

SUMMIT

TAKING HEALTHCARE TO NEW HEIGHTS



ROCKY MOUNTAIN
UNIVERSITY of
HEALTH PROFESSIONS®



FROM THE PRESIDENT

Communities & the Immortality of Service

In 1995, we, the founders of Rocky Mountain University of Health Professions (RMUoHP), sat around a table at a restaurant in Provo, Utah, to discuss the daunting plans to build a university. We envisioned the communities we would ultimately serve and the foundational culture and core values required to do so.

At that time, our vision of communities included students, employees, and alumni. It included academic, healthcare, political, religious, and professional communities that would support and be supported by our students and graduates. It also included the indigenous and under-served populations served by pro-bono clinics, as well as the international global outreach communities. And the many millions of patients for whom our graduates would care.

These communities helped us get started as an institution of higher education and sustained us along the long and arduous journey. Although we knew the journey was daunting, we knew we could achieve our goals so long as we focused on the communities we would create and serve.

As part of our vision, we wanted to provide mechanisms to develop master clinicians through unparalleled quality education. The clinicians would move forward

to affect changes in the efficacy, delivery, cost-effectiveness, and quality of healthcare to create a worldwide community of wellness.

That vision of community required many willing sacrifices from the founders and guided the development of the University at its inception. This vision continues to direct the University even now.

RMUoHP's core value of service is focused on communities. The full impact of service comes with social-mindedness, intentionality, and consideration of all people in those communities.

At RMUoHP, we work to instill in our students and employees the spirit of social-mindedness and community. We provide students and faculty first-hand experiences of social-minded care through serving in our pro-bono clinics (the Community Rehabilitation Clinic and the Center for Communication Disorders). Additionally, international service occurs in Africa, Guatemala, and beyond. These opportunities nurture a commitment to serve diverse communities, better humankind, and bring communities together—regardless of our differences in race, gender, religion, or socioeconomics. Those selfless, heartfelt experiences of human connection remain in the hearts and minds of our students and employees, increasing their

compassion as healthcare providers and community servants.

Communities are defined by the people therein. The lessons learned from these communities are poignant, introspective investments that alter the ways people think, act, and give. Winston Churchill once said, “We make a living for what we get, we make a life for what we give.” When we can selflessly give for the sake of the community, our lives improve. Service makes the world a better place. Albert Pine once said, “What we do for ourselves dies with us—What we do for others and the world remains and is immortal.” Service to our communities is the key to our happiness and our communities’ success.

May you discover within yourself a desire to slow down and to identify the communities in which you may have service opportunities. Commit to an immortal legacy of service that sustains stronger communities, promotes healthier living, and results in a harmonious and safer world for all.

Onward!

Dr. Richard P. Nielsen
Founding President & CEO
Rocky Mountain University
of Health Professions

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PhD STUDENTS

Take the Classroom to the Community

After students in the Doctor of Philosophy (PhD) in Health Sciences in the Human and Sport Performance track spent an afternoon in February doing research at the Provo Fire Department, President Nielsen wrote a note to Provo Fire Chief James Miguel saying, “It is one thing for students to learn in a classroom about the physiological challenges of a firefighter, it’s entirely another to actually go out and experience the challenges directly. The men and women in our PhD courses fly in from all over the United States. Many of them work with firefighters, police, and military personnel in their local areas. The experiences they received at the firehouse will forever impact these students as they go back to their homes and as they work in their careers for many years to come.”



PhD Human & Sport Performance track director, Dr. Mark Abel, works with PhD student Megan Cottet at the Provo Fire Department.



RMUoHP students collaborate with students from Roseman University of Health Sciences and Brigham Young University.

INTERPROFESSIONAL EDUCATION SEMINAR at Utah Valley Hospital

On November 15, 2019, Rocky Mountain University of Health Professions (RMUoHP) planned and hosted an Interprofessional Education (IPE) Seminar at the Utah Valley Hospital Simulation Lab. The lab included Family Nurse Practitioner (FNP) and Doctor of Physical Therapy (DPT) students from RMUoHP, Registered Dietician Nutritionist and Master in Social Work students from Brigham

Young University, and Doctor of Pharmacy students from Roseman University of Health Sciences. Miriam Cortez-Cooper, PT, PhD, RMUoHP DPT faculty, and IPE Committee Co-Chair, said this was a chance to “give our students the opportunity to learn with, about, and from each other.”

According to one student, interacting with other healthcare

workers during the IPE Seminar helped them learn the “best way to combine skills to reach the best patient outcomes.”



RMUoHP DPT students assist a patient at Utah Valley Hospital.

“IT IS OUR HOPE THAT WHEN THEY GRADUATE, THEY WILL VALUE COLLABORATING WITH ALL WHO CONTRIBUTE TO THE HEALTH AND WELL-BEING OF THEIR PATIENTS.”

— DR. MIRIAM CORTEZ-COOPER



MPAS student Rebecca Shirley works with a child at a pediatric clinic.

COMMUNITY PARTNERSHIPS CONTRIBUTE TO Student Success & Provide Local Autism Support

By Stephanie Bentley

People on the autism spectrum frequently have to go to the doctor. Their struggles with social anxiety and communication difficulties make the process uncomfortable and confusing—for them as patients and for the providers trying to provide care.

But one faculty member in the Master of Physician Assistant Studies (MPAS) program at Rocky Mountain University of Health Professions (RMUoHP) is trying to change that, with the help of a community partner.

Jonathan Baird, MPAS, PA-C, ATC, heard about the Melissa Nellesen Center for Autism (MNCA) at Utah Valley University (UVU), whose focus is on the university and the community coming together for education and support related to autism spectrum disorder. Baird,

who facilitates many of the pediatric laboratory experiences for students in the MPAS program, wanted to provide students experience with people on the autism spectrum.

“It was all [Baird’s] initiative,” said Laurie Bowen, MEd, BCBA, LBA. Bowen is the Associate Director of Community Outreach for the MNCA. “I’m always looking for opportunities to develop community partnerships. [Baird] called and came and met with me in my office. We talked through some possibilities for what could happen.” The first year after meeting, Baird and Bowen arranged for MPAS students to tour the MNCA and be trained by Bowen and her colleagues on the medical needs of those with autism.

“This year it evolved,” said Bowen. “In addition to training students on working with patients who have autism, [Baird] took the initiative to put together a field trip for children with autism to come to RMUoHP to experience different health stations. This field trip was an opportunity for people on the autism spectrum to gain experience going to the doctor.”

Baird explains that he wanted MPAS students to have first-hand experience. The experience helps students so they can be better clinicians as they meet and care for people on the autism spectrum. “Autism Spectrum Disorder is a weighty diagnosis with many implications. I often tell students, when speaking of interpersonal communication strategies, that certain words are difficult to ‘un-say’ and words like dead, cancer, and even autism fall into that category—to one degree or another. Therefore,

I encourage my students to follow the carpenter’s credo of ‘measure twice, cut once.’ That is, first ensure the diagnosis before making it.”

Before meeting the children on the autism spectrum, the MNCA trained the students; then the patients arrived. Students and faculty prepared stations to help the children acclimate to medical equipment, procedures, and flow

another.” Bowen added, “It was an eye-opening experience for the MPAS students, and it provided a great learning environment because students could ask questions to help clarify things as they were happening.”

For Baird, that’s what the community collaboration is all about. “The collaboration between the faculty of the MNCA and RMUoHP in

“TAKING THE TIME FOR RMUoHP TO LOOK AT AUTISM MORE IN-DEPTH DEVELOPS UNDERSTANDING AND INCREASES AWARENESS. IT MEANS WE CAN IMPROVE LIVES AND SAVE LIVES. THAT’S WHAT WE’RE DOING.”

of clinical experience. For example, one station prepared children to be familiar with things that happen at a doctor’s office visit.

The field trip helped families with children on the autism spectrum while also educating the students in the MPAS program. MPAS Program Director Michael Nelson, DHSc, PA-C, explained that the goal was for students to learn how to “communicate, teach, and adapt the environment and their skills to work with the individual needs of the children who participated.”

Bowen had the opportunity to talk to many of the MPAS students throughout the experience. “One of the students said, ‘I’m really understanding that spectrum because they interact so differently. Something that works well with one person doesn’t work with

providing the didactic and workshop components of this experience will hopefully help students have a solid understanding about the etiology, epidemiology, pathogenesis, clinical presentation, diagnosis, management, complications, and referral considerations of autism spectrum disorders (ASD) as well as other intellectual disabilities.”

“But beyond that,” added Baird, “I hope the experience has allowed the students the opportunity of empathy with people diagnosed with ASD and inspire them to provide them with personalized care and to serve as advocates for this population.”

The MNCA partnership with the MPAS program created a unique and preparatory experience for the RMUoHP students. “Experiences like these are great for preparing students to be healthcare providers,”

said Nelson. “The students remain grounded to reality while being with real patients; they remember what all of the studying and learning is about, and they learn to build connections with those they see.”

