

## *Curriculum Vitae 2025*

### **Randy D. Danielsen, PhD, DHL (h), PA-C Emeritus, DFAAPA**

Professor & Director, Doctor of Medical Science (DMSc) Program

Department of Physician Assistant Studies

Arizona School of Health Sciences

Director, Center for the Future of the Health Professions

A.T. Still University

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Mesa, AZ 85206

Office: 480-219-6009/Cell: 480-570-6293

#### **EDUCATION**

**Certificate**, Utah MEDEX Demonstration Project (Physician Assistant) Program, Class IV, University of Utah Department of Family & Community Medicine, Salt Lake City, Utah, November 1974.

**Bachelor of Science**, (BS) *Cum Laude*, Health Science, University of Utah College of Health, Salt Lake City, Utah, May 1978..

**Master of Physician Assistant Studies** (MPAS) Post-professional program, University of Nebraska (with specialization in Internal Medicine), December 1999.

**Doctor of Philosophy** (PhD) Interdisciplinary Arts & Sciences (emphasis on Medical Education) The Union Institute & University, Cincinnati, Ohio, 2003..

#### **CREDENTIALS**

**PA Licensure**: Arizona Regulatory Board for Physician Assistants, Number1081. Initial licensure 1979, Inactive.

**PA Licensure**: Michigan Department of Licensing and Regulatory Affairs. Number #5601007730. Initial licensure 2016, expires 3/29

#### **ACADEMIC EXPERIENCE**

2018-Present: **Professor & Director**, Doctor of Medical Science (DMSc) Program, Department of Physician Assistant Studies, Arizona School of Health Sciences, A.T. Still University.

2018-Present: **Director**, Center for the Future of the Health Professions, A.T. Still University

2012-2018: **Academic Dean & Professor**, Arizona School of Health Sciences, A.T. Still University, Mesa, AZ. 4/9/12-12/1/2018.

2011-2012: **Adjunct Professor**, Advanced PA Program, Arizona School of Health Sciences and Doctor of Health Science Program, A. T. Still University. 7/1/10-4/8/12.

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2014-2010: **Academic Dean & Professor**, Arizona School of Health Sciences, A.T. Still University, Mesa, AZ. 7/1/04-6/30/2010.

2002-Present: **Adjunct Associate Professor**, Nova Southeastern University, Dr. Pallavi Patel College of Health Care Sciences, Doctor of Health Science Program Ft. Lauderdale, Fl. 6/1/02-Present.

2017-2021: **Clinical Instructor**, School of Health Technology and Management at the State University of New York at Stony Brook. PA post-professional program. 1/1/17-1/1/21.

1998-2004: **Department Chair**, Arizona School of Health Sciences, Department of Physician Assistant Studies, Phoenix, Arizona. 7/1/98-6/30/04

1995-1998: **Associate Program Director and Academic Coordinator**, KCOM Southwest Center for Osteopathic Medical Education & Health Sciences, Physician Assistant Program, Phoenix, Arizona. 2/1/95-6/30/98

1994-1995: **Unclassified Health Professional**, Wichita State University, Physician Assistant Program, Wichita, Kansas. 7/1/94-1/30/95

### **ACADEMIC RANK /POSITIONS/COMMITTEE APPOINTMENTS**

#### **A.T. Still University** (Arizona School of Health Sciences)

- Appointed Professor with Tenure, July 1, 2019
- Elected to University Faculty Senate 2020-Present. Chair (2022-24), Secretary (2024-26)
- Re-appointed Professor of Physician Assistant Studies, April 2012.
- Appointed *Emeritus Professor*, A.T. Still University, 2010.
- Appointed Professor of Physician Assistant Studies, July 2004.
- Appointed Associate Professor, July 1998.
- Appointed Assistant Professor, January 1995.
- University Committee Appointments:
  - ASHS Faculty representative to Board of Trustees, 1998-99.
  - ASHS Promotion & Tenure Committee, member 1997-2004.
  - Appointed Co-Chair ATSU Self-Study Steering Committee, Higher Learning Commission, 2008, Co-Chair Focused HLC Visit 2010.
  - Active member of the ATSU *Council of Dean's* 2005-2018.
  - Active member the *ATSU Quality Initiative (QI)* Committee 2014.
  - Active Member of the *ATSU Benefits Committee* 2012-Present.
  - Active Member of the *ATSU General Order Review Committee*, 2016-2018.
  - Master of Ceremonies for ATSU/ASHS Military Veteran Recognition Dinner May 24, 2017.
  - Member of the *ATSU HLC Accreditation Steering Committee* 2015
  - Chair of the Criterion One Subcommittee. 2015

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### **Nova Southeastern University**

- Adjunct Associate Professor, Doctor of Health Science program & Master of Health Science Program. 2002-Present.
- Member, Internal Review Committee (IRC) 2012.

### **Wichita State University**, Physician Assistant Program, Wichita, Kansas.

- Unclassified Health Professional, 1994-95.

### **State University of New York** at Stony Brook.

- Clinical Instructor, 2017-2021

<b>PROFESSIONAL EXPERIENCE</b>
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2018-Present: **Director**, Doctor of Medical Science (DMSc) Program, ASHS.

2018-Present: **Director**, The Center on the Future of the Health Professions, A.T. Still University.

2012-2018: **Dean**, Arizona School of Health Sciences, A.T. Still University, Mesa, AZ.

2012-Present: **Senior Consultant** (PA Accreditation), Academy of Academic Leadership, Atlanta, Georgia. (Part-time).

2010-2012: **Senior Vice-President**, NCCPA Foundation, Johns Creek, Georgia. A 501c (3) charitable nonprofit organization designs solutions for improving the capacity of certified physician assistants to impact quality and accessibility of health care delivery.

2005-2010: **Physician Assistant**, Hill Top Research, Inc., Scottsdale, Arizona involved in medical duties surrounding product research. (Part-time) Supervisor: Eric Ralph Erlbaum M.D.

1995-2014: **Physician Assistant**, Arizona Asthma & Allergy Institute, Scottsdale, AZ. Supervisors: William Morgan M.D. & Levente E. Erdos M.D (Part-Time).

1995-2004: **Physician Assistant**, Occupational Assessments & Services (OAS). Phoenix, AZ, Provide both state and international occupational medical coverage (IRIDIUM Launch Team for Russia, China, and Kazakhstan).

1995-2004: **Physician Assistant**, Emergency Center, Phoenix Indian Medical Center, Phoenix, AZ.

1994-1998: **Physician Assistant**, CIGNA HealthCare Urgent Care Center, Glendale, Arizona.

1996-1998: **Physician Assistant**, Desert Urgent Care, Peter G. Frank MD, Phoenix, AZ, Occupational Medicine, and Urgent Care. 8/96-6/98.

1994-1995: **PA Educator**, Wichita State University Physician Assistant Program, Wichita, Kansas.

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1993-1994: **Physician Assistant**, CIGNA HealthCare of Arizona, Phoenix, AZ.

1992-1998: **Physician Assistant and Vice-President**, HealthCare Associates, Inc., Phoenix, AZ. Worked in multiple emergency centers/urgent cares in the greater Phoenix area.

1989-1992: **Physician Assistant**, Family Medicine. United States Air Force, Luke AFB, Arizona, Rank: Major.

1984-1989: **Physician Assistant** Employee Health and Administrative Director, Samaritan Health Services, Department of Health & Environmental Systems, Phoenix, AZ. Supervisor: Al Moore M.D.

1984: **Physician Assistant** Family Medicine, Health Maintenance Associates, CIGNA Health Plan, Phoenix, AZ.

1982-1984: **Physician Assistant** Family Medicine, Maricopa Community Medicine Associates, Phoenix, AZ.

1981-1982: **Physician Assistant** Family Medicine, Rainbow Health Services, Globe, Arizona. Supervisor: Leslie Hanson D.O. 3/81-5/82.

1980-1981: **Physician Assistant**, Cardiology Arizona Heart Institute, Phoenix, AZ. Supervisor: Edward Dietrich M.D. 2/80-1/81.

1979-1980: **Physician Assistant**, Family Medicine INA Health plan, Phoenix, AZ. 8/79-2/80.

1974-1979: **Physician Assistant** Family Medicine, Kearns Medical Center, Kearns, Utah. Supervisor: Burton F. Brasher M.D. 9/74-8/79.

### **ADDITIONAL EDUCATION**

2018: Certificate Independent Applying the QM Rubric (APPQMR), Quality Matters.

2028: Completed PUBH 5000, Introduction to Public Health, College of Graduate Health Studies.

2017: Certificate, Advanced Online Teaching Certificate, The Online Learning Consortium.

### **PROFESSIONAL APPOINTMENTS/SERVICE**

#### **Accreditation Review Commission-PA (ARC-PA)**

- Post-Professional PA Doctorate Accreditation Task Force, 2024-Present

#### **Arizona Regulatory Board of Physician Assistants (ARBoPA)**

- 2014-2022: Appointed by Governor Brewer for four-year term.
  - Board Vice-Chair 2019-20.
- 2005-2009: Appointed by Governor Napolitano for four-year term.

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- 2001-2005: Appointed by Governor Hull for four-year term
  - Board Chairman 2002-2004.
- 1986-1990: Appointed by Governor Babbitt for four-year term (formerly known as JBORPA).

### **American Academy of Physician Assistants (AAPA) Member 1976-Present**

- Member AAPA Doctoral Commission-Advisory Committee 2025-Present
- Member Huddle Steering Committee 2016-2017
- Member AAPA Research Steering Committee, 2010.
- Member, Professional Practice Council 1993-1996.
- Member, Task Force on Recertification 1990-91
- Member, Nominating Committee 1989-90.
- Chairman, Nominating committee 1988-89.
- Member, Task Force on Organizational Efficiency 1987-88.
- 1st Vice-Speaker, House of Delegates 1987-88.
- 2nd Vice-Speaker House of Delegates 1986-87.
- Secretary, House of Delegates 1985-86.
- Chairman, Professional Practice Committee 1983-84.
- Chairman, Nominating Committee 1981-83.
- Member, Board of Directors 1979-81.
- Chairman, Public Education Committee 1977-79.

