

# NURSING

VANDERBILT UNIVERSITY  
MEDICAL CENTER

*Transforming patient care through professional practice*

December 2012



A newsletter  
from the office  
of the Executive  
Chief Nursing  
Officer

Marilyn Dubree,  
MSN, RN,  
NE-BC

## 2012 NURSING BYLAWS CONVENTION

Vanderbilt University Medical Center Nursing conducted its 2012 Bylaws Convention Nov. 12. The Nursing Bylaws are reviewed and amended every two years to ensure they are an accurate governing guide for the nearly 6,000-member nursing workforce.

“The Bylaws convention is a proxy for how we like to get our work done so that nurses have their fingerprints on it through staff and leadership engagement,” said Marilyn Dubree, MSN, RN, NE-BC, executive chief nursing officer, as she addressed the crowd. “The Bylaws are a living document that represents the way we do our work.”

Dubree welcomed more than 150 delegates, representing VUMC units, clinics and departments, and the 20-member Bylaw Task Force who has been preparing for this day for more than a year. Colleagues from Belmont University, the Tennessee Nurses Association and NorthCrest Medical Center were on hand to observe the process.

The delegates were charged with finalizing a set of editorial and substantive amendments. All of the editorial changes, those that do not significantly impact meaning, were approved unanimously. The delegates reviewed seven substantive amendments addressing the structure of various nursing leadership boards, Advanced Practice Nursing clarifications, dispute resolution improvements, and even the delegate structure for

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As VUMC nurses, you have been living and breathing ambassadors of Vanderbilt’s commitment to patients and their families. When our patients are ill, scared, worried, exhausted or regaining their strength, you make a profound difference. When family members need a concerned partner, you are there. In many ways, you have made it possible for Vanderbilt to take our organizational commitment to the next level – a pledge to patients and families unveiled this week.

Please take time to read the promise reprinted in this month’s issue and talk about it with your colleagues. While we have so much to be proud of, there are always ways we can improve and our

patients and their families deserve our very best.

Additionally, you will want to make sure to read the article about changes to the VUMC Nursing Bylaws, made possible through the involvement of energetic delegates and a dedicated Bylaws Task Force. And, in our efforts to share more about senior leaders, I hope you will read the Q&A about Vanderbilt Medical Group’s Margaret Head. She has done tremendous work with the clinics and is an important part of the geographic reach of VUMC.

I wish each of you a happy holiday season,

future conventions.

“Our nurse delegates have been involved at every step of the way, building up to today, and have used their own perspectives and voices to help clarify and strengthen what we do in nursing,” said Jerita Payne, MSN, ACNP-BC, chair of the Bylaws Task Force, assistant director, Clinical Transplant Services.

“I was pleased to see so much input and discussion, to see the delegates making motions and using their authority and this privilege to make our Bylaws even stronger,” said Erin Tickle, MMHC, RN, director, Shared Governance. “This

process would have been impossible and meaningless without their involvement.”

Delegates were encouraged to let their voices be heard. One example is a substantive amendment that was introduced for the first time from the delegate floor – regarding manager’s council and delegates. It was discussed but not passed.

The work is not done. The Task Force will meet to discuss how best to implement changes, some of which may require more education and training.

The next Bylaws Convention will convene in November 2014.

### Bylaws Task Force Members

Pam Allen  
Adrienne Ames  
Laura Beth Brown  
Mary Duvanich  
Connie Ford  
Eileen Griffin  
Mary Hudson  
Trishonna Jackson  
Mike Jorden  
April Kapu  
Ken Myers  
Jerita Payne  
Georgeanne Raines  
John Rice  
Janice Sisco  
Clare Thomson Smith  
Erin Tickle  
Christina White  
Julie Williams  
Johnny Woodard

## SUBSTANTIVE AMENDMENTS

- **Co-chairs for Nursing Leadership Boards** – to adhere to the shared governance structure, nursing leadership boards for each entity will include co-chairs, who will be elected by their peers.
- **Advanced Practice Nurses (APN)** – making sure that the Nursing Bylaws are reflective of the APN practices as it has changed over the years, including APNs who carry clinical privileges that are also included in the Medical Staff Bylaws. In conjunction, the Executive CNO will be added to the Medical Staff Bylaws to ensure Nursing continues to take ownership of its nursing practice.
- **Dispute Resolution** – the ability to convene a group of peers from a similar clinical environment to hear about another nurse’s practice.
- **Bylaw Delegate Reorganization** – delegate representatives from existing structures such as staff councils, educator council and research nurse groups to reach all populations of nursing staff in a meaningful way.
- **Nurse Educator Council** – better describing the work and purpose of the nurse educator council, providing a framework focusing on education and competency.
- **Dispute Resolution for Clinical Practice** – correlating with the Vanderbilt Human Resource changes and process, specifically, the amendment incorporates two recent policies for Progressive Discipline and for Performance Accountability and Commitment.
- **Nursing Leadership Boards** – providing a structure and reporting system for nursing leadership boards for each entity, enabling committees within each entity to report to their own nursing leadership board.