The MNCA, explained Bowen, is focused on finding “innovative ways to increase awareness and access to support that hasn’t been available. We’re trying to change how things are going moving forward. And the best way to do that is with students because they learn it in the classroom and then spread that information as they practice,” said Bowen.

“Something like autism impacts all of us, whether we recognize it or not. Taking the time for RMUoHP to look at autism more in-depth develops understanding and increases awareness. It means we can improve lives and save lives. That’s what we’re doing.”

Whether through the MPAS classroom experiences or through the work and resources of the MNCA, the partnership benefits the community. “We’re really working on creating a community of belonging...These types of events and opportunities create that sense of belonging because it takes out the stigma and the lack of understanding that people with disabilities have different needs, but they are just as important as everyone else,” said Bowen.

Bowen shared one such example. “One of the older children’s aids asked one of the MPAS students who was wearing scrubs just to stand by him without poking or

prodding him so he could become more comfortable being near a healthcare professional.” She added, “It’s the simple things that we take for granted that can be difficult for someone else, and how simple of a solution for that student to just come and stand by the boy with autism.”

Experiences like these create learning moments for students and help foster support for those in the community. “It’s someone taking the time to create the environment for that to happen,” said Bowen. “And that’s what [Baird] did.”



Jon Baird and the MPAS program were awarded the 2020 Michael Sproul Community Spirit Award. The Michael Sproul Community Spirit Award is awarded by the Autism Resources of Utah County Council to individuals or groups that are making current contributions to the Utah County autism community through their commitment of time, their resources, their passion, and their influence as an advocate.



RMUoHP Community Clinics

Center for Communication Disorders

The CCD is a pro-bono clinic providing free speech and language pathology rehabilitation services to the local Utah community. For a full list of services, please visit our website.

Patient referrals are not required.

Telehealth appointments are available.

Please contact the clinic to schedule an appointment.

Contact Us

ccd@rm.edu

www.rmuccd.org

801.734.6821

561 E Lakeview Pkwy
Provo, UT 84606

Community Rehabilitation Clinic

The CRC is a pro-bono clinic providing free physical therapy rehabilitation services to the local Utah community. For a full list of services, please visit our website.

Patient referrals are not required.

Telehealth appointments are available.

Please contact the clinic to schedule an appointment.

Contact Us

crc@rm.edu

www.rmucrc.org

801.375.2041

587 S State St
Provo, UT 84606

Rocky Mountain University of Health Professions Foundation is a non-profit organization. The Foundation helps make both clinics free for community members. Visit <https://bit.ly/RMU-Donation> if you would like to make a donation.

THE INFLUENCE OF VAPING ON Voice, Pulmonary, & Vascular Functions

A research study conducted by students and faculty at Rocky Mountain University of Health Professions (RMUoHP) shows that vaping acutely impacts vocal, pulmonary, and vascular systems in potentially harmful ways.

Researchers conducting the study include Phillip Sechtem, PhD, CCC-SLP; Jessie Le, BS, MS SLP; Sarah Fretti, MS, ACSM-CEP, EIM Level III; Robert Pettitt, PhD, FACSM, ATC, CSCS; and Brad Scherck, MS, CFY-SLP.

“The data indicates to me that vaping is not good,” said Sechtem.

“THE PULMONARY MEASURES AFTER VAPING ARE NUMBERS YOU MIGHT SEE WITH EMPHYSEMA OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE. THAT INDICATES SOME ACUTE PROBLEMS ARE GOING ON WITH VAPING”

“The pulmonary measures after vaping are numbers you might see with emphysema or chronic obstructive pulmonary disease. That indicates some acute problems are going on with vaping.”

FEV1, or forced expiratory volume in one second, for the control group, was 3.52 forced volume. The pre-vape group had a comparable rate at 3.48. However, after vaping,

the rate dropped to a significant level of 3.01. The level FEV1/FVC (%) or forced expiratory volume in one second/forced vital capacity ratio was 82.24 for the control group, 77.21 for pre-vapers, and 64 for post-vapers—another significant pulmonary finding.

In the study, the ages of the control group ranged from 23 to 45 years (M = 27.8, SD = 5.74). For the persons who vape, they ranged in age from 20 to 38 years (M = 26.5, SD = 5.90). “The point being is that these are not older individuals. Rather they are younger individuals who are otherwise healthy,” said Sechtem.

“The question is, how will vaping affect these individuals long term?”

In several ways, the study answers some questions but raises others. There is no doubt that vaping causes harmful effects in three areas needed for successful voice usage: voice, pulmonary, and vascular. However, for example, with the vascular findings, “do the changes in the diameter of

Key Findings

The study showed that in a few data areas, there was little difference in voice, pulmonary, and vascular functions between a control group and a pre- and post-vape test group. The areas of concern included:

Voice

There was a significant difference in jitter percent values, a measure of frequency stability of the vibrating vocal cords, pre- to post-vape ($p < .05$). Additionally, in a self-reported voice quality survey, results indicate more issues and variability in vapers than non-vapers. The group of vapers reported more significant difficulties with voices that crack and give out, are breathy, and too soft.

Pulmonary

Of the six areas, the study focused on related to pulmonary effects, two, FEV1 (L) and FEV1/FVC (%), had the highest response after vaping. The other four, FVC (L), IC (L), ERV (L), and IRV (L), had little to no effect after vaping. FEV1 (L) levels were significantly different after with a pre- vs. post-p-value of .021, while the FEV1/FVC (%) had a pre- versus post-p-value of .006. These “levels were significantly different after vaping, findings that are consistent with indicators for COPD and emphysema. Decreased FVC

indicates a potential decrease in phonation time, thus impacting respiration and resonance in speech,” said the report.

Vascular

Tests on mean arterial pressure (MAP) showed a significant increase after vaping, but there were no statistically significant differences with flow-mediated dilation of the vascular system. While flow-mediated dilation change of the vascular system was not statistically significant, there was a noticeable difference pre- to post-vape, a change that may be more indicative of clinical significance.

The research, *Influence of Vaping on Voice, Pulmonary, and Vascular Functions*, was presented at the American Speech-Language-Hearing Association’s annual convention in 2019.

veins, which impedes blood flow, measured in the arm mean the same change in the tiny vascular veins and arteries within the vocal folds, and does that do something to impact the stability of vibration of the vocal folds?” said Sechtem.

According to Sechtem, the study shows that vaping has adverse effects on the subsystems that create voice and voice control, but more research is needed.

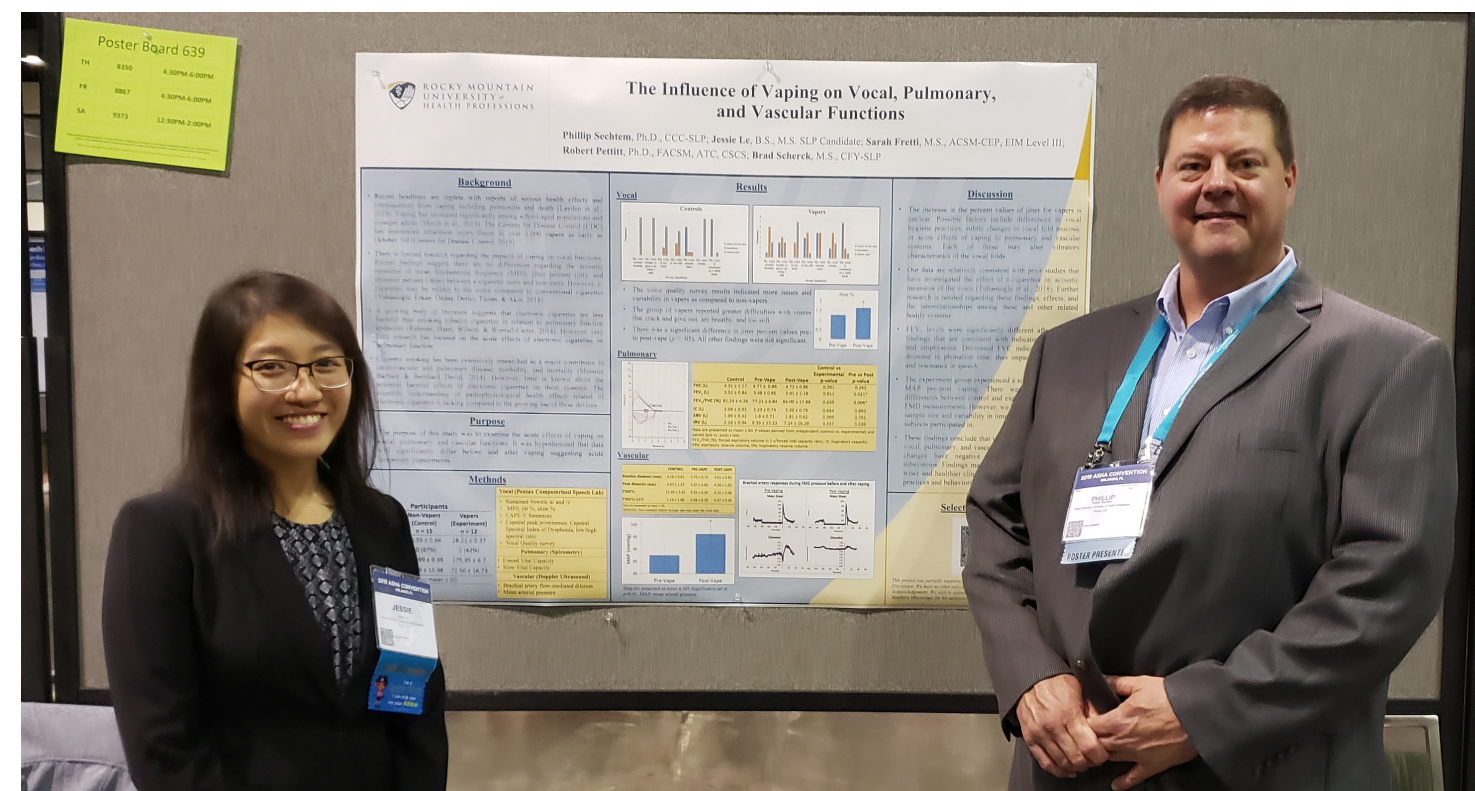
“These results point us in the right direction, but they do not answer all of the questions. With just the vaping itself going between the vocal folds within the vocal tract down into the trachea and the lungs, does that affect the vocal folds themselves, does it do something that causes some swelling? Does it irritate tissues? Do these and

