

2.7: Essential Functions

University of South Dakota of the Occupational Therapy Student

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

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

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

The occupational therapy student must be able to:

1. Perceive and interpret sensory information accurately to provide quality client care.
2. Measure, calculate, reason, analyze, synthesize, integrate, remember, organize, and apply information.
3. Maintain a high level of alertness and responsiveness during classroom, fieldwork, and capstone experiences and possess the ability to focus on a task for a prolonged period to allow for successful learning to take place.

4. Acquire, retain, and prioritize informational data, conceptualize and integrate abstract information, apply theoretical knowledge to specific client populations and justify a rationale for therapeutic interventions, and problem-solve to create innovative and practical solutions.
5. Conduct assessments and provide therapeutic interventions.
6. Demonstrate quick reactions, not only for safety but for one to respond therapeutically in most clinical situations.
7. Demonstrate ability to complete therapeutic interventions on all types of surfaces.
8. Demonstrate the ability to manipulate large and small objects.
9. Demonstrate the ability to move 100-pound objects.
10. Display emotional maturity to interact with a variety of individuals with diverse age, diagnoses, culture, and socioeconomic backgrounds.
11. Address multiple, demanding tasks simultaneously and meeting impending deadlines, and therefore needs to have established coping skills and strategies for stress management.
12. Effectively communicate in written English. The format can range from a brief note with appropriate use of abbreviations to a manuscript-ready research paper.
13. Communicate and interpret factual information along with nonverbal cues of mood, temperament, and social responses from clients, family members, care providers, members of the health care or educational team, supervisors, and peers.
14. Effectively communicate on an individual or group basis.
15. Respond to emergencies/crises, as well as more routine communication, in a manner that is appropriate to the situation.
16. Communicate in a manner that is accurate, sensitive, and effective.
17. Comprehend information in English from a variety of written sources (e.g., textbooks, professional journals, medical/school records, and government regulations).
18. Negotiate and successfully achieve access to multiple environmental situations. These environmental situations may be physical, social, or cultural.
 - a. The physical environment would consist of nonhuman aspects. The student is occasionally exposed to wet or humid conditions (non-weather); work near moving mechanical parts, fumes or airborne particles, hazardous materials,

bloodborne pathogens, outdoor weather conditions, risk of electrical shock, risk of radiation, and vibration following all safety precautions. The noise level in the work environment will range from a classroom situation in which the noise level is low to an industrial or clinical environment where then noise level may be high.

- b. The social environment would consist of norms, expectations, and routines of different environments. The occupational therapy student will be exposed to multiple treatment environments, which have implicit and explicit rules for behavior.
 - c. The cultural environment would consist of customs, beliefs, activity patterns, behavioral standards, and expectations. The occupational therapy student will be exposed to multiple cultural environments and will need to navigate these environments with cultural humility.
19. Demonstrate cultural humility to interact with multiple client populations.
- a. Cultural competency, as outlined by the American Occupational Therapy Association, includes awareness of one's culture, willingness to explore and become knowledgeable about another culture, being respectful to individual diversities, and being able to select culturally sensitive therapeutic interventions.
20. The student is expected to demonstrate professional behaviors and attitudes during his/her participation in the classroom, clinical, and community settings. These behaviors include, but are not limited to a commitment to learning, dependability, communication, interpersonal skills, professionalism, adherence to professional ethics and the student code of conduct, cooperation and positive attitude, and clinical reasoning. Faculty will assess and mentor the development of each student's professional behavior.
21. Students must be able to give and receive constructive criticism. Responsiveness to constructive criticism from faculty, clinical instructors, and peers is essential for success.

The University and its programs strive to provide equal access to students with disabilities. All applicants and students who are otherwise qualified are expected to meet specific minimal technical standards (essential functions) as set forth herein, with or without reasonable accommodation. A reasonable accommodation is intended to reduce the effects that a disability may have on a student's performance. Accommodations do not lower course standards or alter degree requirements but give students a better opportunity to demonstrate their abilities.

Disability Services
North Complex Commons 116
414 E. Clark St.
Vermillion SD 57069

Office: 605-658-3745

Fax: 605-677-3172

disabilityservices@usd.edu

<https://www.usd.edu/About/Departments-Offices-and-Resources/Disability-Services>