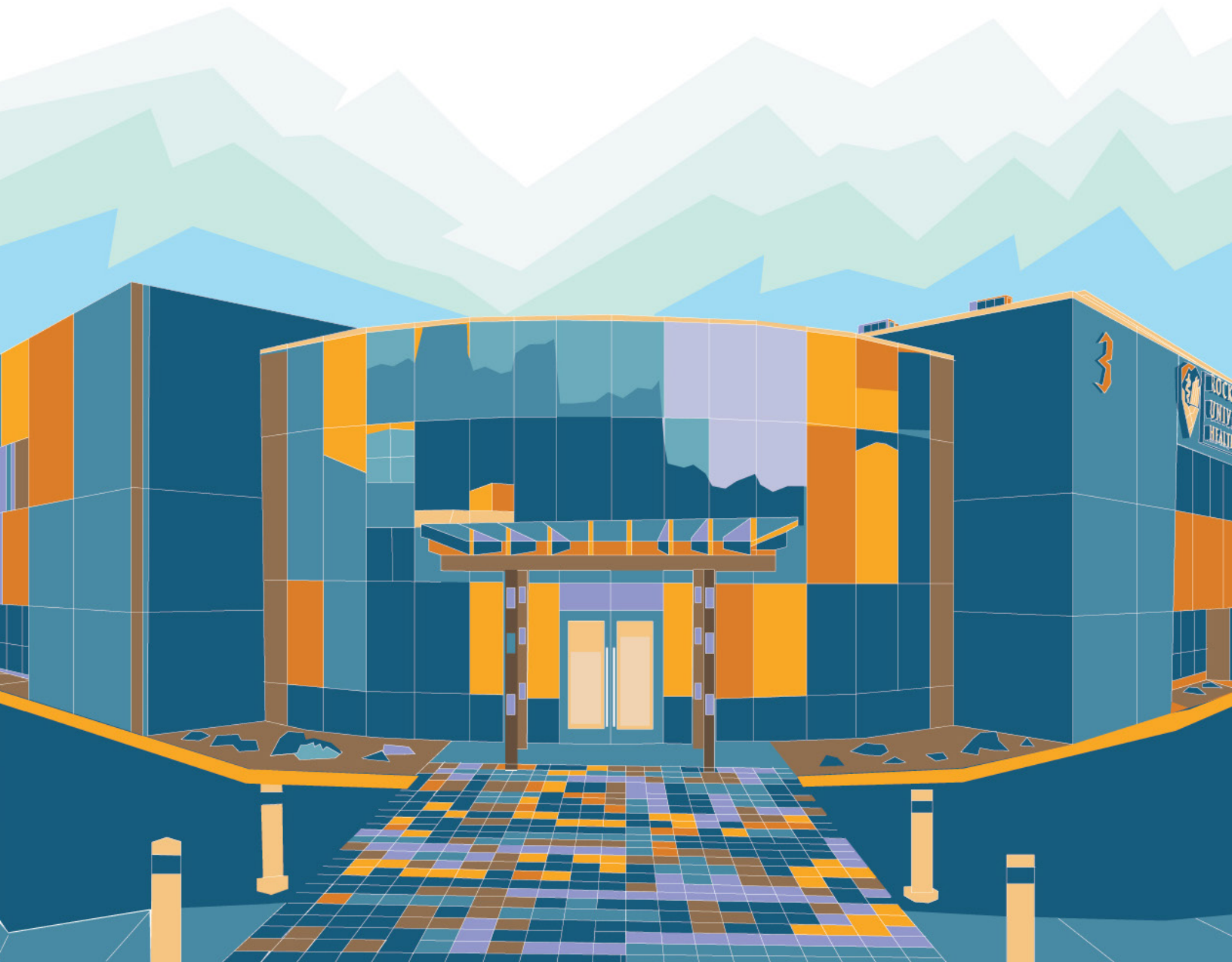


SUMMIT

TAKING HEALTHCARE TO NEW HEIGHTS



ROCKY MOUNTAIN
UNIVERSITY *of*
HEALTH PROFESSIONS®



FROM THE PRESIDENT

CREATING AN INCLUSIVE CLIMATE in Healthcare Education

A university's vision is its true north. It is a common orienting point that provides a sense of direction and defines who we are at our deepest level. Since the inception of Rocky Mountain University of Health Professions (RMUoHP) over 22 years ago, we have held to a culture that embraces the idea that people matter most.

This edition of *Summit* shares many perspectives regarding the significant work required to close the equity gaps related to diversity in healthcare and healthcare education and the significant work being done within our RMUoHP community that demonstrates that people—all people—matter most.

We have committed to actively increase the diversity of our institutional workforce, including fostering a diverse faculty, expand our understanding regarding equity gaps in our students, ensure equitable educational access, and model behaviors that advance equity and inclusion.

The university has developed and implemented discussions and programming that increase the cultural competency of our leadership, faculty, staff, and students. These

commitments serve as a critical step in reaching the University's vision to advance the quality, delivery, and efficacy of healthcare. Our pledge to an inclusive climate is a common orienting point that supports equity, diversity, and inclusion.

As an exclusively graduate healthcare institution, we recognize that there is a critical mass of evidence documenting inequities in minority representation in the healthcare workforce.

Increasing student diversity in healthcare education programs is a critical factor in creating a healthcare workforce that can best meet the needs of an increasingly diverse population. However, it is not enough to merely admit students from a variety of backgrounds and experiences. We must support and retain these students through their educational programs. We must ensure that we foster a sense of belonging and inclusiveness (one of our core values).

My four-plus decade career as a healthcare provider has afforded me the opportunity to understand the mindset of our patients within a larger context of culture, gender, religious beliefs, sexual orientation, and the socioeconomic realities that impact

health and quality of life. It is clear that a diverse healthcare workforce is needed to serve its diverse patient population and to provide adequate culturally-competent care for our growing minority communities.

It is a diverse workforce that offers the reality of improved quality, delivery, and efficacy of healthcare.

Onward!

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

SUMMIT MAGAZINE

IS PUBLISHED SEMI-ANNUALLY FOR ALUMNI, FACULTY, STUDENTS, AND FRIENDS OF THE UNIVERSITY.

