

Volume 5 Number 1

# ANA - NEW YORK NURSE WE MAKE A DIFFERENCE FOR NURSES IN NEW YORK STATE

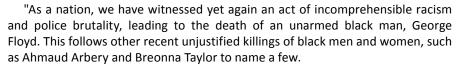
July 2020

The Official Publication of the American Nurses Association - New York ANA - New York Nurse will reach over 72,600 New York nurses and schools of nursing through direct mail.

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# ANA President Condemns Racism, Brutality and Senseless Violence Against Black Communities

The following statement is attributable to American Nurses Association (ANA) President Ernest J. Grant, PhD, RN, FAAN:





Protests have erupted in cities across the country and the world in response to a persistent pattern of racism in our society that creates an environment where such killings occur. Justice is slow and actions to ensure real change are lacking.

As a black man and registered nurse, I am appalled by senseless acts of violence, injustice, and systemic racism and discrimination. Even I have not been exempt from negative experiences with racism and discrimination. The Code of Ethics obligates nurses to be allies and to advocate and speak up against racism, discrimination and injustice. This is non-negotiable.

Racism is a longstanding public health crisis that impacts both mental and physical health. The COVID-19 pandemic has exacerbated this crisis and added to the stress in the black community, which is experiencing higher rates of infection and deaths.

At this critical time in our nation, nurses have a responsibility to use our voices to call for change. To remain silent is to be complicit. I call on you to educate yourself and then use your trusted voice and influence to educate others about the systemic injustices that have caused the riots and protests being covered in the news. The pursuit of justice requires us all to listen and engage in dialogue with others. Leaders must come together at the local, state, and national level and commit to sustainable efforts to address racism and discrimination, police brutality, and basic human rights. We must hold ourselves and our leaders accountable to committing to reforms and action.

I have a deeper moral vision for society, one in which we have a true awareness about the inequities in our country which remain the most important moral challenge of the 21st century. This pivotal moment calls for each of us to ask ourselves which side of history we want to be on and the legacy we will pass on to future generations."



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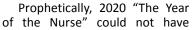
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# PRESIDENT'S MESSAGE

# R<sup>3</sup>N: Rebuild, Restore, Renew

Elisa (Lee) A. Mancuso MS, RNC-NIC, FNS, AE-C, President

Our world changed March 15, 2020 when Governor Cuomo implemented PAUSE, Social Distancing to address COVID-19. Stay Home, Stay Safe, Shelter in Place were the mantras we were being inundated via every possible form of communication. Life came to a standstill.



been more timely, due to the scope and magnitude of Nursing's role as front line caregivers. Nurses worked under horrific conditions: inadequate PPE supplies, rapidly invasive corona virus disease, daily new non-EBR treatment protocols and overwhelming numbers of fatally ill patients pouring into EDs. Innovative nurse leaders and dedicated staff facilitated the transformation of hospital parking lots into triage areas, morgue holding areas and conference rooms into ICUs.

Nurses put themselves at risk and their lives on the line when they were caring for COVID-19 patients who were dying despite nursing's best efforts. Nurses were physically, and emotionally exhausted since they were the only available support for patients during their final moments. There are no words to describe the suffering and desolation of patients being separated from their loved ones at this vulnerable time. Nurses bridged the



gap with technology and their physical presence of warm compassionate care overcoming physical barriers of face masks, face shields and gloves. It was a war zone particularly in the hot spots across NY state, hospitals were understaffed and overburdened with critically ill patients and streets were lined with refrigerated trucks as makeshift morgues storing the daily increasing number of COVID-19 bodies.

How do we process the COVID-19 pandemic "Fear beyond all Fear?" We must take time to grieve for the broken lives and multiple losses; personal, professional, financial, and emotional with an overriding loss of independence, stability and "Life as we knew it." Grief is a process, unique for each individual and has its own timeline. It cannot be rushed but needs to be handled gently and cautiously. Initially there needs an acceptance of the loss then a desire to move forward for closure.

#### Rebuild

Conceptualize the "New Normal." Be proactive in facilitating a unified and just healthcare system. Identify the integral ineffective components that must be addressed. Prioritize immediate concerns, uncover health disparities and obstacles across the lifespan. Engage all members during the process of reintegration. Preventative healthcare must be the underlying foundation.

#### Restore

Reflect on how your nursing practice has been impacted. What can you control or what do you need to advocate for and from whom? Get politically involved; connect with your legislators and share your story and the need for change. Nurses are the #1 Trusted Profession which has been validated by their courage and dedication on the COVID-19 front line.

#### Renew

Pledge your commitment to yourself, Nursing and the future. Release your passion to inspire risk taking and tackling previously insurmountable challenges and obstacles. Encourage your colleagues to join you and ANA-New York will be at your side supporting your active engagement.

I am in awe of my colleagues who have worked tirelessly, constantly putting their patient's needs and lives before themselves. ANA-NY Nurses are role models of professionalism and grace under fire. Thank you for being HEROES fighting COVID-19 with critical thinking, innovative interventions and exemplifying the generosity and depth of the Human Spirit.



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- Subject to editing by the ANA-NY Executive Director & Editorial Committee
- Electronic submissions ONLY as an attachment (word document preferred)
- Email: <u>programassociate@anany.org</u>
- Subject Line: ANA-New York Nurse Submission: Name of the article
- Must include the name of the author and a title.
- ANA-NY reserves the right to pull or edit any article / news submission for space and availability and/or deadlines
- If requested, notification will be given to authors once the final draft of the ANA New York Nurse has been submitted.
- ANA-NY does not accept monetary payment for articles.

Article submissions, deadline information and all other inquiries regarding the ANA-New York Nurse please email: programassociate@anany.org

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# FROM THE DESK OF THE EXECUTIVE DIRECTOR

#### Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN,

I am at a loss where to start. When I think about what has transpired in the months since I last wrote my column, it is as if our country fell off multiple cliffs.

Sitting in the ANA-NY office today, June 1, 2020, I am alone on the floor. What was a vibrant, interactive, collaborative workspace is now eerily empty. As a nation, we are over 100,000 deaths attributed to the Coronavirus. These deaths, and probably many more, have occurred within just over **two months**. In perspective, if such a thing exists, the Vietnam Conflict, a horrific brutalization of human life, claimed 58,000 American lives in **two decades**.



I am watching the street outside our windows to make sure that it is still safe here across the street from the state capital building and the city hall. Over this past weekend riots broke out here coming as close as the steps to our building in response to the murder of Mr. George Floyd and so many others. It breaks my heart to see our local business owners, who have suffered so much due to the public safety measures implemented because of the virus, now having further devastation and suffering at the hands of protesters who have hijacked the freedoms of our wonderful country. Freedom to peacefully assemble to illuminate wrongs. Freedom to disagree.

As an American whose father and ex-father-in-law served in the Army, first husband served in the Navy, father-in-law served in the National Guard, and husband and son-in-law served in the Air Force, I ask why have the integral values of our nation, that they all served to protect, worn so thin? Why have a very small number of public servants forgotten that their role is to serve and protect, putting everyone at risk? Where is the freedom to be a person of color going about your daily life un-accosted? I know that justice is blind, but is she deaf, as well?







#### On behalf of our members, the Board of Directors:

- Accepted the annual review of financial records which again confirm that ANA-NY is in compliance with standard US accounting practices and tax filings requirements.
- Participated with the Legislation Committee in a successful Virtual Lobby Day on May 6 and Week, May 6-12.
- Took part in orientation meetings and planning sessions with our elected representatives to the virtual ANA Membership Assembly.
- Was represented on the Nursing Education Committee in discussions with Suzanne Sullivan, JD, RN, Executive Secretary, NYS BON on the impact of COVID 19 on nursing education programs.
- Approved funding for production of two PSAs for posting on social media; one supporting nurses engaged in the fight against COVID 19 and one promoting membership in ANA-NY. Watch them on our website and social media platforms!
- Collaborated with other professional organizations to support tobacco control legislation that ended the sale of flavored e-cigarettes in NYS.
- Congratulated NEMSD for receiving a four-year ANCC reaccreditation for the CE provider Unit and a one year provisional accreditation for the Approver Unit.
- Thanked Jamilynne Myers for creating and maintaining the COVID 19 Resource web page.
- Donated \$5000 to the Nurses House COVID 19 Fund to assist nurses who are unable to work due to coronavirus.
- Approved adding Success Pays as a member benefit.
- Sponsored the Eve Allerton Nursing History Lecture in honor of our member, Dr. Trudy Hutchinson, who is the keynote speaker.
- Donated \$1000 to ANA Tennessee to aid nurses directly impacted by tornados.
- Was represented at the NSANYS convention in NYC.
- Updated Policy 1.3 to include criteria for 'Nursing Practice-Early Career' as a new Award category.

If you're looking for an exciting career change that will offer stability, world class health insurance, dental insurance, and vision insurance for you and your family, **LOOK NO FURTHER!** 



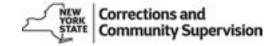
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RE: Research study on pregnant nurses' knowledge, attitudes, self-efficacy, and perceptions of risk related to occupational exposure to the novel coronavirus (COVID-19) infection

Dear Nurse Colleague,

The COVID-19 virus is a global and national public health issue that has affected our health care system tremendously. Healthcare providers, including pregnant nurses, are likely to encounter patients that have been exposed to or have been diagnosed with an active COVID-19 infection. Since this is a novel virus much about it remains unknown.

My research colleagues and I are conducting a research study that aims to identify pregnant nurses' knowledge, attitudes, self-efficacy, and perceptions of risk related to occupational exposure to the novel coronavirus (COVID-19) infection.

