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March 1, 2017

Dear Graduate Student,

Welcome to the University of South Dakota MSW Program! We are delighted that you have chosen USD for your MSW degree. It is both an honor and a privilege to be here with you and to be a part of this challenging academic endeavor that will shape your future and career aspirations. We sincerely hope that over the years, as you look back upon your academic career at USD, you will consider it to be one of the best times in your life.

Our program is the first MSW program in the State of South Dakota, and it is fully accredited by the Council on Social Work Education (CSWE). At present, we have one concentration: Advanced Generalist. It is in this advanced practice concentration that you will develop the knowledge, values, skills, and competencies required of all graduate social workers. Given that South Dakota is largely a rural state with a widely diverse population, the advanced generalist practice base should serve you and your future clients well.

The faculty is comprised of a diverse group of social workers. We are very lucky to have such a talented group. Each faculty member brings a wide variety of experiences and interests to the program. We represent an array of specialties that will provide you with a professional education of the very highest caliber. Through your course and field work in public, private, and nonprofit social service agencies, you will discover opportunities to develop your knowledge, values, and skills in the various fields of practice that comprise our profession.

The MSW Student Handbook provides practical information about the MSW program and describes the policies and regulations that govern the operations of the social work department. A copy of this handbook is also located on the USD website if you prefer to use an online version.

I sincerely hope that your time in the MSW program is rewarding and enjoyable. Best wishes with your studies and life-transforming experiences.

Sincerely,

Dr. Kelly Bass

Kelly Bass, MSW, DSW, LCSW-PIP, ACS

MSW Program Director
Preface

This handbook is also available on the USD Department of Social Work’s webpage. It outlines the curriculum requirements and policies for students during their time in the MSW program. The student handbook is a supplement to the University of South Dakota’s Graduate Catalog. This handbook is regularly reviewed and updated.

Expectations

A student admitted to the Graduate School and the MSW program is expected to demonstrate intellectual maturity and independence in the pursuit of advanced knowledge. Graduate students are expected to meet the exacting demands of professionalism and advanced learning by using a variety of intellectual skills. Thus, a Master of Social Work degree represents more than an accumulation of hours and credits and specific competencies.

History of Social Work at the University of South Dakota

A social work program has existed at the University of South Dakota since the 1940s. At that time, the BSW program was a member of the National Association of Schools of Social Administration. The program developed first within the Department of Sociology as a special emphasis. In June 1974, the Board of Regents approved a major in Social Work and the program was offered within the Department of Social Behavior, College of Arts and Sciences. In July, 2003, the Social Work program moved to the Division of Health Sciences in the School of Medicine and Health Sciences, which has now become the School of Health Sciences. The Social Work Department resides under the administrative umbrella of the University of South Dakota Health Affairs, which also includes the Sanford School of Medicine.

In 2007, the USD Social Work Department, the National Association of Social Workers- South Dakota Chapter (NASW-SD), and the South Dakota social work professional community collaborated in a concerted effort to gain the approval and funding from the State Legislature to establish a Master of Social Work program at the University of South Dakota. The collaborative effort demonstrated the power of social work advocacy at its best. Community social workers attended town-hall meetings across the state to express their concerns about the dearth of master degreed social workers throughout the state, and the difficulties agencies experienced when attempting to hire an MSW. The administration of the University of South Dakota and the School of Health Sciences, along with the USD social work faculty, advocated for an MSW program, submitted a proposal for the establishment of the MSW program, and appeared before the state legislature to testify as to the need for professional social workers across the state.

In March 2009, the legislators of the State of South Dakota authorized the establishment of a Master of Social Work program at the University of South Dakota and provided the funding necessary to establish and implement the program. This is the first and only Master of Social Work program in the state of South Dakota.
Accreditation

The Council on Social Work Education (CSWE) Commission on Accreditation (COA) provides accreditation for all MSW programs and most BSW programs. The authority of the Council on Social Work Education extends across the United States and Canada.

Initial accreditation of an MSW program is a process that occurs over time and in compliance with standards established by the Council on Social Work Education (CSWE). The first step in the accreditation process is the submission of a letter of intent to CSWE who authorizes the establishment of a new MSW program. A consultant/education specialist employed by CSWE is assigned to work with the program as it prepares and submits the self-study, which is a document that describes the program in detail, from the mission statement to the evaluation of the achievement of the core competencies expected of social work graduates.

The initial self-study document is usually written over a period of four years. CSWE uses a benchmark model for the accreditation process. The benchmark model is a systematic, incremental approach to developing a Social Work program and writing a comprehensive self-study. There are four benchmarks. Benchmark I is submitted when the program applies for candidacy. The first visit by a commissioner from the Commission on Accreditation occurs when the program sits for candidacy. Benchmark II is submitted after candidacy has been granted and prior to the first site visit. Benchmark III serves as the self-study brief/draft and is submitted prior to the second site visit from the (COA). Benchmark IV is the completed self-study submitted in preparation for the granting of the initial accreditation of the program. The COA sends a team of Commissioners to conduct a site visit and make a recommendation to the COA for initial accreditation.

The purpose of site visits is to give the Commission on Accreditation the opportunity to review the compliance of the program with the accreditation standards, and to provide consultation on the standards and continued compliance. Programs are typically in candidacy for three years and accredited during the fourth year.

A letter of intent was submitted to CSWE in August 2009. On September 9, 2009, CSWE responded positively giving the Department of Social Work permission to establish an MSW program at USD. The Department submitted the first draft of the self-study known as Benchmark I in February 2010, and applied to CSWE for Candidacy. Benchmark I was approved by the CSWE consultant in March 2010. A Candidacy visit occurred in November 2010, and candidacy was granted by the Commission of Accreditation in February 2011.

The first site visit after candidacy occurred in November 2011, and a second year of candidacy was granted in February 2012. Upon the recommendations of the CSWE consultant and the two commissioners who visited the program, the program approved to sit for full accreditation a year early. The accreditation visit took place in the fall of 2012, and the Master of Social Work program at the University of South Dakota emerged from candidacy in February 2013, when the COA voted to grant initial accreditation to the graduate social work program. In 2017, the MSW program went through reaccreditation and was reaffirmed until 2025.

Social Work Education

The purpose of social work education is to prepare competent and effective professionals, to develop social work knowledge, and to provide leadership in the development of service delivery systems. Social work education is grounded in the profession’s history, purposes, and philosophy and is based on a body of knowledge, values, ethics and skills. Social work education enables students to integrate the knowledge base, values, ethics and skills of the social work profession for competent practice.
The Advanced Generalist Concentration

The advanced generalist concentration is a practice oriented concentration that emphasizes the importance of research and evidence based practice in all systemic areas of social work practice. It prepares students for practice in the micro and mezzo systems, with individuals, families, groups, and communities. It also prepares students for practice in the larger macro systems such as in organizations and the political arena of social work. It prepares students for direct practice, and for supervisory and administrative roles. It prepares students for non-discriminatory practice and advocacy at all levels of practice. Our advanced generalist program emphasizes social work ethics in practice, and balances the dissemination of knowledge across the ecological system—micro, mezzo and macro systems.

Our view of the advanced generalist concentration is that it is theoretically grounded for practice at all systemic levels. The advanced generalist concentration year builds upon the foundation of generalist practice by increasing the depth and breadth of knowledge at all levels, particularly in the application of theory to practice and in the evaluation of practice.

The advanced generalist social worker possesses a broad and multi-faceted theoretical understanding of client systems with a focus on the person-situation-environment. Social workers with an advanced generalist degree grasp the social context of practice including the psychological, socio-cultural, and political environments that impact approaches, methods, and means to enhance human well-being and to achieve social justice. They understand the importance of evidence-based practice, evaluating the effectiveness of their own practice, and conducting research that contributes to the knowledge base of the profession. Advanced generalist social workers develop a wide range of skills that enable them to work comprehensively across systems. The advanced generalist knowledge base is particularly useful in rural settings and for social workers who enter the field as direct service practitioners and, over the course of their career, move into positions of leadership.

Mission, Goals and Competencies

The Mission, Goals, and Competencies provide the parameters for all studies and activities for students entering the MSW program. Students who become familiar with the mission, goals, and competencies will have a better understanding of what will be expected and what they can expect of the program.

MSW Mission Statement

The Mission of the University of South Dakota, Master of Social Work program, is to prepare MSW professionals to provide advanced social work services in diverse communities. It is our mission to prepare committed social work practitioners to assume leadership roles in their communities and seek to sustain, strengthen and encourage resilient relationships at all levels of practice. Building on a strong foundation of liberal arts and the social work code of ethics, we seek to graduate social workers who will advocate for issues of social and economic justice. We seek to educate competent social work practitioners who understand the value of evidence-based research and will contribute to the knowledge base of the profession. We seek to educate social work practitioners who recognize the globalization of society and its manifestation in South Dakota and surrounding communities, and practice accordingly. We seek to educate social work practitioners who will strive to improve the delivery of human services to diverse and vulnerable populations by emphasizing prevention, service integration, interdisciplinary cooperation, and community-based programs.
Goals

1. To prepare highly skilled and culturally competent advanced generalist social workers who actively seek to create change, promote social justice, improve the delivery of services, and enhance resilience and well-being at all systemic levels of practice.

2. To educate advanced generalist social workers who identify as professional social workers, grounded in the liberal arts and in the values and ethics, theories, and practices of the profession.

3. To educate advanced generalist social workers to think critically, evaluate the effectiveness of their own practice, and contribute to the knowledge base of the profession through research.

4. To educate advanced generalist social workers to analyze social welfare policies, recognize deficits in current policy, advocate for social change, and support diversity and social justice at all levels of practice.

5. To graduate advanced generalist social workers prepared to assume leadership positions in the public and private sectors.

Competencies

Graduates of accredited MSW programs will be able to demonstrate ten core competencies and associated behaviors that have been identified by the Council on Social Work Education. In addition, the USD Department of Social Work faculty has identified advanced competencies illuminating the depth and breadth of skills identified for the advanced generalist concentration. Students will be evaluated on the accomplishment of the competencies by completing written course assignments, group and individual presentations, class discussions, exams, and completed research papers. The core competencies and corresponding practice behaviors at the Generalist (first year) and Advanced Generalist (second year) are as follows:

1. Identify as a professional social worker and conduct one’s self accordingly Generalist Practice Behaviors

Generalist Practice Behaviors:

- Know the history of the profession
- Advocate for client access to the services of social work
- Practice personal reflection and self-correction to assure continual professional development
- Attend to professional roles and boundaries
- Demonstrate professional demeanor in behavior, appearance, and communication
- Engage in career-long learning
- Use supervision and consultation

Advanced Generalist Practice Behaviors:

- Exercises leadership in the development of necessary alliances to advocate effectively for change with underserved at risk populations and other groups
- Employs (models) conscious use of self, self-reflection, self-monitoring, and self-correction in practice situations
Strategically uses supervision and consultation to address ethics in practice

Integrates into the professional community through a range of field practicum experiences and activities

Develops a plan for continuing professional educational development

2. Apply social work ethical principles to guide professional practice

Generalist Practice Behaviors:

- Recognize and manage personal values in a way that allows professional values to guide practice
- Tolerate ambiguity in resolving ethical conflicts.
- Apply strategies of ethical reasoning to arrive at principled decisions.

