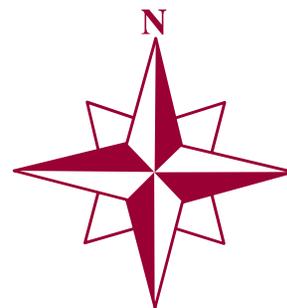




News

www.NECHAonline.org



Winter Issue 2010, *Revised 2/18/10*



Joleen Nevers, MAEd, CHES

I am delighted and honored to be serving as your NECHA President during 2010. I look forward to working with the volunteers that comprise NECHA's Board of Directors and am grateful for the talents they share with us. In addition, I am looking forward to working with our membership to continue on our successes from the past decade.

Stepping back, I'd like to take a moment to introduce myself. I began my career in health education in high school as a peer educator. This is where and when I realized what I wanted to do for a living. At Framingham State College (Massachusetts), I

majored in Psychology and obtained a minor in Health Education. I continued my education at East Carolina University in North Carolina where I graduated with my MAEd in Health Education. I have worked part-time or per-diem at several organizations including Planned Parenthood, Red Cross of Boston, and Healthcare of Southeastern Massachusetts of Brockton. I also worked full time at Concord Assabet Adolescent Services in Waretown and Lexington, Mass. and at Upham's Corner Health Center in Dorchester, Mass. as the Teen Clinic Coordinator. Ten years ago, I interviewed for the Health Education Coordinator position at the University of Connecticut and have been there happily ever since.

In 2009, I had the opportunity as President-elect, to serve as Program Chair of the Region V Combined Annual Meeting with New York State. The role allowed me to work with talented people from both regions. Fortunate to have a great team of people to work with, I'd like to thank the planning committee for all of their work, time, and dedication to bringing the Meeting to fruition. As New Englanders, much of our success can be attributed to our Administrative Director, Julie Basol, who organizes and orchestrates our meetings each year. Combined meeting or not, the organizational work is huge and we are fortunate to have her looking out for us and keeping us all on task.

This past year we had a record number of vendors attend our meeting which greatly helped our bottom line. In spite of many challenges, we attracted 250+ attendees from 108 college and universities. With three pre-meeting workshops, 47 concurring sessions and three opening/keynote speakers, the Planning Committee did a great job coming up with sessions that

were both current and relevant, including addressing H1N1.

Planning for the Combined Meeting began three years prior. At the time, we could not predict the economic down turn and struggles our states and institutions would endure, nor could we know that an illness, H1N1, would surface to threaten our usually healthy college populations. Many colleagues who had hoped to attend the Meeting were working in the clinics attending to the students that we serve. It is because of these challenges and changes that it is important for us to find time to come together to work on these issues together. So often, we can call upon others in the field, who may have already researched or established protocols or implemented prevention programs that we are now working on. When we are able to work with one another, we can strengthen and fine tune our own institution's progress. To me, our meeting symbolizes this process and provides us with an opportunity to learn and grow from those who are new to college health as well as those college health professionals who are established within our region.

During my service for NECHA I have been exposed to opportunities for leadership and personal growth. I am grateful to Michael Kurland, Director of UCONN's Student Health Service, for encouraging me to get involved. Michael served as NECHA's President in 1997, then serving as the Association's Treasurer for many years after.

If you are looking to get involved in NECHA, the Planning Committee, or ACHA, please do not hesitate to contact me. Another way to get involved is to present at our Annual Meeting. Consider responding to the Call-for-Proposals for the upcoming Annual Meeting. We've streamlined the process this year, making it easier than ever before! President-elect, Margaret Hingham, MD of Tufts University, will lead the Planning Committee and preside over the 2010 Annual Meeting in the wonderful city of Providence, October 27-29 at the exquisite Renaissance Providence Hotel. Located in the heart of the city with its many attractions and restaurants, plan to spend an extra day just to take it all in! For Boston and others along the coast, consider the convenience of breezing into the city on the train.

Best wishes to all as the spring semester unfolds!

Joleen M. Nevers, MAEd, CHES
President, New England College Health Association
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Swine Flu happens when you're making other plans Anonymous



Happy New Year, NECHA colleagues! I hope you managed the challenges of your first semester well and had some well-deserved relaxation and family time over the holidays. As we are now in the thick of spring semester, I begin to reflect on what seems to be happening on the college mental health front. It seems surprisingly quiet as we watch, in anticipation, the complicated national, economic and international issues that fill the airwaves.

