

# FACETS

SCHOOL OF HEALTH AND REHABILITATION SCIENCES

SPRING/SUMMER 2010

## SIGNS OF THE TIMES

How the ADA affects us all





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SPRING/  
SUMMER  
2010



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Clifford E. Brubaker

**Executive Editor**

Patty Kummick

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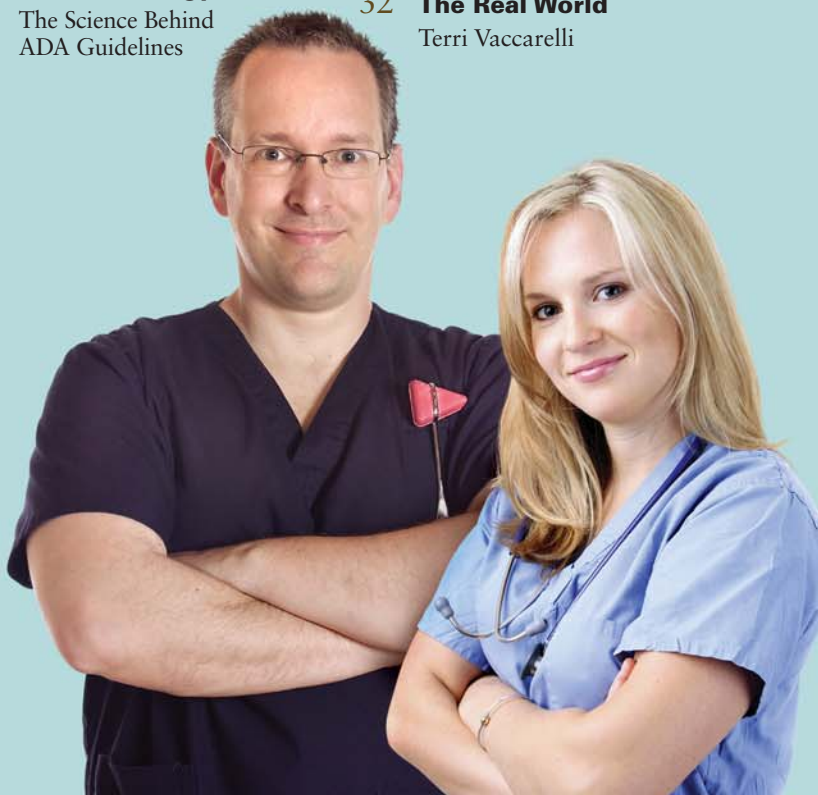
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**University of Pittsburgh**

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*“ ... the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life, the sick, the needy and the handicapped.”*

*~ Last Speech of  
Hubert H. Humphrey*

*Dear Alumni and Friends of SHRS,*

This issue of *Facets* is substantially devoted to acknowledgement of the 20th anniversary of the Americans with Disabilities Act (ADA) and the impact that this Act has had for the professional programs and research agendas of the School of Health and Rehabilitation Sciences.

The ADA was signed into law by President George H.W. Bush on July 26, 1990, in the culmination of extensive efforts of many individuals and organizations. As with most such legislation, the ADA is evolving through a growing body of case law that establishes precedent and also with amendments to further specify and sanction the intent of this landmark act.

I think it would be difficult to identify a school whose development has been more closely associated with and influenced by the ADA than the School of Health and Rehabilitation Sciences (SHRS) of the University of Pittsburgh. Our dedication to a research agenda to develop and improve technologies to address issues of relevance for people with disabilities has influenced the culture of our school and has been arguably the most significant factor in establishing a coherent research commitment. The research enterprise of SHRS is a clear case in point. The externally funded research of the School – then the School of Health Related Professions – in the fall of 1991 was indeed modest with total external funding from all sources less than \$300,000. The total funding for our current fiscal year has yet to be determined; however, by October 2009, with three quarters still remaining, our research funding stood at more than \$13.5 million – an increase of 45 times over 1991. This increase is proportional to the commitment made to research and, more specifically, to research of relevance to improving knowledge, practices and technology for rehabilitation and, even more specifically, to address issues of relevance to people with disabilities.

A significant part of this commitment has been the recruitment of faculty, staff and students with disabilities to our programs. Of the many substantial efforts and accomplishments of SHRS and its faculty, staff and students over the past 18+ years, I believe this continuing commitment has been at the core of our successful development as a school of health and rehabilitation professions.

I shall take this opportunity to thank all who have joined in the community of SHRS in this salutary effort over the years that has led to our present recognition as a school committed to the education of future clinicians, educators and researchers and to the health, rehabilitation and well-being of people of all ages and circumstances.

With kind regards,

Cliff E. Brubaker  
cliffb@pitt.edu



## Calendar of Events

### APRIL - MAY

April 29 – May 2, 2010

**The American Occupational Therapy Association 90th Annual Conference**  
Orlando, FL

May 7 – 8, 2010

**PT Continuing Education Course**

“Soft Tissue Therapies in  
Musculoskeletal Pain”  
GSPH Auditorium

*Featuring Dr. Leon Chaitow, keynote speaker, and Drs. Sigfried Mense, David Simons, Tom Findley and Jay Shah. Dr. Michael Schneider, seminar chair. Contact the Department of Physical Therapy for more information.*

May 14 – 16, 2010

**PT Continuing Education Course**

“Vestibular Rehabilitation:  
An Advanced Course and Update”  
Forbes Tower

*Featuring Drs. Joseph Furman, Stephanie Studenski, Susan Whitney and other speakers. Contact the Department of Physical Therapy for more information.*

Saturday, May 22, 2010

**SHRS 40th Anniversary Celebration and Distinguished Alumni Awards Dinner**

2-5:00 p.m., Guided Tours of SHRS Labs  
5-8:30 p.m., Awards Dinner  
Alumni Hall, 5th Avenue, Oakland  
*Featuring Jeremy Feldbusch, keynote speaker. \$65 per person. Contact the Development Office at 412-383-6548 or pkummick@pitt.edu for more information.*

### JUNE

June 23 – 25, 2010

**NATA 2010 Annual Meeting**

Philadelphia, PA  
The Athletic Training and Sports Medicine programs will host an anniversary reception for their alumni, June 23, 6-8 p.m., Maggiano's Little Italy, 12th and Filbert, Philadelphia. *Sponsored in part by the SHRS Alumni Society.*

### OCTOBER

October 22 – 23, 2010

**33rd Annual Pennsylvania Occupational Therapy Association Conference**

Scranton, PA

# giving



I live with a disability. It's been a part of me for most of my life. It's something I've tried to keep hidden, at least until recently. My disability is visual in nature; it's a result of Keratoconus (KC), a thinning and misshaping of the cornea.

Fortunately, I received a new “assistive device” that's been with me for less than 24 hours as I scribble out this message. My device is not your typical wheelchair, walker or crutch. It's a cornea provided by a generous organ/tissue donor and his surviving family.

So what does this have to do with the School of Health and Rehabilitation Sciences and development?

Well, my personal experience makes me appreciate even more the research being conducted at SHRS to assist those with disabilities. And it makes me realize how strong the call to help others must be in our alumni, faculty and students who choose the healing professions as their life's work.

From a development perspective, I've always had a deep respect for our donors. They, like my tissue donor and his family, recognize the value of helping improve the lives of others. Without tissue donors, I and others like me would be confined to a very small world indeed. The same is true for many of our students who, without scholarship support, may never be able to see their dreams and aspirations develop. And the same is true for the vast number of people positively impacted by the tireless research occurring at SHRS.

As development director, I see countless examples of good deeds being paid forward. So as I was preparing to receive my gift of a donor cornea, I offered my damaged and battered one to research. While my act pales in comparison to that of the donor family, perhaps something can be learned to help others with visual impairments.

I sincerely appreciate the many “angels” I've encountered through this process. They have presented themselves in the forms of my caring and devoted family, understanding and supportive friends and colleagues, attentive and amazingly patient health care providers, and a life-enhancing tissue donor and his generous family. Thanks to each of them, my new cornea promises me a repaired and polished window on this beautiful world. I couldn't be more grateful.

Sincerely,

Patty Kummick  
Director of Development

412-383-6548, pkummick@pitt.edu  
4031 Forbes Tower, Pittsburgh, PA 15260



# ACCESS

DR. KATE SEELMAN

*Aristotle had it right. The whole is more than the sum of its parts. Particularly if you consider the human experience. Our roles as men, women, parents, children, researchers, educators and practitioners all shape our identities and compound the complexity of our lives. For those of us with disabilities, this too factors into who we are as individuals – and how others perceive us.*

*Noted psychologist, Dr. Carol J. Gill of the University of Illinois at Chicago (UIC) has devoted much of her life's work to research in Disability Studies, with a focus on disability identity.*

*A wheelchair user who was diagnosed with polio at a young age, Gill identifies openly and affirmatively as a woman with disabilities. Her pungent and wise observations about human identity and her close association with others in the disability community have earned her the title of the "Dr. Brothers of the Disability World." Here she offers a unique personal and professional perspective of the psychosocial ramifications of the ADA – its strengths, weaknesses and implications for the future.*

Disability is a very complex phenomenon. The concrete physiological differences that may be most apparent in a person with disabilities are only part of the equation – and sometimes, a very small part. The thing that excited me most about the Americans with Disabilities Act is that it went further than simply defining disability as limitation. It went on to include social markers, like how people are treated when they have a history of disability or are regarded as disabled.

The authors of the ADA were acknowledging the power of social factors in disability. They were also acknowledging that the stigma of being regarded as incapable of functioning could be as difficult or even more difficult than having actual functional limitations.

Over time, the promise of the ADA was actually compromised. Our courts have repeatedly narrowed the definition of disability, tying it back to a narrow interpretation of a qualifying disability instead of offering an expanded vision with emphasis on reasonable accommodation. The Congress passed the ADA Amendment Act of 2008 to provide the broad coverage the law initially intended.

When many people think about "disability," they may fail to consider people with less immediately visible conditions. Even in Disability Studies and the health professions, we have been slow to understand the complex social, cultural and medical experiences of individuals negotiating the psychiatric service system. I believe we can learn from other marginalized groups – like women's groups and the LGBT community – about creating community supports that would affirm the humanity of people labeled with psychiatric illness. Gay and lesbian activists have led campaigns to develop "safe zones" – islands of support and shelter from discrimination, and I've gladly participated in that effort at my university. But sometimes when I see safe zone training, one side of me thinks that it would be wonderful for people with disabilities to also have safe zones. Then I think – wait a minute – this whole world should be a safe zone! We must be able to see that disabilities are part of the human experience.

Often, people resist identifying themselves as either mentally or physically disabled. To me, this may be reasonable or even sensible in the context of the way society treats people who are different.

In every facet of society, I think that disability prejudice is a severe problem. It exists in academic institutions, where we train future practitioners, and it exists out in the real world. One of the best things we can offer a student with a disability is to look ahead and talk about strategies for dealing with attitudes in the workplace, and also ways to promote systemic changes through advocacy.

I've been involved in Disability Awareness training in some wonderful, progressive corporations that really care about including disability as a facet of diversity. These companies don't just look at "reasonable accommodations." They strive to make the workplace as accessible as possible for all employees, so they can do their best and live up to their potential for themselves and the benefit of the company. When companies view life with a disability as part of the range of human diversity, it can be embraced and celebrated in that corporate culture.

Much of the language of the ADA talks about reasonable accommodations as the just response to the differences of disability. Recently, the idea of "universal design" or "universal inclusion" has been discussed in an academic context. Initiated in architectural circles, this concept holds promise for curriculum development – but like any new idea, it meets with resistance in some corners.

In my opinion, universal inclusion is definitely the next right step, and it's very relevant to curriculum development and pedagogy. Instead of viewing a person with a disability as someone special who needs to be accommodated outside of the regular business-as-usual model, universal inclusion acknowledges that everyone is different. It encourages us to pursue solutions that work for the maximum number of human differences and a full range of variations.

It's saying "don't look at people as special – look at them as human."

It's a real challenge, even for an instructor who has personally experienced disability. Universal design prods me to think about ways to make my classroom and my approaches to education more suited to a wider variety of users, and it also challenges me to accommodate everyone because the goal is really the best possible learning environment.

In the future, I hope we all stop viewing disability as a special case or a condition that is inherently burdensome. We need to begin viewing disability as a part of life – to begin expecting it.

We know, for example, that our aging population will experience some type of disability if they are lucky enough and healthy enough to live long lives. Disability related to advanced age is not abnormal; it is natural.