many other potential scenarios impact the stability of the vibration of the vocal folds?” he said.

The purpose of this research was to examine the acute effects of vaping on vocal, pulmonary, and vascular functions of healthy persons who vape daily versus healthy controls in a repeated cross-sectional measure design.

According to the study, the “findings conclude that vaping does indeed change vocal, pulmonary, and vascular functions and that these changes have negative impacts on three speech subsystems. The findings may provide further evidence for clinical, societal, and individualized practices and behaviors.”

By A. Cory Maloy



MS SLP student Jesse Le and MS SLP faculty Phil Sechtem present at the 2019 American Speech-Language-Hearing Association convention.



COVID-19 IMPACT

By Stephanie Bentley

PREPARING Future Healthcare Providers

Healthcare students across the world are uniquely overwhelmed with the challenges that have come with COVID-19. Face-to-face courses shifted to online learning platforms, laboratory experiences converted to tele-laboratory experiences, clinical placements were canceled, and in some cases graduations were delayed from the inability to meet minimum or certification requirements.

Despite all these challenges for students and their educational experience, COVID-19 has done something else: better prepared them for their future in healthcare.

As students experiencing the global effects of COVID-19, these

patients. They learned to adapt as healthcare situations change. They see the value and essential service of healthcare workers. They have become better patient advocates and communicators.

In January, Andrew Bringham, a student in the Master of Physician Assistant Studies (MPAS) program at Rocky Mountain University of Health Professions (RMUoHP), was in Idaho for his second-to-last semester of clinical rotations. With his clinical rotation in general surgery, there seemed little concern about COVID-19 at the time. But as the weeks went by, concern grew as the pandemic unfolded across the world—and

AS THE WEEKS WENT BY, CONCERN GREW AS THE PANDEMIC UNFOLDED ACROSS THE WORLD—AND BRINGHURST'S CLINICAL ROTATIONS WERE EVENTUALLY CANCELED ENTIRELY.

healthcare novices are being prepared now for unexpected shifts in their future professions. They gained experience in telehealth and using virtual platforms to connect and care for

Bringham's clinical rotations were eventually canceled entirely.

For Bringham, being in the clinic at the onset of COVID-19 was a learning experience in itself.

COVID-19 Taught Me to Adapt

Jamie Baab
Master of Physician
Assistant Studies Student

These current times have highlighted how public health, medicine, and policy are intertwined for both our nation and providers. I view PAs as needing to wear many different hats, caring for patients holistically; but now we are realizing that we must also play a role in advocacy and the health of the community.

Additionally, PAs are adaptable and through our training are able to transition from one field to another. Several states are capitalizing on this flexibility by removing supervisory agreements, which are barriers to care. This has enabled these states to strengthen their COVID-19 team with additional PAs that currently are seeing fewer patients in their usual field (e.g. surgery) or by increasing PAs' ability to practice telemedicine. Healthcare is continuously

evolving and COVID-19 gives us that opportunity once again to reevaluate how we deliver care, practice medicine, and protect the public's health. I am very proud to be a part of a profession that fights arduously to care for their patients and their community.

Jamin Smith
Master of Science in Speech-Language Pathology Student

Being a student right now has been a blessing. I have seen first hand how professionals in my field have had to learn and adapt quickly to these unprecedented circumstances and learn from them. I've also been on the receiving end of online education and have experienced the struggles of learning in that format even though the professors and supervisors are doing everything they know how to do. I have a better understanding now of how, as a professional, I have to be flexible and adapt to different working conditions.

Kristen Ipson
Master of Science in Speech-Language Pathology Clinical Faculty

Our students and faculty have been innovative in finding ways to continue providing care for patients during this pandemic. For example, our students screen share and then email information to parents of pediatric clients to help with articulation, literacy practice, and working on different language skills. Things we thought we couldn't do before—we are making it work.

After his rotation in general surgery, Bringhurst moved into cardiology. "Each week, there were more guidelines and more things we had

frequently. "Every morning, I had to read about COVID-19 updates because clients would ask about it." He learned that as a physician

“COVID-19 HAS REAFFIRMED THE NEED TO BE BOTH AN ADAPTABLE COMPONENT AND FIRM ANCHOR TO THE HEALTHCARE SYSTEM AS A WHOLE.”

to do." After cardiology, Bringhurst moved to a women's health setting, where the new guidelines made work-life challenging. "I had to wear an N95 mask all the time, which is hard while delivering a baby because you can't breathe."

Aside from safety precautions, Bringhurst quickly learned that as a healthcare provider, he needed to know what was going on for his patients and communicate more

assistant (PA), he is the patient's advocate. With COVID-19, "PAs I was with during my rotations didn't alter their job. But they did add a lot to patient education. They talked about the risks, what we do know, and what we don't know. The PAs were particularly useful at talking at the patient level and helping them make decisions that they needed to make."



DPT students return to labs during the pandemic while following safety and health procedures.

As COVID-19 worsened in the United States, clinical rotations were affected across the country. In Idaho, there were relatively low rates of COVID-19 spread, so the hospital continued Bringhurst's placement. However, other students in clinical rotations were pulled and administrators would see Bringhurst and ask, "Are you still here?" It was a strange time for Bringhurst, but one he says he is grateful to have experienced.

Like other universities, RMUoHP eventually canceled all clinical placements. Executive Vice President for Academic Affairs and Provost Dr. Mark Horacek explained the difficult situation was due to the "health and welfare of our students and the University community as a whole, characteristics of COVID-19, recommendations from programmatic accreditors, as well as the health and welfare of the patients with whom our students interact."

For Bringhurst, the waiting only made him more excited to graduate and practice. "It just makes me want to get a license and get out there and practice faster. Having rotations and having them taken away makes you appreciate it even more."

The whole experience helped Bringhurst realize the importance of being the best



MPAS student Andrew Bringhurst will graduate this August.

healthcare provider he can be. "COVID-19 has reaffirmed the need to be both an adaptable component and firm anchor to the healthcare system as a whole.

To me, this means first being patient with change. Numerous recommendations and guidelines seem to be changed on a daily basis. News stories and social media further complicate and confuse patient perceptions." He adds firmly, "Our healthcare system needs providers who are consistently keeping their knowledge up-to-date and

implementing recommendations while simultaneously acting as steady anchors of information for patients we serve."

Luckily, Bringhurst had enough clinical rotations and placement experiences whereby COVID-19 didn't push back his graduation. He'll graduate this August and take the licensure exam, well-equipped and ready to work as a physician assistant.