Early in the Health Care Reform debates, there was an initial proposal in which insurance coverage for college students might be cut back to only providing emergency care coverage for our 'young and healthy' college students. Fortunately, the ACHA National Office and others quickly and effectively lobbied about the importance of college health, in terms of ongoing care, prevention and health promotion. The latest version of the bill has included and preserved the essential ingredients of our existing college health insurance models. In fact, college health care still stands out as a system that could be used as a model in reforming our nation's health care delivery systems.

That is, in our particular and demographically determined college communities, we are ideally positioned to provide the necessary education, screening and identification of students at risk for specific health problems. Based on that information, we can hopefully mobilize the appropriate outreach efforts and engage students in the education and treatments that they need, utilizing our special multidisciplinary approach, which is much less encumbered than our existing national, fee-for-service, approach to health care.

An article, which was recently published in the *Journal of the American Medical Association* (JAMA 1-6-10), has created quite a stir and adds to the confusing controversy about the usefulness of antidepressants in the treatment of mild to moderate depression. Authors Fournier, DeRubeis et al, did a meta-analysis of 6 other studies of antidepressants and concluded that they prove to be no better than placebo in the treatment of mild to moderate depression, however, show substantial improvement in severe depression. These findings have been publicized in all the major news medias and is also being touted by critics of biologic psychiatry as a reason not to use antidepressants. I'm sure that we'll be hearing much more about these findings, including the methodology, design of the study, etc., etc.

This is reminiscent of the controversy about antidepressant use in adolescents, which surfaced a few years ago, particularly related to their causing suicidal ideation, which led to a 'black box warning' by the FDA, which led to a dramatic decrease in antidepressant prescriptions in that age group. The impact of this event is still being assessed, but it seems likely that an arbitrary decision was made by many prescribers to refuse to prescribe antidepressants, rather than continuing the practice of judicious use of antidepressants in appropriate cases, along with attentive and frequent monitoring of patients on antidepressant medication. While not necessarily connected, the national rate of suicide in adolescents, after the institution of that 'black box' warning, increased for the first time in a over a decade. Many professionals became concerned that adolescents were no longer being referred for psychiatric treatment in cases of depression because of public sentiment and, also, not prescribed antidepressants because of fear of liability.

Depression continues to be an enormously important health care problem in our world. The prevalence rates continue to increase and the personal and community costs are enormous. More and more evidence is mounting that untreated and undertreated Major Depression leads to more recurrences and chronicity.

Thus, we must process the *JAMA* (Fournier et al) information through the lens of our clinical and professional knowledge and use it to continue the practice of identifying depression in our college students and intervening with interventions and therapies, which relieve and ameliorate depression in a timely fashion. In severe cases or in cases where improvement is not progressing, those students should be referred for a psychiatric assessment. If the assessment is of a Major Depressive episode, it is my view that antidepressant treatment should not be withheld, except for some countervailing clinical reason(s). As always, once antidepressant treatment is begun, students should be followed and monitored frequently and further diagnostic considerations must be undertaken, depending on each student's response to his/her treatment.

Early recognition, intervention, and treatment of depression (and all mental health disorders) remains to be, an extremely important task for those of us working in college mental health. This is often when students' first symptoms begin and when they receive mental health services for the first time. The impact of their experiencing quality and effective treatment in a prompt and respectful manner, will have an enormous impact on their individual lives and on health care delivery in the future.

John Miner, MD
Co-Director, Psychological Counseling Services
Williams College
Member at Large, NECHA

Submission deadline for the initial CALL FOR PROPOSALS is **Tuesday, February 23**. We're looking for grass roots presentations that showcase best practices, programs, case studies, and more from all disciplines within college health.

Respond to the call by downloading the forms at www.NECHAonline.org

Several changes this year will make the CFP forms easier to complete. The Planning Committee (see next page) will gather in early March to discuss responses to the Call for Proposals, suggested topics, sought-after speakers, and more! If you've never presented at an Annual Meeting before, consider responding to our CFP. It's a wonderful way to grow beyond the borders of your campus. If you have an idea that is not yet fully developed, contact one of the Committee members to discuss. Building an Annual Meeting is a process and right now, we're working hard on the foundation!



