

**UPMC**  
NURSING

# Student Nurse Pathways



Dear Nursing Colleague,

I hope that you are having a meaningful spring semester. UPMC Nursing continues on our journey to create and instill a culture of excellence. An essential ingredient necessary is shared governance. Tim Porter O’Grady defines shared governance as “a professional practice model founded on the cornerstone principles of partnership, equity, accountability, and ownership that form a culturally sensitive and empowering framework, enabling sustainable and accountability- based decisions to support an interdisciplinary design for excellent patient care”<sup>1</sup>. With that said, what student wouldn’t want to learn in an environment built on these elements of professional practice? As we look across UPMC, shared governance takes on many forms; unit, hospital, and system-based. The common themes within the various shared governance structures include equity, ownership, partnership, and accountability.

**Equity** constitutes nurses having the ability to contribute within their scope of practice as an indispensable part of the care team.

**Ownership** is both as an individual (your professional practice) and team (patient centric). Each person or team is empowered and equipped with the knowledge and expertise to achieve positive outcomes.

**Partnerships** are essential for the coordination of care. There must be mutual respect, communication, and collaboration among nurses and the interprofessional care team members.

**Accountability** is a willingness to invest in decision making and express a sense of ownership in decisions that are made<sup>2</sup>. As well as the interest in being responsible for and achieving outcomes. The system unit director council is in the process of starting a project focusing on peer-to-peer accountability.

As nurses, we are sometimes reluctant to provide our colleagues with constructive feedback. In order for us to develop and be more effective, we must learn effective strategies and become more comfortable with giving and receiving feedback. At UPMC we appreciate feedback from our students and faculty as well. Many of you have participated in the student experience surveys each fall and spring semester. We are currently gathering your feedback via the survey for the spring semester. Your instructors have received an email link to gather your personal experiences related to clinical at UPMC.

My hope is that this issue of Student Nurse Pathways will provide you with more insights about the principles of shared governance. As a student at UPMC, we want you to partner with the nursing team by embedding the principles of shared governance in your professional practice.

Warmest wishes,

**Holly L. Lorenz, MSN, RN**  
Chief Nurse Executive, UPMC

<sup>1</sup>Wade, A., (2011). *Shared Governance: A Vehicle for Engagement and Change, Nurse Education Today, 32, p 191-194.*

<sup>2</sup>Batson, V., (2004). *Shared Governance in an Integrated Health Network, AORN Journal, 80(3), p 494-514.*

## what's *inside*:

Journey to Shared Governance is Not a Destination  
Page 2

Exemplary Professional Practice — Professional Practice Model  
Page 3

Magee PPC Promotes Safety, Quality, and Patient-Centered Care  
Page 7

## UPMC Nursing Vision

UPMC Nursing will create the best patient experience, nationally and internationally, through the selection, development, retention, and reward of the highest-performing nurses, while creating systems and programs that create consistency and excellence in patient care.

# Journey to Shared Governance Is Not a Destination

UPMC Horizon, a community hospital with two campuses, discovered that implementation of shared governance, as characterized by the American Nurses Credentialing Center was not easy. Initial plans failed because our original model was extremely complicated.

Realizing that shared governance is more than a new organizational chart or committee configuration, nursing leadership proposed re-evaluation of the original model. We took a look at the old shared governance model and engaged the staff and nursing leadership to rebuild a model to fit our culture with a leadership team that is open, transparent, and willing to give all nurses in the organization equal footing and power by giving staff a voice in decision making.



The new model demonstrates partnership, accountability, and ownership for practice oversight. It is based on relationship-based care, and places the patient and family at the center of all decision making. Our model establishes a vision of professional nursing practice that correlates with the mission, vision, values, and strategic direction of UPMC Horizon. It highlights our five pillars, including exemplary nursing practice, structural empowerment, transformational leadership, empirical quality results, and collaborative relationships.

## Nursing Executive Council

The Nursing Executive Council provides leadership and oversight to all nursing councils by ensuring optimal collaboration of efforts among councils.

## TRANSFORMATIONAL LEADERSHIP:

### Nursing Leadership Council

The Nursing Leadership Council serves as a platform for the professional development of staff, sharing innovations, spreading evidence-based practice, and serving as a catalyst for best practices in patient care through transformational leadership.