Advanced Generalist Practice Behaviors:

- Critique ethical principles within complex practice environments
- Conducts oneself ethically and engages in ethical decision-making using different approaches and strategies, e.g. moral reasoning, cultural responsiveness, and professionalism
- Applies ethical reasoning to research endeavors
- Articulates and advocates for social work values and ethics among interdisciplinary situations and settings

3. Apply critical thinking to inform and communicate professional judgments Generalist Practice Behaviors

Generalist Practice Behaviors:

- Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom
- Analyze models of assessment, prevention, intervention, and evaluation
- Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues

Advanced Generalist Practice Behaviors:

- Critically evaluates various strategies for assessment and intervention
- Evaluates, integrates, and applies multiple sources of knowledge including research based knowledge and practice wisdom
Generates critical questions regarding assessment, intervention, and evaluation of advanced generalist practice

Uses creativity to enhance the organization and presentation of information

4. Engage diversity and difference in practice

Generalist Practice Behaviors:

- Recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power
- Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups
- Recognize and communicate their understanding of the importance of difference in shaping life experiences
- View themselves as learners and engage those with whom they work as informants

Advanced Generalist Practice Behaviors:

- Modifies and adapts mainstream interventions to meet needs of diverse populations and that challenge oppression
- Actively promotes opportunities for diverse perspectives and participation of diverse constituents
- Applies strengths and empowerment perspectives as practice approaches with diverse groups
- Identifies and applies cultural strengths for change at all levels of practice
- Articulates a process to work effectively with diverse populations

5. Advance human rights and social and economic justice Generalist Practice Behaviors

Generalist Practice Behaviors:

- Understand the forms and mechanisms of oppression and discrimination
- Advocate for human rights and social and economic justice
- Engage in practices that advance social and economic justice

Advanced Generalist Practice Behaviors:

- Incorporates an understanding of regional and global interconnections of oppression and applies this understanding to social work practice
- Engages in community collaborations that foster social and economic justice and social change
- Analyzes the consequences of social and economic injustice for constituent groups
- Acts to promote humane and responsive social institutions, social policies, programs, and practices
6. Engage in research-informed practice and practice-informed research

Generalist Practice Behaviors:
- Use practice and experience to inform scientific inquiry
- Use research evidence to inform practice

Advanced Generalist Practice Behaviors:
- Uses evidence-based research findings to improve practice
- Designs, implements, and interprets social work research
- Evaluates policies and programs
- Articulates how research findings can improve social service delivery

7. Apply knowledge of human behavior and the social environment Generalist Practice Behaviors

Generalist Practice Behaviors:
- Utilize conceptual frameworks to guide the processes of assessment, intervention, and evaluation
- Critique and apply knowledge to understand person and environment

Advanced Generalist Practice Behaviors:
- Uses appropriate assessment and intervention strategies grounded in human behavior theories and conceptual frameworks
- Analyzes interactions between and among human biological, social, psychological, spiritual, and cultural systems as they affect human behavior and are affected by human behavior
- Differentially applies theories and frameworks of human behavior and the environment, recognizing underlying assumptions, values, strengths, and weaknesses of these theories

8. Engage in policy practice to advance social and economic well-being and to deliver effective social work services

Generalist Practice Behaviors:
- Analyze, formulate, and advocate for policies that advance social well-being
- Collaborate with colleagues and clients for effective policy action

Advanced Generalist Practice Behaviors:
- Applies techniques of effective leadership with agencies, colleagues, and client systems for political action and policy changes to advance social well-being through effective service.
- Evaluate the intended and unintended impact of social policies and develop mechanisms that identify resources for clients
- Articulates the impact of policies on service delivery and conducts assessments and evaluations of the implementation of policy
Identifies gaps in policies at varied levels, e.g. agency policies, public policies, and regulations

Provides leadership with colleagues, client systems, and agencies for effective policy action

9. Respond to contexts that shape practice Generalist Practice Behaviors

Generalist Practice Behaviors:

- Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services
- Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of services

Advanced Generalist Practice Behaviors:

- Identifies institutions impacted by context, and articulate challenges, strengths, and opportunities for social institutions
- Creates ways to shape contexts, and builds sustainable strategies for communities and social programs that inform and improve services for client systems
- Builds sustainable strategies for communities and social programs that inform and improve services for diverse community groups
- Initiates innovative, resourceful, and proactive action regarding an emerging local, regional, or societal trend or need

10. Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities. Each student demonstrates autonomy in activities that may include the following behaviors

Generalist Practice Behaviors for Engagement:

- Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities
- Use empathy and other interpersonal skills
- Develop a mutually agreed-on focus of work and desired outcomes

Advanced Generalist Practice Behaviors for Engagement:

- Engages in relationship building activities in varied client systems and evaluates the clients’ perception of the quality of the relationship
- Employs culturally responsive engagement skills

Generalist Practice Behaviors for Assessment:

- Collect, organize, and interpret client data
- Assess client strengths and limitations
- Develop mutually agreed-on intervention goals and objectives
- Select appropriate intervention strategies
Advanced Generalist Practice Behaviors for Assessment:

- Assesses, intervenes, and evaluates complex problems with systems of all sizes and types
- Evaluates multi-system dimension of client problems and design with client system approaches that affect change at multiple system levels.
- Identifies the range of legalities and/or legal risks that may exist for a client or client system that may be considering accessing social services

Generalist Practice Behaviors for Intervention:

- Initiate actions to achieve organizational goals
- Implement prevention interventions that enhance client capacities
- Help clients resolve problems
- Negotiate, mediate, and advocate for clients
- Facilitate transitions and endings

Advanced Generalist Practice Behaviors for Intervention:

- Builds culturally competent ways to enhance client choice, client motivation, and client hopefulness in change process
- Synthesizes and applies a broad range of interdisciplinary knowledge and skills consistent with current evidence informed practice

Generalist Practice Behaviors for Evaluation:

- Social workers critically analyze, monitor, and evaluate interventions

Advanced Generalist Practice Behaviors for Evaluation:

- Critically analyze multiple client system intervention processes for effectiveness and cultural competence
- Evaluates the impact of intentional and unintentional practice approaches

Significance of the Social Work Core Competencies

The core competencies are at the center of social work education. The Council on Social Work Education requires that all students graduating from accredited social work programs demonstrate competency in each of the core competencies through mastery of the related practice behaviors. Students entering the program in the foundation year must demonstrate competency in the generalist competencies and related behaviors, before being allowed to progress to the concentration year. All students must demonstrate competency in each of the competencies, manifest through the advanced generalist behaviors prior to graduation. Evaluation of each student’s progress is embedded in each class and in each written assignment. Thus, there is no final exam regarding competencies.

Theoretical Framework

The Master of Social Work Program has adopted an applied biopsychosocial science theoretical framework with a strengths-based perspective using evidence based decision making processes (see Figure 1).
While social workers increasingly generate their own new knowledge, we understand our professional identity to be anchored in the application of the empirical findings from the biopsychosocial sciences for the welfare of others (Competency 2.1.1). Accordingly, our theoretical framework looks to the empirical findings from a variety of disciplines for support (Competency 2.1.7), as follows:

- Biology: health, medicine, neurobiology, epigenetics
- Psychology: developmental, social, clinical, experimental, spirituality
- Social: economics, sociology, public policy, religion, cross-culture, law, education

We believe that application of biopsychosocial empirical findings (Competency 2.1.6) to social work engagement, assessment, intervention, and evaluation (Competency 2.1.10) is facilitated by adopting the evidence based behavioral practice process. The EBBP process is best understood as a five-step collaborative, complex, and systematic decision-making process in which the best available research evidence (from qualitative insights through randomized controlled trials), client subjectivities, and practitioner expertise are combined in a comprehensive ecological environment (Competency 2.1.9). These five cyclical decision-making steps can be summarized as:

- Ask important questions (Competency 2.1.2)
- Acquire the best biopsychosocial evidence (Competency 2.1.6)
- Appraise that evidence critically (Competency 2.1.3)
- Apply the evidence in a manner sensitive to client subjectivities and practitioner expertise (Competency 2.1.10)
- Analyze the outcomes and adjust (Competency 2.1.9)

We consider empiricism alone, however, to be an inadequate epistemological perspective from which to define social work engagements, assessments, interventions, and evaluations because of the neglect of professional social work values (Competency 2.1.2). In the absence of a paradigm through which to access, interpret, and apply the findings of the biopsychosocial sciences, social and institutional power disparities will inevitably define population needs, social problems, and the response of social welfare systems in a deficiency framework.

Thus, our theoretical framework intentionally adopts a strengths-based perspective through which we interpret biopsychosocial empirical findings in the development of social work engagement, assessments, interventions, and evaluations (Competency 2.1.10). The strengths-based perspective serves two heuristic functions. First, the strengths-based perspective is the filter through which client decisions and behaviors are understood to be functional adaptations to failures in social and/or institutional structures. From this perspective, population needs are formed in existing social and institutional power inequities, which are root causes of social problems. Adoption of the strengths-based perspective, accordingly, undergirds our commitment to human and social justice (Competency 2.1.5), diversity (Competency 2.1.4), and policy practice (Competency 2.1.8).

Secondly, the strengths-based perspective is the filter which informs the initial step in the EBBP process: ask important questions. We believe importance is a qualitative measure of value that is best reflected in the strengths-based perspective. In our view this perspective is fully compatible with professional social work values (service, social justice, dignity and worth of the person, the importance of human relationships,
integrity, and competence) and, in effect, provides a paradigm in which to operationalize these values in raising meaningful questions (Competency 2.1.2).

We conceive of our theoretical framework as three concentric circles (see Figure 1 below). The empirical findings from the biopsychosocial sciences are at the core of our framework and surrounded by the five cyclical steps of the EBBP process. The outer ring represents the environment containing social and institutional inequities and failures from which population needs (micro, mezzo, macro levels of ecosystems), social problems, and the response of social welfare systems emerge. Between the environment and the empirical findings accessed through the EBBP process is our strengths-based filter which functions, on the one hand, to define and interpret the population needs and social problems presented by the environment, and on the other hand, to initiate the EBBP process through which we access empirical evidence to support social work engagement, assessment, intervention, and evaluation. As illustrated by the diagram below, the strengths-based perspective opens the EBBP decision making model to client focused interpretations of their position within the environment and the influence of social institutions in their lives.

Students are admitted to the Social Work program without regard to race, gender, sexual orientation, national origin, age, or disability status. This statement coincides with University Policy, CSWE Accreditation Standards, the Programs Mission and the NASW Code of Ethics.

It is our intent to admit students who have the capacity to think critically, write, and integrate knowledge at the graduate level. Students admitted must also have the capacity to engage others in a helping endeavor. This calls for personal characteristics such as maturity, empathy, non-judgmental attitudes and good judgment.

Figure 1 - An applied biopsychosocial science theoretical framework with a strengths-based perspective using evidence based decision making processes
Recruitment and Retention

Each applicant must apply to the MSW program through the SocialWorkCAS via:

https://socialworkcas.liaisoncas.com/applicant-ux/#/login

SocialWorkCAS (SWCAS) deadline is December 1 for the following May/August. You can begin applying as early as September 1st in the year of application.

Step 1 – Eligibility

The Social Work Program has several requirements for admission including prerequisites. Make sure you meet these requirements before you apply.

Step 2 - Applications and Communication

The following materials must be submitted by December 1 to be considered for admission:

SWCAS Application – We highly recommend submission of all materials to SWCAS 4-6 weeks prior to the December 1 deadline.