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ADVANCING HEALTHCARE through Scholarship & Research

On August 14, 2020, Rocky Mountain University of Health Professions hosted its fourth annual Scholarship Symposium. Despite the inability to gather on campus, students, faculty, and alumni gathered virtually to share their research.

The Office of Research and Sponsored Projects, in collaboration with the Academic Research Committee, hosted the symposium as an opportunity for university

and community members to share current scholarship findings and learn from others within the scope of healthcare practice and education.

“Scholarship is an essential characteristic of a learned profession,” said Mark Horacek, PT, MS, PhD, Executive Vice President for Academic Affairs and Provost. “Participating in scholarship supports the University’s vision

to advance the quality, delivery, and efficacy of healthcare.”

Research presented at the symposium represented the work from a wide range of professions, including physical therapy, speech-language pathology, nursing, occupational therapy, health promotion and wellness, human and sport performance, athletic training, health sciences, neurology, and physician assistants.



DPT faculty Dana Tischler presents her research via video conference at the 2020 Scholarship Symposium.



Student Diversity Committee Chair, MS SLP student Morgan Louie, and Vice Chair, MPAS student Andrew Park.

ADVANCING HEALTHCARE Through Diversity

Rocky Mountain University of Health Professions (RMUoHP) has made significant strides to improve healthcare education by leading the charge for diversity awareness and social change in education and healthcare.

In 2019, students organized the RMUoHP Student Diversity Committee (SDC) with the purpose of providing future healthcare providers with resources to strengthen cultural competence and improve the health of minorities and non-minorities alike.

With the collaboration of students across many academic programs, the committee has been a part of Provo Pride, multidisciplinary transgender panel discussions, program-specific student diversity discussions, and digital and social media awareness.

“Our students will play an important role in providing healthcare to under-served communities and to the rapidly-changing US population, which is projected to become more racially and ethnically diverse in the next 30 years. RMUoHP students are expected to graduate and become positive role models in our healthcare system to advocate for the importance of social, cultural, and economic factors that play a large role in the patient’s overall health,” said Andrew Park, Master of Physician Assistant Studies student and SDC Vice Chair. “The SDC is creating

advocates that are able to adapt to our dynamic healthcare system.”

In addition to the SDC, in 2020 RMUoHP announced the organization of the University Diversity, Equity, and Inclusion Committee co-chaired by Michelle Webb, EdD, OTD, OTR/L, CAPS, Vice President of Institutional Effectiveness, and Ray Rodriguez, MPH, MCHES, Institutional Equity Officer. “The Committee positively impacts healthcare by the promotion of respect, empathy, and understanding for all individuals,

including healthcare providers and our patients and clients,” said Webb.

She added, “The work of the Committee focuses on enhancing the diversity of our constituency, actively soliciting the opinions of diverse groups, and developing equity-minded practices to support the overarching themes of social justice, equal access, and the elimination of healthcare disparities.”

RMUoHP STRENGTHENS COMMUNITIES

By Addressing the Shortage of Mental Healthcare

With a growing number of mental health issues in Utah and nationwide, along with an on-going shortage of professionals to treat mental health-related issues, Rocky Mountain University of Health Professions (RMUoHP) is determined to turn-the-tide on these issues by providing programs to train mental healthcare professionals.

For all of its merits, Utah continues to rank very low in enacting measures to help mental health.

A report issued by the Kem C. Gardner Policy Institute and the Utah Hospital Association in 2019, as reported in the *Salt Lake Tribune*, indicates more than a third of adults in Utah communities suffer from depression, and less than half of adults with mental illness have received any treatment or counseling.

Kelly Conway, DNP, CNS, Nursing Programs Assistant Chair and former interim program director of the Psychiatric Mental Health Nurse Practitioner (PMHNP) Certificate program at RMUoHP, said, “A lack of access to psychiatric services across the healthcare service delivery field (specifically, outpatient clinical settings, emergency departments, referrals for primary care clinicians, and inpatient psychiatric beds) had been a reality for decades.”

Conway cites a 2017 report by the National Council for Behavioral Health that shows 55 percent of US counties have no psychiatric providers, 77 percent have severe shortages of psychiatric providers, and 86 percent have severe shortages of child and adolescent psychiatric providers.

Verl Pope, EdD, LCMHC, LPC, CCMHC, ACS, Program Director for the counseling programs at RMUoHP, agrees with Conway’s assessment. “According to the National Institute of Mental Health, one in five people

“ONE IN FIVE PEOPLE IN THE US LIVES WITH MENTAL ILLNESS.”

in the US lives with mental illness,” he said. “Even more people than that will struggle at some point in their lives with some degree of emotional struggles. Our level of resilience and capacity to cope help, but the loss of a loved one, a job, an illness, or other times of stress can tax our ability to handle difficult situations. The current COVID-19 situation certainly can contribute to loss and anxiety.”

To address the issue, RMUoHP has specific programs designed to help train professionals to provide mental healthcare.

According to Pope, trained counselors can help a person develop and grow, gain insight, and enhance their ability to cope. Counseling can be a great asset to the mental health of individuals, families, and communities. They can also help children and adolescents who are often at even greater risk for struggles in that they are susceptible to their families’ financial difficulties. At times, they have not been able to develop the necessary skills to address new challenges.

Conway said, “Our students train for in-person and telepsychiatry, which provides necessary and effective care in far-reaching areas including rural settings and during critical times such as our current pandemic situation when face-to-face care may be limited.”

Both Conway and Pope are optimistic about the future of mental health as they see their students move out into the community to provide vital mental health services.

“PMHNPs who graduate from RMUoHP will be located nationwide practicing in their home communities and helping provide critical services of prescribing and counseling while helping decrease the nationwide shortage of providers,” said Conway. “The PMHNP certificate program will educate highly-skilled and expert clinicians across the lifespans



Dr. Verl Pope works to address mental healthcare needs in the clinic and classroom.

of people. These providers will treat patients from the cradle to

experience that will improve their lives and the community as a whole.”

“THESE PROVIDERS WILL TREAT PATIENTS FROM THE CRADLE TO THE GRAVE, ENCOMPASSING CARE FOR INDIVIDUALS, GROUPS, AND FAMILIES.”

the grave, encompassing care for individuals, groups, and families.”