### **Physician Assistant Foundation (PAF)**

- Brietman-Dorn Sub-Committee, 2018
- Member, Nominating Committee 2017-2024.
- Brietman-Dorn Sub-Committee, 2003-2009.

### **Utah Academy of Physician Assistants (UAPA)**

- Member since 1976
- Chair, Snowbird CME Committee 1978-79.
- President, 1977-78.
- Founding Member & Vice-President, 1976-77

### **Michigan Academy of Physician Assistants**

- Member 2021-Present

### **Idaho Academy of Physician Assistants**

- Member 2010-Present

### **Arizona State Association of Physician Assistants (ASAPA)**

- Chair, Past President's Advisory Board 2016-2020.
- Delegate to AAPA HOD, 2015-16.
- Chief Delegate to AAPA HOD, 2014-15
- Member, LLA Committee, 2012-2014.
- Chairman, Legislative & legal Affairs, 1989-90, 2010-2012.
- Chairman CME Committee 1990-91.

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- Co-Chairman, Legislative & Legal Affairs, 1997-98.
- Member, Board of Directors 1979-80, 2009-2010.
- President 1982-83, 1985-86, 1993-94.
- Editor, ASAPA Newsletter 1984-85, 1988-89.

### **National Commission on the Certification of Physician Assistants (NCCPA)**

- Chair, Workgroup on Specialty Issues 2008-09.
- Chair, Nominating Committee 2008, 2009.
- Chair, Task Force on International Testing & Certification 2008-2009.
- Chair, Task Force on International Testing & Certification 2008-2009.
- Chairman 2007, Executive Committee Chair 2007, Immediate Past-Chair 2008.
- Chairman, Test Development & Research Committee 2004-2006.
- NCCPA Commissioner 1997-2009.
- Vice-President 2000-2001.
- Member, Finance Committee, 1998-99, 2002-2003.
- Member, Eligibility & Due process Committee, 1998-2001, 2002-2009.
- Chairman, Complaints & Appeals Panel, 1998-2001.
- Member, PANRE Test Writing Committee 1994-1999.

### **Physician Assistant Education Association (PAEA)**

- Doctoral Degree Membership Task Force, 2024-Present
- Pulse of the Profession Panel, Two Year Appointment (informal focus group for the Association to gain valuable insights on issues important to PAEA; 2013-2014.
- PAEA Doctoral Education Advisory Work Group, 2025-Present

### **Veteran's Caucus of the American Academy of Physician Assistants**

- Member since 1989- Lifetime Member
- President 1989-90
- Director 1993-01

### **Physician Assistant History Society**

- Trustee January 2024-Present
- Finance Committee 2024-Present
- Regionalization Work Group, 2024-Present
- Marketing Committee, 2024-Present

### **Consortium of DMS/DMSc Programs**

- Founder and Chair, 2022-2024
- Immediate Past Chair-2024-2025

### **Association of PAs in Legal Medicine (APALM)**

- Member since 2025
- Board of Directors 2025-Present

<b>HONORS &amp; AWARDS</b>
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**Peer Corps Recognition Service Award** for ten years of service. April 2024 by the Higher Learning Commission

**Doctor of Humane Letters (DHL)**, honorary degree awarded by Nova Southeastern University, August 19, 2022, during Dr. Pallavi Patel College of Health Sciences commencement.  
[https://cdnapisec.kaltura.com/html5/html5lib/v2.97/mwEmbedFrame.php/p/1971581/uiconf\\_id/50750382/entry\\_id/1\\_js9mfs8p?wid=\\_1971581&iframeembed=true&playerId=kaltura\\_player\\_1661261910&entry\\_id=1\\_js9mfs8p&aiid=12167](https://cdnapisec.kaltura.com/html5/html5lib/v2.97/mwEmbedFrame.php/p/1971581/uiconf_id/50750382/entry_id/1_js9mfs8p?wid=_1971581&iframeembed=true&playerId=kaltura_player_1661261910&entry_id=1_js9mfs8p&aiid=12167)

**2019 Award of Excellence** from the USA-Karate Arizona ASO in appreciation for medical support provided to the 501.c3 organization.

**Honored by the Veterans Heritage Project** on March 31, 2019, with a Chapter in their Volume XV entitled Veterans Heritage Project: Since You asked. Phoenix I edition.

**Award of Excellence** from the USA-Karate Arizona ASO (2017) in appreciation for medical support provided to the 501.c3 organization.

**Honorary Membership** in the Arizona School of Health Sciences Alumni Board in recognition of exemplary service, leadership, and support of the A.T. Still University-ASHS 2017.

**PA Spotlight.** Listed as top 50 PAs in the United States by Certified Medical Educators at <http://www.certifiedmedicaleducators.com/2017/01/certmeded-pa-spotlight-randy/>

**PA-C Emeritus awarded** 2016. Original certification by the National Commission on the Certification of Physician Assistants (NCCPA), Initial certification in 1975. Number 750392 (new Number 1000337).

**Eugene A. Stead Jr. Award of Achievement** from the American Academy of Physician Assistants (AAPA) on 5/23/15. This is the highest award given by the Academy and honors lifetime achievement that has had a broad and significant impact on the PA profession.

**Award of Appreciation, 2012:** Presented by Logan University (St. Louis, Mo.) for “grateful appreciation and recognition of your devotion and commitment to excellence in education and integrated healthcare.

**Patron of the Profession,** Presented by the University of Utah Physician Assistant Program, Department of Family & Preventive Medicine, College of Medicine on August 3, 2012, for “unwavering dedication and service to the physician assistant profession.”

**Outstanding PA of the Year** (2011), Arizona State Association of Physician Assistants (ASAPA), presented by ASAPA Board of Directors on 3/9/12.

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**HealthCare Heroes:** 2010 Finalist. Health Care Education Category. Phoenix Business Journal.

**George Windsor Award** (2009) presented by the A.T. Still University Board of Trustees for “the characteristics of fairness, loyalty, intelligence, and service to ATSU”.

**Distinguished Fellow** awarded by the American Academy of Physician Assistants 2008.

**Hall of Fame**, Soda Springs High School, awarded by the Soda Springs High School Educational Foundation.

**Civilian Physician Assistant of the Year**, Veterans Caucus of the American Academy of Physician Assistants.

**Brietman-Dorn Research Fellowship Award**, PA Foundation.

**Outstanding PA of the Year**, American Academy of Physician Assistants (AAPA) 1993.

**House of Delegates Outstanding Service Award**, American Academy of Physician Assistants (AAPA).

<b>MILITARY</b>
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5/30/98: Retired after 28 years with the United States Air Force and the Army National Guard with the rank of Lieutenant Colonel. Desert Storm Veteran. 5/30/98.

1989-1992: Physician Assistant Family Practice, United States Air Force, Luke AFB, AZ. PA Consultant to Command Surgeon 1 Sep 91-30 Sep 92

1995-1998: Physician Assistant. Arizona Army National Guard, Glendale, AZ. 1/95-5/98.

1994-1995: Physician Assistant. Kansas Army National Guard, Topeka, KS. 4/94-12/94.

- Graduated AMEDD Reserve Officers Advanced Course, Academy of Health Sciences. US Army. July 21, 1995.

1992-1994: Physician Assistant. Arizona Army National Guard, Glendale, AZ. 10/92-3/94.

1989-1992: Physician Assistant. United States Air Force, Luke AFB, AZ. 9/89-9/92.

1979-1989: Physician Assistant. Arizona Army National Guard, Glendale, AZ. 7/79-8/89.

- Graduate AMEDD Basic Course. Academy of Health Sciences. US Army. March 1986.

1974-1979: Physician Assistant. Utah Army National Guard, Salt Lake City, UT. 10/74-6/30/79.

- Graduate Utah Military Academy, September 21, 1976.



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1973-1974: Medical Corpsman. United States Air National Guard, Salt Lake City, UT. 9/73-9/74.

1970-1973: Medical Corpsman. United States Air Force, Luke AFB, AZ. 11/70-8/73.

➤ Awards & Decorations

- Army Service Ribbon with 2 clusters.
- Air Force Training Ribbon.
- Army NCO Professional Development Ribbon.
- Air Force Longevity Service Award Ribbon.
- Army Reserve Component Overseas Training Ribbon.
- National Defense Service Medal with Cluster.
- Air Force Commendation Medal.

### PUBLICATIONS-Dissertation

**Danielsen, RD.** *Predication of Passing the Physician Assistant National Certifying Examination using a Comprehensive Summative Examination.* The Union Institute & University. 2003.

Annotation: This dissertation investigates the predictive value of a comprehensive summative evaluation (CSE) for Physician Assistant (PA) students' performance on the Physician Assistant National Certification Examination (PANCE). The study examined 150 PA students from two programs, analyzing correlations between CSE scores and PANCE results across multiple components: multiple-choice questions, standardized patient examinations, and SOAP note evaluations.

Key findings include:

- A statistically significant moderate relationship between CSE and PANCE scores ( $r=0.67$ )
- Multiple-choice questions were the strongest predictor of PANCE performance
- Demographic factors like age, gender, and school were also considered in the analysis

The research contributes to understanding assessment methods in PA education, suggesting that comprehensive evaluations can provide meaningful insights into students' potential performance on national certification exams. The study highlights the importance of multifaceted assessment approaches in medical education.

### PUBLICATIONS-Medical Journal Articles (Peer Reviewed) & Editorials

**Danielsen RD, Barney WW.** Hodgkin's Disease - Case and Point. *Physician Assistant & Health Practitioner.* December 1979:9-26.

