

Meet Our NEACSM Past President



NEACSM 30th Past President: Nancy Elizabeth O'Hare

Education: MBA, Management, Sloan School of Management, Massachusetts Institute of Technology - 2006; ScD, Applied Anatomy and Physiology, Boston University - 1986; MS, Exercise Science, University of Massachusetts, Amherst - 1979; BS, Exercise Physiology, University of Massachusetts, Amherst - 1978

Certifications: ICS-200 for Health Care/Hospitals; Lean Six Sigma Green Belt; Advanced Cardiac Life Support; Basic Cardiac Life Support

Leadership Programs: Home Care Home Base Electronic Medical Record, Data Analytics, GVNA HealthCare, Inc - 2018-2019; Epic Electronic Medical Record, Data Analytics, Orthopedics Plus-Winchester Hospital - 2017-2018; Giving and Receiving Feedback Training, Lahey Health - 2016; Transitions Training, Winchester Hospital, Winchester, MA - 2014; Influencer Training, Winchester Hospital, Winchester, MA - 2012; Junior Faculty, CFD Leadership Development Course for Junior Faculty, Center for Faculty Development, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA - 2003

Current Affiliations: Nancy has had professional affiliations in various aspects of the health care sector including Clinical Physiology, Health Care Architecture, Academic Medical Center and Community Hospitals management and leadership, Outpatient and Home Care management and leadership, both non profit and for profit; She has held an adjunct faculty appointments throughout her career including institutions such as Boston University, Harvard Medical School, and Northeastern University. She has taught topics including Cardiovascular and Pulmonary Physiology and Pathology, Preventive Medicine and Information Systems for Health Care Services Delivery. Some of Nancy's recent roles include: Chief Operating Officer, GVNA Healthcare, Inc, Gardner, MA; Operations Officer, Orthopedics Plus, Burlington, MA; Independent Consultant, Lean Thinking, Training and Project Work; Senior Clinical Physiologist, Cardiovascular Division, Beth Israel Deaconess Medical Center, Boston, MA; Adjunct Faculty, Graduate School of Engineering, Northeastern University, Boston, MA; Faculty Member, Harvard Macy Institute, Harvard Medical School, Boston, MA; Board Member, NEACSM; Board Member, Camaione Student Endowment, NEACSM; Volunteer, Medical Reserve Corps, Town of Framingham, MA

Honors & Awards: Buzz Lightyear Peer Award, Winchester Hospital - 2013; Scholar, Harvard Macy Institute - 2006; Honor Award, New England Chapter of the American College of Sports Medicine - 2005; President's Award, New England Chapter of the American College of Sports Medicine - 2002; Fellow, FACSM, American College of Sports Medicine - 1995; Full Member, Sigma Xi, The Scientific Research Society - 1994; Outstanding Volunteer, Greater Boston Division, American Heart Association - 1989; Honorable Mention, National Science Foundation Graduate Fellowship - 1978

Professional Interests: Operations and Organizational Effectiveness, General Management; Creating Innovation and Leading Change; Patient Centered Health Care, Quality, Safety, Compliance and Strategy; Economic impact of the health care sector on the workforce

NEACSM Service

1. What first inspired you to enter the Exercise Science/Sports Medicine Field? What made you decide to pursue your advanced degree and/or line of research/service?

From the time I was a Candy Striper in our local community hospital, beginning in 7th grade, I wanted a career in health care. My parents were very interested in preventive medicine. My Dad took up jogging at the age of 40 in the 70's fitness craze and did regular US Air Force calisthenics every day. My Mom was always trying to prepare healthy and interesting foods. While my Dad was traveling globally, my Mom would prepare healthy foods from the countries he was working in. This was a very interesting existence for five children growing up in suburban New York City.

Having an entrepreneurial nature, I found the opportunity to create my own major at the University of Massachusetts, Amherst, very appealing. The reason I attended this university, as an out of state student from New York, had to do with being the eldest of five children, liking skiing and seeing many advantages to the Five College System. I chose my own advisors, notably Dr. Brian O'Connor and Dr. Dee Edington, and created a major called Exercise Physiology, taking classes from many departments. I managed to finish in three and a half years, while participating for two years on the first ever UMass Women's Downhill Ski Team.

