1.1: Oath of a Physical Therapist

As a physical therapist dedicated to providing the highest quality care and services, I solemnly pledge I will:

Respect the rights and dignity of all individuals who seek my services or with whom I work.

Act in a compassionate and trustworthy manner in all aspects of my services.

Exercise sound professional judgment while abiding by legal and ethical requirements,

Demonstrate integrity during interactions with colleagues, other health care providers, students, faculty, researchers, the public, and payers for the enhancement of patient care and the advancement of the profession;

Enhance my practice through life-long acquisition and application of knowledge, skills, and professional behavior.

Participate in efforts to meet physical therapy and health care needs of local, national, and global communities.

Thus, with this oath, I accept the duties and responsibilities that embody the physical therapy profession.

Revised and Adopted February 2011 APTA Education Section
1.2: Acknowledgement of Handbook

The USDPT Student Handbook has been reviewed with me and I have read my copy of the USDPT Student Handbook. I understand that I am expected to keep this handbook, be familiar with and follow the policies and procedures printed herein and available via links to the USD student policies and Graduate School student policies.

I have been informed of Essential Functions of the PT department at USD and have been provided 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 department chairperson will inform me of any changes.

NAME (print): ____________________________

ADVISOR: ______________________________

I have reviewed the Physical Therapy Department Student Handbook 2017-2018 and understand the content within.

Physical Therapist Student Signature ____________________________ Date ____________________________

Please return this signed form to the Physical Therapy Main Office (Sanford Coyote Sports Center room A375A) by 1pm on Monday July 24, 2017.
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June 15, 2017

Dear Members of the DPT Class of 2020:

Congratulations on your admission to the University of South Dakota, School of Health Sciences, Department of Physical Therapy. It is a great pleasure to welcome you to the profession of Physical Therapy.

As you prepare to complete the requirements for the Doctorate degree in Physical Therapy, please review this student handbook and familiarize yourself with the information regarding the academic rules, honor system, professional conduct expectations, and other details about the program. The faculty, staff, and physical therapist students prepared this handbook to assist you with the transition to professional education and orientation to the Department of Physical Therapy here at the University of South Dakota. We will use this handbook and the Graduate Student Catalogue to refer to the expectations and requirements for the students enrolled in the Department of Physical Therapy.

On behalf of the faculty, staff, and PT2/PT3 professional students, we extend to you sincere best wishes as you begin your physical therapy professional course of study.

Sincerely,

[Signature]

Lana Svien, PT, Ph.D., MA,
Professor and Chair
Physical Therapy Department
1.3: Purpose of this Handbook

The purpose of the Physical Therapy Student Handbook is to provide information that is specific to the Department of Physical Therapy, School of Health Sciences. The information provided serves as a reference to the organization of the program, in addition to professional conduct and academic expectations for all students enrolled in the Physical Therapy program. Each physical therapist student will be able to download the Physical Therapy Student Handbook from the School of Health Sciences Physical Therapy Student Portal. It will be reviewed by the Department Chairperson during orientation or the first day of class. The physical therapist student can refer to additional student policies in the USDPT Clinical Education Handbook and USD Student Handbook, as adjuncts to this handbook, as well as Graduate School Policies. All are valuable resources for the incoming physical therapy student.

Entering physical therapist students are required to thoroughly review the contents of this handbook. Upon completion of reading this handbook the physical therapist student completes the acknowledgment of understanding (PAGE 3) and submits signed copy by due date and meets with the assigned advisor to discuss any pertinent issues regarding the contents of the USDPT Student Handbook. Physical therapist students should be familiar with the policies and various deadlines publicized by the Department, School of Health Sciences, Graduate School, and University.

Provisions of the USDPT Student Handbook

The provisions of the USDPT Handbook are congruent with the provisions of the USD Student Handbook and the USD Graduate School policies. The Department of Physical 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 Physical Therapy. Any changes in policy and procedures apply to all current and prospective physical therapist students. The faculty reserves the right to alter the curriculum, the schedule of required courses, and regulations affecting admission, progression, and graduation requirements. Students of Physical Therapy are expected to remain well informed of any changes.

Handbook Acknowledgment Agreement

Physical therapist students are expected to read and understand the information and policies contained in this handbook. Students of Physical Therapy 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 Program Office in SCSC 375A by Monday, July 24.
University of South Dakota
Department of Physical Therapy
1.4: 2017-2018 Calendar

Fall Semester 2017
Orientation (PT1) ...........................................................................................................July 17-July 21, 2017
PT Classes Begin (PT1-Class of 2020) ..............................................................................July 24, 2017
PT Classes Begin (PT3-Class of 2018) ..............................................................................Monday, August 7, 2017
PT Classes Begin (PT2-Class of 2019) ..............................................................................Monday, August 14, 2017
Labor Day (Class of 2018 in clinic*) ..................................................................................September 4, 2017
Donor Memorial Service ..................................................................................................September 15, 2017
Dakota Day .........................................................................................................................October 7, 2017
Native American Day (Class of 2018 in clinic*) .................................................................October 9, 2017
APTA National Student Conclave Portland, OR .................................................................October 19-21, 2017
SDPTA Fall Conference Sioux Falls, SD ............................................................................November 3-5, 2017
Veterans Day (Class of 2018 in clinic*) ............................................................................November 10, 2017
SHS Interprofessional Day (Class of 2019) .......................................................................November 7, 2017
SHS Career Fair (Class of 2018, 2019, 2020) ....................................................................November 17, 2017
Thanksgiving Day Recess (Class of 2018 in clinic*) .........................................................November 22, 2017
Classes Resume .................................................................................................................November 27, 2017
Semester Ends .......................................................................................................................December 13, 2017

Spring Semester 2018
PT Classes Begin (Class of 2018) ......................................................................................January 2, 2018
PT Classes Begin (Class of 2019, 2020) .............................................................................January 3, 2018
Martin Luther King Jr. Day (Class of 2018 in clinic) .........................................................January 15, 2018
Vermillion Community Health Fair (Class of 2019 and 2020) .........................................February 3, 2018
Presidents Day Holiday (Class of 2018 in clinic) ..............................................................February 19, 2018
APTA CSM, New Orleans, LA .........................................................................................February 21-24, 2018
Disaster Training (Class of 2019) .....................................................................................February 23, 2018
Spring Break Begins (Class of 2018 in clinic) ...................................................................March 5, 2018
Classes Resume ..................................................................................................................March 12, 2018
SHS Scrubs Camp (Class of 2020) ..................................................................................March 13, 2018
Easter Recess Begins (Class of 2018 in clinic) ...................................................................March 30, 2018
Classes Resume ..................................................................................................................April 2, 2018
SDPTA Spring Conference Deadwood, SD (Dates TBD) .....................................................April 2018
USD IdeaFest .....................................................................................................................April 4-5, 2018
SHS Research Symposium .................................................................................................April 6, 2018
Semester Ends .....................................................................................................................May 4, 2018
Class of 2018 Hooding Ceremony ......................................................................................May 4, 2018
Commencement ................................................................................................................May 5, 2018

Summer Session 2018
Summer Session Begins .................................................................................................May 14, 2018
Memorial Day ....................................................................................................................May 28, 2018
APTA Annual Conference (NEXT), Orlando, FL ..............................................................June 27-30, 2018
Independence Day (Class of 2020 in clinic) .....................................................................July 4, 2018
Summer Session Ends (Class of 2019) .............................................................................July 6, 2018
Summer Session Ends (Class of 2020) ............................................................................August 3, 2018
1.5: Contact Information

**Staff:**
Marcia Harnois, Program Assistant 658-6361  Marcia.Harnois@usd.edu
Rita Humphrey, Asst. Admissions Officer 658-6356  Rita.Humphrey@usd.edu
PT Program Main Office 658-5999  pt@usd.edu

**PT Core Faculty:**
Dr. Lana Svien, Professor 658-5999  L.Svien@usd.edu
Chairperson
Dr. Amanda Adamson, Assistant Professor 658-6371  Amanda.Adamson@usd.edu
Assistant Director of Clinical Education
Dr. Patti Berg-Poppe, Associate Professor 658-6366  Patti.Berg@usd.edu
Chair of Program Outcomes
Dr. Becca Jordre, Associate Professor 658-6370  Becca.Jordre@usd.edu
Chair of Admissions
Dr. Joy Karges, Professor 658-6367  Joy.Karges@usd.edu
Director of Clinical Education
Dr. Angela MacCabe, Assistant Professor 658-6369  Angela.MacCabe@usd.edu
Chair of Interprofessional Education
Dr. Brandon Ness, Assistant Professor 658-6372  Brandon.M.Ness@usd.edu
Chair of Awards and Scholarships
Dr. Hanz Tao, Assistant Professor 658-6368  Hanz.Tao@usd.edu
Dr. Kory Zimney, Assistant Professor 658-6373  Kory.Zimney@usd.edu
Chair of Curriculum

**University Office Numbers:**

<table>
<thead>
<tr>
<th>Department</th>
<th>Number</th>
<th>Extension</th>
<th>Website</th>
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</thead>
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<tr>
<td>Barnes and Noble</td>
<td>677-6291</td>
<td>USD</td>
<td><a href="http://www.usd.edu">www.usd.edu</a></td>
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<td>677-6085</td>
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</tbody>
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Lana R. Svien, PT, PhD, MA, CEEAA
Professor and Chair
L.Svien@usd.edu, 605-658-5999

I earned a B.S. in Physical Therapy from the University of Wisconsin, a M.A. in Anatomy from the University of South Dakota, and a Ph.D. degree in Interdisciplinary Medical Science from University of Nebraska Medical Center. My dissertation was entitled “Health Related Fitness of Ex-Preterm Children Ages 7-10 Years.” My research interests include pediatric outcomes, minority health disparities outcomes of individuals with special needs and global health. I have a number of publications on Medline.

As a physical therapist for over 40 years, I have practiced in school based pediatrics, intensive care pediatrics (NICU), general rural hospital and rural nursing homes, in-patient acute care, out-patient orthopedics and consultation for agencies serving adults with developmental disabilities. My most satisfying practice was collectively providing physical therapy pediatric examinations for over 30 years for seven South Dakota rural reservation developmental clinics for children with special needs with USD Center for Disabilities Department of Pediatrics. Currently, I am the Physical Therapy Discipline Head for SD LEND (Leadership Education Excellence in Caring for Children with Neurodevelopmental Disabilities) and have a joint appointment with the Department of Pediatrics.

With a passion for international travel and physical therapy, I have provided physical therapy services, teaching or consultation to the countries of Poland, Israel, Dominican Republic, Nicaragua, Chile, Vietnam, Haiti, Cuba, and Guatemala. I have been traveling to Guatemala since 1998 and have taken over 13 groups of USD students to provide disability-related service learning projects over spring break.

I have been employed with USD over 30 years, as a graduate assistant in Anatomy, a Clinic Coordinator for the Center for Disabilities and started as a tenure-track assistant professor in 1992. I subsequently received tenure, and was promoted to Associate and Full Professor. I have been the Chairperson of the Physical Therapy department since 1994. I teach or have taught health promotion, patient management, ethics, professional issues, research, pediatrics, motor control, neuroembryology, pediatric neuropathology, yoga and tai chi in geriatrics. I am very interested in yoga/tai chi as a therapeutic intervention.

I actively serve the University and the School of Health Sciences in a variety of roles. Currently I serve on the South Dakota Board of Medical and Osteopathic Examiners PT Advisory committee and Federation of State Boards of Physical Therapy Ethics and Legislation committee. I have served the APTA Section on Pediatrics for numerous years.
and SDPTA Education committee. I am on the WCPT Committee of the International Organization of Physical Therapists in Paediatrics and am on the roster of consultants for educational programs developing in less resourced countries.

In my spare time, I enjoy time with my lively grandchildren, traveling the world, cooking, being at my Minnesota lake cabin, kayaking, snowshoeing, gardening, biking, hiking, yogaing, and reading.

Amanda Adamson, PT, DPT, OCS  
Assistant Professor and Assistant Director of Clinical Education  
Amanda.Adamson@usd.edu, 605-658-6371

I earned a Doctor of Physical Therapy degree from the University of South Dakota (USD) in 2009. I became an Orthopedic Clinical Specialist in 2013, through the American Board of Physical Therapy Specialties of the American Physical Therapy Association.

I worked full-time as a provider for 7 years with experience in private practice, skilled rehab, acute inpatient and outpatient settings in the rural towns of Yankton and Tyndall in South Dakota. Most of my experience is in outpatient orthopedics, where I also served as Director of Therapy for almost 5 of those years. Other clinical community services have included working with archers at the National Federation Archery Association Easton Yankton Archery Complex and Yankton youth baseball athletes with the Kansas City Royals “Pass It On” Baseball Clinic. I continue to enjoy assisting local track athletes as a former USD Track & Field sprinter. I continue to practice in the clinic with focus areas in outpatient orthopedics and women’s health, with training for internal pelvic floor examination. I also provide consultation to members of the USD Wellness Center.

I began working as a full-time Assistant Professor in January 2017 and serve as the Assistant Director of Clinical Education. I provide teaching in Professional Conduct and Ethics, Clinical Competence in Patient Management, Movement Science, Health Care Management and Systems, Differential Diagnosis of Musculoskeletal, Renal, Urinary and Reproductive Systems and Seminar I (women’s health). I also serve as the Assistant Chair of the Clinical Education Advisory Committee and Co-Chair of the Student Engagement and Leadership Committee. I assist as a co-liaison to the USD Pre-PT Club and the Student Physical Therapy Association on campus. Prior research experience is in acute injury sports management. Current research includes employment factors, professional behavior, stress management and women’s health. I have been a member of the South Dakota Physical Therapy Association and American Physical Therapy Association since 2006.

I commute from Yankton where I live with my husband Jared, daughter Rozlyn, and son Sawyer. We enjoy anything outdoors and just being together!
I earned a Masters degree in physical therapy (MPT) from the University of Iowa in 2001 and in 2014 completed my Doctor of Philosophy degree (PhD) in Counseling and Psychology in Education from the University of South Dakota. My clinical practice experience has been in pediatric practice, where I have worked in inpatient, outpatient, school-based, home, and aquatic practice environments. I currently provide therapy services on an as-needed basis for LifeScape in Sioux Falls, LifeScape AbleKids in Sioux City, and Great Plains Therapy in Vermillion and Beresford. I am an independent contractor for the State of South Dakota, providing services for infants and children in their homes through South Dakota's Birth to Three Connections Service Program. I have been a Neurologic Clinical Specialist, as recognized by the American Board of Physical Therapy Specialists, since 2008.

I have taught in the Department of Physical Therapy at USD since 2006. I direct the Pathophysiology and Differential Diagnosis of Neuromuscular Conditions course during the summer between first and second years, the Neuromuscular Physical Therapy I course in the first semester of the second year, and the Pediatric Physical Therapy course in the second semester of the second year. I also provide lab assistance for the Neuromuscular Physical Therapy II course in the second semester of the second year.

My scholarly activity focuses on motor control and learning in special pediatric and adult populations, especially in the area of postural control. Among my current research projects are an examination of balance, ballistic performance, and agility in children treated for clubfoot; a study of balance in children with chemotherapy-induced neuropathy; an examination of simple exercises on pelvic floor tone in children with voiding dysfunction; a study of primary care provider referral patterns for children with idiopathic toe walking behaviors; and a look at ethics in practice and education.

I am a member of the American Physical Therapy Association (APTA). I have served as South Dakota State Representative for the APTA Academy of Pediatrics and act as South Dakota Chapter Delegate for the APTA. I have served as FunFitness co-chair for South Dakota Special Olympics for approximately 10 years. My most meaningful service commitment has been time spent as a Court Appointed Special Advocate (CASA) for Children.

I commute from Sioux Falls, where I live with my husband, my 8-year old son, and my 6-year old daughter. My oldest, 25-year old, daughter recently ventured off to live in Minneapolis. I enjoy travel, adventuring, seeking arts and culture, and spending time with family.
Becca Jordre, PT, DPT, GCS, CEEAA, Cert MDT
Associate Professor
Becca.Jordre@usd.edu, 605-658-6370

I am an alumna of the University of South Dakota having completed an undergraduate degree in Psychology in 1999. I was in the first DPT class at Duke University and graduated in 2002. My first 6 years of practice were in outpatient rural settings in Minnesota, my home state. I came to USD as a faculty member in 2008. I am board certified in geriatrics and also hold a specialization in mechanical diagnosis and treatment (MDT) of the spine.

As a rural generalist I contribute to several courses including Musculoskeletal Physical Therapy I, II, & III, and Cardiovascular and Pulmonary PT. I am course director for Introduction to Patient/Client Management, Pathophysiology and Differential Diagnosis of Musculoskeletal Conditions, and Geriatric Physical Therapy.

My primary focus for research is competitive senior athletes. I have an agreement with the National Senior Games Association which allows me to study thousands of athletes over the age of 50. I include physical therapist students in my research each year and am continually motivated by this unique and amazing population of older adults. I’ve also done research on fall prevention strategies, female urinary incontinence and ergonomic factors in dental hygienists.

I live in Vermillion with my husband (a baker), our two children and a big black cat. I’m a huge fan of all of them.

Joy R. Karges, PT, EdD, MS, CLT
Professor and Director of Clinical Education
Joy.Karges@usd.edu, 605-658-6367

I am originally from Oriska, ND and earned my Bachelor’s degree in Physical Therapy from the University of North Dakota in Grand Forks, ND in 1990 after completing an Associate’s degree in Science and Bible from the University of Northwestern - St. Paul in Roseville, MN in 1987. I completed my post-profession Master of Science degree in Physical Therapy from the University of Indianapolis in Indianapolis IN in 1996, and spent a year there as a graduate assistant for their physical therapy program. I finished my Doctor of Education degree in Educational Administration (Adult and Higher Education emphasis) from the University of South Dakota in 2003. My clinical experience is in the areas of acute care, cardiac rehab, outpatient, aquatics, home health, and lymphedema intervention.

I have been teaching at USD in the Physical Therapy Program since the fall semester of 1996. I am the Director of Clinical Education and course director for several of the research courses in our program. I chair one interprofessional committees on campus.
(School of Health Sciences Fieldwork Committee) and serve on the USD Institutional Review Board as well as the USD Athletic Board of Control.

My research interests currently revolve around professional practice issues and clinical education. Prior research has been related to acute sports injury management, stroke, and lymphedema. I was selected to present a 90 minute symposium in May 2015 along with 4 colleagues (from the US, South Africa, Thailand, and Chile) at the World Confederation for Physical Therapy Congress in Singapore. We presented research and anecdotal information related to how formative feedback is provided during full-time clinical education experiences globally.

I am a member of the American Physical Therapy Association (APTA) and the South Dakota Physical Therapy Association (SDPTA). I currently serve on the SDPTA Board of Directors and am the Chief Delegate from South Dakota for the APTA House of Delegates annual meeting. I am credentialed through the APTA to teach the Clinical Instructor Credentialing Program and the Advanced Clinical Instructor Credentialing Program. I completed the APTA Educational Leadership Institute Fellowship program in July 2016.

In my spare time I enjoy spending time with my family including 2 nieces and 1 nephew, as well as reading and traveling. I play flute regularly in my church worship band and also help with the senior high youth group. I am an avid sports fan, especially college basketball, football, and track/field.

Angela MacCabe, PT, DPT
Assistant Professor
Angela.MacCabe@usd.edu, 605-658-6369

I am an APTA certified clinical instructor with 31 years of clinical practice. I have had a broad clinical focus treating pediatrics to geriatrics in a variety of health care settings including rehab, acute, SNF, home health and outpatient, to a variety of population including orthopedic, neurological and cardiopulmonary diagnoses.

I completed a bachelor of science in physical therapy from UHS/The Chicago Medical School in 1987. My clinical doctorate was completed in the spring of 2014 here at USD. I found the faculty to be exceptional and was honored when I received an invitation to join them as an adjunct in the summer of 2014. I was offered a full time position as an assistant professor in April of 2015. I feel my leadership, communication and mentoring skills translate easily into the academic environment in support of physical therapist student learning.

I am a member of the APTA including specialty sections: research, education, acute, health policy and administration and neurology. I am currently licensed in 3 states and frequently consult on international rehab hospital projects through Global Health Network Services. I have been involved in wheelchair sports since 1990 as a classifier.
and team therapist. I was honored to be appointed to the USA Wheelchair Rugby and traveled with them internationally including to the 2000 Paralympics.

My teaching areas of responsibility include: differential diagnosis, clinical pathophysiology, cardiopulmonary physical therapy, ethics and leadership in physical therapy, neurorehabilitation, as well as lab assistant in a variety of classes. I am chair of the interprofessional education committee for the department. I am currently pursuing my PhD in Health Sciences through USD. My research interests include ethics in rehabilitation therapies, elderly falls, and interprofessional education.

I am married and my only child, Michael is 21. I enjoy the outdoors and love the snow, I grew up skiing in the Sierra Nevada mountain range (Tahoe) and my husband introduced me to backcountry snowmobiling which I can’t get enough of. In the summer I enjoy tennis with my son and walks with my dog, Harley a 15 year old cocker spaniel.

Brandon Ness, PT, DPT, SCS, CSCS
Assistant Professor
Brandon.M.Ness@usd.edu, 605-658-6372

I earned a B.A. in Health Fitness from Gustavus Adolphus College in St. Peter, MN, and a Doctor of Physical Therapy degree from Mayo Clinic in Rochester, MN. I am currently enrolled in the PhD in Health Sciences program with the University of South Dakota. My one year residency training in the specialty area of sports physical therapy took place at Gundersen Medical Foundation in La Crosse, WI. I received my board-certification in sports physical therapy in 2015. My current clinical practice includes physical therapy evaluation and treatment of University of South Dakota NCAA Division I student-athletes.

The majority of my clinical experience has been spent in outpatient and sports physical therapy practice. This included serving young, active populations in college student health settings at both Oregon State University and Kansas State University.

I primarily teach in the areas of musculoskeletal physical therapy for the upper and lower extremities. In addition, I also direct the diagnostic imaging and orthotics/prosthetics courses while contributing to the content in spine and movement science.

My scholarly interests involve the investigation of sports physical therapy injury prevention and rehabilitation, specifically at the collegiate level. I am exploring the development of appropriate assessments and identifying injury risk in various athletic populations.

In addition to teaching, scholarly activity, and clinical practice, I am chair of the Awards and Scholarships Committee and teach Emergency Medical Response Courses. I am a member of the South Dakota Physical Therapy Association (SDPTA) and the American
Hanz Tao, PT, DPT, CSCS  
Assistant Professor  
Hanz.Tao@usd.edu, 605-658-6368

I earned my Doctor of Physical Therapy degree from the University of Colorado and completed my sports physical therapy residency training at Gundersen Sports Medicine/University of Wisconsin-La Crosse. I earned a B.S. in Physiology & Neuroscience at the University of California, San Diego. I am also a certified strength and conditioning specialist. I am currently a member of the American Physical Therapy Association (APTA), South Dakota Physical Therapy Association (SDPTA), and the Orthopedic and Sports Physical Therapy Sections.

I am primarily involved with teaching the musculoskeletal content and client & community health education. My current clinical practice involves evaluating and treating the NCAA Division I student-athletes at the University of South Dakota. My scholarly interests include biomechanical analysis of athletic movements, such as running, jumping, and cutting. I aim to explore unique patterns with sport specialization, as well as the impact of injuries in altering these patterns. My primary research utilizes Bluetooth-enabled, low-profile plantar pressure insoles to identify natural plantar loading patterns of various athletic movements.

I am the co-chair of the Student Leadership & Engagement committee. I work closely with our DPT students in organizing fundraisers, service learning, and other events. Additionally, I serve as the liaison for the pre-PT club for our undergraduate students.

My previous work experience was primarily with Student Health Services at Oregon State University, where my patients presented with orthopedic and sports-related conditions. I also have experience in private practice and inpatient-acute settings.

I am originally from Los Angeles, CA. I enjoy playing sports, especially basketball. I also enjoy the outdoors, including trail running, hiking, backpacking, snowboarding, and rock climbing. I am a proud parent of Falco, my Australian Shepherd puppy.

Kory Zimney, PT, DPT  
Assistant Professor  
Certified Spinal Manual Therapist  
Certification in Applied Functional Science  
Kory.Zimney@usd.edu, 605-658-6373

I received a Masters in Physical Therapy from the University of North Dakota in 1994. I then completed my transitional Doctor of Physical Therapy from Des Moines University in 2010. I am currently enrolled...
in the PhD Physical Therapy program with Nova Southeastern University. My primary research areas of interest are in the use of pain neuroscience education in the treatment of pain and understanding the components of therapeutic alliance within the clinical encounter.

I worked for 19 years clinically before moving into full time academics. Past work experiences have been with various community-based hospitals in Wyoming and Iowa, working in multiple patient care areas consisting of inpatient, skilled rehab, home health, acute rehab, work conditioning/hardening and outpatient. Most of my clinical practice has been directed toward outpatient orthopedics and more specifically in occupational medicine. During my clinical experience I also served as department manager of rehabilitation services at St. Luke’s Health System in Sioux City for eight years.

I have been with the Physical Therapy Department at the University of South Dakota since July of 2013. Primary teaching responsibilities include evidence-based practice, musculoskeletal physical therapy for the spine, rehabilitation neuroscience, physical agents/modalities, health care management/leadership and assisting with other musculoskeletal content and pain neuroscience. I also serve as the curriculum chair for the department.

I am an Advanced Credentialed Clinical Instructor through the APTA, Certified Spinal Manual Therapist (CSMT) and Therapeutic Pain Specialist (TPS) through International Spine and Pain Institute and have completed my Certification in Applied Functional Science (CAFS) through the Gray Institute. I teach as a senior lecture for post-professional continuing education courses with International Spine and Pain Institute in partnership with Evidence in Motion. I am actively involved at the state and national level with our Physical Therapy Association serving in various roles and currently a delegate for Iowa to the APTA House of Delegates and the Iowa Physical Therapy Association Practice Chair.

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**STAFF**

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**Marcia Harnois**  
**Program Assistant I**  
**Marcia.Harnois@usd.edu**

Marcia joined the School of Health Sciences in January of 2008. She has worked at the University of South Dakota since 2003, working in the Provost’s office and President Abbott’s office before joining the School of Health Sciences. Marcia is primarily responsible for graduation paperwork, academic training verification, equipment checkout, event planning, and the financial aspects within USDPT (fundraising, fleet/travel, and ordering supplies). In her spare time, she helps her husband with his BBQ vending/catering business, Heck’s Dakota Style BBQ.
Rita Humphrey  
Assistant Admissions Officer  
Rita.Humphrey@usd.edu

Rita joined the School of Health Sciences in April of 2012. She has worked at the University of South Dakota since 2001; working with Division of Counseling and Psychology in Education before joining the School of Health Sciences. Rita’s role within Physical Therapy is focused specifically on admissions, health insurance records, immunization records, and clinical education. In her non-working hours, she spends most of her time with her husband and two young sons.
2.0: Program Overview

2.1: Introduction

Physical Therapy is a graduate program of study with a terminal degree of Doctorate in Physical Therapy (DPT). The Physical Therapy course of study is one of 10 health sciences professional programs offered at the University of South Dakota Graduate School and within Health Affairs. Students enrolled in the Physical Therapy Department attend the university program for three consecutive years in a full-time status. The physical therapist students progressing in the curriculum typically are described as PT1, PT2, and PT3 students within the Physical Therapy program.

2.1.1: Background and Historical Information

The Physical Therapy program at the University of South Dakota is the first and only program in the state of South Dakota. It was developed to address a shortage of physical therapists in South Dakota. The original idea of developing the Physical Therapist Education Program was presented to the Vice President for Health Affairs in the fall of 1988. In November 1988, a representative from the American Physical Therapy Association conducted an on-site visit to assist USD administration with a feasibility study. At that time, the South Dakota Physical Therapy Association provided support for the development of the program.

During the 1990 legislative session, a special appropriation of funds was given to USD to develop a graduate entry-level Physical Therapist Education Program. Following a year of development, the first class of physical therapist students began in August 1991. In May 1993, the program received five-year accreditation from the Commission on Accreditation in Physical Therapy Education (CAPTE).

In 1998 application for renewal of accreditation was submitted to the Commission on Accreditation in Physical Therapy Education. Accreditation of the program was continued until 2008. A proposal to transition the graduate program from an entry-level Master of Science degree to a first-professional Doctorate in Physical Therapy (DPT) was approved unanimously at the March 2005 Board of Regents Meeting effective academic year 2005. Accreditation of the program was continued until 2019 following review by CAPTE in 2008.

2.1.2: The University of South Dakota

The University of South Dakota was authorized by the first territorial legislature in 1862. The University of South Dakota is located on an attractive 216-acre campus in Vermillion, a small community of approximately 10,000 people nestled along the bluffs above the Missouri River in the southeast corner of South Dakota.

The University is controlled by the State of South Dakota and is supported by appropriations from the state government, student 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 and Sciences, School of Business, College of Fine Arts, School of Education, School of Law, School of Medicine, and School of Health Sciences. On-line, correspondence and off-campus courses are also offered by the Center for Distance Education.

2.1.3: USD Health Affairs
Physical Therapy is one of ten departments (along with Occupational Therapy, Physician Assistant, Nursing, Social Work, Dental Hygiene, Addiction Studies, Masters in Public Health, Medical Laboratory Sciences, and Health Sciences) in the School of Health Sciences within USD Health Affairs. The School of Medicine and School of Health Sciences are the two units within USD Health Affairs. The dean of the School of Health Sciences is Dr. Michael Lawler. Dr. Mary Nettleman is the vice-president of Health Affairs and oversees Health Sciences. Students of the Department of Physical Therapy are enrolled in human gross anatomy, embryology, and human physiology courses offered by the basic science faculty in the School of Medicine. The basic science faculty is an integral part of the Physical Therapy Department. They support our physical therapist students in education, research, and service within the physical therapy program.

2.1.4: The Graduate School
The graduate of USD’s Physical Therapy Program receives the Doctor of Physical Therapy (DPT) degree. The Graduate School at the University of South Dakota awards the degree. Students admitted to the Physical Therapy program must meet and maintain the criteria established by the physical therapy department and the graduate school for successful completion of the degree requirements for the DPT.

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. USD’s Department of Physical Therapy Graduate students are devoted to the exacting demands of advanced learning while utilizing a variety of intellectual skills. 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 carefully review the Graduate School Catalog and note specifically the policies related to academic performance. Ranjit Koodali, Ph.D. is the Dean of the Graduate School at USD.

The University of South Dakota is accredited by the North Central Association of Colleges and Secondary Schools, offering masters, specialist, and doctoral degree programs since 1913. The university is an active member of the National Association of State Colleges and Universities, the Council on Graduate Schools, and many other educational agencies. The organizational charts can be viewed in Appendix I.
2.2: Mission Statements, Philosophy, and Goals

2.2.1: University Mission
The University of South Dakota offers undergraduate, graduate, and professional programs within the South Dakota System of Higher Education. As the oldest university in the state, the University of South Dakota serves as the flagship and the only public liberal arts university in the state.

2.2.2: School of Health Sciences Mission
The mission of the SHS is to develop scholars, practitioners, and leaders in health and human services, meeting the workforce needs of South Dakota, the region and beyond.

2.2.3: Graduate School Mission
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.

2.2.4: Department of Physical Therapy Mission and Vision
The mission of the USD Physical Therapy Clinical Doctoral Program is to develop scholars, practitioners, and life-long learners who provide evidence based physical therapist services throughout the patient lifespan and demonstrate leadership within rural and medically underserved practice environments.

2.2.5: Department of Physical Therapy Vision Statement
To be recognized leaders in physical therapist education who use interactive instruction, develop inter-professional leaders, and promote optimal movement to improve the human experience.

2.2.6: Department of Physical Therapy Statement of Philosophy
Physical therapy is a dynamic profession with an established theoretical base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function. Physical therapists:

- Diagnose and manage movement dysfunction and enhance physical and functional abilities.
- Restore, maintain, and promote not only optimal physical function but optimal wellness and fitness and optimal quality of life as it relates to movement and health.
- Prevent the onset, symptoms, and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions, or injuries.¹

Concerning the profession of physical therapy, we the faculty believe:
• Physical therapists will be practitioners of choice for persons with conditions that affect movement, function, health, and wellness. They hold all privileges of autonomous practice and offer the public direct access to physical therapy services, meeting exacting legal, ethical, and professional standards while delivering culturally sensitive services.

• Physical therapists are among the health care professions that serve the needs of a population that is diverse and in constant change. As the health care system evolves to meet the new and different needs of a changing society, the physical therapy profession accepts responsibility for the delivery of services designed to:
  o prevent injury, impairments, functional limitations, and disability.
  o perform appropriate patient/client examination, determine a diagnosis and develop individualized intervention.
  o maintain and promote fitness, health, and quality of life.
  o ensure availability, accessibility, and excellence in the delivery of physical therapy services to the patient/client.

Concerning the academic program, we the faculty believe:
• Our physical therapy program should foster the intellectual challenge and spirit of inquiry characteristic of a community of scholars and support excellence in professional physical therapy practice. We uphold the tradition of scientific inquiry and strive to contribute to the profession’s body of knowledge. We support activities that systematically advance the teaching, research, and practice of physical therapy.

• We teach clinical practice based on the best evidence available. We consistently use information technology to access sources of information, evaluate information related to physical therapist practice, and integrate the best evidence for practice with clinical judgment to determine the best care for a patient/client. We support efforts to contribute to the evidence of practice.

• We are committed to excellence in teaching, resulting in a learner-centered environment that encourages students to achieve excellence academically, clinically and professionally. Faculty members will promote a learning partnership with students by cultivating an environment rich with opportunities for students to use critical thinking and informed clinical decisions.

Concerning the students at the University of South Dakota, we the faculty, believe:
• Students accepted into our physical therapy program are academically prepared to meet the challenge of the physical therapy curriculum, are motivated to succeed and demonstrate individual, active learning.

• Students of physical therapy are accountable for learning within an environment of mutual respect.

• Students of physical therapy will take responsibility for their learning, think critically, and make independent judgments.

• Students of physical therapy must be prepared to render evidence-based service through a continuum of care. The varied and shifting demands and responsibilities of the physical therapist make education at the first-professional clinical doctorate level necessary as preparation for practice.
Graduates will be prepared as clinician generalists who are knowledgeable, self-assured, adaptable, reflective, professional and service-oriented. The physical therapy graduate is a practitioner who, by virtue of critical thinking, life-long learning, and ethical values, renders independent judgments concerning patient or client needs, promotes the health of the client or patient, and enhances the professional, contextual, and collaborative foundations for practice, and the physical therapy profession will transform society by optimizing movement for all people of all ages to improve the human experience. (adapted from the Vision 2020 and BeyondVision2020).

Graduates will provide physical therapy services effectively, efficiently, safely and ethically.

Graduates will be prepared to demonstrate the core values of professionalism in their daily practice. These core values include accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. We believe that following the Standards of Practice for Physical Therapy, abiding by the Guide for Professional Conduct (including the Code of Ethics), and incorporating the core values of professionalism are essential practices for physical therapy as a doctoring profession.


2.2.7: Department of Physical Therapy Strategic Themes and Associated Program Goals

1. ETHICAL DECISION-MAKING
   Goal 1: USD-PT develops student awareness of ethical dilemmas, alternative solutions, and possible resolutions.

2. EVIDENCE-BASED PRACTICE
   Goal 2: USD-PT promotes the provision of evidence-based physical therapist services.

3. EXCELLENCE in EDUCATION
   Goal 3: USD-PT provides an entry level, professional graduate program with a broad-based intensive curriculum leading to a Doctorate in Physical Therapy degree.

