Rocky Mountain University of Health Professions
Institutional Effectiveness

2024 Alumni Survey

(2023 & 2021 Graduates)

Institutional Summary

Methodology and participation:

Email list of graduates from 2023 and 2021 provided by BI Analyst, IE
Ran from 7 April 2025 – 31 May 2025 (delayed from Fall 2024)
899 grads were sent an email invitation; Program Directors were asked to also contact alumni. Of those invited, 131 graduates reviewed the survey with 128 answering at least one question. Response rate was 14%, comparable to 15% in 2023, and 24% IN 2022 (when program directors were heavily involved in personal outreach), and 18% in 2021)

Purpose

As part of RMU's comprehensive institutional assessment and continuous improvement process, the purpose of the annual Alumni Survey is to collect institutional data to assess factors related to post-graduation achievements and perceptions. The University measures alumni data one and three-years post-graduation; as such, all 2021 and 2023 graduates were solicited for participation in the 2024 Alumni Survey. The survey was delayed from Fall 2024 and conducted in April and May 2025 via an online survey tool and included five categories: demographics; University Mission, Vision, and Core Themes; Professional Role and Engagement; Overall RMUoHP Experience; and open-ended questions to clarify and supplement the quantitative data.

Reporting & Usage

This report contains the quantitative data and relevant means for all scaled survey items, including comparisons to 2023 findings (as applicable). Five-point Likert scales were frequently used across quantitative items and, when appropriate, the University defines score values ≤ 3.99 as ***improvement opportunities***; scores between 4.0-4.49 as *acceptable*; and, scores ≥ 4.5 as ***exceptional*** . Variations in response counts were attributed to a "no basis for judgment" choice that was excluded from calculations. Alumni

were given opportunities to provide feedback via open-ended comments, which comments are presented as themes. While this summary report was provided for the consumption of the entire University community, filtered and detailed reports by program were also provided to respective Program Directors as well as to the University's academic leadership. Feedback from this report is used as an assessment tool for the institutional and academic program assessment and continuous improvement cycles.

Highlights

Institutional Strengths

- 93% of respondents report being employed in degree field (Before or at 12 months of graduation.)
- 87% of respondents agree, "My RMU education has improved my evidence-based clinical skills."

Improvement Opportunities & Implementation Suggestions

- Consider ways to increase focus on providing students with meaningful long-term mentorship relationships.

Demographics

The survey participants were diverse in ethnicity, gender, and age range (Tables 1-3).

Table 1. Race/Ethnicity (n = 131)

Race	%	count
White	72.52%	95
Black or African American	10.69%	14
Hispanic or Latino	6.87%	9
Asian	5.34%	7
Two or more, or Pacific Islander	3.05%	4
Not specified or prefer not to respond	1.53%	2

Table 2. Sex (n = 131)

Answer	%	Count
Female	73.28%	96
Male	26.72%	35
Total	100%	131

Table 3. Age Range (n = 131)

Average age of respondents: 43 years old

Age group	n	%
27 - 29	15	11%
30 - 39	47	36%
40 - 49	25	19%
50 plus	44	34%

Table 4. Graduation Year (n=131)

year	count
2021	41
2023	90

Table 5 Program

Program	%	number of students who started survey
Counseling programs	9.16%	12
Doctor of Medical Science	13.74%	18
Doctor of Philosophy in Health Sciences	6.87%	9
Doctor of Physical Therapy	11.45%	15
Master of Physician Assistant Studies	9.16%	12
Master of Science in Athletic Training Practice	1.53%	<3
Master of Science in Health Science-Rehabilitative Science	0.76%	<3
Master of Science in Medical Speech-Language Pathology	3.05%	4
Master of Science in Speech-Language Pathology	3.82%	5
Nursing programs	12.21%	16
Post-professional Doctor of Occupational Therapy	9.16%	12
Post-professional Doctor of Occupational Therapy-Education	0.76%	<3
Post-Professional Doctor of Speech-Language Pathology	16.03%	21
Transitional Doctor of Physical Therapy-Pediatric Science	2.29%	3
Total	100%	131

Mission, Vision, & Core Themes

All survey items regarding the University's Mission, Vision, and Core Themes remained in the *acceptable* range (between 4.0-4.49) r, with a noted decrease from 2023 means.