Annotation: This comprehensive review article examines Hodgkin's disease, providing detailed coverage of its classification, etiology, symptoms, staging, complications, and treatment approaches. The authors present a case study of a 28-year-old male with cervical lymphadenopathy to illustrate the diagnostic process and management strategies. The article

emphasizes the importance of early detection and describes the Ann Arbor staging system, which is crucial for determining appropriate treatment protocols. Of particular value is the detailed staging diagram that visually demonstrates the progression of the disease and corresponding treatment options. The authors also discuss the critical role of physician assistants in early detection and ongoing patient care. The article includes extensive information about potential complications and differential diagnoses, making it a valuable resource for healthcare practitioners involved in diagnosing and treating Hodgkin's disease.

**Danielsen RD**, Gray CJ. The Febrile Child. PA 85. January/February 1985:24-26.

Annotation: This comprehensive clinical review examines the evaluation and management of fever in pediatric patients. The authors provide a systematic approach to understanding thermoregulatory mechanisms, measurement techniques, and evidence-based treatment strategies. Key contributions include detailed parent education guidelines, specific temperature thresholds for medical intervention ( $>40^{\circ}\text{C}/104^{\circ}\text{F}$ ), and age-based antipyretic dosing recommendations. The article emphasizes that fever height alone should not determine illness severity and highlights the importance of thorough physical examination. The inclusion of a patient education handout enhances the article's practical utility for primary care providers. While some treatment recommendations, particularly regarding aspirin use, are now outdated, the fundamental principles of fever pathophysiology and assessment remain relevant to contemporary practice.

**Danielsen RD**, Ilka R. AIDS Exposure in Health Care Workers. Physician Assistant. 1986;10(5):37-44.

Annotation: This article examines the occupational risks and management protocols for healthcare workers exposed to HIV/AIDS in the mid-1980s. The authors present a comprehensive overview of the Samaritan Health Services' approach to AIDS exposure prevention and management, including detailed safety precautions, exposure protocols, and follow-up procedures. Drawing from CDC guidelines and early case studies of occupational transmission, the paper outlines specific protocols for blood and body fluid exposure, emphasizing the parallels between HIV and hepatitis B prevention strategies. The authors provide valuable historical context for understanding early institutional responses to AIDS in healthcare settings, though some recommendations have been superseded by modern protocols. The article's primary strength lies in its systematic presentation of one institution's pioneering approach to protecting healthcare workers while maintaining quality patient care during the early AIDS crisis.

**Danielsen RD**. Teenage Behavioral Problems: Identifying Troubled Adolescents. Clinician Reviews. 1995;5(5):55-86.

Annotation: This comprehensive review article examines the major behavioral disorders affecting adolescents, including conduct disorder, oppositional defiant disorder (ODD), attention-deficit hyperactivity disorder (ADHD), and mood disorders. Danielsen provides detailed diagnostic criteria, epidemiological data, and treatment approaches for each condition, while emphasizing the importance of early identification and intervention. The article includes

practical assessment tools for healthcare providers and parents, such as behavioral checklists and warning signs of suicide risk. Notable strengths include its thorough discussion of the relationship between juvenile delinquency and substance abuse, and its inclusion of valuable resources for families seeking support. The author effectively combines clinical guidelines with real-world case examples, making it a valuable resource for both healthcare providers and families dealing with troubled adolescents.

**Danielsen RD**, Dalton L. Resisting Rape: Risks and Effectiveness. *Physician Assistant*. 1995;19(11):104-108.

Annotation: This article examines the outcomes and risks associated with different resistance strategies during sexual assault. The authors analyze data from the National Crime Survey and other studies to demonstrate that while any form of resistance (forceful or nonforceful) reduces the likelihood of completed rape by approximately 80%, it also increases the risk of additional physical injury. The research highlights how martial arts training can serve as an effective preventive measure by building both physical capabilities and psychological resilience through increased self-confidence, assertiveness, and situational awareness. The authors also discuss cultural factors that may influence victimization risk and provide contact information for women's self-defense organizations. This evidence-based analysis provides healthcare providers with important insights for counseling patients about sexual assault prevention and resistance strategies.

**Danielsen RD**. Karate injuries: origins and prevention. *Clinician Reviews*. 1996;6(5):95-113.

Annotation: In this comprehensive review, Danielsen examines the biomechanics, epidemiology, and prevention of karate-related injuries. The article provides detailed analysis of injury patterns across different anatomical sites, with particular focus on head, visceral, and extremity injuries. Drawing from multiple studies and clinical observations, the author presents evidence that while karate has an injury rate of approximately 47.46/1,000 athletic exposures, most injuries are minor and preventable. The work is particularly valuable for primary care practitioners and sports medicine clinicians, offering specific guidance on injury assessment, treatment protocols, and prevention strategies. Notably, the author addresses both traditional and full-contact karate variations, gender-specific considerations, and proposes comprehensive safety guidelines. This article serves as an important resource for healthcare providers who treat martial arts participants, combining technical expertise with practical clinical applications.

**Danielsen RD**, Condit D, Potenza A II. The PA as an expert witness. *JAAPA*. 1997;10(5):87-94,96,98,100.

Annotation: This comprehensive article examines the role of physician assistants as expert witnesses in medical malpractice cases. The authors provide detailed guidelines for PAs serving as expert witnesses, including requirements for qualifications, proper courtroom behavior, and ethical considerations. The article includes valuable data on malpractice reports from the National Practitioner Data Bank and outlines six key guidelines for expert testimony. A practical checklist for testimony preparation is provided, along with essential definitions of legal terms commonly used in malpractice proceedings. The authors emphasize the importance of

objectivity, professional credibility, and thorough case preparation. This resource serves as a fundamental guide for PAs who may be called upon to provide expert testimony, offering both theoretical framework and practical advice for maintaining professional standards in legal proceedings.

**Danielsen RD.** Adolescent Violence in America: What's Behind the Current Epidemic? Clinician Reviews. 1998;8(5):167-184.

Annotation: This comprehensive review examines the escalating crisis of adolescent violence in America during the 1990s, analyzing key statistics, risk factors, and potential solutions. Danielsen presents compelling data showing that youth homicide rates in the US far exceed other developed nations, with detailed discussion of factors like firearm access, gang activity, and school-based violence. The article emphasizes the critical role of healthcare providers, particularly physician assistants and nurse practitioners, in violence prevention through early intervention and risk assessment. It provides practical guidance for clinicians on evaluating at-risk youth and implementing evidence-based prevention strategies. The author effectively synthesizes research from multiple disciplines to argue for a collaborative, public health approach to addressing youth violence, making this a valuable resource for healthcare providers working with adolescent populations.

**Danielsen R, Davis RE, Combs GE.** Computerized Testing: Uses and Pitfalls. Perspective on Physician Assistant Education. 1998;9(3):152-155.

Annotation: This article examines the emergence and implementation of computer-based testing (CBT) in physician assistant education programs during the late 1990s. The authors present a comprehensive analysis of CBT's advantages, including graphics capability, instant results, and enhanced security features, while also discussing key challenges such as server problems, computer phobia, and faculty training needs. Drawing from studies at multiple medical institutions, including the University of Florida and University of Otago Medical School, the article provides evidence that CBT performance is comparable to traditional paper-based testing when proper support and training are provided. The authors also evaluate different types of CBT software available at the time and provide a detailed checklist for programs considering CBT implementation. While some technical aspects are now dated, the fundamental considerations for implementing computerized testing in medical education remain relevant.

**Danielsen RD, Cassidy BA.** Dos and Don'ts for D.O.s Who Supervise PAs. AOMA Digest. Winter 1999:14-15,30.

Annotation: This article explores best practices for osteopathic physicians (D.O.s) supervising physician assistants (PAs). The authors present comprehensive guidelines addressing the growing integration of PAs in osteopathic medical practices, including specific recommendations for establishing effective supervisory relationships. Key topics covered include PA education requirements, scope of practice limitations, certification requirements, and practical supervision tips. The article provides valuable insights into the PA-physician relationship, emphasizing mutual trust and respect while outlining both recommended practices ("Dos") and actions to avoid ("Don'ts"). Published statistical data from 1998 demonstrates the increasing presence of

PAs in healthcare settings, with information about employment trends and regulatory requirements specific to Arizona. This resource serves as a practical guide for D.O.s working with PAs in various medical settings.

**Danielsen RD.** Adolescent violence is not going away. *Clinician Reviews*. 1999;9(6):23-24,27.

Annotation: This editorial examines the growing crisis of school violence in the late 1990s, framed by the author's personal experience finding his daughter had stolen a handgun for "protection." Danielsen analyzes troubling statistics about weapons in schools, noting that while overall youth violence rates had decreased, the severity of violent incidents had intensified. The piece emphasizes the multidimensional nature of school violence, calling for comprehensive solutions involving government legislation, healthcare prevention, school security, and community support. The editorial effectively combines personal narrative, statistical evidence, and policy recommendations to address this critical public health issue.

**Danielsen RD.** Anatomy of a learner-centered course syllabus. *Perspective on Physician Assistant Education*. 2000;11(3):179-180.

Annotation: Danielsen discusses the importance and components of a learner-centered syllabus in physician assistant education. The article outlines 14 essential elements of an effective syllabus, including course title, introduction, instructor information, content overview, evaluation procedures, and policies. The author emphasizes that a well-designed syllabus serves as a critical point of interaction between instructors and students, addressing common student questions and reducing unnecessary instructional problems. Danielsen argues that a comprehensive learner-centered syllabus particularly benefits PA students by helping them manage time effectively within an accelerated medical curriculum. The article concludes by noting that syllabus development should be viewed as an ongoing quality improvement process rather than a one-time task. This resource is valuable for PA educators seeking to improve their course documentation and student learning outcomes through effective syllabus design.

**Danielsen RD, Davis RE.** Using a Student Test Review Committee in a Physician Assistant Program. *Perspective on Physician Assistant Education*. 2001;12(1):39-41.