4. INTERPROFESSIONAL LEARNING
   Goal 4: USD-PT engages students in interprofessional learning opportunities

5. LEADERSHIP
   Goal 5: USD-PT supports and promotes student engagement in leadership roles.

6. LIFELONG LEARNING
Goal 6: USD-PT promotes active engagement in lifelong learning.

7. **MEDICALLY UNDERSERVED and RURAL PRACTICE**
   Goal 7: USD-PT prepares students for clinical practice within medically underserved and rural communities and with medically underserved populations.

8. **PATIENT/CLIENT-CENTERED CARE**
   Goal 8: USD-PT engages students in across-lifespan patient- and client-centered care.

9. **PROFESSIONAL BEHAVIORS**
   Goal 9: USD-PT guides and challenges students in the acquisition, development, and refinement of professional behaviors.

10. **SCHOLARLY ENDEAVORS**
    Goal 10: USD-PT engages students in scholarly inquiry.

11. **SERVICE LEARNING**
    Goal 11: USD-PT provides learning opportunities through service engagement.

### 2.3: Department of Physical Therapy Essential Functions and Technical Standards

Becoming a physical therapist requires the completion of a professional education program that is both intellectually and physically challenging. The purpose of this document is to articulate the demands of this program in a way that will allow matriculated physical therapist students to compare their own capabilities against these demands.

Matriculated students of Physical Therapy are asked about their ability to complete these tasks, with or without reasonable accommodation. Reasonable accommodation refers to ways in which the university can assist physical therapist students with disabilities to accomplish these tasks (for example, providing extra time to complete an examination or enhancing the sound system in a classroom). Reasonable accommodation does not mean that physical therapist students with disabilities will be exempt from certain tasks; it does mean that we will work with physical therapist students with disabilities to determine whether there are ways that we can assist the student of Physical Therapy toward completion of the tasks.

Students of Physical Therapy who indicate that they can complete these tasks, with or without reasonable accommodation, are not required to disclose the specifics of their disabilities prior to an admission decision. Physical therapist students who cannot complete these tasks with or without accommodation are ineligible for consideration for admission. Once admitted, a student of Physical Therapy with a disability who wishes reasonable accommodation must request it through the Office of Disabilities. An offer of admission may be withdrawn if it becomes apparent that the physical therapist student cannot complete essential tasks even with accommodation, which the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others.

Students of Physical Therapy who have questions about this document or who would like to discuss specific accommodations should make an initial inquiry with the Chairperson.
of the Department of Physical Therapy, who will route the request to the Office of Disability Services.

2.3.1: Essential Tasks

- Physical therapist students must meet class standards for course completion throughout the curriculum.
- Physical therapist students must be able to read, write, speak, and understand English at a level consistent with successful course completion and development of positive patient-therapist relationships.
- Physical therapist students must complete readings, assignments, and other activities outside of class hours.
- Physical therapist students must gather decision-making pieces of information during patient assessment activities in class or in the clinical setting without the use of an intermediary such as a classmate, a physical therapist assistant, or an aide.
- Physical therapist students may perform treatment activities in class or in the clinical setting by direct performance or by instruction and supervision of intermediaries.
- Physical therapist students must apply critical thinking processes to their work in the classroom and the clinic, must exercise sound judgment in class and in the clinic, and must follow safety procedures established for each class and clinic.
- Physical therapist students must have interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty, and development of appropriate therapist-patient relationships.
- Physical therapist students must maintain personal appearance and hygiene conducive to classroom and clinical settings.
- Physical therapist students must pass a cardiopulmonary resuscitation course at the health professional level.
- Physical therapist students must demonstrate appropriate health status prior to enrollment, with annual updates on some items: no active tuberculosis; rubella (German measles) and rubeola (measles) immunity, tetanus-diphtheria booster within 10 years of anticipated graduation, and hepatitis B vaccine series or written declination.
- Physical therapist students must complete OSHA-regulated Bloodborne Pathogen Exposure Training.
- Physical therapist students must follow standards and policies specified in the Student Handbook, the Letter of Agreement (contract between university and clinical sites), and the Clinical Education Handbook. The most recent copies of these documents are available for review.

Typical Skills Used to Complete These Essential Tasks

- Students of Physical Therapy typically attend classes 30 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities. When on clinical rotation, physical therapist students are typically present at the clinic 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.
Physical therapist students typically sit for two to 10 hours daily, stand for one to two hours daily, and walk or travel for two hours daily.

Physical therapist students typically relocate outside of the Vermillion area to complete one or more clinical rotations of four to sixteen weeks, duration each.

Physical therapist students frequently lift less than 10 pounds and occasionally lift weights between 10 and 100 pounds.

Physical therapist students occasionally carry up to 25 pounds while walking up to 50 feet.

Physical therapist students frequently exert 75 pounds of push/pull forces to objects up to 50 feet and occasionally exert 150 pounds of push/pull forces for this distance.

Physical therapist students frequently twist, bend, and stoop.

Physical therapist students occasionally squat, crawl, climb stools, reach above shoulder level, and kneel.

Physical therapist students frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.

Physical therapist students frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.

Physical therapist students occasionally climb stairs or negotiate uneven terrain.

Physical therapist students repetitively use their hands with a simple grasp and frequently use a firm grasp and manual dexterity skills.

Physical therapist students frequently coordinate verbal and manual activities with gross motor activities.

Physical therapist students use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat patients.

2.3.2: Technical Standards
The USD Physical Therapy Department promotes the broad preparation of students for clinical practice. Students of Physical Therapy must demonstrate competence in those intellectual, physical, and social tasks that together represent the fundamentals of professional practice. Physical therapist students will be judged not only on their scholastic achievement and ability, but also on their intellectual, physical, and emotional capacities to meet the full requirements of the curriculum. The Admissions Committee has been instructed to exercise judgment on behalf of the faculty to select the entering class, and in so doing, to consider character, extracurricular achievement, and overall suitability for the Physical Therapy profession based upon information in the application, letters of recommendation, and personal interviews.

Our professional accreditation association (CAPTE) requires that the curriculum provides a general professional education, which enables each student of Physical Therapy to deliver entry-level clinical services. This requires the development of a broad array of basic knowledge, skills, and behaviors, appropriate to enabling self-directed learning to further professional development and delivery of competent health care. The basic and applied science component of the curriculum is designed to establish a core of knowledge necessary for clinical training. The clinical curriculum typically includes diverse
experiences in ambulatory and inpatient settings. These rotations develop the ability to practice independently, without regard for any future choice of specialty. Each physical therapist student is required by the faculty to pass each required course and clinical rotation in order to graduate.

The following technical standards specify those attributes that the faculty considers necessary for completing the Physical Therapy program and enabling each graduate to subsequently enter clinical practice. These standards describe the essential functions students of Physical Therapy must demonstrate in order to fulfill the requirements of a general professional education and, thus, are prerequisites for entrance, continuation, and graduation. The USD Physical Therapy Department will consider for admission any applicant who demonstrates the ability to perform or to learn to perform the skills specified in this document. Applicants are not required to disclose the nature of any disability (ies) to the Admissions Committee; however, any applicant with questions about these technical requirements is strongly encouraged to discuss the issue with the Office of Disability Services prior to the interview process. If appropriate, and upon the request of the applicant/student of Physical Therapy, reasonable accommodations may be provided.

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

Applicants must possess aptitudes, abilities, and skills in five areas: 1) observation; 2) communication; 3) sensory and motor coordination and function; 4) conceptualization, integration and quantification; and 5) behavioral and social skills, abilities, and aptitude. Each of these standards are described in detail below. Students of Physical Therapy must be able to independently perform the described functions.

Technical Standards for Physical Therapy
1. Observation
Physical therapist students must be able to observe demonstrations and conduct experiments in the basic sciences. A student of Physical Therapy must be able to observe a patient accurately at a distance and close at hand, noting nonverbal as well as verbal signals. Specific vision-related requirements include, but are not limited to the following abilities: skin integrity; visualizing and discriminating findings on x-rays and other imaging tests; reading written and illustrated material; observing demonstrations in the classroom, including projected slides and overheads; observing and differentiating changes in body movement; observing anatomic structures; discriminating numbers and patterns associated with diagnostic instruments and tests, such as sphygmomanometers and electrocardiograms; and competently using instruments, such as a stethoscope, dynamometer, and goniometer.
2. Communication
Students of Physical Therapy must be able to relate effectively and sensitively with patients, conveying a sense of compassion and empathy. A physical therapist student must be able to clearly communicate with and observe patients in order to elicit information, accurately describe changes in mood, activity and posture, and perceive verbal as well as nonverbal communications.

Communication includes not only speech but also reading and writing. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students of Physical Therapy must be able to communicate quickly, effectively, and efficiently in oral and written English with all members of the health care team. Specific requirements include but are not limited to the following abilities: communicating rapidly and clearly with the medical team on rounds; eliciting a thorough history from patients; and communicating compiled findings in appropriate terms to patients and to various members of the health care team (fellow students, physicians, nurses aides, therapists, social workers, and others). Students of Physical Therapy must learn to recognize and respond promptly to emotional communications such as sadness, worry, agitation, and lack of comprehension of physician communication. Each physical therapist student must be able to read and to record observations and plans legibly, efficiently, and accurately in documents such as the patient record. Physical therapist students must be able to prepare and communicate concise but complete summaries of individual encounters and complex, prolonged encounters, including hospitalizations. Students of Physical Therapy must be able to complete forms according to directions in a complete and timely fashion.

3. Sensory and Motor Coordination or Function
Students of Physical Therapy must have sufficient sensory and motor function to perform a physical examination utilizing palpation, auscultation, percussion, and other diagnostic maneuvers. In general, this requires sufficient exteroceptive sense (touch, pain, and temperature), proprioceptive sense (position, pressure, movement, stereognosis, and vibratory), and motor function. A physical therapist student should be able to execute motor movements required to provide general care and emergency treatment to patients. They must be able to respond promptly to urgencies within the hospital or clinic and must not hinder the ability of co-workers to provide prompt care, measure angles and diameters of various body structures using a tape measure and goniometer, or measure blood pressure and pulse.

4. Intellectual-Conceptual Integrative and Quantitative Abilities
These abilities include measurement, calculation, reasoning, analysis, judgment, numerical recognition, and synthesis. Problem solving, a critical skill demanded of physical therapists, requires all of these intellectual abilities, and must be performed quickly, especially in emergency situations. Students of Physical Therapy must be able to identify significant findings from history, physical examination, and laboratory data, and then provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner. The ability to incorporate new information from peers, teachers, and the medical literature in formulating treatment plans is essential. Good judgment in patient assessment, diagnostic and therapeutic planning is
essential; physical therapist students must be able to identify and communicate the limits of their knowledge to others when appropriate. Students of Physical Therapy must be able to interpret graphs describing biologic relationships and do other similar modes of data.

5. Behavioral Attributes
Empathy, integrity, honesty, concern for others, good interpersonal skills, interest, and motivation are all personal qualities that are required. Physical therapist students must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the diagnosis and care of patients. At times, this requires the ability to be aware of and appropriately react to one’s own immediate emotional responses. For example, students of Physical Therapy must maintain a professional demeanor and organization in the face of long hours and personal fatigue, dissatisfied patients, and tired colleagues. Students must be able to develop professional relationships with patients, providing comfort, and reassurance when appropriate while protecting patient confidentiality. Students of Physical Therapy must possess adequate endurance to tolerate physically taxing workloads and to function effectively under stress. All physical therapist students are, at times, required to work for extended periods, occasionally with rotating shifts. Physical therapist students must be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Students of Physical Therapy are expected to accept appropriate suggestions and criticism and, if necessary, respond by modification of behavior.

If a student requires modifications or accommodation, the student should seek help through the USD Office of Disability Services.

**Office of Disability Services**
http://www.usd.edu/student-life/disability-services
Director: Ernetta Fox
605-677-6389
Room 119B
Service Center North
disabilityservices@usd.edu
2.4: Curriculum Plan and Curriculum Threads
2.4.1: Curriculum Plan: Overview of Structure

DPT Degree

Movement System
Cardiovascular/Pulmonary & Lymphatics, Endocrine & Metabolic, Gastrointestinal & Genitourinary, Integumentary, Musculoskeletal, Neuromuscular & Nervous

Professional Practice
Leadership, Professional Responsibilities (including Ethics), Research & Evidence-Based Practice

- Evidence-Based Practice
- Excellence in Education
- Interprofessional Learning
- Lifelong Learning
- Patient/Client-Centered Care
- Scholarly Endeavors

Practice Management
Diet & Nutrition, Health & Wellness, Documentation

- Ethical Decision Making
- Leadership
- Professional Behaviors
- Medically Underserved and Rural Practice
- Service Learning
2.4.2: Curricular Plan
Clinical Sciences
- Cardiovascular/Pulmonary/Lymphatic; Endocrine and Metabolic; Gastrointestinal, Genitourinary; Integumentary; Musculoskeletal; Neuromuscular

Foundational Sciences (prerequisites: Biology I and II; Chemistry I and II; Anatomy; Physiology; Physics I and II)
- Biology/Anatomy, Cellular Histology, Physiology; Exercise Physiology; Exercise; Biomechanics; Kinesiology; Neuroscience; Pharmacology; Pathology

Behavioral Sciences (prerequisites: General Psychology; Abnormal Psychology; Developmental Psychology; Statistics)
- Communication; Social and Psychological Factors; Ethics and Values; Management Sciences; Finance; Sociology; Teaching and Learning Law; Clinical Reasoning; Evidence-Based Practice

Movement System Themes

Patient/Client Management
- Screening, Examination, Evaluation, Diagnosis, Prognosis, Plan of Care, Intervention, Outcomes Assessment
- Clinical Reasoning, Evidence-Based Practice, Patient/Client Education

Cardiovascular/Pulmonary & Lymphatic Systems

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Endocrine and Metabolic Systems

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Gastrointestinal, Genitourinary System

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Integumentary System

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Practice Management Themes

- Prevention, Health Promotion, Fitness, and Wellness; Consultation; Management of Care Delivery

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**Combined Practical** (701, 704, 706, 712)

**Combined Practical** (702, 710, 718)
Professional Practice Themes

Professional Practice
- Accountability, Altruism, Compassion/Caring, Excellence, Integrity, Professional Duty, Social Responsibility
- Advocacy, Communication, Cultural Competence, Clinical Reasoning, Evidence-Based Practice

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2.4.3: Course Descriptions for Physical Therapy Curriculum

**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. **Prerequisites and Corequisites:** Permission of the instructor is required.

**ANAT 712 Human Embryology** 2 Credits
The course is a comprehensive study of human developmental anatomy beginning at conception. There is an emphasis placed on normal and abnormal development during the embryonic stages with significant correlations between embryology and gross anatomy. **Co-Requisites:** Enrollment in Human Gross Anatomy (ANAT 711).

**PHAR 720 Medical Pharmacology** 2 Credits
Systematic presentation of pharmacologic agents based on drug group classification; their nature, mode of action and toxicity.
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<td>Human Physiology</td>
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<td>A comprehensive study of physiology of the human body with specific emphasis as it relates to majors in occupational therapy, physical therapy and physician assistants program.</td>
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<td>PHTH 701</td>
<td>Introduction to Patient /Client Management</td>
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<td>This physical therapy course introduces principles of patient care that promote professional, safe, therapeutic and effective standards of care.</td>
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<td>PHTH 702</td>
<td>Physical Agents and Electrotherapy</td>
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<td>This physical therapy course introduces content including pain, inflammation and tissue repair, and the use of biophysical agents and soft tissue mobilization in rehabilitation.</td>
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<td>PHTH 704</td>
<td>Physical Therapy Examination</td>
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<td>This course introduces basic tests and measurements commonly utilized in the physical therapy examination process.</td>
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<td>PHTH 706</td>
<td>Client and Community Health Education in Physical Therapy</td>
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<td>This physical therapy course introduces learning theories and teaching learning styles as they apply to patient care, professional education, health promotion, and life-long learning.</td>
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<td>PHTH 710</td>
<td>Movement Science</td>
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<td>This foundational physical therapy course introduces students to biomechanics, kinesiology and movement, joint mobilization, therapeutic exercise, and cellular histology of muscle and connective tissue.</td>
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<td>PHTH 712</td>
<td>Professional Conduct and Ethics</td>
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<td>This physical therapy course aids students in understanding their role as professionals in the context of the health care environment. Emphasis is placed on professional core values, ethics, and interpersonal communication skills in the health care environment.</td>
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<td>PHTH 714</td>
<td>Integumentary Physical Therapy I</td>
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<td>This course is the first of a series of two courses that present the principles of patient-client management in integumentary physical therapy and promotes professional, safe, therapeutic, and effective standards of care. The teaching and learning opportunities enable the student to become knowledgeable about the diseases, injuries, or conditions of the integumentary system that require physical therapy examination and evaluation and to safely perform evidence-based interventions.</td>
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<td>PHTH 718</td>
<td>Clinical Pathophysiology</td>
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<td>This course provides an in-depth overview of pathophysiology as it relates to body systems and the mechanisms of common diseases and disorders. Clinical laboratory testing and general screening for a variety of disorders will also be addressed. Additional emphasis will be placed on the health promotion practices that prevent common diseases/disorders associated with morbidity and mortality in the U.S. Learning activities include readings, case studies, examinations, and a final project. (Class of 2018)</td>
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<td>PHTH 718</td>
<td>Pathophysiology and Differential Diagnosis of Musculoskeletal Conditions</td>
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<td>This course examines medical/systemic conditions whose signs and/or symptoms present as muscular and/or skeletal problems. Students will learn screening, systems review, and examination skills designed to assist in the differentiation of pathological etiologies underlying disease and injury. Additional emphasis will be placed on identifying “red flags” that indicate physical therapist treatment may be contraindicated or referral to another health care professional is warranted. The course provides an in-depth overview of related pathophysiology and the mechanisms of common musculoskeletal diseases and disorders. (Classes of 2019 &amp; 2020)</td>
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<td>This is a required course for all year I physical therapy students. Prerequisites include successful completion of all prior course work. This course is designed to instruct physical therapy students in medical/systemic conditions whose signs and/or symptoms can present as neurological, muscular, &amp;/or skeletal problems. Students will learn appropriate examination skills designed to assist the student in screening procedures to aid in patient assessment. Disease epidemiology, patient/client interview, systems review process, and nutritional aspects of disease will be discussed. Certain diseases associated with specific organ systems; as well as, diseases common to geriatric and adolescent populations will be covered. (Class of 2018)</td>
<td></td>
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<tr>
<td></td>
<td><strong>PHTH 720</strong> Pathophysiology and Differential Diagnosis of Cardiovascular, Pulmonary, and other Systems Conditions</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>This course examines medical/systemic conditions whose signs and/or symptoms present as cardiopulmonary or other non-musculoskeletal and non-neurologic systems problems. Students will learn screening, systems review, and examination skills designed to assist in the differentiation of pathological etiologies underlying disease and injury. Additional emphasis will be placed on identifying “red flags” that indicate physical therapist treatment may be contraindicated or referral to another health care professional is warranted. The course provides an in-depth overview of related pathophysiology and the mechanisms of common cardiopulmonary, integumentary, or other system diseases and disorders. (Classes of 2019 &amp; 2020)</td>
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<tr>
<td></td>
<td><strong>PHTH 722</strong> Diagnostic Imaging</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>An introductory physical therapy course with content including the basic principles of diagnostic imaging as well as the evidence for application of diagnostic imaging in patient care. This is a required course for students in the first year of the Physical Therapy clinical doctorate program. (Class of 2018)</td>
<td></td>
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<tr>
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<td><strong>PHTH 722</strong> Pathophysiology and Differential Diagnosis of Neuromuscular Conditions</td>
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<tr>
<td></td>
<td>This course examines medical/systemic conditions whose signs and/or symptoms present as neuromuscular systems problems. Students will describe common clinical manifestations that occur with common neuromuscular conditions. Students will also describe factors that influence the prognosis for patients and clients with neuromuscular conditions. Additional emphasis will be placed on identifying signs and symptoms of common neuromuscular conditions that should prompt referral for further consultation or diagnostic testing. The course provides an in-depth overview of related pathophysiology and the mechanisms of common neuromuscular diseases and disorders. (Classes of 2019 &amp; 2020)</td>
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<td><strong>PHTH 724</strong> Clinical Education I</td>
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<td></td>
<td>This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.</td>
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<tr>
<td></td>
<td><strong>PHTH 730</strong> Musculoskeletal Physical Therapy I</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>This course is one of three physical therapy musculoskeletal courses focusing on a specific region of the body. The course builds upon knowledge of anatomy, physiology, pathology, differential diagnosis, biomechanics, and therapeutic exercise to develop examination skills, clinical reasoning, evidence-based interventions, and goal-directed plans of care.</td>
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<tr>
<td></td>
<td><strong>PHTH 731</strong> Rehabilitation Neuroscience</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
<td>Credits</td>
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<tr>
<td>PHTH 732</td>
<td>Musculoskeletal Physical Therapy II</td>
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<tr>
<td></td>
<td>This course is one of three physical therapy musculoskeletal courses focusing on a specific region of the body. The course builds upon knowledge of anatomy, physiology, pathology, differential diagnosis, biomechanics, and therapeutic exercise to develop examination skills, clinical reasoning, evidence-based interventions, and goal-directed plans of care.</td>
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<tr>
<td>PHTH 734</td>
<td>Neuromuscular Physical Therapy I</td>
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<tr>
<td></td>
<td>This physical therapy course introduces content including theory and practical applications of motor control and motor learning in the management of patients and clients with neuromuscular movement dysfunction. The course also includes material specific to infant and child motor, cognitive, social, and emotional development.</td>
<td></td>
</tr>
<tr>
<td>PHTH 736</td>
<td>Cardiovascular/Pulmonary Physical Therapy</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>This physical therapy course builds upon knowledge of anatomy, physiology, pharmacology, pathology, and differential diagnosis to develop examination skills, clinical reasoning, evaluation competencies, evidence-based interventions, and goal-directed plans of care with emphasis on cardiovascular and pulmonary health.</td>
<td></td>
</tr>
<tr>
<td>PHTH 738</td>
<td>Health Care Management and Systems</td>
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</tr>
<tr>
<td></td>
<td>This physical therapy course introduces leadership and business management principles. The course challenges students to reflect upon and apply leadership theories, principles, and behaviors and to explore their roles as advocates and change agents within the profession, health care industry, and communities within which they live.</td>
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<td>PHTH 740</td>
<td>Musculoskeletal Physical Therapy III</td>
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<td></td>
<td>This course is one of three physical therapy musculoskeletal courses focusing on a specific region of the body. The course builds upon knowledge of anatomy, physiology, pathology, differential diagnosis, biomechanics, and therapeutic exercise to develop examination skills, clinical reasoning, evidence-based interventions, and goal-directed plans of care.</td>
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<tr>
<td>PHTH 742</td>
<td>Geriatric Physical Therapy</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>This course builds upon clinical, behavioral, and foundational physical therapy sciences as well as professional practice and patient/client management expectations to develop examination skills, clinical reasoning, evaluation competencies, evidence-based interventions, and goal-directed plans of care specific to the unique needs of the geriatric population.</td>
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<td>PHTH 744</td>
<td>Neuromuscular Physical Therapy II</td>
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<td></td>
<td>This physical therapy course builds upon knowledge of anatomy, rehabilitation neuroscience, neurophysiology of motor control and motor learning, pharmacology, pathophysiology, and differential diagnosis to develop examination skills, clinical reasoning, evaluation competencies, evidence-based interventions, and goal-directed plans of care with emphasis on neuromuscular diagnoses.</td>
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<td>PHTH 746</td>
<td>Orthotics and Prosthetics</td>
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<tr>
<td></td>
<td>The physical therapy course introduces material specific to the role of orthotics and prosthetics in the management of patients and clients. The course emphasizes the indications, prescription, application, and modification of prosthetics and orthotics to achieve best patient and client functional outcomes.</td>
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<tr>
<td>PHTH 748</td>
<td>Pediatric Physical Therapy</td>
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<td></td>
<td>This course builds upon clinical, behavioral, and foundational physical therapy sciences as well as professional practice and patient/client management expectations to develop examination skills, clinical reasoning, evaluation competencies, evidence-based interventions, and goal-directed plans of care specific to the unique needs of the pediatric population.</td>
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<td>Course Code</td>
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<tr>
<td>PHTH 752</td>
<td>Clinical Application of Imaging</td>
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<tr>
<td></td>
<td>This physical therapy course emphasizes the application of diagnostic imaging in the clinical setting using the best contemporary evidence.</td>
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<tr>
<td>PHTH 754</td>
<td>Integumentary Physical Therapy II</td>
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<tr>
<td></td>
<td>This course is the second of a series of two courses that present the principles of patient-client management in integumentary physical therapy and promotes professional, safe, therapeutic, and evidence based effective standards of care.</td>
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<td>PHTH 756</td>
<td>Clinical Competence in Patient Management</td>
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<td></td>
<td>This course uses clinical laboratory instructional methods to assist students in formulating a plan of care based on the patient/client management model. Students participate in simulated patient learning experiences culminating in a comprehensive practical examination. This course integrates effective communication strategies, develops physical examination skills, enhances evaluative judgment, and guides intervention design.</td>
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<tr>
<td>PHTH 762</td>
<td>Clinical Education II</td>
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<td>This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.</td>
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<tr>
<td>PHTH 764</td>
<td>Clinical Education III</td>
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<td>This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.</td>
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<tr>
<td>PHTH 772</td>
<td>Clinical Education IV</td>
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<td>This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.</td>
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<tr>
<td>PHTH 774</td>
<td>Clinical Education V</td>
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<td>This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.</td>
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<tr>
<td>PHTH 780</td>
<td>Basic Research Design and Statistics</td>
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<tr>
<td></td>
<td>This physical therapy course introduces students to research design, statistical analysis, and qualitative and quantitative research critique related to clinical practice.</td>
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<tr>
<td>PHTH 781</td>
<td>Evidence Based Practice</td>
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<tr>
<td></td>
<td>This physical therapy course introduces students to the five step process of evidence based practice (ask, acquire, appraise, apply and audit). The course challenges students to apply and disseminate current literature findings into clinical practice.</td>
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<tr>
<td>PHTH 783</td>
<td>Qualitative and Quantitative Data Analysis</td>
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<tr>
<td></td>
<td>This physical therapy course emphasizes the analysis and application of qualitative and quantitative data.</td>
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<tr>
<td>PHTH 786</td>
<td>Research Proposal in the Health Sciences</td>
<td>1</td>
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<tr>
<td></td>
<td>This physical therapy research course emphasizes the development of a research proposal.</td>
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</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
<td>Credits/Time</td>
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<tr>
<td>PHTH 787</td>
<td>Research Project in the Health Sciences</td>
<td>3 Semesters x 1 Credit/Sem</td>
</tr>
<tr>
<td></td>
<td>This physical therapy research course emphasizes the completion of a research project and the development of a dissemination-ready research product.</td>
<td></td>
</tr>
<tr>
<td>PHTH 790</td>
<td>Seminar</td>
<td>2 Semesters x 1 Credit/Sem</td>
</tr>
<tr>
<td></td>
<td>This course is a seminar experience for the physical therapist student.</td>
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</table>
### 2.4.4: Curriculum for Class of 2020

<table>
<thead>
<tr>
<th>Term</th>
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<th>Course Title</th>
<th>Credits</th>
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<tr>
<td>Fall</td>
<td>ANAT 711</td>
<td>Human Gross Anatomy</td>
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<td>PHTH 701</td>
<td>Introduction to Patient/Client Management</td>
<td>2</td>
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<td>PHTH 704</td>
<td>Physical Therapy Examination</td>
<td>2</td>
</tr>
<tr>
<td>Fall</td>
<td>PHTH 706</td>
<td>Client and Community Health Education in PT</td>
<td>2</td>
</tr>
<tr>
<td>Fall</td>
<td>PHTH 712</td>
<td>Professional Conduct and Ethics</td>
<td>3</td>
</tr>
<tr>
<td>Fall</td>
<td>PHTH 780</td>
<td>Basic Research Design and Statistics</td>
<td>1</td>
</tr>
<tr>
<td>Fall</td>
<td>PHTH 781</td>
<td>Evidenced Based Practice</td>
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<td><strong>Fall Semester Credits</strong></td>
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<td>ANAT 712</td>
<td>Human Embryology</td>
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<td>Rehabilitation Neuroscience</td>
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</tr>
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<td>PHAR 720</td>
<td>Medical Pharmacology</td>
<td>2</td>
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<td>Spring</td>
<td>PHTH 702</td>
<td>Physical Agents and Electrotherapy</td>
<td>3</td>
</tr>
<tr>
<td>Spring</td>
<td>PHTH 710</td>
<td>Movement Science</td>
<td>6</td>
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<tr>
<td>Spring</td>
<td>PHTH 718</td>
<td>Pathophysiology and Differential Diagnosis</td>
<td>4</td>
</tr>
<tr>
<td>Spring</td>
<td>PHTH 786</td>
<td>Research Proposal Course in Health Sciences</td>
<td>1</td>
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<td><strong>Spring Semester Credits</strong></td>
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<td>Summer</td>
<td>PHTH 714</td>
<td>Integumentary Physical Therapy I</td>
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<td>Summer</td>
<td>PHTH 720</td>
<td>Pathophysiology and Differential Diagnosis of Cardiovascular, Pulmonary, and other Systems Conditions</td>
<td>3</td>
</tr>
<tr>
<td>Summer</td>
<td>PHTH 722</td>
<td>Pathophysiology and Differential Diagnosis of Neuromuscular Conditions</td>
<td>2</td>
</tr>
<tr>
<td>Summer</td>
<td>PHTH 724</td>
<td>Clinical Education I</td>
<td>6</td>
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<td><strong>Summer Semester Credits</strong></td>
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<td>PHTH 730</td>
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<td>Fall</td>
<td>PHTH 732</td>
<td>Musculoskeletal Physical Therapy II</td>
<td>4</td>
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<td>PHTH 734</td>
<td>Neuromuscular Physical Therapy I</td>
<td>5</td>
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<td>Fall</td>
<td>PHTH 736</td>
<td>Cardiovascular/Pulmonary Physical Therapy</td>
<td>5</td>
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<td>Qualitative and Quantitative Data Analysis</td>
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<td>Fall</td>
<td>PHTH 787</td>
<td>Research Project in Health Sciences</td>
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<td>Spring</td>
<td>PHTH 740</td>
<td>Musculoskeletal Physical Therapy III</td>
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<td>PHTH 742</td>
<td>Geriatric Physical Therapy</td>
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<td>Spring</td>
<td>PHTH 744</td>
<td>Neuromuscular Physical Therapy II</td>
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<td>Spring</td>
<td>PHTH 746</td>
<td>Orthotics and Prosthetics</td>
<td>2</td>
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<td>Spring</td>
<td>PHTH 748</td>
<td>Pediatric Physical Therapy</td>
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<td>Health Care Management and Systems</td>
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<td>PHTH 752</td>
<td>Clinical Application of Imaging</td>
<td>1</td>
</tr>
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<td>Summer</td>
<td>PHTH 754</td>
<td>Integumentary Physical Therapy II</td>
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<td>PHTH 756</td>
<td>Clinical Competence in Patient Management</td>
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<td><strong>YEAR 2</strong></td>
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<td>PHTH 762</td>
<td>Clinical Education II</td>
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<td>PHTH 774</td>
<td>Clinical Education V</td>
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**Class of 2020 Doctorate of Physical Therapy Total Credits** 136
# 2.4.5: Curriculum for Class of 2019

<table>
<thead>
<tr>
<th>Term</th>
<th>Course</th>
<th>Course Title</th>
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<tr>
<td>Fall</td>
<td>ANAT 711</td>
<td>Human Gross Anatomy</td>
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<td>PHTH 701</td>
<td>Introduction to Patient/Client Management</td>
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<td>Client and Community Health Education in PT</td>
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<td>Professional Conduct and Ethics</td>
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<tr>
<td>Fall</td>
<td>PHTH 780</td>
<td>Basic Research Design and Statistics</td>
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**Fall Semester Credits**: 23

<table>
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<tr>
<td>Spring</td>
<td>PHTH 731</td>
<td>Rehabilitation Neuroscience</td>
<td>3</td>
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<tr>
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<td>PHAR 720</td>
<td>Medical Pharmacology</td>
<td>2</td>
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<td>PHTH 702</td>
<td>Physical Agents and Electrotherapy</td>
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<td>Physical Therapy Examination</td>
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<td>Movement Science</td>
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<td>PHTH 718</td>
<td>Pathophysiology and Differential Diagnosis</td>
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<td></td>
<td></td>
<td>of Musculoskeletal Conditions</td>
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<tr>
<td>Spring</td>
<td>PHTH 786</td>
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**Spring Semester Credits**: 21

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<td>PHTH 720</td>
<td>Pathophysiology and Differential Diagnosis of Cardiovascular, Pulmonary, and other Systems Conditions</td>
<td>3</td>
</tr>
<tr>
<td>Summer</td>
<td>PHTH 722</td>
<td>Pathophysiology and Differential Diagnosis of Neuromuscular Conditions</td>
<td>2</td>
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<tr>
<td>Summer</td>
<td>PHTH 724</td>
<td>Clinical Education I</td>
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**Summer Semester Credits**: 12

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<td>Musculoskeletal Physical Therapy I</td>
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<td>Fall</td>
<td>PHTH 732</td>
<td>Musculoskeletal Physical Therapy II</td>
<td>4</td>
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<tr>
<td>Fall</td>
<td>PHTH 734</td>
<td>Neuromuscular Physical Therapy I</td>
<td>5</td>
</tr>
<tr>
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**Fall Semester Credits**: 21

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**Spring Semester Credits**: 19

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**Fall Semester Credits**: 17

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**Spring Semester Credits**: 16

**Class of 2019 Doctorate of Physical Therapy Total Credits**: 136
## 2.4.6: Curriculum for Class of 2018

<table>
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<th>Term</th>
<th>Course</th>
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<td><strong>Spring Semester Credits</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

**Class of 2018 Doctorate of Physical Therapy Total Credits**  **136**
2.5: Physical Therapist Student Learning Outcomes

Following completion of the program the student of Physical Therapy will be able to:

1. Analyze ethical dilemmas, alternative solutions, and possible resolutions.
2. Provide evidence-based physical therapist services.
3. Engage in interprofessional practice.
4. Serve as leaders in the profession.
6. Practice within medically underserved and rural communities and with medically underserved populations.
7. Provide client-centered physical therapy services across the lifespan.
8. Demonstrate professional behaviors commensurate with APTA Code of Ethics and Professional Core Values.
10. Serve the profession of physical therapy.

2.5.1: Graduation Hooding and Commencement

Graduates will be honored at a Hooding Ceremony and reception prior to commencement. Graduates are urged to attend the commencement exercises at which time the DPT degree is to be conferred.

2.5.2: Accreditation

On May 12, 1993, the Physical Therapy Department achieved full accreditation status. In April 1998, the Commission on Accreditation of Physical Therapy Education (CAPTE) performed a site visit to review our application for re-accreditation. In May 2002, the USD Physical Therapy Department received continued accreditation until 2008. An on-site visit by representatives from CAPTE occurred in 2008, granting full accreditation until 2019.

2.5.3: Federation of State Boards of Physical Therapy (FSBPT)

Upon successful completion of the Physical Therapy curriculum, physical therapist students are awarded the Doctor of Physical Therapy degree, and are eligible to sit for the national board examination (NPTE). Graduates will not be able to practice until successful passage of the National Physical Therapy Exam (NPTE).