Table 6. Mission, Vision, Core Values, & Core Themes

	Question	Strongly Disagree	Count	Somewhat Disagree	Count	Neutral	Count	Somewhat Agree	Count	Strongly Agree	Count	Total count	MEAN	EL mean	PP mean	2023 mean
1	Mission: The university fulfills its mission to educate current and future healthcare professionals for outcomes-oriented, evidence-based practice. The university demonstrates mission fulfillment through the quality of its education and success of its students in academic programs that develop leaders skilled in clinical inquiry and prepared to effect healthcare change.	5.56 %	6	3.70 %	4	3.70%	4	12.96%	14	74.07%	80	108	4.46	4.5	4.44	4.66
2	Vision: The university is progressing towards vision fulfillment to advance the quality, delivery, and efficacy of healthcare.	6.60 %	7	1.89 %	2	3.77%	4	17.92%	19	69.81%	74	106	4.42	4.39	4.44	4.66
3	RMU develops evidence-based practitioners by educating current and future healthcare professionals to synthesize evidence-based principles into practice. (Mission Fulfillment Goal 1 - Developing Evidence-Based Practitioners)	5.61 %	6	3.74 %	4	3.74%	4	11.21%	12	75.70%	81	107	4.48	4.51	4.46	4.66
4	RMU elevates clinical inquiry proficiency through learning experiences that challenge practice standards, expand evidence-based practice, increase clinical research, develop healthcare change agents, and encourage experiential learning. (Mission Fulfillment Goal 2 - Elevating Clinical Inquiry Proficiency)	5.66 %	6	5.66 %	6	4.72%	5	12.26%	13	71.70%	76	106	4.39	4.27	4.45	4.59
5	RMU ensures educational quality through student-centered academic programs, services, and continuous improvement. (Mission fulfillment Goal 3 - Ensuring Educational Quality)	5.66 %	6	5.66 %	6	5.66%	6	10.38%	11	72.64%	77	106	4.39	4.29	4.44	4.53
6	RMU nurtures student success by engaging students in professional and personal growth opportunities. (Mission fulfillment goal 4 - Nurturing Student Success)	5.56 %	6	5.56 %	6	8.33%	9	14.81%	16	65.74%	71	108	4.3	4.16	4.37	4.42

Professional Role & Engagement

Many respondents indicated transitions in professional roles, with the highest levels being Clinicians and Administrators following graduation (Table 7). Alumni also reported increased obtainment of board or specialty certifications and membership in the primary professional association following graduation (Tables 8-9).

Table 7. Professional Role (n = 107)

Professional Role	Prior to Program Enrollment at RMU	Current Role
Clinician	43.93%	64.49%
	47	69
Researcher	0.93%	0.93%
	1	1
Administrator	4.67%	9.35%
	5	10
Educator	18.69%	14.02%
	20	15
Full-time Student	19.63%	2.80%
	21	3
Other	12.15%	8.41%
13	9	
Total	107	107

Table 8. Possess a Board or Specialty Certification

#	Question	Yes		No		Total
1	Prior to Program Enrollment at RMU	45.74%	43	54.26%	51	94
2	Currently	70.71%	70	29.29%	29	99

Table 9. Professional Association Membership

#	Question	Yes		No		Total
1	Prior to Program Enrollment at RMU	60.19%	62	39.81%	41	103
2	Currently	83.50%	86	16.50%	17	103

Table 10. Intend to Obtain New Board or Specialty Certification (n = 103)

#	Answer	%	Count
1	Yes	28.16%	29
2	No	35.92%	37
3	Unsure at this time	35.92%	37
	Total	100%	103

Table 11. Service in Professional Organization Leadership Roles (n = 103)

#	Answer	%	Count
1	No.	89.32%	92
2	Yes, at the state level.	4.85%	5
3	Yes, at the regional level.	0.97%	1
4	Yes, at the national level.	3.88%	4
5	Yes, at multiple levels.	0.97%	1

72%

Alumni with a Board/Specialty Certification

84%

Alumni are Members of Professional Association

11%

Alumni Service in Professional Organization State, Regional, or National Leadership

14%

Alumni Published Scholarly Articles in Academic or Professional Journals

37%

Alumni Delivered Scholarly Poster or Podium Presentations

Table 12. Scholarly Activity Post-Graduation (n = 101)