If you are a licensed registered nurse working in New Jersey, New York, or Pennsylvania AND YOU ARE CURRENTLY PREGNANT, have the ability to understand, speak, read and write fluent English, we invite you to please participate in our research study.

The online study survey is anonymous and will take approximately 15 minutes to complete. If you would like to participate in this study, please follow the link below for the consent form and survey.

Survey link: <a href="https://rutgers.ca1.qualtrics.com/jfe/form/SV\_0c8RxG0nk0pVYfb">https://rutgers.ca1.qualtrics.com/jfe/form/SV\_0c8RxG0nk0pVYfb</a>







# Proclamation

**Whereas**, the finest examples of humanitarian spirit, caring, and compassion are found among the family of New Yorkers and, while the eyes of the world are fixed upon our state as the epicenter of the coronavirus pandemic, hearts are inspired at witnessing the remarkable dedication and abilities of our respected medical professionals – and we therefore join in this nationwide observance of Nurses Month to distinctly honor the selfless community of nurses across New York State who stand at the front lines of protecting and preserving human life with impressive strength, expertise, and sacrifice; and

Whereas, the global coronavirus pandemic has magnified the heroic work carried out by nurses across our country and their immeasurably important role during times of national emergency, so that the traditional observance of National Nurses Week has been extended to a month-long period of recognition, and we humbly take this opportunity to express appreciation and support for nurses working in all areas who show courage and compassion under extremely difficult and demanding circumstances; and

Whereas, Nurses Month highlights the critical role this community of healthcare professionals has in our society and in our lives, well reflected in the theme, "Nurses Make a Difference," and this health crisis has shown the world that these words indeed ring true; and

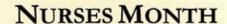
\*\*Directs\*\*, on a daily basis, nurses are essential to the health and care of people, and in New York State this community includes 328,347 registered professional nurses, which encompasses 29,645 certified nurse practitioners and 416 clinical nurse specialists, as well as the 69,716 licensed practical nurses practicing in this state who hold many levels of expertise and proficiency; and

Whereas, we thank the thousands of nurses from across our state and nation, and beyond, who came out of retirement to generously volunteer their service and provide care to their fellow human beings, and others who were deployed by the federal government, dutifully stepping forward in this unprecedented time in our history to help New York State meet overwhelming medical needs; and

**Whereas**, as the largest component of our statewide and nationwide healthcare community, more than ever, we support and recognize our nurses as they demonstrate courage and compassion under extremely challenging circumstances – whether it is working endless days and long shifts under the physical and emotional duress of this current health emergency or performing vital daily care, the impact nurses have on the health and well-being of our communities and people is incalculable; and

Whereas, May 12th marks the anniversary of the birth of Florence Nightingale, who was the founder of the science of professional nursing, and we take this opportunity to honor and thank all nurses practicing in our state and nation who uphold the "Nightingale Pledge" of 1893 and stand firmly as the cornerstone of patient care; today, we are grateful for the thousands who answered the call to this profession, who continue to meet unparalleled challenges, knowing that it takes extraordinary individuals in these extraordinary times to compassionately tend to our fellow human beings until their final moment, and thankfully help countless others return to good health;

Mow, Therefore, I, Andrew M. Cuomo, Governor of the State of New York, do hereby proclaim May 2020 as





to end under my hand and the Privy Seal of the State
at the Capitol in the City of Albany this twenty-ninth
day of April in the year two thousand twenty.

Governor

Secretary to the Governor Melissa DeRosa







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# **How Can We Be Prepared for the Next Healthcare Crisis?**

Sharon Pearce, MSN, CRNA

Ask yourself – who is always the most prepared for an emergency in a health care setting? Is it a nurse? I am sure your answer is yes. Ask yourself – who designs policy about healthcare? Is it a nurse? I am sure your answer is no. Ask yourself – who always implements healthcare policy designed by someone else? Is it a nurse? I am sure your answer is



It needs to change and change now! How do we change it? Nurses need to run for elected office!

I had the opportunity to interview Bethany Hall-Long, RN, PhD, the current Lieutenant Governor of Delaware, and the first nurse in the country to serve in that office. Also, she will become the Chair of the National Lieutenant Governors Association in July. Again, the first nurse to serve in this capacity! She shared that it is vital to have the "calming voice" of nursing in the policymaking world and, most notably, in light of the current Covid-19 crisis.

"What is the No. 1 profession that people trust? Nurses. So, when I campaign, I don't introduce myself as a politician. I'm a nurse."

> -Bethany Hall-Long, Lt. Governor of Delaware

As in the case of most nurses, the idea of becoming involved in politics had never entered Bethany's mind. While taking a policy course at the Medical University of South Carolina in her graduate studies, she was late to class. As we all know, you can be volunteered quickly for a task when you are not there. To her surprise, "Policy and Politics" was written on the board with her name beside it. Her first thought was, "Oh, no! Why would nurses want to be involved in politics?" She admits, it changed her life.

Bethany learned during that experience how clinical skills that a nurse has can translate into population health. Opportunities arise by being at the table formulating policy or by serving in elected office and making decisions about health policy. It shocked her to see how few nurses were serving in elected office and how few nurses were at the table when healthcare decisions were made. Alternatively, the few nurses that were present were making monumental differences leading huge efforts that affected many patient's lives.

Through these experiences, Bethany decided to quit being a spectator and to join the arena. She ran for the Delaware House of Representatives unsuccessfully. Not one to accept defeat, she returned the next election cycle to win. She encourages nurses to not give up if defeated in an initial run.

She goes on to share why nurses should be making policy. Nurses need to be proactive, not reactive because, as nurses, we know the issues. Additionally, nurses are good listeners, decisionmakers, communicators, and advocates. Furthermore, the nation is relying on nurses and need our expertise. This is even more apparent today in the COVID crisis. She continues saying, "who better to determine the quality of care than nurses?"

What are the risks of nurses not being involved? It affects patients, and most everyone will be a patient at some point. Nurses are driven in large part by their hearts, but we must be driven by our heads also. American voters today are driven by the "heart, the head, and the pocketbook." Nurses have an understanding,

whereas policymakers, by and large, do not understand healthcare unless it is through their own lived experience. The lack of knowledge that policymakers and politicians have encompasses what nurses do and what they are capable of doing. Ultimately, if nurses are not at the table, they are going to be left behind. If nurses do not speak for themselves, someone else will speak for them.

Who will speak for nurses? Physicians, hospital administrators, or federal system administrators, for example, who may or may not speak effectively on behalf of nursing. Bethany says that as nursing science evolves with advanced education, such as the Doctorate of Nursing Practice, the profession needs to be distinct from medicine and other providers. Again, nursing needs a seat at the table.

How can nurses gain a louder voice? Run for elected office. Long says nurses "need to be involved." Nurses are excellent campaigners because they know how to connect with people and are the number one most trusted profession. To illustrate, Hall-Long shared that during door to door campaigning, she was frequently invited into homes to look at rashes, or to discuss other health issues after learning she was a nurse.

Long encourages nurses to take any frustrations they may have with healthcare or the profession and put it into action. "Be the positive change" because nurses have the skills and ability to do so. Nurses have the "perfect" skillset to listen, analyze, and prioritize, but more importantly, they will do what is right based on the data and not necessarily what is popular. Nurses can see the big picture.

Long says, "Nurses are educated for the political journey." Will *you* take that journey?

If you would like to listen to Bethany Hall-Long go to: <a href="https://beyondthemaskpodcast.com/ep-66-nursing-public-policy-why-nurses-need-to-be-involved-with-lt-governor-of-delaware/2353/">https://beyondthemaskpodcast.com/ep-66-nursing-public-policy-why-nurses-need-to-be-involved-with-lt-governor-of-delaware/2353/</a>



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# ANA-NY ELECTIONS - CANDIDATE PROFILES



The Nominations & Elections Committee is pleased to announce the ballot for 2020 Elections. Meet your candidates. Polls will open from **7/27/2020 through 9/4/2020**. The candidate profiles will be available in the members only section of our website <u>ana-newyork.org</u>. Campaign materials from those candidates wishing to submit will also be available in the members only section of our website

# President and ANA Membership Assembly Representative

# Marilyn Dollinger, DNS, FNP, RN

Finger Lakes Region



#### **Employment**

Executive Associate Dean Wegmans School of Nursing St. John Fisher College

#### **ANA-NY Service**

- o Legislation Committee Chair
- o Founding member

#### **Position Statement**

As a founding ANA-NY member, I would be proud to serve as its President. I was appointed as the

first chair of the ANA-NY Legislation Committee in 2013 and continue to serve as a consultant for that committee.

After 15 years in adult critical care, I spent 30 years in nursing higher education as an academic and administrative leader, active in regional and state professional nursing and community-based organizations. I will bring my leadership skills and experience in health policy and legislative advocacy to serve ANA-NY members as we transform our profession from "most trusted" to "most influential" in healthcare.

#### **Treasurer**

#### **Linda O'Brien, MS, RN** Long Island Region



# **Employment**

Long Island Community Hospital Home Care Clinical Coordinator

# ANA-NY Service

- o Charter Member
- o Past member of Finance Committee and Annual Meeting Committee
- o Board of Directors

# **Position Statement**

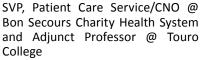
I have always been a proud member of the nursing profession and recognize the value of membership in ANA-NY

I have great respect and appreciation for the determination and strength of my colleagues who continue, despite many obstacles, to provide high quality, knowledgeable and professional care to their patients. The Professional Nurse is truly an educated and ethical health care provider. If elected, I would be an active participant in advocating for patients, promoting the profession and growing the association, so that ANANY will be recognized as the foremost authority on professional nursing in NYS.