## EXEMPLARY PROFESSIONAL NURSING PRACTICE:

### Professional Practice Council

The Professional Practice Council serves as the vehicle by which the voices of all professional nurses within the organization act as a catalyst by bringing together knowledge, information, and problem-solving solutions to initiate change that promotes the best nursing practice.

## EMPIRICAL QUALITY RESULTS:

### Nursing Care Council (Peer Review)

The Nursing Care Council serves as a foundation of nursing accountability for patient safety. It is led by direct care nurses and established a formal process for analyzing events that contribute to adverse outcomes.

## STRUCTURAL EMPOWERMENT:

### Evidence-Based Practice Council

The Evidence-Based Practice Council assists nurses with the implementation of evidence-based practice and ensures that policies, procedures, and standards of care are evidence-based.

## COLLABORATIVE RELATIONSHIPS:

### Medical- and Hospital-Based Staff Committees

As part of a collaborative leadership model, Patient Care Services and the Nursing Department are represented at all medical staff- and hospital-based committees. ■

# UPMC Shadyside School of Nursing Partners with Urban League Charter School

By Santa (Sandy) Lake, RN, MS  
UPMC Shadyside School of Nursing

In 2012, the UPMC Shadyside School of Nursing began to reevaluate the clinical experiences being offered to students in the maternal-child nursing course. Historically the focus of the pediatric clinical experience involved management of the hospitalized child. Faculty and administration explored the learning needs of the nursing students, the changing face of health care, and the needs of the pediatric population. The decision came easily. We needed to expand our learning to include work with children and families in the

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community setting while placing emphasis on health maintenance and health promotion. We just had to find the right location to begin this new journey.

That right location was the Urban League of Greater Pittsburgh Charter School. Call it fate or the theory of degrees of separation, but in July 2012 Linda Kmetz, PhD, executive director of the UPMC Schools of Nursing, and Dawndra Jones, senior director of Strategic Initiatives, UPMC Nursing, and board members of the Urban League of Greater Pittsburgh Charter School, presented this as an opportunity.



Gail Edwards, PhD, CEO of the Urban League of Greater Pittsburgh Charter School, and her leadership team welcomed this opportunity and the UPMC Shadyside School of Nursing. In the fall of 2012 our partnership began and the nursing students started working with the school nurse, teachers and young scholars at the Charter School.

The clinical experience is designed to help the nursing students gain an appreciation of growth and development in the pediatric population, to identify the health care needs of this population, and to understand the role of the nurse in the community setting. The nursing students spend two clinical days at the Charter School. They have the opportunity to observe classroom learning and assist the teachers. They interact with the scholars during lunch and recess periods. They also are able to assist the school nurse.

During this experience, the nursing students present a health teaching topic to the scholars in the classroom setting. Topics have included hand and dental hygiene, proper sleep, respecting one's self, nutrition, and activity. The students determine the topics and discuss with the faculty and school nurse as they prepare their presentations. They are challenged to create a presentation that is developmentally appropriate, interactive, and informative. Several of the posters used during the presentations can be found in the nurse's office.

Our nursing students have shared positive reflections of this learning opportunity. In addition to discussions of growth and development

and health care needs, they have shared their learning related to cultural practices among this population. We look forward to continuing this journey and hope that UPMC Shadyside School of Nursing has made an impact on the well-being of the wonderful children we have been blessed to work with. ■

## Professional Practice Council at Western Psychiatric Institute and Clinic

The shared governance process for Western Psychiatric Institute and Clinic might have a unique spin from the other business unit models. On our inpatient units, the nurses work alongside a team of support staff to provide excellent patient care and services. Communication and partnerships between the nurses and the staff are key pieces to workflow, safety, and meeting the needs of our clients in an efficient and therapeutic manner. We promote shared governance by having a multidisciplinary team represented on our unit-based and hospital-based councils. They work with our nurses and leadership on developing outstanding care delivery models. The collaboration allows our staff to freely participate in decision making within the scope of their role on the unit with our management providing support, encouragement, education, and resources necessary to help make the staff-generated ideas a success. This model promotes equity, accountability, and ownership within the Institute.



Clinical and administrative leadership at WPIC role model the concept of leadership support. Nursing leadership supports the nurses and inpatient staff at the hospital meeting and there are regular monthly meetings with nursing management and the corporate council members to best incorporate systemwide initiatives into daily care.

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The WPIC Professional Practice Council is solution-oriented, knowledge-based, collaborative, and cohesive with staff and patient goals. The PPC uses nominal group techniques to identify problems or issues; we then gather data, design solutions, obtain feedback, implement, and then evaluate the program. All of these elements are integral to the success of new ideas. Each unit selects their top three issues and spends the year developing solutions that are staff generated.