#	Question	Never	n	1-2 Times	n	3-4 Times	n	5-6 Times	n	Greater than 6 Times	n
1	Published articles (or in press) in academic or professional journals.	86.14%	87	12.87%	13	0.99%	1	0.00%	0	0.00%	0
2	Published chapters (or in press) in edited volumes.	99.00%	99	1.00%	1	0.00%	0	0.00%	0	0.00%	0
3	Authored published (or in press) books, manuals, or monographs.	96.00%	96	4.00%	4	0.00%	0	0.00%	0	0.00%	0
4	Published articles in popular press (non-academic, non-journal (e.g., magazines, blogs)).	95.00%	95	3.00%	3	0.00%	0	1.00%	1	1.00%	1
5	Presented a podium presentation, poster presentation, or served on a panel presentation.	63.00%	63	20.00%	20	9.00%	9	3.00%	3	5.00%	5
6	Awarded a grant as the primary investigator.	91.92%	91	7.07%	7	1.01%	1	0.00%	0	0.00%	0

Table 13. Employment Status at Graduation & 12 Months Post-Graduation (n = 100)

#	Answer	%
1	Yes, I held full-time employment (>29 hours/week) when I completed my degree.	81%
2	Yes, I held full-time employment (>29 hours/week) within 12 months of completing my degree.	12%
3	No, I did not hold full-time employment (>29 hours/week) within 12 months of completing my degree and I was seeking full-time employment.	2%
4	No, I did not hold full-time employment (>29 hours/week) within 12 months of completing my degree, but I was NOT seeking full-time employment.	5%

93%

Alumni Employed in Degree Field

(Before or at 12 months of graduation.)

Table 14. Current Employment Status (n = 101)

#	Answer	%
1	I currently hold full-time employment (>29 hours/week).	85%
2	I am currently seeking full-time employment (>29 hours/week).	2%
3	I am NOT currently seeking full-time employment (>29 hours/week).	4%
4	I currently hold part-time employment (29 hours/week).	0%
5	I currently hold part-time employment (29 hours/week).	5%
6	I am employed outside of my degree field. (Please describe.)	4%

Overall RMUoHP Experience

Table 15 demonstrates respondent agreement levels to various aspects of the RMUoHP experience, which means most fall within the *acceptable* ranges, with two **improvement opportunities.** 84% of the respondents indicated overall satisfaction with their RMUoHP experience (Table 16). The Net Promoter Score (NPS), to which RMU aspires at least 30, is 55.47, which is up from 42 in 2023 (Table 17).

Table15. Overall Educational Experience

#	Question	Strongly Disagree	n=	Disagree	n=	Neutral	n=	Agree	n=	Strongly Agree	n=	Total count (n=)	Mean	2023 Mean (n=85)
1	My RMU education included the completion of scholarly activities that led to healthcare advancement within my field of influence.	6.19 %	6	7.22 %	7	13.40 %	13	23.71 %	23	49.48 %	48	97	4.03	4.19
2	My educational experience at RMU enhanced my ability to conduct scholarly activity (e.g., clinical inquiry through performing research, implementing system change, expanding evidence-based practice).	3.16 %	3	6.32 %	6	5.26 %	5	34.74 %	33	50.53 %	48	95	4.23	4.36
3	Through my RMU education, I have been able to challenge current practice standards and serve as a catalyst for healthcare change within my scope of practice.	6.32 %	6	5.26 %	5	16.84 %	16	30.53 %	29	41.05 %	39	95	**3.95**	4.2
4	I formed meaningful formal and informal long-term mentorship and advisement relationships through my RMU educational experience.	13.13 %	13	6.06 %	6	13.13 %	13	26.26 %	26	41.41 %	41	99	**3.77**	3.87
5	My educational experience at RMU helped me contribute to the greater body of healthcare knowledge.	5.15 %	5	8.25 %	8	12.37 %	12	29.90 %	29	44.33 %	43	97	4	4.12
6	My educational experience at RMU had a positive impact on my career (e.g., raise, promotion, leadership opportunities (university committees, project leadership), research funding, practice expansion).	9.18 %	9	2.04 %	2	16.33 %	16	23.47 %	23	48.98 %	48	98	4.01	4.21
7	My academic program was a good value.	7.22 %	7	7.22 %	7	6.19 %	6	28.87 %	28	50.52 %	49	97	4.08	4.12
8	My RMU education has improved my evidence-based clinical skills.	3.09 %	3	3.09 %	3	7.22 %	7	23.71 %	23	62.89 %	61	97	4.4	4.45
9	My RMU education has improved my evidence-based administrative skills.	4.44 %	4	4.44 %	4	16.67 %	15	26.67 %	24	47.78 %	43	90	4.09	4.17
10	My RMU education has improved my skills as an evidence-based educator.	2.13 %	2	4.26 %	4	9.57 %	9	23.40 %	22	60.64 %	57	94	4.36	4.25