Additional Documents Submitted via SWCAS

- Three letters of recommendation. We recommend one letter should be from an academic advisor or university faculty and one letter from a supervisor.
- Official Transcripts from all prior undergraduate and graduate institutions.
- A cumulative 3.0 GPA on a 4.0 scale
- Evidence of completion of the following pre-requisites with a minimum grade of C or better is required:
  - A biology course with human biology content
  - A course in statistics
  - Three (3) additional courses in the social/behavioral sciences. Acceptable courses would be from the following disciplines: anthropology, sociology, economics, political science, psychology, history, human relations.
- Resume: A current detailed resume including the following: education, paid work experience, volunteer experience and community involvement. Military experience should be included. Please include dates for each of these requirements.
- Please submit a Purpose Statement concisely answering all the following questions:
  - How has your life experiences shaped you for a career in social work?
  - Discuss your attributes and liabilities and how they will impact your social work career?
  - What do you do particularly well?
  - What areas need strengthening?
  - Why do you want an MSW?
  - Time and energy for the MSW program: Do you have the time and energy to devote to graduate school? How do you plan to readjust your life to accommodate graduate school?
  - What are your career goals?
  - How will an MSW degree from USD help you meet your career goals?
What do you want to be doing in 5 years?

- Write a short paper in APA format about an issue of that you are concerned about. For example, homelessness, immigration, foster care, older adults, human trafficking. Include citations when drawing from the work of others. Please be concise and limit your paper to 3-5 pages.

Upholding the policies established by the Council on Social Work Education (CSWE), the MSW Program does not grant academic credit for life experience or previous work experience.

In addition to the SWCAS online application, all applicants are required to apply to The University of South Dakota Graduate School and pay a $35.00 application fee.

Failure to return all materials by the stated deadline will result in the withdrawal of the application from consideration for interview or acceptance.

Step 3 – Application Review

After the completed application is verified, it is forwarded to the Department of Social Work for review. A recommendation for admission or denial of the applicant is made by the Department of Social Work to the Dean of the Graduate School. The Graduate School Dean makes the final decision as to the admission of a student with either full or provisional status and notifies the applicant. The designation of graduate student applies only to those who have been granted full or provisional admittance.

Full Admission

Full admission to the MSW program is granted when the applicant satisfactorily meets all the following requirements: (a) Baccalaureate degree or equivalent degree from an institution with full regional accreditation for that degree; (b) A minimum undergraduate GPA of 3.0 or a graduate GPA of 3.0 or better, based on a 4.0 scale; and (c) All other academic requirements for the MSW program are fully met. This includes prerequisite course work and other admission requirements. Please see the admission requirements for the MSW Program listed below, and the USD Graduate Catalog. The School of Health Sciences requires all students to obtain clearance from the SHS prior to being fully admitted to any Health Sciences program.

Provisional Admission

Provisional admission may be granted to an applicant who does not meet the conditions for full admission but who gives evidence that she or he may be capable of graduate level work. Reasons for provisional instead of full admission include, but are not limited to: (a) An undergraduate GPA of less than 3.0 based on a 4.0 scale; and (b) Deficiencies in requirements of the MSW program such as prerequisites for study toward an MSW.

To gain full admission status, the student must demonstrate to the faculty that she/he is capable of graduate level work by earning a 3.0 or better during the first two semesters of the MSW program. The student will be limited to no more than six credit hours per semester (i.e., part-time status), and she/he must earn at least a letter grade of “B” in each course. In addition, the student must complete any/all prerequisites prior to beginning the MSW program. Once the admission deficiencies have been addressed, the student should speak to her/his advisor about petitioning for full admission status.
Advanced Standing Designation

Students accepted into the program with a status of advanced standing hold a Bachelor degree in Social Work (BSW) from a CSWE accredited program. Accelerated track or advanced standing students are expected to have a GPA of not less than 3.0, and a letter grade of “B” or better in each of their social work classes. Students who are accepted for advanced standing are admitted to the MSW program beginning in the summer semester. Students accepted for advanced standing who do not have the three required prerequisites for the MSW program must complete the prerequisites prior to beginning the program.

Regular Standing Designation

Students entering the MSW program who do not have a social work background (i.e., they hold degrees in fields other than social work such as Psychology or Sociology) are classified as standard track or regular standing students. They must complete the full 60-hour curriculum, which includes the 30-hour generalist foundation.

Transfer Students

Students who enter the MSW program from a non-social work graduate program will be allowed to transfer up to nine credit hours (i.e., three 3 credit hour courses) if courses align reasonably well with the graduate social work curriculum.

Transfer credits accepted by the USD MSW program from another social work graduate program will be handled on a case-by-case basis. The maximum number of credit hours that will be accepted on a transfer like this will be 24 credit hours.

Admission Plans

The University of South Dakota's Master of Social Work program prepares professionals to provide social work services in diverse communities in South Dakota and the surrounding region. The Master of Social Work program seeks to educate a workforce of social workers who can deliver professional services such as clinical and therapeutic services, administrative and staff supervision, policy analysis, and community planning and organization, which will effectively meet the social services needs of the citizens of our state and region.

Students who apply to the MSW program at the University of South Dakota can choose to apply to take all course work either through the face-to-face format (classroom setting) or take all their coursework through the fully online format utilizing Desire 2 Learn software. In addition, students can complete the degree as a full-time or part-time student.

All graduate social work courses in the MSW face to face format will be offered at the USD Health Science Center (USD HSC), 1400 W. 22nd Street, Sioux Falls, SD 57105. Courses are held on Monday or Tuesday from 8:30 am until 9:30 pm.

Regular Standing Designation and Degree Requirements

Regular Standing students are individuals who do NOT have a baccalaureate social work degree from a CSWE-accredited program. Regular Standing students begin courses in the fall term and complete 60 credit hours. Full-time degree completion is 2 years.
Monday courses are dedicated to students who enter our program through the Regular Standing Track.

**Advanced Standing Designation & Degree Requirements**

Advanced Standing track students are individuals who hold a baccalaureate degree in Social Work (e.g. BSW/BSSW) from a CSWE-accredited program. Advanced Standing Track students enter the program in the summer term and complete 36 credit hours. Full-time degree completion is 1 year. Tuesday courses are dedicated to the students who enter our program through the Advanced Standing Track. Additional information is available on the department’s website, www.usd.edu/socialwork.
The sample schedule shown immediately below is for a full-time, Regular Standing student.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall – 1st or Foundation Year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCW 601</td>
<td>History and Philosophy of Social Work</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 610</td>
<td>Generalist Practice I: Individuals and Families</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 641</td>
<td>Human Behavior in the Social Environment</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 683</td>
<td>Field Education and Seminar I</td>
<td>3</td>
</tr>
<tr>
<td><strong>Spring – 1st or Foundation Year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCW 600</td>
<td>Social Policy Analysis</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 630</td>
<td>Practice with Small Groups</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 684</td>
<td>Field Education and Seminar II</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 792</td>
<td>Elective</td>
<td>3</td>
</tr>
<tr>
<td><strong>Summer – Bridge Courses/Transition to 2nd Year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCW 640</td>
<td>Diversity and Social Justice in Rural and Urban Communities</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 650</td>
<td>Practice-Informed Quantitative Research</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 741</td>
<td>Social Work in Mental Health: Assessment and Treatment</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 792</td>
<td>Elective</td>
<td>3</td>
</tr>
<tr>
<td><strong>Fall – 2nd or Concentration Year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCW 730</td>
<td>Practice with Communities</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 740</td>
<td>Advanced Practice with Individuals, Children, and Families</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 750</td>
<td>Practice-Informed Qualitative Research</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 783</td>
<td>Advanced Field Education and Seminar III</td>
<td>3</td>
</tr>
<tr>
<td><strong>Spring – 2nd or Concentration Year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCW 700</td>
<td>Advanced Policy</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 742</td>
<td>Practice with Organizations, Administration, and Supervision</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 784</td>
<td>Advanced Field Education and Seminar IV</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 792</td>
<td>Elective</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credit Hours for Regular Standing:** 60
The sample schedule shown below is for a full-time, **Advanced Standing** student.

<table>
<thead>
<tr>
<th>Course Number</th>
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<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summer – 1st Semester/Bridge Courses</strong></td>
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<tr>
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</tr>
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<td>SOCW 741</td>
<td>Social Work in Mental Health: Assessment and Treatment</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 792</td>
<td>Elective</td>
<td>3</td>
</tr>
<tr>
<td><strong>Fall – 2nd Semester/Concentration Year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCW 730</td>
<td>Practice with Communities</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 740</td>
<td>Advanced Practice with Individuals, Children, and Families</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 750</td>
<td>Practice-Informed Qualitative Research</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 783</td>
<td>Advanced Field Education and Seminar III</td>
<td>3</td>
</tr>
<tr>
<td><strong>Spring – 3rd Semester/Concentration Year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCW 700</td>
<td>Advanced Social Policy</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 742</td>
<td>Practice with Organizations, Administration, and Supervision</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 784</td>
<td>Advanced Field Education and Seminar IV</td>
<td>3</td>
</tr>
<tr>
<td>SOCW 792</td>
<td>Elective</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credit Hours for Advanced Standing:** 36
Field Education

Full-time, Regular Standing students begin Field Education and Seminar I and II during the fall semester of the foundation year with completion at the end of the spring semester. During the concentration year (2nd year for Regular Standing students) of the program, Regular Standing and Advanced Standing students will complete Field Education and Seminar III and IV beginning the fall semester and conclude at the end of the spring semester.

Students entering as regular standing students will complete a 500-hour field placement during Field Education and Seminar I and II in the MSW program and a 500-hour field placement during Field Education and Seminar IV. As a result, the total number of practicum hours for Regular Standing students is 1,000 hours. Advanced standing students complete only the concentration year field placement for a total of 500 hours in the field.

Students are placed in an approved agency selected by the student in consultation with the Director of Field Education. Placements are selected based on the students future practice interests, experience, and skills. Students must be supervised by a professional social worker who has earned a Master in Social Work degree (MSW), has at least two years of practice experience post MSW graduation, and has one year in the agency where the placement is located. Please see the Field Manual for further information regarding field placements. All field placements must be approved by the Field Education Director.

Concurrent Model for Field Education

A concurrent model for field education is being used by the program for specific reasons. The concurrent model for field education requires students to complete their internships over a period of four semesters while they are enrolled in classes. This is a traditional academic model specifically designed to give students the opportunity to utilize and integrate into practice knowledge and theory as it is being learned. This contributes to more depth and breadth in knowledge and application.

The philosophy behind this method is that students integrate the knowledge base developed within the classroom more deeply when it is utilized at the same time when combined with an experiential and hands-on learning environment. In addition, students are not placed in agencies to supplement personnel or augment the staff workload. Students are placed in an internship for educational purposes—to allow them to learn social work practice in an educational environment without the pressure of job responsibilities.
The Department of Social Work

Administrative Structure

The MSW program is one of two programs in the University of South Dakota’s Department of Social Work. The MSW Program is located 1400 West 22nd Street, 3rd Floor (Southeast Wing), Sioux Falls, SD 57105. The BSSW Program is located on the main USD Campus at 414 Clark Street, 253 Julian Hall, Vermillion, South Dakota 57069.

The School of Health Sciences and the Sanford School of Medicine comprise the two schools under Health Affairs. Departments in the School of Health Sciences include Social Work, Dental Hygiene, Nursing, Addiction Studies, Medical Laboratory Science, Occupational Therapy, Physical Therapy, Physician Assistant Studies, Health Sciences, Public Health, and a new doctoral program in Health Sciences.