The FSBPT oversees the administration of the NPTE. Their contact information is:
Federation of State Boards of Physical Therapy
124 West Street South, Third Floor
Alexandria, VA 22314
Phone: 703-299-3100 Fax703-299-3110

In preparation for the NPTE, the physical therapist student is urged to review the information in the Candidate Handbook on www.fsbpt.org.
3.0: Academic and Professional Behavior Policies

It is the responsibility of the physical therapist student to know and to adhere to the policies, procedures, and deadlines of the University, the USD Registrar’s Office, the USD Graduate School, and the Physical Therapy Program. 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 myUSD Portal.

To help resolve your concerns, complaints, or questions regarding university policies or actions, additional information can be found on the USD website.

3.1: Academic Standards and Performance Expectations

Academic standards and performance expectations are essential in the physical therapist education program at USD to ensure that the level of education is representative of the Commission on the Accreditation of Physical Therapy Education and Normative Model of Physical Therapist Education. The Physical Therapy Department assumes responsibility for maintaining the standard set by the Commission on Accreditation of Physical Therapy Education and the North Central Agency for University Accreditation.

Graduate students in Physical Therapy are subject to policies and procedures set forth by the University of South Dakota Graduate School. Students of Physical Therapy are held individually responsible for complying with all the requirements of the rules and regulations set forth by the University and the Board of Regents.

Please refer to the Graduate School Resource page for more information. [http://www.usd.edu/graduate-school/student-resources](http://www.usd.edu/graduate-school/student-resources)

3.1.1: Academic Standards

The physical therapist student matriculated in the program must make satisfactory academic progress each term toward completion of the DPT. Students of Physical Therapy who fail to make satisfactory progress are subject to being placed on academic probation and may ultimately be dismissed.

3.1.2: Academic Performance Expectations

Students enrolled in the physical therapy program must meet the following minimal requirements:

1. A grade point average of 3.0 is required each semester to be a physical therapist student in good standing.
2. A physical therapist student obtaining a grade point average below 3.0 is on academic probation.
3. Students of Physical Therapy will pass all required course work prior to attending Clinical Education I and Clinical Education II.
4. Physical therapist students on academic probation are not allowed to participate in clinical education courses II, III, IV, and V.
Graduate students of Physical Therapy must maintain a “B” average in all work included in the program of study submitted for their degrees, with no more than one-third of the credit hours with grades of “C”. No grade below a “C” is acceptable for graduate credit. All grades of “incomplete” on the program of study must be removed prior to graduation.

A student of Physical Therapy must be off academic probation by the end of Summer Semester (Term 6) in order to progress in the curriculum.

Failure to remediate GPA to a minimum 3.0 will result in action from the Student Progress and Conduct Committee and may result in a decelerated plan or dismissal from the program.

A physical therapist student on probation must achieve a status of good standing with a cumulative grade point average of ≥ 3.0 in only those courses included in the USDPT program of study prior to enrolling in PHTH 762 Clinical Education II. Retaking courses in the PT plan of study for the purposes of increasing the GPA is not allowed.

It is the policy of the Physical Therapy Department that through due process evaluation and review, a physical therapist student may be denied continued enrollment in the program for any or all of the following academic performance reasons:

1. GPA below 3.0.
2. A grade lower than C.

3.2: Attendance

3.2.1: USDPT Policy on Attendance

Physical therapist student attendance, participation, and preparation in all courses are mandatory and a requirement of all students of Physical Therapy. As in the workplace, you are expected to attend, fully participate, and show preparedness to provide excellent physical therapy services for your patients. Professional education is designed to replicate the work environment. Therefore, in addition to the typical 8:00am – 5:00pm workday, physical therapist students will be required to be available for service learning, health fairs, scholarly events, and research during evening and weekend hours. A current semester calendar will be made available for students of Physical Therapy. Physical therapist students are expected to not schedule other activities, work or appointments between 8:00am and 5:00 pm Monday through Friday, including the summer term. With prior announcement, classes and activities may shift times, or a learning event will be added that the physical therapist student is required to attend. Flexibility in changing personal schedules and appointments is expected.

3.2.1.1: Procedure for Requesting an Approved Absence

Students of Physical Therapy must complete a leave slip (Appendix II, also available on D2L with each course and myUSD Portal) and submit to the Main Office (A375A) with signatures of the course lecturer and their assigned advisor for each day they miss within two days of any absence. Failure to complete the leave slip will result in a 5% deduction in the overall course grade. A copy of the leave slip is kept in the advisor’s file, similar to the workplace Department of Human Resources.

At the discretion of the course director, points associated with class activities during the absence may not be redeemed. The first absence is without the 5% deduction of overall course grade IF
the physical therapist student submits a leave slip and submits the slip to the program assistant with signatures from the course lecturer(s) and the physical therapist student’s assigned academic advisor. Points associated with class activity (exam, quiz, etc.) for the day may still be lost. Thereafter, the physical therapist student will have a 5% deduction of the overall course grade (even if leave slip is completed) in addition to the loss of any points associated with class activity. If the student of Physical Therapy has an extended reason to miss class (e.g. extended illness, hospitalization, surgery, family emergency), the Committee on Student Progress and Conduct may approve the absence, waive the percent deduction and further require additional assignments so that the physical therapist student can demonstrate acquisition of missed content.

3.2.2: USD Weather Policy
Classes will be canceled when road and weather conditions warrant. When weather is not severe enough to cancel classes but poses extreme driving conditions, students of physical therapy are advised to stay home rather than take unnecessary risks. Faculty will accommodate physical therapist students missing class under these circumstances. Physical therapist students seeking individual class cancellation information should contact the faculty member or department.

3.2.3: Military Duty
The faculty recognizes the importance of military duty. The desire is for the educational process and military obligations to co-exist. Physical therapist students participating in military duty as National Guard or Reserve soldiers may have a requirement for a two-week summer camp. Due to the frequency that these two-week camps occur in June and July, there is a potential for conflict with the academic program’s clinical education component. The initial responsibility for recognition of this conflict rests with the student of Physical Therapy. Generally these summer camps are well established on a training calendar through the administrative section of the Guard/Reserve unit. The physical therapist student is obligated to identify these conflicts in scheduling at the earliest possible date. Should the physical therapist student identify a scheduling conflict, the student should approach the subject through the NG/RES chain of command and also notify their academic advisor of this conflict. The first request by the student should attempt to see what alternatives are available for summer camp/training that do not conflict with the clinical education experience. If there are no alternative dates provided, the physical therapist student must present this situation to their advisor ASAP. The advisor will assist the physical therapist student (through the DCE/Assistant DCE at USD Physical Therapy Department) in establishing a clinical education experience that meets the necessary criteria for the clinical education experience in question.

All other potential conflicts that would require a student of Physical Therapy to miss scheduled class or clinical experiences must be immediately brought to the attention of the physical therapist student’s academic advisor as well as the instructor for the classes that would be missed.

3.3: Academic Success and Grading
Grades and percentages for all courses in the Department of Physical Therapy are as follows:

<table>
<thead>
<tr>
<th>GRADE</th>
<th>PERCENTAGE</th>
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<tbody>
<tr>
<td>A</td>
<td>90-100%</td>
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</table>
It is the policy of the Department of Physical Therapy that final course percentages will stand and not be rounded up. While it is frustrating to complete a course and receive a lower grade due to a percentage that could have been rounded up to receive a higher grade, requests to the instructor to raise a grade on the sole basis that the physical therapist student is very close to the cutoff will be considered unprofessional conduct.

A grade of “I” (Incomplete) may be given in cases where the student of Physical Therapy is unable to complete the required course work through no fault of his or her own. An incomplete may not be given when a student of Physical Therapy is performing unsatisfactorily or when a passing grade cannot be achieved after all the required work is completed. A grade of incomplete will be changed to an earned grade upon a physical therapist student’s satisfactory completion of the course, within the time determined by the course instructor. The course instructor will convey the conditions for removal of the incomplete to the physical therapist student at the time the incomplete is given. Course sequence and prerequisites may determine whether a student of Physical Therapy can progress to the next semester. The physical therapist student will not be allowed to start PHTH 762 Clinical Education II until all previous didactic course work is successfully completed and student has a 3.0 GPA.

The graduate school requires a grade point average of 3.0 to successfully meet the requirements for graduation. The Physical Therapy Department faculty will enforce this requirement by monitoring the grade point average of each physical therapist student at the end of each semester. Any physical therapist student with a grade point average below 3.0 fails to meet the minimum academic requirement set by the department. The USDPT Committee on Student Conduct and Progress examines the academic performance of matriculated students of Physical Therapy on a regular basis. If a physical therapist student is unable to elevate the GPA through the remaining coursework, the student of Physical Therapy will be dismissed from the program for academic reasons.

A physical therapist student should not receive a grade lower than B in any of the professional courses offered by the Department of Physical Therapy faculty. In the basic science courses of gross anatomy, physiology, embryology, and neuroscience a physical therapist student may receive a grade of “C”. The physical therapist student will be considered to be in good academic standing providing the grade point average remains at 3.0 or higher. If the grade point average is below a 3.0 the physical therapist student will be advised, placed on academic probation, and the USDPT Committee on Student Progress and Conduct will decide whether the student of Physical Therapy will be able to progress in the curriculum.

Any student of Physical Therapy who fails to meet the minimum requirements set for successful completion of a unit or course will receive advising and be instructed on disciplinary concerns. The individual faculty has the discretion to offer competency-based make-up exams to physical therapist students who show academic promise but who may not have performed well on a
written exam, practical exam, or clinical experience. Physical therapist students are directed to individual course syllabi for details related to competency-based examination or assignment remediation.

Any physical therapist student that withdraws from any required course in the program is considered to have withdrawn from the program and is not eligible to continue in subsequent required courses. Withdrawals are physical therapist student initiated. If the student of Physical Therapy has completed the student initiated withdrawal, the physical therapist student must apply and be granted re-admission before continuing as a student of Physical Therapy. Only under extenuating circumstances, such as a medical emergency, will applying for re-admission be waived.

It is the policy of the Graduate School that any academic graduate department, through due process, may deny a graduate student continued enrollment in a program in accordance with department policies. The reasons for dismissal include: (1) academic performance that does not meet the standards of the department and the Graduate School, or (2) conduct in violation of or unfavorable to the ethical or professional standards of the degree program or discipline involved. Academic appeals are handled through the Graduate Academic Appeal Policy.

3.4: Academic and Professional Integrity

Students of Physical Therapy are expected to act honorably in all aspects of physical therapist student life and professional preparation in the practice of physical therapy. Lying, cheating, stealing, plagiarizing, sabotaging or breaking one’s word of honor will not be tolerated. Students of Physical Therapy will be expected to respect the individual rights of others and to strive for tolerance of differences. A physical therapist student who violates the honor system and the rights of others may be dismissed from the program. Students are expected to comply with the Code of Ethics and Guide for Professional Conduct (see Appendix III) and USD Student Code of Conduct (BoR Policy 3.4 Appendix IV).

3.4.1: 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 and the Oath of a Physical Therapist, along with the APTA Professional Core Value “Integrity” provide the foundation for the Department of Physical Therapy Honor Code. The physical therapist student will be required to sign a Pledge of Professional Conduct and submit to their advisor (Appendix V).
The USD library has a tutorial titled “Introduction to Academic Integrity.”

3.4.2: USD Policy on Academic Misconduct
Academic misconduct means plagiarism or cheating (Appendix VI BoR Policy 2.33). Whether intentional or unintentional, allegations of academic misconduct must be reported by the faculty member to the Student Conduct Officer (Appendix VII Academic Misconduct Informal Disposition Form).

3.4.3: Academic Misconduct Defined
*The physical therapist student is requested to refer to the USD Student Handbook, USD Student Code of Conduct, APTA Guide for Professional Conduct, and the APTA Code of Ethics for the Physical Therapist.*

Academic Dishonesty
1. Cheating, which is defined as, but not limited to the following:
   a. use or giving of any unauthorized assistance including copying or allowing another physical therapist student to copy from one’s own 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;
   c. acquisition, without permission, of tests or other academic material belonging to a member of the institutional faculty or staff. The only “old exams” physical therapist students are authorized to have and review are those provided by the PT or Basic Biomedical Sciences faculty for Gross Anatomy, Physiology or Embryology;
   d. falsifying or misrepresenting data or results from a laboratory or experiment; or
   e. engaging in other behavior that a reasonable person would consider to be cheating.
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.

Students of Physical Therapy 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 physical therapist student. At all times, students of Physical Therapy are expected to comply with AMA 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 AMA Manual (10th 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 physical therapist student. Giving or allowing one’s work to be copied, giving out exam questions or answers, or releasing or selling term papers is prohibited.

### 3.4.4: Violations of the Academic Integrity Code

The University of South Dakota Board of Regents has established a policy for violating the academic integrity code that is firmly upheld by the Department of Physical Therapy. (BoR Policy 3.4 Appendix IV).

No credit can be given for a dishonest assignment. A student found to have engaged in any form of academic dishonesty may be:
1. Given a “0” on the assignment or exam
2. Allowed to rewrite and resubmit the assignment for credit
3. Failed in the course
4. Assigned a reduced grade for the course
5. Dropped from the course
6. Dismissed from the PT program
7. Expelled from the University

If a violation of academic integrity is evident, the instructor will utilize the Academic Misconduct Form (Appendix VII) in order to initiate discussion between an instructor and a student concerning allegations of academic misconduct.

It is the duty of each faculty member and physical therapist student to report any Code of Conduct violation; failure to do so is itself a violation of the Code.

If a violation of academic integrity is alleged by a classmate, only written statement allegations by the classmate will be considered by the Chairperson and members of the USDPT Student Progress and Conduct Committee. The level of disciplinary action will be determined by the Chairperson or Dean of Health Sciences.

### 3.4.5: USD Policy of Professional Integrity and Code of Conduct

By enrolling at an Institution, physical therapist students voluntarily accept responsibility for compliance with all Board of Regents and Institutional Policies, including but not limited to this Student Code (Appendix IV BoR Policy 3.4). A physical therapist student may be placed on probation for violation of professional behavior standards. Students of Physical Therapy are expected to act honorably, responsibly, and professionally while at the University and when away from the University at conferences, events and on clinical education coursework. The student of Physical Therapy is expected to act within the laws of the state and the nation. Ethical and legal infractions may result in dismissal from the program. A physical therapist student may be placed on probation or dismissed from the program when it is determined that the physical therapist student demonstrates:
1. Conduct unbecoming to a graduate professional student of Physical Therapy: for example, not adhering to professional dress code; lack of progression on professional development while in the program; lack of respect for all individuals regardless of gender, race, color, creed, abilities or disabilities; and/or lack of professionalism or respect towards other students, faculty, patients, clients, or other health professionals.

2. Conduct that violates the USD Student Code (Appendix IV).

3. Conduct that violates the ethical and professional standards of the profession (Appendix III).

4. Conduct which violates the honor code which specifies that there will be no cheating, no plagiarizing, and/or no sabotaging while participating in testing and evaluation measures during the course of study. (Appendix IV and VIII).

5. Conduct that violates state and federal laws. (Appendix IVV).

6. Failure to progress in demonstrating professional behaviors (Appendix VIII).

Probation for unsatisfactory academic performance or unprofessional behavior is at the discretion of the Student Conduct and Progress Committee, who will make a recommendation of probation or dismissal to the Chairperson. The Chairperson will make a recommendation to the Dean of Graduate Education and the Dean of Health Sciences. Probation may result in a decelerated plan of study which will be monitored on a semester basis. Reoccurrence of the behavior or performance that resulted in the probation will result in dismissal from the program. Students of Physical Therapy who are dismissed from the program may petition for re-admission by written communication to the Chairperson with a cogent rationale. The Student Conduct and Progress Committee will review and rule on the request. The outcome will be shared with the Dean of Health Sciences and Dean of Graduate Education. A petition does not guarantee re-admission. If a physical therapist student is re-admitted, a decelerated plan of study by mutual consent may be considered under probation status and will be reviewed each semester.

**3.4.6: USDPT Policy of Reporting Pending Criminal Charges**

1. A physical therapist student has a continual obligation to report any criminal felony or misdemeanor charges pending against him/her, which occur after the physical therapist student has been granted final acceptance into the physical therapy program.

2. A written explanation of the pending charges should be submitted to the Chair of the Physical Therapy Department within 72 hours.

3. A decision regarding the physical therapist student’s continued participation in Clinical Education experiences and any other client-related activities will be made by the Chair of the Department of Physical Therapy and the Director of Clinical Education. Classroom attendance may not be affected.

4. Failure to comply with any aspect of this policy may result in professional probation or dismissal from the program.

**3.4.7: USDPT Policy on Conflict Resolution (informal appeal)**

The practice of conflict resolution is encouraged within the Physical Therapy Department as follows:

Student of Physical Therapy → Instructor → Advisor → Chairperson

1. Physical therapist student should identify the issue of conflict;
2. Physical therapist student should address issues of concern directly to the individual(s) involved;
3. Together the physical therapist student and the other parties should establish a timeframe for resolving the issues of concern;
4. Allow adequate time and strategies to result in resolution of conflict.

When a physical therapist student feels that conflict resolution is not occurring by following the above recommendation, mediation then is necessary. The physical therapist student should make an appointment to meet with his/her assigned advisor. If after the advisor has been contacted, the physical therapist student feels that the conflict issues and concerns still persist; the physical therapist student should make an appointment to meet with the department Chairperson.

The faculty enforces the recommended protocol for resolution of conflict. Students of Physical Therapy should be aware that faculty is expected to encourage them to use the established protocol. At no time should a physical therapist student feel that he/she cannot approach individual faculty members with issues and concerns. However, issues and concerns of conflict should, whenever possible, be directed to the involved parties with mediation by the academic advisor or the chairperson.

Complaints regarding the Department of Physical Therapy should be addressed directly to the Chairperson, who will communicate with the involved parties and seek resolution. If resolution cannot be attained, the President’s office will be notified in writing and the written complaint will be electronically forwarded to the Dean of Health Sciences and the Dean of Graduate Education. Resolution will be sought at that level. Complaints regarding the University will be referred by the Chairperson to the President and to the entity overseeing the area of the complaint. Complaints made against a dean or vice president, the appeal process begins at the next administrative level and continue as specified except at a higher administrative level.

In those instances where informal resolution has not been successful, follow the steps outlined in the Graduate Student Grievance Process, where the appeal involves allegations of actions or motives which arguably are illegal under applicable civil rights statutes (for example, racial or religious prejudice, sexual harassment, etc.), the formal appeal shall be made to Title IX/EEO coordinator, as directed under the Board of Regents Complaint Procedures policy.

In all other cases, the physical therapist student shall appeal as set forth in the USD Graduate Catalog.

The Commission on Accreditation in Physical Therapy Education (CAPTE) will review complaints that relate to a program’s compliance with accreditation standards. CAPTE is interested in the sustained quality and continued improvement of physical therapist education, but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion, or dismissal of faculty, staff, or physical therapist students. Comments must pertain only to the standards relative to the program or policies used in the accreditation process. A copy of appropriate accreditation standards and/or the Commission’s policy and procedure for submission of complaints may be obtained by contacting the following:
The student of Physical Therapy shall in every case commence the informal resolution procedure within four weeks of the time of the last occurrence giving rise to the academic appeal.

3.5: Grievance Procedures (formal appeal)

When a physical therapist student believes that he or she has a grievance or complaint related to academic standing and/or professional expectations, the student is advised to follow the grievance process outlined in the Graduate School Student Resources website (BoR Policy 2.9 Appendix IX).

When a physical therapist student is dismissed from the program due to academic or professional concerns but the physical therapist student believes there were exceptional or extraordinary circumstances beyond the physical therapist student’s control that clearly and convincingly warrant an excuse for substandard performance or behavior, the student of Physical Therapy may, upon written application to the Physical Therapy Committee on Student Conduct and Progress, request a meeting with the committee. At the discretion of the Committee on Student Conduct and Progress, the physical therapist student may be allowed continued enrollment in a probationary manner for the following semester, subject to such conditions as the committee may impose. If, at the end of that semester, the physical therapist student has not satisfied the necessary conditions and requirements, the physical therapist student shall be dismissed. The Committee may, at its discretion, grant a second semester of probationary status.

Grievance from a parent should be submitted to the Chairperson in writing, with the signature of the person making the complaint. Non-disclosure guidelines set forth in Family Educational Rights and Privacy Act (FERPA) will be followed. FAQ’s are available on the Registrar website. The Chairperson will communicate with involved parent and physical therapist student and agree on a meeting to seek resolution. If a resolution cannot be reached through informal discussion, the procedural chain of command is as follows: following notification of the President, the written complaint will be electronically conveyed to the Dean, School of Health Sciences; Dean, Graduate Education; and Vice President of Health Affairs. The physical therapist student shall initiate Step 1 of the Formal Appeal process as outlined in the Graduate Academic Appeals Procedure website. All documentation will be kept in the Department of Physical Therapy.

The burden of proof and persuasion in all academic appeals is upon the student of Physical Therapy.
3.6: Academic Standing, Probation, and Dismissal

If a physical therapist student has more than one course of unsatisfactory work and/or has not maintained a 3.0 term or cumulative graduate GPA, the academic program places the physical therapist student on warning, or probation or dismisses him/her from the program in keeping with Department policies. Degree programs and the Graduate School review the academic standing of all graduate students each term, and program leaders notify students directly of academic warning, probation, or dismissal. The Graduate School is copied on all student communication. A graduate student may be dismissed from the program at any time for failure to meet the academic performance and progress standards of the degree program or the Graduate School. The department is required to provide physical therapist students a written notice of the issues and an opportunity to meet with the program director (face-to-face, teleconference, virtually) beforehand. Graduate program leaders are advised to consult with college/school deans before taking action.

It is the policy of the Graduate School that any academic graduate department, through due process, may deny a graduate student continued enrollment in a program in accordance with Department policies. The reasons for dismissal include: (1) academic performance that does not meet the standards of the Department and the Graduate School, or (2) conduct in violation or unfavorable of the ethical or professional standards of the degree program or discipline involved. Academic appeals are handled through the Graduate Academic Appeal Policy. In addition, general campus rules and policies relating to student conduct are found in the Student Handbook. For further information, call the Graduate School (605) 658-6140.

3.6.1: Procedures Regarding Academic Performance

It is the responsibility of the Department of Physical Therapy at the University of South Dakota to provide the citizens of South Dakota and beyond with highly qualified therapists, in order to protect the public. In striving to meet this goal, the physical therapy faculty has developed standards of academic performance and professional behavior for physical therapist students and collectively review physical therapist student formative progress at monthly faculty meetings and summative progress each semester.

The progress of each physical therapist student through the curriculum plan 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 1/3 of credits of C in the PT Plan of Study, and completion of all program requirements. A student of Physical Therapy 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 of Physical Therapy are responsible for monitoring their academic progress using WebAdvisor.

3.6.2: Procedures Regarding Academic Probation

A physical therapist student will be on academic probation when their GPA is below 3.0. When a physical therapist student’s graduate GPA in the PT Curriculum falls below a 3.0 GPA, the Chair of the Physical Therapy Department will notify the physical therapist student in writing that he or she has been placed on academic probation. A copy of the letter will be maintained by the
USD Dean of the Graduate School, USD Dean of Health Sciences, and physical therapist student’s PT academic file.

3.6.3: Procedures Regarding Dismissal from the Program
1. Dismissal from the program may occur if any of the following conditions exist:
   a. A grade of D or F in any required course in the PT Plan of Study;
   b. A grade of C in more than 1/3 of the credits in PT Plan of Study;
   c. Inability to attain a cumulative GPA of 3.0 after Term 5 in PT Plan of Study;
   d. Academic or professional misconduct;
   e. Student of Physical Therapy initiated withdrawal from any required course
2. Prior to a decision regarding dismissal, the Chair will provide the physical therapist student with written notice of the issues, and provide an opportunity to meet with the Chair. During the meeting the physical therapist student will have an opportunity to present his or her perspective of the situation.
3. The Chair will assemble a PT Progress and Conduct Meeting to determine outcome after fair discourse.
4. Should the decision be to proceed with dismissal, written notification will be sent to the physical therapist student with a copy placed in the physical therapist student’s file, and copies sent to the Dean of the Graduate School and Dean of Health Sciences. The letter will reference the PT Department and Graduate School Policies on academic performance and progress and advise the physical therapist student of available counseling and career counseling services.
5. A physical therapist student may appeal a decision for dismissal first to the PT faculty and subsequently through an appeals process identified for graduate students (BoR 2.9 in Appendix IX).

3.6.4: Procedures for Leave of Absence from Program
In rare instances, a physical therapist student may be permitted to take a leave of absence and return to the program, if the PT faculty believes there are extenuating circumstances that warrant such a leave. It is the responsibility of the physical therapist student to petition for a leave of absence. The Committee on Student Progress and Conduct will consider the physical therapist students formal request. If granted, the physical therapist student will follow Graduate School policy regarding leave of absence and complete the leave of absence form.

3.7: Professional Expectations – Professional Behavioral Progression

Physical therapists are required to demonstrate a high level of professionalism. Consequently, physical therapist students enrolled in the Physical Therapy Program are expected to develop and demonstrate behaviors and attitudes consistent with those of the profession (See APTA Guide for Professional Conduct and Code of Ethics (Appendix III). The USD Student Code of Conduct (Appendix IV) and USDPT Academic Misconduct Policy (Appendix X) outline behavioral expectations of all students enrolled at USD. The physical therapist student is required to sign a pledge of professional conduct and submit to their advisor. (Appendix IV)

Students of Physical Therapy will complete self-assessment of professional behaviors seven times during the 8 semesters. In addition, faculty will collectively evaluate each physical
therapist student’s professional behavior prior to the advisor’s meeting with the physical therapist student. Individual faculty members serve as role models and mentor physical therapist students in the development of identified professional behaviors. Please refer to the USDPT Professional Behaviors Standards Policy for procedures if physical therapist student professionalism is violated. (Appendix XIII)

3.7.1: Professionalism in the Classroom
It is important for students of Physical Therapy to remember that the expectation of professionalism generalizes to all settings, including clinical sites and the academic environment. Academic professionalism will enhance the learning experience. The Sanford School of Medicine and PT course directors have identified the following as important aspects of academic professionalism:

1. Arriving for class on time to avoid disruption of others’ learning experience and out of respect for physical therapist students, guests, and faculty.
2. Professionalism includes respectful behavior towards faculty, staff, and classmates. Physical therapist students should offer criticism or suggestions in a thoughtful and reasoned manner that fosters respect and trust. Expressions of aggression or anger, which include demeaning, offensive, argumentative, threatening language/behavior, or language that is insensitive to race, gender, ethnicity, religion, and sexual orientation will not be tolerated. Professionalism includes switching cell phones either off or to “manners mode” (vibrate) during class. Students of Physical Therapy who might receive an emergency call during class should alert the faculty in advance of this possibility and sit near an exit door. In the event of a call which must be answered during class, the physical therapist student should quietly leave the room before conversing. It is PT and Medical School policy that cell phones are to be turned OFF during class or be on manner mode.
3. Professionalism includes limiting the use of portable computers (laptops, tablets, etc.) to academic purposes during class sessions. It is unprofessional to check email or Facebook, instant message, play games, or web surf, etc. during class. See Social Media Guidelines. Professionalism includes remembering the rules of netiquette and SDBOR policies for use of academic computing resources when using technology on any USD campus. USD and BOR Acceptable Use Policy can be found online.
4. Professionalism includes maintaining the safety aspects of all teaching spaces. This includes not blocking primary or secondary walkways with extension cords, backpacks, additional chairs/tables or other items.

3.7.2: Suggestions for Complying with the Academic and Professional Rules and Regulations
1. AT ALL TIMES THINK LIKE A PROFESSIONAL;
2. Email or telephone (658-5999) the department secretary, the professor or the department chairperson early in the morning if absence or tardiness is unavoidable;
3. Discuss the absence with the professor and promptly complete leave slip;
4. Complete the assigned readings and homework prior to class and integrate material from previous courses;
5. Check USD email account frequently and regularly as the USDPT list serve is the primary mode of communication for announcements and alerts and the OFFICIAL method of communication between faculty and physical therapist students;
6. Participate fully in lectures, discussions, and laboratory sessions;
7. Achieve competency levels of 80% in all courses and if required to remediate, submit remediation in a timely manner;
8. Utilize instructor office hours (email or face to face) to ask for tutorial assistance as the need arises;
9. Turn cell phones off or have in manner mode while in class AND use of laptop in class is only for class, i.e. no email, internet searching, Facebook etc;
10. Adhere to APTA Code of Ethics and Professional Core Values;
11. Maintain integrity in everything you do! How you are in class is a depiction of your behavior to clients/patients in the clinic.

3.8: Professional Image Policy

Professional attire is embedded in professionalism, in turn portraying a professional image. Physical therapist student adherence to the professional image policy for classroom learning, lab sessions, and professional presentations is mandatory. As in the workplace, you are expected to dress like a professional to portray a professional image to the patient and to others of the interprofessional team. As a professional doctoral student in the Department of Physical Therapy, you are expected to follow the acceptable attire guidelines required for the learning venue. If physical therapist students are not adhering to the policy, they will receive one (1) “warning.” This “warning” will be communicated in writing to the physical therapist student’s academic advisor, thereafter an official component of their advising file, similar to the workplace Department of Human Resources. The second time the physical therapist student attends class with attire that is not in accordance with the Professional Image Policy, they will be sent home to change to appropriate attire. Three “warnings” in the same class will result in a 5% deduction in the overall course grade. A physical therapist student may be put on professional probation if the Professional Image Policy is routinely violated (Appendix XIII).
### 3.8.1: Classroom Dress

<table>
<thead>
<tr>
<th>Professional Image Policy</th>
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<tbody>
<tr>
<td>The University of South Dakota</td>
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</table>

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pants/ Skirts or dresses</strong></td>
<td><strong>Pants for Women and Men:</strong></td>
</tr>
<tr>
<td>- Khakis</td>
<td>- Denim blue jeans</td>
</tr>
<tr>
<td>- Chinos</td>
<td>- Spandex/stretch tights</td>
</tr>
<tr>
<td>- Wool Blend</td>
<td>- Sweat or jogging pants</td>
</tr>
<tr>
<td>- Linen</td>
<td>- Bib overalls</td>
</tr>
<tr>
<td>- Cotton</td>
<td>- Shorts</td>
</tr>
<tr>
<td>- Twill</td>
<td>- Carpenter pants, yoga pants</td>
</tr>
<tr>
<td>- Corduroy</td>
<td>- Pants that are too loose at the waist/too low riding at the hips and reveal undergarments or skin when squatting down</td>
</tr>
<tr>
<td>- Knit</td>
<td>- Pants with frayed hems or holes</td>
</tr>
<tr>
<td>- Polyester</td>
<td><strong>Skirts/Dresses:</strong></td>
</tr>
<tr>
<td>- Hems at knee length</td>
<td>- Spaghetti straps</td>
</tr>
<tr>
<td>- Modest neckline</td>
<td>- Shorter than knee length</td>
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<tr>
<td>- Capris</td>
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</tbody>
</table>

| **Shirts/Blouses/ Sweaters** | **Fabrics:** |
| - Long-or short-sleeved blouses | - Lace |
| - Tank tops under blouse | - Sheer |
| - Dress shirts | - Leather |
| - Long or short sleeved sweaters, cardigans, vests | **Shirts:** |
| - Long or short sleeved shirts (such as Polo shirts, Henley, Turtlenecks) | - T-shirts |
| - Appropriate, modest neckline with midriff and back coverage | - Tank tops alone without cover |
| - Neat, clean, conservative, practical, dignified, safe, and appropriate for duties | - Camisoles |
| - On game days, we encourage official USD “business casual” athletic wear that meets the criteria above. | - Sweatshirts |
| - Appropriate, modest neckline with midriff and back coverage | - Spaghetti Straps |
| - Neat, clean, conservative, practical, dignified, safe, and appropriate for duties | - Shirts that reveal back, midriff, or cleavage when reaching or bending |
| - On game days, we encourage official USD “business casual” athletic wear that meets the criteria above. | - Form fitting/immodest shirts |

| **Undergarments** | **Bright and/or noticeable colors, patterns or lines** |
| - Discrete and modest | - Undergarments should not be visible when bending or reaching (please check!) |

| **Foot Attire** | **Foot Attire** |
| - Clean | - Flip flops |
| - Leather/leather-like shoes or boots (Clogs, Casual dress shoes, Flats) | - High heels |
| - Closed toed | - Hiking boots |
| - Athletic shoes | - Slippers |
| - Sandals | |

| **Accessories** | **Accessories** |
| - Watch | - Baseball caps |
| - Appropriate and conservative jewelry | - 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

### 3.8.2: Laboratory Dress

<table>
<thead>
<tr>
<th>Professional Image Policy</th>
<th>The University of South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pants/Shorts</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Acceptable</strong></td>
<td>Purchased black shorts and black pants with SHS logo THROUGH APPROVED VENDOR</td>
</tr>
<tr>
<td><strong>Unacceptable</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Shirts/Jackets</strong></td>
<td>Purchased red shirts with SHS logo through approved vendor</td>
</tr>
<tr>
<td><strong>Undergarments</strong></td>
<td>Discrete and modest</td>
</tr>
<tr>
<td><strong>Foot Attire</strong></td>
<td>Clean</td>
</tr>
<tr>
<td></td>
<td>Leather/leather-like shoes or boots (Clogs, Casual dress shoes, Flats)</td>
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<tr>
<td></td>
<td>Closed toed</td>
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<tr>
<td></td>
<td>Athletic shoes</td>
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<tr>
<td></td>
<td>Sandals</td>
</tr>
<tr>
<td><strong>Accessories</strong></td>
<td>Watch</td>
</tr>
<tr>
<td></td>
<td>Appropriate and conservative jewelry</td>
</tr>
<tr>
<td><strong>Grooming</strong></td>
<td>Clean and neat</td>
</tr>
</tbody>
</table>
### 3.8.3: Professional Presentation Dress (e.g. White Coat Ceremony, SHS Research Symposium, IdeaFest)

<table>
<thead>
<tr>
<th>Professional Image Policy</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slacks/Pants</td>
<td>Men: Dark colored slacks, suits or suit separate&lt;br&gt;Women: Dark colored dress pants or knee length skirt, suit ensemble or suit separate jacket</td>
<td>Khakis&lt;br&gt;Ill-fitting slacks/pants that are too low riding at the hips and reveal undergarments or skin when bending over or squatting down&lt;br&gt;Acceptable attire that is wrinkled, soiled, tattered or has holes</td>
</tr>
<tr>
<td>Shirts</td>
<td>Men: Professional button down shirt with tie with sport or business coat&lt;br&gt;Women: Modest business style shirt</td>
<td>Shirts that are ill-fitting that reveal back, midriff, or cleavage&lt;br&gt;Acceptable attire that is wrinkled, soiled, tattered or has holes</td>
</tr>
<tr>
<td>Undergarments</td>
<td>Discrete and modest&lt;br&gt;Hose are mandatory if wearing skirt</td>
<td>Undergarments should not be visible when bending or reaching (please check!)</td>
</tr>
<tr>
<td>Foot Attire</td>
<td>Clean, polished&lt;br&gt;Dress shoes</td>
<td>Flip flops&lt;br&gt;Sandals</td>
</tr>
<tr>
<td>Accessories</td>
<td>Watch&lt;br&gt;Appropriate and conservative jewelry</td>
<td>Elaborate jewelry&lt;br&gt;Artificial nails</td>
</tr>
<tr>
<td>Grooming</td>
<td>Clean and neat&lt;br&gt;Hair neatly cut, styled, worn safely (pulled back) during patient care&lt;br&gt;Facial hair should be neatly trimmed&lt;br&gt;Nails – trimmed, clean, and well groomed; conservative nail polish&lt;br&gt;Conservative make-up</td>
<td>Perfumes or colognes&lt;br&gt;Discernible body odor</td>
</tr>
</tbody>
</table>

### 3.9: Health Affairs Substance Use Disorder Policy

#### 3.9.1: Introduction
The University of South Dakota (USD) School of Health Sciences and Sanford School of Medicine, hereinafter referred to as the “Health Affairs Programs”, recognize their responsibility to provide a healthy environment where students may learn to prepare themselves to become members of the healthcare profession. However, students seeking to work within a healthcare profession are held to a higher standard of conduct as a result of their decision to become a healthcare professional.