Allowing us to look at disability as integral to living allows us to view it in its full complexity. Sometimes the experience of disability will be negative; most often, in a supportive environment, it will be neutral; yet other times it will even be positive. So what I would like most to see in the future is a public that realizes that disability is not only viable, but that it can be vibrant – a very whole, very human experience.





# Student News

## Communication Science and Disorders

**Szu-Han (Kay) Chen**, graduate student, received the 2009-2010 International AAC Scholarship from the AAC Institute, a non-profit organization promoting optimized communication for people who cannot speak. Chen also received tuition remission through the China Studies Program at the University of Pittsburgh. She also co-presented a poster titled “Mandarin Chinese Procedures to Support AAC Intervention” at the annual American Speech-Language-Hearing Association (ASHA) convention in New Orleans in November.

**Kelly Coburn**, graduate student, presented a poster at the University of Pittsburgh 2009 Science Undergraduate Research Poster Reception in October. The posters highlighted faculty-mentored research projects. Kelly received her undergraduate B.Phil degree in Communication Science and Disorders last spring.

**Lindsey Jorgensen**, graduate student, participated in a Sponsored Poster Presentation at the National Center for Rehabilitative Audiology Research Biannual Conference at the VA Portland in October. The poster was titled “Evaluation of Hearing Status at the Time of Dementia Diagnosis.”

**Hallie Mintz**, undergraduate student, was selected by Dean Cliff Brubaker and CSD Department Chair Malcolm McNeil as the SHRS nominee for the University of Pittsburgh’s Emma W. Locke Memorial Award. The award recognizes high scholarship, character, leadership and devotion to the ideals of the University.

## Health Information Management

**Bailee Ludwig**, undergraduate student, received the Chancellor’s Undergraduate Teaching Fellow Award to assist with tuition costs for the spring term. Ludwig is working with Dr. Valerie Watzlaf on the Quality Management Course, including the area of genomics.



A contingent of students from the Health Information Management Class of 2010 along with faculty attended the AHIMA Convention in Grapevine, Texas, last October. HIM alumni also attended a welcome reception to network with faculty and students.

## Occupational Therapy

**William Sean Latimer**, MOT student, was awarded a scholarship from the National AMBUCS Living Endowment Fund.

**Maria Raco**, MOT student, was awarded a UPMC Endowed Scholarship.

**Orna Taran**, MOT student, was awarded a Mildred Wood Student Resource Award.

**Hyekyoung Shin**, doctoral candidate, and Dr. Nancy Baker, associate professor, presented “Musculoskeletal Disorders and Laptop Computer Use” at the University of Pittsburgh’s Science 2009 Unplugged conference.

**Heather Gresh, Amanda Koontz, Lyda Latagliata, Shannon Lee, Laura Mariotti, Jamie Musick and Emily Thomas**, MOT students, raised money for Alzheimer’s awareness at the Memory Walk.

## Rehabilitation Science and Technology

**Garrett Grindle**, doctoral student, was awarded the Thomas J. O’Connor Scholarship, an award given to an exemplary PhD student in the

Department of RST for his/her commendable efforts. Grindle has been working at HERL since 2002, first as an undergraduate student and then as a graduate student. Grindle is also co-chair of the Quality of Life Technology Student Leadership Council and leads the student members in Tech-Link program’s FIRST LEGO League robotic camp sessions.

**Pallavi Sood**, graduate student, was awarded the Sean and Stephanie Shimada Student Award, a scholarship given to a new RST graduate student demonstrating a strong interest in the field. The fund was established by SHRS alumnus Sean Shimada (PhD ’97) and his wife.

RST graduate students **Garrett Grindle, Brad Impink, Ben Salatin, Hungwu Wang, Nahom Beyene** and **Lynn Worobey** mentored last year’s Tech-Link teams competing in the FIRST LEGO League robotic camp regional competitions. At December’s competition, a Tech-Link team won first place in robot design. The camps are targeted toward middle school students with and without disabilities, girls and minorities with the goal of inspiring interest in science and technology.

## 2009-2010 SHRS Scholarship and Award Recipients

The following is a listing of SHRS scholarships and awards granted to students during the 2009-2010 academic year.

### Bruce Baker Travel Awards (school-wide)

Jennifer Bernieri (RS)  
Ginger Bryant (HIM)  
Emily Deet (PT)  
Alexandra Gil (PT)  
Jordan Ketch (HIM)  
Laura McClure (RST)  
Samantha Procaccini (CSD)  
Jamie Schutte (RST)  
Min-Mei Shih (OT)  
Hyun Soo Yoo (CSD)

### Anne Pascasio Scholarship (school-wide)

Brooke Gunter (CSD)  
Jennifer Nesbitt (SMN)  
Natalie Pavlov (SMN)  
Sean Thistle (EM)  
Terri Vaccarelli (EM)

### SHRS Alumni Endowed Scholarship (school-wide)

Stephanie Cute (CSD)  
Dominique Hensley (CSD)  
Rebecca Hess (PT)

### UPMC Scholarship (school-wide)

Bailee Miller (PO)  
Maria Raco (OT)  
Elise Rosenthal (CSD)  
Kelli Supple (PO)

### Mildred Wood Student Resource Award (school-wide)

Michelle Criss (PT)  
Robin Goon (SMN)  
Steven Munshaw (HIM)  
Orna Taran (OT)

### AVADA Book Award (CSD)

Ha-Sheng Li-Korotky  
Reem Mulla

### Bruce Baker Student Training Award (CSD)

Tom Kovacs

### Emeritus Award (CSD)

Lindsay Diethorn

### Lisa Levy Memorial Award (CSD)

Crystal Variava

### Dorothy Bradley Brown Scholarships (PT)

Sherri Crable  
Leeann Ganter

### Pat Croce Scholarship (PT)

Laura Fedoronko  
Will Jones  
Shuhei Suzuki  
Alison Trojan

### Joseph M. David/David PT & Sports Medicine Center Scholarship (PT)

Sven Lynch

### Victoria Green Memorial Resource Award (PT)

Ashley Haag

### Pearl Cricco Mann Scholarship (PT)

Stephen Loew  
Francisco Maia  
Sarah Sterling

### Alice Chagnot Oulette Scholarship (PT)

Stephanie Lasinski  
Kimberly Stoner

### Paul & Judy Rockar Scholarship (PT)

Sarah Chunko

### D.T. Watson Scholarship (PT)

Ryan Beer  
Sarah Chunko

### Rory A. Cooper/Dion Johnson Student Award (RST)

Eun-Kyoung Hong

### Thomas J. O'Connor Scholarship (RST)

Garrett Grindle

### Sean & Stephanie Shimada Student Award (RST)

Pallavi Sood

### Freddie Fu Athletic Training Scholarship (SMN)

Beth Abbott  
Karen Seitz  
Kimberly Stoner  
Emily Thach

### Freddie Fu Sports Medicine Graduate Research Award (SMN)

Jonathan Pederson

### Tim Kerin Athletic Training Scholarship (SMN)

Alyssa Fisher

## Richard Earl Erhard, DC, PT

March 21, 1942 – October 3, 2009

The SHRS family lost a true friend in October with the passing of Richard E. Erhard.

Dr. Erhard received his undergraduate degree in 1964 from Thiel College and went on to earn a certificate in physical therapy from the D.T. Watson School of Physiatrics. He also attended Logan College of Chiropractic, where he obtained a Doctor of Chiropractic degree in 1983. "Dr. E" was internationally recognized as a leader in manual therapy. His clinical practice and research were directed toward musculoskeletal conditions, particularly painful spinal conditions. A founding member of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) and the first President of the International Federation of Manipulative Physical Therapists (IFOMPT), Dr. Erhard served in numerous professional capacities in both the U.S. and abroad. He was an assistant professor at the Department of Physical Therapy, School of Health and Rehabilitation Sciences, University of Pittsburgh until his retirement in 2007. He was a valued teacher and mentor to many students and clinicians in the Western Pennsylvania area.

In addition to his distinguished professional credentials, Dr. Erhard leaves a legacy of patient care that is both impressive and inspiring. People from all walks of life – from patients and students to clinicians and fellow academicians – describe him as "a great friend," "a great human being" and "a great professional."

The reason for Dr. Erhard's personal success was simple. He focused his clinical work, teaching and research on patient care. When he taught clinicians, it was always with patients in the forefront. He was a mentor in every sense of the word, and his mentees witnessed firsthand the results of his clinical encounters – namely, patients got better. For those who heard him in more formal class settings or read his work, his clinical reasoning was not only logical, but it made sense the next day when you were treating your patients and continued to make sense as you watched the results of your encounters.

Dr. Erhard will be missed by all of us here at SHRS. We extend our heartfelt sympathy to his wife Natalie, sons Richard (wife Carolyn), Craig (wife Paula) and Daniel (wife Nancy) and daughter Keira (husband Marshall Merritt).



# Alumni News

## Communication Science and Disorders

**Dr. Noma Anderson** (CSD '79) was honored as a distinguished alumna by the University of Pittsburgh's African American Alumni Council during Pitt Homecoming weekend, Oct. 24. One of seven recipients, Anderson was recognized as the first African American to serve as president of the American Speech-Language-Hearing Association and professor and chair in the Department of Communication Sciences and Disorders at Florida International University.

**Dr. Darryl E. Norton** (CSD '73) recently wrote a children's book, "The Chocolate Chip Cookie Man," which teaches problem-solving and teamwork skills. Norton currently works with special needs children and adolescents in Atlanta, Ga.

## Health Information Management

**Meagan Sampogna** (HIM '00) has relocated to Scottsdale, Ariz., where she serves as the director of Customer Engagement for McKesson Specialty Care Solutions. She was also married in Heinz Chapel on Pitt's campus this past September.

## Physical Therapy

**Faith Beckerman Goldman** (PT '66) recently received the Woman of Merit Award from the Temple Monorah Sisterhood, Redondo Beach, Ca., in appreciation of her outstanding devotion and service.

## Sports Medicine and Nutrition

**Helen Agresti** (CDN '00) successfully completed the exam for registered dietitians after nine years, a marriage and raising four young children. All are "very happy the studying is over!"

## Alumnus Named 2009 Legacy Laureate



**Dr. Charles I. Berlin** (CSD '58), pictured with **Chancellor Mark A. Nordenberg** and Berlin's wife Harriet, was named a University of Pittsburgh Legacy Laureate last October. The Legacy Laureate program was launched in 2000 to honor University of Pittsburgh alumni for their outstanding personal and professional accomplishments, and 12 distinguished alumni were recognized in 2009.

Berlin is a professor of Communication Sciences and Disorders at the University of South Florida and an emeritus professor in the Department of Otolaryngology at the Louisiana State University Medical Center, where he was the Kenneth and Frances Barnes Bullington Professor of Hearing Science and directed the Kresge Hearing Research Laboratory. He earned a Doctor of Philosophy degree in Speech-Language Pathology from the University of Pittsburgh School of Arts and Sciences in 1958.

Among the many scientific and medical contributions he made in the pursuit of treating and curing deafness during his more than 50-year career, Dr. Berlin is credited with identifying the Mengel-Konigsmark-Berlin-McKusick syndrome of conductive hearing loss and malformed low-set ears. He has authored or coauthored 12 books and numerous scholarly publications and has served on many national advisory boards and professional organizations. He has been awarded major Department of Defense and NIH Research Program grants specific to his research interests.

Berlin was honored by grateful patients, colleagues and friends, who together contributed \$1 million to Louisiana State University to endow the Dr. Charles I. Berlin Chair in Genetic and Molecular Hearing Science. He also has received numerous awards and honors, including the 2000 Honors of the Association from the American Speech-Language-Hearing Association and the American Academy of Otolaryngology's Presidential Citation, that organization's highest award for teaching, research and science.



# Department News

## Communication Science and Disorders

The department hosted its annual Matthews-Rubin Lecture on October 2, 2009. The lecture, titled “Communication Outcomes with Cochlear Implants: Looking Back and Looking Forward,” was presented by Dr. Bruce Tomblin, professor, University of Iowa.



At the lecture were (left to right) Dr. Malcolm McNeil, chair, Department of Communication Science and Disorders; Dr. Cliff Brubaker, dean, SHRS; Dr. Tomblin; and Dr. Herbert Rubin, former CSD chair and professor emeritus.

