



## University of Utah Health Nursing Shared Governance Team Council Chair Commitment Form

### Team Chairperson Eligibility

- Anyone in the Department of Nursing who meets [bylaws criteria](#) and possesses the following characteristics can serve as a Team Council Chair.

### Team Chairperson Characteristics

- Demonstrates leadership ability.
- Self-directed; takes the initiative to solve problems.
- Demonstrates interest in personal and professional growth and development.
- Embraces a systems perspective; understands how councils fit into the greater organizational structure.
- Possesses the ability to motivate staff toward the accomplishment of identified goals.
- Models teamwork, effective communication and conflict management, and fosters a collegial atmosphere.
- Demonstrates behaviors that reflect behavioral standards and advocacy and promotion of professional nursing practice.

### Team Council Chairperson Responsibilities

- Reads and applies Shared Governance Bylaws.
- Completes required Team Council Chair training.
- Serves a two-year term as council chairperson; may be re-elected for additional terms.
- Acts as the contact/point person for the council.
- Leads Team Board and Huddle process.
- Ensures that Shared Governance Team Board and Huddle process is inclusive of all local Department of Nursing team members.
- Provides a Team Board and Huddle process environment that promotes respectful and open dialogue, issue resolution, and progress toward goals.
- Submits all Team Council Check-ins on behalf of the team using the Shared Governance website.
- Attends monthly Mentor Meetings (starting in January 2024) to learn from other teams and share progress updates.
- Provides progress updates to Team on a weekly basis during Team Huddle and posts on the Team Board (as available).
- Ensures that council work and progress meet stated council responsibilities and goals.

I have reviewed the council chair characteristics and responsibilities in University of Utah Health Shared Governance Bylaws. If selected as the council chair, I agree to abide by the responsibilities listed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Unit/Clinic/Department \_\_\_\_\_

I am aware of this candidate's desire to serve as a council co-chair. I attest that this candidate meets the qualifications outlined in Chairperson Characteristics. My signature further states that the

applicant is not currently in a corrective action process and has received a satisfactory outcome on the most recent annual performance evaluation. If selected for this role I will support off-unit time (up to 8 hours/month) for him/her/they to attend council meetings or complete council assignments

Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_