“I enjoy the opportunity to meet and share ideas with the staff from other units and to know that I can make a difference with my opinions and ideas,” said a nurse from WPIC’s Integrated Health Aging Program, when asked what he likes best about sitting on the Professional Practice Council. “Plus, we host a wonderful holiday party that I look forward to every year,” he added with a smile. ■

## Exemplary Professional Practice — Professional Practice Model

The UPMC Shadyside Professional Practice Model (PPM) provides a conceptual framework designed to enhance the delivery of patient care, promote and recognize respectful collegial interactions, and empower interdisciplinary shared decision making at all levels. The shared leadership model has been in existence since 2007. The organization’s PPM motto — “Rooted in Caring ... Guided by Innovation” — applies itself in the format of a prescriptive model, as it is unique and specific to UPMC Shadyside.

The PPM is embedded in a relationship-based care model that supports the core values and mission of the organization. Practice of this prescriptive model is carried out through the Shared Leadership Council structure. The ultimate goal of the councils is to provide the highest quality of evidence-based care to those we serve in an environment where staff members treat patients, families, each other, and themselves with kindness, compassion, and respect. The Shared Leadership Council structure has grown into a group of diverse health care providers united by a shared vision — to provide an optimal healing and caring environment for patients and families.

The clinical nurses work closely with other health care workers, transcending all disciplines and departments at UPMC Shadyside.

One of the major annual events at UPMC Shadyside is the “Shared Leadership Conference.” Sponsored by the Shadyside Hospital Foundation, this inclusive event gives voice to the organizations’ clinical nurses and ancillary staff who present each council’s work.

It also fosters an environment of professionalism and collegiality as they come together as a team aiming to improve the patient experience in a positive environment. At the March 2013 Shared

Leadership Conference, the councils proudly hosted Tim Porter O’Grady, DM, EdD, APRN, FAAN, as the keynote speaker. He validated the work of the council: “It is a delight that I am able to witness the dynamics within an organization where the Professional Practice Model is alive, evolving, and truly the roadmap to excellence.” ■

## At UPMC East, Shared Governance Began Before the Hospital

Although UPMC East is one of the newest additions to the UPMC hospital network, we strive to continue the vision and mission of the shared governance nursing model. From before the doors opened, UPMC East had several unit-based practice councils already established and functioning. Our very first hospital-wide Professional Practice Council met and established their charter only four months after we starting seeing patients. Shared governance remains a paramount priority to the nursing practice at UPMC.



Professional Practice Committee (PPC) is an opportunity to be involved in unit-based projects and developments by allotting time for them to express their concerns and ideas in a nonjudgmental environment. PPC leaders encourage others to utilize evidence-based practices and suggest trials of ideas within the unit. With continued development and application of suggestions from staff, we continue to grow as a unit and our trials and errors allow us to share experiences within the system. PPC has utilized tools such as survey monkey and quick huddles to get feedback from all staff in order to implement change. Our individual unit mission statement: The UPMC East Step-Down Unit Professional Practice Committee (PPC) will provide a forum for RNs and APCTs to exchange ideas and discuss workplace challenges and then work together to find a mutually satisfying resolution in order for our staff to continue to demonstrate professional excellence while

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delivering the highest quality of patient care. PPC promotes endless possibilities for staff to engage themselves as leaders and researchers on a unit specific level as well as on a system wide level.

Shared governance helps us to engage employees to actively participate in creating and enforcing a positive work environment. UPMC East's step-down unit PPC creates an environment and culture to encourage employees to expand their education while strategizing to recruit and retain staff. We recognize employees' success by placing these accomplishments on the "Helping Hands" bulletin board in our staff lounge and sending out emails with congratulatory praises. Unit PPC, in collaboration with our Recruitment and Retention Committee, was instrumental in creating an Employee of the Month nominating system where peers recognize each other. We also use the allotted monthly meeting time to update staff on upcoming educational opportunities and mandatory trainings, as well as to encourage attendance for future meeting times. ■

## UPMC Mercy Shared Governance

UPMC Mercy has had a shared governance structure for over 25 years, and several recent changes have served to strengthen and empower our nursing staff, by building on the strong foundation.