# Phyllis Yezzo, DNP, RN, CPHQ

Lower Hudson Region

# **Employment**



# ANA-NY Service

- o Director-at-Large
- o Nominating Committee
- Audit Committee

# **Position Statement**

Nursing, as the most trusted profession, has a role in the health and well-being of the nation and has a responsibility to protect the public. In addition, Nursing has a key role to influence healthcare costs. Nurses need to have an understanding of healthcare costs and to be an advocate to provide quality care in a fiscally responsible manner. As such, nurses are a valuable asset to healthcare by providing direct patient care, and insight into cost-saving measures. Being responsible for the nursing budgets of a healthcare system, I can bring unique insight into the role of Treasurer of ANA-NY.

## **Director-at-Large**

James Connolly, MSN, RN

Long Island Region



#### **Employment**

St. Francis Hospital Emergency Room RN

#### **ANA-NY Service**

- o Finance Committee
- o Legislation Committee
- o Membership Assembly Representative

## **Position Statement**

Nursing is a profession that is vital to the operation of healthcare.

2020 is the year of the Nurse. As such, nurses can continue to advocate for positive changes in healthcare policy decisions.

Nurses are vital to patient outcomes and population outcomes. Due to this, advancing the profession's involvement is vital to the populations we provide service to. Educating nurses on how to be more involved in organizations and policy decisions will allow a higher percentage of nurses to be heard.

Through increased individual, organizational, and governmental involvement nurses can push the profession forward and impact the lives of many.

# Susan Dewey-Hammer, MN, RN

Long Island Region



# Employment - Retired ANA-NY Service

- o Charter member
- o Legislation Committee

#### **Position Statement**

I have been an RN for 47 years. I obtained a BSN from the University of Minnesota and a MN from UCLA. In my extensive career, I have worked as a staff RN, supervisor, CNS, professor and I retired in 2016

as the College-Wide Nursing Coordinator for SCCC School of Nursing. I strongly believe that nurses need to be more involved in policy decisions and legislation. I think that nurses are the key to promoting the health of our local and global communities. Therefore, I am running for Director-At-Large to ensure ANA-NY's mission continues to be implemented.

#### Marilyn Klainberg, EdD, RN Long Island Region

Long Island Region



# Employment

Faculty, Adelphi University College of Nursing and Public Health

# ANA-NY Service

# o Annual Meeting Committee Position Statement

I would like to become more involved in ANA-NY as a member of the board, as I believe ANA-NY plays an important role as a professional organization that

provides support to nursing education. Promotes the rights and best interests for nurses in the workplace, as well as improving health care's service to the community.

# Sarah Marshall, DNP, MS, RNC, ICCE, CCE, CBC, CLC Long Island Region



# **Employment**

SUNY Downstate Health Sciences University Patient/Community Health Educator and a Joint Appointment at the College of Nursing

# **Position Statement**

I am a proud and dedicated member of ANA-NY with diversified clinical nursing experience, knowledge, and expertise with

various organizations settings. For instance, I am the current president of Alpha Omega Chapter, STTI, at Adelphi University and the Nurses for the Counties of Long Island (NACLI) Director-at-Large. Further, I am aware of nursing and healthcare issues and pledge to use my leadership abilities in collaboration with interprofessional and effective evidence-based practice to engage members in ANA goals. I will promote transparent communication, transformation of the healthcare system as indicated, mentor members and advocate to improve

healthcare equality for all. These will lead to sustained membership retention and healthcare improvement on the Local, Regional, and National level.

# Nominations and Elections Committee Member

# Grace Anne Crockett, BSN, RN

New York City Region

# Mem Clinic ANAo N

#### **Employment**

Memorial Sloan Kettering Pediatrics Clinical Nurse I

# **ANA-NY Service**

- o New graduate
- o Vice President of Nursing Students Association of New York State (NSANYS)

#### **Position Statement**

I believe I am a qualified candidate for the ANA-NY

Nominations Committee for the 2020-2022 term due to my dedication to the nursing profession as a whole and my past experience serving on boards within various preprofessional organizations. From the beginning, I have chosen to focus on not only the educational and bedside parts of nursing, but also the professional involvement that shapes nurses into well rounded professionals committed to the evolution of practice which is ever changing. As a committee member I will promote advancement of nurses, including nursing students, new graduates and seasoned nurses improving health care overall.

# Elisa Mancuso, RNC-NIC, MS, FNS, AE-C

Long Island Region



#### **Employment** Retired Suffol

Retired Suffolk County Community College

# ANA-NY Service

- o President
- o Membership Assembly Representative
- o Director-at-Large
- o Education Committee
- o Annual Meeting Committee
- o Legislation Committee

# **Position Statement**

I have assisted with the development and growth of ANA-NY as a Director at Large and currently President. In these leadership positions I have cultivated relationships with numerous nurse colleagues across the state. As a member of the Nominations and Elections Committee I would reach out to members across the state who have demonstrated leadership skills and a desire to facilitate the expansion of ANA-NY with innovative approaches/programs. I believe it is inherent we seek diverse members; early career to seasoned professionals from eclectic venues to provide rich and fresh perspectives to insure ANA-NY flourishes as the professional nursing organization.

## Megan Scali, BSN, RN Lower Hudson Region

# Employment

NYU Langone Medical Center Staff Nurse

# ANA-NY Service

- o New graduate
- o Co-Vice President of Nursing Students Association of New York State (NSANYS)

# Position Statement

I would like to be considered for a position on the Nominations

and Elections Committee of ANA-NY during the 2020-2022 term. The committee is important to ensure continued success of ANA-NY by holding loyalty to the bylaws to fairly present a qualified slate of candidates. As a new graduate with vast pre-professional leadership experience in New York State, I will be a connection for new, qualified nurses to become more involved with ANA-NY. Additionally, I will use my experience to make connections with members across other professional organizations to contribute to the success and diversity of the organization and election.



# **Audit Committee**

The Audit Committee shall be a standing committee of ANA-NY composed of a minimum of five (5) members, at least two (2) of whom shall not be a member of the Board of Directors. Neither the President nor the Treasurer may serve on this committee.

The Audit Committee is responsible for overseeing the accounting and financial reporting processes of the organization and the audit of its financial statements. The audit committee shall: review fiscal operations to ensure that they are consistent with the purposes and functions of ANA-NY, ensure that proper internal fiscal controls are in place, review the accuracy of financial accounting, recommend an accountant for the annual financial review or audit, review the annual report, and present the report to the Board of Directors for discussion and acceptance.

The Audit Committee is also responsible for annual review of conflict of interest statements and disciplinary decisions.



Claire Murray, MS, BSN, RN



Devina Horton RN, BSN, MBA-HCA



Amy Bivona RN, BSN



Kimberly Velez, MSN, RN



Phyllis M Yezzo DNP, RN, CPHQ, NEA-BC



Patricia Brown, RN

# In the Sp<u></u>tlight Future Nurse Leader

# Jaclyn Hogancamp, RN

Hello, my name is Jaclyn Hogancamp and I am a Registered Nurse at Rochester General Hospital. I graduated from The College at Brockport with a Bachelor of Science in Nursing degree in May 2019. At Rochester General, I work on an acute general surgery unit. I care for a variety of surgical patients, including colorectal, oncology, plastic surgeries, and more. In addition to working on the floor, I participate in Unit Council and monthly Pressure Injury Prevalence Surveys. Unit Council is a shared governance organization where Registered Nurses from the unit collectively make leadership decisions. At



our meetings, we discuss potential solutions to problems that may arise, volunteer opportunities, and ways to improve patient care. I greatly enjoy attending the Unit Council meetings because we utilize evidence-based practice and it truly impacts the patient experience. I also enjoy participating in the monthly Pressure Injury Prevalence Surveys, as I am very passionate about skin care and pressure injury prevention. Nurses participating in the surveys assess patients' skin for community acquired pressure injuries and hospital acquired pressure injuries. After assessing the patients, the nurses analyze the data to ultimately reduce the number of pressure injuries. I absolutely love working as a Registered Nurse at Rochester General Hospital and I am looking forward to continuing my education and gaining more experience in nursing. I am planning on pursuing my Wound, Ostomy, and Continence certification in the fall of 2020! I am so grateful for all of the nursing opportunities that I have had so far, and I am proud to be a part of such an amazing organization.

# **ANA-NY Congratulates 2020 Future Nurse Leaders**

# Award recognizes nursing students for achievement & potential

Albany, NY – The American Nurses Association – New York (ANA-NY) is proud to introduce its 2020 cohort of Future Nurse Leaders. Started in 2014 to recognize the high quality of students graduating from nursing schools in New York and foster engagement and ongoing professional development, the award is given to graduating students in honor of their scholarship, professional dedication, and commitment to community service.

The 2020 cohort of ANA-NY Future Nurse Leaders is:

Keuka College Nazareth College Farmingdale State College Monroe Community College Pace University Finger Lakes Community College University at Buffalo Ellis Medicine, the Belanger School of Nursing St. John Fisher College Roberts Wesleyan College St Elizabeth College of Nursing **SUNY Downstate Health Sciences University Fulton Montgomery Community College** St. Joseph's College of Nursing Lehman College Department of Nursing Concordia College New York LeMoyne College Stony Brook University School of Nursing Adelphi University **Nyack College SUNY Sullivan** SUNY, College at Brockport Mount Saint Mary College Mercy College **Touro College** 

Kasey McCracken Hannah Meli Joanne Deverson Jordan Ovsenik Tyra Prophete Susan McCarthy **Brittany Wilson** Laura Turner **Grace Smith** Anastasia Smith Serena Chase Jennifer Herrmann Samantha Zemken **Brooke Marvin** Fatoumata Wague Latif Raisza **Kelsey Desso** Connor O'Sullivan Kimberly Krasa Nissy Varghese Merime Cenovic Erica Wilson Shannon Christiano John Mooradian Erika Hernandez



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# FROM THE DESK OF NURSING HISTORY

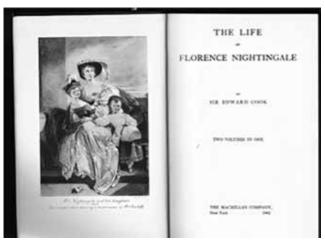


#### Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R

In this time of COVID-19 self-isolation and social distancing, "virtual meetings," and online everything, I found a wonderful method to provide self-care. Reading!! Now, I want to share with you some of the books I've read from my own personal library or recommended by colleagues.