The annual VA National Speech-Language Pathology (SLP) Conference was held in Pittsburgh last April. The conference was sponsored by VA Pittsburgh Healthcare System (VAPHS) in conjunction with the Department of Communication Science and Disorders. Over 100 SLPs and rehabilitation specialists from across the VAs participated in the event, with approximately 60 SLPs receiving continuing education credits. Highlighted at the conference was a new language-rehabilitation program, PIRATE, growing out of collaboration between VAPHS and Pitt personnel. PIRATE is an intensive residential aphasia treatment program fast becoming a national model for aphasia treatment through VA. Also highlighted were efforts involving personnel from Pitt's CSD and Health Information Management departments and VAPHS, and researchers at Walter Reed Army Medical Center aimed at developing new diagnostic tools for veterans with traumatic brain injury.

The ASHA Specialty Board for Swallowing, a national organization dedicated to assessment and rehabilitation of swallowing disorders, collaborated with our CSD Department to offer on-line continuing education (CE) courses for speech-language pathologists for the first time. Over 900 people have enrolled in the course as of December 2009, and it is the first of a new wave of on-line CE programs to be offered by the department.

## Rehabilitation Science and Technology

During the Group of 20 (G-20) Summit held in Pittsburgh last September, students from the Department of Rehabilitation Science and Technology demonstrated a robotically-equipped wheelchair to prominent international visitors. Learning about the Personal Mobility and Manipulation Appliance (PerMMA) were Australian Prime Minister Kevin Rudd and his wife First Lady Therese Rein, and Chinese Minister of Commerce Chen Deming. PerMMA is being developed to assist wheelchair users that have limited hand function. Its robotic arms can be manipulated either by the wheelchair user or via remote control by a user at another location, and its webcams see what the wheelchair user sees. Tasks performed by the arm include picking up objects and bringing them within the wheelchair user's reach, heating up food in a microwave, and getting a glass of water.

PerMMA, a project of the Quality of Life Technology (QoLT) Engineering Research Center, receives support from the U.S. Department of Veterans Affairs, the National Institutes of Health and the Paralyzed Veterans of America. QoLT was established through a National Science Foundation grant.





# Faculty News

Two SHRS faculty were promoted this past fall: **Dr. Cheryl Messick**, Department of Communication Science and Disorders, to associate professor, and **Dr. Mark Schmeler**, Department of Rehabilitation Science and Technology, to assistant professor. Congratulations.

## Communication Science and Disorders

**Dr. Ellen R. Cohn**, associate professor and associate dean for Instruction, was named the 2009 Diversity Champion by the American Speech-Language-Hearing Association for advancing multicultural issues in communication sciences and disorders.

**Dr. Paula Leslie**, associate professor, provided the opening keynote address at the UK Swallowing Research Group Conference, a multidisciplinary international two-day meeting, in London in February 2010.

Associate Professor **Dr. Katherine Palmer's** audiology laboratory teamed up with the Pittsburgh Symphony to develop programs and displays depicting Beethoven's hearing loss as the symphony performed works by the composer. Displays included a listening station that provided "normal hearing" recordings and recordings through simulated hearing loss and tinnitus; developments in amplification over the decades; and a time line depicting Beethoven's music and quotes describing his deteriorating hearing, increasing tinnitus and problems with hyperacusis along with solutions he tried to mitigate his hearing loss.



**Dr. Katherine Verdolini-Abbott**, professor, was a recipient of the 2009 Honors of the American Speech-Language-Hearing

Association. The premier award recognizes distinguished contributions to the field of speech, language and hearing. Recipients are known

nationally and internationally for a lifetime of innovative clinical practice, insightful and rigorous research, creative administration, effective legislative activity, outstanding teaching or other distinguished professional contributions.

## Emergency Medicine

**Dr. Walt Stoy**, professor and program director, accepted an invitation by the National Association of EMS Educators (NAEMSE) to serve on two committees. The Presidential Advisory Committee consists of a small group of former presidents of NAEMSE (Stoy served as the organization's founding president) who will provide guidance to the current leadership. The Governance Committee will help create policies and stimulate provocative and forward-thinking conversation to aid the board of directors in its decision making.

## Health Information Management



**Dr. Mervat Abdelhak**, chair and associate professor, received the American Health Information Management

Association's (AHIMA) Distinguished Member Award in October. The award is AHIMA's highest honor for an individual with a long and exceptional history of HIM contributions. An educator, leader, mentor and AHIMA volunteer, Abdelhak served as AHIMA president in 2005 and continues to serve in leadership roles within the organization.

Abdelhak was also invited to become an inaugural member of the HIMJ International Advisory Panel. HIMJ is the official journal of the Health Information Association of Australia. She is also serving as a member of the 2010 Revenue Cycle, Coding and Compliance Advisory Board for Elsevier/MC Strategies.

**Dr. Sajeesh Kumar**, assistant professor, co-chaired and presented at the first International Teleophthalmology Symposium at the Frick Fine Arts building in October. The event, co-sponsored by the Health Information Management department, offered comprehensive insight into health informatics tools applied to ophthalmology in an effort to implement and sustain a successful teleophthalmology program.

**Dr. Leming Zhou**, assistant professor, received National Science Foundation funding through the CISE Pathways to Revitalized Undergraduate Computing Education (CPATH) for his project titled "Health Computing: Integrating Computational Thinking into Health Science Education." The project emphasizes the development of computational thinking by students in approaches to revitalize undergraduate education, and to contribute to the development of a globally competitive U.S. workforce with computational thinking competencies essential to leadership in innovative global enterprise. **Drs. Mervat Abdelhak**, chair and associate professor, and **Bambang Parmanto**, associate professor, are also involved with the project.

## Occupational Therapy

**Joanne Baird** and **Mary Lou Leibold**, assistant professors, taught a two-day AOTA Fieldwork Educator Certificate Program - Regional Workshop at the University of Pittsburgh. Twenty-nine Pitt fieldwork educators participated in this program that focused on creating and administering a student fieldwork program, as well as the supervision and evaluation of student occupational therapists during fieldwork training.

**Dr. Joan Rogers**, chair and professor, was appointed to a three-year term on the Advisory Council of the Allegheny County Department of Human Services/ Area Agency on Aging.



**Dr. Elizabeth Skidmore**, assistant professor, represented the American Occupational Therapy Association (AOTA) on the Professional Advisory Panel to the Developing Outpatient Therapy Payment Alternatives Project convened by Centers for Medicare and Medicaid Services. She also serves on the AOTA Evidence Based Advisory Group for Occupation and Activity-Based Interventions.

Skidmore also presented a poster on cognitive impairment and rehabilitation after stroke at the American Congress of Rehabilitation Medicine and American Society of Neurorehabilitation Joint Conference in Denver.

**Joanne Baird**, assistant professor, represents the American Occupational Therapy Association (AOTA) on the Short Term Alternatives for Therapy Services-Clinical Workgroup. The purpose of this multidisciplinary workgroup is to provide collaborative recommendations to the Centers for Medicare and Medicaid Services for the improvement of required clinical documentation and billing procedures.

**Drs. Nancy Baker**, associate professor, **Denise Chisholm**, associate professor, **Margo Holm**, professor, **Ketki Raina**, assistant professor, **Joan Rogers**, professor, and **Elizabeth Skidmore**, assistant professor, presented papers at the 32nd Annual Pennsylvania Occupational Therapy Association Conference.

**Dr. Nancy Baker**, associate professor, presented on arthritis and computer use at two national conferences, the ACR/ARHP 2009 Annual Scientific Meeting and the American Public Health Association 137th Annual Meeting and Exposition.

Baker also was invited to present two posters at the 2009 Bone and Joint Decade Global Network Conference.

## Physical Therapy

**Dr. Anthony Delitto**, chair and professor and associate dean of Research, received the 2010 Richard W. Bowling – Richard E. Erhard Orthopaedic Clinical Practice Award at the APTA Combined Sections Meeting in San Diego, Ca., in February. The award acknowledges an individual who has made an outstanding and lasting contribution to the clinical practice of orthopaedic physical therapy as exemplified by the professional careers of Bowling and the late Erhard.

## Rehabilitation Science and Technology

**Dr. David Brienza**, professor, was elected to the Board of Directors of the National Pressure Ulcer Advisory Panel. Brienza served on the board previously as chairman of the SSI Tissue Integrity Committee and co-chair of the Support Surfaces Standards Initiative.

**Dr. Rory Cooper**, distinguished professor and chair, received the Veteran of the Year Award from the Veterans Leadership Program of Western Pennsylvania, the Sports Award from the Keystone Paralyzed Veterans of America, and the Community Hero Award from the United Cerebral Palsy of Pittsburgh. Cooper also received the Three Rivers Center for Independent Living Senator John Heinz Memorial Award. The award is given to honor an individual or organization that has increased opportunities for people with disabilities for equal access in the community in the areas of transportation, employment and housing and/or recreation.

**Cooper** and **Dr. Brad Dicianno**, assistant professor, Physical Medicine and Rehabilitation, were editors of a special issue of the journal *Physical Medicine & Rehabilitation Clinics of North America* on the topic of Quality of Life Technology published in February 2010.

**Dr. Katherine Seelman**, associate dean of Disability Programs and professor,

was named to the six-member policy advisory committee of the Pennsylvania Medicaid Policy Center. The mission of the center is to increase the understanding of Pennsylvania's Medical Assistance program and its role in the Commonwealth's health care system, as well as to promote the development of policy solutions and long-term strategies that serve the program's constituencies. She was also named to the planning committee of a workshop funded by the National Science Foundation entitled Ethical Guidance for Research and Application of Pervasive and Autonomous Information Technology. The workshop was held at the University of Indiana in March 2010.

**Seelman** presented oral testimony on behalf of the RERC on Telerehabilitation at a Federal Communications Commission workshop in Washington, DC, addressing the need for broadband as a necessary element in the delivery of telerehabilitation services. She also presented at the Pennsylvania Training and Technical Assistance Network Educational Resources for Families of Individuals with Deaf-blindness Training in January in Pittsburgh.

**Linda van Roosmalen**, visiting assistant professor, was the recipient of the Innovation Award presented by the University's Office of Technology Management. She is involved in research related to wheelchair transportation safety.

## Sports Medicine and Nutrition

**Deborah Hutcheson**, instructor and program director, Clinical Dietetics and Nutrition, and **Lisa McDermott**, clinical instructor, successfully completed requirements to maintain their status as Certified Diabetes Educators. The certification, recognized by the National Certification Board for Diabetes Educators, demonstrates a dedication to this specialty and the achievement of a high level of contemporary knowledge in diabetes self-management education.



# In the clinic and in the classroom, work can be child's play.

What is the role of an occupational therapist in today's ever-changing landscape of health care? If you ask Julie Buxton, she will be quick to explain that the occupational therapist creates new opportunities for progress with every patient.

Occupational therapy is always striving to meet the needs of various patient populations within the context of current research and evidence-based practice. Occupational therapy, at its core, addresses "skills for the job of living" an independent and satisfying life in any environment. For the pediatric occupational therapist, it is an exciting, dynamic and ever-evolving profession.



Adjunct instructor in SHRS's Department of Occupational Therapy, Buxton is also a clinical program coordinator in the Occupational Therapy Department at The Children's Hospital of Philadelphia (CHOP).

The first half of each week, Buxton challenges her graduate-level Pitt students in the classroom to analyze every aspect of a young patient's life – even the toys he or she may play with – in order to make a thorough diagnosis and treatment plan. During the second half of the week, she supervises interns from SHRS as well as other programs at CHOP's Level II hospital-based fieldwork site. Under Buxton's wing, the future occupational therapists implement their knowledge and clinical skills as they work with children diagnosed with spina bifida, cerebral palsy, acquired brain injury, cardio-respiratory problems, and various musculoskeletal and neuromuscular diseases and congenital syndromes.

In her dual role as instructor and clinician, Buxton bridges the gap between academia and the real world. Every day, she demonstrates the need for creativity and flexibility in her chosen profession. Her students – and eventually their patients – are the beneficiaries of her unique experience.

"When you work in a clinical setting, you see it all," comments Buxton. "And I have the





opportunity to bring it back into the classroom. I try to keep it as real as possible for my students, so they know what they will be dealing with when they graduate and get a job.”

Buxton’s teaching style is dynamic and interactive. As she guides her students through what she calls the “nuts and bolts” of pediatric evaluation and intervention, she covers everything from brain mapping and cortical development to cognitive, perceptual and sensory-motor interventions, and standardized developmental assessments. But she also assigns several group presentations wherein students summarize the research on common pediatric diagnoses. Because an important Activity of Daily Living (ADL) for children is play, one of Buxton’s favorite assignments is a Toys “R” Us field project, which requires students to look at toys from a therapeutic, not a manufacturer’s, viewpoint.

In another exercise that connects the classroom to the clinical setting, Buxton uses examples of real-life diagnoses that she sees at CHOP and asks her students at SHRS to work in teams to develop treatment plans for those children. When the plans are complete, her colleagues at CHOP provide valuable feedback.

