordinator to monitor compliance with these statutes. Section 504 obligates USD and Ms. Ambur to provide equal access for all persons with disabilities. Ms. Ambur can be reached at Room 209, Slagle Hall, Phone: 605-677-5661.
4.23.2: Financial Aid
Lindsay Miller
Lindsay.Miller@usd.edu
Belbas Center
Phone: 605-658-6250

The basic function of the Financial Aid Office is to assist students who may lack financial resources to support their education. This office provides information regarding loans as well as budgeting information, information about types of aide, and scholarship information. The office provides financial application forms as well as entrance and exit loan counseling. Advisors are available for financial aid questions.

4.23.3: Legal Aid
Muenster University Center, 143
Phone: 605-677-6845
Phone: 605-763-5024 (Peterson, Stuart, Rumpca, & Rasmussen Law Office)
The Student Government Association (SGA) sponsors a legal aid service available to any University of South Dakota student who needs general legal service. Jason Rumpca will be serving as the legal aid on campus on Tuesdays and Wednesdays 11:30am-1:00pm. All other times you may contact Jason Rumpca at his Law Office.

4.23.4: Psychological Services Center
Old South Dakota Union #112
605-677-5354
800-765-3382 (after hours to reach Lewis & Clark Behavioral Health Services)
www.usd.edu/psc

The Psychological Services Center (PSC) is an outpatient clinic that provides services to children, adolescents, adults, couples, and families from USD and surrounding communities. Graduate students supervised by licensed psychologists who are also professors in the Clinical Training Program provide services. All services performed are confidential. Individuals are encouraged to call or walk-in for services. In the screening interview, an advanced clinical psychology graduate students assesses the nature of the problem and explains PSC procedures. After the initial screening interview, clinical supervisors determine if the PSC can provide the appropriate treatment and the client(s) is referred to a therapist in the PSC. If treatment cannot be provided in the PSC, an appropriate referral is made immediately.

The Psychological Services Center is supported by the Department of Psychology and the University of South Dakota. The Center is part of the American Psychological Association accredited doctoral training program in Clinical Psychology.

4.23.5: Registrar
Belbas Center 223
605-677-5339

The Office of the Registrar serves as the institutional guardian for official academic information and records in supporting the faculty, staff, and students of the University of South Dakota.
4.23.6: Student Health
20 South Plum
605-677-3700
Hours: Monday - Friday, 7:30 a.m. - 8 p.m.; Saturday, 8:30 - 11:30 a.m.

The University of South Dakota Student Health Services is provided by the Sanford Clinic Vermillion. Every full time student on the Vermillion Campus is automatically enrolled in the service by payment of the general university fee. The Student Health Service is a primary care facility and renders basically the same service as a personal physician’s office. Please see the Student Health website for a complete listing of services. Hospital care and other services are not covered; therefore all students must have adequate health insurance coverage. All OT Students are required to submit a copy of their insurance card to Rita Humphrey in SCSC 375A by Friday of Orientation Week and at the end of the spring semester prior to Level II Fieldwork.

4.23.7: Student Counseling Center
Cook House
605-677-5777
605-677-5342 (after hours to reach University Police for assistance)

The Student Counseling Center offers individual, group, and relationship counseling in areas such as crisis management, problem solving, assertion, confidence, self-esteem skills, habit control, and concentration. The Student Counseling Center, located in the Cook House, also operates an Alcohol and Other Drug (AOD) Services program, which is accredited by the State Division of Alcohol and Drug Abuse. The AOD program is an accredited program providing Intensive Outpatient Treatment for USD students. In addition, proactive AOD Prevention activities are provided across the campus throughout the year. Counseling on men's and women's issues is also available. Additionally, training in the area of stress management to include the skills of relaxation, meditation, and imagery is offered. All services provided by the Center are free and confidential.

4.23.8: USD Counseling and Family Therapy Center
Delzell Education Building Room 209
605-677-5250

The Center offers a variety of counseling and mental health services, including individual and group counseling, couple and family therapy, developmental and career/vocational assessments and evaluation, and psycho-educational consultation. There are no fees for registered USD students.

4.23.9: University Libraries
SHS Reference Librarian, Timmi Johnson
Regular office hours in Lee Medical
ID Weeks 131A
Timmi.Johnson@usd.edu
605-677-6615

The University Libraries of the University of South Dakota include the I. D. Weeks Library, which serves all programs based in Vermillion, and the Karl & Mary Jo Wegner Health Science Information Center, which serves the School of Health Sciences, Sanford School of Medicine, and other health partners in Sioux Falls and throughout South Dakota. The University Libraries provides print and media materials to support the curriculum and bestsellers for leisure and enrichment reading. The USD and Wegner Center populations locate and request materials held in the other libraries in the state through the ALEPH SDLN catalog. The University Libraries and Wegner Center feature onsite and online access to over 300 databases, nearly 450 e-books, and thousands of full-text, academic journals. Interlibrary loan and document delivery services obtain desired items not owned by the University Libraries or Wegner Center within a few days, frequently within hours. Subject-specialist
library faculty provide reference services as requested during all open hours by: walk-in, phone, fax, email, chat, and text. Information literacy and library instruction are fully integrated into the USD curriculum. Health-related instruction and comprehensive library services are provided by USD and Wegner Center librarians as participants in the National Library of Medicine Greater Midwest Region outreach and resource programs.

Fall/Spring Operating Hours
ID Weeks Library & Academic Commons Wegner Health Science Information Center

Monday-Thursday 7:30 a.m. to 2 a.m. Monday-Thursday 8 a.m. to 10 p.m.
Friday 7:30 a.m. to 11 p.m. Friday 8 a.m. to 5 p.m.
Saturday 10 a.m. to 11 p.m. Saturday 10 a.m. to 5 p.m.
Sunday 10 a.m. to 2 a.m. Sunday 2 p.m. to 10 p.m.

4.23.10: Student Support Services (TRIO)
Muenster University Center room 219
605-677-4004

This grant funded service may be utilized by students who meet federally mandated guidelines and who feel the need for tutoring, study skill improvement, or counseling or academic advising. These students include:
- Those with low ACT scores
- Nontraditional students returning to school
- Students with learning disabilities
- Students with physical disabilities
- Low-income students
- Students who are first in their families to attend college

4.23.11: The Writing Center
ID Weeks Library, Academic Commons, room 133
wcenter@usd.edu

In the Writing Center, you can get help on all aspects of your writing, from developing ideas to revising and polishing your pieces. They provide assistance with essays; reports; homework that involves writing; M.A. theses and dissertations; and other kinds of writing, such as short stories, poems, résumés, business letters, grants and proposals.
5: ACADEMIC & PROFESSIONAL BEHAVIOR POLICIES

5.1: Academic Integrity

USD Statement of Academic Integrity
Academic integrity is a fundamental concept underlying the educational enterprise of the University. As such, the idea of academic integrity must be embraced by all who are members of the university community and must be a guiding principle in all actions of the University. Academic integrity encompasses the values of Honesty, Trust, Fairness, Respect, and Responsibility and is the foundation for the standards of acceptable behavior that apply to all within the university community. To this end, the University of South Dakota seeks to embrace, promote, and maintain an atmosphere of honesty and integrity that can be summed up in the following simple statement:

We are committed to honesty, fairness, trust, respect, and taking responsibility for our actions.

The USD Academic Integrity Statement provides the foundation for the Occupational Therapy Program Pledge of Professional Conduct.

The USD library website has a tutorial titled “Introduction to Academic Integrity” available for your review.

5.2: Academic Misconduct

(Refer to the USD Student Handbook and Student Code of Conduct)

A. Academic Dishonesty
   1. Cheating, which is defined as, but not limited to the following:
      a. use or giving of any unauthorized assistance in taking quizzes, tests, or examinations;
      b. use of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; or
      c. acquisition, without permission, of tests or other academic material belonging to a member of the institutional faculty or staff. The only “old exams” occupational therapy students are authorized to have and review are those provided by the OT or Basic Biomedical Sciences faculty for Gross Anatomy or Neuroscience.
   2. Plagiarism, which is defined as, but is not limited to, the following:
      a. the use, by paraphrase or direct quotation, of the published or unpublished work of another person without full and clear acknowledgement consistent with accepted practices of the discipline;
      b. the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials.
   3. Other forms of dishonesty relating to academic achievement, research results, or academically related public service;
   4. Furnishing information known or believed to be false to any institutional official, faculty member or officer;
   5. Forgery, fabrication, alteration, misrepresentation, or misuse of any document, record, or instrument of identification, including misrepresentation of degrees awarded or honors received;

B. Students are expected to comply with the following academic standards:
   1. Original Work:
      Assignments such as course preparations, exams, texts, projects, papers, etc., must be the original work of the student. At all times, students are expected to comply with APA Style (6th
ed.) when formatting papers. Work is not original when it has been submitted previously by the author or by anyone else for academic credit.

2. **Referencing the Works of Another Author:**
   All academic work submitted for credit or as partial fulfillment of course requirements must adhere to standards of the APA Manual (6th edition) or rules of documentation provided by the instructor. Standards of scholarship require that the writer give proper acknowledgement when the thoughts and words of another are used.

3. **Tendering of Information:**
   All academic work must be the original work of the student. Giving or allowing one’s work to be copied, giving out exam questions or answers, or releasing or selling term papers is prohibited.

C. **Violations of the Code of Conduct:**
   - [Student Code of Conduct](#)
   - [SD Board of Regents Policy 3.4: Student Disciplinary Code](#)
   - [Map of BOR Policy 3.4: Student Conduct Code](#)

D. **Reporting Violations**
   Initially, an individual who believes there may be a potential violation of the Code of Conduct may choose to contact that person to seek clarification. If there is reasonable cause to believe that the spirit or provisions of the Code of Conduct have been violated, it is the duty of that student to contact the Course Instructor or the Chair of the Occupational Therapy Program in a timely manner. It is the obligation of each student to report any Code of Conduct violation; failure to do so is itself a violation of the Code.

   A faculty member who has reasonable cause to believe that the spirit or provisions of the Code of Conduct have been violated should contact the Chair of the Program.

*The USD Occupational Therapy Program reserves the right to dismiss a student, based upon the severity of the academic transgression.*

5.3: **Academic Standing, Probation, and Dismissal**

**Policy**
It is the responsibility of the Occupational Therapy Program at the University of South Dakota to provide the citizens of South Dakota and beyond with highly qualified therapists. In striving to meet this goal, the occupational therapy faculty has developed standards of academic performance and professional behavior for occupational therapy students, and collectively reviews student progress each semester.

The progress of each student through the curriculum requires continuous satisfactory academic performance. Satisfactory academic progress is evidenced by a cumulative GPA of 3.0 or higher, a final grade in each course of a C or higher, no more than 15 credits of C in the OTD Program of Study or 12 credits of C in the MS Program of Study, and completion of all program requirements. A student who receives a deficient (D) or failing (F) grade in any course is not eligible for promotion to the next phase of the program and thus is subject to immediate dismissal. Students are responsible for monitoring their academic progress using WebAdvisor.

Faculty and students have an obligation to assure that all members of the occupational therapy learning committee abide by the [USD Code of Conduct](#), the [AOTA Code of Ethics](#), and the professional behavior standards established by the Occupational Therapy Program. It is the duty of each faculty member and student to report any Code of Conduct violation; failure to do so is itself a violation of the Code.
Grading System

Grades, percentages, and grade point values for all courses in the Department of Occupational Therapy are as follows:

<table>
<thead>
<tr>
<th>GRADE</th>
<th>PERCENTAGE</th>
<th>GRADE POINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90 – 100%</td>
<td>4</td>
</tr>
<tr>
<td>B</td>
<td>80 – 90%</td>
<td>3</td>
</tr>
<tr>
<td>C</td>
<td>70 – 80%</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>60 – 70%</td>
<td>1</td>
</tr>
<tr>
<td>F</td>
<td>&lt; 60%</td>
<td>0</td>
</tr>
<tr>
<td>F</td>
<td>Academic Misconduct</td>
<td>0</td>
</tr>
</tbody>
</table>

Faculty appreciate how frustrating it can be to finish a fraction of a percentage shy of a higher letter grade; however, requests to consider raising a grade on the sole basis that the student is very close to the cutoff, will not be successful and are considered conduct unbecoming of students enrolled in the OT program.

The grade of “I” (Incomplete) may be given in cases where the student is unable to complete the required course work through no fault of his or her own. A personal or medical emergency typically constitutes this condition. An incomplete may not be given when a student is performing unsatisfactorily or when a passing grade cannot be achieved after all the required work is completed. An incomplete will be changed to an earned grade upon a student’s satisfactory completion of the course, within the time determined by the course instructor. The course instructor should convey the conditions for removal of the incomplete to the student at the time the incomplete is given. Course sequence and prerequisites may determine whether a student can progress to the next semester. Students receiving an incomplete in a course in the Occupational Therapy Program of Study are required to request permission in writing to progress to the next semester of the program.

The student may also be given the option of withdrawing from the program and resuming studies when the course is offered at a later date. The student will not be allowed to start Level II Fieldwork until didactic course work is successfully completed.

A student that withdrawals (WD) from any required course in the program is considered to have withdrawn from the program and is not eligible to continue in other required courses. Withdrawals are student initiated. Once the student has withdrawn from the program the student must apply and be granted readmission before continuing required occupational therapy coursework. Students enrolled in elective courses outside of the Occupational Therapy curriculum may continue in those courses.

Professional Behavior Development

Entry-level and experienced occupational therapists are required to demonstrate a high level of professionalism. Consequently, students enrolled in the Occupational Therapy Program are expected to develop and demonstrate behaviors and attitudes consistent with those of the profession (See AOTA Code of Ethics and the Standards of Practice for Occupational Therapy). Occupational Therapy students will be expected to demonstrate their commitment by signing the USD Occupational Therapy Code of Professional Conduct. The Student Code of Conduct and the Academic Integrity Code outline behavioral expectations of all students enrolled at USD.

The USD Department of Occupational Therapy Professional Development Assessment is used to assess professional development of students in the program. Students will complete a self-assessment of professional behaviors each semester using this form. In addition, faculty will collectively evaluate each student’s professional behavior prior to the advisor’s meeting with the student every semester. Individual faculty members serve as role models and mentor students in the
A student in occupational therapy must attain a minimum score of 3 in each of the ten areas of the Professional Development Assessment Rating Summary Form completed by faculty prior to beginning Level II Fieldwork.