As 2020 is the *International Year of the Nurse and Midwife*, let's start this column off in the United Kingdom with a discussion of books written about Florence Nightingale (1820-1910), and finish it with texts about and exemplars of British nursing.\*

\*Four out of the five texts are in my personal library. Source images for most of the covers are from my personal account, <u>LibraryThing.com</u>)



(Source image: personal copy of 1942 text)

The Life of Florence Nightingale (1913) was originally authored by Sir Edward Tyas Cook and published by Macmillan and Co., Ltd, London, England. Written three years after Miss Nightingale's death, this work in two volumes was considered at the time the **definitive work** of its time and still holds that standing today. In 1942, the original publishers decided to republish Cook's work and combine the two volumes within one leather binding. The title page and frontispiece image noted here are the same as the original printing in 1913 with one exception: the title page reflects the binding together of both volumes.

The forward for the republished volume was written by M. Adelaide Nutting, an icon of nursing education. In 1942, Miss Nutting was the Chair of Nursing Department, Columbia University.

Cook was a contemporary of Nightingale who observed her work, her writings, her interactions with and manipulations of members of Parliament and the members of the upper stratum of Victorian British society to obtain her goals. He watched her maneuverings with/ of family members, suitors, and "would be" husbands who adored her. He also knew of her passions to care for

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those who had served in the Crimean War, with people who were infirm, away from the big cities and in need of care, of the need for better hospital construction, and he observed the personal side of Miss Nightingale to help those who mourned her death and to keep the hegemony surrounding this icon – Miss Florence Nightingale – intact and accurate to his knowing.



In 1998, Hugh Small authored Florence Nightingale, Avenging Angel, thus adding this text to a long list of those written about the icon known as "the mother of modern nursing." Within the pages of this well-researched work, Small focuses not only on the Nightingale known to the public, but more importantly, the private Nightingale – her physical health struggles, her emotional health struggles, and her struggles with relationships between family

members and friends.

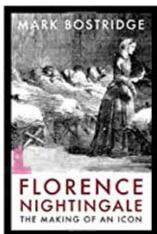
In his opening chapter, these words hooked me (and I hope other readers) into reading this book (initially almost 20 years ago and at least every two to three years since). Small wrote:

FLORENCE NIGHTINGALE is one of history's most famous invalids. At the age of thirty-seven, twelve months after returning from the Crimean War, she took to her bed and stayed there for more than ten years. (p. 1)

Nightingale's work on behalf of the soldiers at Scutari Barracks has been well documented. Small takes this documentation and looks at the causes for Nightingale's physical and emotional illnesses through her own correspondences and papers held in nursing archives in England, Canada, and the United States. Some letters Small used were held in private collections and were used for the first time. He also wrote in detail about her navigating Victorian society and its gender norms of separate spheres.

If you want to know more about who lies behind the public face of Nightingale, the icon that is Nightingale, this book is a must read. You will gain insights in the mother of modern nursing, the avenging angel that was Florence Nightingale.

Twenty years after work, Martin Small's Bostridge wrote Florence Nightingale: The Making of an Icon (2008). Bostridge divided his work into five parts: "Daughter of England 1820-54;" Lady with the Lamp 1854-6;" "Mother of the Army 1856-71;" "Queen of Nurses 1871-1910;" and finally, "Icon." His research acknowledges major archives, museums, and collections in Britain and seminal works such as



Cook's *The Life of Florence Nightingale* (reviewed at the opening of this column). He looks at the societal realities and the Victorian nuances of Nightingale's day, the gender norms of separate spheres, her pushing against those boundaries and the angst it created for herself, her family, and her friends.

This is a large work (546 pages plus 71 pages of bibliography and notes) that is not read in one night. Each of his parts deals with the formative periods of Nightingale's professional and personal lives. One of the assets is Bostridge's connections of battle conditions and post-service injury care (or lack thereof) for British soldiers between the Crimea (1854-56) and Iraq and Afghanistan (2008).

The epigraph to this work reads: "I study Flo as if she were a language and as she is a deep one I have not mastered it by any means.' Mary Mohl to Parthenope Nightingale, 16 February [1853]" (Claydon Collection, British Library Additional Manuscripts. Nightingale Papers).

That statement is as true today as it was 167 years ago. Learning about Nightingale as is learning within the nursing profession, is indeed a life-long endeavor. Bostridge summed it up best writing, "Nightingale may have had no time for symbols, but for us the lamp still

burns" (p. 546).

Here is to the International Year of the Nurse and Midwife!!

Louise (2019)Watt wrote this short text (96 pages) to familiarize nurses and the public about nursing prior to Florence Nightingale and then moves the reader into modern times. She writes her early chapters about nursing in "antiquity" and during both the early and late Middle Ages. Through the use of photographs and text, Watt describes hospitals and nursing interventions of the times and introduces

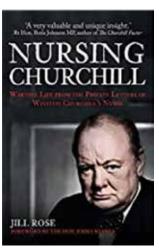


the reader to women such as Hildegard of Bingen, Abbess Euphemia, the Colidei and others who nursed in Scotland, Ireland, and Wales. As she moves onward from the fifteenth century through to the twenty-first, sketches of hospitals and methods of nurse training are explored.

Specialties such as District Nursing (known in the U.S. as Public Health Nursing), Wet Nursing, and Midwifery are important topics. She writes about the changes in practice that occurred over the centuries. Wet nursing ended in the mid- to late 1800s as more women used bottle-type devices to feed their infants.

Her final two chapters are devoted to nurses whose names may not be widely known on either side of the Atlantic and to Florence Nightingale. Among the "lesser known" nurses she discusses are: Mary Jane Cannary (aka Calamity Jane) was a small pox survivor who cared for those who contracted small pox; and Ethel Gordon Fenwick who advocated for registration of British nurses and clashed with Florence Nightingale who stood against their registration.

Rounding out column is Nursing Churchill: Wartime Life from the Private Letters of Winston Churchill's Nurse (2018). On recommendation from a colleague. I anticipated reading this text with enthusiasm. My enthusiasm remained unpiqued until reaching 1943. The letters prior to 1943 were onesided: communications from Doris (who would eventually become Churchill's nurse) to her husband, Roger, a physician/surgeon serving in



the Royal British Navy. She was writing from the Lindo Wing of St. Mary's Hospital where she worked and lived. Doris talked about the parties, plays, and dances she attended with mutual friends. She wrote about her desires as a newlywed to be a good wife for her Roger and demonstrate her fiscal frugality. She wrote about their parents, careers, and plans/dreams she had for them after the war. At first, these letters did not 'grab' me as I thought they might. Upon reflection as I completed the reading of this book, Doris was trying to keep things light for her husband Roger and connected with life back home, with common friends and colleagues.

The second section of the book moving from 1943 on was very engaging for me. In 1943, Churchill contracted a very serious form of pneumonia which required him to curtail most of his duties as Prime Minister and live at Chartwell during his recuperation period. Here, Doris describes in her letters to Roger her nursing duties and responsibilities along with her nurse colleague Dorothy in caring for the Prime Minister. It is here that she provides insights into the person of Winston Churchill, his work ethic, his passion for England, the responsibility and weight of the office of Prime Minister, and the private side that the public could not see. From 1943 on, the author of this book and Doris, the author of the letters provided a magnet which pulled me through the pages wanting more.

One bonus of this book was the foreword written by Winston Churchill's granddaughter, the Hon. Emma Soames! I do recommend this book to anyone interested in Churchill, WWII, and the "home front" dynamic and nursing in Britain.

# Nurses House Provides Relief to Nurses Affected by COVID-19

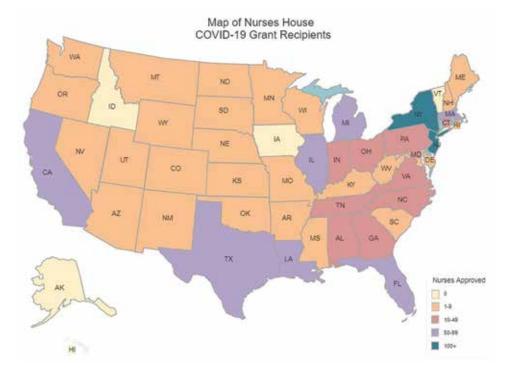
By Stephanie Dague, Director of Development; Deborah Elliott, Executive Director; and Brook Jorgensen, Grants Coordinator; Nurses House, Inc.

March 2020, our nation was confronted with a situation we were not prepared for. By mid-March, most of our nation was required to be locked down due to the COIVD-19 global pandemic and suddenly, our everyday norms and routines became obsolete. People are told to shelter at home and to only venture out for essential items such as food and prescriptions and when possible, to have those items delivered. Social distancing goes into full effect and there is this pause that occurs... Schools, businesses, and health care centers close. So many families and friends are separated. People become seriously ill and numerous deaths occur. Our lives are on hold. The media is flooded with new information, misinformation, uncertainties, and unknowns. Fear and apprehension set in. Yet, with all the changes happening around us, something amazing begins to happen. People of all ages are learning to use modern technology to work from home and stay connected with their loved ones. Zoom meeting and telemedicine become the norm. Families are learning to home school and businesses are realizing that working remotely is not so bad. Creative videos and funny antics are flooding social media sites, and masks become fashionable and trendy. Neighbors are checking in more often with one another across back yards or while walking their dogs, and random acts of kindness are the things that bring joy to our hearts. The resilience of the human spirit in the face of adversity is simply astounding.