Pope adds, “I hope RMUoHP students gain a foundation of experience, understanding, science, and opportunity in counseling to make sure services to clients are helpful and effective in providing a life-enhancing

the vision to rise beyond abuse and mental illness and help individuals and families work toward mental health and resilience,” said Pope.

RMUoHP provides both a Master of Science in Clinical Mental Health Counseling and Master of Science in School Counseling, allowing

graduates to become licensed clinical mental health counselors. The University also offers a post-graduate Psychiatric Mental Healthcare Nurse Practitioner Certificate for registered nurses with a master’s degree or higher who wish to expand into psychiatric-mental health advanced practice. In addition, the Doctor of Medical Science program has a Psychiatry track for practicing physician assistants who want to develop skills to help patients with psychiatric disorders.

By A. Cory Maloy

MANAGING PAIN THROUGH A Health & Wellness Approach

In a world where rates of chronic pain are increasing, and research on pain is just starting to catch up to the demand, pain treatment plans are desperately needed.

Current treatments often include high-strength medications, such as opioids, which can be addictive and not intended for prolonged use, contributing to the country's opioid epidemic.

In response to these issues and demands, students and faculty at Rocky Mountain University of Health Professions (RMUoHP) worked to examine alternate treatment plans focused on enhancing functions and quality of life, such as exercise therapy, cognitive behavioral therapy, and non-addictive medications. These alternative pain management plans encompass the biological, psychological, and social dimensions of a patient's life. The emerging field

of Health and Wellness Coaching uses the biopsychosocial approach to patient wellness and focuses on treating the entire patient, not just controlling symptoms.

Doctor of Philosophy in Health Sciences (PhD) student Zachary Rethorn, PT, DPT, along with RMUoHP faculty Robert Pettitt, PhD, FACSM, ATC, CSCS; Emily Dykstra, PhD; and Cherie Pettitt, EdD, HFS, CSCS, PAPHS, EIM, CWC; examined the effects of a health and wellness treatment approach and its impact on patients.

The treatment, enacted by the private clinic Take Courage Coaching beginning in 2010, was designed to help people who experience debilitating pain be able to return to productive, rewarding lives. The treatment plan consisted of a 12-month support program that integrated pain education, self-care skills training, goal-setting guidance, self-monitoring tools, and social support. Participants received weekly 30-minute individual coaching sessions and 60-minute group coaching sessions for 52 weeks. Individual coaching focused on patient motivation and personal goals, and group coaching covered topics such as mind-body connection, neuroplasticity,

meditation, self-compassion, strengths and values, and mindfulness.

To track progress and the effectiveness of the program, patients were given the Pain Outcomes Questionnaire (POQ) before beginning the program, and then again at six months and 12 months after beginning the program. The POQ measured pain-related functioning in the domains of mobility, activities of daily living, negative effect, vitality, and fear of activity.

After the 12 months, the researchers found that each domain (except fear)

of the POQ demonstrated significant improvement over the course of the treatment, with small to large effect sizes. There was also a corresponding reduction in the amount or intensity of pain felt by participants during the treatment, suggesting that health and wellness coaching, coping skills, and focusing on social support can impact the level of pain people feel.

The success of the health and wellness coaching treatment plan supports the importance of treating the whole patient, as well as the power of patient perception, the connection to mind-body, and proper social support.

Health and wellness coaching has many applications, and this research demonstrates that pain management is an important part of that.

By Dr. Emily Dykstra

References
Rethorn Z., Pettitt R., Dykstra E., Pettitt C. (2020). Health and wellness coaching positively impacts individuals with chronic pain and pain-related interference. PLoS ONE 15(7): e0236734. <https://doi.org/10.1371/journal.pone.0236734>



RMUoHP PhD student Dr. Zachary Rethorn works with physical therapy students at Duke University in 2019. [Photo courtesy of APTA]

RMUoHP Community Clinics



The Community Rehabilitation Center (CRC) provides free physical therapy services via in-person and telehealth appointments.

The Center for Communication Disorders (CCD) provides free speech and language services in a safe and inclusive environment.

Please contact the clinics to schedule an appointment and visit their website to view a full list of services.



www.rmuccd.org
801.734.6821



www.rmucrc.org
801.375.2041

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


 The image features two stylized, high-contrast portraits. The top portrait is of a man with a beard and mustache, wearing a brown suit jacket over a white shirt and tie. The bottom portrait is of a woman with long dark hair, wearing a blue headscarf and a purple and white striped top. The background consists of a grid of orange and blue squares. The word "DIVERSITY" is written in large, bold, black letters across the middle, and "DISCUSSIONS" is written in a similar style below it.

DIVERSITY

DISCUSSIONS

CROSSING BORDERS

in Healthcare

While the US is often seen as the land of opportunity, for those who come from outside the mainland US to work in healthcare, the transition process can be filled with many barriers. Hina Garg, PT, PhD, NCS, and Roberto López-Rosado, DPT, MSPT, MA, have successfully navigated into healthcare careers in the US, but not without challenges. And now they're using their experiences to advocate for others and diversity within healthcare.

Garg was born and raised in Delhi, India, in a family that placed a high value on education. "It was never a question for me to be able to achieve what I wanted. I was encouraged to pursue anything and everything," said Garg.

That support and commitment to excellence led her to Guru Gobind Singh Indraprastha University, where she earned a Bachelor of Physiotherapy (known as physical therapy (PT) in the US), and graduated second in her university, of five colleges and 300 PT students.

After working as a physiotherapist in India, Garg decided that she wanted to gain international experience, so in 2008, she enrolled in a master's program in kinesiology at Texas A&M University.

Her family's support, a strong emphasis on higher education, and her prior healthcare experience gave her the confidence she needed to move to the US, but she was met with almost impossible barriers.

When she arrived in Texas and started her graduate program, Garg wanted to continue working as a PT. So she started the process for PT licensure in the US. She quickly realized the complicated nature of the process. Seemingly impossible, the process took over a year and a half.

For Garg the entire licensure process was arduous and frustrating. "Having come from being a practicing clinician with a good education in India to being told all of that didn't count was a difficult and humbling experience for me," said Garg.

"I personally know people who were told that they were ineligible and had to repeat their degrees in the US. I know people who moved here and switched careers because the licensure process wasn't worth their time. I have seen foreign-educated PTs who come to the US, spend time, money, and effort on their education, and leave to go back from the frustration and despair due to the poor knowledge

and guidance on licensure and work visa requirements," said Garg.