**Academic Standing, Probation and Dismissal**
If a student does not maintain a 3.0 GPA in the OT Program of Study, receives more than 15 credits of a letter grade of C in the OTD Program of Study or 12 credits of C in the MS Program of Study, or demonstrates conduct in violation of the ethical or professional standards of the discipline, the student is eligible for probation and/or dismissal from the program. A student placed on academic probation will remain on probation until s/he obtains a cumulative GPA of 3.00 or higher and has demonstrated behavior consistent with the discipline. Students will be permitted to progress to Level II Fieldwork rotations only after successful completion of didactic coursework, including a cumulative GPA of 3.0 in the program of study, and demonstration of appropriate professional behaviors.

**Procedures Regarding Academic Performance**
1. The student is primarily responsible for monitoring their GPA. When concern arises regarding grades in any given class, the student should seek assistance from the course instructor and their advisor as well as avail themselves to the many resources available on campus. At any time during the semester, the OT faculty member or the student’s occupational therapy advisor may bring academic performance deficiencies to the students’ attention and refer the student to available resources. Students who address challenges swiftly are much more likely to succeed.
2. The OT Academic Advisor will notify the Department Chair if a student fails to achieve and maintain a GPA of 3.0 in required coursework. The Academic Advisor will also notify the Department Chair if a student has earned a grade lower than a “B” in more than 15 credits of the OTD program of study of 12 credits of the MS program of study or grades of a “D” or “F” in required coursework. The faculty reviews each student’s academic progress during the faculty meeting preceding advising week.
3. When a student’s graduate GPA falls below a 3.0, the Chair of the Occupational Therapy Department will notify the student in writing that he or she has been placed on academic probation. The student is also notified of the academic probation policy and how continued probation could lead to dismissal from the OT Program. The student will also be advised on resources available to him/her to develop successful strategies for completion of his/her course of study. A copy of the letter will be sent to the Dean of the School of Health Sciences, the Dean of the Graduate School, and the student’s advisor.
4. The student is typically removed from probation once the overall graduate GPA is raised to a 3.0. The OT Program Chair will send a letter to the student with copies to the Dean of the Graduate School, Dean of the School of Health Sciences, and the academic advisor.
5. If the student is making sufficient progress toward raising the overall GPA to a 3.0 such that faculty consider that there is a strong likelihood that the student will meet the 3.0 GPA requirement prior to Level II Fieldwork, the student will remain in the program; however, s/he will continue on probation.
6. Students must earn a grade of B or above in OCTH 764 or 774 (Level II Fieldwork), and OCTH 801 and 802. If a student receives a C, he or she may be given an opportunity to re-take the course depending upon the student’s academic history and the reason(s) for the grade received. Only one retake is permitted during the program. Please refer to the USD OT Fieldwork Manual and USD OT Capstone Manual.

**Procedures Regarding Professional Behavior**
1. Each member of the occupational therapy community (academic and clinical faculty, students, and staff) are responsible for identifying and reporting behaviors inconsistent with those
outlined in the *USD OT Professional Development Assessment*, the *Occupational Therapy Code of Professional Conduct*, the *USD Code of Student Conduct*, or the *AOTA Code of Ethics*. The faculty member(s) shall keep written documentation of the situation.

2. Every semester the faculty assesses each student’s professional development using the *USD OT Professional Development Assessment*. Please refer to the *Policy and Procedure for Occupational Therapy Student Evaluation/Advising*. In addition, *Student Issues* is an agenda item at each faculty meeting so that faculty can bring any concerns to the attention of others.

3. Collectively, faculty will determine an appropriate level of action for any student demonstrating behavior inconsistent with that outlined in the *USD OT Professional Development Assessment* or other relevant documents cited above. Depending upon the nature of the behavior, the faculty response may include bringing the conduct to the student’s attention, placing the student on probation, or dismissal from the OT program.
   a. The academic advisor will meet with the student, either individually or with other faculty members. The academic advisor will counsel the student regarding the serious nature and consequences of such behavior.
   b. The academic advisor will refer the student to external programs as appropriate to assist with development of professional behavior.
   c. The faculty may require the student to develop a written plan to increase awareness and to modify the behavior. If the student’s behavior is specific to a course (including FW), the course instructor will work with the student and academic advisor to develop an appropriate plan. The student’s plan will include goals and specific objectives, time lines for completion, and review dates.
   d. Collectively, faculty will review the student’s plan. The faculty may accept, reject, or ask for a revision of the plan. The academic advisor or other designated faculty member will collaborate with the student on any revisions. Once approved, the plan will become a contract between the student and the USD OT Program and must include signatures of the student, advisor, and Chair. Documentation will be located in the student’s file for a specified period of time in compliance with University and federal regulations.
   e. The Academic Advisor will be responsible for monitoring the student’s progress, following the review dates specified in the plan.
   f. Depending upon the significance of the behavior, the Chair of the Occupational Therapy Department may place the student on probation. If a student is placed on probation, he or she will be notified in writing with a copies sent to the Dean of the Graduate School and the Dean of the School of Health Sciences. Students should understand that state licensing boards may require reporting of any probationary actions.

**Procedures Regarding Dismissal from the Program**

1. Dismissal from the program may occur if any of the following conditions exist:
   - A grade of D or F in any required course
   - A grade of C in more than 12 credits in the MS program of study
   - A grade of C in more than 15 credits in the OTD program of study
   - Inability to attain a cumulative GPA of 3.0 prior to Level II Fieldwork or when the GPA is so severely deficient as to make restoration impossible before scheduled Level II Fieldwork
   - Academic or Professional Misconduct

2. Prior to a decision regarding dismissal, the Chair will provide the student with written notice of the issues and an opportunity to meet with the Chair and faculty or faculty representative (face-
to-face, by teleconference or virtually). During the meeting, the student will have an opportunity to present his or her perspective of the situation.

3. Should the Department Chair decide to proceed with dismissal, written notification will be sent to the student with a copy placed in the student’s file, and copies sent to the student’s Academic Advisor, the Dean of the School of Health Sciences, and the Dean of the Graduate School. In the letter, the Department Chair will reference the OT Academic Standing, Probation and Dismissal Policies and Procedures, and advise the student of available counseling and career counseling services.

4. A student may appeal a decision for dismissal first to the occupational therapy faculty and subsequently through the appeals process identified for graduate students by the Graduate School. Please refer to the Graduate Student Academic Appeal Procedure found under Graduate School Policies on the Graduate School homepage. A student pursuing an academic appeal should confer with the OT Department Chair or Graduate Dean before initiating the process.

You can review the full SDBOR Policy 2.9 at https://www.sdbor.edu/policy/documents/2-9.pdf.

Leave of Absence
In rare instances, a student may be permitted to take a leave of absence and return to the program on probation, if the faculty believes there are extenuating circumstances that warrant such a leave. It is the responsibility of the student to petition the faculty in these cases. The faculty will decide such cases on their individual merits.

5.4: Accommodations for Students with Disabilities

Disability Services
605-677-6389
http://www.usd.edu/student-life/disability-services
disabilityservices@usd.edu

Disability Services and USD are required to provide reasonable and appropriate accommodations to allow equal access in accordance with Sections 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the Americans with Disabilities Amendment Act (ADAAA) of 2008. The University is not required to lower or affect substantial modifications to academic requirements or to make modifications that would fundamentally alter the nature of the service, program or activity.

In order to receive academic accommodations, students must contact and register with Disability Services as soon as possible after admittance to USD. Following registration with Disability Services, students are required to submit medical or other diagnostic documentation of their disability and their functional limitations. The student may also be asked to obtain additional evaluations prior to receiving requested accommodations.

Students are responsible for making timely and appropriate disclosures, making timely and appropriate requests for accommodation, for keeping Disability Services informed about the implementation of accommodations, and for actively participating in the securing of his/her accommodations and auxiliary aids. Delay on the part of the student in registering with Disability Services, seeking accommodations, or in meeting required conditions, may result in limiting the ability of the University to provide appropriate and reasonable accommodations.

If you are a student with a disability, please contact Ernetta Fox, Director of the Office of Disability Services (Service Center North 119; 605-677-6389) as early as possible in the semester.
5.5: Adding and Dropping Courses

To drop and/or add courses after initial registration, the student must secure an Add/Drop form from the Registrar's Office located in The Belbas Center. This form must be properly completed, signed by the instructor(s), the student's advisor, and the Dean of the Graduate School. It is then submitted to the Registrar's Office for processing. The deadline for adding and dropping varies with the start date of the class. Since many courses in the occupational therapy program of study do not follow the University calendar, contact the registrar to verify the date and avoid charges. The student is responsible for notifying the Registrar's Office and Business Office by the necessary due date that classes are dropped to avoid tuition and fee charges.

A student who withdraws from any required course in the program is considered to have withdrawn from the program and is not eligible to continue in other required courses. Students enrolled in elective courses may continue in those courses. Students withdrawing from the program are not eligible to enroll in further program courses. The student is responsible for notifying the Program Chair and the Registrar’s Office and if s/he withdraws from the program. If the student fails to do so by the appropriate date, charges will incur.

5.6: Attendance Policy

Policy

Attendance and participation in all scheduled educational activities (lectures, laboratory exercises, exams, clinical presentations, patient-centered activities, discussion groups etc.) is a requirement of all students, regardless of where they have chosen to live or any other events scheduled for that day. Full participation requires that students are well-prepared, punctual and actively engaged in the learning process.

Rationale

Successful completion of your occupational therapy education is your responsibility and must be considered your priority. Lateness and unexcused absences are considered unprofessional and disrespectful towards both your professors and peers. Furthermore, the occupational therapy faculty has a responsibility to guide students in their professional development. A significant aspect of that responsibility is to prepare students to serve clients in a professional work environment. In the workplace, you will be expected to fully engage in providing excellent occupational therapy services for your clients. Full engagement demands that you are well-prepared, punctual and focused on your client's needs.

There are several reasons that mandatory attendance is enforced...

- Learning is enhanced by instructor-student and student-student interaction; in most situations, this is best achieved in a face-to-face teaching environment.
- Laboratory and small group sessions are conducted using a team based approach, with each person fulfilling an important role. Unexcused absences therefore hinder the educational experience of the entire team, and not just the individual.
- It is the experience of the faculty, over many years, that students who are routinely absent from class do not perform at an acceptable level throughout the pre-clinical curriculum.

Professional education is designed to replicate the work environment; therefore, in addition to the typical 8:00 am - 5:00 pm workday, students may be required to be available for service learning, scholarly lectures or events, and clinical education activities that may occur in the evening and weekend hours.
Policy Regarding Attendance During Level I Fieldwork Placement
It is the student’s responsibility to attend all scheduled dates for Level I Fieldwork. Due to the brief nature of Level I Fieldwork, the student is required to complete the experience during the assigned time. However, if an emergency occurs and a student experiences any absence during Level I Fieldwork, a written statement must be sent to the Level I Fieldwork Coordinator and course instructor immediately. The occupational therapy department faculty, with input from the fieldwork educator, will determine a plan for completion. One of the following options may be assigned:

- The student will make up missed days at the site at an alternate time.
- The student will repeat the experience at the same site or an alternate site for the assigned time.

Students are strongly advised to reach their fieldwork destinations at least one day in advance. This includes allowing sufficient time for weather-related concerns and delays as well as the possibility of missed flights. Any absence or tardiness in fieldwork days may affect the student’s course grade.

Policy Regarding Attendance During Level II Fieldwork Placement
It is the student’s responsibility to attend all scheduled dates for Level II Fieldwork. If a student must miss a fieldwork day, he or she is required to contact both the AFWC and the Fieldwork Educator at the fieldwork site to inform them of the absence at least 2 weeks in advance. The student is required to fill out the Level II Fieldwork Student Leave Form and submit to the AFWC. If the absence is due to medical or emergency need, the student must complete and turn in the form to the AFWC within one week of the absence. Medical documentation may be needed, depending on the circumstance. Based on the Fieldwork Educator’s discretion and site policy, a maximum of two (2) days may be permitted per Level II Fieldwork. Beyond this, all absences must be made up. A student who is absent for more than two days per Level II Fieldwork without documentation of a valid plan to make-up missed days, may receive a failing or reduced letter grade for the fieldwork. The Fieldwork Educator should notify the student and the AFWC with issues regarding attendance. If the fieldwork site has a more stringent absence policy, the fieldwork site policy supersedes the USD OT Department policy.

Procedure
Scheduling:
Due to special events, clinical education, and other learning opportunities, students’ schedules may vary week to week. A semester calendar will be posted for students on the myUSD portal. It is the student’s responsibility to check that calendar weekly. Students are expected not to schedule other activities, work, or appointments between 8:00 am and 5:00 pm, Monday through Friday, including the summer session. With prior announcement, classes and activities may shift times, or a special learning event will be added that the student is required to attend. Flexibility in changing work schedules and appointments is expected.

Absence:
If a student is absent or tardy, he or she must complete a leave slip for each day missed, and submit it to the School of Health Sciences senior secretary within two days of any absence or tardiness. Leave slips must be complete with the signature of the course director (and course lecturer, if different from the course director). The main office staff will provide a copy to the student’s academic advisor.

- Each absence will result in a 5% deduction of the overall course grade, with exception of the first absence IF the leave slip is completed and IF the first absence does not include final presentations or final exams.
- Failure to complete the leave slip with signatures from the course lecturer(s) will result in a 5% deduction in the overall course grade on each occasion (including the first absence).
- Failure to attend final presentations or final exams will result in a 5% deduction in the overall course grade AND any points that comprise attendance/participation in final presentations or the final exam. Remember that not all final presentations or exams occur during finals week.
- At the discretion of the course director, points associated with class activities (exam, quiz, discussion, etc.) during the absence may not be redeemed.
• A student may appeal the deduction in serious verifiable situations necessitating extended or multiple absences. The Committee on Student Progress and Conduct (which consists of the full-time faculty) may approve the absence, waive the percent deduction and further require additional assignments so that the student can demonstrate acquisition of missed content.
• A copy of the leave slip is kept in the academic advisor’s file, similar to an employee’s file in the Human Resources Department at the workplace.

*Students should refer to the USD OT Fieldwork Handbook for details regarding the attendance policy for fieldwork experiences.