While we all have stories to tell of how this pandemic has impacted our own lives, Nurses House knows all too well how this aggressive and shrewd pandemic has impacted those on the frontlines. Within the first weeks of lockdown, Nurses House staff realized we needed to do something to help. With the Board of Director's endorsement, and in partnership with the American Nurses Foundation (ANF), the Nurses House COVID Emergency Grant was launched on March 25th. Our first application arrived the very next day and have been coming fast and furiously since. At the time of this writing, Nurses House has provided financial assistance to nearly 1500 RNs and LPNs who risked their lives on the front lines of hospitals, long term care facilities and home care facilities from 47 states across the country.

This was no small feat. While providing financial assistance to RNs who are unable to work due to illness or injury is the usual line of work for Nurses House, managing and fulfilling the volume of applications anticipated presented new and unexpected challenges.

**Funding** With nearly five million nurses in the US, we knew we needed to secure an enormous amount of funding to meet the need. Fundraising is not a new skill set for Nurses House, and Stephanie Dague, Director of Development, stepped up to do what she does best... find donors! ANF committed a substantial amount of funds initially and committed to raising more. Pleas went out and not surprisingly, the word spread. Stephanie was contacted by numerous funders, philanthropists, businesses, individuals, foundations and even a TV production company in Los Angeles, with promises of not only spreading the word about this much needed grant, but with hopes of generous donations. To date, we have raised over \$2M, largely due to the generosity and effective fundraising by ANF.



# **Marketing and Promotion**

As soon as the COVID-19 campaign was initiated, Nurses House began to seek funding. Aside from ANF, several state nursing organizations and dozens of specialty nursing groups, corporations and individuals quickly stepped up to help. Many sponsored the campaign, including ANA-NY. Others started their own fundraisers, offered to donate a portion of their sales, or simply made donations. Many also began to spread the word about the COVID-19 fund through their own channels. Within days applications for assistance from nurses across the country started pouring in. Within just a few weeks, applications had increased so significantly that staff had to reconfigure and streamline the process. It became abundantly clear that there was great need for this relief amongst the nursing community, who were some of the hardest hit by the pandemic. By mid-April, over \$100,000 had been provided in aid to nurses on the front lines and applications were picking up significantly. Nurses Week in May saw the largest jump in applications as well as donations towards the fund, thanks to promotions by ANF, Studio City (who created campaign videos, boosted social pages, and secured several radio interviews), social media posts by nursing groups nationally and blogs on nursing websites. Today, thanks to lock downs, social distancing and other measures put in place, the virus is slowing its spread, but the need for aid to nurses is still very present. Nurses House will continue to provide assistance through this fund

until it is depleted. We need your help to ensure we can help every nurse who comes to us. To donate or sponsor, go to <a href="https://www.helpnurses.org">www.helpnurses.org</a>

## Quick Stats (as of May 30, 2020)

- 70% of approved applicants are RNs
- 30% of approved applicants are LPNs
- 50% of applicants work in acute care
- 50% of applicants work in long term, skilled nursing, or hospice care
- Approximately 90% of applicants tested positive for COVID or were experiencing COVID-like symptoms
- The remaining 10% of applicants were exposed to COVID in the workplace or from an infected family member
- Time quarantined from work ranged from five days to 14 days
- Most COVID positive nurses experienced symptoms
- A small number of COVID positive nurses were hospitalized
- Several COVID positive infected immediate family members despite efforts to reduce exposure

<u>Personnel</u> Nurses House is a "well-oiled machine" and normally operates efficiently with a very small staff. However, additional human resources became necessary with the COVID Emergency Grant so Brook Jorgensen, Grants Coordinator, went from part time to full time and the Center for Nursing at the Foundation of NYS Nurses staff stepped up and fill the gap. In addition to managing numerous inquiries for information and handling an influx of donations, managing sometimes 50-75 applications a day became quite overwhelming at times, but the team rose to the occasion and went above and beyond to meet the need.

<u>Technical Needs</u> We soon learned that our normal system of processing applications was not going to work with the increased volume. An online application was quickly developed which enabled us to not only respond in a timely manner, but also to allow us to manage, store and track a large volume of data.

The sad, yet not surprising, realization is that nurses, both RNs and LPNs have put their own needs aside and sacrificed isolation from their loved ones in order to care for those affected with the novel coronavirus. This is not the first, nor the last, time in history that nurses have gone above and beyond to take care of others during a national or global crisis. Our foremother, Florence Nightingale, demonstrated this time and time again when she spent months caring for soldiers during the Crimean War and realized more were dying of infection than their bullet wounds. Public Health pioneers such as Lillian Wald, who founded the first visiting nurse service in 1893 caring for the poor,

Nurses House Provides Relief to...continued on page 19

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Where Life Continues

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# CONTINUING EDUCATION



# **Inclusive Excellence in Nursing Education**

# **Correction:**

It has come to the attention of ANA-NY that the continuing education article, Building Competencies for Nursing Practice: Closing the QSEN-to-Practice Gap, from the April 2020 issue was missing the author's name. We would like to acknowledge Lynn E. Johnson, PhD, NM, OGNP, RN as the author for the article. We apologize for this omission.

#### Instructions

Steps to complete independent study and receive 0.75 contact hours.

- Read the article below
- Complete the post test, evaluation, and registration forms.
  - Mail to: ANA-NY, 150 State Street, 4th Floor, Albany, NY 12207
  - \$7.00 Fee for non-members. Members are free Certificates are emailed after a passing score is achieved.
- Objective/Learning Outcome: completion of this activity, the learner will identify strategies to diversify the nursing profession beginning with nursing education.

#### Authors:

Ecki Stern, MS, RN; Jordyn Preslar, Student Nurse; Susan Birkhead, DNS, MPH, RN, CNE

The United States is a culturally diverse nation. Studies suggest that between 2040-2050 the majority of the population of the United States will be non-white (Craig et al., 2018). Currently, forty percent of Americans identify as an ethnic minority and half of the population is male (United States Census, 2020), yet only 19.2% of nurses identify as an ethnic minority and only 9.1% are male (National Council of State Boards of Nursing [NCSBN], 2020). For many years, various entities and authorities have called for diversification of the nursing workforce, among them the Sullivan Commission (2004), the Institute of Medicine [IOM] (2010), and the National League for Nursing [NLN] (2016). There are many reasons to diversify the nursing workforce and the institutions where nurses are educated. Ackerman-Barger et al. (2015) suggest that these are 1) an inclusive educational environment that embraces students and faculty who are diverse creates a campus community characterized

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by receptivity, creativity, energy and insight; 2) diverse patients may have a preference for providers from their own backgrounds; and 3) the goal of reducing health disparities in the United States which has been linked to the lack of diverse healthcare providers, including nurses. Without diversity, health disparities persist due to bias, stereotyping, lack of communication, and lack of culturally competent care (NLN, n.d.). Diversity in nursing faculty and nursing students is critical to providing culturally congruent care. Furthermore, Ackerman-Barger et al. suggest that diversification in nursing education is a matter of social justice. They state that "the health professions are held accountable for discriminatory and exclusionary policies that for many years kept underrepresented minorities...from achieving the privileged status of physician or nurse" (p. 1061).

# What Does Diversity Mean?

There is universal agreement among nursing organizations that lack of diversity is an issue. However, diversity comes in many forms. Discussions and research around the lack of diversity among nursing students and nurse educators have predominantly concentrated on the lack of ethnic diversity and the lack of males. However, according to an American Association of Colleges of Nursing [AACN] Position Statement (2017), "diversity references a broad range of individual, population, and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; physical, functional, and learning abilities; religious beliefs; and socioeconomic status" (Introduction, para. 2).

#### **Reasons for Lack of Diversity in Nursing Education**

Bleich et al. (2015) point out that the admissions process to many nursing education programs is characterized by a gatekeeper phenomenon, that is, acceptance of diverse applicants is either consciously or unconsciously limited. Bleich et al. state that "Nurse educators who have been socialized to Eurocentric values may hold a world view that is more exclusive than inclusive (p. 90). These authors also note that a similar phenomenon occurs with respect to the hiring, promotion and tenure decisions regarding minority faculty. Thus, years of lack of diversity in the nursing profession has resulted in a lack of diversity among nursing faculty (Salvucci & Lawless, 2016). Therefore, a large majority of nursing faculty are older, female, and white. The NLN faculty census survey 2016-2017 (NLN, 2017a) revealed that 80.8% of full-time nurse educators were non-Hispanic Caucasian, 93.2% were female, and 89.9% were over forty-six years of age.

# **Inclusive Excellence in Nursing Education**

The NLN (2017b) has actively embraced the concept of inclusive excellence. Inclusive excellence "promotes the active review and evaluation of institutional practices and policies that supports an academic environment where diverse faculty, staff, and students can flourish" (p. 2). In order to increase diversity in nursing it is essential that it be tackled on two fronts: increasing diversity of the student body and increasing faculty diversity. It is clear that without diversity in nursing students, there will be no diversity in nursing and in nursing faculty in the future.