Units have implemented the unit-based council structure, and we have developed several new councils, night council, collaborative ancillary council, and tech council which have enhance quality and practice at Mercy. Below are some examples of recent activities of councils.

### UPMC Practice Council

Over a year ago a subgroup of the UPMC Mercy Nursing Practice Council began a journey to identify a nursing theorist that fit with the organizational culture. The council reviewed and studied the work of several nursing theorists, Gladys Husted, Jean Watson, and Patricia Benner.

In order to ascertain a cultural fit the council members submitted "stories" about great patient care on their units. The subgroup performed a theme analysis of these "care stories," major themes identified were care and spirituality.

Patricia Benner's work was chosen as best fit for the nursing department to guide nursing practice. This theory was chosen because it

- acknowledged the importance and value of nursing
- acknowledged and articulated professional skill development
- focused on RN role and reward of professional development and practice
- supportive of staff empowerment

The components of theory — patient, health, situation/environment, and nurse — were defined and visually depicted by the group. The nursing staff was introduced to the theorist and her work at the UPMC Mercy Nursing Quality Fair in November 2013. Currently the group is working on a video to introduce and educate all RN staff at UPMC Mercy about our professional practice model and the theory that guides our practice.

### OB Department

The unit-based practice council committee on the fifth floor at UPMC Mercy has been extremely busy over the past few months. On Dec. 15, we merged the Labor and Delivery and Post-Partum units into one unit for Labor, Delivery, Recovery, and Post-Partum.

The first challenge has been merging staff and deciding the basics, how to place patients on the unit for optimal care, how to assign staff to patients, and re-defining roles of staff and responsibilities on the new combined unit. Through decision making meetings involving staff collaboration, and respect for one another's skill and knowledge has grown. The staff of the LDRP has maintained a "to do" list that ranges from equipment and supply needs to work flow issues, and has worked with the unit physicians as well to include their input and perspective.

Next steps will be cross-training staff, ensure comfort levels with new knowledge and skills and developing new work practices. The unit based council has been very effective in implementing change.

### 12E Medical Progressive Care

The 12E Unit-Based Steering Committee has been active over the past two years. One of the first projects that we worked on as a group was floating staff to other units. We completed a literature search and shared the data. We then developed a staff survey about their attitudes and preferences regarding this practice. Staff were included in both the gathering of the information, deciding what actions to take and disseminating their collective decision. They worked with Human Resources in order to learn more about staffing policies. Working through this issue allowed staff to examine the positives and negatives of their decision, work with other departments, and learn about human nature.

We have also nominated candidates for the Cameo of Caring® award, helped arrange social outings, scheduled journal meetings and explored whether our practices are "best" through evidence.

The group is responsible for holding committee members accountable and has a significant role in staff engagement.

Some of our current work includes developing a peritoneal dialysis kit to increase efficiency in patient care, developing an updated orientation handbook, and redesigning our charge report tool and process. ■

# Shared Leadership at UPMC Passavant

At UPMC Passavant, a shared leadership structure provides a voice for the bedside nurse in all aspects of their practice, including accountability, autonomy, and empowerment. This approach encourages nurses at all levels to participate directly in the clinical and administrative decisions that impact their daily work through various interprofessional councils and committees.

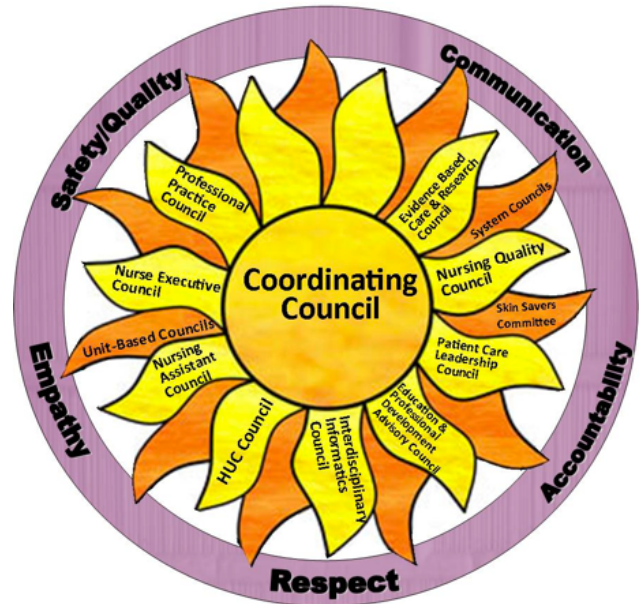
Our active and robust councils, at both the hospital and unit levels, empower staff to use their knowledge and expertise to make decisions and solve problems, build a positive work environment, and provide an opportunity for collaboration with colleagues and consensus-building. Most importantly, it is an effective way to engage staff and enhance satisfaction regarding their work environment. All councils are either chaired or co-chaired by a bedside nurse.