MSW Program Faculty

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**MSW Program Staff**

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Voice: (605) 357-1450  
Dana.Frye@usd.edu

**MSW Program Committees**

Three committees are directly involved with the MSW program. The first committee is the MSW Program Admissions Committee is comprised of faculty and staff with principle assignment to the Admittance of Applicants into the MSW program. This committee reports the Social Work Department faculty. The following faculty are currently appointed to the Admissions Committee:

1. Dr. Kelly Bass
2. Dr. Wallace Jackmon
3. Ms. Deb Aden-Ripperda
4. Dan Frye

The second committee is the MSW Program Curriculum Committee. The primary responsibility of this committee is to address program development and curriculum needs. The MSW Program Curriculum
Committee reports to the Social Work Department faculty. The following faculty are currently appointed to the MSW Program Curriculum Committee:

1. Dr. Kelly Bass
2. Dr. Wallace Jackmon
3. Dr. Soonhee Roh
4. Ms. Kathy LaPlante

The third committee is the MSW Advisory Board, which is comprised of social work practitioners who hold an MSW degree. Committee membership represents social work practice across the state. The committee membership also represents the diversity of South Dakota in practice and culture. The advisory committee meets at least once each year. Currently, this committee has not been active and the program is preparing to re-activate community involvement through this committee during the 2017-2018 academic year.

Policies for Non-Discrimination, Civil Rights and Affirmative Action Statement

Federal Law prohibits discrimination based on 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 and ITS, as the Coordinator to monitor compliance with these statues. Section 504 obligates USD and Ms. Ambur to provide equal access for all persons with disabilities. Ms. Ambur’s office is in Room 209, Slagle Hall. Her telephone number is (605) 677-5661.

In accordance with the South Dakota Board of Regents Policy 1:19, the institutions under the jurisdiction of the Board of Regents shall offer equal opportunities in employment and for access to and participation in educational, extension and other institutional services to all persons qualified by academic preparation, experience, and ability for the various levels of employment or academic program or other institutional service, without discrimination based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, disability, genetic information or veteran status or any other status that may become protected under law against discrimination. The Board reaffirms its commitment to the objectives of affirmative action, equal opportunity and non-discrimination in accordance with state and federal law. Redress for alleged violations of those laws may be pursued at law or through the procedures established by the provisions of 1:18 of this policy. For additional information, please contact the Director, Equal Opportunity and Chief Title IX Coordinator, Room 205 - Slagle, Vermillion, SD 57069. Phone: 605-677-5651 E-Mail: Khara.Iverson@usd.edu.

Admission decisions are made without regard to disabilities. All prospective students are expected to present academic credentials at or above the minimum standards for admission and meet any technical standards that may be required for admission to a specific program. If you are a prospective student with a disability and need assistance or accommodations during the admission/application process, please contact the Director of Disability Services, 119B Service Center North, USD, Vermillion, SD 57069. Phone: 605-677-6389 Fax: 605-677-3172 E-Mail: disabilityservices@usd.edu
Federal Law prohibits discrimination on the basis of disability (Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990), and the Americans with Disabilities Act Amendment Act of 2009. The University has designated Ms. Roberta Ambur, Vice President of Administration & ITS, as the Coordinator to monitor compliance with these statutes. This obligates USD and Ms. Ambur to provide equal access for all persons with disabilities.

The MSW Program is subject to the policies and procedures of the USD Graduate School. For specific information regarding these policies and procedures, please navigate to http://catalog.usd.edu/content.php?catoid=26&navoid=1339

Inclusive Excellence Statement

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

Maintaining Good Standing in the MSW Program

1. Maintain consistent, punctual class attendance for all courses, as specified by policy in the syllabi.

2. Demonstrate the ability to consistently meet individual course assignments such as meeting deadlines for written assignments and class preparation expectations.

3. Demonstrate professional writing skills in all course work and critical thinking appropriate to graduate level work.

4. Maintain consistent and punctual attendance in relation to the completion of field instruction experience as outlined in the MSW Program’s Field Manual.

5. Conduct one’s self as a professional in accordance with the NASW Code of Ethics at all times.

6. Refrain from illegal or criminal behavior and any behavior that results in a pattern of misdemeanor and or felony convictions. Such behavior may result in your dismissal from the MSW program and may prevent you from becoming a licensed professional or obtaining professional certification. Offenses that occur after the completion of the Criminal Background Check must be reported to the MSW Program Director within 48 hours of occurrence.

7. Avoid on-going personal issues that would interfere with your ability to meet the MSW program performance standards, such as chemical dependency, inability to handle problems of daily living, inability to deal appropriately with stress or the inability to understand and demonstrate appropriate social, emotional, and behavioral maturity commensurate with age and life experience.

8. Consistently behave in a manner that demonstrates respect for human and cultural diversity.

Academic Standing

It is the responsibility of the Director of the Program, in conjunction with the MSW Program Admissions Committee, to grant admission and continuance in the program for all students. Therefore, maintaining good academic standing with the university is important. All graduate students must maintain a minimum GPA of 3.0. A student who earns a final grade of D or F must repeat the course.

Students’ academic performance is reviewed by the MSW Program Director and is discussed by the MSW Program Admissions Committee at the end of each semester. If a student’s grades or GPA fall below expectations, the faculty may initiate a Faculty Review. The goal of a faculty review is to discuss the student’s performance and provide a recommendation to the student that would be helpful and improve the student’s overall academic performance. A faculty review could result in the termination of the student from the program.

Disciplinary Action

- The violation of the academic dishonesty policy of the University of South Dakota and/or the MSW program. This includes plagiarism, cheating, or unauthorized assistance on course assignments.
- Failure to maintain a 3.0 grade point average required by the University and the MSW program.
- Earning a grade of D or F.
- Earning more than two grades of “C” (students in the regular program) or one grade of “C” (students in the advanced standing program).
- Failure to maintain consistent and punctual class attendance as specified by policy in the syllabi for all MSW courses.
- Failure to maintain consistent and punctual attendance in relation to completion of Field seminars and internships.
- Inability to demonstrate professional writing skills.
- Disruption of the educational processes of the Social Work program including teaching, student learning, research, and other educational activities.
- Violation of the National Association of Social Workers Code of Ethics.
- Engagement in illegal or criminal behavior that results in a pattern of misdemeanor and/or felony convictions after the student has been fully admitted to the program and/or behavior that would preclude the student from social work licensing or certification and/or failure to report such behavior or offenses within 48 hours to the Director of the Master of Social Work Program.
- Personal issues which interfere with the student’s ability to meet the program’s performance standards. For example, chemical dependency, inability to handle problems of daily living, inability to deal appropriately with stress or the inability to
understand and demonstrate appropriate social, emotional, and behavioral maturity commensurate with age and life experience.

- Inability to be able to engage in self-evaluation and accept constructive feedback or to modify behavior based on feedback. Inability to share concerns and disagreements with others with the use of respectful language, in appropriate environments, and through established procedures.

- Consistent difficulty demonstrating effective interpersonal skills necessary for forming professional helping relationships. For example, demonstrating non-judgmental attitude, treating all persons and groups with respect, allowing client self-determination, providing acceptance of and empathy for others, and avoiding use of prejudicial or discriminatory language to convey attitudes about persons or groups.

- Failure to behave in a manner which demonstrates respect for human and cultural diversity. For example, imposing personal judgments based on people’s differences or behaving in a culturally insensitive manner.

- Failure to understand and maintain professional boundaries with clients, faculty, and agency based field instructors, or others. Violations of boundaries include: engaging in sexual relations whether consensual or not, or exploitative behavior (financial, emotional, physical, and sexual) other behaviors with clients, faculty, and agency based field instructors or others for personal advantage.

- Disrespectful conduct is never acceptable.

Disciplinary action could result in the termination from the MSW program. If a student is terminated from the program, she or he will have the right to appeal the decision by following the appeal process established by the Graduate School.

**Procedures for Faculty Review of Students**

Students are encouraged to work with their instructors and program advisor to resolve academic problems and or behaviors that may be in violation of the MSW program’s expectations. If a successful resolution has not been achieved through informal measures of meeting with instructors and or program advisor, a Faculty Review will be initiated. The Faculty Review is the formal procedure for resolving a student’s failure to meet the expectations of the Program.

The request for a Faculty Review is initiated in writing by a faculty member or an agency field instructor. The student will be notified in writing of the date, time and location of the review and the reason(s) for the review. The student subject to this review may, if he/she so desires be accompanied by one (1) person to act as an observer of the process only.

The Faculty Review of the student will consist of exploration of possible solutions or measures of corrective action that would enable the student to meet the expectations specified by the program. The student has the right to provide additional information about, or to present mitigating circumstances which may have led to their inability to meet the program’s expectations. All recommendations and actions and specified time frame expectations of the Faculty Review, including the program faculty’s decision to terminate the student from the program will be recorded in writing. A copy will be provided
to the student and their program advisor, with a third copy placed in the student’s record. Faculty members participating in the review must provide a signature on the written report. The student subject to the Faculty Review also must sign the written report indicating that they are, or are not in agreement with the written recommendations, courses of corrective action and specified time-frame expectations, including the faculty’s decision to terminate them from the program. If the decision is to not terminate the student from the major, compliance with the written recommendations, courses of corrective action, and specified time-frame expectations becomes the responsibility of the student unless otherwise specified in the written record of the Faculty Review. The student’s failure to comply with these will result in termination of the student from the program.

Student Rights

If a student is not in agreement with the written recommendations/decision of the Faculty Review committee, courses of corrective action and specified time-frames expectations resulting from a Faculty Review, he/she has the right to appeal the recommendations/decision using the University of South Dakota Academic Appeal Procedure located in the Graduate Catalog. Students charged with violation of the Academic Dishonesty Policy and charged under the University Student Code of Conduct are entitled to certain rights, e.g. representation and appeal as specified in the Graduate Catalog.

MSW students have the right to initiate an appeal to redress what they may believe is any form of unjust, oppressive, discriminatory or unfair practice on behalf of an MSW program faculty member affecting their academic performance and progress. Students may exercise this right regardless of whether a faculty review has been conducted. The procedure for initiating this appeal is the same as above and is specified below.

Academic Appeals

Students have the right to initiate the Academic Appeals Policy of the University of South Dakota to redress any form of unjust, oppressive, discriminatory, or fundamentally unfair practice affecting a student’s academic performance and progress. The following policy and procedures are taken from the South Dakota Regents Policy Manual, Section 2.9.

Purpose and Scope of Policy

This policy governs academic disputes involving students. Such disputes most commonly arise because 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.

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.

**Timing and Substantive Conditions on Appeals**

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

2. Academic appeals may be brought only from final course grades or other actions that have similar finality, such academic suspension, or refusal to permit the continuation of an academic program.

3. Academic appeals must be brought within fifteen calendar days after the beginning of the academic term following the term in which the challenge action was taken. 1) Students who wish to challenge an action taken in a spring term must bring their challenge during the immediately following summer term if they enroll during summer, otherwise they may bring their challenge in the following fall term. Students who wish to challenge an action taken in a summer term must bring their challenge in the following fall term.

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

   a. If an academic decision resulted from administrative error or from misinterpretation 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;

   b. If an academic decision departs substantially from accepted academic standards for the discipline and the University; or

   c. If circumstances suggest that an academic decision reflected the prejudiced or capricious consideration of student opinions or conduct unrelated to academic standards, of student’s 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.

**Appeals Procedure**

A. The University President shall be responsible for establishing appeals procedures for the campus.

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 responsible for the decision.

      a. The instructor or academic decision-maker 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 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 university1.

For more specific information regarding these policies and procedures, please navigate to http://catalog.usd.edu/content.php?catoid=26&navoid=1339

**Time Limit and Validation of Credits**

Graduate credits earned more than seven years prior to the date of intended graduation must be validated. The method of validation is to be decided upon by the MSW program admissions committee, and sent to the Graduate Dean for final approval. Validation may include repeating of the course or satisfactorily completing a final examination for the course.