STUDENTS UTILIZE TELETHERAPY

& Prepare for the Future of Healthcare

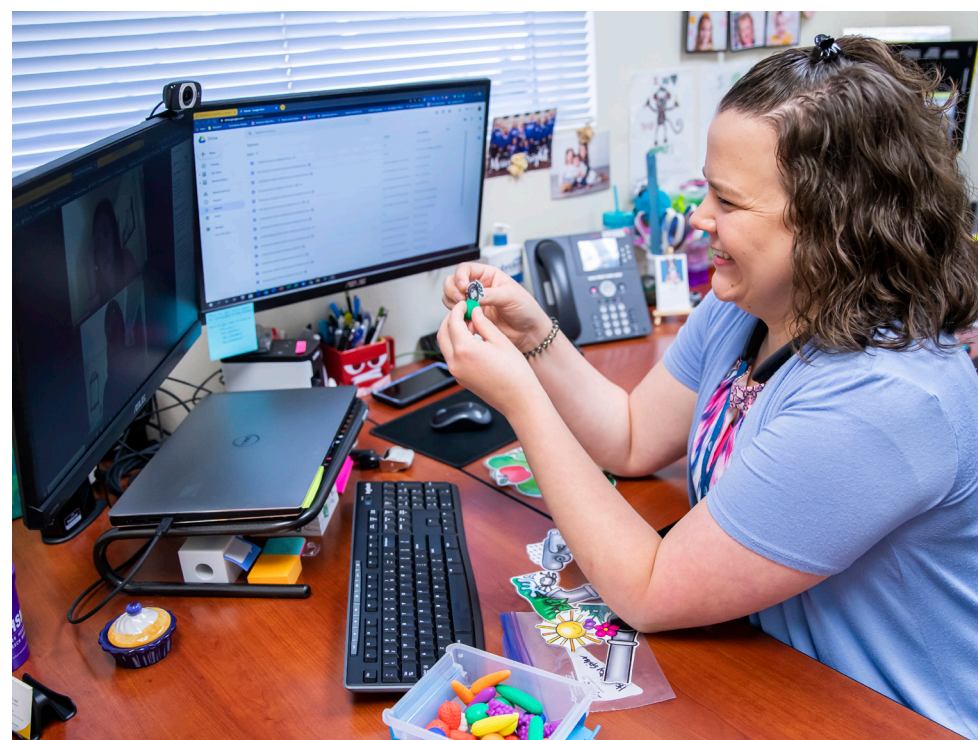
Despite all the challenges that have come with the COVID-19 pandemic, the situation forced healthcare providers and educators to be creative in providing solutions to caring for patients and educating future healthcare providers. As the world has shifted to telehealth, students in the classroom now have

these opportunities and learning experiences. As students leave the university and enter the profession, they are not only equipped to provide care using traditional methods but also via telehealth as well, making them assets in the ever-evolving world of healthcare.

Telehealth has become the new normal in the Center for Communication Disorders (CCD) sponsored by the Rocky Mountain University of Health Professions (RMUoHP) Foundation, where Master of Science in Speech-Language Pathology (MS SLP) students work alongside faculty in providing care for the uninsured and underserved in the community.

The opportunities provided by the CCD have been essential for student learning and clinical experiences as external clinical rotations were all postponed or canceled due to COVID-19. MS SLP Assistant Clinical Professor Kristen Ipson, MS, CCC-SLP, explained that “transitioning CCD clients to teletherapy services is one way that we have been able to provide some experiences while also meeting clients’ needs.”

But it hasn’t been easy. Students have had to figure out how to engage young children when they aren’t with them in person.



MS SLP Assistant Clinical Professor Kristen Ipson works with patients via teletherapy.

COVID-19 Taught Me the Value of Being a Healthcare Provider

Emma Buckley
*Doctor of Physical
Therapy Student*

COVID-19 has solidified the importance of healthcare in our society. It could not be more apparent how important it is to have access to and to support those involved in a system that works tirelessly to benefit society and everyone in it. It is inspiring to see how society has unified around supporting healthcare workers and doing their part to contribute to the bigger cause.

Seeing healthcare workers on the front lines, putting themselves and their families on the line day after day to fight this pandemic has been nothing short of inspiring. Most in healthcare go into the field to help people, and that has never been more apparent than it is now. I feel proud and excited to enter a field with a focus on benefiting those around us.

Jamin Smith
*Master of Science in Speech-
Language Pathology Student*

I believe that healthcare has so many professionals that are underappreciated and not recognized for their essential services on a daily basis. COVID-19 has exposed those oversights and given me a greater appreciation for all of those working on the front lines of healthcare.

The CCD places a big emphasis on providing therapy through age-appropriate activities, which for young kids means they need to be moving and playing. Entertaining a child with a screen is one thing, but engaging them through one is much harder. Ipson explained students stepped up to the challenge and found ways to engage young patients with online games, screen sharing books, and collaborating with parents to use materials that they have in their house to provide effective and engaging therapy sessions.

Another roadblock that students have faced with teletherapy has been the inability to use the clinic technology, such as the videostroboscopy, to provide voice evaluation and voice therapy

populations,” said Ipson. But doing so has been a career-benefitting experience for current students.

Ipson explained, “Experience with teletherapy services stretches students’ clinical creativity and forces them to adapt in different ways than in-person services. Learning to quickly adapt and provide services under a variety of different circumstances is necessary for any setting that a speech-language pathologist (SLP) can work in, so this kind of practice will benefit students regardless of which direction their career takes them.”

Historically in the SLP profession, there has been fear or hesitation with using telehealth, as MS SLP Program Director Linda Spencer, PhD, CCC-SLP, echoes, so “our

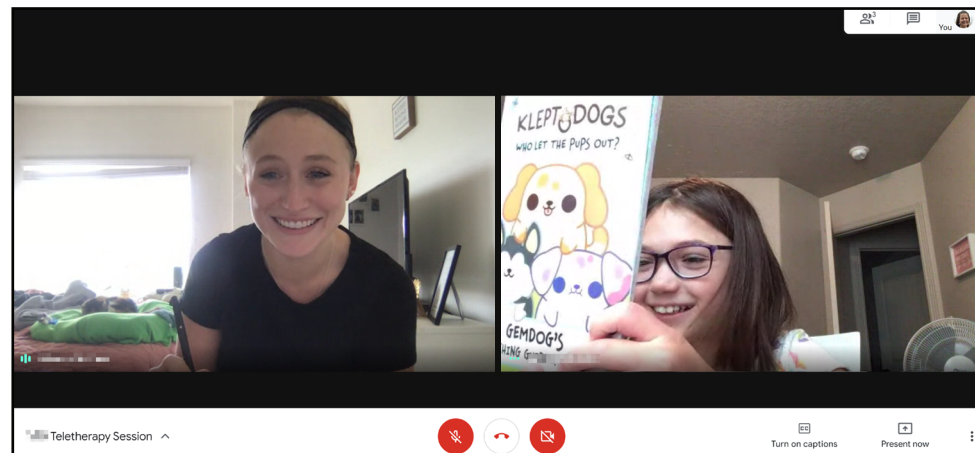
“ **EXPERIENCE WITH TELETHERAPY
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PERSON SERVICES.**”

virtually. But faculty members, especially Phil Sechtem, PhD, CCC-SLP, worked with a student to complete most aspects of the voice evaluation, including acoustic analysis and a few voice therapy sessions via Google Meet. Ipson said that client has already reported an improvement in vocal function.

The COVID-19 pandemic “requires some creativity and a different set of skills to effectively provide teletherapy services for some

students coming out of school already having that experience with telehealth—that’s a huge advantage.”

Ipson adds, “Even before COVID-19, we were starting to see more telehealth options being utilized, and I am hopeful that one of the positives that will come from this is a more open-minded approach to how we can utilize these tools to improve access to high-quality services.” She continued, “By getting this experience now, our



MS SLP student Rebecca McClure gets creative during a teletherapy session.

students will be better prepared to be leaders in this area of practice and to advocate for their clients' needs in a more comprehensive way."

COVID-19 has forced healthcare adaptation—telehealth is now included across all healthcare professions. Coleby Clawson, PT, DPT, CSCS, faculty member in the RMUoHP Doctor of Physical Therapy (DPT) program, serves as Director of the other RMUoHP Foundation pro-bono clinic, the Community Rehabilitation Clinic (CRC). He said that the current pandemic and the shift to telehealth has opened doors to extending care to patients who usually wouldn't be able to receive care.

"We have patients who have issues getting to the clinic because they don't have transportation or live far away. We can expand into rural health and work with rural populations and indigent populations," said Clawson. Since shifting to telehealth, the CRC has provided monthly therapy to patients who live farther away and were previously unable to

come to regular appointments. Students also see the benefits of telehealth as they prepare to enter the workplace. DPT student Elijah Rogers said, "As our society moves increasingly towards web-based services, we have the opportunity to improve our evaluation skills and enhance our critical thinking



CRC Physical Therapist, Crystal Miskin, PT, DPT, OCS, performs a telehealth session.

based on the unique situation of the individual. This unexpected prospect will be beneficial for our future interactions by improving the totality of our care when interacting with patients long-distance."

The opportunities of care created by the expansion and utilization of telehealth have benefitted students and patients today, and those opportunities of care will continue into the future. "We are making our systems efficient so we can expand and continue to do this moving forward," said Clawson.

Because of the experiences of healthcare students during COVID-19, patients will have increased access to quality of healthcare—regardless of where they call home.

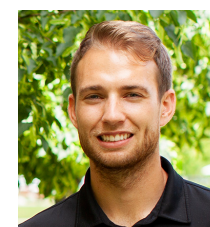
COVID-19 INSPIRES STUDENTS to be Better Healthcare Providers



Kristen Cox
DNP, MS, APRN,
A/GACNP-BC,
Co-Director of
Clinical Education

Dr. Cox is a student in the Psychiatric Mental Health Nurse Practitioner Certificate program.