Date: August 2, 2010; Revised 7/16/2011; Revised 5/17/2012; Revised 7/17/2013; Revised 7/1/2014
5.6.1: Request for Leave from Class

NAME: __________________________________________ OT Class of: __________________________

Please print

Date submitted to program assistant: ________________

I am submitting a request for leave for the time period __________ through __________.

date and time date and time

REASON FOR REQUEST

Illness ☐ Family Emergency ☐ Immediate Family Member Death ☐
Leisure ☐ Wedding participant ☐ Other (explain below) ☐

Explanation:

________________________________________________________

This absence impacts the following class(es):

Course number: ___________

The following types of activities occurred when I missed/will miss class:

Psychomotor Lab ☐ Lecture ☐ Case Studies ☐ Presentations ☐ Small Group Activity ☐

Proposal for Covering Missed Content:

________________________________________________________

________________________________________________________

________________________________________________________

Signature, Class Lecturer __________________________________________

Course number: ___________

The following types of activities occurred when I missed/will miss class:

Psychomotor Lab ☐ Lecture ☐ Case Studies ☐ Presentations ☐ Small Group Activity ☐

Proposal for Covering Missed Content:

________________________________________________________

________________________________________________________

________________________________________________________

Signature, Class Lecturer __________________________________________

Signature, Student __________________________________________ Date

Signature, Academic Advisor _______________________________ Date

This form is submitted to the Main Office in SCSC 375A when all signatures have been obtained. The original will be held in your academic advisement file.
5.7: Code of Conduct

Members of the institutional community reasonably expect that they shall be able to live, study, work and relax in a safe and orderly environment that is conducive to achievement of the educational, scholarly and public service missions of the institution. The Student Code of Conduct, published by the SD Board of Regents, may be found at https://www.sdbor.edu/policy/documents/3-4.pdf. The regulations included in the Code of Conduct, while not all-inclusive, identify forms of conduct that infringe upon those expectations, disrupt the orderly progress of institutional activities, and so expose the actors to discipline.

5.8: Examination Policies

Sitting an Exam

If space permits, students must sit in alternate rows with at least one space in between. In 350, students are asked to sit at the ends of the tables. All books, notes, flashcards and other personal items must be stored in the front of the room prior to the start, and for the duration of, the testing session. Hats with brims and electronic devices with audio/video recording, 3G/4G, Wi-Fi or other outside connectivity will not be permitted. Cell phones must be turned off during the examination session and are to be stored away from the testing area.

During the testing session you will not be permitted to ask any questions regarding the examination content, but you may ask for assistance if you have a computer problem. If you feel that a question is misprinted or incorrect, you should attempt to answer the item to the best of your ability with the information provided (see: "Challenges to Exam Questions", below for instructions on reporting this issue).

No collaborative efforts during examinations will be permitted, unless the exam is designed for collaborative work. Exams may contain questions that cover material for which you have been told you are responsible, even if this was not formally addressed in a scheduled activity. Whenever short answers are required, legible handwriting, correct spelling and grammar are expected; points will be deducted if these are inadequate. Abbreviations are acceptable if used in the correct context and when instructors, textbooks or the contemporary literature commonly use them in the same form.

All examinations must be completed within the allotted time.

When scantron score forms are used, the answer recorded on the scantron will be the graded response, even if the student recorded a different response on the test form.

No food or drink, other than a clear water bottle, will be allowed in the examination room. There will be no bathroom breaks during exams with a duration of 90 minutes or less, except in an emergency, so plan accordingly. Where bathroom breaks are permitted, students will only be allowed to exit one at a time.

Challenging of Test Questions

From time to time exam questions may be ambiguous or interpreted in a manner not anticipated by the faculty. Unless notified otherwise, challenges to test questions will be allowed under the following conditions:

- When you have completed the exam, but before discussing it with your classmates, you will be allowed time to write a note outlining your concerns on the scratch paper provided for this purpose, or on the exam itself, if it is on paper.
- Exam questions are not to be documented or reproduced in any way; the question being challenged is to be identified ONLY by the first five words of the question stem and not the actual text or paraphrased text from the examination.
• Each student must submit his/her own exam question challenges; challenges for an entire class will not be permitted.
• Challenges will be reviewed shortly after all students have completed the exam. At this time you may support your challenge through the use of class notes, contemporary textbook(s) or peer-reviewed journal article(s); please note, however, that this will be limited to information that you might realistically have possessed going into the exam. If the challenge is successful, the appropriate point(s) will be added to the student's score.
• Challenges based on idiosyncratic interpretations of questions are unlikely to succeed unless a significant number of students make a note of the same concern at the time of the exam.
• After each exam all of the questions will be reviewed by the faculty, based upon the item analysis of the class's performance. Following this, test questions may occasionally be dropped or additional answers accepted. In this case, the ensuing changes will apply to the entire class.

Lab Practical Policy
The practical examination and/or skill check is used to assess the student in the cognitive, affective, and psychomotor domains. It is also used to assess patient and practitioner safety practices prior to treating patients in a clinical setting. Individual students will retake a portion or portions of any practical examination if the individual does not obtain a score of at least 80% on that portion of the examination or fails a safety component. The student will not be allowed to pass the class until he/she passes each practical examination with a score of at least 80% and no safety concerns noted. Failure to pass any practical examination requirement in the course after three attempts will result in a failing grade for the class.

Absence from Examinations
Unless the University is unexpectedly closed, all exam dates are fixed. There will be no student-initiated changes in the dates and times on which tests/exams are taken and, with the exception of approved/documented absences (illness, bereavement, personal emergency, or military service), individuals or groups of students will not be permitted to take an exam at a different time or on a different day. In the case of individual students whose absence from an exam is approved, the exam may be rescheduled at the discretion of the course coordinator. The make-up exam may differ in form and content from the exam given on the scheduled date.

All students are reminded that providing any specific information about an examination to peers who have not yet taken the exam is considered a form of academic dishonesty and a breach of the Code of Professional Conduct. Suspected incidents will result in a referral to the Student Progress & Conduct Committee.

Professionalism in the Classroom
It is important for students to remember that academic professionalism includes both the classroom setting and all clinical experiences. Academic professionalism enhances the learning experience for everyone. In this regard, academic professionalism includes:

• Arriving for class on time to avoid disruption of the learning experience of others and being disrespectful to classmates, guests and faculty. Punctuality is an expectation of all students, regardless of where they have chosen to make their home location or the activity that they are attending. Students who arrive late (without receiving prior permission) should wait until there is a break in the ongoing activity before entering the room.
• Switching cell phones off or putting them on "silent" during class. Students with the potential for an emergency call during class should alert the faculty in advance of this possibility and sit near an exit door. In the event an emergency call that must be answered is received during class, the student should quietly leave the room before conversing. Students may also ask family to call the School of Health Sciences secretary in the event of an emergency (605-658-5999).
• Limiting the use of portable computers (laptops, tablets, iPads etc.) to academic pursuits during class sessions. Appropriate uses include taking notes, following along with the instructor on
PowerPoint, with demonstrations and other whole class activities, working on assigned in-class activities, projects, or discussions that require laptop use. It is easy for your laptop to become a distraction to you and to those around you. It is both unprofessional and disrespectful to faculty and to your peers to use your computer to access social media sites, check e-mail, play games, surf non-educational websites or perform unnecessary computer-related actions at any time during class. Students who engage in this behavior will be asked to leave the classroom or the activity in progress.

- Providing evaluation comments written in a respectful tone, while being both constructive and helpful. Any other comments are a negative reflection on the student and on the program. Students are welcome to candidly share their thoughts on any aspect of the course, but the anonymity afforded by the evaluation process should not be used as a "shield" behind which students hide as they write unhelpful, offensive or otherwise inappropriate comments. Students are also cautioned against sending e-mails to faculty in the heat of the moment as these can often appear belligerent and unprofessional to the recipient. Remember, once sent, the contents of an electronic communication cannot be retracted.

5.9: Readmission

Policy
Students who have been dismissed from, or for any reason left, the Occupational Therapy Program and who wish to be re-admitted must submit a letter to the Department Chair requesting readmission one year after dismissal. The student will be considered, provided adequate evidence that the conditions and/or factors that caused the prior poor performance have changed significantly, and there is reasonable expectation of satisfactory performance if permitted to resume studies. Specific actions may be stipulated as a condition of readmission. The Occupational Therapy Admissions Committee will review the readmission request on an individual basis and make recommendations to the OT Faculty for subsequent action.

Procedure
1. Upon receipt of a request for readmission, the Program Director will notify the Chair of the OT Admissions Committee and acknowledge receipt of the request to the student. The student will also receive a copy of the Readmission Policy and Procedure.
2. The Admissions Committee will review the student’s request for readmission within 30 days from receipt of the request. This will be a closed meeting. The Admissions Committee may, at its discretion
   - Make a recommendation for readmission
   - Make a recommendation that the student not be readmitted
   - Request additional information from the student before making a recommendation
3. The Chair of the Admissions Committee will notify the Program Director of the recommendation formulated by the Admissions Committee no less than 10 days from the date of the decision.
4. The Program Director will then present the recommendation to the OT Faculty and request a determination on readmission.
5. The Program Director will notify the student of the decision in writing no less than 10 days after the decision.

5.10: Student Evaluation and Advising

Policy
A student evaluation is completed a minimum of twice yearly to review each student’s academic and professional progress and to determine the student’s eligibility for advancement to Level I/II Fieldwork. In special circumstances, student evaluations are scheduled with one or more faculty outside of the regularly scheduled semester evaluations.
Procedure
Individual student evaluation/advising will occur each semester as noted in the table below and on the Semester Calendar:

<table>
<thead>
<tr>
<th>Class</th>
<th>Fall</th>
<th>Spring</th>
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<tbody>
<tr>
<td>1st Year</td>
<td>*Advisor/Advisee meet following 1st Gross Anatomy Exam to discuss academic progress 3rd Week in October Student and Academic Advisor meet to discuss academic progress and professional development</td>
<td>3rd Week in March</td>
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<tr>
<td>2nd Year</td>
<td>4th Week in October</td>
<td>4th Week in March</td>
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*Facilitates discussion regarding strengths/needs in present courses. At this time, document that the meeting occurred and any action needed or recommended.

Steps to Academic Advising:
1. Advisor/Faculty Complete USD OT Professional Development Assessment (see following page):
   A. Academic advisor will meet with his or her advisees each semester regarding academic progress and professional development.
   B. Faculty will meet prior to schedule advising meetings to discuss each student’s progress and complete the PDA.
2. Meetings Are Scheduled:
   It is the responsibility of the student to set up advising meetings with their advisor according to the schedule outlined above. Faculty will post sign-up sheets 1 week prior to the scheduled meetings. Students are encouraged to meet with their advisor more frequently as desired or needed.
3. Meeting Preparation:
   A. Students will prepare:
      - Professional Development Assessment: Students will complete a self-assessment using the USD OT Professional Development Assessment each semester prior to the meeting.
      - Course grades (midterm or final): Students will review course grades on WebAdvisor and calculate midterm grades based on assignment feedback thus far.
   B. Advisor will prepare:
      - USD OT Professional Development Assessment: As a group, faculty will assess each student’s development of professional behavior and provide feedback, which the advisor will discuss with the student.
      - Academic Progress: Faculty will review the student’s academic progress and other pertinent data.
4. Progression and Documentation of the Meeting:
   The student and faculty advisor meet to discuss the student’s academic progress and professional development as outlined on the USD OT Professional Development Assessment. Each signs the document where indicated. The faculty member maintains the original in his or her office until the student leaves for FW, at which time it is placed in the student’s academic file located in the department office.
A student evaluation is completed a minimum of twice yearly to review each student’s academic and professional progress and to determine the student’s eligibility for advancement to Level I/II Fieldwork. In special circumstances, student evaluations are scheduled with one or more faculty outside of the regularly scheduled semester evaluations.

**Scoring:** The student will be ranked as novice, emerging, or Level II FW Ready for each professional behavior. A majority of descriptors must be achieved in order to score at the next highest rank. For example, for identifying as a professional, the student would move from novice to emerging when at least 3 of the 4 “emerging” exemplars have been demonstrated.

A student must achieve a Level II FW Ready ranking in all faculty-ranked professional behaviors in order to progress to Level II Fieldwork. In the event that this is not achieved, the student will be required to develop a remediation plan in collaboration with the faculty in order to progress to Level II Fieldwork per faculty discretion. Please refer to the OT Student Handbook for the complete professional behavior policy and procedure.