“People think that a child goes into the hospital with one diagnosis, and that there is a standard course of treatment,” comments Buxton. “But that’s not at all true. This project confirms that. Students have to be aware that there is a constellation of factors going on in a child’s life that affects the success of his or her therapy. Perhaps their developmental process is not complete, or maybe they have other physical limitations or psychosocial issues that complicate their clinical picture.”



According to Buxton, students need to look at a child in a global context. They need to know how to help them function, not only personally, but within the family and within the community.

An important aspect of Buxton’s work in the classroom is role-playing. She insists that her students act out different ways to engage parents. “The students may think they know how to talk to parents about the therapy, and they probably do. But I always ask them, ‘Do you know enough about the parent and the environment that you are discharging the patient to? What if you are discharging a patient to a single mom with two jobs and three other kids, and they live in a third-floor walk-up? There are going to be a lot of demands on the mother that might interfere with that child’s therapy.’”

Buxton stresses the importance of educating the parent or the caregiver during any course of therapy. She learned this early in her career while

working in a neuro-trauma unit at the Atlanta Rehabilitation Institute. “No matter how diligently you work with your patient, if the caregiver doesn’t know how to reinforce or implement the therapy at home, your therapy will fail,” she warns.

In her role as clinical program coordinator, Buxton has the opportunity to oversee students from a variety of schools across the U.S. “Even though I’m an instructor at Pitt, I get a bird’s eye view of other curricula. I see a big difference in how students are prepared for fieldwork. The Pitt program does a great job of instilling professional maturity in students. When they come to their internship, they have a strong work ethic and a solid clinical core. By the time they graduate, they’re ready.”

Ready for what? If Buxton’s students learn any lesson under her tutelage, it’s that the role of the occupational therapist may constantly change, but it will always revolve around individualized patient care.



*“Buried deep in the earth are precious diamonds. In order to get to them, however, we must dig and dig deep. Once we get to the foundation rock, we must apply pressure to shape and mold the diamond. It is not the digging, it is the pressure that makes diamonds.”*

## *Polishing the Gems of the Future*







If you search for Dr. Noma Anderson on the Florida International University website, you'll find this quote, gently placed

at the bottom of a list of impressive credentials. Think of it as her philosophy, and you'll get a glimpse into what makes this SHRS alumnus a treasure among scholars and educators.

In her role as professor in the Department of Communication Sciences and Disorders at Florida International University, Anderson carefully shapes and molds future practitioners in the fields of speech-language pathology and audiology. It is a task that brings her great joy.

"One of the most rewarding aspects of teaching is seeing former students who are now working professionals," smiles Anderson. "I take great pride in meeting them as colleagues at conferences, and knowing that in some small way I inspired them to pursue this path."

Throughout her career, Anderson has been a champion of diversity. In fact, on October 24, 2009, Anderson received the distinguished alumni award from the University of Pittsburgh's African American Alumni Council (AAAC) in honor of her commitment to increasing cultural diversity in her field.

Since she left Pitt with her doctoral degree in 1979, she says that she's seen more and more culturally diverse students interested in joining the profession. As an active member of the National Black Association for Speech-Language and Hearing (NBASLH), Anderson adds her expertise to those of other members of the organization to address the interests and concerns of black professionals, students and consumers of speech and language services.

"I'm very involved in mentoring students of color because I believe they are the key to serving a culturally diverse population in the future," states Anderson.

She continues, "Even though there is no difference in the proportion of people with speech or hearing disorders across cultures, there may be different ways to perceive difficulties across cultures – and perhaps different ways to address issues. Having practitioners from all racial and ethnic backgrounds might make it easier for patients to relate."

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*"One of the most rewarding aspects of teaching is seeing former students who are now working professionals..."*

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Anderson's proudest moment as a professional came when she was elected president of the American Speech-Language-Hearing Association (ASHA). Although she had been involved with the association for more than 30 years, sitting on committees and boards, and acting as an advisor and liaison between the academic and professional community, the leadership role validated all the work that she had previously done.

Her involvement with ASHA, coupled with her advocacy on behalf of diversity, earned her another prestigious honor. In 2007, Anderson was awarded the Harvard Foundation Medallion for her outstanding leadership and contributions to American education and health services.

"Our profession is constantly evolving," Anderson notes. "That's why we need to stay abreast of emerging knowledge." Her vision for the future includes advanced research, clinical practice and education that are evidence-based in order for the field to continue to grow.

Anderson also sees a need for more students who earn their PhDs to enter the teaching profession. "Let's face it," she says. "There is a graying of the professoriate, and we need new, young professors to serve as role models."

"When I was a doctoral candidate at Pitt, one of the things I appreciated the most was the encouragement of my faculty. They were so positive and supportive. The standards were exceptionally high, but they treated me like a colleague."

Why wouldn't they? In front of them stood a bright, eager young student who was completely passionate about her chosen field. No doubt they saw her as a diamond in the rough.







## MEASURING SUCCESS. Our lives after the ADA.

*As we approach the twentieth anniversary of the Americans with Disabilities Act, how can we measure its success? Is it by the number of curb cuts and brailled ATM machines we find across this country? Or is there a deeper metric? One that shapes our philosophy of life, that defines the career path we choose, and the well-being of the institutions we value.*

*Recently, a distinguished panel of SHRS faculty and guests discussed how the ADA has affected them personally as well as their work as researchers, policy makers, business professionals and advocates for people with disabilities.*



Panel members included Dr. Clifford E. Brubaker, professor and dean of SHRS; Dr. Rory Cooper, chair and distinguished professor in the SHRS Department of Rehabilitation Science and Technology; Dr. Katherine D. Seelman, SHRS professor and associate dean of Disability Programs; Joyce A. Bender, president and CEO of Bender Consulting Services, Inc. in Pittsburgh; and Ginny Thornburgh, director of Interfaith Initiatives for the American Association of People with Disabilities (AAPD) in Washington, DC. Here is a portion of their conversation.



**KATE SEELMAN:**

I was on the White House lawn the day President George H.W. Bush signed the ADA. Along with many friends of the disability movement, I felt a surge of pride in our historic accomplishments. My interest in accessibility and civil rights is highly personal since I have had a progressive hearing loss for most of my life. As a student, I could not afford hearing aids and there were no accommodations at school or in my daily life. There was no amplification on telephones, and no captioned TV. I began my research and advocacy efforts in communication accessibility in the 1980s at the Gallaudet Research Institute and later extended them across all areas of disability. As director of the National Institute on Disability and Rehabilitation Research (NIDRR) in Washington, DC, and then here at Pitt, I have focused my research and advocacy efforts to support those living with a disability.



**GINNY THORNBURGH:**

I, like Kate, will never forget that warm July day in 1990 when thousands of us gathered on the White House lawn to hear President Bush say: "Let the shameful walls of exclusion finally come tumbling down." My husband,

Dick, was U.S. Attorney General then and the President's point person on the ADA. And my 20 years of work with religious congregations – helping them welcome people with all kinds of disabilities – has been inspired by our adult son, Peter, who has both intellectual and physical disabilities, and is a man of faith.



**RORY COOPER:**

The ADA has impacted my personal and professional life in many ways. As a wheelchair user, it has made it easier for me to travel to conferences, seminars and meetings, for example, because there are rental cars with hand controls and accessible hotel rooms. The ADA has also brought awareness to the need to promote employment and community integration of people with disabilities. Previous laws did not impact the private sector to such an extent. It also has had a tremendous impact on education. Many of the scholarship programs for higher education for students with disability are post-ADA and designed to help people with disabilities compete for employment. Studies have shown that a college degree increases the likelihood of employment for people with disabilities.



**JOYCE BENDER:**

Without the ADA there would be no gateway to employment for Americans with disabilities. To me, it is the greatest piece of civil rights legislation since the Civil Rights Act of 1964. Because our firm is involved in creating employment and career opportunities for people with disabilities, I have seen real progress in the area of accommodations and access because of the ADA. But the unemployment of Americans with disabilities continues to far exceed that of their non-disabled counterparts. To support this, much work needs



to be done to ensure people with disabilities have access to freedom through competitive employment, including ensuring that accessible workplace technologies exist for those with disabilities.



**CLIFF BRUBAKER:**

Before I joined SHRS, I was director of two rehabilitation engineering research center grants at the University of Virginia, and was focused largely on technology for people with disabilities. The ADA had not yet been passed, but there was an earlier program called the Technology-Related Assistance Act for Individuals with Disabilities. It was supposed to create more of an infrastructure for developing technologies, and I was working in the area of biomechanics of people in wheelchairs. So when the ADA was passed in 1990, and I arrived here as dean in 1991, it became clear to me that I had to establish a research enterprise – and a research culture – that previously didn't exist in our school. In order to do that, I started a new program that we called Rehabilitation Science and Technology. Today, this department accounts for about 60 percent of all the research done in this school, and currently accounts for over \$8 million per year in research and development funding from various sources at any given time.



**COOPER:** It was a huge leap of faith for me to come to SHRS and Pitt from my native California, where I had tenure, funding and a growing research program. But the team that Dr. Brubaker was assembling looked to have a lot of promise for creating something unique and important, so I took a chance. The opportunity to start a brand new department focused on rehabilitation science and technology was just too much to pass up. During the past 16 years, SHRS has grown to be one of the leading institutions in the world in the development, study and clinical application of assistive technology. We have large research and development programs for wheelchairs, seating, computer access and assistive robotics, and are on the leading edge of instrumentation to measure and record technique, activity and community participation. Our research has made important contributions to the development of devices such as the SMARTWheel, GAMECycle, Isometric Power Wheelchair Joystick, Universal Docking System for Transport of Wheelchairs in Motor Vehicles and many more. RST has about 100 research and development projects active at any given time.

**BENDER:** It's exactly this type of research that is so important for people with disabilities. The assistive technology that has developed from research has leveled the playing field for many people with disabilities, allowing them to compete in the job market. Additionally, many architectural barriers have been removed, so people with disabilities can participate in the mainstream of life.

**BRUBAKER:** Advancing technology as it related to disability, as well as developing that as an area of practice, was instrumental in shaping the direction of SHRS. Persevering, and making a passionate effort to initiate a PhD program in Rehabilitation Science was also critical to our success. This



PhD program was the first of its kind. It is a school-wide program that fosters scholarly research and interdisciplinary activity among our academic programs. It provided us with credibility at a critical stage in the development of the research enterprise of our school.

**COOPER:** Doctoral students are the backbone of any academic research program. They also stimulate new ideas and in the long term, go on to create their own research programs, establishing the legacy of SHRS. We have – and have had – some great doctoral students. One shining example is that our RST students have won more RESNA Student Scientific Competitions than any other institution for the past 15 years.

**BRUBAKER:** One of the smarter things we did was also create an undergraduate major in Rehabilitation Science. Notable in this program is a survey course in which we have faculty members from each of our departments come in to talk to these students about our respective graduate professional programs. This course provides them with accurate information to help them determine which program is most appropriate and consistent with their career interests. We also have a popular course called Practical Issues in Disabilities that is helpful to students in reaching career decisions. It's another

opportunity for students to meet people with disabilities and assess whether this type of work is right for them.

**SEELMAN:** I join a number of SHRS faculty in conducting the Disability Studies program, which introduces students to diversity in the disability community. In class, people with disabilities, and sometimes their parents, speak with students about their experiences, their own work, life goals and their many accomplishments. Many students, for example, have never met a culturally deaf person who communicates in American Sign Language rather than using speech.

**THORNBURGH:** That's a very important point. We need to educate the general public – and future health care professionals – about people with disabilities. It's a way to open the doors for a much more inclusive society, where folks with physical, sensory, psychiatric and intellectual disabilities are full and equal partners.

**BRUBAKER:** There are a lot of dimensions to the ADA. Certainly, a lot of it is about accommodations, access and accessibility, but there is also a social dimension. The social aspect is important because you can't help solve people's problems unless you really understand their interests and what they want to do.



**SEELMAN:** The ADA has emphasized not so much the differences between people with disabilities and other people, but psychosocial similarities. People with disabilities have ambitions like everyone else. Some want to pursue professional careers, most want to have families, to participate in their communities and to have jobs.

**BENDER:** When they do get jobs, it's only fair that people with disabilities are able to participate at the same level as people without disabilities. We will not be successful until people with disabilities are part of diversity at corporations in America and move into leadership roles in the corporation.

**SEELMAN:** I agree. While accessibility and access have always been the focus of media interest, it's just as important to emphasize that disability is just another example of diversity. Recently, I conducted a seminar on this subject for students across Pitt's Schools of the Health Sciences. Audience reaction reflected a new understanding of disability as a regular characteristic of life.