Health Affairs Programs are committed to protecting the safety, health, and welfare of their faculty, staff, students, and those with whom they have contact during scheduled learning experiences in the classroom, on campus, and outside University property. In furtherance of this commitment, the Health Affairs Programs strictly prohibit the illegal use, possession, sale,
conveyance, distribution, and manufacture of the following which are not being used by the student pursuant to a valid prescription:

- Illegal drugs as defined by state and/or federal law
- Intoxicants
- Controlled substances as defined under state and/or federal law

In addition, Health Affairs Programs strictly prohibit inappropriate substance use or addiction to the following:

- Non-prescription drugs
- Prescription drugs
- Alcohol

In furtherance of its objective to assist the students in attaining their career goals and protecting the public, who will ultimately be served by the students, the Health Affairs Programs seek to utilize the services of the South Dakota Health Professionals Assistance Program (HPAP). HPAP is a multi-disciplinary diversion program for chemically impaired health professionals. HPAP provides a non-disciplinary option to confidentially and professionally monitor treatment and continuing care of health professionals who may be unable to practice with reasonable skill and safety if their illness is not appropriately managed. The intent of this policy is to assist the student in the return to a condition which will allow them to competently and safely achieve their goal of becoming a healthcare professional with an emphasis being placed on deterrence, education, and reintegration. All aspects of this policy are to be applied in good faith with compassion, dignity, and to the extent permitted by law, confidentiality.

This Health Affairs Programs Substance Use Disorder Policy is in addition to policies of the University of South Dakota, the South Dakota Board of Regents and the program of which the student is a participant. The students enrolled in any of the Health Affairs Programs and to whom this policy applies are obligated to adhere to this policy.

**3.9.2: Referral to HPAP**

Upon the occurrence of an event deemed by the Departmental Chair or appropriate Dean to warrant a referral to HPAP, the student may be referred to HPAP for testing, treatment recommendations and/or monitoring. Events which may lead to a referral must be supported by credible evidence and may consist of the following:

- Report of a possible violation by another student, faculty member or other person with whom the student interacts during scheduled learning experiences both inside and outside of the classroom, on or off University of South Dakota property;
- Observable phenomena, such as direct observation of an inappropriate use of alcohol, drug use and/or physical symptoms during scheduled learning experiences both inside and outside of the classroom, on or off University of South Dakota property;
- Manifestations of being under the influence of a substance of abuse, such as erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, and/or deterioration of performance during scheduled learning experiences both inside and outside of the classroom, on or off University of South Dakota property;
- Credible information that a student has caused or contributed to an accident as a result of inappropriate substance use;
• Credible information that a student has been charged with an offense associated with the inappropriate use of alcohol or illegal substances;
• Conviction by a court for an offense related to the inappropriate use of alcohol or illegal substances. This shall include any charged offense for which the student received a suspended imposition of sentence, deferred prosecution or other treatment by the Court which resulted in the student’s criminal record in the matter being expunged.

3.9.3: Testing by HPAP
Upon referral, HPAP may determine that testing of the student is necessary. If HPAP determines that testing results are positive due to substance levels meeting or exceeding HPAP established threshold values for both screening and confirmation studies, that information will be reviewed by a Medical Review Officer (MRO). Refusal by the student to comply with the referral to HPAP may result in disciplinary action as set forth herein.

3.9.4: Treatment and Referral
Upon non-compliance with HPAP, the following actions may be taken by the Health Affairs Programs Chair or appropriate Dean:
• Warning issued to the student;
• Development of a learning agreement between the student and the Health Affairs Programs for behavioral change establishing conditions, if any, for retention of the student in the Health Affairs Programs;
• Referral of the student for further medical evaluation and/or treatment;
• Disciplinary action as set forth in this policy; and/or
• Any other action deemed appropriate by the Health Affairs Program Chair or appropriate Dean provided the same is not in conflict with other policies of the University of South Dakota or the South Dakota Board of Regents.

3.9.5: Discipline and Due Process
Students may be subject to discipline for conduct which is in violation of this policy or in violation of other rules and policies of the University of South Dakota, the South Dakota Board of Regents or the Health Affairs Programs in which they are enrolled. Students considered for disciplinary action shall be notified of the proposed discipline in accordance with the policies of the University of South Dakota, the South Dakota Board of Regents or the Health Affairs Programs in which the student is enrolled, whichever is applicable. In the event that the conduct which serves as the basis for proposed discipline involves a student who poses a risk to the safety, health or well-being of the student or a member of the public for whom the student is performing services as part of his/her educational program, the program Chair or Dean may suspend the student’s access to others pending any final decision on proposed disciplinary action. Any such suspension of access shall be deemed a suspension from the Health Affairs Programs until the disciplinary process is complete.

3.9.6: Admission and Readmission
Any student who seeks admission to any USD Health Affairs Programs and has a substance abuse disorder or has been removed from the Health Affairs Programs, for cause, and such cause is either directly or indirectly related to conduct which is associated with a substance abuse
disorder, shall be required to meet the following criteria to be considered for admission or readmission to the same or another Health Affairs Program:

A. The student must demonstrate compliance with any treatment program and/or aftercare recommended by a credentialed substance abuse professional. Evidence of participation and compliance must be submitted as a part of the application for readmission.

B. Demonstration of a minimum of two (2) years of abstinence from alcohol, illegal drugs or non-prescribed drugs prior to application. Evidence may be in the form of letters of reference from prior employers or those in a supervisory position. A minimum of four (4) letters is required. If four letters of reference cannot be obtained, reasonable alternatives can be arranged by the program Chair or Dean. However, if reasonable alternatives cannot be agreed upon then the final determination will be that the student does not have proper documentation to apply. All documentation of abstinence shall be subject to approval by the Chair, Department Head or Dean of the program for which the student seeks admission.

C. As a condition of admission or readmission to any of the Health Affairs Programs, the student must sign an agreement to participation monitoring by random screening for use of alcohol, illegal drugs or non-prescribed drugs. The student shall be responsible for all costs associated with such testing. The student will further be required to agree that the results of any testing may be used as a basis for disciplinary action, including removal from the Health Affairs Programs.

D. As a condition of readmission to any USD Health Affairs Program, the student must agree to abstain at all times from use on any alcohol, illegal drugs or non-prescribed drugs. If the student requires medical attention and/or prescription medications, the student agrees that he/she shall inform his/her medical provider(s) of his/her substance abuse history. The student shall further cause his/her medical provider to submit to the USD Health Affairs Program MRO, in writing, a report identifying the medication, dosage, and date of prescription if the prescribed drug is one which has potential for addiction.

3.9.7: Confidentiality
All information which is obtained as a result of the referral, testing and/or treatment completed by HPAP or a HPAP recommended facility shall remain confidential. The student will be asked to sign a release of information following the standards set forth in 42 CFR §2.31. Any information received as a result of the disclosures about a student may be used only for such purposes as allowable under 42 CFR §2.33.

3.10: Health Affairs Immunization Policy
With the entrance into the field of physical therapy it is important for your own personal safety, as well as of your patients, that your immunizations are up to date and documented to ensure compliance with the Center for Disease Control Guidelines and the affiliation agreements with multiple clinical sites (Appendix XI)

3.11: USDPT Examination Performance Policy
Any test or assignment score less than 80%, at the discretion of the instructor; will require a remedial assignment given to the physical therapist student by the instructor to make sure they
have a good understanding of the content covered from the assessment. The original grade will not be changed. The physical therapist student will receive no points for the exam until the remedial assignment is completed.

3.11.1: Procedures for Taking Exams
1. Physical therapist student’s belongings are secured in the front of the testing room or their locker. Students of Physical Therapy cannot bring any personal belongings except a pen or pencil, or laptop if exam is administered on-line.
2. Physical therapist students will receive numbers as they enter into the testing area to indicate where to sit for testing.
3. Exams will be administered in sections to account for scheduled breaks of 2 hour increments.
4. Physical therapist students will not be permitted unscheduled breaks while taking the exam.
5. Faculty will utilize the D2L lockdown browser if the exam is administered online.
6. Faculty will schedule a larger room when possible (no tiered rooms i.e. 107) for the exam(s), if courses are taught in 103.

3.11.2: Disputing an Exam Question or Assignment Procedure
All physical therapist students will have one week after the distribution of the graded test or assignment to dispute a response or grade. The dispute must be typed out and include the item number or what the physical therapist student is challenging, why the student of Physical Therapy feels their response is correct, and reliable reference(s), with page numbers, supporting the response. If an error was made in the grading (i.e. instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a formal dispute is not necessary, but it must be brought to the instructor’s attention within one week of the distribution of the graded test or assignment. All disputes will be conducted in the instructor’s office outside of class time.

3.11.3: Lab Practical Policy
The practical examination is used to assess the physical therapist student in the cognitive, affective, and psychomotor domains. Practicals, skills checks, and/or retakes may be videotaped to aid in student learning. It is also used to assess patient and practitioner safety practices prior to treating patients in a clinical setting. Individual students of Physical Therapy will retake a portion or portions of the 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 physical therapist student will not pass the course until he/she passes each section of the practical examination with a score of at least 80% and no safety concerns. Failure to pass the practical examination three times will result in a failing grade (“D” or “F”) for the course.

3.12: Physical Therapist Student Evaluation/Advising Policy
It is the policy that each physical therapist student meets with their advisor at scheduled times for seven (7) sessions in order to review academic and professional progress and to provide the student of Physical Therapy an opportunity for self-assessment. In special circumstances, physical therapist student evaluations are scheduled with one or more faculty outside of the
regularly scheduled semester evaluation. The *Professional Development Assessment* (May, Kontney, Iglarsh, 2010) and *APTA Code of Ethics, APTA Core Values* (Appendix XII) are used to evaluate professional development of physical therapist students in the Program.

### 3.12.1: General Advisement Expectations

<table>
<thead>
<tr>
<th>Session</th>
<th>Date, Term</th>
<th>Topics</th>
</tr>
</thead>
</table>
| 1       | August, Term 1   | • Expectations of advisement  
• Study skill preparation and working with classmates  
• Preparation for postgraduate life-long success through stress management/coping skills  
• Importance of professional and service opportunities |
| 2       | October, Term 1  | • SMART goal development with action plan (including Professional Development Document review)  
• Examine current stress coping skills  
• Examine wellness strategies for stress reduction  
• Update professional and service record CV |
| 3       | March, Term 2    | • Discuss overcoming obstacles  
• SMART goal development with action plan (including Professional Development Document review)  
• Review stress coping skills  
• Discuss readiness to advance to Clinical Education I  
• Update professional and service record CV |
| 4       | October, Term 4  | • Discuss overcoming obstacles  
• SMART goal development with action plan (including Professional Development Document review)  
• Review stress coping skills  
• Discussion on future job placement/work settings of interest  
• Discussion on lifelong learning  
• Complete on-line *Professional Behaviors Self-Assessment* AND *Professionalism in Physical Therapy: Core Values Self-Assessment*.  
• Update professional and service record CV |
| 5       | March, Term 5    | • Discuss overcoming obstacles  
• SMART goal development with action plan (including Professional Development Document review)  
• Review stress coping skills  
• Discussion on future job placement/work settings of interest  
• Discussion on lifelong learning  
• Discuss readiness to advance to Clinical Education II  
• Update professional and service record CV |
| 6       | October, Term 7  | (Virtual Meeting)  
• Discuss Professional Development Plan  
• Review Resume  
• Complete on-line *Professional Behaviors Self-Assessment* AND *Professionalism in Physical Therapy: Core Values Self-Assessment* |
| 7       | May, Term 8      | • Focus group discussion with all advisees  
• Verify all forms submitted for advisement documentation  
• Plan for continued leadership development |
3.13: USD Policies on Communication

The University assigned email address and myUSD Portal announcements are considered official forms of communication at the University of South Dakota. The student communications policy ensures that all students have access to University-related information in a timely manner. Time critical information will be disseminated via the USDPT or Lee Medical Listserv. Therefore, it is important that you read your emails thoroughly and in a timely manner. A PT Student Telephone Tree will be established by the class presidents and utilized in emergencies, for example, if weather or other another emergency warrants the postponement of classes. The University of South Dakota rarely cancels a class. However, if weather poses extreme driving conditions, it is advisable that students stay home. For statewide road conditions dial 511 or go to http://safetravelusa.com/sd to check on road conditions. The Telephone Tree can be utilized if a class needs to be rescheduled due to a faculty emergency, as well.

<table>
<thead>
<tr>
<th>myUSD Portal Examples</th>
<th>Email Examples</th>
<th>Telephone Tree Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announcements (e.g. myUSD Portal to Change, Registration messages, Technology Alerts)</td>
<td>Events which may have an impact on the entire student body.</td>
<td>Professor Smith cannot make it to the 8am class due to inclement weather.</td>
</tr>
<tr>
<td>University Events</td>
<td>Events which may impact usage of Lee Medical Building</td>
<td></td>
</tr>
<tr>
<td>myProfile</td>
<td>Alerts from Financial Aid concerning deadlines</td>
<td></td>
</tr>
</tbody>
</table>

3.13.1: Professional Netiquette

Students of Physical Therapy utilizing the USD server for their email must follow certain rules for use: the use of the university exchange account is for dissemination of information related to the education experience. At no time should this system be utilized for exchange of jokes or personal conversations. To avoid losing your USD email account, the individual physical therapist student is encouraged to obtain their own personal email or internet account through private vendors. However, all information being transmitted by USD faculty and staff will occur on USD accounts – not through private vendors.

Moreover, it is expected that all email communication on USD email be respectful and carefully written in the manner of business communication (i.e. a subject heading, salutation, body and signature block), with no grammatical errors, abbreviations, emoticons or use of all capital letters.

3.13.2: Social Media

Social media are internet-based applications which support and promote the exchange of user-developed content. Some current examples include Facebook®, Wikipedia®, 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 medical community, including employees, faculty, volunteers, and physical therapist students. All physical therapist students have responsibility to
the institution regardless of where or when they post something that may reflect poorly on the University of South Dakota Physical Therapy Program or on the physical therapy community.

The University of South Dakota Physical Therapy Program is committed to supporting the right to interact knowledgeably and socially; however these electronic interactions have a potential impact on patients, colleagues, and future employers’ opinions of you. The principal aim of this Guideline is to identify responsibilities to the University of South Dakota Physical Therapy Program in relation to social media and to help the physical therapist student represent themselves and the University of South Dakota Physical Therapy Program in a responsible and professional manner.

3.13.3: USD Guidelines on Electronic Information
The following Guideline outlines appropriate standards of conduct related to all electronic information (text, image or auditory) that is created or posted externally on social media sites by physical therapist students while enrolled within the University of South Dakota Physical Therapy Program. Examples include, but are not limited to: text messages, media messaging service (MMS), Twitter®, Facebook®, LinkedIn®, YouTube®, Myspace®, Flickr®, LiveJournal®, 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 physical therapist students are posting to: the University of South Dakota-hosted sites; social media in which one’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 Physical Therapy Program.

3.13.4: Best Practices
Physical therapist students who participate 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 postings may be harmful to others. They may damage relationships, undermine the University of South Dakota Physical Therapy Program’s reputation, discourage teamwork, and negatively impact 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.
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 Physical Therapy 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 Physical Therapy 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 Physical 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 own copyrights and logo brands.

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

10. Seek Expert Guidance. Consult with the Physical Therapy Program 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 you are contacted by a member of the media about a University of South Dakota-related blog posting or Program information of any kind, contact the Physical Therapy Program Chair before disclosing information to the media.

Failure to abide the aforementioned best practices will be considered a breach of appropriate professional behavior and can result in referral to the USDPT Student Conduct and Progress Committee and subsequent disciplinary action.

3.13.4.1: Case Examples
The following are fictional use-case examples of social media and blogging activities and an explanation of their appropriateness as per the University of South Dakota Physical Therapy Program Social Media Guideline:

1. A patient attempts to “friend” medical provider or physical therapist student on Facebook. This is almost 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 physical therapist student blog and discloses protected health information with the expectation that the University of South Dakota PT Program faculty or physical therapist student will continue the discussion. Any health-related discussions by email with patients require a written consent. Similarly, social media discussion with a patient should not directly address health concerns of individual patients (Best Practice 3).

3. A physical therapist student “tweets” that he just finished evaluating a patient and describes the clinical findings of that patient. 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 physical therapist 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. A physical therapist student writes in her blog, naming a clinical instructor who did minimal teaching and recommending that other students of Physical Therapy not select the clinical affiliation. Legitimate critique of an educational activity is appropriate, so long as professionalism is maintained. There are more effective and less public mechanisms for relaying this type of information (Best Practices 1, 2).

5. A physical therapist student posts to his “wall” on Facebook® that half of the class was sleeping during Dr. X’s lecture on Pharmacology. This is very similar to the use case above (Best Practices 1, 2).

6. A student of Physical Therapy on a pediatric rehabilitation affiliation (on her Facebook® wall) posts 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 physical therapist 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 institution and the University of South Dakota PT Program and is clearly unprofessional. There are legitimate and confidential mechanisms for improving quality (Best Practices 1, 2).

8. A physical therapist student wearing a University of South Dakota PT Program t-shirt is tagged in a photo taken at a local bar and posted on a friend’s Facebook® page. The physical therapist student is clearly inebriated. The two issues are that: (1) the University of South Dakota PT Program logo identifies the affiliation to the institution; and (2) the unprofessional behavior of the physical therapist student is available for all to see, including future employers and patients. Although the physical therapist student did not post the photo the student of Physical Therapy should do everything possible to have the photo removed and should immediately remove the tagging link to the student’s own Facebook® page (Best Practices 2, 4).

9. A physical therapist student blogs that her team-mate wears too much cologne, has terrible taste in clothes, and takes a long time to complete tests. This is an inappropriate forum and set of comments and demonstrates unprofessional behavior. There are legitimate and confidential mechanisms for addressing valid concerns in the classroom (Best Practices 1, 2).

10. A physical therapist student creates a social media website to discuss musculoskeletal physical therapy knowledge (e.g., "Orthopedic Physical Therapy Special Interest Group" on Facebook®). This is a learning community environment, in which medical 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 patient (Best Practices 1, 3, 6, 7).
11. A relative of a student at SDSU was attempting to look up some information on Facebook® about her granddaughter who is planning to go to school at USD and came across a posting by a USDPT student that discussed the grandmother’s recent surgery and rehabilitation in such detail that she was seeking counsel about her rights as a patient at the facility where she had her surgery, because she remembers signing papers about her rights (Best Practice 3).

4.0: Student Services, Rights, and Resources

4.1: Student and Academic Services

4.1.1: 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 or 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 physical therapist 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 physical 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 Physical 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.

4.1.2: 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 aid, and scholarship information. The office provides financial application forms as well as entrance and exit loan counseling. Advisors are available for financial aid questions.

4.1.3: 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.

4.1.4: Psychological Services Center
Old South Dakota Union #112
605-677-5354
800-765-3382 (after hours to reach Lewis & Clark Behavioral Health Services)

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.
**4.1.5: 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.

**4.1.6: 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.

**4.1.7: 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.

**4.1.8: 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.
4.1.9: 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.

4.1.10: 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
4.1.11: 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.

4.2: Equal Opportunity/Discrimination/Sexual Harassment

The University of South Dakota is firmly committed to protecting its faculty and students from all forms of harassment and discrimination. To ensure an atmosphere conducive to productive employment and life-long learning, USD has implemented extensive policies and procedures to prevent and halt sexual harassment. The Department of Physical Therapy strongly reinforces and supports these University policies. Students of Physical Therapy will not be discriminated against based on race, creed, religion, national origin, ancestry, citizenship, gender, sexual orientation, age, or disability nor will physical therapist student discriminate against patients for any of the same reasons. Information regarding these policies is found on the USD Equal Opportunity website.

In the event that a physical therapist student feels he/she is a victim of a sexual harassment offense, the Department strongly encourages the individual to tell an appropriate person about the incident. It is important to tell someone in order to prevent further incidents to the victim or other students. Please inform the Department Chairperson or any faculty member so that appropriate action may be taken. In all instances, it is recommended that the physical therapist student be taken out of the hostile environment. Any such violation will not be tolerated. Students of Physical Therapy will be referred for counseling and/or further legal counsel.

4.2.1: 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. Email: Khara.Iverson@usd.edu.

Admission decisions are made without regard to disabilities. All prospective physical therapist 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 physical therapist 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. EMail: 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. Ms. Ambur can be reached at Room 209, Slagle Hall, Phone: 605-677-5661.

To view the policies applicable to discrimination and harassment, please refer to The South Dakota Board of Regents Policy Manual.

Number 1:23: Employee-Employee and Faculty-Student Consensual Relationships (https://sdbor.edu/policy/documents/1-23.pdf)

4.2.2: Violations of Civil Rights Statutes
In those instances where informal resolution has not been successful and where the appeal involved allegations or actions or motives which arguably are illegal under applicable civil rights statutes (for example, racial or religious prejudice, sexual harassment, etc.), the formal appeal shall be made to the Director of Equal Opportunity pursuant to the Board of Regents Human Rights Complaint Procedures and applicable USD policy. In all cases, the student shall appeal as set forth herein.

4.2.3: Guidelines for the Awareness and Prevention of Acts of Cultural Insensitivity and Bullying
One of the responsibilities and expectations of University of South Dakota students is that they will participate in the creation of a positive climate at USD that welcomes, comforts, and is inclusive of all students in the Residence Halls, classrooms, student organizations, and other parts of the University. Two critical issues that lead to a negative climate for and experience of diverse students are cultural acts of insensitivity and “bullying.” Making fun of or degrading individuals and the groups to which they belong is considered an act of cultural insensitivity. Bullying is defined as unwanted, aggressive behavior that is repeated, or has the potential to be repeated, over time. Bullying is repeated, deliberate, and disrespectful behavior that has the intent of hurting someone else. Teasing, making fun of, laughing at, or harassment someone over time is bullying. Bullying hurts, creates a negative climate, and can disrupt another student’s ability to function, sleep, concentrate, and to be academically successful.
4.2.4: Harassment Including Sexual Harassment
Title IX of the Education Amendments of 1972, prohibits discrimination on the basis of sex in education programs or activities operated by recipients of Federal financial assistance. Sexual harassment of students, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX.

Sexual harassment is unwelcome conduct of a sexual nature. It includes unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. Sexual violence is a form of sexual harassment prohibited by Title IX.

Title IX of the Education Amendments of 1972 is a federal civil rights law that prohibits discrimination on the basis of sex in federally funded education programs and activities. Sexual discrimination includes sexual violence and gender-based harassment. Title IX protects both female and male students, faculty, and staff from sexual harassment. Universities receiving any federal financial assistance must comply with Title IX. For compliance with Title IX and to ensure that students understand their rights under Title IX, physical therapist students will be provided training regarding Title IX and sexual violence. Sexual harassment complaints by students are directed to Dr. Kim Grieve, VP of Student Services.

South Dakota Board of Regents Policy 1:17, Harassment including Sexual Harassment
South Dakota Board of Regents Policy 1:17.1, Prevention of Dating Violence, Domestic Violence, Sexual Assault and Stalking

A Statement from the President of the University of South Dakota,
"Any form of harassment or discrimination hinders the learning process and disrupts the work environment. The University of South Dakota seeks to prevent harassment and discrimination through education and open dialogue, and where harassment and discrimination exists, to thoroughly investigate all claims."
James W. Abbott
USD President

4.2.5: Inclusive Excellence/ Diversity Statement
The School of Health Sciences and Department of Physical Therapy endorse the following statement: “The University of South Dakota strives to foster a globally inclusive learning environment where opportunities are provided for diversity to be recognized and respected.”

School of Health Sciences Diversity Statement:
“The University of South Dakota, School of Health Sciences is committed to an environment of inclusiveness in classroom and clinical settings that honors the richness of diverse perspectives and inter-professional practice through valuing diverse traditions, heritages, and experiences.”

4.3: Confidentiality of Physical Therapist Student Information
The University of South Dakota recognizes the importance of confidentiality of physical therapist student information and is in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and Health Information Protection Act (HIPAA).
4.3.1: Privacy Rights - FERPA

The Family Educational Rights and Privacy Act (FERPA) affords physical therapist students certain rights with respect to their education records. These rights include:

1. The right to inspect and review the student's education records within 45 days of the day the University receives a request for access.
   A physical therapist student should submit to the registrar, dean, head of the academic department, or other appropriate official, a written request that identifies the record(s) the physical therapist student wishes to inspect. The University official will make arrangements for access and notify the physical therapist student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the physical therapist student of the correct official to whom the request should be addressed.

2. The right to request the amendment of the physical therapist student’s education records that the physical therapist student believes is inaccurate, misleading, or otherwise in violation of the physical therapist student’s privacy rights under FERPA.
   A student of Physical Therapy who wishes to ask the University to amend a record should write the University official responsible for the record, clearly identify the part of the record the physical therapist student wants changed, and specify why it should be changed. If the University decides not to amend the record as requested, the University will notify the physical therapist student in writing of the decision and the physical therapist student’s right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student of Physical Therapy when notified of the right to a hearing.

3. The right to provide written consent before the University discloses personally identifiable information from the physical therapist student's education records, except to the extent that FERPA authorizes disclosure without consent.
   The University discloses education records without a physical therapist student’s prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted as its agent to provide a service instead of using University employees or officials (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.
   A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities for the University.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:
The forms for physical therapist student to request to inspect/release education records are in Appendix XIII. The form for permission to use a physical therapist student’s work for display or example is in Appendix XIV. The complete student records policy of The University of South Dakota is available at http://www.usd.edu/registrar/ferpa.

Be respectful of privacy in faculty offices, as faculty may have private and confidential materials on their desks or viewed from a computer screen. Students of Physical Therapy are expected to knock at the door before entering and never enter an office that is not occupied by a faculty member. Messages or materials should be left with the staff at the main office to put in the faculty mailbox. At no time are physical therapist students allowed in the workroom where faculty mailboxes are located.

4.4: Office of Student Rights & Responsibilities (SRR)

The Office of Student Rights and Responsibilities is charged with ensuring that the individual rights of students are upheld throughout the university community, while common standards for personal behavior are evidenced by all who enjoy USD affiliation. In addition to administering due process and adjudicating allegation of misconduct, SRR can assist with procedural questions related to SDBOR policy 3:4, the Student Code of Conduct, such as the referral process and resolution options, as well as in identifying available resources to support student success.

- SRR is committed to fostering an environment of engaged citizenship for students among all USD community members.
- Accordingly, reasoned and civil discourse, integrity and intellectual honesty, and the recognition of the rights of all are encouraged.
- SRR aids in cultivating a campus-wide ethic of accountability through its conduct processes.

Statement of Integrity: We are committed to honesty, fairness, trust, respect, and taking responsibility for our actions. These values are vital to our academic community. As students, faculty, and staff of the University of South Dakota, we make firm our commitment to integrity in word, work, and conduct. We agree to represent all work honestly, to abide by the profession and ethical standards of each discipline, and to insist upon the same commitment from all members of our academic community.

4.5: USD Computer Technology

Email: helpdesk@usd.edu
Online Request: https://apps.usd.edu/helpdesk/requests/app/index.cfm
The Help Desk is staffed with full time technicians who will gladly take time to assist you with your technology needs. Students will find answers to our most commonly asked questions,
4.5.1: Appropriate Use Policy
All members of the USD community must use University computing and information resources responsibly, respecting the rights of other users and the integrity of application data and systems. Use of information and technology resources at the University is governed by University and South Dakota Board of Regents (SDBOR) policy, as well as state and federal statutes. The SD Board of Regents Policy 7:1, Acceptable Use of Information Technology Systems applies to all use of University computing resources and defines user responsibilities.

4.5.2: USD Account Access
A USD account is required to access the following technology resources: myUSD Portal, computer labs & printing, connecting your personal computer, online library resources, and personal web space. The technology website will provide you with information to activate your USD account, providing password guidelines and a link to activate your account.

It is a privilege to use the BoR Technology in the classrooms. Users are to act responsibly and observe all relevant laws, regulations, and obligations associated with the software licensing agreements and respect for other users. Please refer to: http://www.usd.edu/technology.

4.6: Consent to Participate as Patient Simulator
Numerous courses within the Physical Therapy Plan of Study require the physical therapist students to play the role of patient simulator, either in the classroom or as part of skills check or practical exam. The consent to participate (Appendix XIV) is to be signed by the physical therapist student at the beginning of the academic didactic years.

4.7: Sanford Coyote Sports Center Building Information

4.7.1: 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 PT Main Office (pt@usd.edu). Rooms will not be reserved for individual study or group study sessions.

4.7.2: 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 pt@usd.edu on these messages. The
Custodial Staff will attend to the spill/mess as quickly as possible. Please notify pt@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 a USD building, 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 pt@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.

4.7.3: Card Access Policy
Your student ID/access card will provide entrance into the SCSC through the south building entrance and the northern most bank of doors on the east side of the building (access to this door may be limited due to event scheduling). If your access card has been lost or broken, immediately contact coyoteid@usd.edu and cc pt@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.

4.7.4: 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

4.7.5: Emergency Evacuation Policy

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

1. Upon activation of the fire alarm, all persons within the SCSC will immediately begin exiting the building through the nearest available exit route.
   a) Elevators should NOT be used during an evacuation event unless necessary for the evacuation of a disabled/handicapped person.
   b) 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.
   c) 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.

2. 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

3. 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.
4.7.6: 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 physical therapist student Google calendar.

4.7.7: Technology in the SCSC
The Sanford Coyote Sports Center is wireless. Students of Physical Therapy 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 311A and 351 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.

4.7.8: 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.

4.7.9: Parking at the SCSC
All physical therapist 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.

4.8: Lee Medical and Science Building Information

4.8.1: Access to Learning Spaces after Class Time
Learning spaces such as the atrium for individual studying 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 Wendy Pederson (Wendy.Pederson@usd.edu). Rooms will not be reserved for individual study or group study sessions.

4.8.2: 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.
4.8.3: 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. Ms. Stewart is knowledgeable into where holes can be punched into these cards without compromising their performance. There will be a $6 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.

4.8.4: 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.

4.8.5: 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 and faculty offices located on the west side of the building on both the second and third floors that overlook the parking lot, rooms 203 and 220. 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.
4.8.6: General Safety Guidelines
Physical therapist students are to be aware of USD General Safety Guidelines, such as Active Shooter, Bomb Threat, Fire, Tornado, disposing of Hazardous Materials, disposing of Sharps and hazardous glass (Appendix XV).

4.8.7: Listserv 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 listserv can send to the listserv. If you have an email that you wish directed to faculty and staff, please forward your email to Steve Waller (Steve.Waller@usd.edu), or Tamara Olson (Tamara.Olson@usd.edu). They will review your request and, when appropriate, forward to the appropriate faculty and staff listservs.

4.8.8: 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.

4.8.9: 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 "myUSD 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 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.

4.8.10: 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.

4.9: Smoke-Free Campus Policy
The University of South Dakota has an obligation to its employees, its students and the public to take action known to protect peoples’ health. Smoking by employees, students or visitors compromises the responsibility of USD to provide a safe and healthy place to conduct business. Smoking is not permitted on the campus of the University of South Dakota. Signs stating the policy are posted across campus. Student violations of this policy will be reported to the Office of the Dean of Students.

4.10: Physical Therapist Student Use of State Vehicles
University vehicles are available for students of Physical Therapy when traveling to/from an observation/educational experience site (sites outside the university campus) in the following situations:

- When the entire class is scheduled to attend a site/facility
- When a faculty member is traveling with physical therapist students for the assigned experience

A Student Driver Application must be completed and the USD Student Driver Policy (Appendix XVI) must be followed.

4.10.1: Procedure for Accessing a University Vehicle
1. Students of Physical Therapy 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 PT 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 PT Program Assistant.
3. Students of Physical Therapy must complete and submit all required paperwork to the PT 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; physical therapist students may not shop on the way home.

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

Understand that state vehicles are never to be parked at a residence for any reason. All individuals should arrive at the designated vehicle pick-up area or arrange to be picked up in a state parking lot. In addition, state vehicles should not be left in a USD parking lot over a weekend.

4.10.2: 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.

4.10.3: 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 PT 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 605-773-3509 (24 hrs./day).

4.10.4: 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.

4.11: Occupational Exposure Policy

Students of Physical Therapy are responsible for being familiar with the policies and practices to protect themselves and each other while in didactic training and with the facility at which they are training. Prevention of acquisition of an infectious disease by the physical therapist student from the patient or the environment and prevention of transmission of an infectious disease from student to student or student to patient (or patient to patient via the physical therapist student) involve safety techniques, such as hand hygiene and wiping off equipment, as well as standard precautions (Appendix XVII).

4.11.1: Report of Accident, Incident, or Unsafe Condition
Safety precautions and practices must be followed by all faculty, physical therapist students, and staff members. In the event of an accident or incident that happens as a part of didactic coursework or lab activities, physical therapist students are responsible for completing the Report of Accident, Incident, or Unsafe Condition found in Appendix XVIII.
4.12: General Information

4.12.1: Advisors
Each member of the Physical Therapy faculty may serve in the capacity of advisor. During the first semester, each physical therapist student will be assigned a permanent advisor.

A temporary advisor, usually the Admissions Committee Chair, is assigned to each physical therapist student at the time of admission. This faculty member will serve as the physical therapist student’s advisor for the first registration or until a permanent advisor is assigned by the department. The student of Physical Therapy is required to meet with the advisor according to schedule.

4.12.2: Books and Supplies
All books and supplies required for physical therapy courses will be available at the USD Barnes & Noble Bookstore. All textbooks can be looked up and also purchased online. This is where you will find your required textbooks each semester. Students of Physical Therapy are expected to keep these books and supplies throughout the program since they will be used in multiple courses. Students of Physical Therapy can also find required books on the web through various sites. Lab manuals produced by the faculty for physical therapy courses will be available at the USD bookstore for a fee.

4.12.3: Tuition and Fees
Physical therapist students enrolled in the Physical Therapy course of study are required to provide payment of tuition and fees to the University in a timely manner. Students of Physical Therapy who are in arrears with tuition payment may not continue enrollment and attendance in the classes. Tuition and fees are assessed according to the policies of the Board of Regents. These fees may be subject to change without prior notice.

4.12.4: Health and Liability Insurance
4.12.4.1: Health Affairs Student 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 through 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 (ie. Life, disability, and malpractice) are 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 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
- Wellmark Bluecross/Blueshield plans

4.12.4.2: Liability Insurance

All students enrolled in the Physical Therapy Program are required to purchase liability insurance prior to any clinical education experience. The Physical Therapy Department will secure the insurance policy. Physical therapist students will be assessed a fee reflected in the tuition statement. They are expected to pay for the premium at the time of registration.

4.12.5: Financial Aid

Questions regarding financial aid should be directed to Lindsay Miller, our contact person at the USD Financial Aid Office. The Financial Aid Office is located in second floor of the Belbas Center and may be contacted at 605-677-5446 or visit http://www.usd.edu/financial-aid/.