Annotation: This article describes the implementation and effectiveness of Student Test Review Committees (STRC) in two physician assistant programs to improve exam quality and student satisfaction. The authors detail the structure and process of the STRC, which consists of five first-year PA students who review high-miss and questionable exam items within 48 hours of test administration. The committee follows a comprehensive checklist for evaluating multiple-choice questions and provides recommendations to faculty. Over five years, the STRC approach demonstrated several benefits, including increased student engagement in the testing process, improved faculty test item development, and enhanced perceived fairness of examinations. However, challenges included student resignations when recommendations were not accepted and reluctance from some adjunct faculty to participate. The article provides a practical framework for PA programs seeking to improve their testing processes through structured student feedback mechanisms.

**Danielsen R**, Grumbach C. A 54-Year-Old African American Male with Hypertension: A Case Presentation. *Therapeutic Spotlight*. 2003;12-17.

Annotation: This case presentation examines the clinical management of hypertension in a 54-year-old African American male police officer with family history of hypertension and diabetes. The authors provide a comprehensive discussion of assessment strategies, treatment considerations specific to African American patients, and the importance of lifestyle modifications. The article emphasizes evidence-based approaches to hypertension management, including the role of calcium channel blockers and ACE inhibitors in this population. Of particular value are the detailed recommendations for patient education and compliance strategies, which are crucial for successful long-term treatment outcomes. The discussion also addresses concurrent conditions including type 2 diabetes and dyslipidemia, providing a holistic approach to cardiovascular risk management. This case presentation serves as an excellent resource for healthcare providers managing hypertension in African American patients, with practical insights into both pharmacological and lifestyle interventions.

**Danielsen R**, Croll J, Cannon JD. Educating American Indian Physician Assistant Students via Interactive Video: A Two-Year Experience. *Perspective on Physician Assistant Education*. 2003;14(3):168-173.

Annotation: This article examines the development and implementation of a distance education program for American Indian physician assistant students at the Arizona School of Health Sciences. The authors analyze key barriers including recruitment challenges, cultural learning style differences, technology limitations with interactive video delivery, and retention issues. The study found that while American Indian students entered with lower GPAs and GRE scores, their academic performance paralleled traditional students over time. Critical success factors identified include providing culturally sensitive instruction, offering strong technical support, maintaining on-site faculty presence, and incorporating traditional learning approaches. The authors present valuable recommendations for similar programs, including implementing pre-matriculation support, enhancing faculty cultural competency, and improving distance learning technology integration. This work provides important insights for developing effective educational programs for underrepresented minorities in healthcare professions.

**Danielsen RD**, Simon AF, Pavlick R. The Culture of Cheating: From the Classroom to the Exam Room. *J Physician Assist Educ*. 2006;17(1):23-29.

Annotation: This comprehensive article examines the prevalence and implications of academic dishonesty in medical education, with particular focus on physician assistant programs. The authors analyze various aspects of cheating, including historical context, current trends, and both low-tech and high-tech methods used by students. They present compelling statistics showing significant rates of cheating among medical and healthcare students, with studies indicating between 22-58% of medical students admitting to academic dishonesty. The article identifies four key motivating factors for cheating: new pressures, temptation, bigger rewards, and trickle-down corruption. Most valuable are the detailed preventive strategies proposed, including specific examination development protocols, security measures, and policy implementations. The authors provide practical tools like sample academic conduct codes and syllabus elements that

institutions can adapt. Their emphasis on creating a "culture of integrity" through collective responsibility among students, faculty, and administration offers a holistic approach to addressing this critical issue in healthcare education.

**Danielsen R**, Dillenberg J, Bay C. Oral Health Competencies for Physician Assistants and Nurse Practitioners. *J Physician Assist Educ.* 2006;17(4):12-16.

Annotation: This research study explores physician assistants' (PAs) and nurse practitioners' (NPs) perspectives on oral health competencies and their self-perceived skill levels in performing these competencies. Through an online survey of 233 respondents (106 PAs and 127 NPs), the study found that while 82% of respondents agreed PAs and NPs should possess specific oral health competencies, only 40.3% felt competent in these areas. The research highlights a significant gap between the perceived importance of oral health skills and actual competency levels among PAs and NPs, suggesting a need for enhanced oral health education in PA and NP training programs. The study provides valuable insights into the integration of oral health competencies in primary care practice and identifies specific areas where additional training is needed.

**Danielsen RD**, Simon AF, Wendel OT, Bay C. A Descriptive Study of Physician Assistant Faculty Benefits. *J Physician Assist Educ.* 2007;18(1):16-21.

Annotation: This descriptive study examined benefits packages offered to physician assistant (PA) faculty across accredited PA programs in the United States. Through an online survey of 136 program directors (65% response rate), the researchers found that most institutions provide comprehensive benefits including health insurance (98%), dental insurance (93%), retirement plans (95%), and continuing medical education support (97%). The study revealed that 90% of programs allow clinical release time, with 76% of faculty keeping the income from clinical work. While faculty salaries generally lag behind clinical PA salaries, the authors argue that robust benefits packages may help with faculty retention and satisfaction. The research provides valuable benchmark data for PA program administrators to evaluate and develop competitive benefits packages, though the authors note that further research is needed to assess faculty perceptions of these benefits. The study's strengths include its strong response rate and comprehensive examination of various benefit categories, while its limitations include relying solely on program director responses rather than faculty perspectives.

**Danielsen RD**, Cawley JF. Compassion and Integrity in Health Professions Education. *Internet J Allied Health Sci Pract.* 2007;5(2).

Annotation: This comprehensive review article examines the critical role of compassion and integrity in health professions education, focusing on how these essential professional attributes can be taught, measured, and assessed. The authors analyze three key stages for evaluating these qualities: student selection, educational process, and graduation standards. They present evidence that unprofessional behavior during training correlates with future disciplinary actions by medical boards. The paper highlights the effectiveness of faculty modeling in teaching professionalism and discusses specific assessment tools, including emotional intelligence measurements. The authors conclude that while challenging to measure, these attributes can be

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systematically evaluated and developed through structured educational approaches. Their findings emphasize the importance of incorporating explicit professional behavior standards into health professions curricula.

**Danielsen RD**, Maharam LG, Sauers EL. Marathon medicine: keeping our endurance athletes safe. *Clinician Reviews*. 2010;20(5):1-7.

Annotation: This peer-reviewed article comprehensively examines four major life-threatening medical conditions commonly encountered during marathons: exercise-associated collapse (EAC), exertional heat stroke (EHS), dehydration, and hyponatremia. The authors, who have extensive experience in marathon medical coverage, provide detailed clinical presentations, diagnostic criteria, and evidence-based management protocols for each condition. The article emphasizes the importance of proper pre-race planning, strategic placement of medical teams, and clear communication protocols. It includes practical recommendations for prevention and on-site management, supported by current research and expert guidelines from organizations like the International Marathon Medical Directors Association. The authors present real case scenarios to illustrate key clinical points and include detailed tables summarizing signs, symptoms, and treatment approaches. This resource serves as a valuable reference for healthcare providers involved in marathon medical coverage, particularly addressing the growing need for qualified medical personnel as marathon participation increases.

**Danielsen RD**. A Medical Catch-22. *Clinician Reviews*. 2010;20(9):13-14.

Annotation: This editorial examines a case study highlighting systemic failures in mental healthcare through the story of "Stacey," a woman with severe mental illness. The author illustrates how fragmented care, insufficient long-term psychiatric facilities, and financial constraints create a "catch-22" that prevents adequate treatment. The piece addresses critical issues including treatment non-compliance, anosognosia, and the societal costs of untreated mental illness, emphasizing the need for coordinated, well-funded mental healthcare solutions.

**Danielsen RD**. Preserving a "lost art." *Clinician Reviews*. 2010;20(11):14-16.

Annotation: This editorial addresses concerns about the declining emphasis on physical examination skills in medical practice, arguing against over-reliance on diagnostic technology. The author uses personal experience and expert perspectives, particularly citing Abraham Verghese's Stanford 25 initiative, to advocate for preserving hands-on examination as an essential clinical tool. The piece emphasizes physical examination's dual role in diagnosis and patient-clinician rapport.

**Danielsen RD**. The PA name game. *Clinician Reviews*. 2011;21(9):1,3-6.

Annotation: This editorial discusses the ongoing debate about changing the professional title "physician assistant" to "physician associate." The author, initially skeptical, argues for the change based on four "Laws of Nature": perception, focus, exclusivity, and unintended consequences. Danielsen contends that "assistant" misrepresents the profession's current scope and relationships with physicians, while "associate" better reflects the profession's evolution and



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role in healthcare delivery. The piece provides historical context and addresses potential implementation challenges, particularly regarding legislative and organizational support.

**Danielsen RD.** Puff the magic dragon. *Clinician Reviews*. 2011;21(3):C2,4-7.

Annotation: This commentary examines Arizona's 2010 medical marijuana law and the broader debate surrounding medical cannabis legalization. Danielsen analyzes key perspectives from medical organizations, political figures, and researchers, highlighting the tension between patient access and public health concerns. The piece explores the unique nature of marijuana's approval through voter initiatives rather than traditional pharmaceutical regulatory pathways, while emphasizing the need for more rigorous clinical research to evaluate its medical efficacy.

**Danielsen R.** 2025: a health odyssey. *Clinician Reviews*. 2012;22(3):22-28.

Annotation: This article explores predictions for healthcare delivery in 2025, focusing on technological advances, changes in healthcare workforce composition, and shifts in care delivery models. The author envisions integrated electronic health records, automated patient screening, team-based care approaches, and expanded roles for nurse practitioners and physician assistants. Key predictions include increases in life expectancy, prevention-focused medicine, and regenerative medical treatments. While speculative, the article provides insight into potential healthcare system evolution based on 2012 trends and developments.

**Danielsen RD.** Afraid or a fraud. *Clinician Reviews*. 2012;22(9):1-2.

Annotation: This editorial discusses Medicare fraud cases involving PAs and NPs, highlighting recent examples and providing strategies to avoid fraudulent billing practices. The author emphasizes maintaining ethical standards while navigating complex billing regulations. Key preventive measures include proper documentation, understanding coding systems, and implementing compliance programs. Though fraud cases are rare, clinicians must stay informed about billing requirements to protect their careers and maintain integrity in healthcare delivery.