Table16. Overall Experience Satisfaction (n=100)

#	Answer	%	Count
1	Very Dissatisfied	9.00%	9
2	Somewhat Dissatisfied	3.00%	3
3	Neither Satisfied nor Dissatisfied	4.00%	4
4	Somewhat Satisfied	16.00%	16
5	Very Satisfied	68.00%	68
	Mean		**4.31**
	2023 Mean		4.5

Table17. Likelihood of Recommending RMUoHP to a Friend, Family Member, or Colleague (NPS) (n=128)

#	Answer	%
0	0	3.91%
1	1	1.56%
2	2	0.78%
3	3	1.56%
4	4	1.56%
5	5	3.91%
6	6	0.78%
7	7	7.81%
8	8	8.59%
9	9	17.97%
10	10	51.56%

Net Promoter Score

2024= 55.47 (mean=8.4)

EL= 37.78 (mean=7.9)

PP= 65.05 (mean= 8.7)

2023= 42 (mean=8.2)

Table 17.b Setting in which you are currently practicing

#	Answer	%	Count
1	Acute Care/Hospital Facility	12.75%	13
4	ECF/Nursing Home/SNF	5.88%	6
5	Outpatient Hospital Clinic	19.61%	20
6	Inpatient Hospital Clinic	2.94%	3
7	University affiliated Healthcare Program	8.82%	9
8	Home Health Care Pediatrics	0.98%	1
9	Home Health Adults	0.98%	1
10	Home Health Adults and Pediatrics	0.98%	1
11	Private Practice Â- Pediatrics	2.94%	3
12	Private Practice Â- Adults	12.75%	13
13	Private Practice Â- Adults and Pediatrics	8.82%	9
14	School/Preschool System -Â Early Intervention	5.88%	6
15	School/Preschool System Â- Preschool Program	6.86%	7
16	School/ System Â- Elementary	11.76%	12
17	School/Preschool System Â- Secondary	7.84%	8
18	School System specialty (such as an autism center, school for the deaf, etc)	1.96%	2
19	Other	27.45%	28
	Total	100%	102

Setting, TEXT - Other
Forensic Healthcare Chief and service line director at a Level 2 Trauma Center in the DoD
Working on PhD. Working as a graduate assistant in a research lab at University of Wyoming.
Graduate PA Program
Residential Treatment
NCAA Division I athletics, athletic trainer
Starting my own private practice
Dermatology
Outpatient private psych facility & own practice
Retired
University
Non-Clinical Utilization Reviewer
pediatrics- clinic

urgent care
Higher Education
Academic setting
Graduate School
University professor
School/Preschool Brain Injury Team
University
University Faculty
Higher Education
Higher education
Not practicing clinically, now full-time student
Supervision of PA students
Credentialing

Open-Ended Questions

Alumni members were provided with open-ended comment opportunities to elaborate upon the Net Promoter Score responses (Tables 18-20) and offer additional feedback (Table 21). The open-ended comments added clarification and detail to aid in the interpretation of quantitative data. The final table (Table 22) contains the list of self-reported certifications presently held by these members.