"There are few healthcare professionals and institutions who understand these requirements, as it is very different compared to non-healthcare fields. That makes it an extremely challenging process," said Garg.

"Somehow, I managed to overcome those barriers. I think I was determined to prove myself...I had to find a lot of it out on my own," said Garg.

Despite the challenges and barriers, Garg finished the process and passed the PT licensure exam in the US. As she was working on her master's, Garg developed a deep interest in research and decided to pursue a PhD in Rehabilitation Science at the University of Utah. Her education and experience ultimately brought her to Rocky Mountain University of Health Professions (RMUoHP) in Provo, Utah, where she teaches in the Doctor of Physical Therapy program and directs the outpatient Multiple Sclerosis and COVID-19 rehabilitation programs at the university's pro-bono clinic, the Community Rehabilitation Center.

Garg’s experiences, while personal and challenging, are not unique to just her. Many healthcare professionals who come to the US are met with barriers and setbacks.

“ I THINK THAT PEOPLE SOMETIMES DON'T REALIZE THAT THE PERSON ISN'T DUMB ONLY BECAUSE THEY DON'T SPEAK THE LANGUAGE.”

Roberto López-Rosado, who was born and raised in Puerto Rico, also had to overcome many barriers in coming to the US to work.

López-Rosado earned a degree in biology at the University of Puerto Rico before entering medical school. After two years in medical school, he realized his passion was in anatomy, so he transferred to the Universidad Central del Caribe where he earned his master’s in anatomy. After graduating with his master’s, López-Rosado began teaching at a private medical school, where he began to develop his teaching skills.

In 2001, he decided to move to the mainland US. He moved to New York City, two weeks before the catastrophic events of September 11. The confusion and overwhelming tragedy that accompanied that period of time prompted his move to Florida where he accepted a job at Florida Gulf Coast University (FGCU).

Even though Puerto Rico is a US territory and López-Rosado was born a citizen of the US, Spanish was his native and primary language.

“When I first started teaching in English, I would memorize my lectures. I asked students not to ask questions until I had

a break, otherwise I would get flustered,” said López-Roberto. When he was hired, he was the only Latino teacher at FGCU.

For people who move to the US, language is often a barrier. While López-Roberto said the students and faculty were patient and supportive, that isn’t always the case for everyone.

For Garg, who spoke English prior to coming to the US, communication was still a challenge.

“Unfortunately, I’ve had people yell at me because of my English or my accent,” said Garg. “I think people sometimes don’t realize that the person isn’t dumb only because they don’t speak the language.”

Cultural differences also presented challenges. The US is “a different environment than I had ever been in. I think the biggest shock was to find a lack of community here,” said Garg. Community and social support are important in India so when Garg moved to the US, she felt isolated and alone.

“If you’re a foreign-educated professional in healthcare the regulations are different. You have to file for a working visa, in addition to the licensing requirements,



Dr. Roberto López-Rosado mentors PT students at a white coat ceremony at Northwestern University in June 2019. [Photo by Teresa Crawford]

just to be able to work. So finding mentorship or guidance in the form of a health professional community was difficult for me,” said Garg. “That barrier—that was isolating.”

López-Rosado found advocates in his workplace, where those around him were uniquely supportive. With their support, López-Rosado enrolled in a master’s in physical therapy at FGCU, while continuing to teach. “So my colleagues became my teachers and the students became my classmates.”

After completing his master’s at FGCU, he went on and earned his DPT at The Sage Colleges in Troy, New York, and started working part-time as a PT while still teaching. “I was able to bring in a lot of clinical relevance to my teaching in anatomy and neurology and I was acquiring PT experience,” said López-Rosado. “But I wasn’t doing any research. I knew I needed mentorship for that.”

So after 10 years at FGCU, he moved to Illinois to work at Northwestern University, first as a research physical therapist then as an assistant professor of anatomy and clinical sciences. López-Rosado is also an adjunct professor in the Doctor of Philosophy in Health Sciences program at RMUoHP.

For both López-Rosado and Garg, their diverse backgrounds created challenges as they pursued their education and worked in healthcare, but they also provided diverse perspectives and levels of care within their healthcare fields.

“When you’re a minority or an underrepresented member of the community or place of work



Dr. Hina Garg works with a PT patient at the RMUoHP Community Rehabilitation Clinic.

(including hospitals and healthcare companies), I think it gives you a broader sense of recognizing the struggles of underrepresented groups. I think a lot of it comes from personal experience,” said López-Rosado.

“I’ve learned to become a more vocal advocate for underrepresented minorities who may need more guidance when it comes to managing healthcare. When you come to a different country to live, you don’t necessarily know where to find relevant information when it comes to healthcare. There is so much information out there, so to get to the right information and weigh options—that’s difficult for immigrants. So I have a soft spot for individuals

with that struggle and I see myself in them, and I want to provide information that maybe 20 years ago I didn’t have,” said López-Rosado.

For Garg, her diverse background helps her better care for the patient. “Being from a different background has given me a broader perspective. I understand things differently. I think out of the box. I bring that commitment to healthcare. I bring that honesty. I ask when I don’t understand. Patients appreciate the honesty and that someone is talking to them at their level. And with a broadened perspective, I’m more open minded. I come from the world of ayurvedic medicine, so I’m open to other forms of medicine, such as



Dr. Roberto López-Rosado teaches PT at Northwestern University. [Photo by Teresa Crawford, 2019]

fasting, yoga, meditation—which gives me a significant level of ability to help patients on a holistic level.”

Through the challenges and struggles that Garg and López-Rosado have had to overcome to practice healthcare in the US, they both act as advocates for diversity in their professions and for minority students.

For Garg, the process to immigrate to the US and practice as a PT was confusing and difficult, so she started mentoring others who are going through that process.

“Here in the US, the processes are tough so less people make it through, and they struggle to find the right guidance and resources. The people

who make it through this process have to learn about not only license and clinical practice requirements, but also working visas, visa renewals,

“ IN A PLACE OF EDUCATION, EVERYONE SHOULD HAVE A SEAT AT THE TABLE. TO ME THAT'S REPRESENTATION AND DIVERSITY.”

applying for green cards, and more. There’s a constant level of learning and stress,” said Garg.