The approach to inclusivity and diversification in academia must be comprehensive, deliberate, introspective and meticulous. The NLN, in its Diversity & Inclusion Toolkit (2017b) provides a guide to embracing this challenge, which will undoubtably mean a paradigm shift for many. The toolkit includes questions to ask to develop when exploring the current state and references, resources, sample documents, and evidence-based exemplars. The toolkit outlines the many areas of the academic enterprise that must be considered by both the administration and faculty: the college's/department's mission, diversity in leadership, recruitment and retention of diverse faculty and students, community partnerships, and the teaching/learning relationship.

Bleich et al. (2015) propose that inclusive excellence can be achieved through six strategies. These are to 1) develop more sensitive and insightful admissions processes; 2) enhance the visibility of underrepresented groups; 3) build supportive environments; 4) create and safeguard fair, realistic promotion and tenure systems; 5) discover and discontinue intentionally exclusive practices; and 6) do not engage in tokenism. While it is beyond the scope of this paper to fully explore all these strategies, we will take a deeper look at selected issues.

#### **Student Diversity**

Authors' note: We include the personal story of one of the authors in italics in various sections that follow.

I wandered through the halls of the hospital, failing to hold back tears, as my grandpa was soon to be unplugged from life support after suffering a severe ischemic stroke. A passing nurse spotted me crying and offered to hold my hand and pray with me after I poured my heart out to her. At eleven years old, I remember this as the defining moment when I knew I was going to be a nurse, because although she was a stranger, her authentic empathy shone as a silver lining in the dark. From this moment on, I knew that I wanted to dedicate my life to build up the vulnerable and hurting, just as she did.

From then on, my passion for nursing only grew. Before turning 18, I had worked hundreds of clinical hours in the hospital, served for 3 years as a Pre-Med club officer in high school (though it was known that I was pursuing a nursing career), and attended highly esteemed medical conferences on the West Coast. I earnestly submerged myself in any learning opportunity I could get my hands

My passion was not accompanied by stellar test scores. My SAT score was unimpressive, and my GPA was sprinkled with B's and a couple of C's. When the season of college applications rolled around, I eagerly applied for my dream nursing program in southern California. The application was straightforward; the main portion simply required submission of my SAT test scores, my high school transcript and my resumé. With no supplemental essays, I hoped that my resumé would speak for my passion and compensate for my average scores.

I believe that Instead, grades and standardized tests are overly-emphasized to determine an individual's admission into a nursing program; however, a test score cannot measure the ability of an individual to connect with people.

For weeks, I religiously checked online for my admission status with high hopes. Every day, I grew more confident in my chances after hearing rumors of students being accepted with similar scores to mine. Finally, one day after school, I logged into the online portal only to read "ADMISSION DENIED" in bold letters sitting next to my name. I read it over and over, hoping that I read it wrong, or that there may be a technical mistake on the university's end. However, no matter how much I willed to twist the reality, I was indeed rejected. I refused to accept this as the final answer. However, after several desperate phone calls and writing appeals to their entire nursing board, I accepted my failure with a defeated spirit. I was extremely frustrated after having the door shut in my face, because I knew that I had so much more to offer than my scores-I just needed the opportunity to prove myself.

Nurses are in the unique position of healing the human mind, body, and soul as one. This requires wellrounded individuals who not only possess adequate intelligence, but also attributes such as empathy, ethical decision-making, and critical thinking skills (DeWitty, 2018; Rosenberg, 2019; Scott & Zerwic, 2015). Admissions systems that currently predominate in nursing schools fail to assess applicants for these essential traits. Reliance on standardized test scores and grades during the admissions process may negatively affect the diversity of nursing students. A major downfall of a metricheavy admissions system that it tends to work in favor for applicants from the middle class or higher who are more likely to have grown up in academically-supportive families (Bleich et al., 2015). Minority and low-income students have often had underqualified teachers and poorly resourced school environments leading to lower standardized test scores (Brooks Carthon et al., 2015). These factors may discourage individuals from various racial, ethnic and socioeconomic backgrounds from pursuing nursing.

One approach to the admission process is that of a holistic admissions review (AACN, n.d.). In a holistic admission review (HAR), selection considers a balance of the applicant's unique life experiences and character attributes in addition to traditional academic metrics. The AACN has adapted its principles of HAR from the American Association of Medical Colleges (AAMC) which states, "holistic review is a flexible, individualized way of assessing an applicant's capabilities by which balanced consideration is given to experiences, attributes, and

academic metrics (E-A-M) and, when considered in combination, how the individual might contribute value as a ... student and future [healthcare worker] (AAMC, 2013, p. ix). Metrics typically used are such things as grade point averages, results on standardized tests and high school class rank. Experiences and attributes can be elicited through essays and interviews. Some advocate for a structured, standardized interview (Rosenberg, 2019), others advocate for a multiple step structured interview with several interviewers (Wagner, et al., 2020), and others advocate for no interview at all due to the potential for bias and suggest using a validated online attributes assessment tools (Bleich et al., 2015). Should the applicant not be accepted into the program, timely feedback and encouragement is needed so the applicant can be successful when reapplying (Woods-Giscombe et al., 2015). The overall context of the desired composition of a cohort of students should also be considered as part of HAR (Scott & Zerwic, 2015). Rosenberg (2019) provides a step-by-step guide for implementing HAR in nursing education programs. Jung et al. (2020) discuss legal decisions supporting the use of HAR as long as the process is applied equally and consistently to all applicants.

The Urban Universities for HEALTH coalition (Glazer et al., 2014) surveyed 228 health professions programs at 104 public universities in the United States. The UUH survey revealed that holistic admissions review was used by 93% (40/43) of the DMD/DDS programs, 91% (40/44) of the MD programs, 87% (31/36) of the PharmD programs, 82% (32/39) of the MPH programs, and 47% (31/66) of the BSN programs at these universities. The UUH further found that the graduation rates of programs using holistic admissions review either was unchanged or improved (96%), and these programs also reported that the grade point average (GPA) of the graduates was either unchanged or improved (97%).

In the meantime, I enrolled in my local community college. Within my first semester, the humanistic philosophy of Molloy College's nursing program caught my eye. I was intrigued by their stance on healthcare, as they believe that caring, interpersonal communication, and nursing therapeutics are the most central qualities in nursing practice. Their admissions process reflects these beliefs, where the website reads "While we're a selective college, we respect the individual and consider the whole student - not just test scores - when making admissions decision (https://www.molloy.edu/ admissions, 2020)." Molloy College's admissions approach demonstrated that they were as equally interested in what I personally had to offer the nursing profession as they were in my grades. One month after submitting my application, I received an acceptance letter--I could not help but break down in tears from pure joy!

Though Molloy College adopts a more well-rounded approach than many nursing schools, there is always more room to adopt a fully holistic admissions process, such as incorporating personal interviews and a wider variety of essay prompts. Nonetheless, I am grateful for the chance to prove my academic potential at Molloy College without feeling prejudiced because of my past test scores. Presently, I have completed my first clinical semester with an exemplary grade point average, serve on the Board of Directors for the Nursing Student Association of New York State, and represent the student population as a member of the Education Committee for ANA-New York.

Another strategy to recruit candidates from underrepresented groups is through pipeline programs. In some of these programs, students from disadvantaged areas are identified during high school. They are given extra support and opportunities such as job shadowing and college visits (Katz et al., 2016). High school health career clubs that work with local nursing schools can also help to recruit and support minority and lowincome students (Murray et al., 2016). In other pipeline programs, structured support resources are directed towards helping minority students overcome their past unfavorable circumstances to succeed in the college environment (Brooks Carthon et al., 2015). Kilburn et al. (2019) describe a robust, multi-pronged, clearly articulated strategy to recruit and admit more diverse students into a CRNA master's degree program. They report that over four admissions cycles, the number of non-white applicants increased from 15% of all applicants to 30% of all applicants, and the admission rate of all non-white applicants increased from 6% of all applicants to 23% of all applicants. In Rhode Island, a charter high school has been established whose objective is to prepare students from diverse backgrounds for admission to and success in baccalaureate nursing education programs or other college educational programs that prepare students for professional healthcare careers (P. McCue, personal communication, January 29, 2020).

Support is critical in a nursing education program, especially for minority and disadvantaged students.

Peer and faculty mentoring were found to be crucial for success (Tab, 2016). Tab reports that in one rural nursing program, dedicated peer and faculty mentoring resulted in a 93% retention rate and a 96% NCLEX pass rate for minority and disadvantaged students. Some authors suggest that lack of African American faculty could play a part in the lower retention rate of African American students, and that a lack of support services and mentoring can also lead to fewer underrepresented students completing a nursing program (Bleich et al., 2015; Murray, 2015).

Many minority and disadvantaged students are first-generation college students and may not be prepared for the difficulties of college and require academic, social, and especially financial support (Murray, 2015). Financial support is important for all students, including RN-BSN and graduate students as many employers are no longer offering tuition assistance or other incentives to continue education (Kovner et al., 2018).

In order to increase the number of student nurses with disabilities, nursing schools must modify core standards that discriminate against and are a significant barrier to students with disabilities, a group that is severely underrepresented in nursing (Gonzalez & Hsiao, 2020). These authors suggest that this is accomplished by providing reasonable accommodations to students with disabilities. This can include restructuring clinical experiences and modifying the individual's academic program plan. They also suggest that accommodations might include modifying examinations for accessibility (location, timing, and testing conditions), or for example, reading an exam to a student with visual impairment. They argue that students with disabilities bring unique experiences and compassion which can greatly enrich the nursing profession, and that nurses with disabilities can be role models for patients who are have similar disabilities.

Efforts to increase student diversity over the years have been successful. According to the AACN (2018), minority baccalaureate nursing graduates increased from 23.4% in 2008 to 31.4% in 2017 and minority research-focused doctoral graduates increased from 16.0% in 2008 to 32.1% in 2017. The NLN (2015) reports that minority enrollment in basic nursing programs was 18% in 1995 and had increased to 28% in 2014. While these percentages do not yet reflect the demographics of the United States, they are is a step in the right direction.