**Adding and Dropping a Course**

Students may use Web Advisor to drop and/or add courses after the initial registration until the end of the Drop/Add period. After the Drop/Add period, which is typically the first week to 10 days of the semester, the student must obtain a Drop/Add form from the Registrar’s Office located in Belbas Center. This form must be properly completed, signed by the instructor(s), the student’s advisor, and the Graduate Dean. It is then submitted to the Registrar’s Office for processing. Webadvisor is available at https://sso.usd.edu/login?service=https://my.usd.edu/uPortal/Login%3FRefUrl%3D%2FuPortal%2Fp%2Fsingle-sign-on

The deadline and procedure for adding and dropping classes are available at https://www.usd.edu/registrar/registration

**Confidentiality of Information**

The Department of Social Work recognizes the importance of confidentiality of student information and complies with the Family Educational Rights and Privacy Act of 1974. The current policies of USD regarding the release of information and the rights of students with respect to information maintained on their records are included in the Student Handbook available at http://usd.edu/graduate-school/student-resources.cfm.
Attendance Policy

Social work is an interactive field of practice. Much of the learning that occurs in the graduate courses takes place in the classroom. When a student is absent the student misses the interactive learning that occurs during the class and other members of the class miss the contribution the student might have made. Therefore, we ask that a student miss class only when necessary for purposes of illness. If a student misses more than two classes, the professor may reduce the final grade.

Students are required to be present and prepared for every class. If there are significant personal or health matters which prevent the student from attending class, or if you are involved in a University sanctioned event you should contact your professor. Excused absences for illness for two successive class periods or more will require medical verification. Please inform the professor of any necessary absences. However, merely informing the instructor does not constitute an excused absence. Excused absences will only be granted for the verified illness. Three successive unexcused absences may result in a professor initiated withdrawal from this course. Professor initiated withdrawal from a course may also result in a faculty review of the student’s continuation in the program. http://catalog.usd.edu/index.php

Academic Fraud, Plagiarism, Dishonesty, and Cheating

The School of Health Sciences and the Department of Social Work considers academic fraud, plagiarism, dishonesty, and cheating to be serious acts of academic misconduct. Violation of the University Academic Honesty Policy could result in disciplinary action. Academic dishonesty includes cheating on exams or course assignments, plagiarism (using the ideas or words of another as one’s own without crediting the source), lying to get extensions on projects or exams, and any other form of dishonesty. See the student handbook for definitions and consequences which may include expulsion from the University.

The Department of Social Work regards any form of academic dishonesty to be a sign that the student’s values and ethics are incompatible with the values and ethics of the social work profession. An incident of academic dishonesty may result in a grade reduction for the assignment, an F for the course, and/or dismissal from the Social Work Program.

No credit can be given for a dishonest assignment. A student found to have engaged in any form of academic dishonesty may, at the discretion of the instructor, be:

1. Given a zero for that assignment.
2. Allowed to rewrite and resubmit the assignment for credit.
3. Assigned a reduced grade for the course.
4. Dropped from the course.
5. Failed in the course.

Communicating with Faculty

Students who need to communicate with the professor have the following options:

- Visit the professor during office hours
• Email a message to the address on page one of the syllabus
• Telephone or fax the professor at the numbers listed on the syllabus and the scheduling of an appointment at a mutually agreeable time

The email and telephone number for the faculty are also located on the social work web-page.

**Communication Technologies**

Please turn off your cell phones/beepers before class begins. Leaving class to answer a call disrupts the class and distracts from everyone’s classroom participation. We ask that students not send or receive text messages during classes. We also ask that students who bring laptop computers to class refrain from surfing the web during class. This is a distraction and is disrespectful to your peers and professors.

**Email**

Students are asked to activate their USD email accounts and provide the professor with their email address. All formal email communication between the professor and the student will occur via the university email system. Students are required to check their email at least once a day.

**Advisement**

Students are encouraged to meet with their advisor to discuss their progress toward the MSW degree and plan of study. Students may also meet with their advisor to discuss any other issues that have an impact on their plan of study. These issues may include academic matters, career planning, personal concerns that may be affecting progress in the program, and other appropriate issues.

The student can reasonably expect to be informed about and advised about actions necessary for the student in completion of all academic and graduation requirements.

However, the advisor is not responsible for insuring that her or his advisees complete their academic requirements in a timely manner. Students are ultimately responsible for knowing the status of their academic progress at any given point and should not expect that this responsibility lies with their faculty advisor. Students with personal concerns requiring professional assistance are urged to contact the University Student Counseling Center. Faculty will assist with the referral if needed.

**Transfer Credits**

A maximum of nine graduate credit hours from other regionally accredited institutions may be transferred toward a Master’s Degree in Social Work. Substitutions for existing courses may be made by the MSW Program Director in consultation with MSW Program faculty.

Typically, an applicant will be asked to provide a course syllabus for each course she or he is requesting to transfer. Transfer credits must have been completed no more than seven years prior to conferment of the USD graduate degree. In addition, no courses with a non-letter grade will be permitted to transfer. Approval for transfer credit must be signed by the MSW Program Director, the department chairperson, and then approved by the Graduate School dean.
Academic Standards and Progress

Students must make satisfactory academic progress each term toward completion of the graduate degree being sought. Students who fail to make satisfactory progress are subject to academic probation.

Grades

In addition to satisfactory performance, graduate students must maintain a 3.0 GPA (B) in the MSW program. Occasionally a grade of C is earned. Students admitted for the 2-year program may earn a final grade of “C” in two courses. If a grade of “C” is earned in more than two courses, the student’s academic record will be reviewed by the MSW Program Director, the student, and the instructor. Academic remediation of “C” grades in more than two courses will be on a case by case basis. Students admitted with advanced standing may earn a final grade of “C” in one course. If a grade of “C” is earned in more than one course, the student’s academic record will be reviewed by the MSW Program Director, the student, and the instructor. Academic remediation of “C” grades in more than two courses will be on a case by case basis.

All grades of “incomplete” on the program of study must be removed prior to graduation. Grades of “D”, “F” and other grades designated as unsatisfactory are calculated into the GPA. Courses with a grade of D or F will not be considered for academic credit toward an MSW. Students who earn a grade of D or F will be reviewed under an issue of a faculty concern to determine if the student will be allowed to continue in the program.

Academic Standing, Probation, and Dismissal

If a student has more than one course of unsatisfactory work and/or had not maintained a 3.0 graduate GPA, The Graduate School may place the student on probation and/or dismiss him/her. The MSW Program Admissions Committee reviews the academic standing of all graduate students each term, in accordance with policy of the Graduate School. The Department of Social Work will notify the student directly of academic probation, and for recommending dismissal of the student to the Graduate Dean. A graduate student may be recommended for dismissal from the program at any time for failure to meet the program’s or the Graduate School’s standards of academic performance and progress.

It is the policy of the Graduate School that any department, through due process, may deny a graduate student admission or continued enrollment in a program. The reasons for denial or dismissal include: (1) academic performance that does not meet the standards of the department and the Graduate School, or (2) conduct in violation 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 available at http://usd.edu/graduate-school/student-resources.cfm. For further information, call the Office of Student Life (605) 677-5331 or the Graduate School (605) 658-6140.

Degree Completion

All students are admitted as either full-time or part-time students and expected to contact the MSW Program director is this status changes over the course of their plan of study. Students must take all the courses outlined in the curriculum plan.
Students enrolling in the regular program enter the program in the fall semester for the foundation curriculum. For a full-time, regular standing student, the program is offered over 5 semesters or 22 months (fall, spring, summer, fall, and spring). Students complete the regular program at the end of 22 months, graduating in May. Advanced Standing students enter the program in the May. A full-time, Advanced Standing student completes the program curriculum over 3 semesters (summer, fall, and spring). Advanced standing students complete the program at the end of 13 months, graduating in May. All students who choose to complete the MSW program as part-time students, have up to 4 years to complete the curriculum. Please refer to sample schedules found on pages 19-20.

**Immunization Verification**

An Immunization form must be completed for all students before the student may register for classes. Once a student has been admitted, the University of South Dakota’s Student Health Department will send the required form to the student’s residence to be completed immediately.

**Medical Insurance**

Students enrolled in Health Affairs graduate professional programs are required to carry health insurance coverage that meets or exceeds the minimum standards outlined below. These students must provide proof of credible coverage meeting minimum coverage standards at the beginning of each academic year. Students enrolled in Health Affairs undergraduate professional programs are required to carry health insurance coverage that meets or exceeds the minimum standards outlined below, at the beginning of the semester in which they will engage in clinical experiences. Health insurance coverage is a requirement of the 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 (i.e. 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 and chemical dependency coverage.
- Insurance not have a deductible higher than $7500 or out of pocket maximum of $7500.

**NOTE:** Exceptions to the minimum requirements may be temporarily granted on an individual basis with the approval of the Dean of Medical Student Affairs or the appropriate Health Sciences Department Chair.

**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, Sanford Health Plan
Please note that this may take some time on your part to investigate and or accomplish the goal of getting insurance coverage.

If you have any questions or concerns, please contact the Master of Social Work Department at 605-357-1450 or your campus representative, Rachel Olson at 605-638-8279.

**Program Evaluation and Modification of the Curriculum**

Each faculty member is expected to conduct a course evaluation at the end of each semester. These evaluations are a part of the ongoing program evaluation that is a part of good social work practice and in compliance with the Council on Social Work standards for accredited programs. Student feedback is crucial in the evaluation of the effectiveness of the program. At the beginning of each semester the MSW Program Director reviews the course evaluations and then brings recommendations to each faculty member for modifications to the curriculum.

**Developing a Professional Social Work Identity**

All MSW students are required to join the National Association of Social Workers (NASW) as student members. Membership in this national social work organization supports CSWE competency 2.1.1 Identify as a professional social worker and conduct one’s self accordingly. Students are also required to purchase malpractice insurance before beginning their internships. Malpractice insurance is available at student rates from NASW. As part of the development of a professional social work identity, students are encouraged to attend the annual NASW South Dakota Chapter conference during the spring semester of each academic year.

The Department of Social Work and NASWSD have entered a partnership to provide and broadcast CEU sessions across the state using webinar software. Students are encouraged to attend these monthly CEU sessions.

Because of this partnership, information is shared across communities where CEUs have previously been unavailable. NASW has opened the opportunity for social service professionals to also attend and receive CEU’s free of charge. This supports an integration of knowledge across disciplines. The CEU sessions support the establishment of a professional identity and model for students the importance of life-long learning. The CEU sessions are offered monthly on Monday and students attend this professional presentation as a part of their integrated field seminar.

**Preparation for Graduation**

Please review the policies stated in the Graduate Catalog that pertain to graduation two semesters before graduation. The following are highlights of the processes that must be completed before graduation. Please see the graduate catalog at [http://usd.edu/graduate-school/student-resources.cfm](http://usd.edu/graduate-school/student-resources.cfm)

**Application for Degree/Program of Study**

An Application for Degree/Program of study must be filed with the Graduate School in the semester before the expected date of graduation. The program is determined after a student has consulted with his/her advisor. The program of study presented for fulfillment of degree requirements must be comprised of all graduate work and at least 50% of the course work at the 700-course level or above. Please see the graduate catalog for further details regarding graduation. The deadlines and forms are
Failure to file an Application for Degree at the appropriate time can delay graduation.

**Graduate Approval**

The Graduation Approval form contains the results of final evaluation of the graduate student’s accepted credit hours. The form is to be retained by the academic advisor until the degree requirements are completed, at which time the Graduation Approval is submitted to the Graduate School. The deadline for the approval is approximately three weeks prior to graduation.

**Commencement**

Candidates for an MSW are urged to attend the commencement exercises for the degree that is being sought. Students who have completed all requirements for a degree, but whose formal graduation is delayed, may obtain a Letter of Certification of Completion of Degree Requirements from the Graduate Dean.