**THORNBURGH:** The key here is building an understanding so that a person who looks, speaks, thinks, walks, hears and reacts in a different way because of a disability is seen as a person who has joys, sorrows, talents, goals and interests as all people do. Once that is understood, the gift of friendship is more likely to be extended. People with disabilities seek genuine friendship – not just a quick “hello” or a patronizing pat on the head.

**SEELMAN:** At SHRS, we believe it's important to have faculty and student role models, to be inclusive and to infuse our curricula with a diversity approach to disability. Attitudes are important in conveying information to our young and future professionals as well as making disabled faculty and students feel part of the team.

**BRUBAKER:** There have been some real champions of the ADA. Here at

the University of Pittsburgh, Dick and Ginny Thornburgh have very generously established the Thornburgh Family Lecture Series in Disability Law and Policy. It's held every year, and is also supported by grants from SHRS, the Office of the Chancellor and the School of Law. It's just one example of how committed we are to the cause of disability education. The ADA has made a huge difference – there's no question about that. In the future, we'd love to see more things like this lecture series to broaden everyone's views.

**SEELMAN:** My crystal ball has a global shape. Perhaps 80 percent of people with disabilities live in developing countries, are poor and at high risk for infectious and chronic disease. Emerging technologies, such as telerehabilitation, may provide much needed services, and e-learning may provide much needed information. However, technology is not a panacea: it must be accessible, affordable and available. We can help make that happen.

**COOPER:** I believe there are several significant challenges that must be overcome. For one, society must change its attitude toward people with disabilities and more openly embrace full participation.

**THORNBURGH:** I am looking forward to an inclusive society, where all people, including those with disabilities, are honored and seen as useful and gifted. When I speak to different religious congregations, I often talk about giving people with disabilities the

opportunity to serve others – and not just be seen as objects of service – and the chance to take on leadership roles.

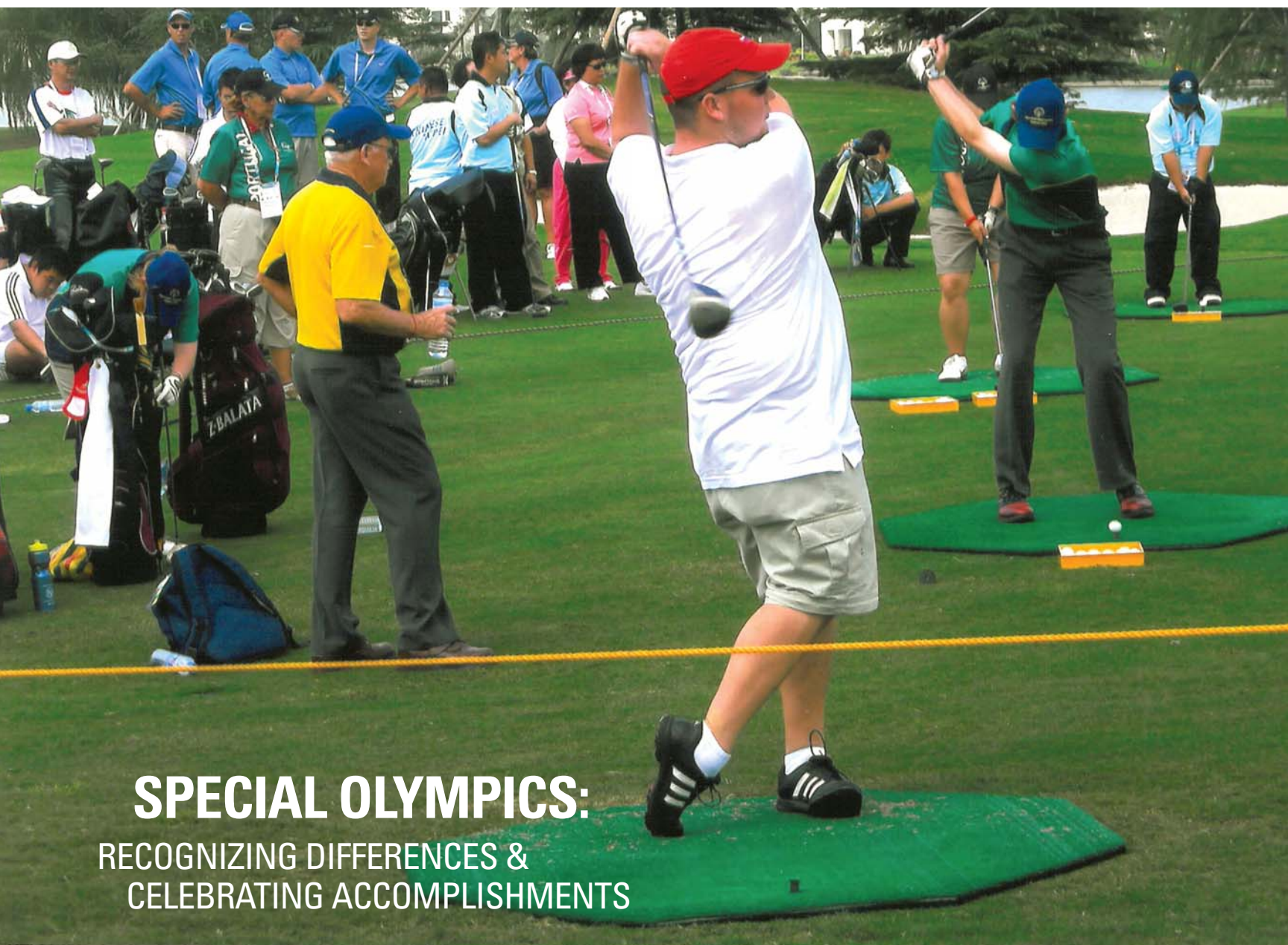
**BENDER:** Yes. An inclusive society is welcoming, not simply tolerant. At our company, we strive for a workplace where “talent is the only discriminator.”

**COOPER:** Employment levels and salaries for people with disabilities must approach those of the general population – and more people with disabilities must assume positions of leadership in business, academia, politics and other areas. Technology and medical rehabilitation can help to make these things happen.

**BRUBAKER:** SHRS is dedicated to a strong research agenda that champions the development of technologies to support people with disabilities. The hospitable nature of the University, coupled with the interdisciplinary collaboration that goes on here, bodes well for continued support of this important issue.







## SPECIAL OLYMPICS: RECOGNIZING DIFFERENCES & CELEBRATING ACCOMPLISHMENTS

*There's a hush over the crowd as the ball connects with the driver and sails effortlessly through the air. It bounces onto the green, inches from the cup. Polite applause erupts, as the grinning athlete strides across the fairway to take his next shot. It could be any professional event. But it's not. It's the Special Olympics.*

A champion will soon emerge, and the prize is something far more valuable than cash. It's self-esteem. Courage. And the sheer joy of sharing gifts, skills and camaraderie with friends, family and other athletes.

Dr. Kevin Conley, assistant dean for undergraduate studies and assistant professor and program director, Athletic Training program, has seen this exhilaration firsthand on fields of play in practically every sport.

For 12 years, Conley has volunteered with Special Olympics of Allegheny County, serving as a first responder to athletes who need medical care on the field, as well as a member of the Management Team.





Opposite page and above: Chris Jagielski

Special Olympics is an international organization dedicated to empowering individuals with intellectual disabilities to become physically fit, productive and respected members of society through sports training and competition. Allegheny County offers one of the largest and most active programs in Pennsylvania, with 21 year-round training sites serving the needs of more than 800 athletes. Locally, athletes compete against other contenders, then work their way up to state, national and international levels.

“Most people don’t realize the level of competition that exists in Special Olympics,” begins Conley. “Despite their perceived limitations, there are some very high-functioning athletes who are extremely serious about their sport.”

Conley proceeds to tell the story of Chris Jagielski. A 2009 inductee to the Special Olympics Pennsylvania Hall of Fame, this 24-year-old from Pittsburgh has earned more than 184 medals, including 114 gold, during his 13-year involvement with Special Olympics. Although he competes with the best of his peers in track and field, soccer, basketball and bowling, his passion is golf. At the Special Olympics World Summer Games in Shanghai, China, in 2007, Jagielski displayed outstanding sportsmanship and skill, and earned the

number six ranking in the world.

“Getting to know people like Chris is so inspiring,” comments Conley. “They see us on the sidelines and know they can come to us any time. We’re here to help them accomplish their goals, and it is so moving to watch them compete and simply enjoy the thrill of participating with their peers.”

The Special Olympics Athlete Oath, which participants recite prior to each competition, states “Let me win, but if I cannot win, let me be brave in the attempt.”

“In a society that places so much emphasis on being the best and winning at all cost, there is something we can all learn from these inspiring individuals,” Conley continues.

Helping to empower athletes and create a positive experience is the ultimate goal of volunteers like Conley, who serve in a number of capacities that includes coaches, trainers and organizers of events.

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*“Most people don’t realize the level of competition that exists in Special Olympics.”*

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The team from Pitt consists of Conley and student volunteers, who choose Special Olympics as one of their anchor service projects. Athletic training students from the Department of Sports Medicine and Nutrition are all certified EMTs, so they’re ready and able to provide immediate medical assistance should the need arise. But Conley adds that many students from other programs are always eager to help out as well. “Some act as athlete escorts, or help to hand out awards. It’s a rewarding experience for everyone,” Conley claims.

According to Conley, one of the biggest challenges in dealing with Special Olympians is communication. “Fortunately, we don’t see a lot of

injuries in Special Olympics,” admits Conley. “But when we do, it is often hard to get the athlete – and the family – to understand what we need to do.” Patience and trust go a long way in helping the athlete overcome an injury and get back into the sport.



Special Olympics volunteers Jena Towson (left) and Sarah Grabowski (right) celebrate with gold medalist Karen Sayers (middle).

“These athletes are often greatly underserved,” observes Conley. “Many could use more sophisticated services such as orthotics, hearing devices, even eyeglasses. They don’t always have access to these types of things, and it can ultimately affect their performance.” Conley hopes the community would recognize these needs and take a more active role in supporting Special Olympics by making more services available to athletes.

The University of Pittsburgh has been a strong supporter of Special Olympics for more than a decade. The Department of Athletics provides access to basketball and aquatics facilities, free of charge, for various competitions. As early as 2002, the University was awarded the state organization’s Leadership Award in recognition of its service to Special Olympics of Allegheny County.

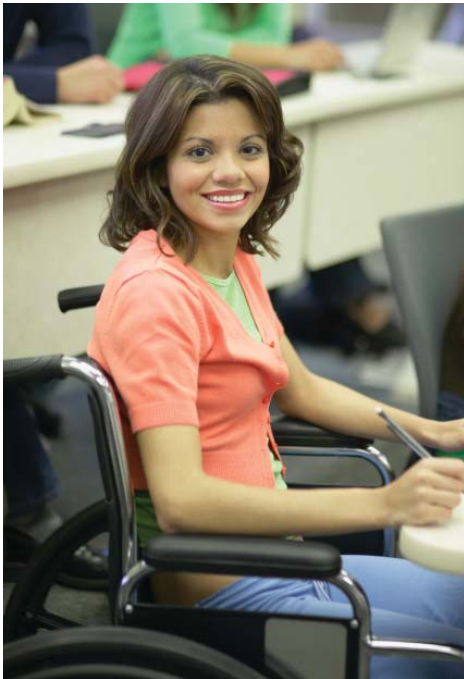
Conley sees no end to his personal involvement with Special Olympics. “It’s become a part of my life,” he says, and adds that he recently submitted an application to serve as an athletic trainer for the 2011 World Summer Games in Greece.

For more information about the Special Olympics of Allegheny County, visit <http://www.so-ac.org>.



# Making *the* Grade.

*Better Accommodations in the Classroom.*



“Twenty-five years ago, if a student with a significant hearing loss wanted to become an audiologist, brows would furrow and a whole host of questions and challenges would arise.”

Elaine Mormer, instructor and clinical coordinator of the AuD program, speaks frankly about the issues that face students with disabilities in the field of audiology.

“No one would say ‘no’ – or ‘impossible’ – but there wasn’t a sense of confidence that it could be done successfully,” notes Mormer.