Set your sights on Providence, Rhode Island for the
New England College Health Association
2010 ANNUAL MEETING
THE **ART** OF COLLEGE HEALTH

Countdown to Providence

Celebrate the arts and be inspired to reveal the artist within at the Renaissance Providence Hotel. Built in the 1920's as a Masonic Temple, its evolution in becoming the Renaissance was the largest restoration project ever completed in New England's smallest state, Rhode Island. Surrounded by top area attractions, it's the only hotel exclusively located within view of the state's historic capitol building. And need I mention the abundance of nearby, extraordinary restaurants?

With just bits and pieces of clean up left from 2009, we're now making serious decisions that will shape 2010. It's been far too long since we've held an annual meeting in Little Rhody and I couldn't be more delighted to be planning this year's at the Renaissance — and doubly delighted to be working with this year's Program Chair, Dr. Margaret Higham, Medical Director at Tufts University Student Health Services.

After working with NECHA for so many years, I can close my eyes and see groups of you gathering around the lobby catching up on old times, sharing stories, pictures, and laughs. I can hardly wait to share the Renaissance with you! Stay tuned for details as they unfold on our Web site:



www.NECHAonline.org

Julie Basol, Administrative Director

KEY DATES TO KEEP IN MIND

- February 23- Initial CFP (Call-for-Proposals) Deadline
- March 5-Program Committee Meets at Mt. Holyoke College
- April 20 - Acceptance letters to those who responded to the CFP
- April - May - Secure general session speaker(s)
- June - Finalize lineup of sessions, ready the CE application
- July - Super Early Registration begins

HOTEL:

- Room rate: \$169/night sgl or dbl
- Valet Parking: \$10/day
- Marriott Rewards: category 4
- <http://www.marriott.com/hotels/travel/pvdbr-renaissance-providence-hotel>

NEW ENGLAND COLLEGE HEALTH ASSOCIATION

**2010 PROGRAM
PLANNING COMMITTEE**

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NEW ENGLAND & NEW YORK STATE COLLEGE HEALTH ASSOCIATIONS

2009 COMBINED ANNUAL MEETING
RECAP

on the Waterfront
Burlington, Vermont

October 28-30, 2009



...extremely useful, eye-opening. Gail helped me understand the cultural influence shaping a phenomenon that I have been observing for some time.

Attendee

Gail Dines, PhD

What's a Combined Meeting without a little bit of snow? This time the Green Mountains were kind but the Rocky Mountains were not. Thursday's general session speaker, Jim Mitchell arrived into Burlington on time, but getting back to Montana was another matter. Blame it on Denver... Thank you for your words of wisdom, your contributions to college health, and your tenacity, Jim!



- ...kudos to Dr. Laurie Kamimoto for filling in as the last minute, Friday morning general speaker. She tackled a big topic, H1N1 with aplum and grace.
- Up to my ears in H1N1 planning and preparation!

Attendees' Comments

Special thanks to our Exhibitors & Sponsors who support NECHA; you are the best!

- Academic Health Plans
- ACM Medical Laboratory
- Aetna Student Health
- Ames MyFile Systems
- Austen Riggs Center
- Bailey Agencies, Inc.
- Berna Products Corp.
- BioDefense Solutions
- College Health Info
- Collegiate Insurance Resources
- Combined Select Programs
- Consolidated Health Plans



- Core Institute
- Cross Insurance Agency, Inc.
- Edwards Medical Supply
- FairChoice Systems
- Gallagher Koster
- GlaxoSmithKline
- Haylor, Freyer & Coon
- Highland Campus Health Group
- Medicat, LLC

- Merck Vaccines
- Moore Medical
- Niagara National Inc.
- Nuesoft Express
- Pharmedix
- Point and Click Solutions, Inc.
- PyraMED Health Systems
- Screening for Mental Health
- Student Health 101
- The Allen J. Flood Companies, Inc.
- The Maksin Group
- The Renfrew Center
- Travelers Supply, Inc.
- UnitedHealthcare Student Resource
- University Health Plans, Inc.
- Westbridge Community Services

Walk along the Waterfront

While the rest of us slept in, a hard core crew of walkers joined long-time friend Samuel Lurie for a walk along Burlington's Waterfront. Outdoor events are great but the sun wasn't even up yet. With Samuel's guidance, however, a good time was had by all!