**Student:**

**Advisor:**

### Academic Progress

<table>
<thead>
<tr>
<th>Initial Academic Advising Meeting</th>
<th>Comments:</th>
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<tr>
<td>(to take place after 1st Gross Anatomy Exam)</td>
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<tr>
<th>Meeting</th>
<th>GPA – OT program of study</th>
<th>Grade of C in any course? (list course and credits)</th>
<th>Midterm status (Satisfactory/ Unsatisfactory)</th>
<th>Probation (Yes/No)</th>
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<td>Fall I</td>
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Comments:
## Professional Development Progress

### 1. Identifying as a professional

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<th>Fall I</th>
<th>Spring I</th>
<th>Fall II</th>
<th>Spring II</th>
<th>Novice (N)</th>
<th>Emerging (E)</th>
<th>Level II FW Ready (R)</th>
<th>Exemplars</th>
<th>Exemplars</th>
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- **Exemplars**
  - Able to define occupational therapy
  - Follows USD OT policies and procedures
  - Takes direction from others
  - Maintains a positive attitude
  - Able to identify preferred learning style
  - Able to balance personal and professional commitments
  - Accepts responsibility for own actions

- **Exemplars**
  - Follows facility policies regarding dress code, use of social media, safety procedures, etc. during Level I clinical experiences
  - Actively contributes to the work of the group
  - Develops personal and professional goals and revises them as appropriate
  - Takes initiative for own learning

- **Exemplars**
  - Able to critique own performance and limitations
  - Tolerates inconsistencies between classroom and clinical experiences
  - Demonstrates basic proficiency with OT intervention
  - Promotes OT
  - Articulates value of OT
  - Understands role of OT in clinical settings

### Comments

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<tr>
<td><strong>Novice (N)</strong></td>
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<td><em>Exemplars</em></td>
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<tr>
<td>• Prioritizes tasks</td>
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<td>• Prepared for class</td>
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<td>• Demonstrates punctuality</td>
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<td>• Meets assignment deadlines</td>
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**Comments**

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### 3. Dependability

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<th>Spring II</th>
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<td>• Manages time to meet deadlines</td>
<td>• Takes initiative for own learning</td>
<td>• Demonstrates established priorities and organization</td>
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<td>• Arrives on time for class and scheduled events</td>
<td>• Recognizes level of organization and priorities required</td>
<td>• Demonstrates advanced preparation</td>
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<td>• Recognizes level of organization required to meet basic priorities</td>
<td>• Takes initiative to participate and complete extra commitments and responsibilities</td>
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### Comments

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**Exemplars Verbal**
- Verbally participates in class activities
- Contributes ideas and opinions with clarity

**Written**
- Writes clear and concise papers and presentations

**Exemplars Verbal**
- Demonstrates ability to present clearly and concisely in class settings
- Uses professional language appropriately
- Able to modify language based on audience
- Generates questions and initiates class discussion

**Written**
- Writes legible clinical documentation
- Demonstrates emerging ability to document clinical encounters
- Creates effective audio-visual materials to supplement class presentations
- Demonstrates ability to write a logical and organized scholarly paper using APA format

**Exemplars Verbal**
- Consistently uses professional language in clinical settings
- Demonstrates clarity in communication
- Uses assertiveness as appropriate

**Written**
- Demonstrates basic proficiency in documentation of clinical encounters
- Clinical documentation is clear and accurate
- Demonstrates ability to create effective patient education materials
- Demonstrates ability to effectively disseminate scholarly information using APA format

**Comments**

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## 5. Cultural competence

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<td>• Aware of the AOTA Code of Ethics and Ethics Standards</td>
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<td>• Developing understanding of ethical behavior</td>
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<td>• Can define areas of the AOTA Code of Ethics and Ethics Standards</td>
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<td>• Seeks out more information in ethical dilemmas</td>
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<td>• Identifies ethical standards</td>
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<td>• Applies the AOTA Code of Ethics and Ethics Standards</td>
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<td>• Demonstrates good ethical principles in social media and communication</td>
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<td>• Demonstrates ethical standards in clinical reasoning</td>
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### 7. Supervisory process

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</table>
| Exemplars |        |          |         |           | • Accepts constructive feedback  
|          |        |          |         |           | • Identifies ways to assess own performance  
|          |        |          |         |           | • Seeks feedback from peers and faculty  
| Exemplars |        |          |         |           | • Utilizes personal assessment to modify performance  
|          |        |          |         |           | • Recognizes poor response in situations and modifies accordingly  
|          |        |          |         |           | • Assumes responsibility for supervision beyond skill level  
| Exemplars |        |          |         |           | • Appropriately responds to constructive feedback  
|          |        |          |         |           | • Provides constructive feedback with sensitivity and objectivity  
|          |        |          |         |           | • Demonstrates appropriate response to supervision during Level I Fieldwork  |

#### Comments

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<td>Can identify and describe problems in clinical situations</td>
<td>Seeks information from variety of sources</td>
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<td>Seeks input from others to formulate appropriate plan</td>
<td>Asks questions in class to develop greater understanding</td>
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<td>Beginning to consider all relevant information and synthesize appropriately</td>
<td>Demonstrates ability to prioritize in clinical situation</td>
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## 9. Interpersonal skills

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</table>
|          |        |          |         |           | • Actively participates in small and large class settings  
|          |        |          |         |           | • Demonstrates active listening skills  
|          |        |          |         |           |            |               |                       |
| Exemplars |        |          |         |           | • Demonstrates ability to develop therapeutic rapport during classroom and Level I FW experiences  
|          |        |          |         |           | • Collaborates effectively with others  
|          |        |          |         |           |            |               |                       |
| Exemplars |        |          |         |           | • Demonstrates ability to develop therapeutic rapport with a diverse clientele  
|          |        |          |         |           | • Able to lead small groups effectively  
| Comments  |        |          |         |           |            |               |                       |
| Fall I    |        |          |         |           |            |               |                       |
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| Fall II   |        |          |         |           |            |               |                       |
| Spring II |        |          |         |           |            |               |                       |
## 10. Intrapersonal coping skills (student self-evaluation)

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<td>- Identifies own stressors</td>
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<td>- Identifies potential resources for assistance</td>
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<td>- Seeks assistance as needed</td>
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<td>- Prioritizes multiple commitments</td>
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<td>- Maintain balance between professional &amp; personal life</td>
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<td>- Responds calmly &amp; effectively to urgent situations</td>
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<td>- Established outlets to cope with stressors</td>
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<td>- Assists others in recognizing stressors</td>
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<td><strong>Exemplars</strong></td>
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<td>- Established support network for self</td>
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I have read and discussed all of the above with a faculty member of the University of South Dakota Department of Occupational Therapy.

**Initial Academic Advising Session**

Student signature & date

Faculty signature & date

**Fall I**

Student signature & date

Faculty signature & date

**Spring I**

Student signature & date

Faculty signature & date

**Fall II**

Student signature & date

Faculty signature & date

**Spring II**

Student signature & date

Faculty signature & date
5.11: The Teaching and Learning Process

Student Responsibilities in the Teaching/Learning Process
Graduate student responsibilities and deadlines can be reviewed on the Graduate School website. All students are expected to be familiar with the general policies of the University, and those of the Graduate School and Occupational Therapy Program. Students are held individually responsible for complying with all of the requirements of the rules and regulations set forth by The University and the SD Board of Regents. Refer to the online USD Student Handbook and Graduate Catalog for complete policies.

Freedom in Learning
Students are responsible for learning the content of any course of study in which they are enrolled. Under Board of Regents and University policy, student academic performance shall be evaluated on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards but is related instead to judgment of their personal opinion or conduct should contact the dean of the college which offers the class to initiate a review of the evaluation.

ADA Policy
Any student who feels s/he may need academic accommodations or access accommodations based on the impact of a documented disability should contact and register with Disability Services during the first week of class. Disability Services is the official office to assist students through the process of disability verification and coordination of appropriate and reasonable accommodations. Students currently registered with Disability Services must obtain a new accommodation memo each semester. For information contact: Ernetta L. Fox, Director, Disability Services; Room 119 Service Center; (605) 677-6389; disabilityservices@usd.edu.

Faculty Responsibilities in the Teaching/Learning Process
Program faculty members have three essential functions: 1) education of students for careers as occupational therapists, 2) research/scholarship that contributes to the advancement of knowledge, and 3) service to the profession, university, and society. Faculty members are granted academic freedom in pursuit of these functions but also have explicit responsibilities to students and to the institution. Faculty members create an atmosphere conducive to learning by:

1. Providing a clear statement of course policy and requirements, including criteria for grading, attendance requirements, final examination date, and a description of assignments.
2. Evaluating each student’s academic performance impartially.
3. Giving examinations in such a manner as to minimize the potential for academic dishonesty.
4. Responding promptly and consistently to any concerns about, or allegations of, academic or professional misconduct.

Instructors are fully responsible for the operation, management and conduct of their classes within the limits of policy as determined by the faculty and by program accreditation standards. The following policy was adopted by the University Senate on June 6, 1984, as amended on June 6, 2001:
Students are to receive, from the instructor, at the beginning of each course a written statement of course policy and requirements. These will include criteria for grading, attendance requirements, final examination date and student responsibilities related thereto, and any other special assignments, e.g., term paper or projects. The statement shall also include the office hours of the instructor which are regularly maintained during the academic term. A statement of course policy and requirements will be filed by each instructor with his/her department chair.
Standards of Practice for Occupational Therapy

Preface

This document defines minimum standards for the practice of occupational therapy. The Standards of Practice for Occupational Therapy are requirements for occupational therapists and occupational therapy assistants for the delivery of occupational therapy services. The Reference Manual of Official Documents contains documents that clarify and support occupational therapy practice (American Occupational Therapy Association [AOTA, 2004]). These documents are reviewed and updated on an ongoing basis for their applicability.

Education, Examination, and Licensure Requirements

All occupational therapists and occupational therapy assistants must practice under federal and state law.

To practice as an occupational therapist, the individual trained in the United States
- has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) or predecessor organizations;
- has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE® or predecessor organizations;
- has passed a nationally recognized entry-level examination for occupational therapists; and
- fulfills state requirements for licensure, certification, or registration.

To practice as an occupational therapy assistant, the individual trained in the United States
- has graduated from an associate- or certificate-level occupational therapy assistant program accredited by ACOTE® or predecessor organizations;
- has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE® or predecessor organizations;
- has passed a nationally recognized entry-level examination for occupational therapy assistants; and
- fulfills state requirements for licensure, certification, or registration.

Definitions

Assessment. Specific tools or instruments that are used during the evaluation process.

Client. A person, group, program, organization, or community for whom the occupational therapy practitioner is providing services.

Evaluation. The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results.

Screening. Obtaining and reviewing data relevant to a potential client to determine the need for further evaluation and intervention.

Standard I: Professional Standing and Responsibility

1. An occupational therapy practitioner (occupational therapist or occupational therapy assistant) delivers occupational therapy services that reflect the philosophical base of occupational therapy and are consistent with the established principles and concepts of theory and practice.

2. An occupational therapy practitioner is knowledgeable about and delivers occupational therapy services in accordance with AOTA standards, policies, and guidelines, and state and federal requirements relevant to practice and service delivery.

3. An occupational therapy practitioner maintains current licensure, registration, or certification as required by law or regulation.

5. An occupational therapy practitioner abides by the AOTA Standards for Continuing Competence (AOTA, 1999) by establishing, maintaining, and updating professional performance, knowledge, and skills.

6. An occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process.

7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA documents.

8. An occupational therapy practitioner maintains current knowledge of legislative, political, social, cultural, and reimbursement issues that affect clients and the practice of occupational therapy.

9. An occupational therapy practitioner is knowledgeable about evidence-based research and applies it ethically and appropriately to the occupational therapy process.

Standard II: Screening, Evaluation, and Re-evaluation

1. An occupational therapist accepts and responds to referrals in compliance with state laws or other regulatory requirements.

2. An occupational therapist, in collaboration with the client, evaluates the client’s ability to participate in daily life activities by considering the client’s capacities, the activities, and the environments in which these activities occur.

3. An occupational therapist initiates and directs the screening, evaluation, and re-evaluation process and analyzes and interprets the data in accordance with law, regulatory requirements, and AOTA documents.

4. An occupational therapy assistant contributes to the screening, evaluation, and re-evaluation process by implementing delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist in accordance with law, regulatory requirements, and AOTA documents.

5. An occupational therapy practitioner follows defined protocols when standardized assessments are used.

6. An occupational therapist completes and documents occupational therapy evaluation results. An occupational therapist assistant contributes to the documentation of evaluation results. An occupational therapy practitioner abides by the time frames, formats, and standards established by practice settings, government agencies, external accreditation programs, payers, and AOTA documents.

7. An occupational therapy practitioner communicates screening, evaluation, and re-evaluation results within the boundaries of client confidentiality to the appropriate person, group, or organization.

8. An occupational therapist recommends additional consultations or refers clients to appropriate resources when the needs of the client can best be served by the expertise of other professionals or services.

9. An occupational therapy practitioner educates current and potential referral sources about the scope of occupational therapy services and the process of initiating occupational therapy services.

Standard III: Intervention

1. An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention based on the evaluation, client goals, current best evidence, and clinical reasoning.

2. An occupational therapist ensures that the intervention plan is documented within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, and payers.

3. An occupational therapy assistant selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with the occupational therapy assistant's demonstrated competency and delegated responsibilities, the intervention plan, and requirements of the practice setting.

4. An occupational therapy practitioner reviews the intervention plan with the client and appropriate others regarding the rationale, safety issues, and relative benefits and risks of the planned interventions.

5. An occupational therapist modifies the intervention plan throughout the intervention process and documents changes in the client's needs, goals, and performance.

6. An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications throughout the intervention.

7. An occupational therapy practitioner documents the occupational therapy services provided within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, payers, and AOTA documents.

Standard IV: Outcomes

1. An occupational therapist is responsible for selecting, measuring, documenting, and interpreting expected or
achieved outcomes that are related to the client’s ability to engage in occupations.

2. An occupational therapist is responsible for documenting changes in the client’s performance and capacities and for discontinuing services when the client has achieved identified goals, reached maximum benefit, or does not desire to continue services.

3. An occupational therapist prepares and implements a discontinuation plan or transition plan based on the client’s needs, goals, performance, and appropriate follow-up resources.

4. An occupational therapy assistant contributes to the discontinuation or transition plan by providing information and documentation to the supervising occupational therapist related to the client’s needs, goals, performance, and appropriate follow-up resources.

5. An occupational therapy practitioner facilitates the transition process in collaboration with the client, family members, significant others, team, and community resources and individuals, when appropriate.

6. An occupational therapist is responsible for evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.

7. An occupational therapy assistant contributes to evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.

References


Authors

The Commission on Practice:
Sara Jane Brayman, PhD, OTR/L, FAOTA, Chairperson
Susanne Smith Roley, MS, OTR/L, FAOTA, Chairperson-Elect
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Janet V. DeLany, DEd, MSA, OTR/L, FAOTA
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Ruth Ramsey, MS, OTR/L
Carol Siebert, MS, OTR/L
Kristi Voelkerding, BS, COTA/L
Lenna Aird, COTA/L, ASD Liaison
Patricia D. LaVesser, PhD, OTR/L, SIS Liaison
Deborah Lieberman, MHSA, OTR/L, FAOTA, AOTA Headquarters Liaison

for

The Commission on Practice
Sara Jane Brayman, PhD, OTR/L, FAOTA, Chairperson

Adopted by the Representative Assembly 2005C218

NOTE: This document replaces the 1994 *Standards of Practice for Occupational Therapy*. These standards are intended as recommended guidelines to assist occupational therapy practitioners in the provision of occupational therapy services. These standards serve as a minimum standard for occupational therapy practice and are applicable to all individual populations and the programs in which these individuals are served.

Occupational Therapy Code of Ethics (2015)

Preamble

The 2015 *Occupational Therapy Code of Ethics* (Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in research, education, and practice. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be individuals, groups, families, organizations, communities, or populations (AOTA, 2014b).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It outlines Standards of Conduct the public can expect from those in the profession. It should be applied to all areas of occupational therapy and shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles, and
2. It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote compliance with these Principles and is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analysis of the complex dynamics of situations, weighing of consequences, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel, including students in occupational therapy programs, are expected to abide by the Principles and Standards of Conduct within this Code. Personnel roles include clinicians (e.g., direct service, consultation, administration); educators; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

The process for addressing ethics violations by AOTA members (and associate members, where applicable) is outlined in the Code’s Enforcement Procedures (AOTA, 2014a).