**Student Participation**

The MSW program faculty are responsible for setting and implementing department policies. These policies include the content of the curriculum, the process for admission into the program, the time and frequency of course offerings, and many other decisions that directly affect students. Students are able and encouraged to have input in the program in several ways:

- Any individual or group of students may discuss an idea or concern with a faculty member and ask that the faculty member bring the issue to the attention of the MSW Program Director and/or the entire Social Work Department faculty. It is strongly recommended that the student put their ideas or concerns in writing so the faculty member accurately represents them.

- The MSW Program Director may hold open meetings each semester to listen to student ideas and concerns. Any student is welcome to voice or propose new ideas or share concerns.

- Faculty periodically bring questions to students in the classroom and survey student responses so the department has more information with which to make decisions about such matters as scheduling courses.

- Students may elect one representative to serve on the MSW Advisory Board.

**Graduate Student Organizations (GSO)**

The graduate students have established a Graduate Student Association. Currently the MSW Program Director appoints a faculty member that oversees and moderates this organization.

One of the responsibilities of the Graduate Student Organization (GSO) is to elect one representative to participate as a member the MSW Advisory Board. Normal boundaries on issues of confidentiality are expected.
Phi Alpha Honor Society

The Department has facilitated a membership for graduate students in the Phi Alpha Honor Society, Sigma Theta Chapter. The purpose of Phi Alpha Honor Society is to provide a closer bond among students of social work and promote humanitarian goals and ideals. Phi Alpha fosters high standards of education for social workers and invites into membership those who have attained excellence in scholarship and achievement in social work. Additional information can be found at http://phialpha.org/.

National Qualifications for Graduate Membership is as follows:

- Completion of one term of course work with the minimum number of social work credits as determined by the local chapter.
- Achievement of a minimum GPA of 3.5 based on a 4.0 scale.

Students who attain the required GPA are encouraged to join this organization. A faculty or staff member is appointed annually to oversee the student club.

Resources

Scholarship Opportunities

Students are encouraged to explore the following scholarship opportunities: Council on Social Work Education: http://www.cswe.org

Faithe Family Scholarship

The Faithe Family Scholarship is awarded to MSW students who are in their advanced standing or second year regular standing year of the Master of Social Work program at University of South Dakota. Each student who is selected to receive this scholarship is someone who best fits the following criteria:

1. Holds a grade point average of 3.5 or above
2. In good standing with the Master of Social Work program at University of South Dakota
3. Is considered full status within the MSW program (cannot have provisions or be on academic or financial aid probation).
4. Enrolled in at least six credits during the summer, fall and spring semester of the year applying for scholarship.
5. Write a 1-2-page personal statement explaining how you plan to utilize your MSW degree to serve the health care delivery system after graduation.

The Carl A. Scott Book Scholarships

Two scholarships in the amount of $500.00 each are available. The book scholarships are awarded to students who have demonstrated a commitment to work for equity and social justice in social work. Awards are made to ethnic groups of color (African American, American Indian, Asian American, Mexican American, and Puerto Rican) who are in their last year of study for a social work degree in a
baccalaureate or master’s degree program accredited by CSWE. Please check the CSWE website for the application deadline.

**National Association of Social Workers:** [www.socialworkers.org](http://www.socialworkers.org)

**NASW Foundation National Programs**

**Verne LaMarr Lyons Memorial MSW Scholarship**

One scholarship in the amount of $1000.00 is awarded to a MSW student who has an interest and/or demonstrated ability in health/mental health practice and a commitment to working in African American communities.

**Consuelo W. Gosnell Memorial MSW Scholarship**

Up to 10 scholarships in the amounts ranging from $1000.00-$4000.00 are awarded to students who have demonstrated a commitment to working with, or who have a special affinity with American Indian/Alaska Native or Hispanic/Latino populations in the United States.

Candidates who have demonstrated a commitment to working with public or voluntary nonprofit agencies or with local grassroots groups in the United States are also eligible.

**National Association of Social Workers South Dakota Chapter**

The NASW-SD chapter has recently authorized the creation of one scholarship for USD MSW students. The scholarship will award $500.00 to one student. Details and information regarding an application will be available through the local chapter. This scholarship was developed specifically for members of the NASW-SD chapter who attend the USD MSW program.

**Other Scholarship Possibilities**

Students from Minnesota should check the website for the Minnesota Social Service Association. They offer a Graduate Educational Scholarships of $1500.00 in the fall and spring of each year. They also offer a Diversity Educational Scholarship to assist students who are members of the following diverse groups: African-American, American Indian, Asian, LGBT, Hispanic, and people with disabilities or refugee/immigrant cultures.

**Ruth Fizdale Program**

NASW chapters are invited to apply for a Fizdale grant to conduct pilot research projects in social policy. Previous grants have been awarded in the amount of $3000.00. If a student were interested in this grant, a discussion with a member of the faculty and the Executive Director of the South Dakota Chapter of NASW would be appropriate.
Appendix A

MSW Program Course Catalog Descriptions

Regular Standing 1st Year Courses

Fall Semester

SOCW 601 - History and Philosophy of Social Work

Description – This course is an introduction to the historic and contemporary profession of Social Work. Students learn the core values, assumptions, theory, guiding principles, and the “Code of Ethics.” Students analyze the development of the profession through critical exploration of the profession’s history within the larger context of national and international history.

SOCW 610 - Generalist Practice I: Individuals and Families

Description – This course provides beginning generalist social work practice, knowledge, and skills. Students learn core social work theories: Ecological theory, Systems Theory, Problem Solving Theory, and the Strengths Perspective. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.

SOCW 641 - Human Behavior in the Social Environment

Description – Students learn theories of human development, moral development, motivation, and diversity that impact individuals and families as they develop over the life span. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.

SOCW 683 - Field Education and Seminar I

Description – Students complete 200 hours in a field placement. This is the first of a two-semester foundation/generalist level internship. Students also participate in a two-hour weekly seminar. Prerequisites: Formal admission to the MSW Program.

Spring Semester

SOCW 600 – Social Policy Analysis

Description – This course provides a study of the development, and limitations of social welfare/social policy. Students gain an understanding of knowledge and skills in the analysis of social policy. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.

SOCW 630 - Practice with Small Groups

Description – This course provides students with theoretical and practice knowledge on work with individuals in small groups. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.

SOCW 684 - Field Education and Seminar II
Description – Students complete 200 hours in a field placement. This is the second of a two-semester foundational level internship. Students participate in a two-hour weekly seminar. Prerequisites: Formal admission to the MSW Program.

SOCW 792 – Topics (Graduate Level Elective Course)

Description – Includes current topics, advanced topics, and special topics. A course devoted to an issue in a specified field. Course content is not wholly included in the regular curriculum. Guest lecturers may serve as instructors. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.

Advanced Standing and Regular Standing 2nd Year Courses

Summer Semester

SOCW 640 - Diversity and Social Justice in Rural and Urban Communities

Description – This course provides students with theoretical and practice knowledge to address issues of diversity and social justice. Students learn to recognize and develop skills to address forms and mechanisms of discrimination. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.

SOCW 650 – Practice-Informed Quantitative Research

Description - Introduces students to the basic principles of quantitative social work research, including ethics, problem formulation, and quantitative research designs and methodologies. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.

SOCW 741 – Social Work in Mental Health: Assessment and Treatment

Description – This course provides students with an understanding of mental illness. Students learn the major diagnostic categories and how to conduct a multi-axial diagnosis. Case illustrations and practice experiences are used with a focus on competency-based assessment and research. Prerequisites: Formal admission to the MSW Program.

SOCW 792 – Topics (Graduate Level Elective Course)

Description – Includes current topics, advanced topics, and special topics. A course devoted to an issue in a specified field. Course content is not wholly included in the regular curriculum. Guest lecturers may serve as instructors. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.

Fall Semester

SOCW 740 - Advanced Practice with Individuals, Children, and Families

Description – This course provides students with advanced theories for practice with individuals, children, and families across the lifespan. Students will apply knowledge that will allow them to conduct multidimensional assessments and integrate knowledge on the human condition with
evidence-based practice activities designed to promote the social and human well-being. Prerequisites: Formal admission to the MSW Program.

SOCW 730 - Practice with Communities

Description – This course focuses on theories that explain interactions of systems at the mezzo level of practice. The course emphasizes social work methods, strategies, and interventions used in practice with communities. The course provides students with a framework to analyze complex problems in communities and develop strategies for change. Prerequisites: Formal admission to the MSW Program.

SOCW 750 – Practice-Informed Qualitative Research

Description - Introduces students to the basic principles of qualitative social work research, including ethics, problem formulation, and qualitative research designs and methodologies. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.

SOCW 783 - Advanced Field Education and Seminar III

Description – Students complete 250 hours in a field placement. This is the first of a two-semester concentration/advanced generalist level internship. Students participate in a two-hour weekly seminar designed to provide students with the opportunity to integrate and process advanced theoretical knowledge with field experiences. Prerequisites: Formal admission to the MSW Program.

Spring Semester

SOCW 700 - Advanced Social Policy

Description – This course provides students with the opportunity to apply techniques of policy analysis and formulation. Utilizing the lens of advocacy, students will learn to apply techniques of assessment, development, and the administrative implementation of social policy. Social policy is presented as a means of intervention that allows social workers to become agents of change in settings that cover the range of micro, mezzo, and macro systems. Prerequisites: Formal admission to the MSW Program.

SOCW 742 - Practice with Organizations, Administration, and Supervision

Description – This course provides students with advanced, evidence-based theoretical knowledge, assessment tools and intervention strategies appropriate for larger systems. Strategies of change and sustainability of change along with conflict resolution and strategic planning are learned. Students learn how to apply skills and techniques with diverse client and collaborative systems. Students learn the foundations of theories and models of supervision that can be used across practice settings. Prerequisites: Formal admission to the MSW Program.

SOCW 784 - Advanced Field Education and Seminar IV

Description – Students complete 250 hours in a field placement. This is the second semester of a two-semester concentration/advanced generalist level internship. Students participate in a two-
hour weekly seminar designed to provide the students with the opportunity to integrate and process advanced theoretical knowledge with field experiences. Prerequisites: Formal admission to the MSW Program.

SOCW 792 – Topics (Graduate Level Elective Course)

Description – Includes current topics, advanced topics, and special topics. A course devoted to an issue in a specified field. Course content is not wholly included in the regular curriculum. Guest lecturers may serve as instructors. Prerequisites: Formal admission to the MSW Program or permission of the MSW Program Director.
Appendix B

USD Health Affairs Programs Substance Use Disorder Policy

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.
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.

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.

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 Programs 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.

**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.

**Admission and Readmission**

Any student who seeks admission to any USD Health Affairs Program 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.

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.
Appendix C

Infection Control Manual
The University of South Dakota Health Affairs

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)

Tuberculosis

Neisseria Meningitis

Influenza

Varicella Zoster Virus

Measles, Mumps, Rubella

Pertussis

Special Considerations

Students Who Have Infections HIV, HB, HCV-infected Students

The Pregnant Student

Health Insurance

Vaccination Declination

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
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. Cohorts 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 or Education Coordinator 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. Source patient: known or unknown.

9. 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 at the Sanford Medical Center or a Sanford owned site, should call the 24/7 Exposure Hotline; 605-333-6333 and you will be guided on how to proceed. For exposures that occur at a non-Sanford site, if there are questions or concerns regarding the protocol, the student and the healthcare provider treating the exposure may call the PEPline (The National Clinician’s Post-Exposure Prophylaxis Hotline); 888-448-4911. [http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/](http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/). All other students should contact their Site Coordinator.