COLLEGE HEALTH:
PAST, PRESENT & FUTURE

Special thanks to our friends from New York for joining us in Vermont.



Re-enactor Samuel de Champlain Entertained us all at the Soirée

MEET THE BOARD

SANDRA HAYES, MSN, NP-C



Sandra Hayes, MSN, NP-C

Editor's Note: I had the pleasure of riding with new NECHA member-at-large, Sandra Hayes, to the board meeting last month. Meeting at the crack of dawn at a busy exit in Maine, she greeted me a warm smile and a fresh cup of coffee. And what a delight she is!

Director of Health Services at the Bowdoin College Health Center in Brunswick, Maine, Sandra Hayes received her bachelors of Science in Nursing graduating Cum Laude

from the University of Southern Maine and went on to receive her masters in Nursing with Distinction from Simmons College.

Hayes is a licensed Nurse Practitioner and has worked in the trauma unit at the University of California Davis Medical Centre and the orthopedic/surgical unit at Maine Medical Center. She has also worked with the Isla Home Health Care Inc., in Guam and with Planned Parenthood of Northern New England before coming to Bowdoin College.

Sandra worked as a nurse practitioner at the Peter Buck Health and Fitness Center for seven years before becoming the Director of the Bowdoin College Health Center. Sandra's areas of interests include women's health, disordered eating, health promotion, and education. She lives in Brunswick, Maine with her husband, Ken and daughter Acadia. She is very excited to serve on the NECHA Board and looks forward to the challenges ahead.

Editor's Note: Our second new member-at-large, Jennifer Hodshon from Brown University will be featured in our spring/summer issue of NECHA News.

Sandra, Jennifer, welcome aboard!

2010 GRANT & AWARDS COMMITTEES



GRANT COMMITTEE:

Ellen Reynolds, Chair; C.C. Curtis, 2009 NECHA Grant recipient; Sandra Hayes, and Denise McGoldrick.

AWARDS COMMITTEES:

Louise Gazzara: Ellen Reynolds, Chair; Davis Smith, and Catherine Kelleher, 2009 Recipient

Presidents Award: Ellen Reynolds, Chair; Jennifer Hodshon, and Charley Bradley, 2009 Recipient

NECHA GRANT CALL FOR PROPOSALS

The NECHA Grant Committee is currently accepting grant proposals for the 2009-2010 academic year. This grant was created and designed to assist schools who seek to improve the quality and delivery of student health services as well as promote innovative health programming within New England's college health community. Grant projects are funded at levels up to \$2500. The total number and size of awards will be based on merit, need, and the number of proposals received. Projects that involve student participation and a multi-disciplined/multi-departmental approach to shared concerns are especially encouraged.

Congratulations to Connecticut College, recipient of the 2009 NECHA Grant.

Proposals for 2009-2010 should include description of the program and goals, use of funds, and relevance to college health. For an application, log on to:

www.NECHAonline.org

Deadline for proposals:

June 1, 2010

Ellen Reynolds, MS

Chair, NECHA Grant Committee

ellen@uri.edu

RECOGNITION

NOMINATE A COLLEAGUE FOR A NECHA AWARD

Do you know an outstanding colleague who has made exceptional contributions to their students, institution, and the field of college health? If so, consider nominating him or her for the NECHA President's or Louise Gazzara Awards!

Individuals may be nominated by any member or member institution of ACHA and/or NECHA.

Nomination forms available at:
WWW.NECHAONLINE.ORG

Submit your nomination by letter or email by

June 1, 2010 to:

Ellen Reynolds, MS Awards Chair

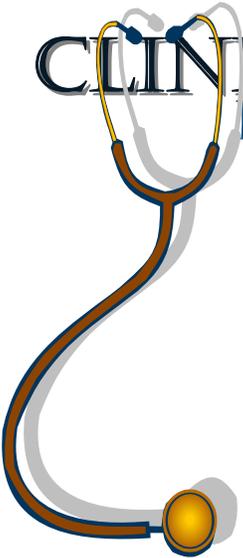
University of Rhode Island

6 Butterfield Road

Kingston, RI 02881

or to Ellen@uri.edu

SEE PAST RECIPIENTS
ON OUR WEB SITE TOO!