Although the Code can be used in conjunction with licensure board regulations and laws that guide standards of practice, the Code is meant to be a free-standing document, guiding ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist in resolving ethical issues not addressed in this document. Resources can include, but are not limited to, ethics committees,
ethics officers, the AOTA Ethics Commission or Ethics Program Manager, or an ethics consultant.

Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. Altruism involves demonstrating concern for the welfare of others. Equality refers to treating all people impartially and free of bias. Freedom and personal choice are paramount in a profession in which the values and desires of the client guide our interventions. Justice expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).

Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and Dignity of the client, by treating him or her with respect in all interactions. In all situations, occupational therapy personnel must provide accurate information in oral, written, and electronic forms (Truth). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions in professional and volunteer roles (Prudence).

The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. Although the Core Values are not themselves enforceable standards, they should be considered when determining the most ethical course of action.

Principles and Standards of Conduct

The Principles and Standards of Conduct that are enforceable for professional behavior include (1) Beneficence, (2) Nonmaleficence, (3) Autonomy, (4) Justice, (5) Veracity, and (6) Fidelity. Reflection on the historical foundations of occupational therapy and related professions resulted in the inclusion of Principles that are consistently referenced as a guideline for ethical decision making.

Beneficence

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

Beneficence includes all forms of action intended to benefit other persons. The term beneficence connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2013). Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2013).
Related Standards of Conduct

Occupational therapy personnel shall

A. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs.

B. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised.

C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.

D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.

E. Provide occupational therapy services, including education and training, that are within each practitioner’s level of competence and scope of practice.

F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.

G. Maintain competency by ongoing participation in education relevant to one’s practice area.

H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial.

I. Refer to other providers when indicated by the needs of the client.

J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

Nonmaleficence

Principle 2. Occupational therapy personnel shall refrain from actions that cause harm.

Nonmaleficence “obligates us to abstain from causing harm to others” (Beauchamp & Childress, 2013, p. 150). The Principle of Nonmaleficence also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle often is examined under the context of due care. The standard of due care “requires that the goals pursued justify the risks that must be imposed to achieve those goals” (Beauchamp & Childress, 2013, p. 154). For example, in occupational therapy practice, this standard applies to situations in which the client might feel pain from a treatment intervention; however, the acute pain is justified by potential longitudinal, evidence-based benefits of the treatment.

Related Standards of Conduct
Occupational therapy personnel shall

A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.

B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.

C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.

D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research.

E. Address impaired practice and when necessary report to the appropriate authorities.

F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity.

G. Avoid engaging in sexual activity with a recipient of service, including the client’s family or significant other, student, research participant, or employee, while a professional relationship exists.

H. Avoid compromising rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.

I. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one’s own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.

J. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

Autonomy

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent.

The Principle of Autonomy expresses the concept that practitioners have a duty to treat the client according to the client’s desires, within the bounds of accepted standards of care, and to protect the client’s confidential information. Often, respect for Autonomy is referred to as the self-determination principle. However, respecting a person’s autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a person’s right “to hold views, to make choices, and to take actions based on [his or her] values and beliefs” (Beauchamp & Childress, 2013, p. 106). Individuals have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, his or her autonomy should be respected through involvement of an authorized agent or surrogate decision maker.
Related Standards of Conduct

Occupational therapy personnel shall

A. Respect and honor the expressed wishes of recipients of service.

B. Fully disclose the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.

C. Obtain consent after disclosing appropriate information and answering any questions posed by the recipient of service or research participant to ensure voluntariness.

D. Establish a collaborative relationship with recipients of service and relevant stakeholders, to promote shared decision making.

E. Respect the client’s right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.

F. Refrain from threatening, coercing, or deceiving clients to promote compliance with occupational therapy recommendations.

G. Respect a research participant’s right to withdraw from a research study without penalty.

H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act).

I. Display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information.

J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

Justice

Principle 4. Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.

The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2013). Occupational therapy personnel should relate in a respectful, fair, and impartial manner to individuals and groups with whom they interact. They should also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent following of rules to generate unbiased decisions and promote fairness. As occupational therapy personnel, we work to uphold a society in which all individuals have an equitable opportunity to achieve occupational engagement as an essential component of their life.

Related Standards of Conduct
Occupational therapy personnel shall

A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.

B. Assist those in need of occupational therapy services to secure access through available means.

C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.

D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.

E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.

F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.

G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.

H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.

I. Obtain all necessary approvals prior to initiating research activities.

J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts.

K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.

L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.

M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.

N. Ensure compliance with relevant laws and promote transparency when participating in a business arrangement as owner, stockholder, partner, or employee.

O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.

P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

Veracity
Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.

In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.

Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes.

Related Standards of Conduct

Occupational therapy personnel shall

A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication.

B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.

C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities.

D. Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients.

E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.

F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.

G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.

H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).

I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.
J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.

Fidelity

Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.

The Principle of Fidelity comes from the Latin root *fidelis*, meaning loyal. Fidelity refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010).

Whereas respecting Fidelity requires occupational therapy personnel to meet the client’s reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purtilo & Doherty, 2011). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

Related Standards of Conduct

Occupational therapy personnel shall

A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.

B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.

C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.

D. Avoid using one’s position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.

E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.

G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.

H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.
I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.

J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.

K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization’s official and authorized positions.

L. Refrain from actions that reduce the public’s trust in occupational therapy.

M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

References


Ethics Commission (EC)

Yvette Hachtel, JD, OTR/L, EC Chair (2013–2014)
Lea Cheyney Brandt, OTD, MA, OTR/L, EC Chair (2014–2015)
Ann Moodey Ashe, MHS, OTR/L (2011–2014)
Joanne Estes, PhD, OTR/L (2012–2015)
Loretta Jean Foster, MS, COTA/L (2011–2014)
Linda Scheirton, PhD, RDH (2012–2015)
Kate Payne, JD, RN (2013–2014)
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Adopted by the Representative Assembly 2015AprilC3.

Note. This document replaces the 2010 document Occupational Therapy Code of Ethics and Ethics Standards (2010), previously published and copyrighted in 2010 by the American Occupational Therapy Association in the American Journal of Occupational Therapy, 64, S17–S26. http://dx.doi.org/10.5014/ajot.2010.64S17

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Appendix C: Pledge of Professional Conduct

Occupational Therapy Pledge of Professional Conduct

I understand that it is a privilege to be an occupational therapy student at The University of South Dakota and to become an occupational therapy professional.

Along with all privileges comes great responsibility; the responsibility to be honest, respectful, ethical, fair, caring, of high moral character, and to behave in a way that is consistent with these attributes.

Therefore, I pledge this day to uphold the privilege of being an occupational therapy student:

I will not engage in academic dishonesty, plagiarism, misrepresentation, harassment, discrimination, or any other form of unprofessional conduct;

I agree to treat others respectfully and conduct myself in a professional manner; and

I will abide by the Occupational Therapy Code of Ethics and Ethics Standards.

In doing so, I will espouse the values consistent with the Department of Occupational Therapy at The University of South Dakota and preserve the integrity of the occupational therapy profession.

________________________________________
Signature of Student

________________________________________
Date
Appendix D: Student Membership in Professional Organizations

American Occupational Therapy Association (AOTA)
The American Occupational Therapy Association (AOTA) is the nationally recognized professional association which represents the interests and concerns of over 38,000 occupational therapists, occupational therapy assistants, and students of occupational therapy.

Mission Statement
The American Occupational Therapy Association advances the quality, availability, use, and support of occupational therapy through standard-setting, advocacy, education, and research on behalf of its members and the public.

Vision Statement
AOTA advances occupational therapy as the preeminent profession in promoting the health, productivity, and quality of life of individuals and society through the therapeutic application of occupation.

Centennial Vision Statement
By the year 2017…We envision that occupational therapy is a powerful, widely recognized, science-driven and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs.

Membership
Annual membership dues are $225 for OTs and $131 for OTAs.
Student Membership: $75
To qualify, students must be enrolled in an OT or OTA program accredited or granted developing program status by the Accreditation Council for Occupational Therapy (ACOTE®), who have not yet taken the National Board for Certification in Occupational Therapy, Inc. (NBCOT) examination. (Exception: Occupational therapy assistants enrolled in accredited educational programs for occupational therapists.) Receive full member benefits.

Member Benefits
Subscriptions
- American Journal of Occupational Therapy (6 issues/year)
- OT Practice (22 issues/year)
- Special Interest Section Quarterly (1 printed quarterly subscription of your choice; online access to all 11 plus archives)
- AOTA’s 1-Minute Update e-newsletter (25 issues/year)
- Scope of Practice Issues Update e-newsletter (12 issues/year)
- Federal Legislative Issues Update e-newsletter (12 issues/year)

Quality Continuing Education
- Online Courses, Self-Paced Clinical Courses, Conference Session Webcasts, and more
- Discounted AOTA Annual Conference & Expo registration
- Discounted National Student Conclave registration

Professional Resources
- 800-SAY-AOTA—your toll-free connection
- Exclusive access to AOTA’s Evidence-Based Practice Resources
- Biweekly 1-Minute Update—a quick read of the profession’s latest news
- Professional contacts and support through list serves and OT Connections
- Access to the Wilma L. West Library, the world’s largest occupational therapy literature collection
- Discounted OT Search access and free full article downloads at AJOT Online
- Critical research through the American Occupational Therapy Foundation
- Important professional and personal financial products you need, at competitive rates
• The global perspective of the World Federation of Occupational Therapists
• Safeguarding practice and education standards
Web Site
• www.aota.org, 2000+ pages loaded with material and updated almost every day
• "Members Only" access to the wealth of resources
Advocacy
• Advocacy to protect occupational therapy and expand the profession in Washington, in state capitals, with policymakers across the country...on Medicare, in state licensure, for special education, with reimbursement, and more
• Political involvement through AOT PAC
• Targeted public awareness campaigns and consumer outreach (see www.PromoteOT.org)
Discounts
• As much as 30% savings on today’s top books and continuing education products
• Insurance Programs and Product Discounts from Affinity Partners
Career Resources
• www.OTjobLink.org, AOTA's Online Career Center that provides a direct link to employers and members-only resume posting privileges
Special Interest Sections
How it Works: (For OT, OTA, and Student-Plus members only.) Designate 3 selections for your SIS profile; these provide extra FREE benefits, including voting rights and more, and they let us know what you want to know. Update your profile as often as your needs change.
• 1 printed SIS Quarterly subscription of your choice
• Voting rights
• FREE Open Access to all 11 Special Interest Sections (SISs) and their networks and subsections
  o Online access to all 11 SIS Quarterly newsletters, list serves, and archives.
  o Timely answers, contacts, and professional support through the vast network of dynamic Special Interest Section list serves
• Opportunities for professional leadership and recognition – participate in COOL
Join AOTA, renew your annual membership, or update your information online or call toll-free 1-800-SAY-AOTA (1-800-729-2682).

Assembly of Student Delegates (ASD):
The membership of the Assembly of Student Delegates (ASD) is made up of the student members of AOTA. Annually, the ASD Delegate from each educational program represents the school at the ASD Pre-Conference Delegates Meetings. ASD provides a mechanism for the expression of student concerns, and offers a means whereby students can have effective input into the affairs of AOTA. As a standing committee of the Executive Board, the ASD Steering Committee is present to serve the ASD membership by synthesizing Delegate concerns in order to represent the student point of view to the Executive Board, the Representative Assembly, the Commission on Practice, the Commission on Education, and all other bodies of AOTA as needed.

ASD Mission
The mission of the Assembly of Student Delegates is to support student members of AOTA by communicating their interests and advancing their professional contributions. This Assembly upholds the AOTA mission, promotes Association membership, and provides a forum for the development of student leadership and political awareness to enhance the viability of the profession.

Commission on Education (COE):
The Commission on Education (COE) is one of three standing Commissions established by AOTA Bylaws together with the Commission on Practice and the Commission on Standards and Ethics. The COE serves the American Occupational Therapy Association (AOTA) to promote quality occupational therapy education for OTs and OTAs relative to the needs of educators, students and consumers. The
COE provides educational leadership, envisioning the future while addressing current issues with the membership.

**Pi Theta Epsilon Honor Society:**
Pi Theta Epsilon (PTE) was developed as a specialized honor society for occupational therapy students and alumni. This society recognizes and encourages superior scholarship among students enrolled in professional entry-level programs at accredited schools across the United States. In January 1994, the Alpha Tau Chapter of PTE was established at the University of South Dakota.

The objective of this society, as outlined by the Founders of PTE was to contribute to the advancement of occupational therapy through special projects of its members; to provide a basis for relationship among the accredited schools of occupational therapy; and to work in cooperation with the aims and ideals of the occupational therapy club (known as the Student Occupational therapy Association of SOTA). At present, the mission of Pi Theta Epsilon is to support the practice of occupational sciences and the practice of authentic occupational therapy by promoting research, leadership, and scholarly activities by its members. In this way, the organization serves not only the profession, but helps to ensure quality health care services for the general public.

A student shall be invited to apply for membership in PTE if she or he is among the top 35% of the OT class, calculated from the student’s cumulative scholastic record since entering the occupational therapy program, and has a GPA of at least 3.5 on a scale of 4.0. In the application, candidates must submit a piece of scholarly written work as evidence of the applicant’s ability, as well as a short essay (250 words) stating why she/he wishes to join PTE. Invitations to apply will be sent to eligible individuals at the completion of the 1st and 2nd semesters. The initiation ceremony will be held annually in January. Members of the Alpha Tau Chapter have been involved in a number of professional and service activities.

**South Dakota Occupational Therapy Association (SDOTA)**
(Student membership fee is $15)

Benefits of Your SDOTA Student Membership:
- Advocacy for the profession of Occupational Therapy.
- Safeguarding of practice standards through support of the SD Licensure Act
- Networking with practicing clinicians.
- Opportunities for professional growth.
- Discounts on SDOTA sponsored continuing education opportunities.
- Newsletters and special mailings.
- Access to occupational therapy materials through the SDOTA library.
- Access to member-only information on the SDOTA website.
- Annual directory of SD licensed Occupational Therapists and Occupational Therapy Assistants.
- Opportunity to serve on SDOTA committees.
Appendix E: Constitution and Bylaws, USD Student Occupational Therapy Association (SOTA)

Constitution
University of South Dakota
Student Occupational Therapy Association

Revised: 3/27/14; 10/13/15, 5/27/16

ARTICLE I: NAME
The name of this organization is the Student Occupational Therapy Association (SOTA).