My view has definitely changed during this challenging time. I am a nurse practitioner in a skilled nursing and long-term care facility setting. I have seen my role change to a protector of my "family" of nursing home residents and staff as safety becomes a priority. I feel honored that my patients trust me to visit and care for them daily as they are quarantined. I have felt much more unity with my fellow healthcare providers as we share the responsibility to care not only for our patients but also for each other.



Elijah Rogers
Doctor of Physical
Therapy Student

One of the biggest impacts I have seen with the COVID-19 pandemic is the explosion of misinformation related to the disease being pushed out by social media platforms. As a healthcare provider, the situation emphasized to me the importance

of disseminating truth and ensuring the general public knows where to seek factual information. I hold professionals to a higher standard of conduct. I think this entire experience lays bare the fact that there are good healthcare professionals and there are some that are not. I take this as an opportunity to ensure I am serving my patients and the general masses by being evidence-based in my practice as well as my education to be a good healthcare professional. The COVID-19 pandemic also acts as a reminder of our duty to the public to keep their best interest as the driving force behind our decisions and the care we provide.



Kierstin Lealiie
Master of Physician
Assistant Studies
Student

Something that has been impressed upon my mind during this pandemic is the need, as a healthcare provider, to be informed by evidence-based medicine. Even as a student, I've had so many friends and family ask my opinion about current events and I've had to stay up-to-date with forthcoming studies and research that are credible. It makes me think about my future role as a healthcare provider and how this same need



DPT students return to campus for labs while following safety and health procedures.

COVID-19 IMPACT

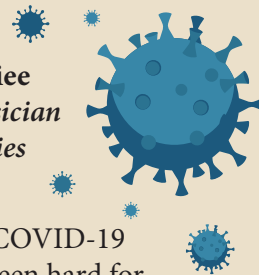
will be even more critical in order to answer my patients' questions in an informed, evidence-based way.

COVID-19 has heightened my respect for the healthcare field. I have friends and family that are already working as nurses, aides, and doctors. Several have described how colleagues quit when they realized the risk their job would put them at. But there are so many more healthcare workers that have sacrificed being with family and their own personal health in order to help those that are sick. Their example demonstrates the selflessness inherent in the healthcare field and inspires me to be that same kind of selfless, hard-working provider when I start practicing.

COVID-19 Taught Me to See the Good

Kierstin Lealiiee
*Master of Physician
Assistant Studies
Student*

Although the COVID-19 situation has been hard for everyone in different ways, there is a unique sense of unity felt throughout the world as people try to flatten the curve together and protect the sick and elderly. There has been a positive improvement in the environment, including air quality and water pollution.



MPAS students Shelby Morrow and Alexandra Maliha practice CPR during COVID-19.

There is value in life slowing down a little bit and I think everyone, myself included, has been able to spend more time on things they enjoy but don't always get around to, like reading and calling family and friends that you can't visit. I've learned to appreciate family get-togethers and gatherings more because during the pandemic my brother's wedding and my sister's graduation have been celebrated virtually rather than in person.

It's definitely hard, no questions asked, but learning to focus on the good has been an incredible experience during the pandemic.

Jamin Smith
*Master of Science in Speech-
Language Pathology Student*

This time of compelled social distancing has allowed me to reset my energy levels and take a closer look at how I manage my time as a student and how I can improve my routine and become a better student.

Emma Buckley
Doctor of Physical Therapy Student

Overall it has been amazing to see so many people come together to help each other. Society is so often divided, but this situation has brought everyone together to try to protect those who are at higher risk. While I am happy to do my part in social distancing and flattening the curve, it has also been hard to be sidelined during a time where it has never felt more important to give back. I would love to be able to give back and further help those putting themselves at risk every day.



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HOW SOCIAL MEDIA GOT ME AHEAD in My Healthcare Career

Healthcare providers can use social media to make key connections, advocate for their profession, and get ahead in their career.

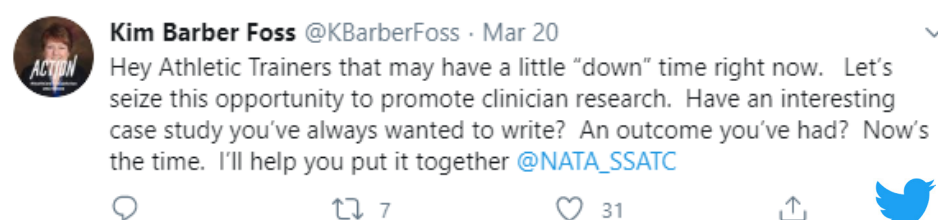
“Are you on Twitter?”

Intermountain Healthcare’s public relations representative found Viet Le, PA-C, before he left to attend the 2014 American Heart Association conference to present his cardiology research. “I just want you to share some of your experiences on Twitter

while you’re at the conference,” the representative told Le.

“So that’s what I did,” said Le. The experience kicked off his presence on social media, which has grown into a dynamic career networking platform for Le and other healthcare providers like him.

Social media related to conferences have been a large part of Le’s success. He explains that “each conference has built hashtags around conferences, and I’ve engaged in online conversations via social media. Because I’m willing to engage with everyone in the medical community who’s online,



it breaks the ice. So when I meet people at conferences, it’s not like a cold call. We know each other

“Social media has significantly impacted my interprofessional and professional connections. It

“IT HAS OPENED UP DOORS. IT HAS ALLOWED ME TO GET TO THE TABLE—A VIRTUAL TABLE. YOU CAN LEVERAGE THAT IN DIFFERENT WAYS.”

on Twitter, so when we meet at the conference ‘Tweetups,’ we hug and share jokes that we’ve shared through Twitter.” He adds, “That more than anything has put me at the table.”

Then it grew from there for Le. “I went from just tweeting about experiences to becoming the social media ambassador for the American Association of Cardiology, the Association of Physician Assistants in Cardiology, and then officially for Intermountain Healthcare.”

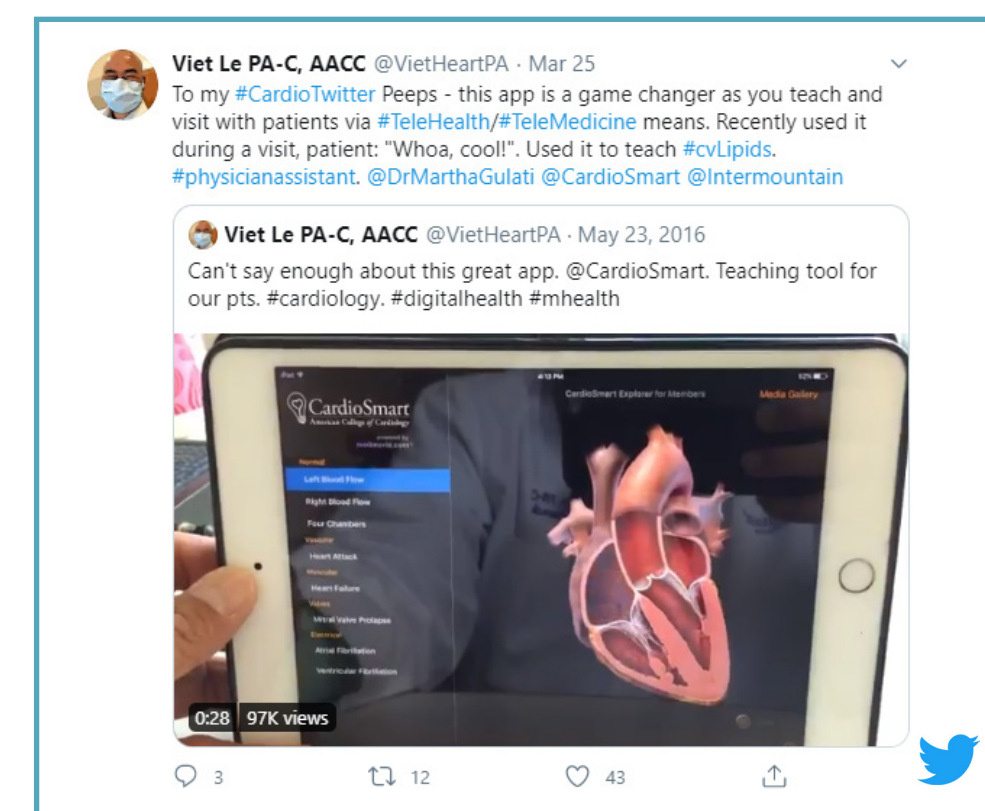
For Viet, engaging in social media has been fun and rewarding. And he’s not the only one participating in and benefiting from social media as a healthcare provider.

Kim Barber Foss, MS, ATC, LAT, is widely known and accomplished in the field of athletic training and her list of awards and acknowledgments goes well beyond a few pages. For her, social media allows her to act as an advocate. “I use social media frequently for my profession. It is a great means in which to advocate for athletic training, network, share ideas, and also disseminate our research findings quickly and to diverse people.” While she’s found audiences who follow her, social media has also opened doors to networking opportunities.

presidents of organizations, writers of manuscripts. They’ve already put themselves out there online, so if you engage with them, then you meet them at conferences, like through Tweetups. I would never have approached them otherwise.”