And very few people know how to help. “People in the healthcare field often don’t understand. Healthcare administrators don’t know how to coach people through this process, and therefore they don’t engage in

learning about these regulatory, legal, and sociocultural stressors that an immigrant healthcare practitioner faces. Since I’ve learned about the

situation firsthand, I can help. Now I feel like the natural action for me is to engage,” said Garg.

At Northwestern, López-Rosado is the co-chair of their diversity committee, where he works to reach out to underrepresented groups in the community to talk about the PT profession. Specifically, he

partners with middle schoolers to organize tours of the program

“ SCIENTIFIC EVIDENCE AND LITERATURE PROVIDE SUPPORT THAT DIVERSITY MAKES US SMARTER.”

and the profession, where they tour the anatomy lab and PT clinic spaces and talk to students.

“In a place of education, everyone should have a seat at the table. To me that’s representation and diversity,” said López-Rosado.

Garg added, “When we talk about diversity, I feel like it should never come across like you’re simply filling a seat—that it’s being ‘given or handed’ to us. Then that person will never have that confidence that they achieved it on their own and it comes across as less respectful. That’s where open-mindedness about diversity comes in.”

It’s a learning process, said Garg. “All of us are learning as we move forward. We need to be cognizant of the flexible and shifting landscape.” And diversity training is key.

“Scientific evidence and literature provide the support that diversity makes us smarter. It makes us smarter because it brings more perspectives together...But the actual work that comes from that is listening to each others’ stories. That’s where the work of inclusion and equity is done—when people are participating and have access to resources,” said López-Rosado.

“When we have those three things: diversity, inclusion, and equity, we are creating the best scenarios where anyone thrives and we’re not leaving

anyone behind. And that’s the right thing to do,” said López-Rosado.

to action transition, you’ll start to see a difference. That’s when you start to see the betterment in communication, of health, and in healthcare.”

By Stephanie Bentley

“Everything that we learn in diversity trainings needs to be applied in action. Talking about it improves awareness. Then one needs to engage in such encounters to gain and improve these skills,” said Garg. “When you start to see the knowledge



Dr. Hina Garg uses her experience to provide patient-centered care as a physical therapist.

DIVERSITY In Healthcare

For Karlita Warren, PhD, ATC, her professional ability being questioned happens more often than can be recalled. “Often, it is quite obvious that it is related to my race and gender,” said Warren.

As an example, Warren recalls, “I evaluated a patient, explained their injury to them, and the course of treatment for recovery. They later went to a colleague to verify my proposed patient care, saying: ‘well, she is just different so I needed to make sure.’ The patient was surprised to discover that my colleague provided corroborating information to the diagnosis and plan I had provided.”

For Warren, biases and barriers related to her race and gender push her to exert maximum efforts. “I work twice as hard and twice as much to prove myself and to prove my worth as a quality healthcare professional.”

As an athletic trainer, health professor, and health educator, Cenell Boch, MS, AT, overcomes barriers by focusing on the patient. “As an individual who has been involved in the healthcare profession for over 20 years, diversity is really a second thought. My primary focus and concern is to provide the best healthcare and treatment that I can for any client or patient that I interact or treat,” said Boch. “When I walk into a situation or into a room

my sincerity, compassion, and genuine concern for their overall health and well-being. My athletes and clients readily listen to the information and treatment plan that I provide for them because they respect the knowledge and care that I provide for them.”

Through her dedication and expertise, Boch finds success. “I’m happy to say that I’ve been quite successful in assisting my clients and athletes to heal and become well,” said Boch.

Warren also has found success through her dedication to the profession and her care for patients. She uses that success to be an advocate for diversity within healthcare.

“I take every opportunity afforded me to promote diversity, equity, and inclusion, not only in the health professions but in society,” said Warren. She believes that change will come through “education about cultural differences, as well as a personal reflection regarding one’s own biases and how they may

impact patient care or interactions with colleagues, and vulnerability to move out of one’s comfort zone to grow, expand, and learn.”

She adds, “We must transition from fixed mindsets to growth mindsets in order to become more culturally aware and to practice healthcare with cultural humility and cultural competence.”

Boch finds opportunities as a healthcare educator to help future healthcare providers work through issues of diversity, as well as through being a role model for others. “I think young minority professionals are encouraged when they see someone who ‘looks like them’ succeed as an educator, clinician, and business owner,” said Boch.

Diversity among healthcare providers is important in all aspects of healthcare. Warren has seen her diverse background positively impact her work environment. “The diversity I bring has allowed me to positively influence colleagues by encouraging introspective reflection of their own personal biases and its potential influence on patient-clinician interactions.”

For her, it’s even opened doors to inspiring further change. “I have been afforded several opportunities for service work and research in health and healthcare disparities, as well as diversity, equity, and inclusion. Each of these platforms provides opportunities for positive change toward a more diverse, equitable, and inclusive healthcare system.”

Diversity also makes a difference in patient care, especially when caring for diverse populations. “The diversity I bring as a healthcare provider has

allowed me to have increased empathy for my patients and to provide care from a holistic perspective. It allows me to embrace cultural differences and cultural preferences when caring for my patients,” said Warren.

Boch said, “Diversity within healthcare is important because it allows us to understand our patients more fully. Diversity allows for a deeper understanding of various perspectives and experiences that make up the American culture. There are many health disparities that have existed for quite a long time (decades in fact) and diversity allows us to be able to look at the community at large from various lenses, not just one perspective. This will allow us to be able to treat the community at large more effectively. By understanding the social determinants of health for various populations we can treat the population at large in a more effective fashion.”

As the nation continues to become aware and better discuss topics related to diversity, disparity, bias, and barriers, addressing those topics within healthcare is critical.

“Diversity in healthcare fosters an environment where each person is respected, appreciated, and celebrated for the differences they bring to the delivery of healthcare and the various healthcare professions,” added Warren.

Sharing the experiences of healthcare providers like Warren and Boch is important in addressing the barriers and improving accessibility and quality of healthcare. As Boch said, diversity adds “to the richness and culture of a clinical, educational, and business setting just by having the varying perspectives sitting at the

table. And it will allow us to better be able to treat the community at large.”