ARTICLE II: PURPOSE
Section 1: To better serve the common interests of current and future occupational therapy students.
Section 2: To enhance the Occupational Therapy program at the University of South Dakota.
Section 3: To promote education, awareness and interest of the profession of occupational therapy throughout the community.
Section 4: To develop and maintain group unity among members of SOTA and interaction with other allied health student organizations.
Section 5: To make members aware of legislation, and to affect change both separately and in conjunction with the South Dakota Occupational Therapy Association (SDOTA).
Section 6: To educate high school students, undergraduate students, and graduate students on the field of occupational therapy.
Section 7: To provide opportunities for occupational therapy students to expand and increase their clinical skills and knowledge of occupational therapy.

ARTICLE III: MEMBERSHIP
Section 1: Membership shall be open to any and all students attending The University of South Dakota. SOTA does not discriminate against anyone regarding race, color, religion, nationality, sex, national origin, age, disability, sexual orientation, economic status, marital status, veteran status, or parenthood.
Section 2: Active membership and voting privileges shall be obtained by meeting the following criteria:
- A student of The University of South Dakota,
- Absent at no more than two SOTA meetings throughout the year,
- Active participation in at least one committee, and
- Minimum participation in at least two activities in the form of planning, volunteer worker, donation, or other identified participation in a SOTA sponsored event or activity.

ARTICLE IV: EXECUTIVE BOARD
Section 1: The executive power of SOTA shall be vested in the Executive Board.
Section 2: The Executive Board shall consist of the president, vice-president, secretary, treasurer, committee chairpersons, SDOTA representative, ASD representative, 1st year representative, and faculty advisor.
Section 3: The executive board will meet one week prior to each SOTA meeting.

ARTICLE V: EXECUTIVE POWER AND DUTIES
Section 1: PRESIDENT-Responsibilities of the President include:
- Call to order and preside at all general SOTA meetings,
- Coordinate operations of committees,
- Set all meeting agendas,
- Co-sign bank account with the treasurer,
- Liaison to faculty advisor, and
- Attend all executive meetings.
Section 2: VICE-PRESIDENT-Responsibilities of the Vice-president include:
- Cooperate with the President and assume all duties in case of absence,
- Aid President in overseeing and coordinating operations of the organization,
- Attend all executive meetings,
- Organize Lunch and Learns, and
- Liaison to the Pre-Occupational Therapy Club faculty advisor to coordinate activities between the Pre-Occupational Therapy Club and SOTA as appropriate.

Section 3: SECRETARY-Responsibilities of the secretary include:
- Keep accurate records of all proceedings of the organization,
- Type the agenda for each monthly SOTA meeting,
- Record attendance at all SOTA meetings,
- Post minutes of SOTA meetings,
- Attend all executive meetings,
- Type attendance sheets for committee meetings, and
- Assist officers as needed.

Section 4: TREASURER-Responsibilities of the treasurer include:
- Pay all the bills,
- Generate a yearly budget,
- Sit on the fundraiser committee,
- Maintain the SOTA bank account, and
- Attend all executive meetings.

Section 5: COMMITTEE CHAIRS-Responsibilities of the committee chairs include:
- Organize meetings of the respective committee,
- Report to SOTA the activities of the committee, and
- Plan meetings in conjunction with committee members.

Section 6: SDOTA REPRESENTATIVE-Responsibilities of the SDOTA Rep include:
- Representation of OT/OTA issues and concerns, and
- Serve as the liaison between the student program committee, the executive board and the students.

Section 7: AOTA ASSEMBLY OF STUDENT DELEGATES (ASD) REPRESENTATIVE-Responsibilities of the ASD Representative include:
- Liaison between USD SOTA and AOTA,
- Attends the annual ASD Conference prior to the national AOTA conference,
- Attends all the delegate meetings prior to the AOTA’s Annual Conference and Exposition,
- Polls the student body for their avocations and concerns about current issues and proposed resolutions to the ASD Steering Committee,
- Relays the information obtained from Conference to the student body via delegate address, and
- Fulfills task force responsibilities.
  - As taken from the Handbook for Developing and Modifying a Student Occupational Therapy Association (available at http://www.aota.org/Students/ASD/38213.aspx)

Section 8: FIRST YEAR REPRESENTATIVE-Responsibilities of the First Year Rep include:
- Represent the first year class at executive board meetings,
- Obtain opinions of the first year class on issues to share with the Executive Board, and
- Coordinate the operations of the first year class.

Section 9: FACULTY ADVISOR-Responsibilities of the faculty advisor include:
- Oversee and ensure that rules and regulations are being followed,
- Intervene and offer advice as needed,
- Be present at all monthly meetings, and
- Attend all executive meetings.
Section 10: Election of first year SOTA officers shall be determined by majority vote of SOTA members in January of each year. These officer-elects will be required to shadow their respective officers until April 30 of that year.

Section 11: The term of office of the Executive Board Members shall be one year beginning May 1 and ending April 30 of the following year.

Section 12: An existing Executive Board Member cannot hold the committee chair position.

Section 13: Each member of the Executive Board will be responsible for logging the activities, events and the procedures of how they were set-up within a logbook, which will be issued by the secretary at the beginning of each academic year.

ARTICLE VI: COMMITTEE MEMBERSHIP AND DUTIES

Section 1: SOTA members shall choose one committee on which to serve. The majority of committee members must be present in order for the committee business to be conducted.

Section 2: COMMUNITY SERVICE COMMITTEE-The purpose of the committee is:
- To engage SOTA members in projects designed to provide services with the community, and
- Organize service projects each semester.

Section 3: FUNDRAISING COMMITTEE-The purpose of this committee is:
- To establish funds on which SOTA will operate, and
- Organize fundraising activities each semester.

Section 4: EDUCATION COMMITTEE-The purpose of this committee is:
- To promote awareness of occupational therapy to any or all of the following groups: patients, educational institutions, community organizations, and students in other health professions,
- Support the faculty with occupational therapy continuing education programs,
- Organize activities each semester to enable its members to volunteer outside of committee meetings,
- Organize Occupational Therapy Month (April) Activities, and
- Organize SOTA’s participation in the Dakota Days Parade.

Section 5: RULES AND REGULATIONS COMMITTEE-The purpose of this committee is:
- To create the constitution of SOTA,
- Facilitate changes and amendments to the constitution,
- Assist the members in understanding and using parliamentary procedures, and
- Call meetings to order when necessary.

Section 6: SOCIAL COMMITTEE-The purpose of this committee is:
- Provide and promote social activities within SOTA and/or the USD community,
- Organize at least two social events each semester,
- Organize the “End of the Year Recognition Dinner,” and
- Establish or extend support to any member of SOTA if absent due to serious illness, death within the family, maternity leave, or other unusual circumstances.

ARTICLE VII: AMENDMENTS

Section 1: Amendments to this constitution may be adapted at any regular meeting. All active members must ratify said amendment by a two-thirds vote. A written notice of the purposed amendment will be presented and read at a business meeting and ratified at a following meeting.

By-Laws of the University of South Dakota Student Occupational Therapy Association

ARTICLE I: COMMITTEE EXPENDITURES

Section 1: All spending decisions over fifty dollars must be approved by a majority vote of SOTA members.

Section 2: If a majority vote of SOTA members cannot be made, a spending decision less than fifty dollars must be approved by the executive committee.
ARTICLE II: ANNUAL ALLOCATION OF SOTA FUNDS
Section 1: At the beginning of the fall semester, monetary constitutional obligations will be set aside including reimbursement of the ASD representative’s attendance at National conference ($450). There will be a minimum of $250 in the general fund at all times, the remaining money will be used for reimbursement of educational and leadership activities (determined by the reimbursement committee in the spring semester and the Guatemala Service Trip is not eligible). Any funds that remain unspent at the end of the year will be recycled back into the SOTA account.

ARTICLE III: FINANCIAL SUPPORT FOR LEADERSHIP AND EDUCATIONAL EVENTS
Section 1: In order to ensure that all members receiving monetary support for OT leadership or educational events are active participants in SOTA projects and functions, the following requirements are established:
- Attendance at 75% of SOTA meetings prior to the event, and
- Attendance at 75% of committee meetings and events.
- Guatemala Service Trip is not eligible for SOTA reimbursement
Section 2: Committee chairpersons will be responsible for maintaining a record of member attendance and participation. The SOTA secretary will maintain an official list of member participation.
Section 3: Financial support for an OT leadership or educational event will be determined annually by a special committee of three first year and two second year members. Committee members will be appointed at the first meeting of the Spring semester. This committee will divide allotted money on the basis of involvement in SOTA events listed in letters of application for funding and “active participation” during the current membership year. If attending the event requires the student to miss class, students must first obtain approval from the course instructor to be excused from class in order to be eligible for reimbursement from SOTA.
Section 4: Letters of application for funding including receipts for hotel, travel expenses and registration fees will be submitted to the treasurer by each individual who wishes to receive monetary support for one OT leadership or educational event per year such as national conference from SOTA. Letters should include:
- Cover-letter with name,
- Letter without identifying information,
- List of SOTA events involved in,
- List of funding from additional outside sources,
- List of positions held (committee chair, executive board member)
- If applicable, include a detailed list of sessions attended at conference
- If applicable, include an agenda for course(s) attended
Section 5: The USD Occupational Therapy ASD representative is required to attend AOTA conference and therefore is entitled to reimbursement by SOTA for travel and lodging for the extra night associated with the ASD meeting of an amount up to $450, to come from the reimbursement SOTA fund. The ASD representative must provide documentation of travel and lodging prior to conference for approval by SOTA. Following conference attendance, documentation of actual travel and lodging expenses must be submitted to the SOTA treasurer for reimbursement of actual expenses. These expenses must be at or under the amount approved by SOTA prior to conference attendance. The ASD representative is also eligible for funding through a Letter of Application for funding for costs associated with attending national conference.
Participation Agreement for SOTA

I, _________________________________, have read and understood the constitution of the Student Occupational Therapy Association. I understand that I have to meet ALL of the requirements in order to receive financial support for national conference.

Signed ______________________________________________________ Date_____________
Order of SOTA Meetings

1. Call to Order – President of SOTA
2. Roll Call – Secretary of SOTA
3. Officer Reports – Officers of SOTA
4. Committee Reports – Chairs of Committees
   a. Community Services
      i. Old Business
      ii. New Business
   b. Fundraising
      i. Old Business
      ii. New Business
   c. Education
      i. Old Business
      ii. New Business
   d. Rules and Regulations
      i. Old Business
      ii. New Business
   e. Social
      i. Old Business
      ii. New Business
   f. First Year Representative
      i. Old Business
      ii. New Business
g. Advisor Report

i. Old Business

ii. New Business

** Old Business

- Open Old Business – President will ask committee chair if there is any old business.

- If yes, Old Business will be announced/discussed. If no, move on to new business.
  
  o Motions – Motions are made by one person saying, “I make a motion that…,” and motion is followed by a second from anyone in SOTA saying, “I second that.”

  o Discussion – Discuss the motion one person at a time and discussion does not cease until a voting member motions to end discussion and motion is seconded. If required, a motion may be made to “table” discussion until a later meeting.

  o Voting – When voting is required, a motion should be made to vote and seconded. If a majority vote is not obtained, discussion may continue or be tabled. Once discussion has ended and a majority vote is obtained, the group moves to the next line of business. Repeat this format until all old business has been discussed.

** New Business

- Open New Business – President will ask committee chair if there is any new business.

- If yes, New Business will be announced/discussed. If no, move on to next committee.
  
  o Motions, discussion and voting will take place as described above.

  o Repeat this format until all new business has been discussed.

5. Announcements – Open to anyone that needs to announce important issues to SOTA

6. Meeting Adjourned – President of SOTA
Appendix F: Financial Assistance

Financial Aid
Students applying to the Occupational Therapy Department at The University of South Dakota should make contact with the financial aid office during the application process. The financial aid office can inform students of important deadlines regarding federal and local financial aid applications. Write or call the financial aid office at:

The University of South Dakota
Student Financial Aid Office
414 E. Clark St.
Vermillion, SD 57069
Phone: (605) 658-6250
Website: http://www.usd.edu/financial-aid/
Contact: Lindsay Miller

If you are a first time borrower at the University of South Dakota, federal law requires that you receive loan counseling before you pick up the first disbursement of any federally subsidized student loan. Please refer to the USD Financial Aid Office website for information on loan counseling and financial aid.

Scholarships - AOTF
The American Occupational Therapy Foundation (AOTF) awards several scholarships, ranging in value from $375 to $5,000, to occupational therapy students each year. Occupational therapy students must have completed at least one full year of upper level courses, transcripts are no longer requested, and references and program directors’ statements will be submitted online. Applicants must be AOTA members. For details and instructions, including information on scholarships for occupational therapy assistant students, please see the AOTF web site.

In partnership with the South Dakota Occupational Therapy Association, AOTF has established The Harlan and Rita Temple Endowed Scholarship. Scholarships are awarded to a student or students in good standing enrolled in an accredited occupational therapy educational program within the state of South Dakota. Students earning professional level degrees or occupational therapy assistant degrees are eligible. Preferences will be given for students who are residents of South Dakota and students who are members of the South Dakota Occupational Therapy Association. Scholarship amount TBD.

Scholarships – Hospitals & Private Agencies
Hospitals and private agencies employing occupational therapists occasionally provide scholarships or tuition reimbursement programs to students. In exchange for a scholarship, students generally agree to work for the facility for a specified amount of time. Interested students should contact prospective employers to discuss the possibilities of such an arrangement.

Scholarships – USD Occupational Therapy
Sanford Hospital VanDemark Scholarship in Occupational Therapy

Purpose: The VanDemark Scholarship was established at the direction of the VanDemark family. Dr. Guy VanDemark bequeathed an endowment to the Sanford Physical Medicine and Rehabilitation department for advancement of education, which included a scholarship for a University of South Dakota Occupational Therapy student.
Eligibility: Completion of the first two semesters of the graduate occupational therapy program at the University of South Dakota with a GPA in the top 50% of the class.