4.12.6: Libraries

The University Libraries is located on campus. Their telephone number is 677-5373. The Wegner Library, in the Health Sciences Center in Sioux Falls, is available for use by the physical therapist students. The telephone number for Wegner Library is (800) 521-2987. Study areas are able to be reserved at the Wegner Library and ID Weeks Library (201G) for graduate students.

4.12.7: Research and Publication Guidelines

The Human Subjects Review Board at the University of South Dakota and any participating agency must review any research involving human subjects. Physical therapist students are required to successfully complete a CITI training and obtain informed consent from any individual(s) (or their guardian), including fellow classmates, before participating as subjects in research.

Students of Physical Therapy are encouraged to disseminate and publish their original contributions to research. The publication policy (Appendix XIX) represents an agreement between the faculty and the physical therapist students regarding proprietorship of the research product.

The faculty and physical therapist students agree that a student of Physical Therapy has two years within which to complete the process for dissemination of information in a scholarly manner. After the two-year time, if no scholarship has been produced in the form of abstracts, papers, or presentations, the contributing faculty member is free to pursue dissemination of research information. The physical therapist student will be notified in writing of the faculty
member’s intent and the faculty will be obligated to include the student of Physical Therapy as a contributing investigator in the research product.

4.12.8: Pictures
Students of Physical Therapy will be required to have their pictures taken for their USDPT name badge. A class composite will be distributed within the Sanford School of Medicine, School of Health Sciences, and to all the clinical education sites associated with the Department of Physical Therapy.

4.12.9: Copying
Physical therapist students may use the copiers located on campus. The Department copier is not available for physical therapist student use.

4.12.10: Parking
Students of Physical Therapy may choose to purchase a parking permit for use in USD campus parking lots (School of Medicine, Sanford Coyote Sports Center, libraries, etc.). Permits can be purchased through the Business Office or online.

4.12.11: Classroom Cleaning
Upon completion of each laboratory session and similar in the clinic, the physical therapist 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 physical therapist students’ responsibility to inform the office staff when cleaning supplies are running low.

4.12.12: 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.

4.12.13: Laundry Policy
All students of Physical Therapy have the responsibility for keeping the laundry cabinet stocked and the linens cleaned. There will be a group of 3-4 physical therapist students assigned each week to monitor the laundry usage in the USDPT classrooms. The class presidents will be responsible for creating a schedule to be hung on the wall above the laundry rack in SCSC 311A and 351. While the front office staff will contact our vendor to do the actual washing/drying of the linens, the assigned physical therapist 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.

4.12.14: **Clinical Education Experiences**
The physical therapist students enrolled in the physical therapy curriculum participate in clinical education experiences that occur as part of the didactic classwork and are referred to as integrated clinical education experiences. They also participate in a minimum of five full-time clinical education courses during the three-year curriculum. Prior to going on their first clinical education experience the physical therapist students will have access to the *USD Physical Therapy Clinical Education Handbook* on the myUSD Portal. The physical therapist students will have the opportunity to review the student handbook with the Director of Clinical Education.

4.12.14.1: **Criminal Background Checks**
Students enrolled in the physical therapy program complete an initial background check at the time of admission. Throughout the program, physical therapist students are required to complete a criminal background check update annually in May. Students of Physical Therapy will be contacted by the main office and provided the deadline and link/information necessary to meet this requirement. The cost of the update is the physical therapist student’s responsibility. Failure to meet annual deadlines for completion may delay Clinical Education experiences and/or graduation.

4.12.15: **Time Limit to Complete DPT**
The entire work for the DPT must be completed within three years of beginning the program unless an exception is granted by the department chairperson and approved by the Dean of the Graduate School.

4.12.16: **Admission to Candidacy**
Admission to the Graduate School is not the equivalent of acceptance as a candidate for an advanced degree. Approval of the program of study by the Graduate Dean and full admission to the degree program constitutes admission to candidacy. Failure to file a program of study at the appropriate time may delay graduation. A student must be fully admitted prior to the academic term in which he or she plans to graduate.

4.12.17: **Application for Degree**
Application for degree must be made no later than the first week of the session in which the physical therapist student expects to complete degree requirements. This form is available in the Graduate School Office. Failure to file an application for degree at the appropriate time may delay graduation. The Physical Therapy department will assist with this detail in March of the year of graduation.

4.12.18: **Change of Status**
Students of Physical Therapy admitted on provisional status must be formally admitted to full candidacy status prior to the academic term in which they apply for graduation. The form for requesting this change is available in the Graduate School Office.
4.12.19: Employment
It is the policy of the Department of Physical Therapy that physical therapist students are not eligible for USD graduate assistantships, due to the very high credit load per semester. Additionally, outside employment is discouraged. Due to the rigorous curriculum and demanding schedule, it will be very difficult to maintain employment and meet the academic standards of the program.

4.12.20: Student Participation in University and Department Evaluation
The students of Physical Therapy will be asked to assist in program evaluation through a variety of mechanisms including completion of course and instructor evaluation, scheduled advisement sessions, and physical therapist student participation in departmental committees. It is encouraged that physical therapist student feedback to the program, course instructors, clinical instructors, and administrators be constructive in nature. Whenever possible the student of Physical Therapy should provide an example of desired change or expected outcome based on the feedback being provided. It is a program requirement that each student of Physical Therapy complete each of the program assessment and evaluation measures requested.

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

4.12.21: Faculty Office Hours
Each faculty will post office hours (in-office and email) specific to their schedule. Students of Physical Therapy are expected to schedule face-to-face appointments within the set office hours. If a physical therapist student requires a meeting time different than the scheduled office hours, the faculty member will make every attempt to accommodate the needs of the physical therapist student. However, the physical therapist student must be mindful of faculty workload and other responsibilities. Please adhere to faculty office hours or utilize email.

4.12.22: Staff Office Hours
Staff members have established set office hours where they will typically be available for physical therapist 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 PT 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

4.12.23: Emergency Contact Information
It is important for the Department of Physical Therapy and the University of South Dakota to have your current address, telephone number, email address, and name on file. The PT Department and USD will not be responsible if they are unable to reach you due to inaccurate
contact information. You will complete an Emergency Contact Information card during Orientation week and it is your obligation to keep the information current.

4.13: Physical Therapist Student Membership in Professional Organizations

4.13.1: Membership
Annual membership dues for physical therapist student are $105.00 ($80.00 for national dues and $25.00 for South Dakota state dues), section membership are variable in cost.

4.13.1.1: Member Benefits
1. Physical Therapy: Journal of the American Physical Therapy Association
2. PT in Motion
3. Student Assembly Pulse
4. Podcasts
5. Evidence Based Research and Resources
6. Red Hot Job listings
7. Guide to Physical Therapist Practice
8. Scholarship, award and grant opportunities
9. Quality continued education
10. Reduced registration at national conferences and continuing education opportunities
11. Advocate for the Profession of Physical Therapy Nationally
12. Networking with practicing clinicians
13. E-newsletters on physical therapy issues at the state and national level
14. Access to member-only information on the APTA and SDPTA website(s)
15. Opportunity to serve on national and state committees
16. Opportunities for professional growth and leadership

4.13.1.2: Get Involved – Physical Therapist Student Opportunities
1. Write for the Student Assembly Pulse
2. Attend National Student Conclave (NSC)
3. Be active in your state chapter or section
4. Volunteer for a conference
5. Serve as a core ambassador
6. Run for a Student Assembly Board position

Access to the APTA expands your educational resources, provides evidence based practice research resources, resources for career opportunities, and numerous publications. Additionally, as a physical therapist student member you will receive a 50% discount after graduation on the first year of national and chapter dues AND a complimentary registration to your first NEXT conference after graduation.

4.13.2.1: Mission Statement
The mission of the American Physical Therapy Association (APTA), the principal membership organization representing and promoting the profession of physical therapy, is to further the
profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public.

4.13.2.2: APTA Student Mission
To support you as you train for a career in physical therapy, emphasizing the value of continuous APTA membership.


4.13.3.1: South Dakota Physical Therapy Association Mission
The mission of the South Dakota Physical Therapy Association (SDAPTA), the principal membership organization representing and promoting the profession of Physical Therapy in South Dakota, is to meet the needs and interest of its members, further the profession's role in the prevention, diagnosis and treatment of movement dysfunction, and enhance the physical health and functional abilities of members of the public.

4.14: Responsibilities of USDPT Elected Class Offices

4.14.1: USDPT Class Position Descriptions

4.14.1.1: Class Officers
President:
1. Spokesperson for class and presides over meetings
2. Maintains communications with other officers and committee members
3. Assists faculty with new student orientation program
Vice President:
1. Assists President with managerial and organizational activities
2. Coordinates leadership activities such as health fairs, community and service learning activities (working with Faculty Co-Chairs of Student Leadership and Engagement [Dr. Tao/Dr. Adamson])
3. Organizes student SDPTA and APTA events
4. Assists with public relations on and off campus
5. Oversees department cleaning, recycling of paper, plastic and aluminum.
Treasurer:
1. Keep track of the class financials including dues and fees
2. Leads fundraising events
3. Communicates money collection and distribution with Marcia Harnois
4. Contact people: Class president, Marcia Harnois
Student Liaisons: (2 reps)
1. Attend monthly faculty meetings and relay information to class (usually at 11am)
2. Communicate class-related topics with faculty
APTA Liaison: (1 rep)
1. Maintain and communicate current knowledge of APTA events and issues
2. Shadow the APTA Core Ambassador
4.14.1.2: Class Representatives

IHI (Institute for Healthcare Improvement) Committee: (2 reps)
1. Attend monthly IHI meetings
2. Coordinate events related to IHI such as interprofessional education activities
3. Report to IHI President

Pre-PT Club: (2 reps)
1. Serve as a contact for Pre-PT club
2. Attend at least one pre-PT meeting to provide information about the profession, USD PT and the application process
3. Assist with recruitment events as needed (Dr. Jordre-Admissions Chair)

Health Affairs Diversity Committee:
1. Attend HAD meetings every first Monday of the month
2. Coordinate HAD events
3. Chair: Dr. Yutrzenka

Social committee: (2 reps)
1. Coordinate social events such as parties and potlucks
2. Encourage participation in all leadership and fundraising activities
3. Assist in social event at orientation of incoming PT class
4. Take photos throughout program to include in a graduation presentation

4.14.1.3: USDSPTA

President / Vice President:
PT2 (president):
1. Coordinates and leads USDSPTA monthly meetings
2. Coordinates and leads USDSPTA events such as fundraising
3. Coordinates and leads Leadership Fund Committee meetings
4. Distributes meeting agendas to USDSPTA officers and faculty advisors prior to meeting

PT1 (vice president):
1. Assist President in USDSPTA monthly meetings
2. Assist President with USDSPTA events
3. Assist President with Leadership Fund Committee
4. Will shadow president and take on role of President in 2nd year in office

Secretary / Treasurer:
PT1 (secretary):
1. Maintains record of members
2. Records meeting minutes
   a. Saved to USDSPTA shared drive
   b. Emailed to USDSPTA officers and faculty advisors
3. Records contacts for events as needed
   a. Saved to USDSPTA shared drive
4. Records attendance at leadership and fundraising events
   a. Saved to USDSPTA shared drive

PT2 (treasurer):
1. Manage and organize USDSPTA leadership funds
2. Collects member dues
3. Communicates with Marcia Harnois
4. Serves on Leadership Fund Committee
5. Assists with USDSPTA fundraising events

4.15: Scholarship and Traineeship Opportunities Available

4.15.1: The Betty Donohoe Memorial Scholarship
Purpose: The Betty Donohoe Memorial Scholarship is in remembrance of Betty for her exceptional giving and self-less spirit that she exemplified.
Eligibility: The individual must demonstrate in the clinic and the classroom the willingness to go above and beyond that which is expected of them in regards to patient care, as Betty was so often willing to do for the Physical Therapist students
Selection Criteria:
1. Puts other before him/herself
2. Always kind and helpful
3. Pleasant and smiling in the face of adversity
Application and Selection Process:
1. The USDPT Awards/Scholarship Committee chair accepts nominations from physical therapy faculty and the committee determines the award winner.
Notification Process:
1. Award letter will be sent to student upon selection notifying them of the scholarship and award by USD Foundation.
Award Amount: variable (usually around $300-500)

4.15.2: Faithe Family Scholarship
Matthew Faithe was born December 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, MN. 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 was born on Jan. 30, 1921 in West Concord, MN to John and Pearl Emerson. She graduated from West Concord High School and received a B.S. 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, SD, she received her M.D. from Case Western Reserve University in Cleveland, OH, in 1954. She took a rotating internship at Sacred Heart Hospital in Yankton, SD in 1954-55. Margaret practiced general and family medicine in Wakonda, SD, 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 1989-99, 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.

Eligibility: Any physical therapist student who will be a second or third year physical therapist student in the fall of the year, who has not previously received this award, is eligible for consideration.

Selection Criteria:
1. The potential to increase his/her contributions to the profession of physical therapy in South Dakota and the region (match for USDPT mission);
2. Demonstration of professional duty (Faithe’s reputation);
3. Clarity of written communication in 2-3 page essay;
4. Articulate realistic and meaningful future goals that relate to the professional core values (e.g. giving back to the community).

Application and Selection Process:
1. Students will receive the announcement during the spring academic term.
2. Students are required to submit a 2-3 page essay by designated date each year.
3. A sub-committee of three physical therapy faculty/staff members will review the essays, student files and rate the applications.
4. The top applicants from each class will be discussed by the entire physical therapy faculty and the recommendations are made by majority vote.
5. School of Health Sciences Faithe Scholarship Committee will apply final approval.
6. The awardees name will be forwarded to the USD Foundation.

Notification Process:
1. Notification of scholarship recipient(s) will be sent from the Awards and Scholarship Committee to School of Health Science Faithe Scholarship Committee for final approval.
2. A letter of notification will be sent to each sent to each recipient with instructions regarding any thank you letters.
3. USD Foundation office will apply the award to the recipient’s University tuition as appropriate.

Award amount: variable ($8,000-40,000 divided among multiple disciplines)

4.15.3: 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, SD. 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 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 and PT receiving on subsequent even number years. First year PT students will be invited to apply for this scholarship award.

Selection Criteria:
1. Demonstration of high academic achievement.
   a. Overall quality of performance in the first year of the Physical Therapy Program with emphasis on Medical Neuroscience and Intro to Patient/Client Management classes.
   b. Minimum GPA of 3.5 in the Physical Therapy Program courses.
2. Demonstration of leadership.
   a. Demonstration of leadership within and outside the classroom.
3. Demonstration of service.
   a. Summary of service to the community including the 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 Physical Therapy Department 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 Web Advisor) as outlined in the criteria. Students should submit their application in hard copy to the Awards and Scholarship Chair.

Notification Process:
1. A letter of notification will be sent to the scholarship recipient from the Physical Therapy Awards and Scholarship Committee with instruction regarding the thank you letter.
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. The recipient will be expected to attend the Dakota Hospital foundation Community Leadership Dinner usually in May to accept the scholarship.
4. Recipient will write a thank you letter to: Dakota Hospital Foundation, 20 South Plum, Vermillion, SD 57069
5. The scholarship recipient will also be recognized during Physical Therapy Research Day of their third year.

Award amount: variable (usually $400)

**4.15.4: The Alma C. Sneesby Scholarship**

Purpose: The Alma C. Sneesby Scholarship was established in 1997 by Donna Bossman, M.S., PT (USDPT Class of 1995), in honor of her grandmother in the 91st year of her life. It is hoped that the student who receives this award will pursue a career aimed at improving the care and outcomes of physical therapy interventions for the geriatric population.

Eligibility: Awarded to second year physical therapist student in the Geriatrics Physical Therapy course who has the highest academic achievement and interest in pursuing a career in geriatric physical therapy.

Selection Criteria: Highest final grade score in the Geriatric Physical Therapy (PHTH 742) course with interest in geriatrics based on PHTH 742 course directors recommendation
Application and Selection Process: At the end of the semester the course director for PHTH 742 will be approached by the Awards/Scholarship Chair for recommendation of recipient based on selection criteria.

Notification Process: Award letter will be sent to student upon selection notifying them of the scholarship and award by Awards/Scholarship Chair.

Award Amount: variable (usually $100)

4.15.5: The Jeff and Twyla Steinberger Appreciation Scholarship
Purpose: The Jeff and Twyla Steinberger scholarship is given to the incoming first year student(s). Preference is given to candidates who are residents of South Dakota, and have one of the top five grade point averages in the class. An outside committee (the Steinberger’s) determines the award winner and the monetary value of the award based on available funds.

Eligibility: Awarded to the incoming first year student(s) in the Doctoral of Physical Therapy program.

Selection Criteria: Preference is given to candidates who are residents of South Dakota, and have one of the top five grade point averages in the class. Outside selection is made by the Steinbergers.

Application and Selection Process: During the Fall of the incoming first year class, notice will be sent to the Steinbergers of the top 5 students per undergraduate GPA and place of residence along with funds available for scholarship. The Steinbergers will notify PT Department their selection and allocation amount for each student(s).

Notification Process: Award letter will be sent to student upon selection notifying them of the scholarship and award by Awards/Scholarship Chair.

Award Amount: variable (usually between $100-500)

4.15.6: The VanDeMark Scholarship
Purpose: The VanDemark scholarship is provided by Sanford USD Medical Center in honor of Dr. Robert “Guy” VanDemark Sr.

Eligibility: Awarded to second year student of Physical Therapy who has the highest academic achievement in the musculoskeletal course work (PHTH 730, 732, and 740).

Selection Criteria: Highest cumulative grade score in the Musculoskeletal courses (PHTH 730, 732 and 740) courses based on course directors recommendation

Application and Selection Process: At the end of the semester the course directors for PHTH 730, 732 and 740 will be approached by the Awards/Scholarship Chair for recommendation of recipient based on selection criteria if award funds are available from Sanford USD Medical Center.

Notification Process: Award letter will be sent to student upon selection notifying them of the scholarship and award by Awards/Scholarship Chair.

Award Amount: variable (usually around $500)

4.15.7: The Goodcare Services Scholarship
Purpose: The Goodcare scholarship shall provide an award for students accepted and currently enrolled in the Physical or Occupational Therapy program at the University of South Dakota.

Eligibility: The scholarship will be awarded to a PT student annually. Second year PT students are invited to apply for this scholarship in the Spring of their 2nd year.
Selection Criteria: Demonstration of high academic achievement based upon the GPA in PHTH 734, 736, 742, 744, and 748. Must have a minimum overall GPA of 3.5 in the Physical Therapy program coursework. Demonstration of leadership within and outside the classroom. Demonstration of career goals as it relates to neurologic, pediatric, and/or geriatric populations. Must be a South Dakota resident and demonstrate a financial need.

Notification Process: Award letter will be sent to student upon selection notifying them of the scholarship and award by Awards/Scholarship Chair.

Award Amount: $1,000

4.15.8: Graduate Traineeship with the USD Center for Disabilities South Dakota Leadership Education Excellence in Caring for Children with Neurodevelopmental and Related Disorders Program (LEND)

Purpose: The purpose of this one year of specialized training is to prepare professionals for leadership roles in the provision of health and related services to infants, children and adolescents with neurodevelopmental and related disabilities and their families.

Eligibility: Awarded to a second year student of Physical Therapy who has high academic achievement and sustained interest in pursuing a career in pediatric physical therapy. Applicants must be a full time graduate student with "Full" acceptance.

Selection Criteria: Sincere interest in working with children and individuals with disabilities; demonstrated leadership, high academic standing and ability to academically handle additional coursework and responsibilities of the grant, while a full-time physical therapist student.

Application and Selection Process: Applicants must complete an application, with two recommendations (one from the PT Chair), be willing to make a twelve month commitment and fulfill all responsibilities of the traineeship, including completion of 120 hours of interprofessional clinical observation, a pediatric research project, minimum of 8 weeks pediatric clinical education and additional coursework.

Notification Process: The student will be notified by the Center for Disabilities Training Director

Award Amount: The trainee will receive two-thirds tuition reduction and a yearly stipend of $8000 distributed in monthly installments.

For more information contact:
South Dakota LEND Program
Center for Disabilities, Department of Pediatrics
The University of South Dakota School of Medicine & Health Sciences
Phone (605) 357-1439
Email cd@usd.edu
http://www.usd.edu/medicine/center-for-disabilities/lend/lendevelopmental-clinic
Student Attendance

POLICY
Student attendance, participation, and preparation in all courses are mandatory. As in the workplace, you are expected to attend, expected to fully participate and be prepared to provide excellent physical therapy services for your patients.

PROCEDURE
Students must complete a leave slip and submit to the physical therapy secretary with signatures of the course lecturer and their assigned advisor for each day they miss within two academic days of any absence. The leave slips are available in each course syllabus. Failure to complete the leave slip within two academic days will result in a 5% deduction in the overall course grade. A copy of the leave slip is kept in the advisor’s file, similar to the workplace Department of Human Resources.

At the discretion of the course director, points associated with class activities during the absence may not be redeemed. The first absence is without the 5% deduction of overall course grade IF the student submits a leave slip in a timely manner and submits the slip to the secretary with signatures from the course lecturer(s) and the student’s assigned academic advisor. Points associated with class activity (exam, quiz, etc.) for the day may still be lost. Thereafter, the student will have a 5% deduction of the overall course grade (even if leave slip is completed) in addition to the loss of any points associated with class activity. If the student has an extended reason to miss class (e.g. extended illness, hospitalization, surgery, family emergency), the Committee on Student Progress and Conduct may approve the absence, waive the percent deduction and further require additional assignments so that the student can demonstrate acquisition of missed content.

*Students should refer to the clinical education handbook for details regarding the attendance policy for clinical education experiences.

Date created: December 1, 2009
Date effective: January 1, 2010
Date updated: July 6, 2010, June 23, 2016
THE UNIVERSITY OF SOUTH DAKOTA  
DEPARTMENT OF PHYSICAL THERAPY  
REQUEST FOR LEAVE FROM CLASS

NAME: ___________________________  PT 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 A375A when all signatures have been obtained.  
The original will be held in your academic advisement file.
APPENDIX III
APTA Guide for Professional Conduct

Purpose
This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics (Code) of the American Physical Therapy Association (Association), in matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. This Guide is subject to monitoring and timely revision by the Ethics and Judicial Committee of the Association.

Interpreting Ethical Principles
The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They should not be considered inclusive of all situations that could evolve.

Reference to Code of Ethics
In light of the recent amendments to the Code of Ethics, and in lieu of setting forth in the Guide interpretations of the Code of Ethics, the Ethics and Judicial Committee does hereby refer Physical Therapists to the Code of Ethics.

As noted in the Purpose of the Guide set forth above, this Guide is subject to change and the Ethics and Judicial Committee will monitor and timely revise this Guide when necessary and as needed.

Issued by Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended July 2009 (Effective July 1, 2010)
Last Updated: 05/20/10
Contact: ejc@apta.org
Preamble
The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.
**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments.
(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient’s/client’s best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations.
(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
*(Core Value: Social Responsibility)*

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

*Proviso: The Code of Ethics as substituted will take effect July 1, 2010, to allow for education of APTA members and nonmembers.*
APPENDIX IV
1. Introduction
The Board of Regents and its Institutions are committed to creating and maintaining a productive living-and-learning community that fosters the intellectual, personal, cultural, and ethical development of its Students. Self-discipline and respect for the rights and privileges of others are essential to the educational process and to good citizenship.

A. Purpose of the Student Code of Conduct
The purpose of the Student Code is to educate Students about their civic and social responsibilities as members of the Institutional community. The primary focus of the Student conduct process is on educational and corrective outcomes; however, conduct sanctions such as suspension or expulsion from an Institution may be necessary to uphold community standards and to protect the campus community. Extensive, organized, serious, or repeated violations of this Student Code are taken into account when determining conduct sanctions.

B. Standards of Behavior
Attendance at an Institution is optional and voluntary. When Students enroll at an Institution, they voluntarily accept obligations of performance and behavior that are consistent with the Institution’s lawful mission, processes, and functions. In general, these obligations are considered much higher than the obligations imposed by civil and criminal law for all citizens.

By enrolling at an Institution, Students voluntarily accept responsibility for compliance with all Board of Regents and Institutional Policies, including but not limited to this Student Code.

C. Authority of an Institution over its Students and Organizations
1. Student conduct proceedings may be initiated in response to conduct prohibited by the Student Code:
   a. That occurs on Institutional Premises;
   b. That occurs at events officially sponsored by an Institution;
   c. That arises out of membership in the Institutional community; or
   d. That occurs elsewhere and that adversely affects an Institution, any Organizations, members of the Institutional community, or the pursuit of their lawful objectives.
2. Notwithstanding this Student Code, an Institution reserves the right to take necessary and appropriate action to protect the safety and well-being of the campus community. The Institution also reserves the right to extend any deadline contained in this Student Code.

3. For purposes of the Student Code, the default authority over the Student for Student conduct purposes will be determined as follows:
   a. For alleged misconduct that occurs on Institutional Premises, the Institution where the alleged misconduct occurred;
   b. For alleged misconduct that occurs at events officially sponsored by an Institution, the Institution that sponsored the event;
   c. For alleged misconduct that occurs elsewhere and that adversely affects an Institution, the Institution adversely affected;
   d. For alleged instances of Academic Misconduct, the Institution that offered the course;

4. For instances where multiple Institutions have a reasonable claim to authority over the Student for Student conduct purposes, the Senior Student Affairs Officer at the Institutions with a reasonable claim to authority shall determine the appropriate Institution to proceed with the Student conduct process. The decision should consider the location of the alleged incident, Complainant, Respondent, witnesses, and the practicality of conducting the Student conduct process at the different Institutions having a reasonable claim to authority. If the Senior Student Affairs Officers cannot agree, the System Director of Student Affairs will make a final decision.

5. Where Students are also employees, they may be subject to concurrent authority. Student conduct proceedings under this Student Code may be initiated irrespective of any action taken by an Institutional employer. However, when the Student employee has been subject to conduct proceedings as an employee, the findings that resulted from such proceedings will be considered in the Student conduct process as long as the standard used in such proceedings was preponderance of the evidence or higher.

D. Alcohol Amnesty

This section aims to remove the barriers that may prevent any Student from seeking emergency medical attention by providing an opportunity for the Institution to intervene in a caring and non-punitive manner. The goal is to reduce the potential risk of alcohol-related injuries or deaths, and increase the likelihood that Students will seek medical attention in crisis situations.

1. A Student who seeks emergency medical attention (or who has emergency medical attention sought on his/her behalf) for alcohol-related consumption, will not be sanctioned for violating alcohol consumption prohibitions found in the Student Code related to that incident, as long as the Student completes the following requirements:
a. Participates in an initial meeting with the Senior Student Affairs Officer; and
b. Completes all recommendations from the Senior Student Affairs Officer; and
c. Submits proof of completion of all recommendations, within the time frame designated by the Senior Student Affairs Officer at the initial meeting.

2. A bystander Student who has engaged in alcohol consumption and who seeks emergency medical attention for someone else or tries to actively engage in assistance for someone else for that person’s alcohol-related consumption, will not be sanctioned for violating alcohol consumption prohibitions found in the Student Code related to his/her own consumption but will be invited to meet with the Senior Student Affairs Officer.

3. The Institution will not pursue any disciplinary action related to any alcohol or drug consumption against any Student who has been sexually assaulted or sexually harassed, for his/her use of alcohol or drugs at the time of the sexual assault or sexual harassment.

4. Subsections D-1 and D-2 of this section will only apply to a Student who seeks emergency medical attention before police or Institutional employees or agents take any official action or intervention related to the alcohol consumption.

5. Alcohol amnesty does not preclude disciplinary action regarding other violations of the Student Code.

6. Alcohol amnesty only applies to the Institution’s Student conduct process. It does not apply to any criminal, civil or other legal consequence for violations under Federal, State or local law.

7. Alcohol amnesty is not designed to protect or shield those students who repeatedly violate the Student Code. The Senior Student Affairs Officer may assess each situation on a case-by-case basis, denying the safeguards of alcohol amnesty if serious or repeated incidents prompt a higher degree of concern or response, which may include disciplinary action under this Student Code.

E. Relationship Between the Student Conduct Process and the Criminal Law Process

1. The Student conduct process is independent of any criminal or civil process. Therefore, a Student alleged to have engaged in conduct that would be a violation of this Student Code (whether such conduct could also be a violation of criminal or civil law) may face Student disciplinary action regardless of any criminal or civil process or their outcomes.

2. When the alleged misconduct includes allegations of Human Rights Violations, the disciplinary process will not be delayed except when law enforcement requests a delay to conduct the fact-finding portion of its investigation.

3. Determinations made or conduct sanctions imposed under this Student Code shall not be subject to change because criminal charges arising out of the same
facts giving rise to violation of this Student Code were dismissed, reduced, or resolved in favor of, or against, the criminal law defendant.

4. When a Student is charged by federal, state, or local authorities with a violation of law, the Institution will not request or agree to special consideration for that Student because of his or her status as a Student.

5. If the alleged violation of law also gives rise to Student disciplinary action under this Student Code, the Institution may advise off-campus authorities of the existence of the Student Code and of how such matters are typically handled under the Student Code.

6. The Institution will attempt to cooperate with law enforcement and other agencies in the enforcement of criminal law and in the conditions imposed by criminal courts for the rehabilitation of Student violators provided that the conditions do not conflict with any conduct sanctions imposed as a result of the Student conduct process, this Student Code, or Institutional Policies.

7. Where the Student has been found guilty in a court of law or has declined to contest such charges, although not actually admitting guilt (e.g., “no contest” or “nolo contendere”), the alleged facts that formed the basis of the criminal charges shall be deemed established for purposes of any Student conduct process.

8. Individual Students and other members of the Institutional community, acting in their personal capacities, remain free to interact with governmental representatives as they deem appropriate.

9. When an employee of the Institution knows that a felony was committed and that knowledge is not privileged, such employee shall report the known facts and circumstances to law enforcement officials who have jurisdiction over the matter.

F. Interpretation and Revision

1. No provision of this Student Code shall be interpreted to deprive Students of rights guaranteed them under state or federal law.

2. Any question of interpretation regarding the Student Code shall be referred to the Senior Student Affairs Officer for final determination.

3. The Student Code should be reviewed periodically under the direction of the Senior Student Affairs Officers.

   a. If the review leads to a recommendation that Board Policy be modified, that recommendation and its supporting rationale shall be provided to the Institutional presidents and, if approved, forwarded to the Executive Director.

G. Institutions may choose to adopt Institutional Policies that are consistent with this Student Code.
2. Definitions

The following terms have the stated meanings in this Student Code, and are identified throughout the Student Code through the use of capitalization:

A. The term “Advisor” means a person of the Student’s choosing who has agreed to advise a Student throughout the Student conduct process. The Advisor may be a Faculty Member, staff member, Student, attorney, family member, or anyone else. The Advisor is limited to advising the Student directly, and is not permitted to speak to anyone else, or participate directly, in any hearing. Students should choose an Advisor who is available to attend any scheduled meetings or hearings because Advisor availability is not considered in scheduling meetings or hearings.

B. The phrase “Appellate Board” means any person or persons authorized by the Institutional president to consider an appeal from the Chair’s determination that a Respondent has or has not violated the Student Code or from the conduct sanctions imposed by the Student Conduct Officer.

C. The phrase “Board Policy” means the written policies of the South Dakota Board of Regents contained in the policy manual.

D. The term “Chair” means the Student Conduct Officer or the Senior Student Affairs Officer who:
   1. Is a member of the Student Conduct Panel;
   2. Is responsible for the proper operation of the hearing; and
   3. Has sole discretion to determine whether a Respondent has violated the Student Code, and if so, to impose appropriate sanctions.

E. The term “Complainant” means an individual who was allegedly injured by an alleged violation of the Student Code by a Respondent.

F. The term “Day” means Monday through Friday, except for holidays and other times when the Institution’s administrative offices are closed.

G. The phrase “Faculty Member” means any person hired by the Institution to conduct classroom or other academic activities.


J. The term “Institution” means Black Hills State University, Dakota State University, Northern State University, South Dakota School of Mines and Technology, South Dakota State University, and University of South Dakota.

K. The phrase “Institutional Official” includes any person employed by the Institution, performing assigned administrative or professional responsibilities.

L. The phrase “Institutional Premises” includes all land, buildings, facilities, and other property in the possession of, or owned, used, or controlled by, the Institution, including adjacent streets and sidewalks.
M. The phrase “Member of the Institutional Community” includes any person who is a Student, Faculty Member, Institutional Official, any person employed by the Institution, a volunteer, or guest. A person’s status in a particular situation shall be determined by the Senior Student Affairs Officer.

N. “Notice” required by this Student Code shall be provided in writing via email to the Student’s official Institutional email account. Notice is deemed received the Day after it is sent by email.

O. The term “Organization” means any Student group that has been granted Institutional registration or recognition.

P. The term “Policy” means the written regulations of the Institution as found in, but not limited to, this Student Code, the Residence Life Handbook, the Graduate and Undergraduate Catalogs, and other official publications.

Q. The term “Reasonable Person” means a reasonable person under similar circumstances and with similar identities as the Complainant.

R. The term “Respondent” means a Student or Organization that is alleged to have violated the Student Code.

S. The phrase “Senior Student Affairs Officer” means that Institutional Official exercising primary authority over Institutional student affairs programs and operations, or designee.

T. The term “Student” includes all persons taking courses from the Institution, both full-time and part-time, enrolled in undergraduate, graduate, professional or special topic courses, whether credit-bearing or not.


V. The phrase “Student Conduct Panel” means the panel that hears formal hearings.

1. This panel can take the following forms:
   a. Option 1 – only the Student Conduct Officer;
   b. Option 2 – the Student Conduct Officer and any Institutional employee or employees or independent contractor authorized by the Senior Student Affairs Officer to determine whether a Student has violated the Student Code and to recommend imposition of conduct sanctions;

2. For matters involving allegations of Academic Misconduct, the Student Conduct Panel must include at least one Faculty Member or academic administrator appointed by the Provost in the form described in Option 2 above.

W. The phrase “Student Conduct Officer” means any Institutional Official authorized by the Senior Student Affairs Officer to:

1. Informally resolve an allegation by determining the facts and, if a violation is found, imposing a conduct sanction without the assistance of a Student Conduct Panel;

OR
2. Serve as Chair of the Student Conduct Panel;
3. Receive and consider the findings and recommendations of a Student Conduct Panel; and
4. Determine whether a Respondent has violated the Student Code, and if so, to impose appropriate sanctions.

3. Prohibited Conduct

The following list describes actions that detract from the effectiveness of an Institution’s productive living-and-learning community. Any Student found to have engaged, attempted to engage, or allowed or assisted another in engaging, in the following prohibited conduct is subject to the Student conduct process and conduct sanctions outlined in this Student Code. In instances where prohibited conduct contained in this policy is defined differently in another Board Policy or Institutional Policy, the definition contained in this policy shall be used to address prohibited conduct by a Student.

A. Acts of Academic Misconduct or Dishonesty

Honesty and integrity are core values at all Institutions. Faculty Members and Students are jointly responsible for maintaining academic standards and integrity in Institutional courses. In addition to any conduct sanctions imposed under this Student Code, academic consequences for academic misconduct may be imposed by the Faculty Member, including issuing a failing grade in the course. Any grade issued by the Faculty Member, whether as a result of academic misconduct or not, constitutes an academic evaluation and is not a conduct sanction imposed under this Student Code. All Faculty Members should report incidents of Academic Misconduct to the Student Conduct Officer.