# **Faculty Diversity**

To increase nursing faculty diversity, it is necessary for higher learning institutions to ensure hiring practices and promote workplace cultures that support the inclusion of all types of people. In order to increase nursing faculty diversity, recruitment strategies should focus on underrepresented groups (Bleich et al., 2015; Hamilton & Haozous, 2017; NLN, 2017-b; Salvucci & Lawless, 2016). The search committee itself should be diverse and should not be negatively influenced by superficial attributes such as ethnic appearance or speech of a minority candidate (Salvucci & Lawless, 2016). Male faculty candidates may face bias from a female selection committee as males have a communication style based on information and facts (as opposed to relationships) and use different non-verbal communication methods (Mott & Lee, 2018). One university's school of nursing required its search committees to undergo bias training to understand unconscious biases committee members may have; this intervention resulted in five underrepresented faculty candidates being hired (Valentine, 2015). Valentine also suggests that another recruitment approach to increasing diversity in nursing faculty is for current faculty to encourage minority students, alumni and adjunct faculty to continue their graduate education and return to teach.

Hamilton and Haozous (2017) conducted an extensive review of the literature related to retention of nursing faculty of color. They state that "for the last decade [2004 2014] the percentage of full-time and tenure track [faculty of color] has remained below 13%. In addition, retention of minority faculty is often poor, with many leaving academia mid-career. These authors found that there were three factors frequently cited as the most important to retaining minority faculty members. These are 1) supportive and collaborative relationships with colleagues, particularly engaged, meaningful mentorship; 2) personal satisfaction with the roles and challenges of teaching, learning and research; and 3) an overall academic climate of collegiality, fairness and acceptance. Their review of the literature also uncovered many barriers to retention of minority faculty, "with the observation of normative whiteness in [schools of nursing] seen as an important concern in academic nursing" (p. 214).

# Conclusion

While currently the diversity of the nursing profession does not adequately reflect the diversity of the population of the United States, it is possible to make

strides towards a fully diverse nursing workforce that endeavors to meet the cultural needs of all and helps eliminate health disparities. It all begins with changes to nursing education. The issues are long-standing and the challenges are complex. Change can be accomplished through personal self-examination and scrutiny of ingrained institutional mores, practices, outdated beliefs and untested assumptions. Inclusive excellence can be achieved through changes in the recruitment and retention of both underrepresented students and faculty. With these changes, a truly diverse nursing workforce can be built

#### About the authors:

Ecki Stern is a nurse at the Center for Discovery in Harris, NY. She holds a master's degree with a concentration in nursing education from Empire State College. Jordyn Preslar is a student nurse at Malloy College. Susan Birkhead is adjunct faculty at Empire State College and chair of the ANA-NY Education Committee. She earned her doctorate at the Sage Colleges.

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Continuing Education continued on page 12

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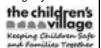
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#### Continuing Education continued from page 11

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#### **Continuing Education Post-Activity Questions**

- 1. What proportion of nursing faculty members were over the age of 46 years in the NLN faculty census survey of 2016-2017?
  - a. 54%
  - 67% b.
  - 78% c.
  - 90%
- 2. What factors contribute to the retention of minority faculty in academia? SELECT ALL THAT **APPLY** 
  - a. Salary
  - Professional satisfaction
  - Being mentored
  - A positive campus climate
  - Tokenism
- 3. What term might be used to characterize the nature of many nursing education programs prior to the current focus on inclusion?
  - Egocentric
  - Eurocentric
  - Constructivist
  - Heutagogic
- 4. Holistic admissions review takes consideration what factors? SELECT ALL THAT **APPLY** 
  - a. Experiences
  - Ability to pay tuition
  - **Attributes** c.
  - Metrics, such as GPA and SAT scores
  - National ranking of the applicant's high school
- 5. The Urban Universities for HEALTH coalition conducted a survey of 228 health professions programs at 104 public universities in the United States. Which professional education program type was least likely to use holistic admissions review?
  - Dental a.
  - Public health
  - c. PharmD
  - Nursing
  - Medicine
- 6. What accommodations can be made for nursing students with disabilities? SELECT ALL THAT APPLY
  - It is not possible to make accommodations for nursing students with disabilities.
  - Restructure clinical experiences.
  - Construct easier tests.
  - Modify the individual student's academic program plan.
  - Modify the location, timing and conditions for
- The Hamilton and Haozous study reported that, between 2004 and 2014, approximately what proportion of full-time and tenure-track faculty were individuals from minorities?
  - a. 4%
  - 13% b.
  - 21% c.
  - 29%
- 8. According to the NLN, what proportion of the nursing workforce is male?
  - a. 7%
  - 8% D.
  - c. 9% 10%
- What does inclusive excellence in nursing education lead to?
  - Diminished autonomy for the profession.
  - Conflicting views of leadership.
  - Vibrant educational environments.
  - Unlawful exclusion of white applicants.

# **CONTINUING EDUCATION STATEMENT:**



The continuing education program is approved for 0.75 contact hours. The Northeast Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

	<u>:</u>
E-mai	l address:
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EV/	ALUATION FORM
1.	The learning outcome(s) for this activity was met?
_	Yes
_	No
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2.	professional practice. (If you select "Disagree" or "Strongly Disagree," please provide a comment
	below.)
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Strong	This activity will enhance my knowledge/skill,
	This activity will enhance my knowledge/skill, practice as a health care provider. (If you select "Disagree" or "Strongly Disagree," please provide
	This activity will enhance my knowledge/skill, practice as a health care provider. (If you select
3.	This activity will enhance my knowledge/skill, practice as a health care provider. (If you select "Disagree" or "Strongly Disagree," please provide
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3.	This activity will enhance my knowledge/skill, practice as a health care provider. (If you select "Disagree" or "Strongly Disagree," please provide a comment below.)  gly Agree - Agree - Neutral - Disagree - Strongly Disagree  The authors were knowledgeable about the topic:

6. Was this independent study an effective method

7. What other topics would you like to see addressed

in an independent study?

of learning?

# Nurses Improving HIV Prevention Services Through Partnership with the Community



From Left to right: Andrew Yu, BSN, RN, ACRN, Senior Staff Nurse, Brandon Elgün, MPH, Prevention Coordinator, Emmet Phipps, FNP-BC, AAHIVS, and Martha Mosco, BSN, RN, ACRN

**AUTHORS:** 

Emmet Phipps, FNP-BC, AAHIVS, PEP Center of Excellence, Chelsea Center for Special Studies, New York Presbyterian Hospital/Weill Cornell Medical Center, Brandon Elgün, MPH, PEP Center of Excellence, Chelsea Center for Special Studies, New York Presbyterian Hospital/Weill Cornell Medical Center

It's a busy Monday afternoon in the clinic, and Brandon Elgün, MPH, Program Coordinator, is meeting with a patient who has experienced a condom failure and is here to initiate HIV Post-Exposure Prophylaxis (PEP). Nurse Practitioner, Emmet Phipps, MSN, RN, FNP-BC, AAHIVS, has just put in an order for a starter PEP dose due to the time-sensitive nature of initiating treatment. Andrew Yu, RN, ACRN, knocks on the door and comes in with a cup of water and two pills. PEP is treated as a medical emergency and the team must move quickly.

The NewYork-Presbyterian/Weill Cornell Medical Center (NYP/WC) Center for Special Studies (CSS) is adjacent to the Chelsea/Clinton neighborhoods on the west side of Manhattan, where the incidence and prevalence of HIV remain among the highest in New York City. Established early on in the HIV epidemic in response to the needs of people living with HIV, CSS is dedicated to providing high quality, comprehensive care through a wide range of patient-centered services and a multidisciplinary team approach. Prior to 2017, the primary purpose of CSS was to provide care to people living with HIV. HIV Pre-Exposure Prophylaxis (PFP) and HIV Post-Exposure Prophylaxis (PEP) were offered on a very limited basis, primarily to HIV-negative partners of patients receiving care at CSS, so long as they had insurance.

Based on findings from a community needs assessment, as well as the growing demand for PEP and PrEP services, CSS explored the opportunity to close some of the gaps in service coverage. Additionally, CSS recognized that providing PEP and PrEP services would indirectly improve the lives of those living with HIV, as these interventions have the power to lower stigma and decrease fear of infecting HIV-negative partners. In July 2016, CSS applied to and was granted funding through Public Health Solutions (PHS) and the New York City Department of Health and Mental Hygiene (NYCDOHMH) to establish a PEP Center of Excellence (PCE), as part of the statewide "Ending the Epidemic" initiative. Not only would this allow for PEP services, but also it would provide necessary staffing for PrEP, as well.

CSS evaluated the clinic's care delivery model and determined that having a dedicated nurse practitioner and program coordinator would allow for the increase in capacity needed to meet demand. The priority populations are amongst those with highest and fastest growing rates of HIV infection, such as young men who have sex with men (<29 years of age), black and Hispanic/Latinx¹ populations, and transgender women. Additionally, the PCE grant targets those who are uninsured or underinsured, as medications can cost upwards of \$3,000 out of pocket, and the required lab work comes with a hefty price tag, as well.

In March 2017, the new HIV prevention program launched at CSS, with Emmet Phipps, MSN, RN, FNP-BC, AAHIVS, and Brandon Elgün, MPH, Program Coordinator, both of whom



Community Services

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have extensive backgrounds in community health care, grant funded programming, and the provision of HIV PEP and PrEP services, at the helm. Through partnerships developed with community-based organizations, the New York City PEP Hotline, and the NYCDOHMH Sexual Health Clinics, the prevention program at CSS was able to establish itself as a leader and trusted partner in the community.