CLINICAL CHECK UP

H1N1, LESSONS LEARNED

Geraldine S. Taylor, MS, APRN
Assistant Dean for Health & Prevention
Director, Student Health Services
Bentley University

As expected, the second wave of H1N1 influenza hit colleges in New England during the fall semester. Colleges had been planning for the possibility of pandemic since 2002 and began to fine tune their plans after the first wave of the H1N1 pandemic in the spring of 2009.

Detailed plans for the outbreak included establishment or solidification of crisis response teams composed of

key personnel from across campus with Health Services taking the lead. These departments included, among others, Health, Facilities, Campus Police, Residential Life, Food Services, Financial Services, Student Affairs, Risk Management, International Student Services, Education Abroad, Academics, and the Registrar's Office.

The health services developed robust plans which included:

- Websites and emails to keep our communities (students, faculty, staff, families and visitors) informed
- Separate waiting, triage and exam areas for students with influenza like illness to keep them away from well students
- Separate areas for isolation and observation until the sick students were either able to go to isolation housing or home
- Plans for food delivery (usually by "flu buddies" who were given permission to pick up the sick student's meals
- Systems for obtaining flu cultures and couriers to send to state laboratories
- Systems of obtaining quick results on H1N1 testing
- Information and medical packets for sick students, exposed students and family members
- Stations or carts outside exam rooms with personal protective equipment for staff and students
- Pre-credentialing of per diem medical staff to be called in as needed
- Communication systems were put into place with boards of health, State Departments of Health, local Urgent Care Clinics, local Hospitals and local providers
- Electronic Medical Record systems to help us identify risk groups for H1N1 influenza and also priority groups for vaccine
- Vaccine clinics for seasonal influenza vaccine as well as H1N1 vaccine

All plans were put into place quickly and efficiently with the help of all members of the health service staff as well as the members of the crisis teams.

At the global level, our college health networking with each other proved to be extremely valuable with our local, regional and national organizations in Massachusetts with CHAAND (College Health Association of Administrative and Nurse Directors - formerly CHAND), in Rhode Island – Tri State College Consortium, NECHA (New England College Health Association) and American College Health Association.

ACHA continued to inform its members through the ACHA listserv. I, along with David McBride from Boston University set up an additional listserv for Massachusetts and Rhode Island college health services to provide information to all colleges in these two states including community colleges and those without membership to ACHA. Our knowledge of each state's policies, procedures and responses helped each of us as we worked on our own.

The CDC (Centers for Disease Control and Prevention) and State Boards of Health provided critical guidance which was updated as the situation evolved. Anita Barkin and her team created ACHA's guidance document and worked very closely with the CDC.

Several of us lobbied the CDC and state Departments of Public Health when vaccine supplies were not reaching colleges as quickly as we needed them. This lobbying effort and the increased production of vaccine finally got vaccine to our college population.

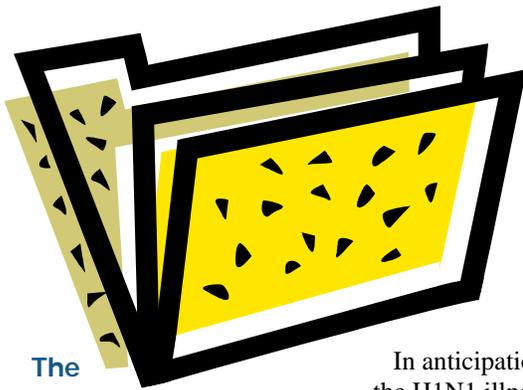
We have learned a great deal through this experience. We have benefitted from the expertise of our colleagues as they shared their "best practices", from their fortitude as they worked long hours to protect and inform their campuses, and their collaboration through communications with local, state and national partners.

There is strength in our collaboration and in our sheer numbers. We must not just put the first and second waves of H1N1 influenza behind us but must take time this spring to debrief the first and second waves and vaccine scarcity and put organized plans into place to help us to effectively respond to other public health situations in the future.

Public Health officials continue to express concern over a potential third wave of illness this winter or spring. Our preparations and experience in the spring and fall of '09 put us in a good position to address future communicable diseases or crises when they occur.

We have benefitted from the expertise of our colleagues. . . .