Table18. Verbatim responses for NPS Detractors (n = 8))

#	Comment
1	My experience was unlike any. Others because of the pandemic and because I chose a mentor that was not familiar with single subject research design. However, I felt blindsided at my defense and had to rewrite my entire manuscript with half of the information I collected. My study followed what was in my original manuscript yet somehow I was not given direction that the original plan was not aligned with the ultimate study design. I feel like I should have had better guidance from my mentor and from the professors long before I participated in the defense so that I didn't have to have such a traumatic experience.
2	Student support lacking and obvious prejudices present
3	Quality of the academics is very poor. I'm surprised how easy it was to get a doctorate. You are cheapening the profession. What a waste of time and money. I submitted a very long paper for a big assignment, and 10minutes later I was given 100% with no feedback. Doubt the professor even had time to read it.
4	Concerns with staff in the program.
5	Too many SLPD students had to pay many semesters of extra tuition for capstone. Other universities have grade indicators to allow one to continue in a class for 1 year without paying tuition due to similar circumstances. I find the additional costs highly unethical. Also quality of 1-2 students in my cohort was questionable and obvious when we had to do peer edits.

6	Concerns over your DEI. You celebrate everyone except one group of people and you alienate one group of people and that is Caucasians. While I was there I also never felt more disrespected than when your DEI guy [name removed] stated "All men are perpetrators until proven otherwise". The amount of hatred and disrespect is why I would not recommend the school. In my interview into one of the programs I was told there were "too many white people" in the profession. As a "white person" I never felt more excluded.
7	The professors in the program
8	Unethical practices you tried to keep me from finishing a online didactic because I would not get covid vaccine to the point I had to get attorney involved. Awful.

Table 19. What could we improve? (n=16), verbatim

1	**Student Experience**	**The administration at the institution wasn't the best.**
2		I was hopeful that getting a clinical doctorate would help me get a university level job doing research which was not the case.
3		I did not feel supported. I felt bullied. When I expressed these feelings the treatment got worse so I kept my head down and cried my way through the program to the end.
4		Get rid of your DEI and stop alienating students.
5	Program	I needed more feedback on my study design as I was in the data collection phase. I conducted my entire study following two different designs and no one caught that until I was sitting in my defense meeting. At that point, I was mortified that I had to rewrite my manuscript and omit more than half of the data I had collected. The following months were torturous because my study ended up being a bunch of crap because I threw away a large majority of data that I had collected. I was not necessarily proud of my study because it was left unfinished I feel.
6		The ENP program was haphazard. Faculty were rarely available. More emphasis was placed by faculty on trans activities and opinions than on teaching me Emergency skills. I want a refund for the time, money, and energy I spent on that ridiculous degree.
7		The DMSc needs to be more rigorous to justify granting a doctorate. It's an obvious money grab and it makes PAs look as bad as NPs.
8		Be honest regarding program I had zero assistance in attaining clinical sites
9		Have alternatives grades (L- Late, or I-Incomplete) for capstone issues.
10	Faculty	Improve the academics and ensure that faculty are actually engaged. And remove 90% of the discussion board posts. What a waste of time
11		Hire more faculty full-time. Faculty access felt difficult at times. Some faculty had office hours appts, and others did not. There were not many full-time faculty, which I felt contributed. Full-time faculty seemed overbooked, and adjuncts may not have office hours.
12		Improve faculty interaction with students
13		Make sure faculty are more aware of licensing options and paths to graduation
14	Financial	More scholarship & financial aide resources
15		More scholarship options offering of more programs
16		The cost can be prohibitive for some people

Table 20. Themes for NPS Promoters, all that apply (n = 88)

Quality Faculty	80.68%
Program rigor	71.59%
Feelings of belonging/community at RMU	60.23%
Quality of career preparedness	46.59%
Culture of professional networking	44.32%
Financial aid offered	11.36%
Something else (please explain)	10.23%

'Something else' Verbatim responses (n=9)

1	Care	Accommodation & compassion of faculty while several family members were dying
2	Access	Virtual classes, convenience of program
3		Hybrid Programs
4		access to program and understanding the program
5	Program	Effectiveness of Program course content and dynamics
6		Ease of accepting previous education credits for certificate program
7	Other	So happy to refer…
8		Utah is stunning!
9		I was raised in Utah, so it was meaningful to study here.

Table 21. Additional Feedback, verbatim (n = 13)

ID	Theme	Response
1	I'm disappointed	I'm embarrassed. As an educator I'm shocked how easy this curriculum was. Stop cheapening the profession by pushing every student through to maximize your profits. Focus on the actual curriculum and quality faculty
2		The MS SLP program was beneficial for me. The advisors were horribly belittling and catty. I would not wish that on anyone.
3		My only complaint is the on-time graduation rate as this makes the program more costly than what was advertised.