1. Engaging in acts of Academic Misconduct, which means Cheating or Plagiarism.
   a. Cheating includes, but is not limited to, the following:
      i. Using any unauthorized assistance in, or having unauthorized materials while, taking quizzes, tests, examinations or other assignments, including copying from another’s quiz, test, examination, or other assignment or allowing another to copy from one’s own quiz, test, examination, or other assignment;
      ii. Using sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments;
      iii. Acquiring, without permission, tests or other academic material belonging to the instructor or another member of the Institutional faculty or staff;
      iv. Engaging in any behavior prohibited by the instructor in the course syllabus or in class discussion;
v. Falsifying or misrepresenting data or results from a laboratory or experiment; or

vi. Engaging in other behavior that a Reasonable Person would consider to be cheating.

b. Plagiarism includes, but is not limited to, the following:

i. Using, by paraphrase or direct quotation, the published or unpublished work of another person without full and clear acknowledgment;

ii. Using materials prepared by another person or agency engaged in the selling of term papers or other academic materials without prior authorization by the instructor; or

iii. Engaging in other behavior that a Reasonable Person would consider plagiarism.

2. Engaging in other conduct that a Reasonable Person would consider dishonesty relating to academic achievement, research results or academically related public service.

3. Furnishing false information or false representations to any Institutional Official, instructor, or office. Submission of false information or withholding information at the time of admission or readmission may make an individual ineligible for admission to, or continuation at, an Institution.

4. Forging, fabricating, altering, misrepresenting, or misusing any document, record, or identification, including misrepresentations of degrees awarded or honors received.

5. Tampering with the election of any Organization.

6. Claiming to represent, or act on behalf of, the Institution when not authorized to do so.

B. Disruption, Obstruction, or Interference with Institutional Activities

1. Disrupting or obstructing Institutional activities.

2. Classroom disruption, which is behavior that a Reasonable Person would view as significantly or repeatedly interfering with the instructor’s ability to teach the class or the ability of other Students to benefit from the instructional program.

3. Failure to comply with directions of Institutional, law enforcement, fire department, public safety contractors, or other government officials acting in performance of their duties and/or failure to identify oneself to these persons when requested to do so.

4. Obstruction of the free flow of pedestrian or vehicular traffic.

5. Abuse of the Student conduct process, which includes, but is not limited to, any of the following:

   a. Falsifying, distorting, or misrepresenting information provided;
b. Making false allegations;
c. Attempting to discourage an individual’s proper participation in, or use of, the Student conduct process;
d. Harassment (verbal or physical) or intimidation of any person participating in the Student conduct process;
e. Failure to comply with any conduct sanctions imposed pursuant to this Student Code.

C. Misuse of Institutional Resources or Property, or Personal Property of Others

1. Tampering with fire and life safety equipment including, without limitation, fire alarms, sprinkler systems, first aid equipment, and laboratory safety apparatus.

2. Unauthorized taking of, damage to, or possession of property belonging to the Institution, another Member of the Institutional Community, or another person.

3. Unauthorized possession, duplication, or use of keys, access cards, or access codes to any Institutional Premises.

4. Unauthorized entry into, or use of, Institutional Premises.

5. Unauthorized possession, entry into, or use of Institutional equipment, software systems, or information.

6. Possession of firearms, stun guns, tasers, BB guns, switchblade knives, fixed-blade knives with a blade length of five (5) inches or greater, or any item that is designed or used to injure or harm another person, fireworks, explosives, or dangerous chemicals on Institutional Premises or at Institutional events, except as explicitly permitted by a Board Policy or an Institutional Policy;

7. Unauthorized use or abuse of technology, including, but not limited to:
   a. Unauthorized entry into a file or program to use, copy, read, delete, or change the contents, or for any other purpose;
   b. Unauthorized transfer of a file;
   c. Unauthorized use of another individual’s identification or account;
   d. Use of technology to interfere with the work of another Student, Faculty Member, or Institutional Official;
   e. Use of technology to send Harassing or abusive messages;
   f. Use of technology to engage in unlawful activities, including those involving uses that infringe intellectual property rights;
   g. Use of technology to interfere with normal operation of an Institution’s technology or other system;
   h. Making, acquiring, or using unauthorized copies of computer files, violating terms of applicable software license agreements, or using the Institution’s technology network or system to download files in violation of copyright laws;
i. Attempting to circumvent data protection schemes or tampering with security;

j. Violating Institutional or Board computer use or internet policies.

D. Threat of Harm or Actual Harm to a Person’s Physical or Mental Health or Safety

1. Violence, which includes, but is not limited to, using or threatening to use physical force on or towards another person without that person’s permission, except in reasonable self-defense. The use of physical force includes both using one’s own body parts as well as using other items.

2. Brandishing, pointing, or using a knife, gun, or other weapon towards another person, except in reasonable self-defense.

3. Restraining or transporting another person without that person’s permission.


5. Harassment, which includes, but is not limited to,

   a. Conduct towards another person that has the purpose or effect of creating an objectively and subjectively intimidating, hostile, or demeaning environment that substantially interferes with the individual’s ability to participate in or to realize the intended benefits of an Institutional activity or resource; and

   b. Other conduct that is extreme and outrageous exceeding all bounds usually tolerated by polite society and that has the purpose or the substantial likelihood of interfering with another person’s ability to participate in or to realize the intended benefits of an Institutional activity or resource.

6. Sexual Harassment, which is subjecting another person to unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature where:

   a. Submission to such conduct is made either explicitly or implicitly a term or a condition of an individual’s participation in, or use of, an Institutionally-sponsored or approved activity or resource; or

   b. Submission to or rejection of such conduct by an individual is used as the basis for educational or similar decisions affecting an individual’s ability to participate in or use an Institutionally-sponsored or approved activity or resource.

7. Stalking, which is engaging in a course of conduct directed at a specific person that would cause a Reasonable Person to fear for the person’s safety or the safety of others, or suffer substantial emotional distress.

   a. “Course of conduct” means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device or means, follows, monitors, observes,
surveils, threatens, or communicates to or about a person, or interferes with a person’s property.

b. “Substantial emotional distress” means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling

8. Hazing, which includes, but is not limited to, an act that, as an explicit or implicit condition for initiation to, admission into, affiliation with, or as a condition for continued membership in a group or an Organization:

a. Is likely to, or would be perceived by a Reasonable Person as likely to, endanger the physical health of an individual or cause psychological discomfort or distress through treatment that a Reasonable Person would consider to be humiliating, intimidating, or demeaning;

b. Destroys or removes public or private property;

c. Involves the consumption of alcohol or other substances to excess; or

d. Violates any Board Policy or Institutional Policy.

The express or implied permission of the individual being hazed does not make the behavior acceptable. It is also a violation of this provision to solicit, aid, or attempt to aid another person in planning or committing Hazing.

9. Sexual Misconduct, which is any contact of a sexual nature with another person without that person’s consent.

Contact of a sexual nature includes, but is not limited to:

a. Touching the intimate parts of another person;

b. Touching another person with one’s own intimate parts;

c. Forcing another person to touch one’s own intimate parts; and

d. Exposing one’s own intimate parts to another person;

Intimate parts include, but is not limited to, genitalia, groin, breast, buttocks, mouth, or clothing covering the same.

Consent is defined as informed, freely given, and mutually understood. Consent requires an affirmative act or statement by each participant. If coercion, intimidation, threats and/or physical force are used, there is no consent. If a person is mentally or physically incapacitated or impaired so that the person cannot understand the fact, nature or extent of the sexual situation, there is no consent; this includes conditions due to alcohol or drug consumption or being asleep or unconscious. If a person is fifteen (15) years old or younger, there is no consent. Whether one has taken advantage of a position of influence over another may be a factor in determining consent. Consent to any one form of sexual activity does not imply consent to any other form of sexual activity. Consent to one sexual encounter does not imply consent to another sexual encounter. Consent may be revoked at any time.
10. Voyeurism includes, but is not limited to, any use of electronic or other devices to make an audio, video, or photographic record of another person without that person’s prior knowledge and without that person’s prior authorization when such a recording is likely to cause that person or a Reasonable Person injury or distress, or involves that person’s intimate parts or sexual conduct involving that person.

11. Invasion of Privacy occurs when:
   a. An individual views another person, without that person’s prior knowledge and permission, under circumstances in which the other person has a reasonable expectation of privacy; or
   b. An individual uses an audio recording device to record another person, without that person’s prior knowledge and permission, under circumstances in which the other person has a reasonable expectation of privacy.

E. Discrimination and Retaliation

1. Discrimination is excluding from, or treating another person differently than others in, Institutional activities on the basis of sex, race, color, creed, religion, national origin, ancestry, gender, gender identity, transgender, sexual orientation, age, disability, genetic information, or veteran status. However, social fraternities and sororities that are exempt from taxation under federal law may maintain single-sex membership practices without violating antidiscrimination policies, as recognized by 20 U.S.C. 1681(a)(6), and the enforcement of such single-sex membership practices by Students does not violate this provision.

2. Retaliation is conduct that would make a Reasonable Person feel intimidated, or that interferes with, threatens, coerces, or otherwise discriminates against any individual because that individual reports or files a complaint alleging a violation of law, Board Policy, or Institutional Policy, or participates in any process in which the individual has a right to participate.

F. Housing and Living Groups

Violations of any rules imposed by Institutional housing or living groups are also violations of this Student Code.

G. Use and Misuse of Substances

1. The unauthorized manufacture, sale, possession, use, or consumption of alcohol, marijuana, or controlled substances by Students.

   However, possession, use, or distribution of alcohol, marijuana, or controlled substances is permitted on premises controlled by the Board of Regents when:
   a. Needed in conjunction with approved research activities;
   b. Alcohol is possessed, used, or distributed in a lawful manner inside a designated residence hall facility occupied exclusively by upper-division and/or non-traditional Students who are at least twenty-one (21) years of age;
c. Alcohol is possessed, used, or distributed in a lawful manner on premises controlled by the Board of Regents that have been designated by the Institution’s president as places where such possession, use, and distribution may be permitted, subject to such conditions as the Institution’s president may also prescribe, provided that a notice of such designation and conditions have been filed previously with the executive director of the Board of Regents; or

d. The possession, use, or distribution of the controlled substance is prescribed by a licensed health care professional authorized to prescribe such substances.

e. Alcohol is possessed, used, or distributed in a manner that is expressly approved by a Board Policy.

2. The unauthorized possession of any drug paraphernalia.

H. Violation of Policy or Laws

1. Violation of published Board of Regents or Institutional Policies, rules, or regulations.

2. Violation of federal, state, or local law.

I. Other Conduct

Conduct not expressly prohibited may also subject Students or Organizations to conduct sanctions where such conduct has the purpose and effect of infringing interests protected by this Student Code or other provisions of Board Policy or Institutional Policy.

J. Conduct by Organizations

1. Organizations that, formally or informally through repeated practice, initiate, encourage, support, or tolerate conduct by members, associates, or invitees that violates the provisions of this Student Code shall be subject to conduct sanctions.

2. The privileges of official recognition by an Institution may be extended to Organizations, including those that maintain residences for their members, only if such Organizations agree to adopt and to enforce policies that, at minimum:

   a. Prohibit the manufacture, possession, use, dispensing, or provisions of alcoholic beverages at organizational functions or in the organizational residence by persons under the age of 21;

   b. Prohibit the manufacture, possession, use, or dispensing of marijuana or unauthorized controlled substances at organizational functions or in the organizational residence;

   c. Prohibit the expenditure of organizational funds on alcoholic beverages, marijuana, or controlled substances;

   d. Prohibit the informal collection of monies from members, associates, or invitees to be spent on alcoholic beverages, marijuana, or controlled substances;
e. Prohibit the possession, use, or distribution of alcohol, marijuana, or controlled substances on premises controlled by the Board of Regents, except as explicitly permitted by Section 3.G.1 of this Student Code;

f. Establish conduct policies and sanctions regarding violations by individual members no less stringent than those set forth under Board Policies, except that limited use of alcoholic beverages is permissible as set out above; and

g. Require that a report be filed with the Senior Student Affairs Officer each semester identifying all actions taken pursuant to the Student conduct policies required in this Student Code;

3. Institutions may impose additional or more restrictive conditions on official recognition.

4. Organizations are also subject to the Board of Regents’ antidiscrimination policies set forth in Board Policy 1:18. However, social fraternities and sororities that are exempt from taxation under federal law may maintain single-sex membership practices without violating antidiscrimination policies, as recognized by 20 U.S.C. 1681(a)(6).

4. Student Conduct Process

A. Allegations

1. Allegations of misconduct may be reported against any Student by anyone. Allegations shall be directed to the Student Conduct Officer in the Office of the Dean of Students. The reporting party will disclose the facts that form the basis for the allegation, the identities of any other witnesses, and any other relevant information regarding the alleged misconduct.

   a. Allegations of Academic Misconduct will be reported to the Student Conduct Officer but are initially addressed through Board Policy 2:33.


2. The Student Conduct Officer shall make an initial determination whether the allegations, if true, would violate the Student Code. If the Student Conduct Officer determines that the allegations, if true, would violate the Student Code, the Student Conduct Officer shall conduct an informal preliminary investigation to determine whether the allegations are credible. This process may include speaking with witnesses and reviewing any documentation.

   a. As to off-campus conduct, the Student Conduct Officer shall determine whether the incident adversely affects the Institution, any Organizations, members of the Institutional community, or the pursuit of their lawful objectives.

   b. Allegations of Academic Misconduct that are not informally resolved pursuant to Board Policy 2:33 will enter the Student conduct process here.
c. Allegations of Human Rights Violations that are not informally resolved pursuant to Board Policy 1:18 will enter the Student conduct process here.

3. If the Student Conduct Officer determines that either (i) the allegations, if true, would not violate the Student Code or (ii) that the allegations are not credible, then the Student Conduct Officer should inform the Complainant of this determination and inform the Complainant that the allegations may be re-submitted should additional information become available.

4. If the Student Conduct Officer determines that the allegations, if true, would violate the Student Code and determines that the allegations are credible, the Student Conduct Officer shall provide written Notice to the Respondent within fifteen (15) Days of receiving the report of alleged misconduct or notification from the Faculty Member of the need to address alleged Academic Misconduct through the Student Code.

5. The written Notice to the Respondent must include the following:
   a. The alleged behavior that would be a violation of the Student Code;
   b. The section(s) of the Student Code alleged to have been violated;
   c. The name of the Complainant;
   d. A time to meet with the Student Conduct Officer to provide the Respondent with the opportunity to give his/her account of the incident leading to the allegation of misconduct;
   e. Information about the right to have an Advisor present throughout the Student conduct process;
   f. Information about both the informal and formal resolution processes;
   g. A time for a hearing to occur no earlier than ten (10), and no later than twenty (20), Days after this written Notice is deemed received to address any alleged violations that are not informally resolved;
      i. The minimum time limit may be waived by the Respondent.
      ii. The maximum time limit may be extended at the discretion of the Student Conduct Officer.

B. Interim Measures

In certain circumstances, the Senior Student Affairs Officer, or a designee, may impose interim measures that go into effect immediately, prior to a hearing before a Student Conduct Panel, and remain in effect until no longer needed.

1. Interim measures are intended to protect the interests of both the Complainant and the Respondent prior to a hearing. Interim measures may be both remedial (designed to address a Complainant’s safety and well-being and continued access to educational opportunities) or protective (involving action towards a Respondent). Interim Measures may include, but are not limited to, no-contact directives, residence modifications, academic modifications and support, Institutional work schedule modifications, interim residence suspension, or
interim suspension. Written Notice of Interim Measures shall be provided to the party to whom the interim measures are directed.

2. Interim suspension may be imposed only for one or more of the following purposes:
   a. To ensure the safety and well-being of members of the Institutional community or preservation of Institutional property or other property located on premises controlled by the Institution;
   b. To ensure a Student’s own physical or emotional safety and well-being; or
   c. To ensure the normal operations of the Institution where a Student poses an ongoing threat of disruption of, or interference with, the normal operations of the Institution.

3. During the interim suspension, the Student may be denied access to residence facilities, the campus (including classes), and all other Institutional activities or privileges.

4. A Student placed on interim suspension shall be given written Notice of Interim Measures, which shall include:
   a. The reasons for the interim suspension;
   b. The parameters of the interim suspension; and
   c. Information concerning the right to appeal the interim suspension.

5. Interim Suspension Appeal Process
   a. The Student must submit a written request for a meeting to the Senior Student Affairs Officer.
   b. The Senior Student Affairs Officer will schedule a meeting with the Student as soon as practical and no later than three (3) Days after receiving the written request. At this meeting, the Student is provided the opportunity to raise any objections to the interim suspension or to request alternative interim measures.
   c. The Senior Student Affairs Officer has sole discretion regarding interim measures.

C. Informal Resolution

1. The Student Conduct Officer may speak separately and individually with the Complainant and the Respondent to determine whether the alleged misconduct can be resolved through informal resolution.
   a. In matters involving allegations of Human Rights Violations, informal resolution may not take the form of having the Complainant and the Respondent be in the same room at the same time.
   b. In matters involving allegations of Human Rights Violations, the Student Conduct Officer should consider whether the informal resolution is
equitable and will end the misconduct, prevent its recurrence, and address its effects.

2. Informal resolution may be reached where:
   a. The parties involved mutually agree to a full resolution of the alleged misconduct that is acceptable to the Student Conduct Officer.
      i. This must be documented in writing and signed by the Complainant, Respondent, and Student Conduct Officer.
   b. The Respondent waives a formal hearing by admitting to the misconduct and accepting the proposed conduct sanctions.
      i. This must be documented in writing and signed by the Respondent and the Student Conduct Officer.
      ii. This type of informal resolution is not available in matters involving allegations of Human Rights Violations.

3. Partial informal resolution may be reached where the Respondent admits to the misconduct but does not accept the proposed conduct sanctions. When this occurs, the process moves to formal resolution with the hearing being limited to the question of appropriate conduct sanctions.
   a. This must be documented in writing and signed by the Respondent and the Student Conduct Officer.
   b. In matters involving allegations of Human Rights Violations, the Complainant must also agree in writing to this partial informal resolution.

4. Informal resolution shall be final and the parties who agreed in writing to informal resolution waive any right to appeal.

5. The Student Conduct Officer’s involvement in attempting to informally resolve the allegation of misconduct does not impact the Student Conduct Officer’s ability to later serve as the Student Conduct Panel or a member thereof in the formal resolution process.

6. Informal resolution may be reached at any time before the Chair issues any findings, conclusions, and, when a violation is found, conduct sanctions it determines to be appropriate through the Formal Resolution process.

D. Formal Resolution

1. If the alleged misconduct is not fully resolved through informal resolution, any unresolved matter proceeds to a hearing.

2. The composition of the Student Conduct Panel shall be determined as follows:
   a. For matters where the Student Conduct Officer serves as Chair of the Student Conduct Panel, the Student Conduct Officer shall have sole discretion regarding whether the Student Conduct Panel includes:
      i. Option 1 – only the Student Conduct Officer; or
ii. Option 2 – the Student Conduct Officer and any Institutional employee or employees or independent contractor authorized by the Senior Student Affairs Officer to determine whether a Student has violated the Student Code and to recommend imposition of conduct sanctions,

b. For matters involving allegations of Academic Misconduct, the Student Conduct Panel must include at least one Faculty Member or academic administrator appointed by the Provost in the form described in Option 2 above.

c. Both the Complainant and the Respondent will be provided Notice of the identity of the member(s) of the Student Conduct Panel. Both parties may request in writing (and must include supporting information) that (i) the Student Conduct Panel include additional members (Option 2), and/or (ii) a Student Conduct Panel member be replaced due to an actual conflict of interest. Such requests must be submitted, in writing to the Senior Student Affairs Officer no later than twenty-four (24) hours after the Notice is provided to the party. The Senior Student Affairs Officer shall make a final decision as to these requests and will provide Notice to both parties of the decision.

3. Hearings shall be conducted by a Student Conduct Panel according to the following guidelines:

   a. Hearings shall be conducted in private. Witnesses other than the Complainant and the Respondent may only be present during the hearing while presenting their information.

   b. The Chair shall have sole discretion and final decision-making authority over the following:

      i. Whether an individual’s conduct interferes with the hearing and requires that individual’s removal;

      ii. Whether written information, materials, documents, and statements submitted are relevant and will be accepted for consideration by the Student Conduct Panel;

      iii. All questions about the interpretation of the Student conduct process; and

      iv. Whether to have separate or joint hearings when a hearing would involve more than one Respondent;

4. Neither the Complainant nor the Respondent are required to attend or participate in the hearing, and such decision will have no bearing on the question of whether the Respondent violated the Student Code.

5. The Respondent has no obligation to provide any information, materials, documents, or witnesses, or answer any questions and is presumed to not have violated the Student Code.
6. If the Complainant or Respondent wants the Student Conduct Panel to review any materials or documents or wants to present any witnesses at the hearing, such materials and documents and/or witness lists must be submitted to the Chair by the following deadlines in order to be considered:

   a. In matters alleging Human Rights Violations, all materials and documents and/or witness lists must be submitted at least seventy-two (72) hours before the hearing. Additionally, a copy of the final report prepared by the Title IX investigator(s) will be provided to the Complainant, Respondent, and the Student Conduct Panel members.

   b. For all other matters, all materials and documents and/or witness lists must be submitted at least twenty-four (24) hours before the hearing.

   The Chair will promptly provide the other party and the Student Conduct Panel members a copy of any materials, documents, and witness lists submitted.

7. The Complainant and the Respondent have the right to be assisted by an Advisor of their choice, at their own expense. Ordinarily, no more than two Advisors for each Student shall be permitted. The Advisor is limited to advising the Student directly, and is not permitted to speak to anyone else, or participate directly, in any hearing.

8. The Student Conduct Officer shall record the audio of the hearing.

9. Generally, the hearing will be conducted in the following order:

   a. The Chair will ask each individual present at the hearing to identify him/herself by providing his/her name and role at the hearing (e.g., Complainant, Respondent, Member of the Student Conduct Panel, etc.).

   b. The Chair will remind the Respondent:

      i. Of the materials that the Student Conduct Panel received prior to the hearing;
      ii. Of the right to have an Advisor present;
      iii. Of the right to refuse to speak as a witness against him/herself;
      iv. That the refusal to speak as a witness against him/herself will have no bearing on the question of whether the Respondent violated the Student Code;
      v. Of the alleged behavior that would be a violation of the Student Code; and
      vi. Of the section(s) of the Student Code alleged to have been violated.

   c. The Chair will provide the Complainant with the opportunity to engage in the hearing. If the Complainant agrees to engage, then:

      i. The Chair will provide the Complainant the opportunity to provide any additional relevant factual details that were not previously
provided. The Complainant may choose to do so or may decline and maintain the right to not provide information, materials, documents, or answer questions. The Complainant may decline but still present witnesses.

ii. The Chair will ask the Complainant to present any witnesses, who will be brought to the hearing one at a time, and ask questions of the witness.

iii. The Student Conduct Panel will then ask questions of the witness.

iv. The Chair will ask the Respondent for any questions for the witness. The Respondent will provide the Chair any questions in writing.

v. The Chair will ask the witness any questions provided by the Respondent that the Chair determines to be relevant.

vi. The Chair will ask the Complainant to present the next witness. The process described above shall repeat for each witness until the Complainant has presented all of its witnesses.

d. The Chair will provide the Respondent the opportunity to engage in the hearing. If the Respondent agrees to engage, then:

i. The Chair will provide the Respondent the opportunity to provide any additional relevant factual details that were not previously provided. The Respondent may choose to do so or may decline and maintain the right to not provide information, materials, documents, or answer questions. The Respondent may decline but still present witnesses.

ii. The Chair will ask the Respondent to present any witnesses, who will be brought to the hearing one at a time, and ask questions of the witness.

iii. The Student Conduct Panel will then ask questions of the witness.

iv. The Chair will ask the Complainant for any questions for the witness. The Complainant will provide the Chair any questions in writing.

v. The Chair will ask the witness any questions provided by the Complainant that the Chair determines to be relevant.

vi. The Chair will ask the Respondent to present the next witness. The process described above shall repeat for each witness until the Respondent has presented all of its witnesses.

e. The Student Conduct Panel may ask the Complainant and/or the Respondent whether s/he agrees to answer questions. The Student Conduct Panel may then ask questions of either or both parties who agree to answer questions.
f. The Student Conduct Panel will meet in a closed session to discuss and make its recommendation, which closed session shall not be audio recorded.

10. The Student Conduct Panel shall review all information and materials presented to it and shall decide by majority vote whether the Respondent violated the Student Code by a preponderance of the evidence (i.e., more likely than not).

11. The Student Conduct Panel shall prepare written findings to support its determination. These shall include:

   a. Concise statements of each factual finding;
   b. Brief explanations of whether and why the factual findings support a conclusion that the conduct either violated or did not violate the Student Code; and
      i. These must address each factual element that must be satisfied to establish that conduct has violated the Student Code.
   c. If a violation is found, recommendations of appropriate conduct sanctions and any supporting rationale;

12. The Student Conduct Panel shall forward its written findings, conclusions, and any recommended conduct sanctions to the Chair. The Chair has sole discretion to adopt or reject the findings, conclusions, and any recommended conduct sanctions.

   a. If the findings, conclusions, or recommended conduct sanctions are rejected, the Chair shall issue any findings, conclusions, and, when a violation is found, any conduct sanctions it determines to be appropriate, and will provide the Student Conduct Panel with an explanation for its decision.
   b. The Chair shall determine the effective date of any conduct sanctions imposed, which effective date should be on or after the exhaustion of the appeal as a matter of right. However, interim measures may remain in place, or be instituted, until the effective date of any conduct sanctions.

13. The Chair’s written findings, conclusions, and any conduct sanctions shall be provided to the Respondent. When FERPA allows or the Clery Act requires, the Complainant will receive the permitted information simultaneously. See Section E.1 below for more information.

   a. In matters involving allegations of Academic Misconduct, the Chair’s written findings, conclusions, and any conduct sanctions shall also be provided to the Faculty Member.

14. The audio record of the hearing shall be the property of the Institution and shall be maintained by the Student Conduct Officer. No other person may record the hearing.

   a. The audio record and its contents shall be confidential and may only be used for purposes of any appeals. Any person who discloses the contents
of the audio record to parties not involved in the appeal shall be subject to
conduct sanction.

b. In the event of an appeal, the Respondent shall be given access to the audio
record for purposes of preparing an appeal. When the alleged misconduct
involves allegations of Human Rights Violations, the Complainant shall
be given access to the audio record for purposes of preparing an appeal.
Access shall be provided at such places and times as the Senior Student
Affairs Officer may direct.

c. Except as required by law, the Institution shall not be required to change
the form in which the record is maintained.

E. Sanctions

1. Individual Conduct Sanctions

a. In each case in which the Chair determines that a Respondent has violated
the Student Code, the Chair shall determine and impose appropriate
conduct sanction(s). Where a violation of Board Policy is established, and
where a conduct sanction is mandated under Board Policy, that conduct
sanction shall be imposed.

b. In matters involving allegations of Academic Misconduct that are
informally resolved pursuant to Board Policy 2:33, the Student Conduct
Officer will receive the information from the Faculty Member and shall
determine and impose appropriate conduct sanction(s).

c. Complainants shall be informed in writing and at the same time as the
Respondent of any outcome and conduct sanctions imposed in the
following circumstances:

i. When the conduct sanction involves remedial action that directly
relates to the Complainant (e.g., a directive requiring the
Respondent to not have contact with the Complainant);

ii. Where the allegations against the Respondent would also
constitute a crime of violence or non-forcible sex offense as
defined by FERPA; or

iii. Where the allegations against the Respondent would also
constitute Human Rights Violations. In this circumstance, the
rationale for the result must also be included.

d. FERPA allows Institutions to disclose the final results of a conduct
proceeding when the Chair determines that the Respondent violated the
Student Code and that violation falls within the definition of a crime of
violence or a non-forcible sex offense as defined by FERPA. For purposes
of this subsection, “final results” means the name of the Respondent, the
violation committed, and any conduct sanction(s) imposed by the
Institution.
e. FERPA allows Institutions to inform the parents or legal guardians of a Respondent younger than twenty-one (21) years of age that the Respondent has violated Institutional Policies concerning the use or possession of alcohol or controlled substances.

f. The following conduct sanctions may be imposed upon any Respondent found to have violated the Student Code. More than one of the conduct sanctions listed below may be imposed for any single violation. Imposition of a conduct sanction may be delayed or suspended on such conditions as the Student Conduct Officer may prescribe.

   i. Warning – A statement to the Respondent that the Respondent has violated the Student Code of Conduct.

   ii. Probation – Probation is for a designated period of time and includes the probability of more severe conduct sanctions if the Respondent is later found to have engaged in any additional violation(s) the Student Code during the probationary period.

   iii. Loss of Privileges – Denial of specified privileges for a designated period of time. The privileges of continued participation in Institutional activities, access to Institutional facilities or residences may be conditioned upon participation in or completion of educational programming at the Student’s expense.

   iv. Fines – Monetary payments.

   v. Restitution – Compensation for loss, damage, or injury. This may take the form of appropriate service, money, or material replacement.

   vi. Educational Sanction – work assignments, essays, service to the Institution, community service, workshops, or other related educational activities.

   vii. Residence Suspension – Separation of the Respondent from the Institution’s residence facilities for a definite period of time, after which the Respondent is eligible to return. Conditions for return to the residence facilities may be specified.

   viii. Residence Expulsion – Permanent separation of the Respondent from the Institution’s residence facilities. A sanction of residence expulsion will take the form of residence suspension pending completion of the appeals process.

   ix. Suspension – Separation of the Respondent from the Institution for a definite period of time, after which the Respondent is eligible to return. Conditions for return may be specified. A Respondent who has been suspended from one Institution may not enroll at another Institution until the period of suspension has ended.

   x. Expulsion – Permanent separation of the Respondent from the Institution. A Respondent who has been expelled from one
Institution may not enroll at another Institution. A sanction of expulsion will take the form of suspension pending completion of the appeals process.

xi. Withholding Degree – the Institution may withhold awarding a degree otherwise earned until the completion of the Student conduct process or the completion of all conduct sanctions imposed.

xii. Revoking Admission and/or Degree – the Institution may revoke admission to, or a degree awarded from, the Institution for violation of Institutional standards for obtaining admission or the degree, or for other serious violations of the Student Code committed by the Respondent prior to graduation.

g. Conduct sanctions shall not be made part of the Respondent’s permanent academic record, but shall become part of the Respondent’s conduct record. The Respondent’s conduct record containing conduct sanctions other than suspension, expulsion, revoking admission and/or a degree, or withholding a degree, will be expunged seven (7) years after the date of the original finding of a violation of the Student Code. The Respondent’s conduct record containing any of the four conduct sanctions above shall be maintained permanently. Where restitution is required of a Respondent, the Institution reserves the right to disclose all portions of the conduct file as may be necessary to obtain a judgment in a court of competent jurisdiction. Such files shall be preserved at least until all necessary compensation has been obtained.

h. Students enrolled in one Institution shall be held accountable for their conduct while visiting all other Institutions. Students may be required, as a condition of continued enrollment, to appear at the Institution where the alleged misconduct took place, at their own expense, for a conduct hearing and to answer allegations based on their conduct while at that Institution.

i. Any conduct sanction imposed by one Institution shall be effective at all other Institutions. A Respondent suspended at one Institution shall not be able to enroll at another Institution until the period of suspension has ended. A Respondent who has been expelled from one Institution may not enroll at another Institution.

ii. When a Respondent is brought forward on allegations of misconduct by another Institution, any conduct sanction issued after a finding of a violation shall be determined by the Institution that brought forward the allegations of misconduct. Suspension or expulsion may only be imposed after first consulting with the Senior Student Affairs Officer from the Institution where the Respondent is enrolled.

2. Organizational Conduct Sanctions

a. The following conduct sanctions may be imposed upon Organizations:
i. Those conduct sanctions listed above in Section 4.E.1.

F. Appeals

1. Appeal as a Matter of Right

a. The Respondent may appeal a decision reached by the Chair. In matters involving allegations of Human Rights Violations, the Complainant may also appeal a decision reached by the Chair. The appeal must be in writing and must be submitted to the Senior Student Affairs Officer no later than five (5) Days after Notice of the Chair’s decision is deemed received.

b. The written appeal must cite at least one (1) of the following reasons for review and must include supporting arguments and documentation as to why an appeal should be granted on those grounds.

i. The original hearing was conducted unfairly to the point that it substantially and materially affected the outcome;

ii. Using the facts found by the Chair, the conclusion regarding whether there was a violation(s) of the Student Code was incorrect;

iii. The conduct sanction(s) imposed were not appropriate for the violation of the Student Code that the Respondent was found to have committed; and/or

iv. New information that was unavailable at the time of the hearing has been discovered and could substantially and materially affect the outcome.

c. An appeal shall be limited to a review of:

i. The verbatim record of the initial hearing;

ii. Supporting documents submitted as part of the initial hearing; and

iii. Supporting documents submitted in support of the appeal reason(s)

d. The Senior Student Affairs Officer will provide the other party a copy of the appeal and a reasonable amount of time to submit any materials to be considered.

e. The Senior Student Affairs Officer will provide the Appellate Board with the materials submitted. The Appellate Board will review the materials submitted and provide a written recommendation to the Senior Student Affairs Officer as soon as practicable. The Senior Student Affairs Officer has sole discretion to adopt or reject the recommendation.

i. If the recommendation is rejected, the Senior Student Affairs Officer will provide the Appellate Board with a written explanation for his/her decision.
ii. The Senior Student Affairs Officer shall determine the effective date of any conduct sanctions imposed. The effective date of any conduct sanctions shall not be delayed pending any further appeals.

f. The Senior Student Affairs Officer’s written decision shall be provided to the parties, along with the Appellate Board’s recommendation and, if rejected, the Senior Student Affairs Officer’s written explanation.

2. Appeal to the President of the Institution
   
   a. The Respondent may appeal a decision reached by the Senior Student Affairs Officer. In matters involving allegations of Human Rights Violations, the Complainant may also appeal a decision reached by the Senior Student Affairs Officer.
   
   b. The appeal must be in writing and must be submitted to the President’s Office no later than five (5) Days after Notice of the Senior Student Affairs Officer’s decision is deemed received.
   
   c. The written appeal must cite at least one (1) of the following reasons for review and must include supporting arguments and documentation as to why an appeal should be granted on those grounds.
      
      i. The original hearing was conducted unfairly to the point that it substantially and materially affected the outcome;
      
      ii. Using the facts found by the Chair, the conclusion regarding whether there was a violation(s) of the Student Code was incorrect;
      
      iii. The conduct sanction(s) imposed were not appropriate for the violation of the Student Code that the Respondent was found to have committed; and/or
      
      iv. New information that was unavailable at the time of the hearing has been discovered and could substantially and materially affect the outcome.
   
   d. The President has sole and complete discretion as to whether to agree to review an appeal, including what materials to consider. However, the President will not consider any reasons for review that were not previously raised in the appeal to the Appellate Board.
   
   e. If the President agrees to review an appeal, the President will provide the other party/parties a copy of the appeal and a reasonable amount of time to submit any materials to be considered.
   
   f. The President will provide a written decision to the parties, and to the Senior Student Affairs Officer. The decision may be a substantive one, or may merely indicate that the President has declined to review the appeal.
3. Appeal to the Board of Regents

a. After exercising and exhausting all appeals available at the Institutional level, the Respondent may appeal a decision reached by the President. In matters involving allegations of Human Rights Violations, the Complainant may also appeal a decision reached by the President after exercising and exhausting all appeals available at the Institutional level.

b. The appeal must be in writing and must be submitted to the Executive Director of the Board of Regents no later than thirty (30) Days after Notice of the President’s decision is deemed received. The appeal must include the following:

i. Supporting arguments and documentation;

ii. All documentation provided by the Institution, including, at a minimum, the President’s decision, the Senior Student Affairs Officer’s decision, and the Chair’s decision.

c. Written appeals that fail to include supporting arguments and documents, and the documentation provided by the Institution will be rejected.

d. An appeal submitted to the Executive Director that is not covered by subsection e) below may be considered by the Executive Director. In these instances, the Executive Director has sole and complete discretion as to whether to agree to review an appeal, including what materials to consider.

i. If the Executive Director agrees to review an appeal, the Executive Director will provide the other party a copy of the appeal and a reasonable amount of time to submit any materials to be considered.

ii. The Executive Director will provide a written decision to the parties, and to the President.

e. An appeal submitted to the Executive Director must be considered by the Board of Regents where a Student has been expelled or suspended based upon alleged violations of Board Policy 3:4; or a disciplinary action allegedly deprived the Student of a right or privilege protected by a specific term or provision of Board Policy or state or federal constitution, law, or regulation.

i. The Executive Director will have fifteen (15) working days within which to attempt, at his discretion, a resolution through informal means.

ii. If no informal resolution has been effected within the fifteen (15) working days, the Executive Director will refer the matter to a hearing examiner for reconsideration pursuant to SDCL § 1-26 using the contested case proceedings. At the conclusion of the contested case proceedings, the hearing examiner will provide a
recommendation to the Executive Director for the disposition of the matter by the Board.

iii. Contested case proceedings may be conducted under protective orders entered pursuant to SDCL §§ 1-26-19 and 15-6-26(c).