**Danielsen RD.** Team care: fact or fiction? *Clinician Reviews*. 2012;22(7):1,4.

Annotation: This editorial examines the reality of interprofessional healthcare teams, using the example of a successful physician-PA partnership to explore broader questions about team-based care. Danielsen analyzes key success factors including shared priorities, effective communication, and mutual trust, while acknowledging challenges like "diluted" responsibility and increased time demands. The piece emphasizes that effective teamwork requires intentional effort and structured support beginning in professional education.

**Danielsen RD.** Thank you for your service! *Clinician Reviews*. 2012;22(5):1,6-7.

Annotation: This editorial reflects on military service and veteran recognition, using the author's personal experience as a Desert Storm veteran to examine societal expressions of gratitude toward service members. Danielsen shares poignant observations of veterans' responses to civilian appreciation, including an elderly Marine's determined salute during a VFW ceremony.

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The piece highlights the vital roles of veterans' organizations like the American Legion and VFW in advocacy and support, while emphasizing the importance of acknowledging all service members' sacrifices.

The personal narrative effectively communicates the complex emotions veterans may feel when receiving civilian gratitude and underscores the ongoing need to support both active-duty personnel and veterans through established organizations and personal recognition.

**Danielsen RD.** Advice from a clinician patient. *Clinician Reviews*. 2013;23(1):1-3.

Annotation: This editorial explores the unique challenges and perspectives of healthcare providers who become patients. The author, a PA educator, provides eight key recommendations for clinicians treating fellow healthcare professionals, including: avoiding EHR distraction during patient encounters, gathering comprehensive occupational histories, appropriately calibrating communication to the clinician-patient's knowledge level while maintaining thorough explanations, ensuring medical record accessibility, engaging in shared decision-making, and maintaining compassionate care even when delivering serious diagnoses. The piece emphasizes that clinician-patients require the same emotional support and clear communication as any other patient, particularly when facing serious diagnoses.

**Danielsen RD.** I've been framed! *Clinician Reviews*. 2014;24(6):7-8.

Annotation: This editorial examines cognitive errors in medical diagnosis, focusing on the "framing effect" where diagnostic decisions are unduly influenced by contextual information. The author analyzes different types of diagnostic errors and provides practical strategies to avoid cognitive biases, using case examples to illustrate how framing can lead to misdiagnosis. The piece emphasizes the importance of reflective practice and metacognitive review in clinical decision-making.

**Danielsen RD.** Cruising with disaster. *Clinician Reviews*. 2014;24(8):9,12-13.

Annotation: This editorial examines medical care challenges aboard cruise ships, highlighting limitations of onboard medical facilities and potential health risks. The author provides practical insights about shipboard healthcare capabilities, insurance considerations, and emergency protocols, emphasizing the gap between passenger expectations and available medical services. The piece offers important preparedness guidance for healthcare providers and potential cruise travelers.

**Danielsen RD.** The complexities of competency. *Clinician Reviews*. 2014;24(12):6-8.

Annotation: This editorial examines the multifaceted nature of clinical competency assessment for PAs and NPs. The author analyzes various competency models, particularly Benner's novice-to-expert framework and Chuck's six levels of competency, while addressing the challenges of measuring both factual knowledge and its practical application. The piece proposes pragmatic approaches to competency assessment, including 360-degree feedback surveys, and suggests that competency should be viewed as a minimum standard with mastery as an ongoing journey.

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**Danielsen RD.** Swimming with sharks. *Clinician Reviews*. 2014;24(2):7-8.

Annotation: This editorial uses Diana Nyad's historic Cuba-to-Florida swim at age 64 as a metaphor for perseverance and lifelong achievement. Danielsen analyzes how Nyad's multiple attempts over 35 years, culminating in success despite widespread skepticism, demonstrates the value of persistence and resilience. The piece draws parallels to professional development, encouraging healthcare providers to remain determined in pursuing their goals regardless of obstacles.

**Danielsen RD.** Going for the gold. *Clinician Reviews*. 2015;25(2):6-8.

Annotation: This editorial commemorates the 50th anniversary of the NP and PA professions while outlining six key areas for future development: diversity in the workforce, improved data collection and policy planning, ethical practice maintenance, humanitarian service, appreciation of professional privilege, and continued organizational advocacy. The author analyzes current workforce demographics and challenges while emphasizing the need for both professions to maintain strong representation in healthcare policy discussions.

**Danielsen RD.** It's all about the spit! *Clinician Reviews*. 2015;25(4):4,6

Annotation: This editorial explores saliva's emerging role as a diagnostic tool in medicine. Danielsen discusses current research from Johns Hopkins' Center for Interdisciplinary Salivary Bioscience Research and examines saliva's potential for detecting various conditions including heart disease, diabetes, and autoimmune disorders. The piece also highlights technological innovations in saliva testing, particularly pH monitoring applications, while noting the advantages of saliva testing over traditional blood sampling.

**Danielsen RD.** To thine own health be true. *Clinician Reviews*. 2015;25(8):8-10

Annotation: This editorial shares the author's personal experience discovering serious cardiac blockages after reluctantly seeking medical care, using it to highlight how healthcare providers often neglect their own health. Danielsen outlines eight practical recommendations for clinician self-care, including mental health maintenance, proper sleep, exercise, and preventive care. The piece emphasizes that healthcare providers must overcome professional stigma and prioritize their own wellbeing to effectively care for others.

**Danielsen RD.** Defying gravity. *Clinician Reviews*. 2015;25(12):8-10.

Annotation: This editorial examines falls among older adults as a critical public health issue, presenting key statistics and risk factors while highlighting evidence-based prevention strategies. The author discusses A.T. Still University's successful fall prevention initiative and the CDC's guidelines for implementing community-based programs, emphasizing the need for proactive intervention given the significant mortality, morbidity, and healthcare costs associated with falls.

**Danielsen RD.** Online entry-level education: the jury is still out! *Clinician Reviews*. 2015;25(6):7-8.

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Annotation: This editorial examines the emergence of online entry-level education in healthcare professions, sparked by Yale University's announcement of an online PA program. The author explores the tensions between traditional and distance learning approaches, discussing concerns about clinical skills development while acknowledging potential benefits for improving healthcare access in underserved areas. The piece balances skepticism with recognition of evolving educational paradigms and technological capabilities in health professions education.

**Danielsen RD.** Bridge the Gap Between School and the ED: An approach to measuring competency in APPs. *ACEP Now*. 2015;34(2):10-11.

Annotation: Danielsen examines the complex issue of measuring clinical competency in advanced practice providers (APPs) within emergency medicine departments. The article explores Patricia Benner's novice-to-expert model as a framework for evaluating APP competency across five levels: novice, advanced beginner, competent, proficient, and expert. The author emphasizes that competency is not simply a measure of time but rather the achievement of specific skill sets, suggesting that even new graduates can see patients with appropriate supervision. The piece provides practical recommendations for emergency departments, including the use of 360-degree surveys for ongoing competency assessment and outlines five key success factors for APP/physician relationships. Particularly valuable for ED administrators and medical directors, this article offers a structured approach to evaluating and developing APP competency while acknowledging that mastery extends beyond basic competence through continued education and clinical experience.

**Danielsen RD.** Terrorist activity: are you ready? *Clinician Reviews*. 2016;26(8):14-15,20.

Annotation: This article addresses healthcare provider preparedness for terrorist incidents. It presents a comprehensive classification of terrorist threats and provides practical guidance for emergency response, including specific steps for personal safety and facility security. The author emphasizes the importance of awareness and preparation while offering evidence-based protocols for healthcare workers during terrorist-related emergencies.

**Danielsen RD.** The death of altruism, or can I get a preceptor, please? *Clinician Reviews*. 2016;26(4):10,13-14.

Annotation: This editorial examines the declining availability of clinical preceptors for PA and NP students, attributing it to multiple factors including productivity pressures, inadequate compensation, and diminishing professional altruism. The author analyzes barriers to precepting and proposes solutions such as nonfinancial incentives and improved student preparation, while emphasizing the need to balance modern healthcare demands with professional obligations to train future practitioners.

**Danielsen RD, Potenza AD II, Onieal ME.** Negotiating the professional contract. *Clinician Reviews*. 2016;26(12):28-33.

Annotation: This comprehensive article provides practical guidance for nurse practitioners (NPs) and physician assistants (PAs) on evaluating employment opportunities and negotiating

professional contracts. The authors outline key considerations including compensation packages, benefits, liability insurance, restrictive covenants, and termination terms. They emphasize the importance of thorough practice evaluation before negotiations and provide detailed checklists for assessing organizational culture, reimbursement structures, and practice expectations. The article highlights the "three P's" of negotiation - prepare, probe, and propose - and stresses the value of written agreements. A particularly useful feature is the inclusion of three detailed tables covering compensation considerations, practice assessment questions, and contract components. Written by experienced healthcare administrators and legal experts, this resource serves as a valuable reference for both new graduates and experienced clinicians seeking to navigate employment contracts effectively.

**Danielsen RD.** Mental health: a forgotten facet of primary care. *Clinician Reviews*. 2016;26(12):7,46.

Annotation: This editorial examines the persistent fragmentation between mental and physical healthcare systems despite increased behavioral health coverage under the ACA. The author discusses barriers to mental healthcare access, particularly in rural areas, and proposes solutions including enhanced psychiatric training for NPs and PAs. The piece emphasizes primary care's vital role in mental healthcare delivery while advocating for improved psychiatric education and reimbursement models.

**Danielsen RD.** PA recertification proposal: reform or reaction? *Clinician Reviews*. 2016;26(2):9-12.

Annotation: In this editorial, Danielsen evaluates the NCCPA's proposed changes to PA recertification, which would implement a two-component model: periodic take-at-home exams for core medical knowledge and proctored specialty exams. The author examines key issues including the relevance of current testing to specialty practice, the value of maintaining generalist credentials, and stakeholder concerns about the proposed changes. The piece provides critical analysis of how recertification should evolve to meet the needs of an increasingly specialized profession while maintaining quality standards.