Next, I really wanted to spend the winter working in a ski area, so I started applying for jobs and at the same time there was one slot in the Master's Degree in Exercise Science Program at UMass, more of a bench research type program then. They chose me to begin in January. I was grateful for the opportunity and equally happy because I could work at Okemo Mountain ski area on the weekends. Able to find very interesting teaching opportunities in other departments around the university (Engineering, Honors Program and Rhetoric Program), these were good activities to match up with my Exercise Science courses.

I was planning a clinical focus and began to look for doctoral programs affiliated with medical schools. It seemed that Exercise Physiology was being applied to cardiac patients. My doctoral program was at Boston University and fitting my entrepreneurial nature, I was allowed to do my dissertation work off site. So naturally, I chose a hospital, St. Vincent in Worcester, Massachusetts, where I met Dr. David Spodick, a Cardiologist who had done clinical exercise physiology research. This was quite unusual for a physician at that time. I loved the experience and working alongside Dr. Spodick.

My first full time job was working in the Cardiovascular Division at Beth Israel Hospital in Boston. The exercise testing service was staffed completely by people with Exercise Physiology degrees – just perfect. I kept that job for 22 years,

working with Dr. Ernest Gervino, and attaining a faculty appointment at Harvard Medical School. I always had a part time teaching role at an undergraduate, graduate or medical school and was always looking to be a professional volunteer too, both at the regional and national level. This search resulted in assignments with the American Heart Association, American College of Sports Medicine as well as local media. I loved the application of clinical science to heart disease prevention and in addition to my clinical role, spent quite a bit of time with broadcast, print and web-based media spreading knowledge about heart disease prevention, both in the professional and community realms.

2. As a student, who were your mentors and what role did they play in your professional development? As a professional, was there anyone who was also instrumental in your career development?

I have had so many mentors and people who believed in me enough to give me opportunities. I tend to stay in touch with people and so have been able to follow the careers of fellow students, professors and those who inspired me. Beginning with college, Dr. Brian O'Connor and Ms. Karen O'Connor were my mentors. I sought their help regularly and they remained my mentors during my Master's Degree in Exercise Science. They wrote my letters for doctoral study.

During my Doctoral program at Boston University I had four mentors, Dr. David Spodick, my dissertation advisor, Dr. Whitney Powers, my academic advisor and Dr. Helen Barbas, for whom I taught Gross Anatomy. Dr. Gary Skrinar and I collaborated too, mostly when I came back to teach part time while he was department chair.

Once in the hospital world, I had several mentors: Dr. James Morgan and Dr. Pamela Douglas, who gave me my faculty appointment at Harvard Medical School and Dr. Micheline Federman, a Clinical Pathologist at Beth Israel Deaconess Medical Center. They guided me clinically and towards management and leadership roles.

My yearning for a greater, more impactful role, changes in the health care sector and leadership experience with NEACSM were the factors which propelled me to go back to school at MIT for the MBA degree. I completed a one year accelerated program which in addition to business topics, exposed me to a global entrepreneurship in Sao Paulo, Brazil, and business travel abroad to India and China.

Since then I have worked in management and leadership roles, positions in for profit companies and health care organizations. I have mentored many people and have also worked with executive coaches, truly enlightening. A seeker of friendships, I try to partner with people from all walks of life and really like teamwork.

In this next chapter I have developed interests in managing change, economics, organization management and operations, and information systems. These interests have brought me to a wider understanding of how things work in the world, and to a career path that includes leading change and improving organizations using Lean Six Sigma among other methods. The foundation in human performance carries many concepts that translate easily, making a Clinical Physiologist a natural person to work on improving organizations.

Through all of these steps I have worked very hard at my relationships, both in being an advisee, an advisor, a team member and a friend. When I was younger, my Dad talked to me about working and being a useful thoughtful person, who could make a contribution. These early talks have taken me a long way. I often remember back to those conversations and the wisdom my Dad imparted to me.

3. What is it about Exercise Science/Sports Medicine that still inspires you today?

I really like the aspect about being the best you can be and being as healthy as you can be. Clinical Exercise Physiology above all other clinical fields is inspirational in this way. There is always something to improve on, yet the strategies to get there are not always apparent. This is the creative part.

4. Why and how did you decide to get involved with NEACSM? How did your service help you grow as a professional?

In the late 1970's the NEACSM Annual Meeting was held at UMass, Amherst where I was a student. I went to the conference and found the talks to be thought provoking. That was the beginning.