By Stephanie Bentley



Cenell Boch is a Licensed Certified Athletic Trainer, Founder & President of C&C, Inc., and Owner of Wellness with Cenell, LLC. She earned a master’s in Exercise Physiology from

the University of Akron and a bachelor’s in Sports Medicine from the University of Mount Union. She is currently working toward a Doctor of Philosophy in Health Sciences at Rocky Mountain University of Health Professions. Boch counts it a blessing to be the wife of her loving husband, Wayne; mother of two teenage sons, Daniel and Fendrich “Richy”; and stepmom to three charismatic adult children, Lindsey, William, and Samantha.



Karlita L. Warren received her Doctor of Philosophy in Health Sciences in Athletic Training from Rocky Mountain University of Health Professions and has been a BOC Certified

Athletic Trainer for over 20 years. She is the founder and owner of The Kizo Effect, LLC. The Kizo Effect, LLC, is a health and wellness company and consulting firm for diversity, equity, and inclusion in healthcare. Warren is also an assistant professor in athletic training at the University of La Verne and serves on several local, regional, and national professional committees. Her research interests include traumatic brain injuries, racial and ethnic health disparities and healthcare disparities, microaggressions in healthcare, underrepresented minority enrollment and retention in athletic training education and profession, and patient simulations in athletic training education. She is married and has one son.



Nursing students practice suturing on campus prior to the COVID-19 pandemic.

BRINGING AWARENESS OF Early Childhood Intervention to All

One of the biggest challenges facing speech-language pathologists (SLP) who specialize in early childhood intervention (ECI) is the simple fact that many parents have never heard of early intervention services. Janita Gilliam, MS, CCC-SLP, and student in the Doctor of Speech-Language Pathology at Rocky Mountain University of Health Professions (RMUoHP), is working to change that for families in the community, particularly underrepresented and minority families.

“Parents need to be aware that there are evidence-based intervention programs available to support both the parent and child,” said Gilliam. “Bringing awareness to parents, caregivers, and community partners is vital in ensuring the entire community is in pursuit of our young infants and toddlers achieving all developmental milestones.”



Janita Gilliam raises awareness about early intervention services for minority children.

And the reality is that the job of recognizing needs and helping children be successful doesn't just fall to parents. Gilliam explains, “Many children spend 80% of their day or time under the supervision of a licensed childcare provider. That can be in a childcare facility, in-home daycare, babysitter's care, or Montessori school setting.”

With children spending a large amount of their time with caregivers, Gilliam stressed the importance of supporting “them in their ability to recognize the signs of atypical development in order to make the appropriate referrals or hold conversations with parents to steer them in the right direction to access services.”

Parents and caregivers should be aware of atypical behaviors for toddlers that may indicate a need

for early intervention services. For children aged two to three, those behaviors may include not responding to their name; no interest or awareness in social interactions; regression of skills; difficulty imitating actions, sounds, and words; lack of interest in functional play with toys, decreased comprehension skills, failure to follow simple one-step commands or directions, and decreased expressive or non-verbal language skills.

Unfortunately, despite the prevalence of behaviors that indicate a need for early childhood intervention, many parents don't seek out resources. Gilliam explains that there are many factors that contribute to children not receiving early intervention:

- Parent belief that child may catch up to development when they become school-aged.
- Parent denial that the child may present with a developmental delay.
- Parent stigma that therapy is “negative” and/or “bad.”
- Lack of awareness that early intervention services exist.
- Misidentification of the potential disorder based on child provider not recognizing signs of atypical development.

While any child can fall in need of early intervention services, there is an unfortunate gap in minority and underrepresented children receiving SLP services. “At the present time, the research shows the disparaging numbers within the field of SLP. Currently, only



MS SLP students work with children in providing early intervention services at the RMUoHP Center for Communication Disorders.

8% of clinicians identify as minorities. The field of SLP has failed in adequate recruitment of qualified minorities, lacking diversity within this particular industry. Representation matters across all sectors within the field of SLP, which is currently in need of reform,” said Gilliam.

“As a result, we have missed minority children being served

“ WE HAVE MISSED MINORITY CHILDREN BEING SERVED AS POTENTIAL CLIENTS.”

as potential clients,” she added. Gilliam explains that access to training is a step in the right direction to help bridge the gap in creating more culturally- and linguistically-diverse resources for minorities.

Other ways to improve identification of minority children for early intervention services in childcare centers include “ongoing training to identify the red flags for developmental delays, establishing rapport with parents to begin healthy conversations to encourage early detection for ECI services, representation of minority clinicians in under-served areas, health and wellness fairs to help educate parents in under-served communities on child developmental milestones, and community representatives in childcare centers to implement free screeners quarterly,” said Gilliam.

“Race in America, racial equality, and social justice have been huge topics in the current climate of our country

within the last few months,” said Gilliam. She and many other SLPs are working hard to foster awareness and education for caregivers who work closely with minority populations and demographics to help ensure all children receive the resources they need to be successful.

In September 2020, Janita Gilliam and two specialized skill trainers in early childhood intervention, with moderator Dr. Daphne Harris, presented a webinar titled “ECI: Seeing the Signs and Getting the Services.” The webinar was created in partnership with the National Black Child Development Institute (NBCDI) to work toward their initiative “to improve and advance the quality of life for black children and their families through education and advocacy.”

By Stephanie Bentley

THE IMPACT

of a Clinical Doctorate on the PA Profession

There are about 140,000 physician assistants (PA) in the US, with an estimated 9,000 PAs graduating each year. With a focus on versatility and collaboration, PAs provide patient care in a wide range of work settings and specialties.

In fact, according to the American Academy of Physician Assistants (AAPA), PAs have more than 400 million patient interactions per

Heather Dunford, MPAS, PA-C, DMSc, finished her Master of Physician Assistant Studies program in August of 2019, earning her credentials to become a certified PA. But she didn't stop her education there. Shortly after finishing her PA program, she enrolled in the DSMc program at RMUoHP.

"I'm a lifelong learner and I love learning," said Dunford. "I wanted

is associated with a research foundation. After graduating, he was approached by the research foundation inviting him to work as a clinical scientific liaison. "We have a group of really smart scientists who work in the research foundation and we have really skilled surgeons who work in the clinic, so they asked me to bridge that gap and help understand both sides."

Begg is excited about the new opportunity that opened up shortly after graduating with his DMSc.