**Danielsen RD, Wendel OT.** Who's on first: a look at workforce projections. *Clinician Reviews*. 2016;26(10):9-10,24.

Annotation: This editorial analyzes projected healthcare workforce shortages through 2025, focusing on the growing disparity between an aging patient population and available providers. The authors examine AAMC projections of physician shortages and discuss potential solutions, including expanding NP/PA roles. Key recommendations target multiple stakeholders: educators should enhance competency-based curricula, accreditors should streamline processes while maintaining quality, regulators should remove practice barriers, and policymakers should address residency funding. The piece effectively combines statistical evidence with practical policy solutions to address this critical healthcare challenge.

**Danielsen RD.** Vaping: are its "benefits" a lot of hot air? *Clinician Reviews*. 2016;26(6).

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Annotation: Though only the first page image is fully readable, this editorial appears to critically examine claims about vaping's purported benefits and safety. The image shows Danielsen questioning assumptions about e-cigarettes, suggesting the piece analyzes the evidence around vaping while addressing concerns about potential health impacts. Without access to the full text, detailed analysis of the editorial's complete content and conclusions cannot be provided.

**Danielsen RD.** Domo arigato, Mr. Roboto. *Clinician Reviews*. 2017;27(8):6-8.

Annotation: This editorial examines the potential role of artificial intelligence in healthcare delivery, particularly in mental health services. The author analyzes current AI applications in medical diagnostics and discusses a proposed hybrid AI/telehealth platform for mental health support. While acknowledging concerns about AI implementation, including privacy and depersonalization of care, the piece argues for AI's potential to improve healthcare access and outcomes, especially for patients facing logistical barriers to traditional care.

**Danielsen RD.** If you were surgeon general... *Clinician Reviews*. 2017;27(10):6-8.

Annotation: This editorial examines key public health priorities identified through a survey of PA and NP colleagues following Jerome Adams' appointment as Surgeon General. The author analyzes critical issues including substance abuse/opioid crisis, mental health access, oral health disparities, obesity, kidney disease, environmental threats, and healthcare accessibility. Using Malins' "The Ambulance Down in the Valley" poem as a framework, the piece emphasizes prevention over treatment in addressing these public health challenges.

**Danielsen RD.** The professional doctorate: what are we waiting for? *Clinician Reviews*. 2017;23(6):7-9.

Annotation: This editorial advocates for professional doctorate programs for physician assistants, comparing PA education with other healthcare professions' doctoral paths, particularly the DNP. The author examines the evolution of professional doctorates from traditional PhD programs and presents current options for PA doctoral education, arguing that advanced degrees are necessary for practitioners to address complex healthcare challenges and improve patient outcomes.

**Danielsen RD.** Dynamic duos: professional mentorship. *Clinician Reviews*. 2017;27(4):11-12.

Annotation: This editorial explores the essential role of professional mentorship in healthcare, drawing from personal experiences and historical examples. The author examines key characteristics of successful mentoring relationships, including generosity of spirit, commitment to mentee development, and authentic engagement. Through several case studies, the piece illustrates how effective mentorship can evolve over time and significantly impact professional development, while acknowledging that not all mentoring relationships succeed.

**Danielsen RD.** Putting the "PA" in "FPA". *Clinician Reviews*. 2017;27(2):12-14.

Annotation: This editorial examines the concept of full practice authority (FPA) for physician assistants, comparing and contrasting it with nurse practitioners' approach to practice autonomy.

Danielsen discusses key developments, including the VA's decision to grant FPA to advanced practice registered nurses and the AAPA's creation of a task force to explore eliminating physician supervision requirements. The piece analyzes potential impacts on PA-physician relationships and team-based care while highlighting state-level regulatory changes that reflect evolving practice models.

**Danielsen RD.** The professional doctorate: what are we waiting for? *Clinician Reviews*. 2017;27(6):7-9.

Annotation: This editorial examines the case for developing professional doctorate programs for physician assistants, comparing the PA profession's doctoral education landscape to other healthcare professions, particularly nursing's DNP degree. Danielsen contrasts traditional PhD programs with professional doctorates and details existing and emerging PA doctoral programs. The piece argues that such degrees are necessary to equip PAs with advanced skills for complex healthcare environments, citing benefits like improved patient outcomes and expanded leadership opportunities.

**Danielsen RD.** Keeping up with the ... clinicians? *Clinician Reviews*. 2017;27(12):9-10.

Annotation: This editorial examines the growing role of social media in healthcare, noting that 72% of US adults use social platforms and 60% of physicians favor patient interaction through these channels. Danielsen analyzes both benefits (improved patient communication, education) and risks (privacy concerns, legal implications) while highlighting emerging professional medical networks. The piece provides practical considerations for healthcare providers navigating social media use within regulatory frameworks like HIPAA.

**Danielsen RD.** Silent no more: harassment in the workplace. *Clinician Reviews*. 2018;27(2):6-7.

Annotation: This editorial addresses sexual harassment in healthcare settings, highlighting both its prevalence (over 50% of female healthcare workers report experiencing harassment) and underreporting. Danielsen outlines legal frameworks including Title VII and EEOC guidelines, while providing practical guidance for documenting and reporting incidents. The piece emphasizes the importance of zero-tolerance policies and encourages healthcare workers to break the culture of silence surrounding workplace harassment.

**Danielsen RD.** OTP: pipe dream, smoke screen, or the right thing? *Clinician Reviews*. 2018;28(7):11,14,45.

Annotation: In this editorial, Danielsen examines the American Academy of PAs' Optimal Team Practice (OTP) policy, which aims to eliminate requirements for formal physician agreements and establish separate PA regulatory boards. The author analyzes potential benefits and challenges, including educational implications, physician support, and state-level implementation progress. While acknowledging the need to adapt to changing healthcare environments, Danielsen expresses concern about strategic planning and stakeholder engagement in OTP's implementation.

**Danielsen RD**, Ortiz G, Symington S. Chronic urticaria: it's more than just antihistamines! *Clinician Reviews*. 2018;28(1):36-43.

Annotation: This peer-reviewed article provides a comprehensive overview of chronic urticaria for primary care providers, focusing on diagnosis, management, and appropriate referral criteria. The authors present evidence-based guidelines for a stepwise treatment approach, emphasizing that while antihistamines are the first-line therapy, more complex cases may require combination therapy or newer biological agents. The article details key diagnostic criteria distinguishing chronic urticaria from other conditions, includes clear tables outlining patient history components and medication dosing, and offers specific guidance on when to refer to specialists. The authors effectively address both pharmacologic and non-pharmacologic management strategies while highlighting the importance of patient education in managing this chronic condition. This resource serves as a practical clinical guide for healthcare providers treating patients with chronic urticaria in primary care settings.

**Danielsen RD**. Do you trust your employer? *Clinician Reviews*. 2018;28(4):6-8.

Annotation: This editorial examines organizational trust in healthcare settings, analyzing how lack of transparency, poor communication, and systematic staff reductions erode workplace confidence. The author explores three key dimensions of trust - competence, integrity, and dependability - while highlighting how low-trust environments create barriers to effective performance. The piece provides practical recommendations for leaders to build organizational trust through transparency, resource equity, and consistent communication.

**Danielsen RD**. The distracted clinician. *Clinician Reviews*. 2018;28(9):6-7.

Annotation: This editorial examines how electronic medical records and digital devices are impacting patient care, focusing on how technology distractions can compromise clinical interactions. Danielsen shares a personal experience of poor patient-provider engagement and discusses broader implications of "iPatient" care, including medical errors and clinician burnout. The piece concludes with practical suggestions for balancing technology use with patient-centered care using the POISED framework.

**Danielsen RD**. Working with parents to vaccinate children. *Clinician Reviews*. 2019;29(2):13e-14e.

Annotation: This editorial addresses healthcare providers' role in communicating with vaccine-hesitant parents amid rising measles outbreaks. Danielsen analyzes five categories of parental vaccine attitudes, from unquestioning acceptors to outright refusers, providing evidence-based strategies for engaging each group. The piece emphasizes building trust through respectful dialogue and evidence-based information rather than coercion, focusing on shared goals of child protection while acknowledging legitimate parental concerns about vaccine safety.

Cox CC, Hooper J, Cambre KM, Wolf TM, Jones A, **Danielsen R**. Scope of Health Promotion Programs for Physician Assistant Students. *Perspective on Physician Assistant Education*. 2001;12(1):13-16.



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Annotation: This study examined the prevalence and characteristics of health promotion programs across 110 accredited physician assistant (PA) programs in the United States through structured telephone interviews. The researchers found that only 10 (9.1%) of PA programs offered health promotion programs for their students, with most programs having no plans to implement such programs in the future. Among existing programs, while various health-promoting activities were offered, none achieved the highest intervention levels of behavior change and follow-up. The study highlights a significant gap in PA education, particularly given that PAs spend considerable time counseling patients on health promotion and disease prevention. The authors argue that implementing comprehensive health promotion programs in PA education could better prepare future PAs to both maintain their own well-being and effectively counsel patients on healthy lifestyle behaviors.

DeSimone ME, **Danielsen RD**. These lessons need to end [guest editorial]. *Clinician Reviews*. 2004;14(6):31-32.

Annotation: This joint guest editorial examines harmful myths and misconceptions perpetuated within NP and PA educational programs about each other's professions. The authors, representing both professions, call for ending negative stereotypes and encourage greater interprofessional collaboration in health professions education. They emphasize that both NPs and PAs provide vital, high-quality care and advocate for accurate representation of both professions by faculty members to support a more collaborative healthcare environment.