Gerri Taylor, MS, APRN



The ADMIN FILES

In anticipation of the arrival of the H1N1 illness, a multi-disciplinary committee was organized at Brown University

Health Services (BUHS) in the spring 2009. The group was made up of staff in departments across campus that would be involved in providing services to ill students. It included representation from Health Services, Psychological Services, Athletics, Dining Services, Residential Life, the Vice President of Campus Life, the Medical School, and Environmental Health and Safety as well as a Dean from the College and one from the Office of Student Life. There was a second University-level committee that met regularly to discuss policy response and communication. Health Services was also a part of this working group. On May 19, last year, Brown University saw its first positive case of H1N1 among students.

Following the recommendations of the Rhode Island Department of Health (RIDOH), BUHS instructed students who met the criteria for Influenza-like Illness (ILI) to remain in their rooms for the duration of their illness (i.e., to “self-isolate”). The following services/supplies were provided to those students to ensure their comfort and safety during isolation:

- ✦ Food delivery
- ✦ Refrigerator/microwave delivery
- ✦ Flu kits (disposable thermometers, mask, hand sanitizer, H1N1 FAQ sheet, tissue, BUHS contact numbers)
- ✦ A 24-48 hour follow up phone call from BUHS Medical staff
- ✦ Verification of illness for academic leniency

During the summer, residents at Brown University consist predominantly of high school students in pre-college programs – which posed its own set of challenges. The summer gave us critical experience in handling H1N1 cases, however it became evident

BROWN UNIVERSITY'S RESPONSE TO H1N1

that we would need to develop a more sophisticated mechanism of reporting and managing ILI before the return of a full student body in the fall.

To streamline the reporting process, in September 2009, Brown launched “FluWeb.” FluWeb is a Web-hosted system developed to allow our students to report their ILI, and to facilitate coordination of administrative follow-up and service provision. Very importantly, it also distributes the labor required for follow-up. The system allows students to report anytime, day or night. Students log in and provide basic information (name, phone number, etc.). When a student clicks the *submit* button, FluWeb generates an automatic email to a small group of staff indicating a new report of illness. Staff then log into the administrative section of the Web site, call the student to check in and assess needs. When the staff member clicks their *submit* button, the system generates automatic emails to any staff who need to take action for that student (e.g. food/appliance delivery, phone call by medical provider, phone call by a Dean, etc). This mechanism has allowed the work load to be distributed among a number of personnel, reduced overload, increased efficiency, and reduced error.

The “FluWeb” has received positive feedback from students, staff (and parents) alike. We are currently in discussion about additional uses for this electronic tool in our institution.

Additionally, in conjunction with the RIDOH, Brown began vaccinating students on December 1, 2009. In order to manage up to 300 appointments a day, Brown implemented a self appointment scheduling system through “Online Student Health”, a module of our electronic medical records, negating the need for additional staffing. Patients were also sent an email reminding them of their appointment.

By the end of January, BUHS has vaccinated over 2500 students.

*Jennifer Q. Hodshon, MPH
Brown University Health Services
Manager, Operations and Administration*

Save
the
Date

Saturday,
February 27

BACCHUS Area 10 Conference Spring 2010

The BACCHUS Area 10 Conference will be held at Suffolk University in Boston, Saturday, February 27th. The theme is *MVPe: Most Valuable Peer Educators: Wicked Good Education*. Registration fees include all conference materials, continental breakfast, and lunch. The cost is just \$40.00 per person for members of BACCHUS-affiliated peer education groups and \$50.00 per person for individuals from non-affiliated peer education groups or outside organizations.

For more information, please check out the Web site
<http://www.bacchusgamma.org/area10.asp>

THE WANT ADS

The U.S. Coast Guard Academy PSYCHOLOGIST New London, Connecticut

The U.S. Coast Guard Academy is recruiting a full time, 12 month psychologist. Duties include; individual counseling, program development and consultation. Supervision will be provided. A detailed Position Description is available at www.usajobs.com. Search position number 09-1997-NE-DG-D-R1 or location, New London CT.

University of Vermont Director, Primary Care Clinical Services Burlington, VT

The University of Vermont invites inquiries, nominations, and applications for the position of Director of Primary Care Clinical Services for the Center for Health and Wellbeing (CHWB). The Center, which provides medical, counseling, and educational outreach to students at the University, is committed to creating an environment that effectively and proactively identifies and addresses important issues in the life of the University community. The Center is accredited by the Accreditation Association for Ambulatory Health Care (AAHC).