For young professionals who are working on moving up in their careers, Foss says social media is a great tool for quickly building a network. But she offers a caution for young professionals: “Your online persona or message in college may not be what you want to portray as a young professional...So think about your professional persona and how you want to be viewed by others.” Upgrading social media presence can help healthcare graduates as they transition to professional practice.

Overall, “It’s also great for sharing information and staying abreast of current topics,” said Foss. “Young



professionals can get connected and tied into other professionals through social media. Plus, it may help align you with a mentor or colleagues in similar settings or situations.”

For Foss and Le, engaging on social media opened up opportunities in their varying healthcare fields. “It has opened up doors. It has allowed me to get to the table—a virtual table. You can leverage that in different ways,” said Le.

By Stephanie Bentley



Kim Barber Foss
MS, ATC, LAT

Kim Barber Foss is a faculty member in the Master of Science in Health Sciences program at RMUoHP.

She is also a student in the RMUoHP PhD in Health Sciences program with a concentration in Athletic Training. Foss is a member of and serves on several committees within the National Athletic Trainers' Association, Great Lakes Athletic Trainers' Association, and Ohio Athletic Trainers' Association. She is on the Board of Directors of the National Operating Committee on the Standards of Athletic Equipment (NOCSAE) representing the NATA. Additionally, Foss received the 2018 Gatorade Secondary School Athletic Trainer of the Year Award (District 4), 2019 NATA Service Award, and was selected as the 2019 Girl Scouts of Western Ohio Woman of Distinction. This year Foss was named the 2020 NATA Most Distinguished Athletic Trainer Award and the 2020 NATA Secondary School Athletic Trainer of the Year (District 4).



Viet Le
PA-C

Viet Le is an associate professor in the Master of Physician Assistant Studies at Rocky Mountain University of

Health Professions (RMUoHP). Aside from teaching, he works at the Intermountain Heart Institute Cardiology Research as a Cardiology Clinical Research Scientist/PA. He currently serves as the Co-Chair of the American College of Cardiology Cardiovascular Team Section PA Committee, Board Member for the Association of PAs in Cardiology, and Member of the Dues Task Force for the National Lipid Association. He is also a member of the American Heart Association as well as the American Society of Nuclear Cardiology.

APPROACHING THE INTERSECTION of Dementia and Sleep Quality

People with dementia face various health challenges and often suffer from poor sleep quality. New research that was recently published in *OT Practice Magazine* highlights how decreased sleep quality is very prevalent in persons with dementia (PWD). But the poor sleep impacts not only those diagnosed with dementia and their caregivers, but also the treatment of these individuals within specialized care facilities.

The research was authored by three graduates of the Doctor of Occupational Therapy (OTD) program at Rocky Mountain University of Health Professions (RMUoHP): Dr. Kimberly Lloyd, Dr. Ellen Hudgins, and Dr. Kristin Biggins.

Through their findings, the researchers hope to articulate the importance for occupational therapists (OTs) to address sleep issues with PWD and engage their caregivers in addressing sleep issues.

Often poor quality sleep is managed and treated with tranquilizing drugs, which can actually cause more problems. The researchers hope that their research will

open up more avenues to discuss options when it comes to non-pharmacological interventions.

“Occupational therapy practitioners are well prepared to address the area of sleep by adapting activities, modifying the environment, and providing education about personal and environmental factors to improve the quality of sleep for PWD and their caregivers,” said Lloyd.

The research emphasizes the responsibilities of OTs in delivering optimal treatment. “The occupational therapy profession has a responsibility to provide evidence-based practice and knowledge translation, and to consider differences in populations and cultures to provide the best treatment possible,” said Lloyd. “This includes prioritizing improved sleep quality with the population of PWD and their caregivers.”

Lloyd, Hudgins, and Biggins suggest an overall more holistic approach when treating PWD because it can increase the quality of life—not only for the individual but also for their caregivers. These OTD graduates hope that their

findings provide more guidance to the OT profession and help other practitioners understand the important challenges and potential opportunities to improve the quality of life for PWD with decreased sleep quality and their caregivers.

By Talia Blatter



Kimberly Lloyd

OTD, OTR/L, ITOT; Clinical Associate Professor at Idaho State University



Ellen Hudgins

OTD, OTR/L, ITOT; President/co-owner of Progressive Therapy, RMUoHP OTD Assistant Professor and Elective Track Director



Kristin Biggins

OTD, OTR/L, CHT, CLT, PYT; OT at St. Luke's Wood River Medical Center, certified hand therapist, yoga therapist, and RMUoHP OTD Elective Track Director

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MS SLP PROGRAM'S FIRST GRADUATES

Share Career Insights

Jacqueline King and Jared Stroud were two students in the first cohort of the Master of Science in Speech-Language Pathology (MS SLP) program at Rocky Mountain University of Health Professions (RMUoHP). Despite only having been out in the workplace for a year, Stroud's and King's education prepared them to make an immediate impact in healthcare as speech-language pathologists (SLP) and find success and satisfaction in their new career.

Both King and Stroud knew early on they wanted to become SLPs. They chose to pursue their graduate education at RMUoHP because of the program's medical emphasis.

For King, the medical emphasis gave her the post-graduation opportunity to work in a hospital setting. She currently works as an Acute Care SLP at St. Mark's Hospital, a level-two trauma hospital in Salt Lake City, Utah. She attributes her

confidence in working as a medical SLP to the professional hands-on experience she gained throughout the MS SLP program. King recalls "learning to assess dysphagia and vocal dysfunction using a Fiber-optic Endoscopic Evaluation of Swallowing and Videostroboscopy in our clinic. It was a fun experience for the entire class to identify structures and get to practice on peers and our professors."

Her workplace has already recognized her confidence, professionalism, and skillset. "I was nominated by a group of rehab supervisors who, in my first several months working at St. Mark's Hospital, acknowledged my bedside manner," which led to her receiving an employee award for compassion.

Since entering the workplace, Stroud has also used his confidence and education to make an impact. Stroud, who is a clinical fellow working as an SLP at Independence Rehab in Twin Falls, Idaho, manages a large and diverse caseload at four skilled nursing facilities. His supervisor provides assistance and oversight with the post-graduation transition into the workplace. However, since his supervisor is not at the facilities full-time, Stroud is the principal SLP in evaluating and treating clients.

Stroud and King have realized that learning and gaining new skills is a never-ending, but rewarding, part of their SLP careers. Stroud has the opportunity to work with a variety of

psychiatric and behavioral diagnoses. "Working with these patients has caused me to reconsider my entire approach to therapeutic interventions. I have grown in my ability to treat patients with swallowing or cognitive impairments while managing and deescalating some of their behaviors."

The SLP career for King "is a career with many paths for us to choose; such that our interest in learning more is as infinite as the need for speech pathologists in the world."

Recently King was acknowledged by her workplace for independently completing and interpreting Modified Barium Swallows Studies, which tests and evaluates how food is swallowed. "Being able to educate patients during and after these studies has helped yield positive outcomes for the patient and their families, and I have worked hard participating in continued education to expand my knowledge in dysphagia."

With less than a year in the workplace, King, Stroud, and the other graduates of the first MS SLP class are already making an impact in their workplaces as they strive to advance healthcare.

By Talia Blatter



Jared Stroud
MS SLP



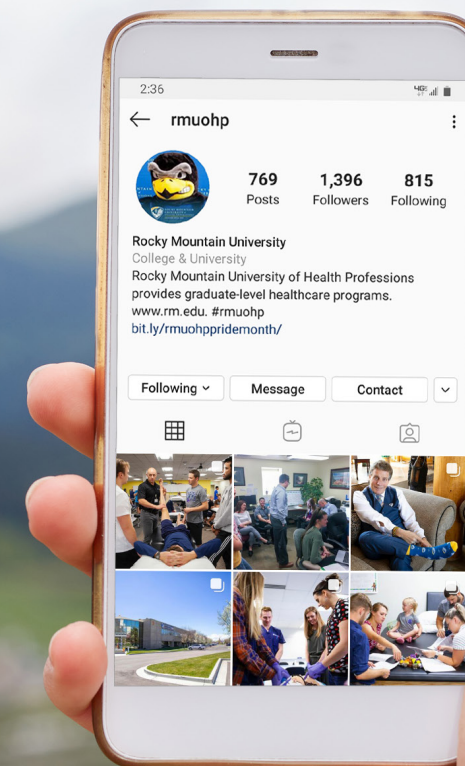
Jacqueline King
MS SLP

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DPT students enhance their clinical skills by collaborating and working one-on-one with individuals and families in the local community.