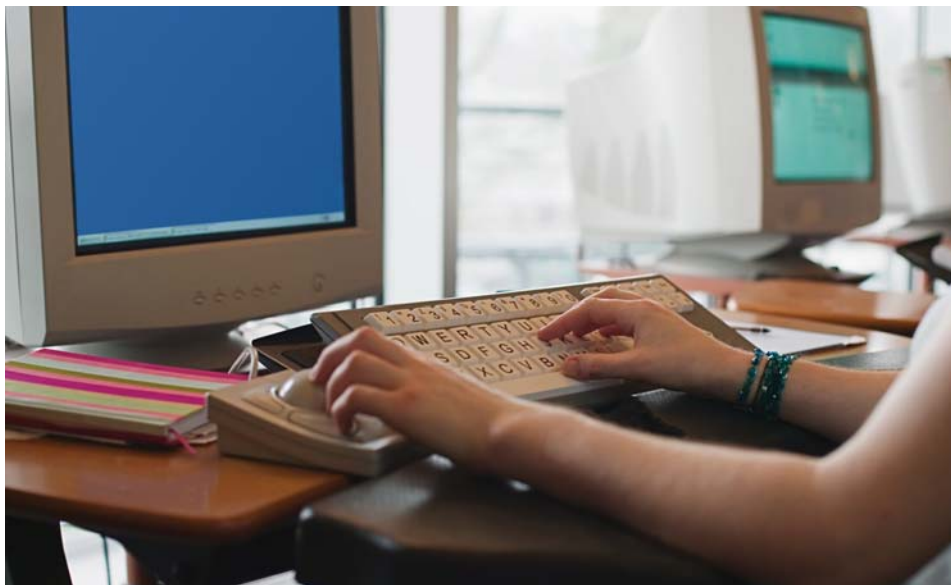
Today, 20 years after the passage of the Americans with Disabilities Act, a growing number of students with disabilities are entering the field of audiology as well as other health care professions. Reasonable accommodations in the classroom help them achieve their goal.

“SHRS’s Department of Communication Science and Disorders has been extremely proactive in working with students with disabilities,” continues Mormer. “After all, it’s what we do as professionals. It only makes sense that we would do the same for our students.”

In order for reasonable accommodations to be made, students with disabilities must make the request through Pitt’s Disability Resources and Services (DRS) office. Lynnett Van Slyke, director of DRS, claims there are approximately 700 to 800 active students at the University who request reasonable accommodations each semester. “It’s important to remember we handle each of these requests on an individual basis,” says Van Slyke.

Accommodating those individual requests can be a challenge, but SHRS Information Technology director Kip Ruefle and his team of systems analysts are up for it. “I have 20 years





of IT experience,” comments Ruefle, “but before I came to SHRS, I never really thought of using technology to provide accessibility.”

It’s students like Katelin Archer who inspire him. Although she was completely blind at birth, Katelin now has extremely limited sight, and requested accommodations for her visual impairment when she transferred to Pitt last semester. Working through the specialists in DRS, and with the assistance of Mormer and Ruefle, this sophomore undergraduate now has access to a computer with a 30” monitor and special software that helps her see her assignments.

“The whole experience here at Pitt has been very good,” admits Archer. “The specialists are extremely knowledgeable, and my professors have been more than willing to help. I hope to go on to graduate school for audiology, and eventually earn my PhD, so it’s important for me to have the technology I need to complete my coursework.”

Currently in SHRS, adjustable-height workstations allow wheelchair users to access computers, both in the classrooms and in public areas. Large-screen monitors and screen reading software provide greater access for students with visual impairments, while overhead microphones and assisted

listening devices help those with hearing disabilities.

According to Ruefle, it’s constantly a learning experience. “We try to build a certain amount of accessibility in each classroom, but it would be impossible or not pragmatic to say here’s everything you need for total accessibility.” Even so, he believes that SHRS is at the forefront of accessibility.

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*“The culture of our school is all about inclusion,” says Messick. “And being aware of that culture leads to many adaptations.”*

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In addition to providing technologically driven accommodations, Dr. Cheryl Messick, director of clinical education, believes CSD is seeing more students with varied types of disabilities, including mental health conditions, learning disabilities and sensory impairments, who are requesting accommodations.

Anxiety disorders and depression are real disabilities that can debilitate a student, especially a higher level student who is required to do more independent learning. Through Pitt’s DRS office, accommodations can be

made to offer these students more time to complete readings, for example, or special testing environments – but the student must identify herself or himself and provide the necessary documentation.

While the ADA mandates reasonable accommodations, Messick makes it clear that there are no modifications to the expectations, including knowledge and skills required for a student to complete a program.

Mormer adds that the clinical education requirement for the CSD graduate programs poses even more challenges. “When the students are here at Pitt, we have a plan for reasonable accommodations, but every clinical setting is different. Our faculty works very closely with our clinical education providers. We try to match the students very carefully so that they receive the best possible learning experience, but also have the accommodations they need to succeed.”

With more students with disabilities entering the health care professions, Mormer and Messick find more professional organizations are discussing disability issues at national conferences. They cite workshops on how to accommodate students with disabilities, or how to interact with colleagues who have disabilities.

Mormer also points to new technical standards that are being developed to define essential skills and functions of professionals working in the field, making it easier for a person with a disability to evaluate whether or not he or she could succeed in a given field with or without accommodations.

“The culture of our school is all about inclusion,” says Messick. “And being aware of that culture leads to many adaptations. We have wonderful technology in our building, so we do things like record lectures and put them on a Web link. It not only helps students with disabilities, but it’s great for all students who want to take advantage of it.”



Consider the world of high technology, full of acronyms and shortcuts. It's hard to get personal with the likes of html, LAN and WAN, and now WLAN, or with the IP's and ISP's of the net, or with the downloads, uploads, protocols, links, hyperlinks, authentications, verifications and various other bits and bytes that work behind the scenes to create today's advanced communication.

In fact, it's easy to understand why many consider technology about as inviting as a cold cup of java.

Yet Dr. Bambang Parmanto, associate professor in the Department of Health Information Management, is utilizing his expertise to make technology more

accessible to people with disabilities. The result is heart warming.

In his current study on Web accessibility, Parmanto is evaluating hundreds of websites that contain literally millions of pages of content. His goal: to create awareness about the need for websites that offer better access for people with disabilities.

"The Web is a window on the world," explains Parmanto. "This is especially true for people with disabilities. This is where they go to shop or get information. It's surprising how many websites are not really up to standards, making them difficult for many people to use."

Parmanto has developed a series of rigorous metrics that can compare one

site to another, as well as the aggregate of different industries' sites, and different sites over time. Websites that provide text as well as images, that offer closed-caption options on videos, or have variable font sizes, for example, are sites that are better suited for users with disabilities.

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*"The Web is a window on the world," explains Parmanto. "This is especially true for people with disabilities."*

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Not surprisingly, government websites tend to fair better than most when it comes to accessibility for people with disabilities. "Naturally, the ADA drives





the government sites to be accessible,” explains Parmanto. “They need to lead by example.”

Using science as a tool to understand issues like Web accessibility is great, but according to Parmanto, what is really needed is the development of new technology.

Recently Parmanto introduced advanced telecommunications software that opened up new possibilities for delivering services over distance – and to people with disabilities. Known as VISYTER (Versatile and Integrated System for Telerehabilitation), the software serves as a platform that can support various telerehab services.

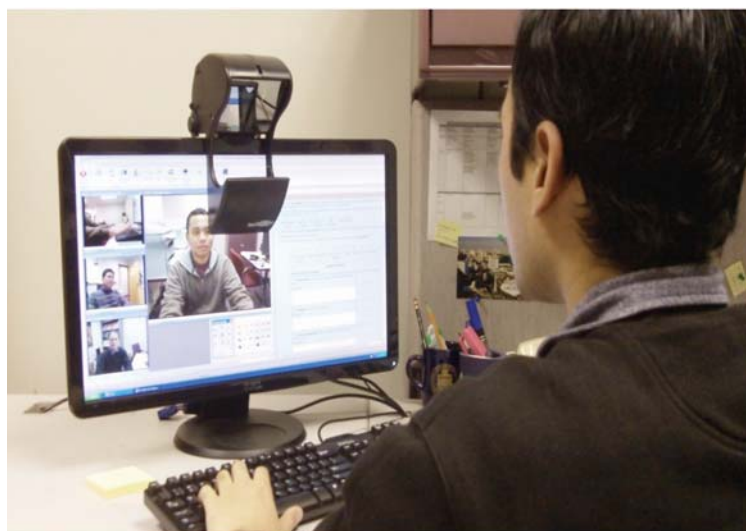
Says Parmanto, “In the past, telecommunications technologies have been extremely expensive, relying on proprietary equipment. Our idea was to develop high-quality, secure software that uses commodity equipment like computers and webcams to make it very cost-effective.”

VISYTER was developed through collaboration with the Rehabilitation Engineering Research Center (RERC) on Telerehabilitation. As part of the RERC on Telerehabilitation projects and in collaboration with the Center for Assistive Technology (CAT) at the University of Pittsburgh Medical Center, VISYTER has been used for nearly three years to conduct wheelchair assessments in rural areas. Generalist practitioners and their patients from four different sites in rural Pennsylvania have used the telerehabilitation software to consult with experts in Pittsburgh.

Results show that the telerehab opportunity reduced variations in clinical practice, provided much-needed education for remote practitioners, and

provided a closer, more accessible – and more cost-effective – solution for patients with mobility impairments.

Similarly, the software was adapted for the assessment and diagnosis of autism spectrum disorders as part of the ASERT (Autism, Services, Education, Research and Training) project. This



application, developed in cooperation with autism experts from Western Psychiatric Institute and Clinic, requires the use of two or more cameras in order to view both the client and various aspects of his or her environment.

“In the case of an autistic client, it’s important to see if eye contact is being made, or if the client is engaged at all with the person conducting the

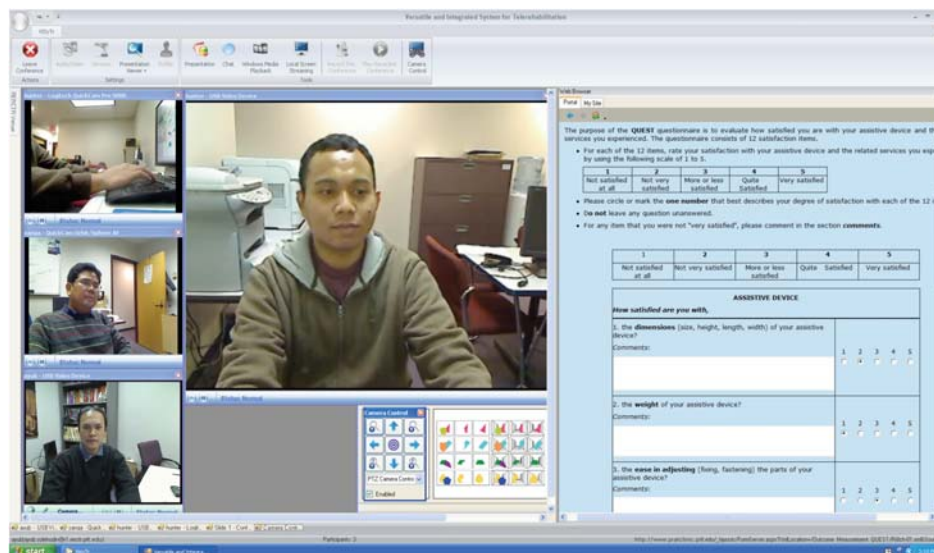
assessment,” states Parmanto. “We also want to look at the environment and see what’s going on there.” To add further value to the assessment, Parmanto has built in stimuli presentations that can be controlled remotely by the clinicians. He is currently developing methods for capturing clients’ responses remotely.