The hospital Professional Practice Council (PPC) provides a forum for nurses to discuss issues and generate solutions to issues that impact not only the delivery of patient care, but also those that affect the morale and work environment of the clinical staff. Most of this council's work is driven by the results of our annual National Database of Nursing Quality Indicators® (NDNQI®) survey. The Council reviews the survey results and completes a SOAR (strengths, opportunities, aspirations, results) process. The top opportunities are discussed, prioritized, and voted on by the members of the council. From that, a strategic work plan is developed for the coming year. Previous contributions include the development of a leadership rounding program, a standardizing of SMAT times, and improvements in physician/nurse communication. The PPC is also committed to serving the local community. Partnering with Crisis Center North and Voice of Butler County, the PPC collects items and donates them to these facilities quarterly.

At the unit level, multidisciplinary professional practice councils are responsible for developing a set of specific goals and objectives that may include evaluating policies and procedures; developing and reviewing department specific standards; analyzing quality data and/or developing action plans in collaboration with department leadership. They review their unit's NDNQI Nurse Satisfaction data, conduct a SOAR process, and prioritize the results to develop an action plan.


Most importantly, these unit-based councils can develop programs that foster an environment of effective communication, problem solving, and work-life balance. In the past year, unit-based councils have developed and effectively implemented a plan to improve meal breaks for staff.

All councils report out to the Coordinating Council, which is chaired by the Patient Care Leadership Team and meets quarterly. The goal of the Coordinating Council is to facilitate achievement based on council work plans and timelines, finalize decisions regarding council proposals, work plans and resource allocation; and identify and resolve gaps or overlaps in planning and execution.



Our shared leadership structure is represented by a sunflower, which visually demonstrates how hospital and unit councils interact with each other, with the coordinating council, and with system-level councils. The outer ring represents our hospital values. ■

## It's Time for the UPMC 360° Student Experience Survey



Students and Faculty are encouraged to participate in the 5 question survey to provide feedback on their most recent clinical experience at UPMC.

The purpose of the survey is to improve the collaboration between UPMC nurses, students and clinical instructors.

You will receive this survey via email. If you have any questions, please contact Melanie Shatzer, DNP, RN, at [shatzermb@upmc.edu](mailto:shatzermb@upmc.edu) or 412-647-7917