OUR QUEST FOR RMUNESS and the Importance of Core Values

By Jessica Egbert, PhD, FFSMB

In my experience consulting on organizational strategy both within and outside of Rocky Mountain University of Health Professions (RMUoHP), I occasionally run into resistance when the topic of core values arises: “What’s the point?” and “That’s just fluff!” I’m prepared to receive these types of comments while navigating the establishment or evaluation of an organization’s guiding principles. Armed with both

qualitative and quantitative data to support the investment of time and resources in a core values analysis, it’s easy to say, “Because it just might matter more than anything you’ll ever do for your organization.”

And, I believe it.

A CEO, who in his attempt to shape company culture, developed a set of core values. With great fanfare

and expecting an enthusiastic response to his efforts, he presented the values to his employees. Yet, after his energetic presentation, his expectations for cheers fell flat on the silenced room. Rumor is that the only noise was the sound of the “glug” from the water dispenser. The CEO was paralyzed on stage. This awkward moment was preempted by poorly-placed good intentions. While the CEO

understood the importance of core values in shaping positive company culture, he failed to consider the human element: you cannot force culture.

As with any successful organizational change, inclusivity and buy-in are essential to effective change management. While leaders and organizations may speak to its core values or list them on an *About Us* page of a website, only those with organization-wide commitment and conscious dedication to these behaviors will inspire, achieve, and sustain the desired culture.

Consider the organization in which you’re employed or your own healthcare practice. What are the core values of the organization? Are they obvious? Do the culture and values align?

In 2018, RMUoHP noticed a misalignment between our culture and our long-standing core values. Rather than consistently describe the cultural commitments that guide behaviors of the University and our people, there was a collection

of basic behaviors, aspirational values, and outcomes. While these values were not inherently wrong or inaccurate, as a whole they did little to bolster the proud culture of RMUoHP that has been identified by students, employees, and guests for over 20 years.

After all, any organization can say they believe in functioning with integrity, one of RMUoHP’s previous core values, but shouldn’t that behavior simply be expected from professionals (particularly within the healthcare and education industries)? In *Harvard Business Review*, Patrick M. Lencioni¹ describes integrity as a “permission-to-play” value that should reflect a minimum behavioral expectation. Integrity quickly became the scapegoat for our redefinition.

In our efforts to capture the RMUoHP and ensure inclusivity, we formed a task force of employees, faculty, and students to assess the core values. The new core values, we knew, must accurately reflect our behavioral philosophies as individuals and as an institution of higher education. The weighty

Core Values

Evidence-Based

We fuse our expertise with the best available evidence to achieve the best possible outcomes.

Learning-Centered

By challenging thinking, encouraging growth, and exploring possibilities within a supportive learning environment, we empower learners to rise to their highest potential.

Authentic

We recognize our imperfections and welcome growth stemming from both success and failure. We believe in our unlimited capacities to find solutions. We model gratitude. We seek to understand, to empathize, and to forgive.

Service-Oriented

Because we value people above all else, we serve each other, our patients and clients, our communities, and the world.

Trustworthy

We strive for honesty, respect, and accountability in all we do to continuously earn credibility as an institution and as individuals.

Inclusive

By honoring our differences and similarities, we strengthen institutional and community connections.

Collaborative

We learn and create within and across teams to innovate, foster change, implement strategy, ensure accountability, and celebrate achievement.

DPT and MPAS students collaborate during an Interprofessional Education Seminar.



process considered how this would define our culture for years to come.

Months of analysis, data collection, and constituent conversation revealed the one disconnect of our core values and our RMUness: a consistent focus on what we value most of all—*people*.

Armed with the awareness to conceptualize in writing the people-centric culture of the University, a new set of core values was developed and approved by the Board of Trustees in 2019. The new Core Values, launched in 2020, better reflect the warmth of the University’s culture and the cultural expectations through which our mission is fulfilled. RMUoHP President Richard P. Nielsen said, “The majority of our previous Core Values have stood since the University’s inception in 1998. A broad analysis of the values, including all our constituent groups and consideration of our current culture and aspirations, resulted in the 2020 update that I believe more accurately reflects who we are: we’re all about people. We train minds, hands, and hearts in providing the best possible care and we serve each other—our employees, students,

and other constituents—with that same level of commitment.”

The process from initial analysis to implementation took over a year. Why was it so time-consuming to develop meaningful core values? “While it’s usually easy to describe what your company does, as in the products and/or services it provides, it’s not always as easy to define your culture. That’s because culture is intangible. It’s a feeling present in the workplace and throughout the company, and it can even reach people outside your walls.”²

While culture may feel intangible, evidence shows the results of a positive, productive culture through retained employees, customers, and partners as well as positively affecting the productivity, creativity, and growth rates of an organization.²

For positive results to occur, the commitment to core values and culture must be unwavering. As RMUoHP integrates our new core values to guide the development of programs and services, educate potential students and employees about who we are, align strategies, and integrate behavioral expectations,

there will surely be challenges and difficult decisions. Leaders should be measured against them; programs and services in misalignment should be canceled. Yet, the culture sustained through these efforts will power the intangible *RMUness* that has kept me at the University for over 18 years.

I hope you will stay with us for a long time too.

After all, you matter most.

References

¹Lencioni, P. M. (2002). Make Your Values Mean Something.

²Maza, V. (2019). The Importance of Establishing Company Core Values—And How to Define Them.

Resources

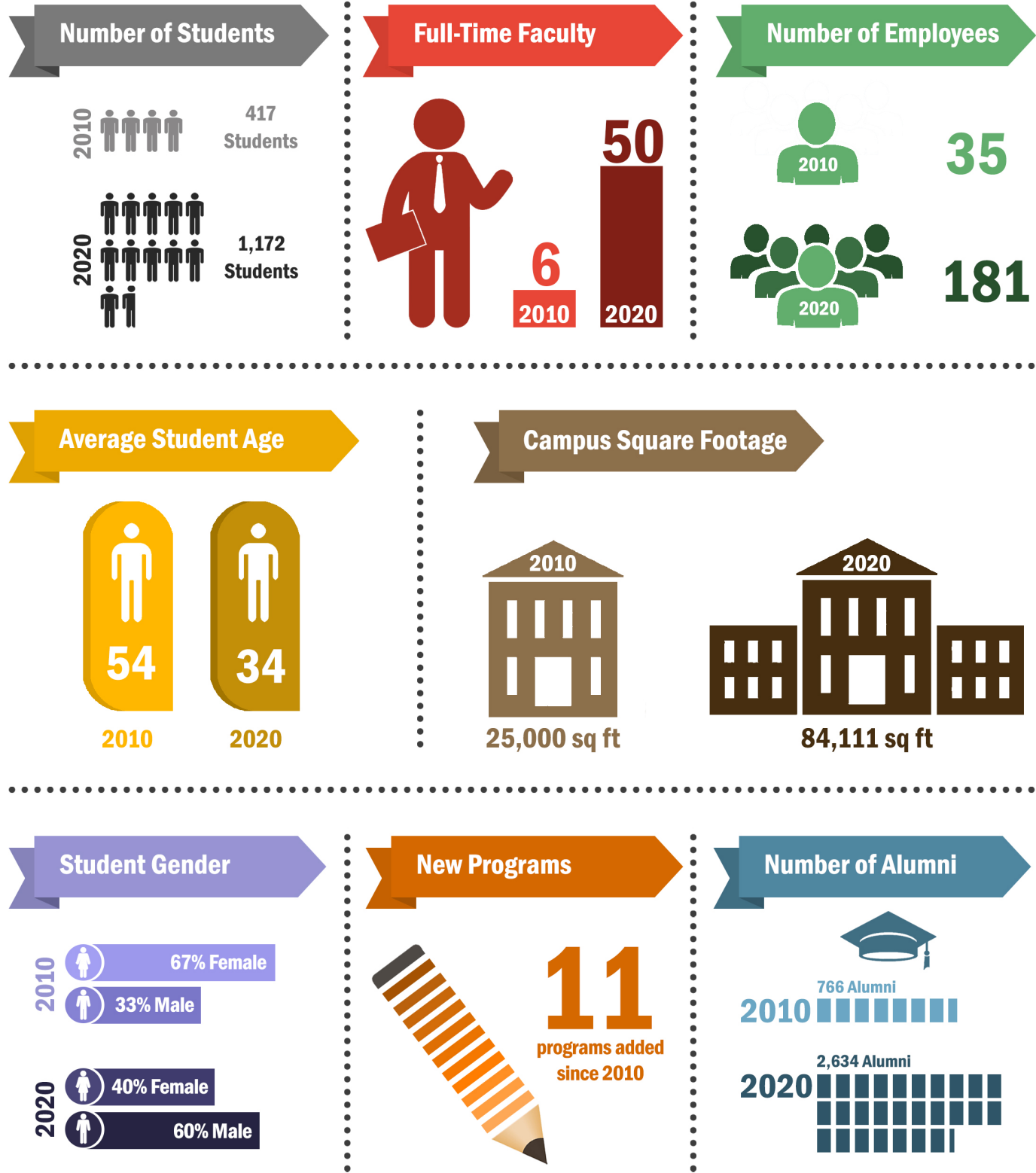
Christopher, E. (2017). Why is it Important for a Company to Have Core Values?