Elefteriou-Kokolis E, **Danielsen R**, Kokolis RN. Overlooked adenocarcinoma of the scalp. *JAAPA*. 2018;31(12):27-28. doi:10.1097/01.JAA.0000545067.78849.80

Annotation: This case report presents a rare diagnosis of primary apocrine adenocarcinoma of the scalp in a 66-year-old male patient with a 15-year history of a progressively growing scalp lesion. The authors detail the clinical presentation, diagnostic workup, and treatment considerations for this uncommon malignancy. The report emphasizes that while wide surgical excision with tumor-free margins of 1-2 cm is the standard treatment, alternative nonsurgical approaches including radiation therapy and topical chemotherapy may be considered for patients who refuse surgery. The authors highlight the importance of clinician awareness and education in detecting and accurately diagnosing this rare condition, which has an annual prevalence of only 0.0049 to 0.0173 cases per 100,000 persons. The case discussion includes valuable information about the embryologic origins, histological characteristics, and immunohistochemical features that help differentiate apocrine from eccrine adenocarcinomas.

Ewing H, Davis R, **Danielsen RD**, Sauers E, Reesal R. The History and Development of Doctor of Health Science (DHSc) Programs in the United States - Past, Present, and Future PART I - Past. *Internet J Allied Health Sci Pract*. 2024;22(4):1-10.

Annotation: This comprehensive article examines the historical development and evolution of Doctor of Health Science (DHSc) programs in the United States as part of a three-part series. The authors trace the origins of doctoral education from medieval Europe through the establishment of the first DHSc programs in America, contextualizing the emergence of professional doctorates as a response to changing workplace demands and healthcare needs. The

paper explores how the DHSc degree developed as an alternative to traditional PhD programs, offering an interprofessional doctorate specifically designed for healthcare practitioners seeking advanced leadership roles in clinical practice, education, or administration. Through detailed analysis of parallel developments in public health, education, and nursing doctorates, the authors demonstrate how the DHSc program evolved to bridge the gap between academic theory and practical workplace application. The article provides valuable insights into the foundational principles of DHSc programs and their role in preparing healthcare leaders who can integrate evidence-based practice with real-world healthcare delivery.

Ewing H, Davis R, **Danielsen RD**, Sauers E, Reesal R. The History and Development of Doctor of Health Science (DHSc) Programs in the United States - Past, Present, and Future PART II – Present – Comparing DHSc programs. *Internet J Allied Health Sci Pract.* 2024;22(4):Article 2.

Annotation: This comprehensive article examines the evolution and current state of Doctor of Health Science (DHSc) programs in the United States as of 2021. The authors analyze 16 DHSc programs, comparing their structures, admission requirements, and educational outcomes. The study reveals significant variations in program delivery, credit hours (42-70), and completion times (2-3+ years), while identifying common themes such as interprofessional focus and workplace application. Key findings include the distinction between DHSc and PhD programs, with DHSc emphasizing applied research and professional practice versus traditional academic research. The authors note the lack of specialized accreditation for DHSc programs, suggesting a need for field-specific oversight. This work provides valuable insights into the development of professional healthcare doctorates and their role in advancing clinical practice, education, and leadership.

Ewing H, Davis R, **Danielsen RD**, Sauers E, Reesal R. The History and Development of Doctor of Health Science (DHSc) Programs in the United States PART III – Future – Needs, foundational factors, and principles. *Internet J Allied Health Sci Pract.* 2024;22(4):1-8.

Annotation: This comprehensive article examines the future landscape of Doctor of Health Science (DHSc) programs in the United States, focusing on workplace demands, evolving student demographics, and educational delivery methods. The authors identify a significant shortage of doctorate-level health practitioners and educators, highlighting projections from the U.S. Bureau of Labor Statistics that indicate substantial growth in healthcare-related occupations through 2029. The study reveals a shift in student demographics toward more women and minorities pursuing terminal degrees, with particular emphasis on Millennial and Generation X learners who prefer flexible, online learning formats. The authors discuss the emergence of third-generation DHSc programs that emphasize workplace readiness and student-centered learning approaches. The article also addresses the impact of COVID-19 on higher education and introduces the role of the Association of Doctoral Programs in Health Sciences (ADPHS) in standardizing program quality. This work provides valuable insights for healthcare education administrators and policy makers planning future DHSc programs.

Glover JJ, Bundschu R, Caton L, **Danielsen R**, et al. End-of-life decisions: Marking out a place for PAs to stand. *JAAPA.* 1995;8(8):48-58.

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Annotation: This roundtable discussion, moderated by bioethicist Dr. Jacqueline Glover, explores the complex ethical considerations surrounding physician assistants' roles in end-of-life care decisions. The article examines a spectrum of end-of-life interventions, from life-sustaining treatment to assisted suicide, analyzing the moral and professional obligations of PAs. Key themes include patient autonomy, professional integrity, the nature of healing versus causing death, and the importance of clear communication with terminally ill patients. The panelists discuss how PAs can maintain their ethical principles while navigating challenging end-of-life scenarios, particularly focusing on where to "draw the line" regarding involvement in assisted suicide. The article provides valuable insights into how the PA profession can develop thoughtful positions on end-of-life care that balance respect for patient autonomy with professional ethical obligations.

MacConnell LS, **Danielsen RD**, Symington S. Vocal cord dysfunction: unmasking the asthma pretender. *Clinician Reviews*. 2014;24(12):18-24.

Annotation: This comprehensive review article explores the challenges in diagnosing and treating vocal cord dysfunction (VCD), a condition frequently misdiagnosed as asthma. The authors provide detailed information about the pathophysiology, clinical presentation, diagnostic criteria, and management strategies for VCD. The article emphasizes the importance of distinguishing VCD from asthma through careful examination of symptoms, triggers, and laryngoscopic findings. Key takeaways include the characteristic "glottis chink" seen during laryngoscopy, the role of breathing exercises and speech therapy in treatment, and the critical importance of patient education. The authors present a case study demonstrating successful diagnosis and management, making this article particularly valuable for primary care providers who may encounter patients with symptoms suggestive of VCD. The inclusion of detailed patient education handouts and breathing exercises adds practical clinical value to this evidence-based review.

Rhea M, Cabezuelo PJM, Peterson M, **Danielsen R**, et al. Anabolic Steroids. *Clinician Reviews*. 2008;18(11):26-31.

Annotation: This continuing education article provides a comprehensive review of anabolic steroid use, examining both medical and non-medical applications. The authors analyze epidemiological data showing that the typical steroid user is often not an athlete but rather a professionally employed adult seeking physical enhancement. Key topics include the physiological mechanisms of anabolic steroids, associated health risks of supraphysiologic doses, legislative responses like the 2004 Anabolic Steroid Control Act, and current approaches to education and prevention. The article emphasizes the importance of clinician awareness in identifying steroid use and implementing effective intervention strategies, particularly among youth populations. Special attention is given to drug testing protocols and the challenges faced by educational institutions in prevention efforts. Written for healthcare providers, this peer-reviewed article offers evidence-based insights supported by extensive references from medical literature through 2008.

Snyder J, Nehrenz G, **Danielsen R**, Pedersen D. Educational Debt: Does It Have an Influence on Initial Job Location and Specialty Choice? *J Physician Assist Educ*. 2014;25(4):39-42.

Annotation: This quantitative research study examined how educational debt influenced practice location and specialty choices among physician assistant (PA) graduates in Indiana between 2000-2010. Through a survey of 157 practicing PAs (33% response rate), the researchers found that male PAs were more significantly influenced by debt when choosing both their initial practice location and specialty compared to female PAs. Additionally, 34% of PAs who chose urban practice indicated they would have considered rural practice if loan forgiveness programs had been available. The study suggests that educational debt may play a role in PA practice decisions, particularly among male practitioners, and that loan repayment programs could potentially help address rural healthcare shortages. However, the researchers note limitations including self-selection bias, recall bias, and a relatively small sample size that may affect the generalizability of the findings. This research provides valuable insights for PA education programs and policymakers considering strategies to influence practice patterns through financial incentives.

Wallis B, **Danielsen R**. Lab Test. Physician Assistant. March 1998:109-110.

Annotation: This clinical case study examines a 19-year-old Latino landscaper presenting with symptoms of generalized achiness, muscle cramps, and malaise after playing soccer in Arizona. Laboratory findings showed significantly elevated CPK levels (4991 IU/L) and other markers indicating rhabdomyolysis. The authors provide a detailed analysis of differential diagnoses including heatstroke, heat cramps, and viral syndrome, ultimately concluding that heat exhaustion with rhabdomyolysis was the correct diagnosis based on the patient's presentation, laboratory values, and clinical findings. The article effectively demonstrates the importance of considering environmental factors and physical exertion in the diagnosis of muscle-related complaints and provides guidance on appropriate treatment approaches.

Wendel OT, **Danielsen RD**, Nunn S. Obstacles and opportunities in distance education: a new paradigm in teaching and learning. *Perspect Physician Assist Educ*. 2001;12(4):278-280.

Annotation: This article examines the evolution and implementation of distance education in healthcare professional education, particularly focusing on physician assistant programs. The authors discuss how web-based communication has transformed educational delivery, outlining four main technological tools: voice, visual, print, and computer-based methods. They analyze three key drivers for adopting distance education: learner needs (especially for non-traditional students), efficient use of electronic resources, and the development of essential professional technology skills. The paper also addresses significant challenges, including faculty adaptation to online teaching, curriculum redesign requirements, and the need for robust student support services. The authors conclude that while technology is necessary for distance education, success ultimately depends on focusing on learner needs, content requirements, and teaching constraints rather than the technology itself. This commentary provides valuable insights for healthcare educators considering or implementing distance learning programs.

**PUBLICATIONS-Books/Book Chapters**

**Danielsen, RD.** (2018) Blood Pressure Measurement, in Dehn, R.W. & Asprey, D.P. *Clinical Procedures for Physician Assistants*. 4th Edition. 2006.W.B. Saunders Company.

**Danielsen, RD;** LANG Q&A: *Physician Assistant Examination: Contributor-Pulmonology* Chapter. 7th Edition. 2016.

**Danielsen, R.D.** (2013) Blood Pressure Measurement, in Dehn, R.W. & Asprey, D.P. *Clinical Procedures for Physician Assistants*. 3rd Edition. W.B. Saunders Company.