Pledge of Professional Conduct

I understand that it is a privilege to be a physical therapy student at The University of South Dakota and to become a physical therapist.

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 a physical 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 Physical Therapy Oath, Code of Ethics and Professional Core Values.

In doing so, I will espouse the values consistent with the Department of Physical Therapy at The University of South Dakota and preserve the integrity of the physical therapy profession.

__________________________________________
Printed Name

__________________________________________
Signature of Student

______________________________
Date
APPENDIX VI
SOUTH DAKOTA BOARD OF REGENTS

Policy Manual

SUBJECT: Student Academic Misconduct

NUMBER: 2:33

1. Definitions

A. The phrase “Academic Misconduct” means Cheating or Plagiarism:

B. The term “Cheating” includes, but is not limited to, the following:

1. Using any unauthorized assistance in, or having unauthorized materials while, taking quizzes, tests, examinations or other assignments, including copying from another’s quiz, test, examination, or other assignment or allowing another to copy from one’s own quiz, test, examination, or other assignment;

2. Using sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments;

3. Acquiring, without permission, tests or other academic material belonging to the instructor or another member of the Institutional faculty or staff;

4. Engaging in any behavior prohibited by the instructor in the course syllabus or in class discussion;

5. Falsifying or misrepresenting data or results from a laboratory or experiment; or

6. Engaging in other behavior that a reasonable person would consider to be cheating.

C. The term “Plagiarism” includes, but is not limited to, the following:

1. Using, by paraphrase or direct quotation, the published or unpublished work of another person without full and clear acknowledgment;

2. Using materials prepared by another person or agency engaged in the selling of term papers or other academic materials without prior authorization by the instructor; or

3. Engaging in other behavior that a reasonable person would consider plagiarism.

D. The term “Student” includes all persons taking courses from the Institution, both full-time and part-time, enrolled in undergraduate, graduate, professional or special topic courses, whether credit-bearing or not.

E. Other capitalized terms in this policy are defined in Board Policy 3:4, Section 2.

2. Authority

A. For purposes of this policy and Board Policy 3:4, the Institution that offered the course shall have default authority over the Student.
3. Academic Misconduct Process

A. Allegations

Allegations of Academic Misconduct must be reported by the Faculty Member to the Student Conduct Officer. At the Faculty Member’s request, the Student Conduct Officer will inform the Faculty Member whether the Student has ever engaged in Academic Misconduct, which information may be used in determining any academic consequences should it be determined that the Student engaged in Academic Misconduct. The Faculty Member may request this information at any point throughout the informal resolution process.

B. Informal Resolution

1. The Faculty Member will meet with the Student to discuss the allegations and attempt informal resolution. The Faculty Member may request the assistance or presence of the Student Conduct Officer for this meeting.

2. Informal resolution is reached where:
   a. The Student and the Faculty Member agree that there was no Academic Misconduct; or
   b. The Student admits to the Academic Misconduct, agrees to the academic consequence, and signs a form documenting the Student’s agreement. By signing the form, the Student waives the right to appeal both the fact that the Student engaged in the Academic Misconduct and the academic consequence.

3. If informal resolution is reached, the Faculty Member must inform the Student Conduct Officer. If the informal resolution included the Student admitting to the Academic Misconduct, the Faculty Member must provide the signed form used to document the Student’s agreement to the Student Conduct Officer.

4. If informal resolution is not reached, the Faculty Member must inform the Student Conduct Officer that the alleged Academic Misconduct was not informally resolved through this policy and will need to be addressed through Board Policy 3:4.

C. Formal Resolution

1. Once the Student conduct process through Board Policy 3:4 is concluded, the Faculty Member will receive a copy of the informal resolution documentation or the written findings that include the facts found to have occurred.

2. If the informal resolution documentation or the written findings include a determination that a violation of the Student Code for Academic Misconduct occurred, the Faculty Member may impose academic consequences for the Academic Misconduct.

D. Appeals

1. Informal Resolution Reached Through Board Policy 2:33

A Student may not appeal either the fact that the student engaged in the Academic Misconduct or the academic consequence imposed by the Faculty Member because the Student waives such appeal rights in agreeing to the informal resolution under this policy.
2. Informal Resolution Not Reached Through Board Policy 2:33
A Student may appeal the academic consequence imposed by the Faculty Member pursuant to Board Policy 2:9.

APPENDIX VII
This form documents discussion between an instructor and a student concerning allegations of Student Academic Misconduct and either the resulting disposition of the allegations between the instructor and student, or a referral for disposition of allegations under Student Code of Conduct processes. In both resolved and unresolved instances, all steps must be completed.

I. Instructor documentation and description of alleged academic misconduct (include specific details and attach any supporting documentation or materials):

Student Name ___________________________________________ Student ID Number ________________________ Student's Email Address ____________________________

Instructor of Record ____________________________________________________________________________ Instructor’s Email Address ____________________________

Course Prefix, #, and Delivery (face-to-face or online) _____________________________________________________ Course Title __________________________________________ Term/Semester ________________

Description of alleged academic misconduct:

II. Initial discussion regarding alleged academic misconduct (attempt to resolve): The instructor should meet with the student in a timely fashion (upon discovery of a potential issue) and attempt to resolve the matter with the student. If the student does not respond to instructor requests to meet, the instructor should forward the matter for disposition under the Student Code of Conduct (see IV.B. below).

III. Instructor description of the intended academic consequences (impact on assignment grade, course grade, etc.):

IV. Disposition is either achieved or not achieved:

☐ A. Disposition achieved (check and sign below). Academic misconduct is established by the instructor and the student agrees that it has occurred. Disposition of this instance of academic misconduct is final. The matter will be forwarded to the Office of Student Rights & Responsibilities for conduct sanctioning. When informal disposition is achieved, the academic consequences may not be appealed under the Student Appeals for Academic Affairs policy.

☐ B. Disposition is not achieved (check and sign below). The student does not agree that academic misconduct occurred; or the student does not respond to instructor requests to meet for discussion; or the student does not return the form by the specified deadline (student signature is not obtained in these circumstances). The instructor shall immediately seek disposition under the Student Code of Conduct through the Office of Student Rights & Responsibilities, in accordance with which, the intended academic consequences will be included as part of the referral. Should a determination of academic misconduct be made, the academic consequence will be imposed, along with appropriate conduct sanctions.

_______________________________________________________             _______________________________________________
Student Signature and Date                                                                 Instructor of Record Signature and Date

V. Administrative follow-up:

A. A copy of this form must go to the student, the instructor, and the Office of Student Rights & Responsibilities at SRR@usd.edu.

B. In cases involving graduate or professional students, a copy must also go to the Dean of the Graduate School, the Sanford School of Medicine, or the School of Law.
APPENDIX VIII
The University of South Dakota  
School of Health Sciences  
Department of Physical Therapy  

PROFESSIONAL BEHAVIOR STANDARDS VIOLATION  
PROBATION AND DISMISSAL  

POLICY  
Faculty and students have an obligation to assure that all members of the Physical Therapy Department abide by the USD Student Code of Conduct, the APTA Code of Ethics and Standards of Practice, and the professional behavior standards established by the Physical 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. Every semester the faculty assesses each student’s professional development. Student Progress and Conduct is an agenda item at each faculty meeting so that faculty can bring any concerns to the attention of others. A student may be placed on probation or be dismissed from the Physical Therapy Program for violation of professional behavior standards including either of the following:  
1. Professional Misconduct. Please refer to the USD Code of Student Conduct.  
2. Violation of the APTA Code of Ethics, APTA Standards of Practice and Professional Core Values  

PROCEDURE  
1. If faculty determines that a student demonstrates behavior inconsistent with Professional Core Values, or for any acts of professional misconduct as outlined in BoR Policy 3:4, that faculty will meet with the student individually.  
2. If student agrees to the professional misconduct, s/he will meet with their advisor for counsel. If the student does not agree with the professional misconduct, the issue will be reported to the Student Conduct Officer who shall make an initial determination whether the allegations, if true, would violate the Student Code. If the Student Conduct Officer determines that the allegations, if true, would violate the Student Code, the Student Conduct Officer shall conduct an informal preliminary investigation to determine whether the allegations are credible. This process may include speaking with witnesses and reviewing any documentation.  
3. The student who has agreed to the professional misconduct is required to develop a written plan to increase awareness and modify the behavior. If the behavior is specific to a course (including Clinical Education), the course instructor will work with the student and faculty advisor to develop an appropriate plan. The student’s plan will include goals and specific objectives, time lines for completion, and review dates.  
4. The Committee on Student Progress and Conduct will review the student’s plan. The faculty may accept, reject, or ask for a revision of the plan. The faculty 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 PT Program and must include signatures of the student, advisor, and Program Director. Documentation will be located in the student’s file for a specified period of time in compliance with University and federal regulations.
5. The Faculty Advisor will be responsible for monitoring the student's progress, following the review dates specified in the plan.

6. Depending upon the significance of the behavior, the Program Director may send a letter to the Dean of the Graduate School and Dean of Health Sciences recommending that the student be placed on professional probation or dismissed. The student may appeal based on BoR Policy 2:9.

Adopted 6.23.16
APPENDIX IX
SOUTH DAKOTA BOARD OF REGENTS

Policy Manual

SUBJECT: Student Appeals for Academic Affairs

NUMBER: 2:9

1. Purpose and Scope of Policy

A. This policy governs academic disputes involving students. Such disputes most commonly arise as a result of student dissatisfaction with assigned grades, but students may also invoke the standards and procedures provided under this policy to challenge academic responses to instances involving alleged student academic misconduct or to challenge other decisions, justified on academic grounds, that affect their participation in or completion of university academic programs.

1) Students who wish to challenge disciplinary actions taken after findings of academic misconduct must proceed under Board Policy No. 3:4.

B. The evaluation of students involves the exercise of professional judgment informed by prolonged and specialized training in an academic subject matter and by experience in presenting those techniques and knowledge to persons who may be unfamiliar with them. Deference should be given to judgments that reflect the academic standards accepted by the university as appropriate to the discipline involved in the dispute and for instruction in that discipline. No deference should be given to actions that do not embody accepted academic standards, particularly if the motive for such actions is unrelated to academic concerns.

C. When a complaint presents facts that would suggest that the challenged action stemmed from conduct violating Board Policy No. 1:18 or 1:19, which prohibit sexual harassment and other forms of discrimination, the matter will be referred under Board Policy No. 1:18 to the institutional Title IX/EEO coordinator for investigation and resolution under those policies. No further action will be taken under Board Policy No. 2:9 pending the completion of proceedings under Board Policy No. 1:18.

1) If the Board Policy No. 1:18 proceedings result in findings that the academic action stemmed from prohibited discrimination, review under Board Policy No. 2:9 will resume to determine what remedial action is proper.

2) If the Board Policy No. 1:18 proceedings do not result in findings that the academic action stemmed from prohibited discrimination, the proceedings under Board Policy No. 2:9 shall be dismissed, unless there are other factors that may have independently been subject to challenge under this policy.
2. **Timing and Substantive Conditions on Appeals**

A. Academic appeals may be brought only by students who were registered during the term in which the disputed action was taken.

B. Academic appeals may be brought only from final course grades or other actions that have similar finality, such as, without limitation, denial of admission to an undergraduate major or refusal to permit the continuation of an academic program.

C. Academic appeals must be brought within thirty calendar days from the date that the student received notification of the action. If this action occurs within fifteen calendar days before the end of the term, the student must bring an appeal within fifteen calendar days after the beginning of the academic term (fall, spring, or summer) following the term in which the challenged action was taken. A student may petition the president or president’s designee for an extension of this timeline if circumstances prevented a timely appeal.

D. Academic appeals may be brought to challenge a grade or academic decision typically on one or more of three grounds:

1) if an academic decision resulted from administrative error or from misapprehension of some material fact or circumstance, e.g., evaluation reflected an error in the examination or question itself or misread the student’s written response;

2) if an academic decision departs substantially from accepted academic standards for the discipline and the university; or

3) if circumstances suggest that an academic decision reflected the prejudiced or capricious consideration of student opinions or conduct unrelated to academic standards, of student status protected under Board policy, state or federal civil rights law or of other considerations that are inconsistent with the bona fide exercise of academic judgment.

3. **Appeals Procedure**

A. University presidents shall be responsible for establishing appeals procedures for their campuses.

B. Appeals procedures shall provide that:

1) A student who wishes to complain about a grade or academic decision shall discuss the matter first with the course instructor or the person(s) responsible for the decision.
a. The instructor or academic decision-maker(s) shall listen to the student’s concerns, shall provide explanation, and shall change the grade or reconsider the decision if the student provides convincing argument for doing so.

2) If, after the discussion with the instructor or academic decision-maker, the student's concerns remain unresolved, the student may appeal the matter to the appropriate immediate administrative superior. That person, if he or she believes that the complaint may have merit, shall discuss the matter with the instructor or decision-maker. If the matter still remains unresolved, the dispute shall be referred to the president or the president’s designee.

3) The president or the president’s designee shall make a final decision, which may include an administrative change in grade or academic status.

a. If resolution of the dispute requires the resolution of a question involving academic standards, the president or the president’s designee may obtain expert recommendations concerning those standards, whether by convening a panel of faculty or by obtaining recommendations from experts from outside the university.

APPENDIX X
I. Purpose

1.1 Plagiarism will not be tolerated in the Department of Physical Therapy. The term “Plagiarism” includes, but is not limited to, the following: A. Using, by paraphrase or direct quotation, the published or unpublished work of another person without full and clear acknowledgment; B. Using materials prepared by another person or agency engaged in the selling of term papers or other academic materials without prior authorization by the instructor; or; C. Engaging in other behavior that a reasonable person would consider plagiarism.

1.2 Cheating will not be tolerated in the Department of Physical Therapy. “Cheating” includes, but is not limited to, the following: A. Using any unauthorized assistance in, or having unauthorized materials while, taking quizzes, tests, examinations or other assignments, including copying from another’s quiz, test, examination, or other assignment or allowing another to copy from one’s own quiz, test, examination, or other assignment; B. Using sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; C. Acquiring, without permission, tests or other academic material belonging to the instructor or another member of the Institutional faculty or staff; D. Engaging in any behavior prohibited by the instructor in the course syllabus or in class discussion; E. Falsifying or misrepresenting data or results from a laboratory or experiment; or F. Engaging in other behavior that a reasonable person would consider to be cheating.

II. Policy

2.1 If cheating or plagiarism is apparent, the USDPT Core and Associated faculty will follow the procedures set forth in the Board of Regents Policy 2.33.

III. Procedure

3.1 The Academic Misconduct policy will be printed in the USD PT Student Handbook.

3.2 The faculty will include the plagiarism policy in all course syllabi.

3.3 The Academic Misconduct Informal Disposition Form documents the procedure to be followed by the instructor, if cheating or plagiarism has occurred.

3.4 The procedure will be discussed with core faculty and associated faculty.

3.4 In a timely manner, the instructor is to refer the student to the USD PT Student Progress and Conduct Committee.

Adopted 6.9.16
Sanford School of Medicine Student Immunization Policy
This policy applies to all SSOM Medical Students as well as visiting Medical Students
(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 or 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 1st 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.**
<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>USD ID#</th>
</tr>
</thead>
</table>


**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.*

**REQUIRED IMMUNIZATIONS:**

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

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

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

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:_____/_____/_____  
   2nd dose Date:_____/_____/_____ (1 month after 1st dose)  
   3rd dose 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:_____/_____/_____ 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).** Meningococcal Vaccine (Meningitis vaccine). Refer to immunization policy.

Students should consult with their physician about their specific risk:

Vaccine: __________________________Date: ____/____/____  Vaccine: __________________________Date: ____/____/____

H. **Childhood DTP/TDaP/DPT 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
APPENDIX XII
**Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities.**

### 1. Critical Thinking
- **Beginning Level:**
  - Raises relevant questions
  - Considers all available information
  - Articulates ideas
  - Understands the scientific method
  - States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
  - Recognizes holes in knowledge base
  - Demonstrates acceptance of limited knowledge and experience in knowledge base

- **Intermediate Level:**
  - Feels challenged to examine ideas
  - Critically analyzes the literature and applies it to patient management
  - Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
  - Seeks alternative ideas
  - Formulates alternative hypotheses
  - Critiques hypotheses and ideas at a level consistent with knowledge base
  - Acknowledges presence of contradictions

- **Entry Level:**
  - Distinguishes relevant from irrelevant patient data
  - Readily formulates and critiques alternative hypotheses and ideas
  - Infers applicability of information across populations
  - Exhibits openness to contradictory ideas
  - Identifies appropriate measures and determines effectiveness of applied solutions efficiently
  - Justifies solutions selected

- **Post-Entry Level:**
  - Develops new knowledge through research, professional writing and/or professional presentations
  - Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
  - Weighs information value based on source and level of evidence
  - Identifies complex patterns of associations
  - Distinguishes when to think intuitively vs. analytically
  - Recognizes own biases and suspends judgmental thinking
  - Challenges others to think critically
### 2. Communication

The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

#### Beginning Level:
- Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- Recognizes impact of non-verbal communication in self and others
- Recognizes the verbal and non-verbal characteristics that portray confidence
- Utilizes electronic communication appropriately

#### Intermediate Level:
- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- Restates, reflects and clarifies message(s)
- Communicates collaboratively with both individuals and groups
- Collects necessary information from all pertinent individuals in the patient/client management process
- Provides effective education (verbal, non-verbal, written and electronic)

#### Entry Level:
- Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- Maintains open and constructive communication
- Utilizes communication technology effectively and efficiently

#### Post-Entry Level:
- Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- Effectively delivers messages capable of influencing patients, the community and society
- Provides education locally, regionally and/or nationally
- Mediates conflict

### 3. Problem Solving

The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

#### Beginning Level:
- Recognizes problems
- States problems clearly
- Describes known solutions to problems
- Identifies resources needed to develop solutions
- Uses technology to search for and locate resources
- Identifies possible solutions and probable outcomes

#### Intermediate Level:
- Prioritizes problems
- Identifies contributors to problems
- Consults with others to clarify problems
- Appropriately seeks input or guidance
- Prioritizes resources (analysis and critique of resources)
- Considers consequences of possible solutions

#### Entry Level:
- Independently locates, prioritizes and uses resources to solve problems
- Accepts responsibility for implementing solutions
- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Modifies solutions based on the outcome and current evidence
- Evaluates generalizability of current evidence to a particular problem

#### Post-Entry Level:
- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen
### 4. Interpersonal Skills — The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

<table>
<thead>
<tr>
<th>Beginning Level</th>
<th>Intermediate Level</th>
<th>Entry Level</th>
<th>Post-Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains professional demeanor in all interactions</td>
<td>Recognizes the non-verbal communication and emotions that others bring to professional interactions</td>
<td>Demonstrates active listening skills and reflects back to original concern to determine course of action</td>
<td>Establishes mentor relationships</td>
</tr>
<tr>
<td>Demonstrates interest in patients as individuals</td>
<td>Establishes trust</td>
<td>Responds effectively to unexpected situations</td>
<td>Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction</td>
</tr>
<tr>
<td>Communicates with others in a respectful and confident manner</td>
<td>Seeks to gain input from others</td>
<td>Demonstrates ability to build partnerships</td>
<td></td>
</tr>
<tr>
<td>Respects differences in personality, lifestyle and learning styles during interactions with all persons</td>
<td>Respects role of others</td>
<td>Applies conflict management strategies when dealing with challenging interactions</td>
<td></td>
</tr>
<tr>
<td>Maintains confidentiality in all interactions</td>
<td>Accommodates differences in learning styles as appropriate</td>
<td>Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
<td></td>
</tr>
<tr>
<td>Recognizes the emotions and bias that one brings to all professional interactions</td>
<td></td>
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</tr>
</tbody>
</table>

### 5. Responsibility — The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

<table>
<thead>
<tr>
<th>Beginning Level</th>
<th>Intermediate Level</th>
<th>Entry Level</th>
<th>Post-Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates punctuality</td>
<td>Displays awareness of and sensitivity to diverse populations</td>
<td>Educates patients as consumers of health care services</td>
<td>Recognizes role as a leader</td>
</tr>
<tr>
<td>Provides a safe and secure environment for patients</td>
<td>Completes projects without prompting</td>
<td>Encourages patient accountability</td>
<td>Encourages and displays leadership</td>
</tr>
<tr>
<td>Assumes responsibility for actions</td>
<td>Delegates tasks as needed</td>
<td>Directs patients to other health care professionals as needed</td>
<td>Facilitates program development and modification</td>
</tr>
<tr>
<td>Follows through on commitments</td>
<td>Collaborates with team members, patients and families</td>
<td>Acts as a patient advocate</td>
<td>Promotes program development for students and coworkers</td>
</tr>
<tr>
<td>Articulates limitations and readiness to learn</td>
<td>Provides evidence-based patient care</td>
<td>Promotes evidence-based practice in health care settings</td>
<td>Monitors and adapts to changes in the health care system</td>
</tr>
<tr>
<td>Abides by all policies of academic program and clinical facility</td>
<td></td>
<td>Accepts responsibility for implementing solutions</td>
<td>Promotes service to the community</td>
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</tbody>
</table>
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post-Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abides by all aspects of the academic program honor code and the APTA Code of Ethics</td>
<td>Identifies positive professional role models within the academic and clinical settings</td>
<td>Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</td>
<td>Actively promotes and advocates for the profession</td>
</tr>
<tr>
<td>Demonstrates awareness of state licensure regulations</td>
<td>Acts on moral commitment during all academic and clinical activities</td>
<td>Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity</td>
<td>Pursues leadership roles</td>
</tr>
<tr>
<td>Projects professional image</td>
<td>Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making</td>
<td>Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</td>
<td>Supports research</td>
</tr>
<tr>
<td>Attends professional meetings</td>
<td>Discusses societal expectations of the profession</td>
<td>Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</td>
<td>Participates in program development</td>
</tr>
<tr>
<td>Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</td>
<td></td>
<td>Discusses role of physical therapy within the healthcare system and in population health</td>
<td>Participates in education of the community</td>
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<tr>
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<td></td>
<td>Demonstrates leadership in collaboration with both individuals and groups</td>
<td>Demonstrates the ability to practice effectively in multiple settings</td>
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<td>Acts as a clinical instructor</td>
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<td>Advocates for the patient, the community and society</td>
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</tbody>
</table>

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post-Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates active listening skills</td>
<td>Critiques own performance accurately</td>
<td>Independently engages in a continual process of self evaluation of skills, knowledge and abilities</td>
<td>Engages in non-judgmental, constructive problem-solving discussions</td>
</tr>
<tr>
<td>Assesses own performance</td>
<td>Responds effectively to constructive feedback</td>
<td>Seeks feedback from patients/clients and peers/mentors</td>
<td>Acts as conduit for feedback between multiple sources</td>
</tr>
<tr>
<td>Actively seeks feedback from appropriate sources</td>
<td>Utilizes feedback when establishing professional and patient related goals</td>
<td>Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
<td>Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</td>
</tr>
<tr>
<td>Demonstrates receptive behavior and positive attitude toward feedback</td>
<td>Develops and implements a plan of action in response to feedback</td>
<td>Uses multiple approaches when responding to feedback</td>
<td>Utilizes feedback when analyzing and updating professional goals</td>
</tr>
<tr>
<td>Incorporates specific feedback into behaviors</td>
<td>Provides constructive and timely feedback</td>
<td>Reconciles differences with sensitivity</td>
<td></td>
</tr>
<tr>
<td>Maintains two-way communication without defensiveness</td>
<td></td>
<td>Modifies feedback given to patients/clients according to their learning styles</td>
<td></td>
</tr>
</tbody>
</table>
### 8. Effective Use of Time and Resources

- **Beginning Level:**
  - Comes prepared for the day’s activities/responsibilities
  - Identifies resource limitations (i.e. information, time, experience)
  - Determines when and how much help/assistance is needed
  - Accesses current evidence in a timely manner
  - Verbalizes productivity standards and identifies barriers to meeting productivity standards
  - Self-identifies and initiates learning opportunities during unscheduled time

- **Intermediate Level:**
  - Utilizes effective methods of searching for evidence for practice decisions
  - Recognizes own resource contributions
  - Shares knowledge and collaborates with staff to utilize best current evidence
  - Discusses and implements strategies for meeting productivity standards
  - Identifies need for and seeks referrals to other disciplines

- **Entry Level:**
  - Uses current best evidence
  - Collaborates with members of the team to maximize the impact of treatment available
  - Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
  - Gathers data and effectively interprets and assimilates the data to determine plan of care
  - Adjusts plans, schedule etc. as patient needs and circumstances dictate
  - Meets productivity standards of facility while providing quality care and completing non-productive work activities

- **Post-Entry Level:**
  - Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)
  - Applies best evidence considering available resources and constraints
  - Organizes and prioritizes effectively
  - Prioritizes multiple demands and situations that arise on a given day
  - Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

### 9. Stress Management

- **Beginning Level:**
  - Recognizes own stressors
  - Recognizes distress or problems in others
  - Seeks assistance as needed
  - Maintains professional demeanor in all situations

- **Intermediate Level:**
  - Actively employs stress management techniques
  - Reconciles inconsistencies in the educational process
  - Maintains balance between professional and personal life
  - Accepts constructive feedback and clarifies expectations
  - Establishes outlets to cope with stressors

- **Entry Level:**
  - Demonstrates appropriate affective responses in all situations
  - Responds calmly to urgent situations with reflection and debriefing as needed
  - Prioritizes multiple commitments
  - Reconciles inconsistencies within professional, personal and work/life environments
  - Demonstrates ability to defuse potential stressors with self and others

- **Post-Entry Level:**
  - Recognizes when problems are unsolvable
  - Assists others in recognizing and managing stressors
  - Demonstrates preventative approach to stress management
  - Establishes support networks for self and others
  - Offers solutions to the reduction of stress
  - Models work/life balance through health/wellness behaviors in professional and personal life
10. **Commitment to Learning** – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post-Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✤ Prioritizes information needs</td>
<td>✤ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</td>
<td>✤ Respectfully questions conventional wisdom</td>
<td>✤ Acts as a mentor not only to other PT’s, but to other health professionals</td>
</tr>
<tr>
<td>✤ Analyzes and subdivides large questions into components</td>
<td>✤ Applies new information and re-evaluates performance</td>
<td>✤ Formulates and re-evaluates position based on available evidence</td>
<td>✤ Utilizes mentors who have knowledge available to them</td>
</tr>
<tr>
<td>✤ Identifies own learning needs based on previous experiences</td>
<td>✤ Accepts that there may be more than one answer to a problem</td>
<td>✤ Demonstrates confidence in sharing new knowledge with all staff levels</td>
<td>✤ Continues to seek and review relevant literature</td>
</tr>
<tr>
<td>✤ Welcomes and/or seeks new learning opportunities</td>
<td>✤ Recognizes the need to and is able to verify solutions to problems</td>
<td>✤ Modifies programs and treatments based on newly-learned skills and considerations</td>
<td>✤ Works towards clinical specialty certifications</td>
</tr>
<tr>
<td>✤ Seeks out professional literature</td>
<td>✤ Reads articles critically and understands limits of application to professional practice</td>
<td>✤ Consults with other health professionals and physical therapists for treatment ideas</td>
<td>✤ Seeks specialty training</td>
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<tr>
<td>✤ Plans and presents an in-service, research or cases studies</td>
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<td>✤ Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)</td>
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<td>✤ Pursues participation in clinical education as an educational opportunity</td>
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</table>
PROFESSIONAL DEVELOPMENT ASSESSMENT FORM

Name: ____________________________________________

Personal Professional Mission Statement:

Total number missed class periods for Professional Leave: 0:
Were any of these missed sessions in the same course: Yes: ☐ No: ☐

Professional Development Document Review: (Date when completed)

<table>
<thead>
<tr>
<th>Advisement Session</th>
<th>YR I/Fall</th>
<th>YR I/Spring</th>
<th>YR II/Fall</th>
<th>YR II/Spring</th>
<th>YR III/Fall</th>
<th>YR III/Spring</th>
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<tbody>
<tr>
<td>APTA Code of Ethics</td>
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<td>APTA Guide for Professional Conduct</td>
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<td>APTA Vision Statement and Guiding Principles</td>
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<tr>
<td>Professionalism in PT: Core Values</td>
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<tr>
<td>Professional Behaviors</td>
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</table>

Based on reflection and self-assessment of the Professional Behaviors, Core Values and Personal Leadership Development I have identified my areas of strengths and weaknesses as:

**Strengths:** (2-3 listed)

<table>
<thead>
<tr>
<th>YR I/Fall:</th>
<th>YR I/Spring:</th>
<th>YR II/Fall:</th>
<th>YR II/Spring:</th>
<th>YR III/Fall:</th>
<th>YR III/Spring:</th>
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<tbody>
<tr>
<td>See Professional Development Plan</td>
<td>See Professional Development Plan</td>
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</table>

**Weaknesses:** (2-3 listed)

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<th>YR I/Fall:</th>
<th>YR I/Spring:</th>
<th>YR II/Fall:</th>
<th>YR II/Spring:</th>
<th>YR III/Fall:</th>
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<tr>
<td>See Professional Development Plan</td>
<td>See Professional Development Plan</td>
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</tbody>
</table>
**SMART Goals geared toward strengths and weaknesses:** (2-3 Goals)
(Specific, Measurable, Achievable, Relevant, Time based)

<table>
<thead>
<tr>
<th>Year</th>
<th>Fall</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
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<tbody>
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</table>

**Specific Action Plan to Execute and Achieve Goals:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Fall</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
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<tbody>
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<td>YR III</td>
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</table>

YR III/Fall: See Professional Development Plan
YR III/Spring: See Professional Development Plan
Success and barriers toward previous goals achievement:

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>YR I/Spring:</td>
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<tr>
<td>YR II/Fall:</td>
<td></td>
</tr>
<tr>
<td>YR II/Spring:</td>
<td></td>
</tr>
</tbody>
</table>

Leadership Position Reflection on Action:

- Describe how your strengths and weaknesses influence your leadership skills.
- Discuss areas of personal development to improve your leadership skills.
- What qualities do you possess that are a good match to your leadership role?

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>YR I/Spring:</td>
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<tr>
<td>YR II/Fall:</td>
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<td>YR II/Spring:</td>
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</tbody>
</table>
APPENDIX XIII
Student Request to Inspect and Review Education Records

Date: _________________  Student name (printed):  ___________________________________

To (record custodian): _____________________________________________________________

I wish to inspect my education record(s) located in the following office(s):

_______________________________________________________________________________

I wish to inspect the following record or records (identify as precisely as possible):

_______________________________________________________________________________

_______________________________________________________________________________

Student signature:  ________________________________________________________________

Address:  _______________________________________________________________________

Telephone Number & Email Address:  _________________________________________________

I have inspected and/or have been informed of the contents of the requested education record(s) identified above and am satisfied with its accuracy and completeness.

Date: _________________  Student signature:  _______________________________________

I have inspected and/or have been informed of the contents of the requested education record(s) identified above and am not satisfied with its accuracy and completeness for the following reason(s) (student must specify the part of the record s/he wants changed and specify why s/he believes it is inaccurate, misleading, or in violation of his/her privacy or other rights):

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Date: _________________  Student signature:  _______________________________________
Release of Information Authorization Form

I hereby give ________________________________ authorization to release to

______________________________________________________________ the following items in my education record:

__________ Grades for all classes

__________ Grade(s) for the following classes: ________________________________

______________________________________________________________

______________________________________________________________

__________ GPA

__________ Class rank

__________ Other: _______________________________________________________

______________________________________________________________

______________________________________________________________

for the purpose of ________________________________________________________________.

Date: ________________________ Student signature: ________________________________

Student ID#: _________________ Student name (printed): ________________________________
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.

I hereby give ____________________________________________ (recommender) authorization to access the following items in my education record for the purpose of writing a letter of recommendation:

- Grades for all classes
- Grade(s) for the following classes: _________________________________
  ______________________________________________________________
  ______________________________________________________________
- GPA
- Class rank
- Other: _______________________________________________________
  ______________________________________________________________
  ______________________________________________________________

Date: _______________  Student signature: ________________________________
APPENDIX XIV
I grant the Department of Physical Therapy to use assignment(s) which I have submitted as part of coursework in the Physical 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.

Printed Name: _________________________________

__________________________________________  ___________
Signature                                      Date
The University of South Dakota
Department of Physical Therapy
Permission to Videotape

I grant the Department of Physical Therapy the right to videotape practical exams, skills checks, and/or retakes of practical exams and skills checks that are a part of the Physical Therapy Program of Study. These videos are used to aid in student learning. It is also used to assess patient and practitioner safety practices prior to treating patients in a clinical setting.

Printed Name: _________________________________

_____________________________________________  ______________
Signature                                      Date
Department of Physical Therapy
Consent to Videotape or Photograph

INSTRUCTIONS: Faculty and/or students must secure an authorization signature before videotaping or taking photos of a patient/client/human subject. This form must be returned to the USD Department of Physical Therapy and will be kept on file for 1 year from date of signature. Please read and obtain the appropriate signature from the patient/client/human subject or parent/guardian.

_________________________ hereby agrees to participate in the physical therapy program in the form of patient demonstration on videotape or photo.

I also understand that the physical therapy examination, evaluation and intervention process is confidential and that my rights to privacy and confidentiality will be respected.

I also understand that the faculty/student discussions of my photo or videotape will be restricted to professional applications and will occur in the profession education community established at the University of South Dakota Department of Physical Therapy.

Printed Name of Patient

_________________________ Signature of Patient/Guardian Date

_________________________ Signature of Witness Date
INSTRUCTIONS: Faculty and/or students must secure an authorization signature before interacting with a patient or client and videotaping or taking photos. This form must be returned to the USD Physical Therapy Department and will be kept on file for 1 year after the student graduates. Please read and obtain the appropriate signature from the patient/client or parent/guardian.

_________________________ hereby agrees to participate in the physical therapy program in the form of patient demonstration or delivery of education; or to receive pro bono physical therapy services in exchange for clinical demonstration and education.

I also understand that the physical therapy examination, evaluation and intervention process is confidential and that my rights to privacy and confidentiality will be respected.

I also understand that the faculty/student discussions of my case or lecture will be restricted to professional applications and will occur in the profession education community established at the University of South Dakota Department of Physical Therapy.