## GET TO KNOW YOUR CNO: MARGARET HEAD

### **How long have you been a nurse?**

I graduated from nursing school in 1981 from the Methodist Hospital School of Nursing in Memphis, Tenn. I started as a diploma nurse and continued to further my education throughout my career.

### **How long have you been Chief Nursing Officer for VMG?**

I have been in this role at VUMC for five years. Prior to Vanderbilt, I also served as the CNO and Vice President of Operations at a large, multispecialty group practice in Houston, Texas, for six years.

### **What do you like best about nursing?**

I truly believe that we are all called to serve others. This can take many forms in life. Nursing is the vehicle for me to serve others, sometimes directly and at other times through designing systems that support those on the front line of patient care.

### **What is your favorite aspect of being CNO?**

In this role, I get to meet so many different members of our care teams. I am always struck by the professionalism, collaboration and dedication of our staff and providers. I am honored and privileged to serve in my role at VUMC.

### **What is the most challenging aspect of being CNO?**

The most challenging part of my role is ensuring consistency of quality of care, nursing practice and customer service across 120-plus clinics while remaining in sync with the VUMC goals and objectives. It is also challenging maintaining a connection to the front line staff. I never want to lose that.

### **What educational experience has been most helpful to you?**

I can say that I have gained new knowledge and

skills at every point in my educational experience. From completing my BSN, MSN and MBA, I built a foundation to continue to grow and develop in my career and personal life.



Margaret Head, MSN,  
MBA, RN, NE-BC

### **What inspired you to be a nurse?**

Actually, I did not want to be a nurse in high school. I wanted to be a chemical engineer. However, I was offered a full scholarship to attend nursing school and my mother made me take it. I went kicking and screaming! I found out quickly that I loved the practice of nursing and could not imagine doing anything else.

### **What was your first nursing job like?**

My first job was in a seven-bed Neurosurgical ICU on the night shift. As a GN, I was the charge nurse with two LPNs. It was definitely sink or swim. Fortunately, the two LPNs took me under their wings, helped me through that first year and did not allow me to fail. That's when I learned that all members of the care team are important and you must be able to depend on each other. A highly functioning team is priceless!

### **What is your No. 1 piece of advice for nurses?**

My advice is keep your mind open to new ways that nurses can provide value in a fully integrated health system. As we shift to managing a patient's care across the continuum, the clinical expertise and holistic viewpoint that nurses bring will be pivotal in the development of new models of care.

### **What would you be doing if you weren't a nurse?**

I would be writing novels, definitely nothing to do with health care or management. Most likely murder mysteries . . .

# VUMC MAKES PATIENT, FAMILY PROMISE STATEMENT

Vanderbilt University Medical Center is taking its commitment to a patient-centered experience to a new level, through the Vanderbilt Patient and Family Promise, a six-point commitment statement being rolled out to the public in February.

The Promise, written with guidance from members of the patient and family advisory councils, clearly states what patients and family members can expect when receiving care or services at any Vanderbilt location. The Promise is built upon the foundation of the fac-

ulty and staff Credo behaviors and is an external reflection of the Credo to patients and family members.

During December and January, the Promise will be communicated to staff and faculty. It will be displayed in public areas, on the VUMC website and in patient materials beginning in February.

The Promise will be accompanied by a statement welcoming feedback through the Office of Patient Relations at [patient.relations@vanderbilt.edu](mailto:patient.relations@vanderbilt.edu) or calling 322-6154.

Please Post

**Our PROMISE to you**

**The Vanderbilt Patient & Family Promise**

We make those we serve our highest priority.

We expect everyone at Vanderbilt to keep these promises to you and your family.

**We will:**

-  **Include** you as the most important member of your healthcare team.
-  **Personalize** your care with a focus on your values and needs.
-  Work with you to **coordinate** your care.
-  Respect your right to **privacy**.
-  **Communicate** clearly and regularly.
-  Serve you and your family with **kindness and respect**.