**Danielsen, RD.,** Ballweg, R., Vorvick, L. Sefcik, D. *The Preceptor's Handbook for Supervising Physician Assistants*, Jones & Bartlett LEARNING, 2012. ISBN 978-0-7637-7361-8

Owens, DS, **Danielsen, RD,** Bell, Gordon, C. Administrative Considerations to Maximize the Integration of Nurse Practitioners and Physician Assistants in the ICU in *Integrating Nurse Practitioners and Physician Assistants in the ICU*, edited by Ruth M. Kleinpell, PhD, RN, FCCM, Timothy G. Buchman, MD, FCCM, and Walter A. Boyle, MD, FCCM. Society of Critical Care Medicine: Chicago, 2012.

**Danielsen, RD.** Cutaneous Disorders (2010) in Aehlert, B. *Paramedic Practice Today: Above and Beyond*. Mosby Jems, Elsevier.

**Danielsen, RD.** (2002) Blood Pressure Measurement, in Dehn, R.W. & Asprey, D.P. *Clinical Procedures for Physician Assistants*. 2nd Edition. 2006.W.B. Saunders Company.

**Danielsen, RD.** (2001) Behavior Problems in Children and Adolescents, in Moser, R.L. *Primary Care for Physician Assistants: Clinical Practice Guidelines*, Second Edition. NY, McGraw-Hill.

**Danielsen, RD.** (2001) Psychiatry and Behavioral, in Moser, R.L. *Primary Care for Physician Assistants: Self- Assessment and Review*, Second Edition. New York, McGraw-Hill.

**PUBLICATIONS-Newsletters/Blogs/Video's**

**Risk management lessons from a 'nuclear' PA lawsuit verdict** published in **Let's Cover That** by CM&F Group on LinkedIn on February 13, 2025.. Accessed at <https://www.linkedin.com/pulse/risk-management-lessons-from-nuclear-pa-lawsuit-verdict-cm-f-group-62sqf/?trackingId=Bdv7kAv9SVO%2BMdNqYbP5Tg%3D%3D>

**PRESENTATIONS-Commencement, White Coat Events, & Others**

**Graduation Speaker**, Physician Assistant Leadership and Learning Academy, Graduate School (PALLA), University of Maryland, Baltimore ,Virtual May 4, 2023.

## *Curriculum Vitae 2025*

**Commencement speaker** Dr. Pallavi Patel College of Health Sciences. Nova Southeastern University, Fort Lauderdale, FL. August 19, 2022.  
[https://cdnapisec.kaltura.com/html5/html5lib/v2.97/mwEmbedFrame.php/p/1971581/uiconf\\_id/50750382/entry\\_id/1\\_js9mfs8p?wid=\\_1971581&iframeembed=true&playerId=kaltura\\_player\\_1661261910&entry\\_id=1\\_js9mfs8p&\\_aaid=12167](https://cdnapisec.kaltura.com/html5/html5lib/v2.97/mwEmbedFrame.php/p/1971581/uiconf_id/50750382/entry_id/1_js9mfs8p?wid=_1971581&iframeembed=true&playerId=kaltura_player_1661261910&entry_id=1_js9mfs8p&_aaid=12167)

**Commencement speaker.** Emory University Physician Assistant Program, December 16, 2016, Atlanta, GA.

**Commencement speaker** College of Graduate Health Studies, A.T. Still University, Mesa, AZ. Commencement Speaker, June 5, 2015. <https://www.youtube.com/watch?v=APEqeR3EDck>

**Alumni Speaker.** Union Institute & University, Cincinnati, Ohio, Commencement October 26, 2015.

### **PRESENTATIONS: Continuing Medical Education (Last Four Years)**

**Negotiating Your Professional Contract** , Midwestern University PA Program, Virtual (Pre-Recorded) February 16, 2025.

**Medical Malpractice: You Be the Judge**, February 28, 2025, Arizona State Association of PAs, Scottsdale, AZ

**Negotiating Your Professional Contract in Today's Environment**, February 26-28, 2025. Arizona State Association of PAs, Scottsdale, AZ (Virtual) Pre-Recorded

**Real-Life Cases Unveiled: Mastering the Healthcare Liability Market for PAs.** Lecture on behalf of CM&F Group. AAPA Annual Conference, May 2024.

**Malpractice: You Be the Judge.** December 2023, Topics in the Tropics, Puerto Vallarta, MX.

2023 Innovation Summit for Health Professions Education. Served as a panelist discussing is **Competency Based Education in the Health Professions.** June 22, 2023. Virtual conference sponsored by Creighton University.

**Medical Malpractice** presentation on behalf of CM&F Group.at the AAPA Meeting in Nashville, TN May 22, 2023.

**Professional Ethics** presentation at the Idaho Academy of Physician Assistants in Sun Valley, Idaho on April 14, 2023.

**Negotiating Your Professional Contract** presentation at the Idaho Academy of Physician Assistants in Sun Valley, Idaho on April 14, 2023.

## *Curriculum Vitae 2025*

**Negotiating Your Professional Contract** presentation at the Utah Academy of Physician Assistants in St. George, Utah on March 31, 2023.

**Professional Ethics** presentation to the PA Students at A.T. Still University on February 9, 2023, in Mesa, AZ.

**Professional Ethics** and the PA presentation to the PA Students at A.T. Still University on February 9, 2023, in Mesa, AZ.

**Medical Malpractice: You Be the Judge.** 46<sup>th</sup> ASAPA Spring CME Conference, Prescott, Az. March 2-5, 2022.

**Writing for Medical Publication.** 46<sup>th</sup> ASAPA Spring CME Conference, Prescott, Az. March 2-5, 2022.

**It's Time to Negotiate your Professional Contract.** What Should I do? 46<sup>th</sup> ASAPA Spring CME Conference, March 2-5, 2022.

**Medical Malpractice: You Be the Judge.** 46<sup>th</sup> ASAPA Spring CME Conference, March 2-5, 2022.

**Contract Negotiations & Salary Survey.** 14<sup>th</sup> Annual Asthma, Allergy, & Immunology CME Conference. San Antonio, Texas. August 65-7, 2022.

**Ethics is not just a Dog & Pony Show.** ASAPA Spring CME Conference, September 17, 2022 (Virtual).

<b>COURSES TAUGHT (Last Two Years)</b>
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DMSc 8140, **PA Program Administration**, 3 Semester Hours, Taught FB2, Doctor of Medical Science Program, Arizona School of Health Sciences, ATSU.

DMSC 7000: **Medical Writing**, 3 Semester Hours, Taught every block (4 times a year). Doctor of Medical Science Program, Arizona School of Health Sciences, ATSU.

DMSC 8230: **PAs in Healthcare Policy**, 3 Semester Hours, Taught every other block (2 times a year). Doctor of Medical Science Program, Arizona School of Health Sciences, ATSU.

DMSC 8230: **PA Program Administration**, 3 Semester Hours, Taught once a year. Doctor of Medical Science Program, Arizona School of Health Sciences, ATSU.

MHS 5205: **Writing for Medical Publication**, Master's of Science Program, Dr. Pallavi Patel College of Health Sciences, Nova Southeastern University, Fort Lauderdale, FL. Taught every fall.

## *Curriculum Vitae 2025*

DHS 8180: **Writing for Health Professionals**, Doctor of Health Science Program, Dr. Pallavi Patel College of Health Sciences, Nova Southeastern University, Fort Lauderdale, FL. Taught every spring..

DHS 8110: **Community & Environmental Health**, Doctor of Health Science Program, Dr. Pallavi Patel College of Health Sciences, Nova Southeastern University, Fort Lauderdale, FL. Taught one per year.

DHS 8197: **Traditional and Competency-Based Curriculum and Implementation.**, Doctor of Health Science Program, Dr. Pallavi Patel College of Health Sciences, Nova Southeastern University, Fort Lauderdale, FL. Taught every spring.

### ADVISORY/REVIEW BOARDS

2007-Present: Member, Editorial Board (Associate Editor) **Internet Journal of Allied Health Sciences and Practice**. <http://ijahsp.nova.edu>

2014-Present: **PA Advisory Board**, Medical Protective (MEDPRO).

2022-Present, Ursuline College Physician Assistant, Master of Medical Sciences Program **Advisory Board**

### GRANT/EXTRAMURAL ACTIVITY

Member of the **Peer Review Group of Health Resources and Services Administration**, U.S. Department of Health & Human Services (HRSA), Public Health Service, 1996-2005, 2012

Physician Assistant Training Grant, PA Program Rural/Medically Underserved Emphasis Project, **Division of Medicine, Bureau of Health Professions**, \$419,994 over 3 years. Completed June 30,2000.

Physician Assistant Training Grant, Native American Physician Assistant Program, **Division of Medicine, Bureau of Health Professions**, \$670,000 over 3 years. Completed June 30, 2003.

Association of Physician Assistant Programs, **Health Promotion in PA Programs**, \$2,500. Completed October 30, 2000.

The Higher Learning Commission (HLC), **Peer Review Corps**, appointment 2009-Present. Advance Certificate in Peer Review, October 3, 2014.

**Grant Reviewer**, Department of Health & Human Services, Health Resources and Service Administration (HRSA). April 2017.



*Curriculum Vitae 2025*

**COMMUNITY SERVICE**

**Uechi-Ryu Karate**, Instructor, Second-Degree Black Belt, Uechi-Ryu Karate Association of Arizona, since 1986.

**Veterans of Foreign Wars (VFW)**. Member, Post 7205, Angola, IN, 2021-Present.

**American Legion Member**, Post 157 Quincy, MI, 2021-Present

**Coldwater Township Sunrise Rotary Club** Member, Coldwater, MI. 2021-Present

**Coldwater Elks**, Lodge # 1023

**PERSONAL REFERENCES ON REQUEST**