Located in the city of Burlington, the University of Vermont combines the faculty-student relationships most commonly found in a small liberal arts college with the resources of a major research institution. The University is home to 10,371 undergraduates, 1,516 graduate students, 460 medical students and 1,310 full and part-time faculty members. Burlington is the state's educational, medical, financial and cultural epicenter. In addition, the state's "human scale" and University's setting in a valley on the shores of Lake Champlain offer UVM students many unique opportunities for community involvement and development of essential skills related to their roles as global citizens.

As Medical Director, the incumbent has primary responsibility for the quality of care in the primary care, women's health, lab and athletic medicine office. The successful candidate will oversee the quality improvement and peer review processes and ongoing formal and informal educational opportunities for the clinical staff of physicians, nurse practitioners, and physician assistants. The Medical Director serves on the Center's Leadership team and in this role works collaboratively with representatives of Counseling/Psychiatry, Athletic Medicine, Health Promotions Services, and Finance/Human Resources. Approximately seven full time staff report to the Medical Director.

The successful candidate will have a demonstrated commitment to providing services that are of high quality, based on current best practice, proactive, and make the most efficient use of the University's resources. The team environment at CHWB requires a high level of communication skills and the ability to engage constructively in interdependent decision-making. Additional qualifications include: the ability to manage a constant stream of complex pieces of information with an ability to come to the essence and prioritize quickly; demonstrated skill in coordinating communication between campus constituencies and departments; and a commitment to contribute to the Center's ongoing effort to promote a holistic and integrated system of care. In addition, the successful candidate will have a demonstrated commitment to insuring competent and humane care for individuals from a diverse variety of backgrounds.

The successful candidate should possess: an MD degree from an accredited program; Vermont State Medical License or eligibility; completion of an accredited residency in Family Medicine, Pediatrics, or Internal Medicine; Board Certification in a primary care specialty; five years of primary care experience; and prior experience in clinical supervision. CPR and DEA certifications are also required. The successful candidate will be a person who is energetic, creative, forward thinking, and an excellent supervisor. Knowledge of the primary developmental issues of adolescents and young adults, and experience working with a college age population are required. Additional qualifications include: a demonstrated record of success in managing conflict; the ability to develop and maintain productive community and campus partnerships; and the proven ability to collaborate both effectively and with enthusiasm. Experience with Quality Improvement and/or peer review committees is desirable. As noted previously, the successful candidate will have a track record of success that reflects commitment to and a value on diversity and inclusion. For more information regarding the University of Vermont's diversity initiatives, please visit the President's web site at: <http://www.uvm.edu/president>

Interested individuals should send a letter describing their interest in and qualifications for the position, a resume, and contact information including mailing and email addresses for five references. The packet should be sent electronically (Microsoft Word attachments preferred) to Bill Spelman at UVM@wspelman.com. The subject line in email should be **CHWB**. Confidential inquiries will be received at 585.787.9742. Documents that must be mailed should be sent to William Spelman Executive Search at 667 Midship Circle, Webster, NY 14580. Confidentiality will be maintained, and references will not be contacted without prior knowledge or approval of the candidate. For full consideration, all materials must be submitted by January 22, 2010. The process will begin immediately and will continue until the position is filled.

The University of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women and people from diverse racial, ethnic, and cultural backgrounds are encouraged.

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Board Members L to R: Smith, McGoldrick, Reynolds, Taylor, Hayes, Higham, Wachtel, Hodshon, Nevers.

Congratulations to Charley Bradley & Catherine Kelliher, recipients of the 2009 NECHA President's Award and Louise Gazzara Award



1) Charley Bradley, RNBC (Dartmouth College), recipient of the 2009 Presidents Award; Catherine Kelliher, RN (Providence College) recipient of the 2009 Louise Gazzara Award; 2) New York's Kathy MacLachlan presents Pamela Houle an award for outstanding achievement within NYSCHA; 3) Past Presidents Ellen Reynolds and Bryant Ford pose with 2009 ACHA New Professional Award Winner Jamie Chandler (center) at the Combine Annual Meeting Soirée