Dr. Heather Dunford, a MPAS and DMSc graduate, applies her learned skills and education at Revere Health in Provo, Utah.

options available to me...I don't know yet how the DMSc degree will affect my future trajectory, but I wanted those options. If I decided in a few years that I want to teach or be in leadership or research, I wanted to be ready for that."

For Michael Begg, PA-C, DMSc, his decision to get a clinical doctorate came later in his career. After practicing as a PA for 25 years and having the opportunity to be a clinical preceptor, he wanted to take that to the next level. "I love the PA profession and I love teaching...I knew I wanted to give back."

His DMSc degree has already provided him unique opportunities. The clinic where Begg works

Like Dunford, Jennifer Makuakane, MPAS, PA-C, MT (AAB), DMSc, decided to pursue a doctorate degree shortly after becoming a PA. "When I decided to go into this, I didn't know exactly what I was going to get out of it. I wanted to be a lifelong learner and to set an example for my kids that there's no stopping you if you want to do something," said Makuakane.

After becoming a PA, Makuakane applied to work in the blood and marrow transplant clinic at the University of Utah's Huntsman Cancer Institute. Despite her lack of work experience, Makuakane was hired because the hiring committee was impressed by her demonstrated

commitment to learning and research through obtaining her DMSc.

"The DMSc opened up doors for research for me, as well as opened up doors for my providers. They have time set aside for research, yet they are still expected to care for patients in the clinic, where it's very busy, as well as work to staff the inpatient floor and educate fellows. Being able to support research goals while also providing a large portion of patient management is very beneficial to me and the Institute." In fact, Makuakane explained, "The University and the Huntsman Cancer Institute are excited that PAs are now trying to show that we can keep up

with other healthcare providers and that we are interested in growing and collaborating with the team."

For Makuakane, her doctorate has given her the confidence to work in the clinic and be an advocate for the PA profession. PAs, in the variety of settings that they work, are making an impact on the quality of and access to healthcare. As more PAs move toward a doctoral degree, they will continue to uplift healthcare through research and clinical practice.

By Stephanie Bentley

“THE DMSC OPENED UP DOORS FOR RESEARCH FOR ME, AS WELL AS OPENED UP DOORS FOR MY PROVIDERS.”

year. Over the last few years, the PA profession has seen current professionals seeking to further their education and advance their careers by obtaining a doctorate degree designed for PAs.

In May 2019, Rocky Mountain University of Health Professions (RMUoHP) enrolled its first class of Doctor of Medical Science (DMSc) students. This program was designed specifically to prepare PAs for leadership roles in clinical, administrative, and academic settings. In August 2020, RMUoHP graduated its inaugural DMSc class and recent graduates are already seeing the impact of the degree on their professional careers and the PA profession as a whole.

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\$34 — HOODIE

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PROGRAM UPDATES

Advancing Healthcare Education

Master of Physician Assistant Studies (MPAS)

MPAS faculty Dr. Marie Pittman, Dr. Jennifer Johnson, Dr. Bryan Nelson, Dr. Jon Baird, and Dr. Michael Nelson all graduated as part of the inaugural Doctor of Medical Science (DMSc) program. The MPAS program now has one of the highest doctoral-trained faculty of all PA programs in the nation.

Master of Science in Athletic Training Practice (MSATP)

Linda Mazzoli, ATC, PES, joined the faculty to teach Healthcare Delivery. Adrian College (Michigan), which has an MS in Athletic Training program, was in need of online courses for their students due to the COVID-19 restrictions for face-to-face courses. Because of RMUoHP’s reputation for providing quality online education, an agreement was made between RMUoHP and Adrian College which resulted in 10 of their students enrolling in the RMUoHP MSATP program’s Biomedical Testing and Imaging course for the Fall 2020 semester. The Biomedical Testing Imaging course will transfer back to Adrian College and substitute for a similar course in their program.

Master of Science in Health Science (MSHS)

Dr. Erin Faraclas was hired as track director of the Health and Wellness track and certificate programs. Dr. Evan Osar was hired to design and

teach a new course in motor control. The program is adding a Functional Nutrition certificate and degree track to begin winter 2021. With the help of Dr. Thomas Cappaert, the MSHS now has a bridge program that allows for nine credits to be transferred directly into the PhD program.

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

The MS SLP program received feedback from the Council for Academic Accreditation in Communication Disorders that the third annual progress report was approved. MS SLP faculty Tim Stockdale, with the help of Vice Provost of Academic Affairs Dr. Malissa Martin and the IT team, organized the second annual Hard To Swallow conference, with over 250 virtual attendees.

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

The MSC and SC programs enrolled their second cohort fall 2020. Additional adjunct faculty were hired and curriculum enhancements implemented. The program hosted a free fall webinar series for professionals in the field and others on topics such as Becoming an Effective Clinical Counseling Supervisor; Systemic Informed Therapy: The Basics; and Positive Change with

Motivational Interviewing. Webinars can be viewed at learn.rm.edu.

Doctor of Medical Science (DMSc)

DMSc faculty Dr. Shilpa Gajarawala’s review article “Intrathecal hydromorphone as an analgesia option for gynecology patients” was published in the Journal of the American Academy of Physician Assistants. DMSc faculty Dr. Laura McClary gave two continuing medical education (CME) presentations for the Florida Academy of Physician Assistants on “Influenza Update: 2020-21 Season” and “Integrating Telemedicine into Clinical Practice: Pandemic driven innovation” and two CME presentations for the South Carolina Academy of Physician Assistants on “Influenza New and Emerging Strategies” and “Oral Pathology.” Program director Dr. Bartley Rust gave a CME presentation on “Empowering Patients to Make Lifestyle Modifications” for the Kansas Academy of Physician Assistants.

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

The American Academy of Emergency Nurse Practitioners approved both the ENPC and FNPC/ENPC programs, which launched in fall 2020 with Dr. Kristina Davis

as the program director. Dr. Allyce Jones was appointed program director for the PMHNP program. Both Dr. Davis and Dr. Jones began a department-level leadership development program. Dr. Kaleigh Krebs was appointed as a Co-Director of Clinical Education. All courses combining didactic and clinical components were revised to separate components so students can progress through the degree while clinical sites remain scarce due to COVID-19.