Selection Criteria: Nomination and selection are made by the faculty of the Department of Occupational Therapy. The following criteria are considered.

1. Scholarship: Demonstrated excellence in scholarship, with some emphasis upon coursework related to practice with individuals having some form of physical disability. Suggested scholarship criteria considered in student nominations include, but are not limited to:
   - Academic performance in ANAT 711 Gross Human Anatomy
   - Academic performance in NSCI 731 Neuroscience and OCTH 712 Structure, Movement & Occupation
   - Quality of the master’s research proposal
   - Quality of other relevant course assignments (term papers, case studies, oral presentations, etc.)
   - Presentation of scholarly work to groups within and outside the program (e.g. to staff at Level I Fieldwork sites, at professional meetings, to community groups, etc.)

2. Leadership: Student must have demonstrated leadership abilities within and/or outside the classroom. Suggested leadership criteria considered in student nominations include, but are not limited to:
   - Performance as a class or student association officer.
   - Selection and performance as a student representative to either the American Student Committee of the Occupational Therapy Association or the Commission on Education of the American Occupational Therapy Association.
   - Selection to Pi Theta Epsilon national occupational therapy honor society.
   - Assumption of and performance in leadership roles within group class assignments.

Procedures: Each faculty member in the Department of occupational Therapy independently will nominate (without ranking) three students who meet the eligibility criteria. The student with the most nominations will be named as the recipient of the scholarship. In the event of a tie, the faculty will vote again for the tied top contenders, voting will continue until a selection is made.

Notification Process:
1. The scholarship recipient will be announced at the Occupational Therapy Research Day in May of each year. Notification of the scholarship recipient, will be sent from the Awards and Scholarship Committee to the Department Chair, to the Dean of the School of Health Sciences, and to Sue Christiansen, Director of Rehabilitation at Sanford Hospital. The Awards & Scholarship Committee Chair will provide Sue with the student’s recipient’s name, address, and SS#, so that Sanford can send a check to the student for the amount of the award.
2. Sue Christiansen will notify the scholarship recipient and will provide contact information for the Thank You letter

Thank You Letter: The scholarship recipient is expected to write a formal thank you letter to the VanDemark Trust and to Sue Christiansen, Director of Rehabilitation Services. Sue will provide the address for the letter to VanDemark Trust. The recipient’s letter should be enclosed in a stamped (but not sealed) envelope, addressed to the VanDemark Trust (as instructed by the Director of Rehabilitation Services). The recipient’s return address should also be included on the envelope. The student should deliver the
Dorothy Anne Elsberry Scholarship
In May 1997, the Program lost an instrumental figure, Dorothy Anne Elsberry, Chairperson 1991-1997. She grew up in Pine Bluff, Arkansas and attended the University of Kansas where she completed her undergraduate degree in occupational therapy in 1968, her master’s degree in the Curriculum and Instruction Department in education in 1978, and her Ph.D. in higher education in 1987.

Dorothy Anne spent about four years of clinical practice in Missouri and Wisconsin when she returned to the University of Kansas in 1972 to develop and direct an OTA education program and to teach in the professional program in occupational therapy. Fifteen years and two degrees later, she went to the University of Tennessee, Memphis, to develop and direct an undergraduate professional education program in occupational therapy. She arrived in Vermillion in mid-August of 1991 to assume the position of Professor and Chairperson in the Department of Occupational Therapy at USD. In June of 1993, Dorothy Anne was honored to be named a Fellow of the American Occupational Therapy Association.

Purpose: To recognize a University of South Dakota student who has shown qualities and performance which emulate the values that were important to Dr. Dorothy Anne Elsberry throughout her career in occupational therapy education. These values include creativity, pragmatism, promotion of occupational therapy, support of the core principles of occupational therapy, scholarship achievement, research participation, service to others, and participation in extracurricular professional activities which exceeds the ongoing expectation of involvement.

Scholarship Information:
Students may apply directly for the scholarship or be nominated by another person. Minimum requirements for the scholarship are:

- Overall GPA of 3.2 in the Occupational Therapy Program
- Successful completion of four semesters of the Occupational Therapy Program at The University of South Dakota.

One scholarship will be awarded annually.

Selection Criteria:
1. Development of innovative and/or creative activities.
2. Demonstration of the core philosophy of occupational therapy as portrayed in the Occupational therapy Philosophy of the Profession.
3. Design of a research project (completed or in progress) which is innovative and pragmatic.
4. Demonstration of potential for enhancement of occupational therapy which may be shown through outstanding leadership, research involvement, or creative promotion of the profession.
5. Demonstration of commitment to rural health practice.
7. Presentation of papers, research, posters, lectures at forums that are outside the normal expectations of student involvement.
8. Involvement in the promotion of Occupational Therapy in the community beyond the normal scope of student expectations.
9. Involvement, above and beyond the normal scope of student expectations, in one or more of the organizations within the profession of occupational therapy.

Application and Selection Process:
1. The applicant should obtain the application from the Awards and Scholarships Committee through the Awards and Scholarship Chair.

2. The application form is completed in full by the applicant or the nominator.

3. A brief description is completed by the applicant/nominator describing how the applicant/nominee meets or exceeds one or more of the listed criteria.

4. The application is submitted to the Chairperson of the Awards and Scholarships Committee by April 1st of each year.

5. Each committee member will be given a copy of the application materials for review.

6. Following the review period, the committee will meet to make the selection of the scholarship recipient based on the criteria and the fulfillment thereof.

Notification Process:
1. The scholarship recipient will be announced at the Occupational Therapy Research Day in May of each year. Notification of the scholarship recipient will be sent from the Awards and Scholarship Committee to the Department Chair and the Dean of the School of Health Sciences.

2. A letter of notification will be sent to the scholarship recipient from the Occupational Therapy Awards and Scholarship Committee with instructions regarding the thank you letter.

3. The Department Chair will notify the USD Foundation Office to apply the award to the recipient’s University tuition.

Faithe Family Scholarship
Matthew Faithe - Matthew Faithe was born Dec. 25, 1898, in Argentina. At a young age he contracted a kidney disease and when his family moved to New York City, he was left to live with his grandmother. Physicians at the time told his grandmother he wouldn't live to be a teenager. He survived, and at age 12 moved to New York City to join his parents.

Matthew was a tremendously gifted person. He initially trained to become a certified public accountant, and was an avid pilot. He earned three Ph.D.’s in education, anthropology and archeology. He was a ballet dancer, played the piano, violin and the mandolin. He was a gifted teacher who taught his students to question everything.

After a flying accident that broke his back, Matthew started the Museum of Visual Materials in Kenyon, Minn. It was here that he met and married Margaret Aase Emerson. It was not until the age of 91 that his kidney disease caught up with him. Matthew died Nov. 22, 1990, a month shy of his 92nd birthday.

Margaret Faithe – Margaret was born on Jan. 30, 1921 in West Concord, Minn. to John and Pearl Emerson. She graduated from West Concord High School and received a B.A. from Augsburg College in Minnesota, magna cum laude in 1941. She received an M.A. from the University of Chicago in 1944. After two years at the University of South Dakota School of Medicine (which was a two-year school at the time) in Vermillion, S.D., she received her M.D. from Case Western Reserve University in Cleveland, Ohio, in 1954. She took a rotating internship at Sacred Heart Hospital in Yankton, S.D., in 1954-55.

Margaret practiced general and family medicine in Wakonda, S.D., from 1955-69. She then became assistant professor of internal medicine at the University of Nebraska Medical Center in Omaha. In 1970, she became assistant professor of family medicine at UNMC and helped start the Department of Family Practice there from 1970-72. She received full professorship in family practice in 1977 and continued until her retirement in 1987. While at UNMC, Margaret helped teach 30 Vietnamese physicians the art of family practice. All 30 became physicians in Nebraska following their studies.
In 1987, Margaret joined the South Dakota Family Residency for two years. She then headed up the McKennan Free Clinic from 1989 until 1999, when she retired completely. She also held a faculty appointment with the USD School of Medicine as professor in the Department of Family Medicine from 1988-91. Margaret died June 13, 2005, at the age of 84. Margaret and Matthew had no children.

Purpose: The Faithe Family Scholarship Endowment was designed to recognize University of South Dakota students who demonstrate high achievement, plan to serve the healthcare delivery system and who show financial need. This is a one-time award which may not be renewed.

Criteria for applicants:
1. Demonstration of high academic achievement
   - Overall quality of performance in the first year of the Occupational Therapy Program
   - Minimum GPA of 3.5 in the Occupational Therapy Program
2. Demonstration of leadership
   - Demonstration of leadership within and/or outside of the classroom
3. Demonstration of financial need
   - One-paragraph summary statement of applicant’s need for financial assistance
4. Submission of a writing sample
   - Submit a graded sample (including faculty comments and score) of written work completed for one of your OT courses.

Application and Selection Process:
Second- and third-year students who meet the criteria listed above and have not received a Faithe scholarship previously are eligible to apply for this scholarship. The Awards and Scholarship Committee selects the recipient(s) of this award based on the criteria listed above. To apply for this award, applicants should submit a cover letter and supporting documentation (transcript printed from WebAdvisor) as outlined in the criteria. Students should submit their application in hard copy to the Awards and Scholarship Committee Chair.

Notification Process:
1. Notification of the scholarship recipient will be sent from the Awards and Scholarship Committee to the Department Chair and to the Dean of the School of Health Sciences.
2. A letter of notification will be sent to each recipient from the Occupational Therapy Awards and Scholarship Committee with instructions regarding the thank you letter.
3. The Department Chair will notify the USD Foundation Office to apply the award to the recipient’s University tuition.

The Wanda and Tim Hannahs Scholarship
Purpose: The Dakota Hospital Foundation (DHF) provided funding to create a scholarship endowment to honor Wanda and Tim Hannahs of Vermillion, South Dakota. Wanda was an employee of Sanford Vermillion who experienced a spinal cord injury after a car accident which left her paralyzed. She spoke regularly to USD’s OT & PT students about her life, the accident, and the services she received.

Eligibility: The endowment shall provide scholarships for students accepted and currently enrolled in the Physical Therapy and Occupational Therapy programs at the University of South Dakota. The scholarship will be awarded to a student from the PT or OT programs on a rotating basis, beginning with OT in 2013. First-year OT students will be invited to apply for this award.

Selection Criteria:
1. Demonstration of high academic achievement.
   a. Overall quality of performance in the first year of the Occupational Therapy Program
   b. Minimum GPA of 3.5 in the Occupational Therapy Program
2. Demonstration of leadership  
   a. Demonstration of leadership within and/or outside of the classroom  
3. Demonstration of service  
   a. Summary of service to the community including care of individuals with chronic conditions

Application and Selection Process:  
First-year students who meet the criteria listed above are eligible to apply for this scholarship. The Awards and Scholarship Committee selects the recipient of this award based on the criteria listed above. To apply for this award, applicants should submit a cover letter and supporting documentation (transcript printed from WebAdvisor) as outlined in the criteria. Students should submit their application in hard copy to the Awards and Scholarship Committee Chair.

Notification Process:  
1. The scholarship recipient will be announced at the Occupational Therapy Research Day in May of each year.
2. Notification of the scholarship recipient will be sent from the Awards and Scholarship Committee to the Department Chair and the Dean of the School of Health Sciences.
3. A letter of notification will be sent to the scholarship recipient from the Occupational Therapy Awards and Scholarship Committee with instructions regarding the thank you letter.
4. The recipient will be expected to attend the Dakota Hospital Foundation Community Leadership Dinner in May to accept the scholarship.

Leonard & Viola Strutz Health Sciences Scholarship  
*Purpose:* The Leonard & Viola Strutz Scholarship is awarded to a student enrolled in the School of Health Sciences majoring in Nursing, OT or PT. The $1,000.00 scholarship will be awarded to an occupational therapy student in 2016 and every three years thereafter (2019, 2022, 2025, etc.).

The Scholarship Committee is currently developing the criteria, and application, selection, & notification processes for this award.

Occupational Therapy Current Fund Scholarship  
The amount of this award varies annually. The Scholarship Committee is currently developing the criteria, and application, selection, & notification processes for this award.

GoodCare Scholarship  
*Purpose:* The GoodCare Scholarship is awarded annually to an occupational therapy student who is a resident of South Dakota.

The Scholarship Committee is currently developing the criteria, and application, selection, & notification processes for this award.

Graduate Traineeship with the USD Center for Disabilities (LEND)  
The Center for Disabilities is South Dakota’s University Center for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD). It is a division of the Department of Pediatrics at the Sanford School of Medicine at the University of South Dakota. The Center works with others to create opportunities that enhance the lives of people with disabilities and their families through training, service, information, research, and community education. The Center delivers activities across the lifespan from a community-based, family-centered and culturally-competent perspective.

One of the training programs offered by the Center is the South Dakota LEND Program (Leadership Education Excellence in Caring for Children with Neurodevelopmental and Related Disorders)
Currently, two second-year occupational therapy graduate students are eligible for this traineeship annually.

The specific goals of the SD LEND program are

- To provide an excellent education program which will prepare its preservice trainees to assume clinical leadership roles dedicated to meeting the needs of children with neurodevelopmental and related disabilities in all settings where care may be provided (home, ambulatory care settings, managed care and office settings, community-based, and hospital health care facilities). This training will emphasize the provision of family oriented, culturally sensitive, interdisciplinary services.
- To build the leadership capacity of its preservice trainees to guide public policy and health care practice in efficient, effective, evidence-based, comprehensive, family-centered, and culturally competent care for children with neurodevelopmental and related disabilities.
- To enhance and expand the capacity of health care providers in the state of South Dakota and the surrounding region to utilize and promote comprehensive, family-centered, culturally competent, community-based, interdisciplinary approaches to care for children with neurodevelopmental and related disabilities through the provision of continuing education and technical assistance.
- To promote the development of improved systems of care through the pursuit of new partnerships and the expansion of existing relationships with governmental, educational and health care agencies which share the interest of neurodevelopmental disabilities and their families in South Dakota and the surrounding region.