Printed Name of Patient

__________________________________________
Signature of Patient/Guardian               Date

__________________________________________
Signature of Witness                     Date
Department of Physical Therapy
Consent to Participate in Physical Therapy Education as a Simulated Patient

INSTRUCTIONS: An authorization signature must be obtained in the first term before engaging in physical therapy psychomotor labs or portraying as a patient in a practical exam. This form will be filed in the USD Physical Therapy Department.

I, ___________________________, hereby agree to participate in the physical therapy educational program as a lab partner and simulated patient.

I also understand that I cannot hold the Department of Physical Therapy liable as participating is a component of my physical therapy education.

I also understand that my involvement as a lab partner or simulated patient is confidential and that my rights to privacy and confidentiality will be respected.

I also understand that the discussions will be restricted to professional applications and will occur in the professional community.

I also understand that the signature heretofore is for the entire tenure as a matriculated student in the doctoral program of physical therapy.

________________________________________  __________________________
Signature of Client/Individual            Date
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
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: Physical 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.
HEALTH AND SAFETY POLICIES & PROCEDURES & GENERAL STUDENT INFORMATION

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.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) POLICY

Introduction
Automated External Defibrillators (AEDs) are 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 monthly 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 monthly inspection. 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 in Lee Med 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 in Lee Med.
  - At least one set of batteries for each model of AED in Lee Med 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)

**GENERAL SAFETY**

**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).

**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.

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.

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 PT student receives instruction on fire suppression techniques of portable fire extinguishers, causes of fires, and basic fire prevention principles through the Sanford Success Center 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 room 304 and across from 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 (Refer to Lee Med Evacuation Procedure):

- 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.
EMERGENCY GUIDELINES - HAZARDOUS MATERIALS

Hazardous Materials:
- Includes fuels, janitorial supplies, chemicals, and other items and materials such as fluorescent lights, batteries, asbestos, and paints.
- All students will be instructed to use, handle, and dispose of chemicals as indicated by the container instructions. A current MSDS manual is available in Main Office (375A).
- The PT 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 Public Safety 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.

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.
o Sirens will be activated by spotter request if they feel the situation is dangerous to the general public.
o Sirens will be activated when The National Weather Service or The Office of Emergency Management provides direct information of immediate danger.
o 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.

Emergency Evacuation Plan
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.

**Severe Weather Plan**

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
SHARPS DISPOSAL

**SHARPS DISPOSAL**

**SHARPS DISPOSAL**

<table>
<thead>
<tr>
<th>NEEDLES AND OTHER SHARPS</th>
<th>HAZARDOUS GLASS AND PLASTIC</th>
<th>EMPTY BOTTLES, OTHER GLASS AND PLASTIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp: Items designed to cut or puncture skin and sharp items contaminated with human blood and body fluids.</td>
<td>Hazardous Glass and Plastic: Items that can injure if disposed of in normal trash containers.</td>
<td>Unbroken Glass and Plastic: Items that present no hazard if disposed of as normal trash.</td>
</tr>
<tr>
<td>- Needles and syringes with needles</td>
<td>- Pasteur pipettes</td>
<td>- Petri dishes (decontaminated)</td>
</tr>
<tr>
<td>- Lancets</td>
<td>- Other pipettes and tips</td>
<td>- Sturdy test and centrifuge tubes</td>
</tr>
<tr>
<td>- Scalpels and razor blades</td>
<td>- Uncontaminated slides and cover slips</td>
<td>- Empty bottles</td>
</tr>
<tr>
<td>- Contaminated broken vials, hematocrit tubes, Pasteur pipettes and laboratory slides</td>
<td>- Broken or fragile glass</td>
<td><strong>Sturdy, Leakproof Cardboard Boxes:</strong></td>
</tr>
<tr>
<td><strong>OSHA-Approved Sharps Container:</strong></td>
<td></td>
<td>- Use plastic liner.</td>
</tr>
<tr>
<td>- Closed, puncture resistant, leakproof, plastic sharps container.</td>
<td></td>
<td>- Double box or tape seams to contain waste.</td>
</tr>
<tr>
<td><strong>Obtain from:</strong> Laboratory supply/safety catalog.</td>
<td></td>
<td>- Use packing tape, not lab tape or masking tape.</td>
</tr>
</tbody>
</table>

**Disposal Procedure:**
- Collect in an OSHA-approved sharps container.
- When full take to a sharps collection area and deposit container in the red plastic collection can. (Ask your building manager for the location)

**Regular Lab Wastebasket**

**Disposal Procedure:**
- If contaminated with infectious agents or human blood, decontaminate first.
- Empty the item of hazardous chemicals and drain liquids.
- Tape box closed.
- Mark box with the words **“Hazardous Glass for Disposal”** and your room number.
- Place in hallway next to your lab door.

**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 healthcare 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.

   i. Proper Glove Removal:

   - Grasp the palm of one glove near your wrist.
   - Carefully pull the glove off.
   - Hold the glove in the palm of the still-gloved hand.
   - Slip two fingers under the wrist of the remaining glove.
   - 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.
   - Always wash your hands after removing gloves. Gloves can have holes in them that are too small to be seen.

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.
GENERAL STUDENT INFORMATION

STUDENT HEALTH SERVICES
http://www.usd.edu/student-life/student-health
(677-3700)

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 PT Students are required to submit a copy of their insurance card to Rita Humphrey in 375A by Friday of Orientation Week and at the end of the spring semester prior to Clinical Education.

SANFORD SUCCESS CENTER REGULATORY TRAINING
All students enrolled in the School of Health Sciences are required to complete the Sanford Success Center 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 front office staff and/or Dr. Karges will be contacting you regarding enrollment procedures and completion deadlines for Physical Therapy Students. At the completion of the program you are required to save a copy of your Sanford Success Center transcript, and submit to the appropriate D2L course shell.

HEALTH INSURANCE
Physical Therapy students are required to have and to maintain health insurance throughout their entire course of study, including Clinical Education. Evidence of current insurance coverage may be requested at any time during the program, and will be requested annually.

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.

**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. A student incident report will be completed by a faculty member and forwarded to the Department Chair.

If an injury occurs during a clinical education experience, the student should report the injury immediately to their clinical instructor and the Director of Clinical Education. The student also has the responsibility to take precautions to avoid injuries, including but not limited to, notifying the clinical instructor and/or DCE 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.

**LIABILITY INSURANCE**
Students are required to have liability insurance throughout the Physical Therapy program of study. Blanket coverage is provided through The University of South Dakota. Specific information regarding the policy will be provided.

**CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION**
All first-year students must complete a CPR/BLS certification course scheduled by the PT Department. This certification will carry students through the completion of Clinical Education. If the student has an emergency and is unable or chooses not to attend the certification course, the student is independently responsible for attaining certification at his/her own cost. All students must maintain current CPR/BLS status throughout the program.
Student Driver Policy

**Policy Contents**

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**I. REASON FOR THIS POLICY**

This policy allows the University to set forth guidelines for the safe and appropriate use of university or state vehicles while driving on behalf of a university department or organization.

**II. STATEMENT OF POLICY**

Students may be authorized to drive university or state vehicles for use in connection with University of South Dakota sponsored activities. Such requests must be approved by the sponsoring department or office. Use of university or state vehicles must be for official university business only and not for a matter of convenience.
III. DEFINITIONS

**Volunteer** – Student drivers that are designated by the University to drive for competitions, university outreach events, clinicals, and conferences with or without an advisor present.

**Student employee** – Student is employed by a University department.

**Student Organization Affiliate** – Student is a member of a recognized University student organization.

**Dispatched Vehicles** – Vehicles dispatched through Fleet & Travel Management.

IV. PROCEDURES

1. **Volunteer**
   a. Volunteers required to drive a university or state vehicle in conjunction with the activities to which they are a volunteer, must provide the following to the department chair or university official in charge of the activity for approval:
      - [ ] Valid Driver’s License
      - [ ] Volunteer Form

   b. If the travel is approved by the department chair or university official, the following forms must be provided to Fleet & Travel if a dispatch vehicle is required.
      - [ ] Approved Fleet Vehicle Request Form
      - [ ] Valid Driver’s License
      - [ ] Fleet Vehicle Check-Out Form

2. **Student Employee**
   a. Student employees that are required to drive a university or state vehicle in conjunction with their employment must provide the following forms to the department chair or his/her designee for approval.
      - [ ] Valid Driver’s License

   b. If the travel is approved by the department chair or his/her designee, the following forms must be provided to Fleet & Travel if a dispatch vehicle is required.
      - [ ] Approved Fleet Vehicle Request Form
      - [ ] Valid driver’s license
      - [ ] Fleet Vehicle Check-Out Form
3. **Student Organization Affiliate**
   
a. A Student Organization Affiliate may request the use of a university or state vehicle provided the event has been approved by the student organization advisor. If the event is approved, the Affiliate must provide the following forms to the Dean of Students:
   - Valid Driver’s License
   - Proof of Insurance (personal insurance will be considered primary)
   
b. If the travel is approved by the Dean of Students, the following forms must be provided to Fleet & Travel if a dispatch vehicle is required:
   - Approved Fleet Vehicle Request Form
   - Valid driver’s license
   - Fleet Vehicle Check-Out Form
   - Proof of Insurance

4. **Record Retention**
   
a. A copy of the student’s driver’s license and proof of insurance must be maintained on file at the department level for a minimum of three years.

5. **Liability Coverage**
   
a. Student Employees and Volunteers that provide the required information as stated above will be provided liability coverage through the Public Entity Pool for Liability (PEPL).
   
b. Student Organization Affiliates must provide proof of insurance and such insurance will be considered primary. The PEPL fund will be considered secondary coverage.

6. **University Expectations of Student Drivers**
   
a. All laws, rules and regulations regarding motor vehicle transportation shall be adhered to at all times.
   
b. The driver shall review and be familiar with the South Dakota Fleet and Travel Management Policy and Procedure Handbook.
   
c. Drivers will utilize safe driving practices at all times while the vehicle is under their control.
   
d. Should any accident or incident requiring vehicle repair occur, the driver shall immediately report the information to Fleet & Travel and to the designated faculty/staff member of the sponsoring campus organization.
   
e. Any student driver that has had his/her driving privileges suspended or revoked must report this to the appropriate University Official and the Student Driver shall no longer be considered an approved driver.
V. RELATED DOCUMENTS, FORMS AND TOOLS

1. Fleet Vehicle Request Form  http://link.usd.edu/247
2. Fleet Vehicle check-Out Form  http://link.usd.edu/247
3. Volunteer Form  http://link.usd.edu/1069
APPENDIX XVII
Section I: Purpose

Section II: General Student Safety Guidelines (Infection Control/Student Safety):
Standard Precautions
Transmission Based Precautions
    Airborne Precautions
    Droplet Precautions
    Contact Precautions

Section III: Occupational Exposure to Pathogens of Epidemiologic Importance:
Policy and Protocol

Specific Student Safety Guidelines (General Information, Prevention, Prophylaxis/Treatment)
    Hepatitis B
    Hepatitis C
    Human Immunodeficiency Virus (HIV)
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Special Considerations
    Students Who Have Infections
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Appendix
    Occupational Exposure to Pathogens of Epidemiological Importance Report Form
    Required Immunization Form
    Annual Symptom Checklist for Tuberculosis
I. PURPOSE:
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. This manual outlines those tests and immunizations and other infection control practices
for a student within the Sanford School of Medicine and USD School of Health Sciences programs of
physician’s assistant studies, occupational therapy, physical therapy, dental hygiene, addiction studies,
medical laboratory science, social work, and nursing. Because of the individual nature of each program
and its clinical experiences, the specifics of this policy may vary slightly. This manual is reviewed and
updated on an annual basis by an appointed ad hoc committee including the Sanford School of
Medicine Chief of Infectious Diseases, and other representatives from both the Sanford School of
Medicine and the USD School of Health Sciences.

Students are also responsible for being familiar with the policies and practices of the facility at which they are
training.

II. General Student Safety Guidelines (Infection Control/Student Safety)

The scope of the term “Infection Control” is all encompassing and includes, but is not limited to
prevention, treatment, infection control, microbiology, pharmacology and epidemiology. The purpose
of this section of the student manual is to provide guidelines for the prevention of acquisition of an
infectious disease by the student from the patient or environment and the prevention of transmission
of an infectious disease from student to the patient (or patient to patient via the student). The safety
techniques (i.e. HAND HYGIENE #1) presented here will serve to prevent both acquisition and
transmission of infections and therefore are called STANDARD PRECAUTIONS.

Additional precautions may be necessary and are called TRANSMISSION-BASED PRECAUTIONS.

Students will be given instruction in precautionary and infection control measures for blood borne
pathogens and 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.

However, no matter how careful one is and no matter how carefully one adheres to STANDARD
PRECAUTIONS and TRANSMISSION-BASED PRECAUTIONS, accidents and exposures can happen –
accidents/conditions that may expose you to an infectious agent. It is important for students to be
aware of the process of reporting accidents in pursuit of treatment and/or prophylaxis where
appropriate. In case of an accidental exposure to bloodborne pathogens or other infectious agents,
following the SPECIFIC, organism-based guidelines may save your life!

In addition to policies from the programs regulating professional dress, the following policies are in
place to prevent the acquisition and transmission of infections:
• Fingernails:
Keep natural nail tips less than ¼ inch in length. Artificial nails, add-ons or extenders are not to be worn by staff or students who provide direct patient care.

• Footwear:
Employees and students must wear shoes that are appropriate to their job role/function and area. Shoes must be clean and well-kept. Socks or hosiery must be worn by all individuals who have patient contact. For those employees and students that provide patient care or whose job or training involves potential contact with blood and body substances or that use patient care supplies and equipment, footwear must completely cover the entire top of the foot and have no holes.

A. STANDARD PRECAUTIONS
   a. Must be used in the care of all patients, regardless of diagnosis.
   b. Requires the use of appropriate barriers (Personal protective equipment – PPE, (gloves, eye protection, masks, gowns, face shields) as needed to prevent contact with blood, body fluids, secretions excretions and contaminated items. Gloves are single use and disposable.
   c. Requires hand hygiene:
   d. Handwashing (15 seconds with antimicrobial soap and warm water) or use of an appropriate antiseptic hand cleanser, before donning gloves, after glove removal and before and after patient contact.
   e. Hand hygiene may be required between tasks or procedures on the same patient to prevent cross contamination of different body sites.
   f. Other times hand hygiene is important: when coming on duty, after use of toilet facilities, after blowing or wiping nose or coughing, before and after eating, before going off duty. When hands are visibly soiled, wash with antimicrobial soap and water instead of hand antiseptic cleanser.
   g. Disposable sharps with engineered safety features will be used at all times in compliance with OSHA Standards to reduce risk of occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps. These will have safety features that are activated after use and prior to disposal. Sharps must be disposed of in an appropriate sharps disposal puncture-proof container immediately after use. Needles will not be recapped, broken or disassembled before disposal.
   h. Laboratory specimens from all patients are collected in designated containers and placed for transport in bags labeled with the biohazard symbol.
   i. Special measures may be indicated for hospitalized patients in addition to the routine practices of Standard Precautions. When these types of precautions are discontinued, Standard Precautions will be maintained. Standard Precautions are used in ambulatory settings including those with a history of drug resistant organisms.
B. TRANSMISSION BASED PRECAUTIONS:

Don appropriate PPE prior to entering the room and doff PPE prior to exiting the room.

a. Airborne Precautions:
   - To be used for patients known or suspected to have microorganisms transmitted by small airborne droplet nuclei (e.g. tuberculosis, measles, varicella).
   - Requires a private room for the patient with negative air pressure to surrounding areas, and 6-12 air exchanges per hour.
   - Requires respiratory protection (usually a disposable, particulate respirator) when entering the room if the patient is known or suspected to have tuberculosis or other airborne pathogens.
   - Fit testing is required if N95 or greater mask is indicated.
   - Susceptible individuals should not enter the room of patients known or suspected to have measles or varicella. If susceptible persons must enter the room they should wear respiratory protection.

b. Droplet Precautions:
   - Used for patients known or suspected to have microorganisms transmitted by large particle aerosols generated by coughing, sneezing or talking (e.g. *Haemophilus influenza*, *Neisseria meningitidis*, Group A Streptococcus, pertussis, rubella, adenovirus, influenza, mumps, parvovirus).
   - Private room for patient if possible. If a private room is not available, patients should be cohorted (grouped with similar disease), if possible, or require special separation of at least three feet between patients. Special air handling and ventilation are not required.
   - Requires the uses of disposable masks when within three feet of the patient.

c. Contact Precautions:
   - Used in caring for patients known or suspected to have epidemiologically important microorganisms that can be transmitted by direct contact with patient and/or contaminated environmental surfaces (e.g. MRSA, multidrug resistant bacteria, *Clostridium difficile* and other agents that cause diarrhea, respiratory syncytial virus (RSV) parainfluenza, herpes simplex varicella zoster, agents causing wound, skin or conjunctival infections, scabies and lice.
   - A private room should be used, if possible. Cohorting or consultation with infection control personnel should be accomplished if a private room is not available.
   - Requires the use of gloves when entering the room. Gloves should be changed after contact with infective material and removed after leaving the patient environment. Hand hygiene should be performed immediately after glove removal.
   - Usually requires the use of gowns and masks if contact with patient or patient’s environment is anticipated. For patients with diarrhea, a private room with a private bathroom is preferable. If possible, a private commode should be available at bedside.
III. OCCUPATIONAL EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS

This section provides details related to student safety guidelines for prevention, prophylaxis and the interventions available to USD Health Affairs students who have the potential for exposure to blood, other body fluids, or other potentially infectious materials during the normal course of their student educational activities.

A. Definition:
An occupational 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.

B. Exposure Incidents Requiring Follow-up:
Exposure incidents requiring follow-up include, but are not limited to: 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.

1. 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 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 brand 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 Form:** This form may be downloaded from the portal. **Do not delay seeking post-exposure evaluation and treatment 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 call 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.

**C. 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 on pages 9 - 12 of this Manual.
D. 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 Appendix for 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.

E. 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.

IV. SPECIFIC STUDENT SAFETY GUIDELINES
(General information, Prevention, Prophylaxis/Treatment)

This section of your manual briefly summarizes the specific exposures you might have, the prevention strategies that must be followed and the treatment/prophylaxis available. In care of accidental needle sticks or injury with other contaminated sharp object (scalpel) or exposure to an infectious agent where treatment or prophylaxis is available, it may be a specific hospital Infection Control Program or Emergency Room or Clinic nurse that will walk you through the reporting and treatment/prophylaxis process for that institution. Use this information to be your own advocate in ensuring your proper follow-up.

ANY exposure to patient blood and body fluids – percutaneous, splash into eyes, mucous membranes or onto already injured skin – may carry with it organisms that can kill and/or severely compromise your life (e.g. HIV). There are NO exposures minor enough to ignore; all exposures must be reported – for your safety.

A. HEPATITIS B VIRUS (HBV)
   Prevention/Prophylaxis/Treatment/Follow-up:
   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
   • Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.
   • 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.
   • A copy of the titer report must accompany immunization form or be provided as soon as it is available.
   • 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.
• 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.

• If after two complete series, titers remain below 10mIU/mL, the person is considered at risk for acquiring HBV. 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 or body fluids. 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).

Additional information:
• CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Post exposure Management: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm
• CDC Epidemiology and Prevention of Vaccine-Preventable Diseases; Pink Book (2015): http://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html

B. HEPATITIS C VIRUS (HCV)
Prevention/Prophylaxis/Treatment/Follow-up:
Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis.
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm
Bloodborne Exposures Algorithm (see Appendix)

C. HUMAN IMMUNODEFICIENCY VIRUS (HIV):
Prevention/Prophylaxis/Treatment/Follow-up:

The decision to take anti-retroviral drugs may be difficult. Free consultation is available through the PEPline (The National Clinician’s Post-Exposure Prophylaxis Hotline):
http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/

Follow the procedure as outlined in the Occupational Exposure to Infectious and Environmental Hazards protocol.
1. Exposure decontamination: Good first aid
2. Documentation and Follow-up
3. Notification
4. Completing Report Forms
D. **TUBERCULOSIS:**

**Prevention/Prophylaxis/Treatment/Follow-up:**

TB Skin Tests or Interferon Gamma Release Assay (IGRA)

- **Initial Two-Step TB Skin Test:** Documentation of a two TB skin test 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**

- Interferon Gamma Release Assay (IGRA)
- 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.

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

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

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.

Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually (see Appendix for form).

**Additional information:** [https://www.cdc.gov/tb/default.htm](https://www.cdc.gov/tb/default.htm)

E. **MENINGOCOCCAL DISEASE:**

**Prevention/Prophylaxis/Treatment/Follow-up:**

This is a recommended vaccine for any students in a health related program at USD. Please refer to the CDC’s Epidemiology and Prevention of Vaccine-Preventable Diseases; The Pink Book 13th Ed (2015): [http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html](http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html)

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.
F. **INFLUENZA:**
All Health Affairs students are required to have the flu vaccine by December 1st annually.
http://www.cdc.gov/flu/healthcareworkers.htm

G. **VARICELLA ZOSTER VIRUS (VZV) (Chicken Pox/Shingles):**
Prevention/Prophylaxis/Treatment/Follow-up:
One of the following is required:
1. Varicella Titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form);

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

*Additional information:* http://www.cdc.gov/vaccines/pubs/pinkbook/varicella.html

H. **MEASLES (RUBEOLA), MUMPS, RUBELLA:**
Prevention/Prophylaxis/Treatment/Follow-up:
One of the following is required:
1. All students born after December 31, 1956 are required to have medically signed proof of TWO properly administered immunizations.

OR
2. Immune titers for measles (rubeola), mumps, and rubella.


I. **PERTUSSIS:**
Prevention/Prophylaxis/Treatment/Follow-up:
One time 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.

*Additional information:* http://www.cdc.gov/vaccines/pubs/pinkbook/pert.html
III. ENTERING AND VISITING STUDENT IMMUNIZATION POLICY

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 part of the School(s) 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.
- 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:
   - All students born after December 31, 1956 are required to have medically signed proof of TWO properly administered immunizations.
   **OR**
   - 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.**
   - Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.
   - 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.
   - A copy of the titer report must accompany immunization form or be provided as soon as it is available.
   - 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.
   - 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.
   - If after a second series, titers remain below 10mIU/mL, the person is considered at risk for acquiring HBV.
3. **Varicella/Chicken Pox immunity.** One of the following is required.
   - Varicella Titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form);
   - OR
   - 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 life time time 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. **Upon admission: TB Skin Tests or Interferon Gamma Release Assay (IGRA)**
   - **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
   - **Interferon Gamma Release Assay (IGRA)**
   - 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:**

6. **Annual TB Skin Test:**
   - Students are required to have an annual TB Skin Test
   - OR
   - IGRA
   - OR
   - Annual symptom checklist if history of latent TB.

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

Students with a positive TB skin test or IGRA:
Are required to provide documentation from their health care provider including the following:
   - Result of the positive TB skin test (date placed, read, measurement in mm, signed by a health care provider) or IGRA report.
   - Chest x-ray report.
   - Determination by the health care provider if this a latent TB infection or active TB disease.
   - Treatment; including what it was, when started, when completed, etc.
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.

Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually (see Appendix for form).

7. **Annual Influenza vaccination:**
   The influenza vaccine is required by December 1st 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.**
SPECIAL CONSIDERATIONS:

1. **STUDENTS WITH SKIN INFECTIONS, DIARRHEA OR CONTAGIOUS DISEASES SHOULD CONSULT THEIR PHYSICIAN AND THE HOSPITAL/CLINIC INFECTION CONTROL PROGRAMS PRIOR TO PATIENT CONTACT.**

2. **HIV, HBV, HCV-INFECTED Student**
   There are two concerns: safety of patients and safety of the student. CDC has recommended that HIV, HBV, HCV positive health care workers:
   - Use standard precautions – prevention of transmission of HIV, HBV, HCV from student to patient; prevention of transmission of infections to the student who may be immune compromised.
   - Currently available data provide no basis for recommendations to restrict the practice of HCW’s infected with HIV, HBV, HCV who perform invasive procedures not identified as exposure-prone.
   - Exposure-prone procedures will be identified by an expert review panel composed of representation from USD Sanford Health Affairs and institutions at which the procedures are performed. The CDC recommendations from July 2012 will serve as a guide for identifying exposure prone procedures: [http://www.cdc.gov/mmwr/preview/mmwhtml/rr6103a1.htm](http://www.cdc.gov/mmwr/preview/mmwhtml/rr6103a1.htm). Health care workers/students who perform exposure-prone procedures should know their HIV, HBsAg and antibody status. If HBsAg is positive, students should know their HBeAg status and may be counseled to obtain their HBV DNA status.
   - Students infected with HIV, HBV, or HCV will be excluded from “exposure-prone” procedures unless they have sought counsel from an expert review panel and been advised under what circumstances, if any, they may perform these procedures.
   - The facilities where students who are HIV, HBV, or HCV infected are training need to be notified.
   - Mandatory testing of students for HIV or HBsAg (or HBeAg) is not recommended. These recommendations are controversial. “Providers have an ethical and professional obligation to know their HBV status and to act on such knowledge accordingly (CDC Public Health Ethics Committee, personal communication, 2001).”

3. **The Pregnant Student**
   Pregnancy does not preclude a health affairs student from any activities related to health care responsibilities. Prior to pregnancy, the student should ensure all immunizations are up to date and know serologic status for measles, mumps, rubella, varicella, and hepatitis B. During pregnancy, the student should receive influenza vaccine at the right time, maintain routine tuberculosis screening, adhere to proper infection control practices (Standard Precautions) and have prompt evaluation and treatment of any illness.

4. **Health Insurance**
   All students enrolled in a health affairs program are required to have major medical health insurance.
5. **Required Vaccine Declination**

Declination of any of the required immunizations for medical or religious reasons will be considered on a case by case basis. The student must provide documentation from their health care provider to their Program Chair/Dean of Student Affairs that he/she was counseled regarding the efficacy, safety, method of administration, and benefits of vaccination, the risks of acquiring any of these serious diseases without vaccination, as well as potential life-threatening consequences to the patients they come in contact with. Since affiliation agreements between the University of South Dakota and the various health care systems students rotate through specifically state students will be immunized (as specified in the Immunization Policy), consultation will also be required with Employee Health of those facilities to determine if students are able to train at that site.
### Details of Exposure: To be Completed by the Student

Details of the occurrence/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: ________________
### Post Exposure Management

#### Student's Information

<table>
<thead>
<tr>
<th>Student name</th>
<th>Date of exposure</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Medical person completing post exposure management</th>
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<table>
<thead>
<tr>
<th>Date of last tetanus booster:</th>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Hepatitis B immunity status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Series completed: yes [ ] no [ ]</td>
</tr>
<tr>
<td>Post immunization titer (HBsAb): positive [ ] negative [ ] unknown [ ]</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Post exposure testing of student completed:</th>
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</thead>
<tbody>
<tr>
<td>HIV [ ] yes [ ] no [ ] student drawn but declined HIV testing; blood will be stored for 90 days from incident [ ]</td>
</tr>
<tr>
<td>HCV Ab [ ] yes [ ] no [ ]</td>
</tr>
<tr>
<td>HBsAb [ ] yes [ ] no [ ] not tested (known immunity) [ ]</td>
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</table>

#### Source Patient's Information

<table>
<thead>
<tr>
<th>Was the source patient identifiable?</th>
<th>Yes [ ] No [ ]</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Source patient was tested for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV (30 min) date drawn _______ not tested [ ] written copy of results given to student [ ] date received _______</td>
</tr>
<tr>
<td>HCV Ab date drawn _______ not tested [ ] written copy of results given to student [ ] date received _______</td>
</tr>
<tr>
<td>HBsAg date drawn _______ not tested [ ] written copy of results given to student [ ] date received _______</td>
</tr>
<tr>
<td>Other tests performed:</td>
</tr>
<tr>
<td>-------------------------</td>
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<tr>
<td>HIV Prophylaxis offered to the student; date started _______ HBIG indicated; date given _______</td>
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#### Post Exposure Health Evaluation and Written Opinion

The above named student has reported an occupational exposure incident to blood or other potentially infectious material to: Facility name ____________________________

Address ______________________________________ Phone # ____________________________

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<tr>
<td>Student was informed of the results of the post exposure evaluation,</td>
<td></td>
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<tr>
<td>Counseling was provided regarding the mode &amp; risk of transmission of blood borne pathogens relative to the exposure incident. Follow up evaluation &amp; treatment indications, including prophylaxis, for the student were discussed.</td>
<td></td>
</tr>
<tr>
<td>Student has been informed of any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.</td>
<td></td>
</tr>
<tr>
<td>HIV &amp; Hepatitis C Ab recommended at baseline [ ] Follow up lab work is recommended on _______</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccination: [ ] is indicated [ ] is not indicated [ ] Other lab work (specify) is recommended on _______</td>
<td></td>
</tr>
<tr>
<td>Follow-up health appointment is recommended on _______</td>
<td></td>
</tr>
<tr>
<td>Precautions to prevent transmission of a blood borne illness were recommended to the student during the follow-up period.</td>
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<tr>
<td>The importance of maintaining confidentiality of the source patient’s identity and test results was discussed with the student.</td>
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<tr>
<th>Date of Health Evaluation</th>
<th>Copy of written opinion given to student; date (provide within 15 days of completing health evaluation)</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Name/title of Medical Provider</th>
<th>Signature</th>
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<tr>
<th>Printed name</th>
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Please return a copy of the exposure report, post exposure management, evaluation and written opinion to the Education Coordinator in your program.
University of South Dakota Health Affairs
REQUIRED IMMUNIZATION FORM

Name
DOB
USD ID#

Program:  Addiction Studies [ ]  Dental Hygiene [ ]  Health Science [ ]  Medical Laboratory Science [ ]  Medicine [ ]  Nursing [ ]
Occupational Therapy [ ]  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.

REQUIRED IMMUNIZATIONS:

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

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

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

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:____/____/____
   2nd dose  Date:____/____/____ (1 month after 1st dose)
   3rd dose  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:____/____/____ Positive/Reactive_____  Negative/Nonreactive_____ (if neg. see immunization policy)

Updated 12/20/2016
University of South Dakota Health Affairs
REQUIRED IMMUNIZATION FORM

Name ___________________________________________ DOB _______ USD ID# ____________________________

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

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). Refer to immunization policy. Students should consult with their physician about their specific risk:

Vaccine: ___________________________ Date: _____/____/_____ Vaccine: ___________________________ Date: _____/____/_____

H. Childhood DTP/TDaP/DPT 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 12/20/2016
University of South Dakota Health Affairs  
ANNUAL SYMPTOM CHECKLIST FOR TUBERCULOSIS

Student’s Name:_________________________ Date:______________

*In the last year have you experienced any of the following symptoms for more than three weeks at a time?*

<table>
<thead>
<tr>
<th>SIGN &amp; SYMPTOM REVIEW:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive sweating at night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained weight loss</td>
<td></td>
<td></td>
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<tr>
<td>Coughing up blood</td>
<td></td>
<td></td>
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<tr>
<td>Excessive fatigue</td>
<td></td>
<td></td>
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<tr>
<td>Persistent fever</td>
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</tbody>
</table>

TB skin test: Date__________ Reading (mm)____________

Quantiferon: Date__________ Results_________________

Date of last chest x-ray__________

Chest x-ray results_____________________________________

Prophylactic treatment received? If yes; drug, dosage, and duration of treatment.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Student’s Signature ___________________________ Date ___________________________

Nurse’s Signature ___________________________ Date ___________________________
# REPORT OF ACCIDENT, INCIDENT, OR UNSAFE CONDITION

**(NON-STATE AUTOMOBILE)**

**BUREAU OF ADMINISTRATION**  **OFFICE OF RISK MANAGEMENT**

Phone (605)773-5879  Fax (605)773-5880

<table>
<thead>
<tr>
<th>Department/Bureau</th>
<th>Agency/Division</th>
<th>Date of Accident</th>
<th>Time of Accident</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
</table>

**Employee Completing Report**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Temporary</th>
<th>Permanent</th>
<th>Work Phone</th>
<th>Home Phone</th>
</tr>
</thead>
</table>

**Person Involved in the Accident or Incident**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Home Phone</th>
<th>Occupation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Business Address</th>
<th>Business Phone</th>
</tr>
</thead>
</table>

What was the person involved doing at the time of the accident or incident?

**Injury**

What was the nature and extent of the injury?

Was first-aid administered?  Yes  No  If yes, by whom?

Describe the type of first-aid treatment given.

Was medical treatment administered?  Yes  No  If yes, by whom?

Name and address of medical facility

Did accident result in fatality?  Yes  No

**Property Damage**

Owner (include address and phone)  Damage description (include estimated repair costs)

**Witnesses**

Name (include address and phone #)

Name (include address and phone #)

**Accident Description**

**Legal**

Law Enforcement Contacted  Yes  No  Name of Law Enforcement Agency

**Signature**  *(type name in signature box if submitting electronically)*

Employee Signature:  Date:

Authorized Agency Signature:  Date:

Make copy for your records and send original to:  Office of Risk Management  1429 East Sioux  Pierre, SD 57501

NOTE: THIS REPORT DOES NOT CONSTITUTE A CLAIM AGAINST THE STATE OF SOUTH DAKOTA, NOR DOES IT CONSTITUTE A NOTICE OF INJURY PURSUANT TO SDCL ch. 3-21.

ATTACH ADDITIONAL SHEETS FOR MORE INFORMATION

ORM Use Only
Submitted to Claims Assoc  Yes  No  EXHIBIT D
Date Submitted:  Revised 12/06
APPENDIX XIX
PUBLICATION POLICY

Physical Therapy faculty encourage students' collaborative and involvements and personal initiatives in research. They view this activity as an integral skill complementary to the didactic and clinical experience. All professionals within a discipline may gain from both the practice of a profession and through the vicarious examination of practice (on their own activities and that of fellow practitioners). It is the premise of active professionals that the outcome of their practice must be verified continually to effect gauge relative success, maintain competence, and achieve technical improvement.

Faculty may serve as mentors to both practice and inquiry in its various forms: One such form is that of formal applied or basic research. Where faculty have a specialization or specific interest that fosters interest on the part of their associates they may enter upon joint ventures. The proprietorship and acknowledged ownership of such products rests in the proportion of initial investment for both parties. At the onset, the proprietorship of the product rests primarily upon the originator. All succeeding effort will acknowledge this investment by published title and order of reference. Both parties shall acknowledge this professional courtesy as common knowledge in terms of copyright entitlement thereafter regardless of the form and distribution of existent or derived products whether in film, hardcopy or verbal commentary. Rights of future distribution and publication will be at the discretion of the primary author. Further, professional courtesy mandates the informed acknowledgment of other contributors to the product prior to reprint or revision leading to subsequent publication of efforts which derive content or methodology from the original.

It is the right and obligation of all parties involved that these understandings are acknowledged and adhered to, where both professional and legal sanction apply. All participant members of the faculty and student body associated must recognize this common enterprise and covenant when involved in research activity and abide by these principles when so engaged in research activities. This acknowledgment is paramount when such activities lead to subsequent dissemination or publication.

By signature, each participant agrees to the stipulations, conventions and practice outlined above, and will abide by all terms of such agreements) in covenant.

Signed: ____________________________________________________

Primary Author/Investigator: ___________________________________
Contributing Author/Investigator: _________________________________
Contributing Author/Investigator: _________________________________
Contributing Author/Investigator: _________________________________
Contributing Author/Investigator: _________________________________
Date: _________________________________________________________
Witnessed by: ___________________________________________________