Doctor of Occupational Therapy (OTD)

The program hosted its second “Evening with an Occupational Therapy Influencer” with Dr. Diane Powers-Dirette, the Editor in Chief of the Open Journal of Occupational Therapy, where Dr. Dirrette shared her experiences and professional trajectory as an occupational therapy influencer. OTD faculty Dr. Robert Krueger, Dr. Susan Zapf, Dr. Ellen Hudgins, and Dr. Bryan Gee have published research articles in peer-reviewed journals.

Doctor of Physical Therapy (DPT)

Dr. Megan Pratt and Dr. Kelsey Kushlan were hired as DPT faculty.

DPT faculty members Dr. Cortez-Cooper, Dr. Garg, Dr. Gravano, Dr. Gubler, Dr. Hoffman, Dr. Lau, Dr. Stevenson, Dr. Tenbrink, Dr. Timpson, Dr. Wilkinson, and Dr. Young participated in the APTA Education Leadership Conference with posters and presentations. Dr. Garg and DPT students Emily Gard and Alyssa Lyman presented their research on “Perinatal incontinence assessment tools: a psychometric evaluation and review” at the Utah Physical Therapy Association’s fall conference. DPT faculty Dr. Jeff Lau was appointed Dean of the RMUoHP College of Rehabilitation Sciences.

Doctor of Speech-Language Pathology (SLPD)

An online-only program option was added fall 2020 as a complement to the program’s traditional limited-residency option.

Doctor of Philosophy In Health Sciences (PhD)

PhD faculty Dr. Michelle Webb was appointed Vice President of Institutional Effectiveness. The program added a Generalist concentration track to allow students to choose among concentration

courses that best fit their goals. Eight current PhD students presented at the RMUoHP Scholarship Symposium in August, three PhD students published recent scholarly work in peer-reviewed journals, three PhD students have presented (virtually) at professional conferences, and two have developed lifelong learning courses.

Certificates and Continuing Education

Starting January 2021, RMUoHP is offering a three course 9-credit School-Based Practice for Occupational Therapy Certificate, developed by OTD program director Dr. Bryan Gee and Dr. Jane Ewoniuk. Learn.rm.edu offers a telehealth series on Telehealth Rehabilitation Practical Applications Part I and Part II; Telehealth Reimbursement Coding; and Telehealth Legal, Ethical and Regulatory Considerations and Remote Patient Moderating. Other continuing education courses include Ethical Issues for Social Media; COVID-19 Series: Return to Sport Activity; Dry Needling Pointing; and the Pregnant and the Postpartum Athlete.

OPTOMETRY COLLEGE

Opening in 2023

To address the shortage of optometry colleges in the Western United States, Rocky Mountain University of Health Professions (RMUoHP)

announced an intent to develop a new College of Optometry on its campus in Provo, Utah, with Adam Hickenbotham, OD, MPH, PhD, hired as the Founding Dean.

According to the U.S. Bureau of Labor Statistics, the demand for optometrists will grow an estimated 30 percent during the next ten years. The new College of Optometry at RMUoHP will help meet the growing demand for qualified optometrists.

With an anticipated start date in 2023, the College of Optometry will collaborate with local optometrists for its clinical program, as well as develop its own optometry clinic to offer pro-bono services to the local underserved population. Local optometrists will serve as faculty and part-time clinicians in the clinic where they will have the opportunity to teach and mentor optometry students.

NWCCU REAFFIRMS Accreditation

Rocky Mountain University of Health Professions (RMUoHP) is pleased to announce that the Northwest Commission on Colleges and Universities (NWCCU), regional accrediting body recognized by the Secretary of the U.S. Department of Education, has formally reaffirmed accreditation for the University following the 2020 Evaluation of Institutional Effectiveness, which included an institutional self-evaluation report and comprehensive peer-evaluation.

The reaffirmation of accreditation is the first since RMUoHP initially received its institutional accreditation by the NWCCU in 2010. The next evaluation of Institutional Effectiveness will be held in the spring of 2027.

“We are very pleased to achieve the formal status of reaffirmed accreditation from the NWCCU,” said RMUoHP President and CEO Richard P. Nielsen, PT, DHSc, ECS. “Accreditation recognizes the quality


of our evidence-based graduate healthcare education, which is essential to our students as they pursue their healthcare education programs and embark in their careers as healthcare providers in their chosen healthcare specialties.”




Get Involved Be Informed Stay Connected

Visit rm.edu/alumni to learn about benefits and upcoming events for RMUoHP graduates.






RMUoHP Graduates Across Healthcare



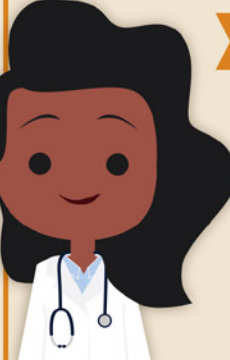
PHYSICAL THERAPY

- 471 Transitional Doctor of Physical Therapy
- 424 Doctor of Physical Therapy
- 130 Transitional Master of Physical Therapy
- 7 Neonatology Fellowship in Physical Therapy




OCCUPATIONAL THERAPY

- 661 Doctor of Occupational Therapy
- 4 Master of Occupational Therapy




HEALTH SCIENCES

- 139 Doctor of Science
- 99 Doctor of Philosophy
- 47 Master of Science in Health Sciences



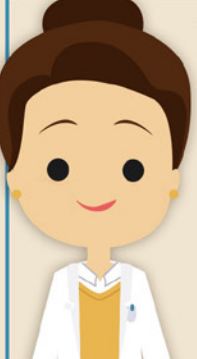
ATHLETIC TRAINING

- 40 Doctor of Philosophy Athletic Training
- 11 Doctor of Science Athletic Training
- 4 Master of Science in Athletic Training




PHYSICIAN ASSISTANT

- 193 Master of Physician Assistant Studies
- 13 Doctor of Medical Science



SPEECH-LANGUAGE PATHOLOGY

- 109 Doctor of Speech-Language Pathology
- 57 Master of Science in Speech-Language Pathology




NURSING

- 193 Doctor of Nursing Practice
- 4 Family Nurse Practitioner Certificate
- 22 Doctor of Philosophy in Nursing
- 67 Doctor of Nursing Practice & Family Nurse Practitioner
- 39 Psychiatric Mental Health Nurse Practitioner Certificate

RMUoHP GRADUATES

Graduates practicing in all **50 STATES**



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Total Grads



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