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 (i.e. tuberculosis, measles, mumps, pertussis, etc.) guidelines and follow-up as outlined on pages 9 - 12 of this Manual.
D. Occupational Exposure to Infectious and Environmental Hazards 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. Students may also be given pocket card badge cards, and/or directions on where to access the occupational exposure protocol 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 Relate to an Exposure:

a. 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 USD Disabilities Services, the Dean of Medical Student Affairs and/or the appropriate School of Health Sciences, USD Disabilities Services will assist departments with the interactive accommodation process in accordance with ADA guidelines. Once an accommodation plan is agreed upon, the Department Chair/Dean who then shares with the appropriate faculty involved I the student’s clinical activities. All medical records and notes will be housed in USD Disabilities Services.
b. 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.

c. 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.

d. 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.

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

f. 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. 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 USD Student Health prior to matriculation or visit. Immunization records are maintained by USD Student Health. 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. 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, it is recommended the student consult with their health care provider about being 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.

• 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 or if the varicella titer is negative. Recommended interval is 4-8 weeks between doses.

4. Tdap (tetanus, diphtheria, adult pertussis). One life 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 medication and dose, 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 November 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.

STUDENTS INFECTED WITH BLOODBORNE PATHOGENS; HIV, HBV, HCV

There are two concerns: safety of patients and safety of the student. The following policy is based on CDC recommendations for HIV, HBV, HCV positive health care workers and other scientific knowledge.

Policy:

In compliance with the standards set forth in Section 504 of the 1973 Vocational Rehabilitation Act. USD Health Affairs:

1. Does not deny admission to HIV, Hepatitis B (HBV), or Hepatitis C (HCV) infected prospective students unless their health status prevents the completion of essential degree requirements and no reasonable accommodations can be made.

2. Does not inquire about the HIV, HBV, or HCV status of applicants during the admissions process.

3. Strongly encourages applicants who believe they may have been exposed to blood and/or other potential infectious materials to seek medical advice and HIV, HBV, or HCV status testing prior to admission. Such information may be relevant to the career decisions of applicants and essential to providing appropriate care to the student.

4. May not dismiss a student based solely upon their HIV, HBV, or HCV status.

Procedures:

1. When it becomes known that a student is infected with a potentially transmissible bloodborne pathogen, a meeting of an Advisory Council will be called to review the
student’s duties. The advisory Council will include the following persons: USD Sanford School of Medicine Chief of Infectious Diseases, Dean or his/her appointees appropriate to student’s program of study, Sanford Occupational Health Officer or his/her appointees.

2. The Advisory Council will consider the nature of the student’s expected activities, risk factors involved, and transmissibility of infectious agents. Drawing upon consultations as needed, this council will formulate a judgement as to whether clinical training, laboratory assignments, or patient contacts should not require restrictions on rendering care to patients in most circumstances. However, special considerations may be appropriate when exposure-prone invasive procedures are performed.

3. A plan for the student’s personal healthcare, including an appropriate referral, and needed educational accommodations will be identified. In order to request, educational accommodations, please refer to the See Educational Accommodations section of this manual (Page #8).

4. A record of the Advisory Council’s review and recommendations will be housed in USD Disability Services.

OTHER 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. 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 recommended time, maintain routine tuberculosis screening, adhere to proper infection control practices (Standard Precautions) and have prompt evaluation and treatment of any illness.

3. Health Affairs Student Insurance Policy

All students enrolled in a health affairs program are required to have major medical health insurance.

4. 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 __________________________________________
University of South Dakota Health Affairs

OCCUPATIONAL EXPOSURE TO PATHOGENS OF EPIDEMIOLOGICAL IMPORTANCE

REPORT FORM – PART 2 HEALTH EVALUATION AND WRITTEN OPINION

Student ________________________________ Course & Campus ___________________________

Program: Addiction Studies ___ Dental Hygiene ___ Health Science ___ Medical Laboratory Science ___

Medicine ___ Nursing ___ Physical Therapy ___ Physician Assistant ___ Occupational

Therapy ___ Social Work ___ Master of Social Work ___ Master of Public Health ___

Date of report _______________ Date of exposure ________________ Time of exposure ______

Hospital/Clinic site where exposure occurred ______________________________________________

City ______________________ Supervisor/Faculty ________________________________

Source Results

Hepatitis B Surface Antigen  __ Tested  __ Not Tested

Hepatitis C __ Tested  __ Not Tested

HIV __ Tested  __ Not Tested

Exposed Person Baseline Results

Hepatitis B Surface Antigen __ Tested  __ Not Tested

Hepatitis B Surface Antibody __ Tested  __ Not Tested

Hepatitis C __ Tested  __ Not Tested

HIV __ Tested  __ Not Tested

ALT __ Tested  __ Not Tested

Recommended Lab Work Dates

__ Follow up testing is not indicated
__ Follow up testing is recommended on the dates listed below:

1. _________________ 3. _________________ 5. _________________

2. _________________ 4. _________________ 6. _________________

Counseling

Hepatitis B vaccine is indicated:

__ Yes  __ No

The exposed person was advised to avoid donating blood, plasma, semen, tissue or organs for one year following exposure: __ Yes  __ No
Counseling was provided regarding the mode and risk of transmission of HIV, Hepatitis B, Hepatitis C and other bloodborne pathogens relative to the exposure incident. Follow-up evaluation and treatment indications for the employee and/or the source patient were discussed.

__ Yes __ No

The importance of maintain confidentiality of the source patient’s identity and test results were discussed:

__ Yes __ No

Medical Provider: ___________________________ Date: ______________

__________________________
Signature

__________________________
Printed name

Please return a copy of the exposure report, post exposure management, evaluation and written opinion to the Education Coordinator in your program

Note a copy of written opinion form given to student from the site where the exposure occurred may replace this form.
University of South Dakota Health Affairs

REQUIRED IMMUNIZATION FORM

PAGE 1 of 2 (example)

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)
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
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). 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.

University of South Dakota Sanford School of Medicine

REQUIRED IMMUNIZATION FORM

Medical students need to complete this form:

Hepatitis B – Frequently Asked Questions
University of South Dakota Health Affairs

ANNUAL SYMPTOM CHECKLIST FOR TUBERCULOSIS

This form is to be used annually when a student has had a positive result occur from Tuberculosis screening using either skin testing (PPD) or blood sample (QFT-G).

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>
</tr>
<tr>
<td>Coughing up blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive fatigue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent fever</td>
<td></td>
<td></td>
</tr>
</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
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 case 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 (i.e. HIV). There are NO exposures minor enough to ignore; all exposures must be reported – for your safety.

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. No further vaccine series are recommended. However, it is
recommended the student consult with their health care provider about being 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](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm)
- CDC Epidemiology and Prevention of Vaccine-Preventable Diseases; Pink Book (2015):
  

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](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm)

Bloodborne Exposures Algorithm (see Appendix)

HUMAN IMMUNODEFICIENCY VIRUS (HIV):

Prevention/Prophylaxis/Treatment/Follow-up:

Please refer to the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post exposure Prophylaxis (Sept. 2013):  


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):


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
TUBERCULOSIS:

Prevention/Prophylaxis/Treatment/Follow-up:

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.

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 medication and dose, 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

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. All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine (Menactra® or Menevo®). 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.

INFLUENZA:

All Health Affairs students are required to have the flu vaccine by December 1st annually.
http://www.cdc.gov/flu/healthcareworkers.htm

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

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.


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
Appendix D

Background Checks for the Admissions Process and Continuation in the Program

UNIVERSITY OF SOUTH DAKOTA Health Affairs:
Health Sciences and Sanford School of Medicine

This policy applies to all Health Affairs students where the program or course includes direct contact with clients or patients.

The educational programs of USD Health Affairs have the responsibility to assure the public that their graduates not only have the academic capabilities to apply their professional skills but also have appropriate professional characteristics. That responsibility begins with selective admissions of students who have the appropriate background and skills and attributes to serve the public. Programs whose graduates serve ill and therefore vulnerable individuals have a special responsibility to assure their students and graduates possess the behavioral and social attributes necessary for the care of the individual. The processes for admission to the programs of USD Health Affairs must include procedures to protect the health and welfare of individuals to be served by their graduates.

Admissions processes for applicants to USD Health Affairs programs must include an attempt to learn if the applicant has ever been convicted of a felony or if there is pending any criminal prosecution against the applicant which would constitute a felony, or involving health care, or any action defined as a crime of violence under South Dakota law (SDCL 22-1-2 (9)), involve moral turpitude, (SDCL 22-1-2 (25)), involving a sex crime as defined in SDCL 22-24B-1 or illegal trafficking in illicit or prescription drugs. Conditional acceptance is granted to applicants who are selected for admission, with a completed background check required for final acceptance or matriculation into the programs. Any applicant convicted of a “crime of violence” or convicted or disciplined for an act of “moral turpitude”, “sex crimes”, or illegal trafficking in illicit or prescription drugs may be excluded from admission to USD Health Affairs programs.

Each program within Health Affairs will determine whether an applicant with a felony may be further considered for acceptance. This determination will include a consideration of options for a career in that specific field.

The Chair or Dean of Medical Student Affairs:

a. Will be responsible for receiving and maintaining the security and privileged confidentiality of all applicant documents and information.

b. Will require all applicants submit a completed background check before final acceptance into the program; programs with open admissions will require students to complete a background check prior to beginning fieldwork experiences.

c. Will develop, implement, and maintain written documentation for a system of primary verification of applicant information.

i. Primary verification is defined as written inquires plus telephone calls and/or personal contacts with authorities and other individuals with knowledge of circumstances related to applicant information.
ii. Primary verification will occur:

d. Whenever the Chair of a unit, or the Dean of Medical Student Affairs has reasonable cause to question the authenticity, accuracy, or completeness of submitted documents or information.

e. Whenever the Chair of a unit, or the Dean of Medical Student Affairs has reasonable cause to believe the applicant has been charged with a felony, a crime of violence, an act of moral turpitude, a sex offense or illegal trafficking in illicit or prescription drugs.

f. Will communicate with, seek the advice of, and submit application process decisions to higher review by designated USD Health Affairs personnel:

i. If upon investigation it is learned that there is evidence of a felony, act of moral turpitude, sex offense or illegal trafficking in illicit or prescription drugs, the Chair or Dean of Medical Student Affairs will report that information to the Dean of Health Sciences or the Dean of the School of Medicine. These findings may result in a request to withdraw the conditional acceptance offer for that applicant.

a. Review of applicants with felonies or misdemeanors:

ii. Applicants to programs who do not admit prospective students with a felony conviction will be denied admission.

iii. Applicants to programs that may consider prospective students with felonies or with misdemeanors on the record will be reviewed to identify offenses by severity, frequency, and timing.

1. Severity will be assessed in part by the penalty imposed.

2. Frequency will be assessed by the repetition of an event or the variety of events with similar themes.

3. Timing will be assessed to evaluate maturity and judgment.

iv. Applicants with a felony or one or more misdemeanors will be reviewed by the Chair for the Health Sciences unit, or the Dean of Medical Student Affairs for the MD and the MD/PhD programs. The Chair or Dean of Medical Student Affairs will make a decision to either uphold the offer of admission of the applicant, or refer the applicant for review to a Background Check Review committee for a recommendation.

1. Each school (Health Sciences and Medical School) will establish a Background Check Review Committee. This committee will review applicants referred by the Chair of that Health Sciences unit, or the Dean of Medical Student Affairs. They will take into consideration the items listed in section 5.B as well as any requirements for licensure that may apply, and other institutional policies.
2. All recommendations of the Background Check Review Committee will be reported to the either the Dean of the Health Sciences, or the Dean of the Medical School, depending upon the program involved.