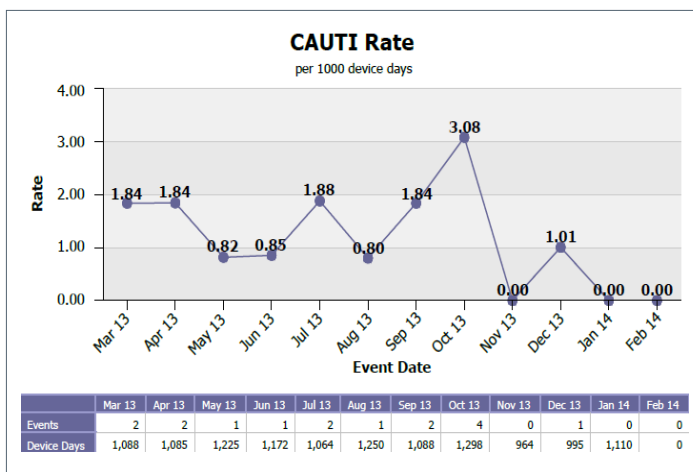


# Magee PPC Promotes Safety, Quality, and Patient-Centered Care

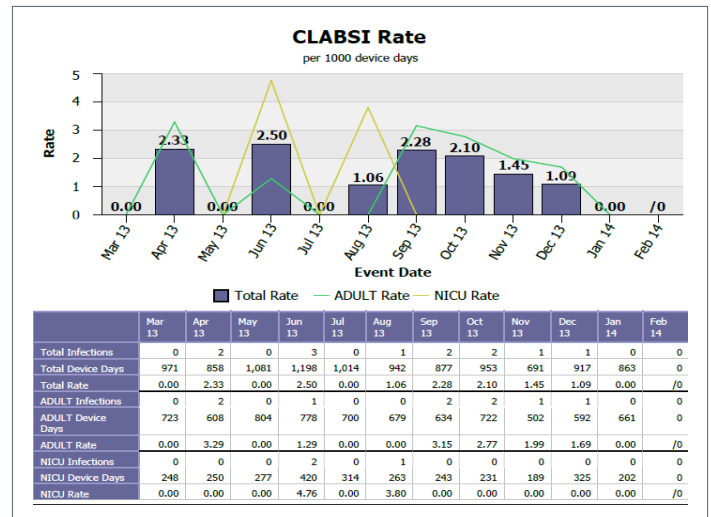
At Magee-Womens Hospital of UPMC, the purpose of the Professional Practice Council (PPC) is to provide leadership for the shared governance structure, and to create an environment that promotes safety, quality, and patient-centered care. In the beginning of 2013, the shared governance structure was updated. There are six councils that report to the PPC: Professional Development, Employee Experience, Evidence-Based Practice/ Research, Informatics, Quality/Patient Safety, and Operations.

Several initiatives have resulted from discussions at the PPC. One of the first initiatives was the decision to improve nurse satisfaction upon reassignment to another unit. Pulling guidelines were developed. In addition, each unit was asked to create their own list of important facts, numbers, and routines for the nurse to make their re-assigned shift as pleasant as possible. As a follow-up re-assigned nurses are provided a survey. The surveys have shown that the changes to the guidelines have led to increased nurse satisfaction.

Another initiative was begun after the PPC reviewed reports provided by the infection control practitioner from the Quality/Patient Safety Council regarding catheter associated urinary tract infections (CAUTI). The PPC members suggested the IC Practitioner work with the EBP Council members to derive best practices related to urinary catheters. After an extensive literature search by EBP, the vendor was brought in to provide in-services on a new Foley catheter product. Audits were conducted by the vendor as well as hospital representatives. In the past several months, the rate of CAUTIs has been reduced to zero.



A systemwide initiative involving creation of a central line toolkit was presented and discussed at several PPC meetings. The toolkit was rolled out to the adult units and was adapted to address the needs



of the neonates in the Neonatal Intensive Care Unit. PPC focused on monitoring CLABSI and the rate has been reduced to zero.

Each of the councils is currently involved in projects to increase patient safety across all areas of Magee-Womens Hospital of UPMC. ■

## UPMC Northwest PPC Focuses on Transparency

At UPMC Northwest we have a Professional Practice Councils (PPC) on each inpatient unit. There are also other departments that have nursing PPCs. The councils are required to meet monthly and assist nursing leadership with developing strategies related to their care of patients. The PPCs also look to problem solve issues and develop projects to address the issue. Unit leadership assists with the needs of the project.

At UPMC Northwest there is also a hospital-based PPC. Nursing members from each department are present on the committee. The forum meets monthly and discusses issues. They also monitor progress on hospital initiatives and give guidance to the direction.

The hospital PPC also has a portion of the meeting that is dedicated to staffing effectiveness. The group is educated about the budgeted staffing and also provided opportunity to discuss current staffing levels in their unit. Other projects this last year included picking awardees of direct-patient care awards, advocacy for bedside report, hourly rounding, quiet at night work, and charge nurse role definitions.

Along with the above structure of shared governance, administratively we look to provide transparency to the staff. Breakfast with the President, Community Breakfast, Town Halls, administrative rounding, and traveling road shows occur on routine basis with the goal to communicate to staff and dialog with them to understand barriers of caring for our patients. ■

# UPMC St. Margaret Shared Governance Structure

The shared governance model at UPMC St. Margaret can best be described as a dynamic structure of professional nurses participating in a shared decision-making environment. Nurses from all levels and within all departments have the expectation to participate in this structure, which fosters communication in a purposeful and consensus-driven manner. Our shared governance framework consists of a particular infrastructure, or core, that serves as the basis of our professional practice. Our professional practice model takes the premise that nurses' education and experience qualify them for leading roles in the advocacy and decision-making that affects patient care and related nursing activities. Our goal for every nursing council member is to move nurses beyond making recommendations to empowering them to carry out their decisions — decisions that result in the best possible outcomes for their patients.



There are six nursing councils that form the core of our shared decision making model that supports advancement of organizational and departmental goals (see below). Council management consists of staff nurse chairs and co-chairs, unit director advisors, and nursing director mentors. Leadership development of the chairs and co-chairs occurs during monthly pre-council meetings. These staff-leader partnerships promote a collaborative atmosphere where nurses from every area of practice work together toward problem-solving and decision-making.