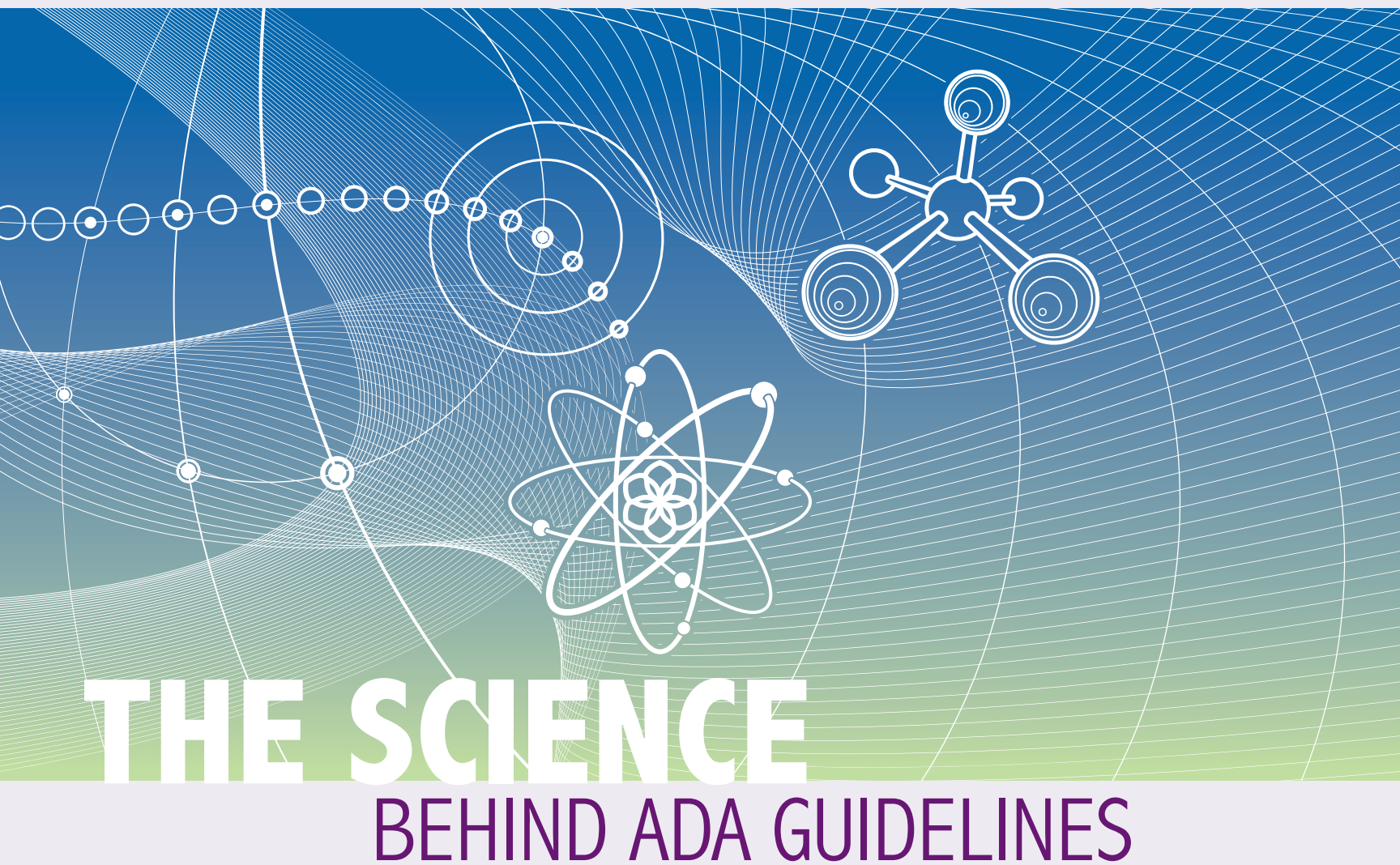
Confidentiality is key to the development of any health care-related software. The new technologies being developed by the Department of Health Information Management are no exception.

Parmanto says it’s possible to include several clinicians as well as the patient in any assessment. They are developing ways to set up private chats between the clinicians while they are meeting with the client.

Parmanto notes that it won’t be long before telerehab technology can be used to access electronic medical records, and Smartphones will support services for people with disabilities.

“We’re always looking at technology that is two or three years ahead,” claims Parmanto. “We want to ensure what we’re creating today will be viable in the future.”





# THE SCIENCE BEHIND ADA GUIDELINES

Since the Americans with Disabilities Act was passed into law in 1990, we've all become familiar with certain accommodations that make it easier for our friends and family members with disabilities to function in the world. There's the parking spot designated with the graphic white wheelchair. The Braille alphabet on elevator buttons. The extra-large stall in public restrooms.

But even though we may walk down a wheelchair ramp instead of stepping off a curb, few of us ever stop to consider why these special features are designed the way they are – or located where they are.

"It's all science," explains Dr. Rory A. Cooper, chair and distinguished professor in the Department of Rehabilitation Science and Technology (RST). "It's science that drives the guidelines established by the Access Board."

The Access Board is an independent, federal agency created in 1973 to examine the architectural barriers that prevented access to public buildings. But since the passage of the ADA, the role of the Access Board has expanded dramatically. Currently, they are the leading source of information on all types of accessible design – from buildings to telecommunications equipment. They develop guidelines, provide technical assistance and training, and conduct research to support and maintain the guidelines.



The RST Department has been working with the Access Board practically since the passage of the ADA. Cooper recalls that it was his research on sidewalk surfaces that initially caught the attention of the Access Board.

“We were conducting shock and vibration studies and how they affected certain surfaces,” recalls Cooper. “The Access Board was interested because they were creating specifications for accessible pedestrian pathways. We were pleased to share our findings and help create standards.”

In layman’s terms, the RST study helped the Access Board determine the types of surfaces that would allow better accessibility for users with disabilities – right down to the size of the cracks.

Since that time, Cooper and the researchers in his department have been involved in a number of studies that helped set access guidelines.

“In the past we worked with the State University of New York at Buffalo on a study that eventually helped to establish access guidelines for interior spaces,” notes Cooper. The team collected data from approximately 400 disabled

people of different ages in order to determine the guidelines for a variety of things including the appropriate width of hallways, the height of countertops and the location of grab bars.

Currently, Cooper is working on a two-year study that examines how people with disabilities can best transfer from their wheelchairs to amusement park rides! “This project has been great,” admits Cooper. “We get to travel around the country and determine what accommodations are necessary to allow people with disabilities to enjoy different amusement parks.”

Cooper says the study is not all fun and games, though. Once his research establishes standards, it will take as many as three to five years for the Access Board to approve them as guidelines. “Some amusement parks, like Disney for example, have prepared pamphlets with instructions for people with disabilities. It would be ideal if there were signs as well, to let people know that a certain ride requires one or two transfers. But we’re not there yet.”

As new technology emerges, Cooper and the research team at RST will be examining new standards and



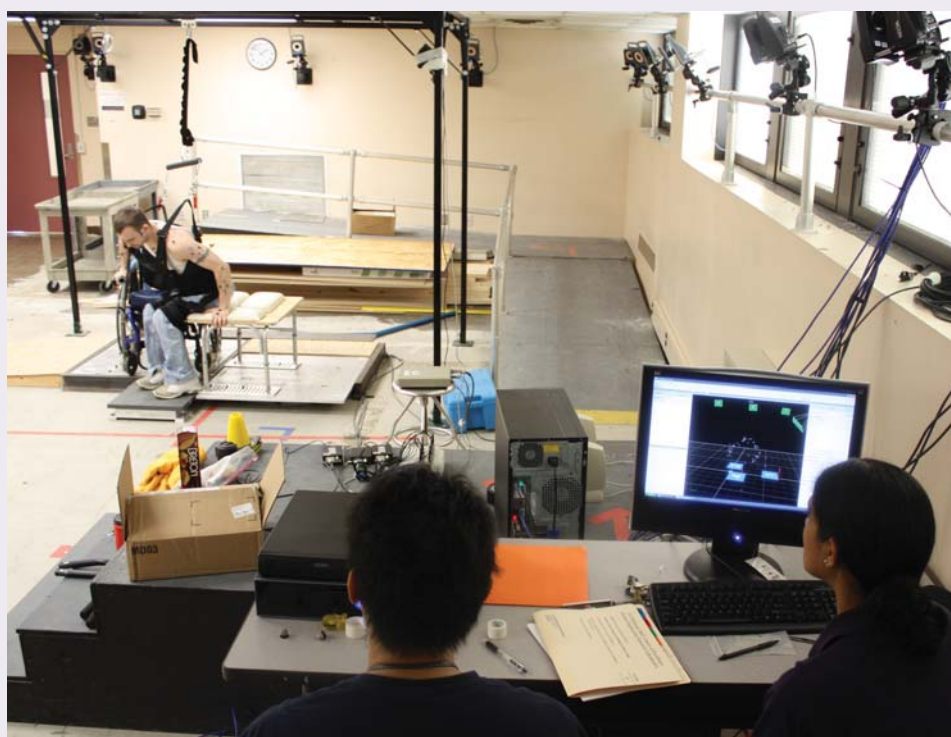
guidelines. “We’re already updating our research on pedestrian pathways,” claims Cooper. “There are new surfaces available, as well as new research. We’d also like to recommend a maintenance schedule for city planners to use so that the surfaces we specify would be properly maintained.”

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*As new technology emerges, Cooper and the research team at RST will be examining new standards and guidelines.*

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Although Cooper is focused on utilizing the best science to create ADA access guidelines, he believes others can improve the effectiveness of the Americans with Disabilities Act. “Companies like Microsoft, Intel and Apple all have accessibility experts on staff,” he notes. “In the future, we’d like to see more proactive companies like these be in tune with the needs and requirements of their disabled employees and customers.”





# RAISING THE BAR –

## A Model for Clinical Education

**T**he University of Pittsburgh's physical therapy program has always enjoyed a stellar reputation. Dr. Anthony Delitto recalls the professional admiration that was felt for Pitt when he was still an undergraduate student at SUNY Buffalo in the late 1970s.

"The advanced musculoskeletal training, coupled with the clinical knowledge and skills that were taught, were second to none," admits Delitto. "The faculty had an international reputation, even back then."

It's really no surprise to Delitto that the program he eventually built upon – the department he now chairs – consistently ranks among the best in the country. In fact, it's rated #2 in the most recent standings compiled by *U.S. News & World Report*.

Delitto attributes the overwhelming success of SHRS's Department of Physical Therapy program to many factors, including a long lineage of great faculty, many of whom were accomplished practitioners. But one area of true distinction is the unique clinical education model that has been implemented in the past 15 years.

"Clinical education for physical therapy students can be a scarce commodity," Delitto explains. "Finding willing partners and spots for every student is not always easy. Yet students need a strong clinical experience before they enter the profession. It's truly where 'the rubber meets the road.'"

In 1995, Delitto and the faculty solved that conundrum by forming a unique partnership with the University of Pittsburgh Medical Center and its partner, the Centers for Rehab Services (CRS). CRS is one of the largest networks of community-based, comprehensive rehabilitation services in Western Pennsylvania. With more than 40 locations that offer the full gamut of PT services, CRS provides a tremendous range of opportunities for SHRS students.

Today, out of more than 200 physical therapy programs in the country, SHRS is only one of three that offers such an extensive clinical education. It is, in the opinion of Delitto, also the best.

The collaboration with UPMC and CRS provided great learning experiences for students from the start, but Delitto wanted to ensure that





his clinical partners benefited as well. “How can this work for all of us?” was the question he constantly asked.

The answer was not always the one Delitto wanted to hear. But, he admits, it always led to further improvements in the program.

For example, an improvement in the part-time internship program came about when clinical partners told Delitto that students needed to spend more time in their clinical settings. They suggested 12 hours a week instead of the four to six hours that were commonplace.

“Our first thought was how can we get all the coursework in, and how can we accommodate everyone’s schedule? It sounded like a nightmare,” recalls Delitto.

But after consideration, the advantages far outweighed the inconveniences. “More hours meant more opportunities for the student to learn – and more experienced help for the clinics themselves. We knew this wasn’t going to be easy, but it was definitely the way to go.”

To make this happen, the department needed to schedule classes either all in the morning or all in the afternoon. Students had to be willing to take evening shifts at clinics, and in some cases, faculty members were required to put in longer hours.

Says Delitto, “The feedback was terrific, so we started thinking about how to expand the clinical experience and provide training that would really make the student ready for practice.”

The part-time internships and a full-time summer internship allowed students to rotate through a variety of physical therapy disciplines, but a one-year residency program in a single setting would give them highly specialized training that would truly enhance their skills.

By 2003, a full-time, year-long residency program was in place – along with a monthly stipend for each student, provided by the clinical partner, to offset the cost of tuition during their fieldwork.

Dino W. Rovito, chief operating officer, CRS, notes, “We are always happy to contribute to the mission of an academic medical center and welcome the collaborative approach to clinical education.”

“No other program in the country offers this financial component,” boasts Delitto. “It’s the clinic’s way of investing in the student, and saying that they value his or her contribution to patient care.”

“We value depth as opposed to breadth of experience,” Delitto continues. “With the combination

of part-time internships and the year-long residency, sometimes in a specific discipline, we believe we are providing significant learning experience that sets our students apart from other potential job applicants.”

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*“It’s a work in progress, but it’s a model that we think will work.”*

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“It is because of this unique partnership that we are able to continually adapt to the changing health care environment and meet the needs of the academic program, the students and our clinical partners,” adds Debbie Miller, assistant professor and vice chair. “Honest feedback, open communication and continuous re-assessment are essential components of our relationship.”