Loffredo, S. (2017). Do Your Career and WorkValues Align?

Society for Human Resource Management. (2020). Understanding and Developing Organizational Culture.

Zwetsloot, G. I. J. M., van Scheppingen, A. R., Bos, E. H., Dijkman, A., & Starren, A. (2013). The Core Values that Support Health, Safety, and Well-Being at Work.

10 Years of Growth



Post-professional Doctor of Occupational Therapy students gather on campus during their on-site visit.



PROGRAM UPDATES

Advancing Healthcare Education

Master of Physician Assistant Studies (MPAS)

100% of the third cohort of students passed the national certification exam on the first attempt. Dr. Eric Smart, MPAS Medical Director, joined the team as a full-time faculty member in April of 2020. Program faculty were certified as Advanced Life Support Instructors, allowing the faculty to conveniently certify students before entering clinical rotations. In the last year, the program developed an ultrasound primer course and has been working on the integration of this technology into the curriculum. The program's transition to online learning due to COVID-19 was accepted and used as a model by accreditors.

Master of Science in Athletic Training Practice (MSATP)

The MSATP program was approved by the Northwest Commission on Colleges and Universities and the Department of Education for financial aid and launches fall 2020. The program is for board-certified and licensed athletic trainers.

Master of Science in Health Science (MSHS)

The MSHS program added a Health & Wellness Coaching concentration track in 2019. Students who complete the program are eligible to sit for the National Board for Health & Wellness Coaching exam. The course on Evidence-Based Practice/Data Analysis and Decision Making has been revised and it is now transferrable to the PhD program.

Master of Science in Speech-Language Pathology (MS SLP)

As campus conditions allow, students and faculty will be able to utilize the new Pediatric Feeding Clinic. Thanks to the efforts of Dr. Phil Sechtem and MS SLP student Lindsey Koski, the MS SLP program was a recipient of the Parkinson Voice Project's 2020 SPEAK OUT! & LOUD Crowd grant program, which provides speech-language pathologists access to training and resources to benefit people with Parkinson's disease.

Master of Science in Clinical Mental Health Counseling (MSC) and Master of Science in School Counseling (SC)

The Counseling Program, which combines online learning with face-to-face instruction

one night a week, welcomed its first cohort this summer. Students can choose to study to be licensed as Clinical Mental Health Counselors or School Counselors or both. The MSC program satisfies the educational requirements to become a Clinical Mental Health Counselor in the state of Utah, and the SC program has been approved by the Utah State Board of Education.

Doctor of Medical Science (DMSc)

DMSc faculty member Dr. Laura McClary was recently appointed to the National Advisory Committee on Rural Health and Human Services, which advises the Secretary of Health and Human Services on healthcare challenges in rural America.

Doctor of Nursing Practice (DNP), Family Nurse Practitioner (FNP and FNPC), and Psychiatric Mental Health Nurse Practitioner (PMHNP)

The NWCCU approved the Emergency Nurse Practitioner Certificate (ENPC) and the FNPC/ENPC programs to start fall 2020. Dr. O'Neil was appointed as the Director of Clinical Education and Becky White as the Psychiatric Mental Health Nurse Practitioner Certificate Program Director. Faculty member Dr. Kelly Conway was selected for the AACN ELAN (leadership development) program and also completed her administrative Fellowship with DNP Program Director Dr. Stephanie Richardson.

Doctor of Occupational Therapy (OTD)

Dr. Bryan Gee was appointed as the new program director. In May 2020, an online-only program option was added, in addition to the current limited-residency option. The OTD program also revised the courses Evidence-Based Practice, Research Methods, and Qualitative Research courses so they now transfer into the PhD program, as well as integrated the Healthcare Profession Education certificate courses into the program's Education elective track.

Doctor of Physical Therapy (DPT)

Dr. Wes McWhorter, DPT Department Chair and Program Director, retired and Dr. Steven Wilkinson was appointed the new Department Chair and Program Director,

with Dr. Paul Stoneman as the Associate Program Director, Dr. Joel Tenbrink as Assistant Program Director, and Dr. Mike Bartholomew as the Director of Clinical Education. Program curricular changes included increasing the professionalism track, reducing the number of courses per semester, and eliminating online courses during clinical internships. Dr. Dana Tischler, a Board Certified Pediatric Specialist, joined the faculty.

Doctor of Speech-Language Pathology (SLPD)

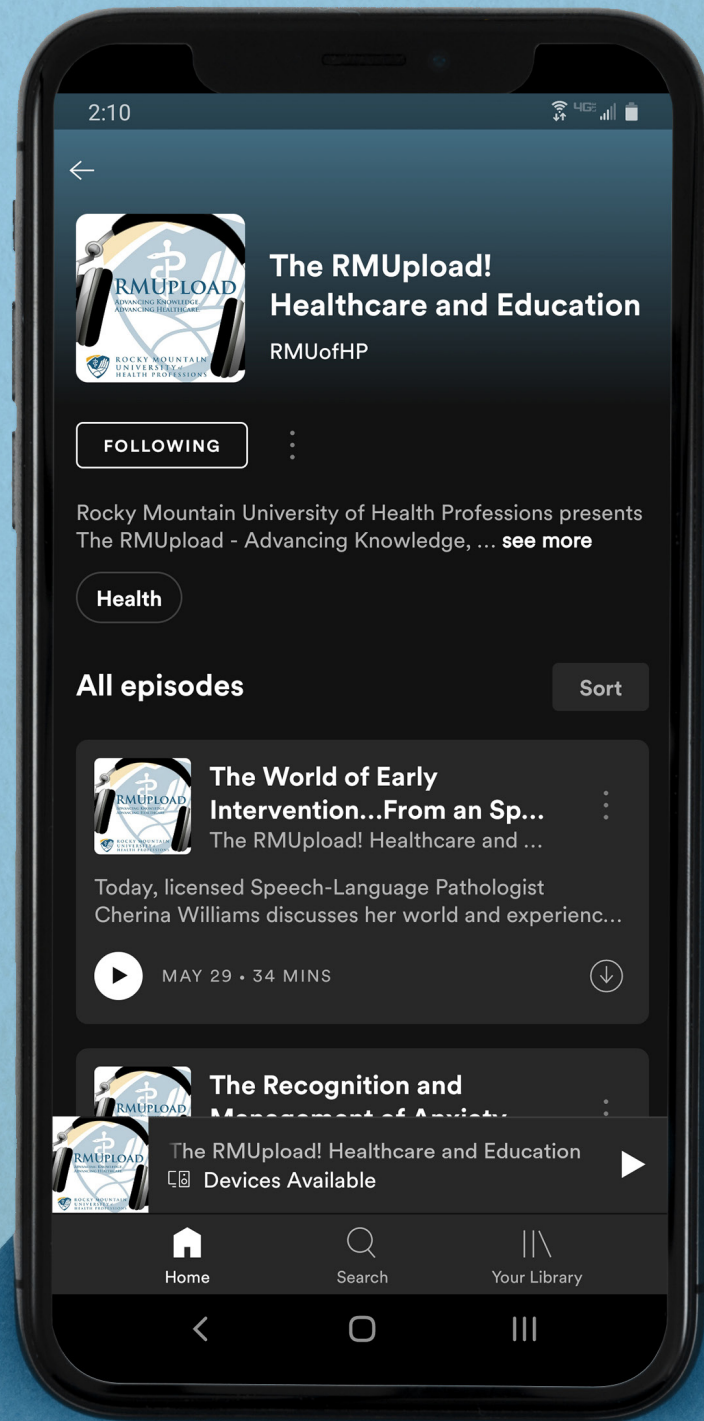
Dr. Sandy Shigetomi-Toyama joined the program full-time as the SLPD Capstone Coordinator. Starting fall 2020, an online-only program option will be added, in addition to the current limited-residency option.

Doctor of Philosophy (PhD) in Health Science

In May 2019, the NWCCU approved the Doctor of Science (DSc) program conversion to a Doctor of Philosophy in Health Science (PhD). The Pediatric Science concentration track was reinstated and Healthcare Professions Education and Healthcare Leadership Administration concentration tracks were added. Dr. Jennifer Austin was appointed as the program director. Dr. Thomas Cappaert will continue his role as Association Director of Research and will serve as PhD Senior Faculty. Dr. Michelle Webb joined the PhD faculty and was selected for an NWCCU fellowship.

Certificates and Continuing Education

The Emergency and Primary Care in Athletic Training (EPCAT) certificate was launched. All credits are transferable to the MSATP program. The Healthcare Professions Education and Healthcare Leadership Administration certificate courses were integrated into the DMSc and MSHS programs. The Health & Wellness Coaching certificate was launched, which received program accreditation by the National Board for Health Wellness Coaching (NBHWC); the certificate courses also integrate into the MSHS program. Online CE courses, such as Ethical Issues of Social Media for Healthcare Providers and Utah Controlled Substance Prescribers (for Utah PAs), are available at learn.rm.edu.



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