4		The DMSc program was far too easy with low standards. One of the professors who taught two of the courses gave me a 100% on an essay I delicately did poorly on just to see if she was paying attention. She was also supposedly my advisor but she never replied to any emails and never showed up for any meetings I scheduled using her calendar. I feel embarrassed by the program and cannot believe it has such low standards but yet gives a "doctorate"
5		The clinical mental health certification was great academically, but now that I am working as a clinician I see how unprepared I was for clinical work. I have had to pay for expensive training in basic modalities to feel like I understood just the basics of using mental health modalities. I left with the certificate but was poorly prepared to do actual mental health counseling without extensive further training. My practices and supervision supervisors were also poorly prepared. Improvements for the program, more help and preparation in general modalities use. Counseling is more than active listening and reflecting.
6	Good	The education I received was superb. I graduated with a BS in physical therapy in 1995, so I was quite a dinosaur. The doctoral program helped me see areas where I was lacking or needed improvement. I especially appreciated the education on evidence-based practice, which helped me know if I was leading the school-based students that I work with in the proper direction. I am no longer hesitant when reading research papers. My only concern about the program was that a student was expected to grasp so much information in such a short period of time. As a full-time physical therapist, keeping up with the program was daunting. I could have grasped the information better if the pace had been slightly slower, mainly for the classes about research and evidence-based practice. Since I had never received an education in research, I was totally lost for that first semester, especially at the pace required. When you admit students with only a BS, it might be good to suggest readings in advance preliminary topics related to research for areas that would be covered with their first classes. Then they would have some familiarity and could move forward confidently.
7		The best parts about my speech therapy masters program were the cadaver labs, simulated pt experiences at intermountain hospital, standardized assessment "speed dating" to get exposure to evaluations, & round table case study scenarios in class where we break down subjective, assessment, goals, & objective measures we might use. All very useful & realistic information that made me feel more confident in placements and my career.
8	Suggestions	I think for the Healthcare Leadership and Administration degree to be helpful, you should offer some type of fellowship with the program
9		I think that providing more hands on interactive activities especially in currently all online programs is needed and would benefit the connection in those programs and cohorts.
10		Overall I thought the Universities strengths (PA-C program) were a rigorous, well thought out program with great instructors. I was very much interested in getting the knowledge I needed to be a good PA-C and pass the PANCE. All other fluff like emotional intelligence courses and academic pursuits (posters and presentations) I think are fine in small amounts but I would shy away from too much of those in the PA-C program. It's my opinion those are better suited towards Doctorate programs or other situations vs the goal of a PA-C program is to get your degree and knowledge and get into the job market.
11		The university needs to bring back the Masters program in athletic training.

12	Misc.	We should chat...
13		Thanks for reaching out. I am always grateful to participate in surveys that help RMU assess their programs, students, and achievements.

Table 22 current certification (n=59)

certification	count
AANP	2
AANPCB FNP	1
AANPCB ENP	
ABPTS PCS	1
ACMHC	1
ASHA - CCC, Myofunctional certificate	1
ATBOC certification , NATA license, MAT specialist certification	1
ATC	2
Board Certified as a PA	1
Board-Certified Clinical Specialist in Pediatric Physical Therapy	1
CCC SLP	2
CCC through ASHA	1
CCC-SLP, OMT	1
Certificate of Clinical Competence in Speech-Language Pathology	1
Certified in Lymphedema Therapy. NBCOT Certification as well.	1
Certified Orofacial myologist	1
CHT	1
Dementia Certification	1
Dementia Certified Specialist; Certified Healthcare Simulation Educator	1
Family Nurse Practitioner-Board Certified	1
FNP	3
FNP ENP	1
FNP-C	1
Healthcare leadership administration certificate	1
I have certification in assistive technology; not a board certification, but a specialty area	1

M.S. CCC-SLP	1
NATABOC	1
NBC-HWC	1
NBCOT	1
NCCPA	10
Neurologic Physical Therapy	1
OCS for Physical Therapy	1
PA	3
PA-C	1
PA-C Family Medicine	1
PMHNP	4
Required to be licensed through DOPL. EMDR Trained.	2
School Counseling	1
SPEAK OUT parkinson's voice therapy	1
FEES evaluations for swallowing	
Virginia Board Of Speech-Language Pathologists	1