The decision-making model is designed to require a broader distribution (more people involved) and is based upon professional accountability (where the responsibility resides) and role expectations that are determined by the goals of the nursing division.

This council model is intended to define staff-based decisions, staff and management accountability and ownership of nursing staff in the activities that directly affect the nurses' life and practice within our organization. Professional engagement and seeking the opinions of nurses at the bedside are the substance of our nursing shared governance model. Council by-laws, meeting minutes, and presentations by council members consistently demonstrate that nurses at UPMC St. Margaret have a voice in their practice. Surveys of staff members occur formally and informally to always assure that nurses have a participatory role in decisions that affect nursing practice and that decision-making is close to the point of care.

Unit-based councils are integrated into the shared governance structure by the following processes:

- Council chairs and co-chairs have protected time each month to prepare and manage the nursing council work.
- Unit council members have time allotted to attend council meetings.
- Unit council members have time during monthly staff meetings to communicate council initiatives and work. This also provides an avenue for communication upwards — from the unit staff to the councils.

We encourage you to come and visit us to learn more about our nursing shared governance in action. ■

## UPMC ST. MARGARET NURSING DIVISION SHARED GOVERNANCE MODEL





# Children’s Hospital of Pittsburgh of UPMC — Nursing Shared Leadership

Children’s Hospital of Pittsburgh of UPMC values the critical role nurses play within the organization. Empowerment is important to autonomous practice at Children’s. When empowerment and autonomy are encouraged, they illustrate how valued and important the direct-care nurse is within the organization. The primary structure that empowers nurses’ and supports participative decision-making is the shared leadership model. Children’s shared leadership councils encourage decision-making through the empowerment of staff, as well as promote a work culture of interdisciplinary and interpersonal collaboration.

The Coordinating Council is the overseeing body and includes all of the co-chairs and vice-chairs of the six main councils. The goals of this Coordinating Council are communication sharing and setting the vision and goals for Children’s shared leadership philosophy. Six core councils provide the structure that encourages direct-care nurses to initiate, participate in, and manage the decision-making processes surrounding patient care at Children’s. These councils include: Education and Professional Development, Evidence-Based Practice (EBP) and Research, Nurse Advisory, Patient Care Leadership, Professional Practice, and Quality and Safety. Nursing shared leadership councils and organizational committees establish the structure for nurses in all settings to be empowered in the decision-making process. Active involvement in these councils, committees, and taskforces encourages nurses to participate in the decision-making process to provide safe, quality health care services to all patients and their families. ■

## SHARED LEADERSHIP COUNCILS



**Recruitment Note**

Congratulations to all of the recent and upcoming graduates! We enjoyed meeting so many of you in Nashville during the National Student Nurse Association Annual Convention. It's exciting to meet exceptional student nurses with amazing careers ahead of them.

We'd like to meet more of you! Are you a student leader looking to bring information about UPMC's opportunities for students (including the Summer Student Nurse Internship Program!) to your group? Contact [campusprograms@upmc.edu](mailto:campusprograms@upmc.edu) to inquire about a representative coming on campus in the fall semester.



**Influencing Our Profession,  
Driving Health Care Change**

**This year, Nursing Now welcomes these featured speakers:**

- Diana J. Mason, PhD, RN, FAAN, President of the American Academy of Nursing and Rudin Professor of Nursing at Hunter-Bellevue School of Nursing
- Karen Drenkard, PhD, RN, NEA-BC, FAAN, Chief Clinical/Nursing Officer GetWellNetwork™
- Marjorie S. Wiggins, DNP, MBA, RN, FAAN, NEA-BC, Chief Nursing Officer, Maine Health System
- Patricia S. Yoder-Wise, EdD, RN, NEA-BC, ANEF, FAAN, Editor-in-Chief, The Journal of Continuing Education in Nursing; President, The Wise Group; and faculty member at the Texas Tech University Health Sciences Center School of Nursing

**Monday, June 16 and  
Tuesday, June 17, 2014**

Location:  
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To register and view more information visit [www.NursingNowConference.com](http://www.NursingNowConference.com).

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University of Pittsburgh

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- UPMC Mercy
- UPMC Northwest
- UPMC Passavant
- UPMC Shadyside
- UPMC St. Margaret

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**Have a story idea?**  
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