Requirements for South Dakota LEND Program Applicants

- Applicants must be a full time graduate student with "Full" acceptance in one of the required programs at The University of South Dakota, South Dakota State University, Augustana College or other Midwestern university.
- Applicants should be pursuing graduate studies in:
  - Audiology,
  - Clinical Psychology,
  - Health Care Administration,
  - Medicine,
  - Nursing,
  - Nutrition,
  - Occupational Therapy (must be second-year student),
  - Physical Therapy,
  - School Psychology,
  - Social Work,
  - Special Education, or
  - Speech-Language Pathology.
- Applicants must complete an application. Request an application packet or additional information.
- A recommendation from the applicant's academic department must be submitted.
- Applicants must be willing to make a twelve-month commitment.
- Each trainee receiving stipend support from grant funds must be a citizen of the United States or as an alien must have been admitted to the United States with a permanent resident visa.

Academic Advantages for Trainees in the South Dakota LEND Program

- Trainees in the South Dakota LEND Program have the ability to conduct collaborative research.
• Trainees in the South Dakota LEND Program have the opportunity to observe and participate in assessments and treatment planning with qualified professionals in a number of clinical settings.
• Trainees in the South Dakota LEND Program have the opportunity to actively participate in treatment aspects of care under the supervision of practicing professionals.

Other Advantages for Trainees in the South Dakota LEND Program
• Trainees in the South Dakota LEND Program receive two-thirds reduced tuition rates.
• Trainees in the South Dakota LEND Program receive a yearly stipend of $8000 distributed in monthly installments.
• Trainees in the South Dakota LEND Program receive great work experience for personal growth and resume inclusion.

Academic Requirements
SD LEND
• 12-month commitment
• 300 hours of research, on-site clinical experience, and coursework, including
  o Completion of FAMP 540 Interdisciplinary Health Care Team
  o Monthly Leadership Seminars
  o Community-based Interdisciplinary Clinics (115 hrs)
  o Research project

For More Information Contact:
South Dakota LEND Program
Center for Disabilities
1400 West 22nd Street
Sioux Falls, SD 57105
Phone (800) 658-3080
E-mail cd@usd.edu
Appendix G: Library and Computer Resources

University Library
www.usd.edu/library

A complete description of services may be found at: http://www.usd.edu/library/welcome. Briefly, highlights include:

Academic Commons (http://www.usd.edu/acpc/academic-commons)
The Academic Commons (link.usd.edu/3506) assembles comprehensive academic support services on the first floor of the ID Weeks building. This area includes the Academic & Career Planning Center, ITS Help Desk, Center for Academic Engagement, Reference and Research Desk, Lab Consultant, Presentation Center, and Writing Center.

Assistive Technology Services for People with Disabilities
The Library staff and faculty are committed to providing equal access to services and collections for USD students and faculty. Services are available during all building hours, which include evenings and weekends. Software and equipment available for patrons include JAWS Professional Edition, OpenBook scanning, Kurzweil 3000, ZoomText Xtra Level 2, SofType and TextHELP, and electronically maneuverable desks. Visit the lab consultant for assistance. Additional accommodations are available through the USD Office of Disability Services (link.usd.edu/219). An elevator is available in the northwest corner of the library for persons not wishing to use the stairs.

Book and Journal Collection
The book collection is located on the 3rd floor; current and bound journals are located on the 2nd floor.

Computers and Printing
Students can print from library computers or their laptops to ID Weeks building printers located on the first floor. Copiers, available on the first floor will only accept Coyote Cash using your USD Coyote Card.

Copyright Restrictions
The library must work within the copyright guidelines as they apply to the photocopying to materials according to U.S. Copyright Law (17 U.S. Code). You will be notified if the library cannot fill your request because of copyright restrictions.

Course Reserves:
Course Reserves consist of materials selected by faculty for assigned reading in connection with course work. Physical reserves are available at the Circulation Desk. E-reserves consist of materials that are scanned and posted to D2L

Hours: (http://www.usd.edu/library/hours.cfm)

Interlibrary Loan & Document Delivery: (www.usd.edu/library/ill.cfm)

Wegner Health Science Library – Sioux Falls
www.usd.edu/wegner

Address: 1400 West 22nd Street, Suite 100
           Sioux Falls, SD 57105
Phone: (605) 357-1400           E-mail: wegner@usd.edu
**myUSD Student Portal**
myUSD is the personal, customizable portal to The University of South Dakota. Login consists of username and password. Services are presented based on your role at USD. The student view will vary slightly from the faculty/staff view. myUSD provides a single point of entry to e-mail, D2L, WebAdvisor, and other university-wide network communications and functions.

**OT Search (OT BibSys)**
Accessible at: [www.aota.org](http://www.aota.org)

OT Search is a bibliographic database covering the literature of occupational therapy and related subject areas, such as rehabilitation, education, psychiatry or psychology, and health care delivery or administration. The full text of the indexed resources is not in this database, just the bibliographic information to identify the material and the author's abstract when one exists.

At this time, The Wilma L. West Library (WLW) owns a copy of all the material indexed in OT Search. While searchers will find material from related or supporting disciplines in this database, the primary purpose is to bring together the literature of occupational therapy in one database. To this end, we are gradually expanding coverage of non-OT journals in OT Search on a selective basis; that is, only articles written by occupational therapists or of definite interest to occupational therapists will be included. There may be times, therefore, when OT Search is not appropriate for retrieving information on a particular subject, such as a rare syndrome or a more sociological issue. Consult a librarian at your institution for guidance in selecting the database that covers the literature you are seeking, or visit our [useful WWW links](http://www.aota.org) for further information.

Once you have created a bibliography on your topic, try to obtain the material from a library in your state or region. If you are unable to locate needed material, contact The WLW Library to arrange for an interlibrary loan or a photocopy, if copyright restrictions permit. Nominal charges apply to obtaining photocopies of journal articles from the Library.

- **Username:** usdot
- **Password:** research

**USD Information Technology Services (ITS)**
Go to Technology on the myUSD Portal to view the services available through ITS
Student Help Desk: submit requests online or call 658-6000

For recommended computer configuration and discounts, go to: [www.usd.edu/technology](http://www.usd.edu/technology)
Click on Computer Discounts and Software Discounts
Appendix H: Student Release Authorization

RELEASE AUTHORIZATION
THE UNIVERSITY OF SOUTH DAKOTA
DEPARTMENT OF OCCUPATIONAL THERAPY

I hereby grant to The University of South Dakota the non-exclusive and irrevocable rights and license to make, edit, and use pictures for publicity, news, or advertising – to include print, video, broadcast media, and the World Wide Web.

I release The University of South Dakota from any and all claims of payment for performance rights, residuals or damages for libel, slander, invasion of privacy, or any claims based on the use of said material.

________________________________________
(Subject’s Printed or typed name)

________________________________________
(Parent’s Printed or typed name, if under 18)

________________________________________
(Printed or typed address)

________________________________________
(Subject’s Signature) ____________________________
(Parent’s Signature, if required)

__________________________________________
(Date) ______________________________________
Appendix I: Authorization to Use Academic Work as a Sample

The University of South Dakota
Department of Occupational Therapy
Permission to Use Academic Work as a Sample

I grant the Department of Occupational Therapy to use assignment(s) which I have submitted as part of coursework in the Occupational Therapy Program of Study, as a sample of work for future students and/or for re-accreditation purposes. In order to prevent academic dishonesty or misuse, I understand that this sample will be maintained in a secure location accessible only to faculty and will not be used for any purpose other than that which has been stated.

Authorship regarding research papers submitted for publication will be negotiated with your Research Advisor and student colleagues.

Please initial the statement(s) that apply to you:

_______ I grant permission to use my work for the above stated purposes with acknowledgement of my name on the work.

_______ I grant permission to use my work for the above stated purposes provided that my name is removed from the work.

_______ I do not grant permission to use my work for the above stated purposes.

______________________________________________  ____________
Name                                      Date
Appendix J: OT Physical Examination Form

Physical Exam Verification Form

This form verifies that the following student has completed a required physical. The Medical History and Physical Exam Form will remain on file at the physician’s office. Please only submit this form to the USD OT Department.

Student Name:

Student has a Medical History and Physical Examination Form on file certifying that he/she is physically fit to participate in the program and to attend to patients:  Yes  No

________________________________________________________________________

Physician signature ________________________________ Date ________________________________

If the physical was not completed on date signed, please indicate the date the physical was completed: ________________________.
Appendix K: Volunteer Form
South Dakota Board of Regents System
Temporary Faculty Appointment and Volunteer Work Agreement

General Information

Last Name: ________________________ First Name: ________________________ Middle Name: ________________________
Permanent Address ____________________________________________________________
Mailing Address ________________________________________________________________
Birth Date: ________________ Gender: □ Male □ Female Social Security Number: ________________________
Phone: ________________________ Marital Status: □ Single/Divorced/Widowed □ Married or Legally Separated

The South Dakota Board of Regents system is an equal opportunity employer. Information requested in the following sections will only be used for statistical and/or affirmative action purposes and will be treated as confidential.

Citizenship

☐ US Citizen - US ☐ Resident Alien/Perm Resident - RA ☐ Alien Substantial Pres - SP ☐ Non-Resident Alien - NR

If not US Citizen, Passport Number: ________________________ Visa Type: ________________________
Nation of Citizenship: ________________________ Nation of Birth: ________________________

Ethnicity (check all that apply)

☐ Hispanic or Latino - HI ☐ White - WH ☐ Black – BL ☐ American Indian or Native Alaskan - AM
☐ Not Hispanic or Latino: ☐ Asian or Pacific Islander - AS

Veteran's Status

☐ Not a Veteran ☐ Vietnam Era Veteran ☐ Other than Vietnam Era Veteran
Discharge Date: ________________________ Disabled Veteran: □ Yes □ No

Institutional Address

Department: Occupational Therapy Start Date: 7/14/2017
Building/Room Number: Sanford Coyote Sports Center 375A End Date: 5/10/2020
Office Phone: 605-658-5999

ALL VOLUNTEERS MUST SIGN THE STATEMENT BELOW:

I agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the department listed above. I understand that my services are voluntary, that I will not be compensated, and that volunteer workers are provided worker’s compensation coverage. I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities. This agreement may be canceled at any time by notification to either party. I have read this agreement, understand it, and agree to serve as a volunteer.

Signature: ________________________ Date: ________________________
(Signature of parent/guardian if under age of 18)

Submit completed form campus Human Resources Office. Volunteers retain copy for personal records.

Complete reverse side for Courtesy Faculty appointments ONLY.
Appendix L: Confidentiality Statement

University of South Dakota Confidentiality Statement

All patient Protected Health Information (PHI—which includes patient medical and financial information), employee records, financial and operating data of the practice, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any employee unless pertaining to his or her specific job requirements. Examples of inappropriate disclosures include:

- Employees discussing or revealing PHI or other confidential information to friends or family members.
- Employees discussing or revealing PHI or other confidential information to other employees without a legitimate need to know.
- The disclosure of a patient’s presence in the office, hospital, or other medical facility, without the patient’s consent, to an unauthorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information by employees can subject each individual employee and the practice to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, is grounds for immediate disciplinary action up to and including termination.

Employee and/or Volunteer Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge and access in the course of my employment and/or volunteerism with University of South Dakota is to be kept confidential, and this confidentiality is a condition of my employment and/or volunteerism. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after I am no longer employed and/or a volunteer.

I am familiar with the guidelines in place at the University of South Dakota pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of the University of South Dakota is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of the University of South Dakota is grounds for disciplinary action, up to and including immediate dismissal.

________________________________________
Date

________________________________________
Signature of Employee and/or volunteer

________________________________________
Print Name

________________________________________
Supervisor
Appendix M: Scholarly Paper/Authorship Contract

The University of South Dakota
Occupational Therapy Department
Scholarly Paper/Project Authorship Contract for Occupational Therapy Students

I, ___________________________________________ (please, print your name), accept the honor of being included as an author for the paper/project entitled,

“[Insert title]”

or any future versions of the title. In electing to be an author for this paper/project, I certify that my role in the work reported was not that of simply collecting data but rather I meet the following criteria:

1) I made substantial contribution to the work during the conception and design, data gathering, and/or data analysis and interpretation phases;

2) I participated in drafting the paper/project report and making critical revisions for substantial intellectual content;

3) I am prepared to read and contribute in a timely manner to the revisions and edits of the reviews of the paper/project report as requested by the principal investigator/project leader until the paper/project comes out in publication or is concluded appropriately; and

4) I participated in the work substantially enough to be able to take public responsibility for it.

I further declare that I have no obligation for further involvement in this work beyond the publication of this paper/dissemination of this project. However, should I be interested in continued involvement in the study/project in the future, I have the option to contact the principle investigator/project leader to declare my interest.

Signed ___________________________________________ Date _____________________
Appendix N: South Dakota Board of Regents Policies

Notice of Nondiscriminatory Policy
In accordance with the South Dakota Board of Regents Policy 1:19, the institutions under the jurisdiction of the Board of Regents shall offer equal opportunities in employment and for access to and participation in educational, extension and other institutional services to all persons qualified by academic preparation, experience, and ability for the various levels of employment or academic program or other institutional service, without discrimination based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, disability, genetic information or veteran status or any other status that may become protected under law against discrimination. The Board reaffirms its commitment to the objectives of affirmative action, equal opportunity and non-discrimination in accordance with state and federal law. Redress for alleged violations of those laws may be pursued at law or through the procedures established by the provisions of 1:18 of this policy. For additional information, please contact the Director, Equal Opportunity and Chief Title IX Coordinator, Room 205 - Slagle, Vermillion, SD 57069. Phone: 605-677-5651 E-Mail: equalopp@usd.edu.

Admission decisions are made without regard to disabilities. All prospective students are expected to present academic credentials at or above the minimum standards for admission and meet any technical standards that may be required for admission to a specific program. If you are a prospective student with a disability and need assistance or accommodations during the admission/application process, please contact the Director of Disability Services, 119B Service Center North, USD, Vermillion, SD 57069. Phone: 605-677-6389 Fax: 605-677-3172 E-Mail: disabilityservices@usd.edu

Federal Law prohibits discrimination on the basis of disability (Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, and the Americans with Disabilities Act Amendment Act of 2009. The University has designated Ms. Roberta Ambur, Vice President of Administration & ITS, as the Coordinator to monitor compliance with these statutes. This obligates USD and Ms. Ambur to provide equal access for all persons with disabilities.

South Dakota Board of Regents Policies Link
http://www.usd.edu/policies/south-dakota-board-of-regents
Students shall refer to the above link for the most current versions of South Dakota Board of Regents Policies. Sections 1-3 affect all University students.