With changes in health care, Delitto expects further changes in his department’s clinical education model.

Case in point: The current Medicare regulations. Right now, Medicare will not reimburse a clinic for patient care that is provided by students because they are not yet “licensed practitioners,” even though they are being supervised by licensed physical therapists.

Delitto and his colleagues are exploring ways to change their program, to license students quicker, and establish residency lines similar to those found in medical schools.

“It’s a work in progress, but it’s a model that we think will work,” claims Delitto.

Once again, SHRS’s Department of Physical Therapy is pioneering better ways to bring the best possible learning experiences to students. And provide patients with the best qualified physical therapists.





## *Creating Accommodations in the Workplace – That’s Job One.*

*When you’re on the job, you probably never think about your work environment – or the physical and mental steps you take throughout the course of the day. Your desk and computer are most likely “company issue.” Your chair is probably the same one used by the employee who sat at that desk before you. Your tasks are pre-determined. You move from one activity to another without much consideration of the conditions of your workplace.*

*Unless you are one of the more than 49 million people in this country with a disability.*





According to Dr. Nancy A. Baker, associate professor of Occupational Therapy at SHRS, the Americans with Disabilities Act of 1990 was an important step forward in helping to mandate reasonable accommodations for employees with disabilities in the workforce. But there is still much to be done. In her opinion, more employers should be asking themselves what they can do to reduce the risk of injury and make their workplaces more productive – not only for people with disabilities, but for all employees.

“Many times it’s difficult for an employer to see where potential problems lie,” explains Baker. “That’s where occupational therapy can be of help. Occupational therapists are very good at analyzing the critical demands of any job, and identifying changes that will improve the overall conditions of the workplace.”

Baker notes that many people with limited mobility or physical weakness excel at computer jobs. But the types of computer workstations they need can vary tremendously. In fact, a key area of her research is how to design computer workstations to reduce musculoskeletal injuries. In Baker’s ideal world, an occupational therapist would be the one to recommend a workstation that is not only the right height and size, but features

the necessary adaptations for a person with a disability.

“There are countless input devices for computers that make it easy for people with physical disabilities to work comfortably and efficiently,” she continues. Baker cites voice-activated software, laser devices, adaptive keyboards and different types of mice, all designed to optimize job performance.

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*“There are countless input devices for computers that make it easy for people with physical disabilities to work comfortably and efficiently.”*

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“It’s fascinating to me to see how many work environments are set up so poorly, and how simple it is to make changes that benefit people,” muses Baker. “I always tell my students, if someone can’t do the job that they have the skills to do, it’s not the fault of the person – it’s the fault of the environment. And environments can change.”

While the focus of many workplace accommodations involve ways to reduce the physical demands of a job in order to reduce injuries, reasonable accommodations are also necessary for people with mental or cognitive

disabilities – and these might not be as easy to detect and are, therefore, less likely to be addressed.

Baker observes that many people with “invisible” disabilities are fearful of disclosing because of the stigma associated with them. Many people with disabilities don’t realize that they can, by law, request accommodations. But as an occupational therapist, she encourages both employers and employees to explore ways to make these changes.

The Job Accommodation Network (JAN), a free service of the U.S. Department of Labor’s Office of Disability Employment Policy, estimates that nearly 50 percent of all workplace accommodations cost nothing at all to employers. The remaining accommodations usually cost less than \$500. Baker recommends the JAN as a tremendous resource for employers. For a person diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), for example, JAN suggests a variety of solutions ranging from providing checklists, flow charts and calendars with due dates to offering the services of a job mentor to help keep the employee on track.

Baker adds, “As occupational therapists, we always need to be thinking of creative ways to support people with disabilities in the workplace. In most cases, the changes end up benefiting everyone.”



**M**oney magazine ranked it #2 on its list of “Best Jobs in America 2009.”

The U.S. Bureau of Labor Statistics predicts a 27 percent job growth between now and 2016.

More than 400 students at the University of Pittsburgh as well as graduates of Pitt and other local schools recently expressed an interest in the field.

What’s all the buzz about? It’s a highly rewarding career as a physician assistant.

Physician assistants (PAs) were virtually unheard of 50 years ago. Yet today, more than 82,000 of these medical professionals are transforming the way health care is delivered.

A vital link between physicians and patients, physician assistants deliver a broad range of services in both primary care and specialty medicine settings. They examine patients, diagnose and treat illness, order and interpret tests, provide preventive education, assist in surgery and prescribe medications.

Their overarching goal: To improve the quality, accessibility and cost-effectiveness of patient care.

This January, a new Masters of Science in Physician Assistant Studies program was introduced at SHRS. Dr. Deborah A. Opacic, director of the program, is excited about the opportunities for students hoping to enter the field.

“The PA Studies program is a natural for Pitt and SHRS,” Opacic claims. “The University’s reputation as a center for academics and research, our access to world-class medical professionals and our commitment to educating the next generation of health care professionals all support the success of the PA initiative.”

FOR \_\_\_\_\_

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**Rx** *Examining the Need.  
Finding the Rx.*

New Program Meets the Demand  
For A Growing Profession.

DISPENSE AS WRITTEN





During the rigorous, 24-month program, students obtain a solid foundation in the practice of medicine. The first three semesters (12 months) are didactic, with classroom studies that include science courses like anatomy, physiology and pharmacology.

During this period, students also learn how to take patient histories and conduct exams, as well as fundamentals of surgery, health policy, principles of research and patient education and counseling. Four full-time faculty members along with adjunct professors who are either practicing physicians or PAs ensure the students receive a high caliber, quality education.

The second year of the program gives students clinical experience in different settings that include internal medicine, family medicine, pediatrics, women's health, emergency medicine, geriatrics, general surgery and behavioral health. Students will be given the opportunity to take advantage of the unique relationship between the University and the University of Pittsburgh Medical Center, or explore other sites that are of interest. The clinical coordinator will place students at sites that are best suited for them.

After completion of the program, graduates will be eligible to sit for the national certification exam before they practice as physician assistants.

According to program administrator, Marsha A. LaCovey, the PA Studies program took several years to develop. A formal proposal was submitted to the University provost, detailing the need and demonstrating how the program would meet the need. Faculty was recruited, and the program received Provisional Accreditation by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA).

"There have been a lot of challenges," says LaCovey. "But we are extremely pleased with the results. Not only did we build the program from the ground up – we actually designed the space from scratch as well."

SHRS's PA Studies program is housed in a state-of-the-art facility at U-PARC, the University of Pittsburgh Applied Research Center located in Harmar Township.

*"There have been a lot of challenges," says LaCovey. "But we are extremely pleased with the results."*

The new space offers everything the student needs for success, including a computer room, conference room, lounge and easy access to faculty and administrative offices. Two spacious classrooms serve as the hub for the didactic portion of the curriculum. They feature six breakout rooms that are set up exactly like exam rooms in a doctor's office.

Twenty-two students comprise the first class in the PA Studies program, but Opacic anticipates the number will quickly grow to their targeted goal of 48 students per class.

Opacic and LaCovey agree. There couldn't be a better time to start a program like this. The future of health care rests in the capable hands of well-trained students like those in the new Physician Assistant Studies program.



# The Real World

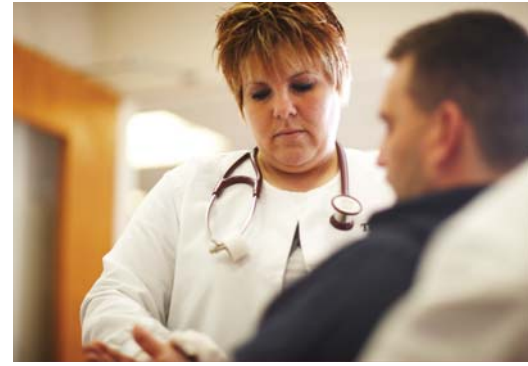
**T**erri Vaccarelli just completed an overnight shift as a paramedic for Medic Rescue ambulance service in Beaver County, where she works full time. She checks in on her husband and three teenage daughters before catching some sleep, then heading off to class at SHRS. She's carrying a hefty load this semester and will graduate with a degree in Emergency Medicine in the spring. If all goes according to plan, Vaccarelli will be accepted into SHRS's new Physician Assistant Studies program, and will begin her masters program next January.

It doesn't get any more real than this.

Vaccarelli just smiles. "This is my life right now. It's pretty busy, but my family is so supportive. We just do what needs to be done!"







“What needs to be done” includes studying hard and not wasting time. “Non-traditional students don’t have the luxury of time that many undergraduates have,” explains Vaccarelli. “We need to work really hard – and we do because we really want this education.”

This dynamic wife, mother, student and first-line responder is already a true health care professional. She’s completely focused on patient care. Because she’s worked in the field as a paramedic for 15 years, she understands the importance of good communication.

In her opinion, this is where her real-world experience and her classroom training overlap.

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*“Non-traditional students don’t have the luxury of time that many undergraduates have,” explains Vaccarelli. “We need to work really hard – and we do because we really want this education.”*

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Vaccarelli says the courses in the EM program are excellent. “We get a lot of hands-on experience and very good training. But there’s more to it than that. This semester we’re taking an interesting course called ‘Beyond the Body’ that gives us great insight into the socioeconomic and psychological factors that patients face,” Vaccarelli explains. “I think this is equally important information because it helps us know how to sit down and speak with a patient, get a good patient history and find out what’s going on.”

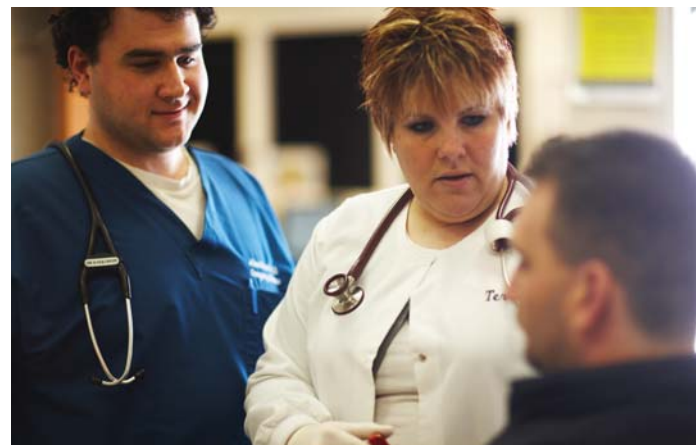
In her job as a paramedic, Vaccarelli utilizes similar skills to interact with patients. “I always tell the new EMTs and medics that you have to remember that you’re going into someone’s house when something really scary is happening. You need to reassure them and give them hope – and at the same time, try to assess the situation. You want to put yourself in their shoes, so you can understand exactly what kind of care they need.”

During the heavy snows in February, Vaccarelli says people called 9-1-1 for a wide range of reasons – some of them not even medical. “Because of our training, we go, and we try to help in whatever way we can.” One of the highlights of the blizzard weekend was delivering a baby in the ambulance. “The roads were terrible and we couldn’t get to the hospital in time. It’s not very often that a paramedic gets to deliver a baby, but when we do, it’s always a good day!”

Vaccarelli believes her EM degree will be a great bridge to the Physician Assistant Studies program because she’s getting a background in all medical disciplines. She’s gaining additional experience by job shadowing physician assistants in various medical specialties. She’s already spent a shift in a cardiologist’s office and multiple hours in a local hospital emergency room. She also plans to shadow a professional in an obstetrics/gynecology practice and on a surgical service.

“Everyone thinks that because I majored in Emergency Medicine and worked as a medic, I’d want to continue my career in an ER,” comments Vaccarelli. “But the truth is, I want to experience all the various medical specialties and keep my options open. This is a great time to learn about what’s out there and how PAs function in different areas.”

“I absolutely love my job as a paramedic,” Vaccarelli states. “But I can’t wait to start the PA program. It’s something I’ve wanted for years, and it feels really good to be so close to reaching my goal.”



Change Service Requested



# SHRS Alumni Day 40<sup>th</sup> Anniversary & Awards Ceremony

Saturday, May 22, 2010

## Alumni Hall

Fifth Avenue, Pittsburgh (Oakland)

**2:00 to 5:00 p.m.**

- Guided tours of SHRS Laboratories:  
Rehabilitation Science & Technology Labs  
Neuromuscular Research Lab (NMRL)

**5:00 to 8:30 p.m.**

- Reception
- Dinner
- Keynote Address by Jeremy W. Feldbusch
- Distinguished Alumni Awards Ceremony

\$65 per person

For more information, please contact:

**Patty Kummick**

412.383.6548 • [pkummick@pitt.edu](mailto:pkummick@pitt.edu)