3. The appropriate Dean will make a recommendation to the Chair or Dean of Medical Student Affairs to either uphold the offer of admission or to deny the offer of admission.

a. Each student in any Health Affairs program has a continual obligation to report any criminal felony or misdemeanor (including drug and/or alcohol) charges pending against him/her, which occur after the student has been granted final acceptance into the program.

4. A written explanation of the pending charges should be submitted to the Chair of the Health Sciences program, or Dean of Medical Student Affairs for the Medical School programs within 72 hours of the incident.

5. A decision regarding the student’s continued participation in clinical or patient experiences while the charges are pending will be made by the Chair of the Health Sciences program with faculty input, or by the Dean of the Medical School with Dean of Medical Student Affairs input. Classroom attendance may also be suspended.

6. The student is responsible for keeping the Chair or Dean of Medical Student Affairs informed as to the outcome of the charges with court documentation required.

7. The respective Student Progress and Conduct Committee will review the case to determine whether the student will be permitted to continue in the program or be dismissed.

8. Failure to comply with any aspect of this policy may also result in dismissal from the program.

A. These policies may be updated at any time if requirements for program change, or state laws change.

B. The Appendices cited are current as of the date of adoption of the policy. Changes in state laws may result in immediate changes in the Admissions policy.
Appendices

22-24B-1. Sex crimes defined. For the purposes of §§ 22-24B-2 to 22-24B-14, inclusive, a sex crime is any of the following crimes regardless of the date of the commission of the offense or the date of conviction:

1. Rape as set forth in § 22-22-1;
2. Felony sexual contact with a minor under sixteen as set forth in § 22-22-7 if committed by an adult;
3. Sexual contact with a person incapable of consenting as set forth in § 22-22-7.2;
4. Incest if committed by an adult;
5. Possessing, manufacturing, or distributing child pornography as set forth in § 22-24A-3;
7. Sexual exploitation of a minor as set forth in § 22-22-24.3;
8. Kidnapping, as set forth in § 22-19-1, if the victim of the criminal act is a minor;
9. Promotion of prostitution of a minor as set forth in subdivision 22-23-2(2);
10. Criminal pedophilia as previously set forth in § 22-22-30.1;
11. (11) Felony indecent exposure as previously set forth in former § 22-24-1 or felony indecent exposure as set forth in § 22-24-1.2;
13. Felony indecent exposure as set forth in § 22-24-1.3;
14. Bestiality as set forth in § 22-22-42;
15. An attempt to commit any of the crimes listed in this section or any conspiracy or solicitation to commit any of the crimes listed in this section;
16. Any crime committed in a place other than this state which would constitute a sex crime under this section if committed in this state;
17. Any federal crime or court martial offense that would constitute a sex crime under federal law;
18. Any crime committed in another state if that state also requires that anyone convicted of that crime register as a sex offender in that state; or
19. If the victim is a minor:
   (a) Any sexual acts between a jail employee and a detainee as set forth in § 22-22-7.6;
   (b) Any sexual contact by a psychotherapist as set forth in § 22-22-28; or
(c) Any sexual penetration by a psychotherapist as set forth in § 22-22-29;

(20) Intentional exposure to HIV infection as set forth in subdivision (1) of § 22-18-31.


22-1-2. Definition of terms. Terms used in this title mean:

"Crime of violence," any of the following crimes or an attempt to commit, or a conspiracy to commit, or a solicitation to commit any of the following crimes: murder, manslaughter, rape, aggravated assault, riot, robbery, burglary in the first degree, arson, kidnapping, felony sexual contact as defined in § 22-22-7, felony child abuse as defined in § 26-10-1, or any other felony in the commission of which the perpetrator used force, or was armed with a dangerous weapon, or used any explosive or destructive device;

22-1-2. Definition of terms. Terms used in this title mean: (25) "Moral turpitude," an act done contrary to justice, honesty, principle, or good morals, as well as an act of baseness, vileness, or depravity in the private and social duties which a person owes to his fellow man or to society in general;
Appendix E

School of Health Sciences Criminal Background

Decision Tree

CBC Decision Tree for School of Health Sciences August 2012

Conditional Acceptance to Health Science Department

Criminal Background Check Results Received

Positive: Misdemeanors
HS Department Reviews Severity, Frequency, and Timing of Convictions: (Always refer cases with 3 or more to CBC Committee)

Department sends final letter of acceptance to applicant

Positive for Felony
Department Chairperson refers to CBC Committee

CBC Committee reviews and makes a recommendation to Dean

Dean communicates final decision to Department Chairperson

Denial:
Dean sends letter of denial to applicant

Acceptance:
Department sends letter of acceptance to applicant

Negative
Admit

CBC Committee reviews and makes a recommendation to Dean

Dean makes final decision regarding admission/denial

Adapted from the SD Board of Nursing Disciplinary Decision Tree
Appendix F

Policy for Reporting Pending Criminal Charges

1. A social work student has a continual obligation to report any criminal charges, (misdemeanors or felonies) with the exception of minor traffic violations, pending against him/her, which occur after the student has been granted final acceptance into the social work major.

2. A written explanation of the pending charges should be submitted to the Chair of the Social Work Program within 72 hours.

3. A decision regarding the student’s continued participation in SOCW 496- Field Experience, if enrolled at the time of the occurrence, will be made by the Chair of the Social Work Department and the Social Work Program Field Experience Director. Enrollment in other social work courses may or may not be affected depending on the circumstances and decision of the faculty review.

4. Failure to comply with any aspect of this policy will result in immediate referral for dismissal from the Social Work Undergraduate Program.
Appendix G

NASW Code of Ethics

Code of Ethics of the National Association of Social Workers

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals’ needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession’s history, are the foundation of social work’s unique purpose and perspective:

• Service
• Social justice
• Dignity and worth of the person
• Importance of human relationships
• Integrity
• Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

Purpose of the NASW Code of Ethics

Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The NASW Code of Ethics sets forth these values, principles, and standards to guide social workers’ conduct. The Code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.
The NASW Code of Ethics serves six purposes:

1. The Code identifies core values on which social work’s mission is based.

2. The Code summarizes broad ethical principles that reflect the profession’s core values and establishes a set of specific ethical standards that should be used to guide social work practice.

3. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.

4. The Code provides ethical standards to which the general public can hold the social work profession accountable.

5. The Code socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards.

6. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.* In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

The Code offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the Code must take into account the context in which it is being considered and the possibility of conflicts among the Code’s values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the NASW Code of Ethics does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and standards in this Code that are relevant to any situation in which ethical judgment is warranted. Social workers’ decisions and actions should be consistent with the spirit as well as the letter of this Code.

In addition to this Code, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the NASW Code of Ethics as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients’ and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts
between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency based or social work organization’s ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers’ ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this Code. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

The NASW Code of Ethics is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, and agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this Code does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the Code would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers’ ethical behavior should result from their personal commitment to engage in ethical practice. The NASW Code of Ethics reflects the commitment of all social workers to uphold the profession’s values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

Ethical Principles

The following broad ethical principles are based on social work’s core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: Service

Ethical Principle: Social workers’ primary goal is to help people in need and to address social problems. Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: Social Justice

Ethical Principle: Social workers challenge social injustice. Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social
workers’ social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: Dignity and Worth of the Person

Ethical Principle: Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients’ socially responsible self-determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients’ interests and the broader society’s interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: Importance of Human Relationships

Ethical Principle: Social workers recognize the central importance of human relationships. Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities.

Value: Integrity

Ethical Principle: Social workers behave in a trustworthy manner. Social workers are continually aware of the profession’s mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: Competence

Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers’ ethical responsibilities to clients, (2) social workers’ ethical responsibilities to colleagues, (3) social workers’ ethical responsibilities in practice settings, (4) social workers’ ethical responsibilities as professionals, (5) social workers’ ethical responsibilities to the social work profession, and (6) social workers’ ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.
1. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

Social workers’ primary responsibility is to promote the wellbeing of clients. In general, clients’ interests are primary. However, social workers’ responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third party payer, relevant costs, reasonable alternatives, clients’ right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients’ comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients’ interests by seeking permission from an appropriate third party, informing clients consistent with the clients’ level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients’ wishes and interests. Social workers should take reasonable steps to enhance such clients’ ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients’ right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients’ informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.
1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients’ interests primary and protects clients’ interests to the greatest extent possible. In some cases, protecting clients’ interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)
(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers’ professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients’ right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients’ right to confidentiality. Social workers should review with clients’ circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker/client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual’s right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker’s, employer’s, and agency’s policy concerning the social worker’s disclosure of confidential information among the parties involved in the counseling.
(h) Social workers should not disclose confidential information to third party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client’s consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients’ written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients’ records are stored in a secure location and that clients’ records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients’ records in a manner that protects clients’ confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker’s termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.
1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients’ access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients’ access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients’ requests and the rationale for withholding some or all of the record should be documented in clients’ files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients’ relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients’ relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients’ relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.
1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients’ ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers’ relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client’s initiative and with the client’s informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers’ employer or agency.

1.14 Clients Who Lack Decision Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients’ needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to
minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee for service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients’ needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO COLLEAGUES

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. (b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues’ level of competence or to individuals’ attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability. (c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the wellbeing of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers’ obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the wellbeing of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client wellbeing.
2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers’ own interests.

(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

(b) Social workers should keep themselves informed about colleagues’ areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals’ specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients’ consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague’s impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague’s impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague’s incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues’ unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.
(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees’ performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students’ performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers’ documentation should protect clients’ privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.
3.05 Billing
Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client’s needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients’ current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client’s best interest.

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients’ needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients’ needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the NASW Code of Ethics. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the Code.

3.08 Continuing Education and Staff Development
Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

3.09 Commitments to Employers

(a) Social workers generally should adhere to commitments made to employers and employing organizations.

(b) Social workers should work to improve employing agencies’ policies and procedures and the efficiency and effectiveness of their services.
(c) Social workers should take reasonable steps to ensure that employers are aware of social workers’ ethical obligations as set forth in the NASW Code of Ethics and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization’s policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations’ practices are consistent with the NASW Code of Ethics.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization’s work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor Management Disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of social workers who are involved in labor management disputes, job actions, or labor strikes should be guided by the profession’s values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES AS PROFESSIONALS

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.
4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker’s employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, and services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client’s prior statement as a testimonial endorsement) from
current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION

5.01 Integrity of the Profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession’s literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.
(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants’ well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants’ assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants’ confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants’ interests primary.
Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare
Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation
Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies
Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action
(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.
Appendix H

Authorization to Release Information

University of South Dakota Undergraduate Social Work Program

I hereby authorize the University of South Dakota, Department of Social Work, to release information regarding my academic and field work performance within the Social Work Program to prospective employers and/or academic institutions. Release of such information will be made only to those individuals, agencies and/or institutions that I specifically authorize to receive information. This authorization may be revoked at any time by written request.

NAME: __________________________________________________________

SIGNATURE: ____________________________________________________

DATE: __________________________________________________________________

Authorization for Information Release

I hereby authorize the University of South Dakota, Department of Social Work, to use my limited personal information such as address, telephone, e-mail, photo, and job placement for marketing purposes only. This authorization may be revoked at any time by written request.

NAME: __________________________________________________________

SIGNATURE: ____________________________________________________

DATE: __________________________________________________________________