Somewhere along the way I became friendly with the NEACSM crew and was invited to dinners associated with the NEACSM and ACSM meetings. I co-presented with a bunch of different people and slowly built a network of colleagues. I began volunteering for committees and founded with the help and support of Dr. Brain Sharkey and Dr. Fred Pashkow, one of the very first interest groups at the ACSM, the Clinical Exercise Physiology Interest Group (approximately 250 members in the beginning). I was an inaugural member of the Interest Group Forums Subcommittee, clearly one of the most innovative ACSM groups at that time. This was the activity that catalyzed my involvement. Soon people wanted to talk about the role of the Clinical Exercise Physiologist and things blossomed from there. There were discussions and outright arguments about the title a person would use and what their actual professional functions would be as a clinician. Meanwhile the clinical role was growing rapidly as were job opportunities.

This movement gave birth to what we now know as the Registered Clinical Exercise Physiologist (RCEP). Further, NEACSM was the first regional chapter to have a regional interest group and to offer the registry exam as part of the annual meeting.

5. What are your most memorable moments from your service to NEACSM?

I truly loved the President Elect (2001), President (2002) and Past President (2003) years. I grabbed the leadership role with gusto and felt it was equivalent to my chance at a CEO position. It was an opportunity for real leadership, and I remain eternally grateful to NEACSM for opening my eyes to what could be in my own leadership journey. I also loved all of the social times with colleagues at conferences and dinners. Many life passages occurred during those years – our son was born in 2000, my father passed way in 2003, and I received a large increase in responsibility in my clinical role over these years including a medical school faculty appointment and teaching.

6. What were some of the main issues confronting NEACSM at the time of your presidency?

My annual meeting was held during 2001, very soon after 9/11. I felt it was important to respect and remember what had happened as feelings were raw and safety was a huge concern on the minds of all. We had American flags on all of the lunch tables and one of the trade show exhibitors sang a patriotic song.

At the organizational level, we were grappling with funding our work, raising money through development and clarifying the roles and responsibilities of our members related to financing our activities. We were also struggling as many NEACSM leaders have, with engagement of Past Presidents in our activities. Members were asking for inclusion and equal time for things like meeting locations.

We were considering the lifespan of the arrangement with NEHRSA, an organization we had partnered with for several years. There were tensions around fall meeting content and leadership structures. The partnership worked well for awhile, however, ultimately NEACSM and NEHRSA went their separate ways.

7. What do you think are your most meaningful contributions to NEACSM?

Increasing leadership participation in the NEACSM Executive Committee was very important to me – changing the meetings to decision making opportunities versus reporting meetings. Going along with that, it was very

important to me that the David N. Camaione Fund be formalized. I wanted it to have a Board of Directors, an investment strategy, a fundraising plan and meaningful documented opportunities for the use of the fund. These goals have truly come to fruition as the fund was renamed the Camaione Student Endowment and has continued to grow in value, upwards from \$15K in 2002!

8. What do you think are your most meaningful contributions to the field of Exercise Science/Sports Medicine?

I am most proud of the creation of the clinical title, Clinical Exercise Physiologist, which captures the clinical work physiologists have been doing with patients since the 1970's. The title has withstood the test of time, with the development of job descriptions and clinical roles within health care organizations. In some cases, the title has been shortened to be Clinical Physiologist, which is also an apt title. It is fundamental to me that a student graduating with a degree have a career path associated with that degree. Going forward, I foresee opportunities in primary care in inpatient, outpatient and community settings creating disease prevention strategies for our patients. Our curricula will have to be designed to reflect patient centered health care and even greater depth in the clinical aspects, with continued focus on technical aspects. Health care reform is here to stay.

My one regret is that in Massachusetts, we have been unable to gain licensure for Clinical Exercise Physiologists. The ability to charge and bill for our services is key to independent practice and offering clinical value. A group of us worked with the state legislature for over ten years, speaking before both Senate and House Committees to present our case. While we were not denied outright, we were placed back into study. Most recently this occurred during the Patrick Administration when there was a decreased interest in enlarging state licensing boards due to both the costs as well as administration.

9. What advice would you have for future leaders of NEACSM?

Stay aware of trends and innovation, work hard, reach out to build relationships and engage your colleagues. Have fun too!

10. What advice would you give to students who are looking to pursue a career in Exercise Science/Sports Medicine?

Keep your skills strong and do not be afraid to change. Build your career as opportunities arise, as experience builds upon itself.