Nurse Practitioner Phipps takes a holistic approach to each patient seeking PEP or PrEP, many of whom have not been engaged in medical care due to discrimination, lack of insurance coverage, and documentation status. Not only do they assess patient readiness and provide education, but they also assess primary care needs, mental health concerns, need for hormone care, and more. During the course of a visit, patients may be treated for STIs, given an annual physical and vaccines, started on hormones, and have their chronic conditions managed. Brandon establishes and maintains connections with key stakeholders, conducts psychosocial assessments with patients to determine unmet needs, and provides prevention education and adherence support. He also navigates patients through obtaining coverage for medications and visits, troubleshoots insurance complications, and handles pharmacy issues. Both Phipps and Elgün have worked hard to develop a program and space that is sex-positive, kink-aware, gender-affirming, body-positive, non-judgmental, and harm reduction focused. By doing so, they have gained the trust of community members and referring agencies, alike. Some of the most common comments received from patients is how safe they feel and how they feel comfortable opening up about their sexual activities, substance use, and other sensitive issues.

As the program has developed and strengthened, NP Phipps and Program Coordinator Elgün have sought to expand and enhance partnerships to further fill in gaps in care. A robust partnership has been developed between the Victim Intervention Program at NewYork-Presbyterian and CSS to better serve the needs of those who have experienced sexual assault. In 2019, the team developed a protocol for following up with patients who were given HIV PEP as part of their post-sexual assault examination and treatment in order to correct prescription errors, provide additional education, obtain financial support for prescription costs, provide adherence support, and connect patients with follow up testing. Additionally, Phipps and Elgün have provided education to other clinics and departments within the NewYork-Presbyterian enterprise, as well as within the community at large.

The establishment of the prevention program has allowed CSS to participate in the city-wide PlaySure Network, a coalition made up of community-based organizations, PrEP and PEP providers, and NYC DOHMH-operated clinics. The driving mission of network is to make sure that patients are rapidly connected to care no matter what door they walk into. Due to the PCE grant, participation in the PlaySure Network, linkages established with other organizations, partnership with the NYC PEP Hotline, a robust internet presence, and direct community outreach, the nurse-led prevention program at CSS has been able to rapidly increase the number of patients receiving PEP and PrEP services. Thus, nurses have been able to significantly contribute to the mission of "Ending the Epidemic" in New York City.

Latinx is used in place of the traditional Latino/Latina as a more gender-inclusive term.



# September 25-26

Join the New York State HIV Primary Care and Prevention Center of Excellence for two days of learning, networking, and skills-building around advancing health equity by improving HIV primary care and expanding prevention services.

This free conference is intended for New York State medical providers, including physicians, physician assistants, nurses, nurse practitioners, nurse midwives, dentists, pharmacists, and more. CME, CNE, CPE provided!

Questions? Contact NYS.HIV.COE@mountsinai.org

REGISTER AT: rebrand.ly/NYSHIV2020





Institute for Advanced Medicine Page 14 **ANA - New York Nurse July 2020** 

# **ANA-NY** 8th Annual Conference

I am writing to assure our members and potential conference participants, exhibitors, sponsors, and presenters that we are committed to having our conference this year. We will be at The Turning Stone Resort and Casino from Thursday, October 22 through Saturday, October 24 unless the casino is closed. We understand that not everyone will be able to or may feel comfortable joining us in person. Given that, we are working on an interactive virtual platform to allow 2020 conference goers a hybrid of options.

We have received forty poster abstracts this year. Shakira has been shopping for swag and collecting raffle items. We already have most of the speakers lined up including a pre-conference panel on Cannabis and CBD.

We encourage you to register for the conference and book your hotel room. Once we have the virtual pricing structure identified, we can update your registration charge if you will not be able to join in person. We look forward to having you join us, in whatever means, in October.



# **Turning Stone Resort Casino** October 22-24, 2020

**Hotel Accommodations** 1-800-771-7711 and reference the American Nurses Association - New York room block Conference registration https://bit.ly/2AeRfOL



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# **2020 Annual Conference Agenda**

#### Thursday 10/22/20 (4.5 CE)

12:30 pm – 1:00 pm Preconference registration

1:00 pm - 4:00 pm Pre-conference Cannabis Panel Discussion

(3.0 CE)

4:15 pm – 5:45 pm Legislative Forum (Legislation Committee & Lobbyist)

(1.5 CE)

#### Friday 10/23/2020 (7.5 CE)

8:00 am- 9:00 am Registration/Continental Breakfast/Exhibits/Committee Open

Welcome 9:00 am - 9:15 am

9:15 am - 10:45 am Keynote: Create a Point of Impact Matt Episcopo

(1.5 CE)

10:45 am – 11:15 am Break/Ten Minute Tune-up/Exhibits

11:15 am - 12:30 pm Changing Stigmatic Perceptions related to Mental Illness and

(1.25 CE)

Substance Abuse among Public Library Staff: A Nursing-Library Community Initiative Denise Driscoll RN-BC, CARN, PMHCNS-

BC, NPP and Lilly Mathew, PhD, RN

12:30 pm - 2:00 pm Lunch/Exhibits/Posters Session 1 (1.0 CE)

2:00 pm - 3:15 pm Governing Assembly Session 1

(1.25 CE)

3:15 pm - 3:45 pm Break/Ten Minute Tune-up/Exhibits

3:45 pm - 5:00 pm (1.25 CE)

Examination of Global Health Disparities through a Collaborative Online International Learning (COIL) Partnership:

A Pilot Project Lisa Schulte, DNS, RN, CGRN

5:00 pm - 6:15 pm

6:15 pm – 7:45 pm

(1.25 CE)

Dialogue Forum **Awards Reception** 

DAEMEN

# Saturday 10/24/20 (5.0 CE)

7:00 am - 8:00 am Nurses' House Healthy Nurse Walk (Stephanie)

(Meet in Hotel Lobby)

8:00 am - 9:00 am Exhibits/Registration

NSO sponsored Breakfast 8:00 am - 8:45 am

8:45 am - 10:00 am "See You in Court!": Top Reasons Nurses Get Sued

(1.25 CE) **David Griffiths** 

10:00 am - 10:30 am Break/Ten Minute Tune-up/Exhibits

10:30 am - 12:00 pm Governing Assembly Session 2

(1.5 CE)

12:00 pm - 1:30 pm Lunch/Exhibits/Posters Session 2

(1.0 CE)

The Science Behind Human Connection Matt Episcopo

1:30 pm - 2:45 pm (1.25 CE)

2:45 pm - 3:15 pm Closing/Drawings

> 5.0 hours of Exhibit time, 17.0 hours of Continuing Education time including pre-conference

# **CONTINUING EDUCATION STATEMENT:**



The continuing education program is approved for 17.0 contact hours. The Northeast Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Thank you to our sponsors













# 2020 Governing Assembly **Business Meeting Agenda**

#### Friday, October 23

Governing Assembly Business Meeting – Session 1 2:00 pm Opening, Welcome, and Introductions – E. Mancuso

Pledge of Allegiance – E. Mancuso National Anthem - G. Hutchinson

Nightingale Tribute - E. Mancuso

Introduction of Officers:

President - E. Mancuso

Vice-President – J. Lapidus-Graham

Treasurer - S. Penque Secretary – T. Drake

Introduction of Directors-at-Large:

F. Bono-Neri

V. Brown

S. Chin

L. O'Brien

K. Velez

Introduction of team:

Executive Director – J. Santelli

Program Manager – J. Myers

Program Assistant – S. Hernandez

2:15 pm Call to Order - E. Mancuso Procedural Matters – T. Drake

Availability of Printed Material and Reports

Microphones including Point of Order or Question Mic

Establishment of a Quorum – T. Drake

A quorum for the transaction of business of the Governing Assembly shall consist of five members of the Board of Directors, one of whom shall be the president or a vice-president, and twenty-five (25) members of ANA-NY present at the meeting.

Declaration of Quorum - E. Mancuso

Acceptance of Business Meeting Agenda

**Acceptance of Standing Rules** 

2:25 pm President's Remarks – E. Mancuso

3:00 pm Floor open for member input

3:15 pm Recess

# Saturday, October 24

Governing Assembly Business Meeting - Session 2 10:30 am Welcome & Call to Order – E. Mancuso

**Special Guests:** 

**NSANYS President** 

**Organizational Affiliates PNASC** 

**CNYNA** 

**PNAWNY GVNA** 

**MVNA** 

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NNYPNO, Inc.

Foundation of New York State Nurses and Nurses House- D. Elliott

NYONEL - A. Harrington

NEMSD - Kathleen Hale

10:50 am Reports

Secretary's Report - T. Drake

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Approval of 2019 GA Minutes

**ACTION ITEM** 

**ACTION ITEM** 

**ACTION ITEM** 

Treasurer's Report – S. Penque Executive Director's Report - J. Santelli

Standing Committees:

Audit: Chair - C. Murray Bylaws: Chair - C. Finlayson

Finance: Chair – S. Penque

Legislation: Chair – B. Karas-Irwin Acceptance of 2021 Legislative Priorities

**ACTION ITEM** 

Nominations and Elections – G. Hutchinson

Announcement of Election Results

# Other Committees:

Annual Meeting and Conference Planning: Chair – G. Crowe

Announcement of 2021 Annual Conference Dates and Location

Awards: Chair - J. Morrison-Nahum

Announcement of 2021 Awards categories

Membership: Chair – A. Caramore

Nursing Education: Chair - S. Birkhead

11:20 am Other Business

11:25 am New Business

11:35 am Floor open for member input

11:50 am Swearing in of New Officers

11:55 am Closing Remarks - E. Mancuso

12:00 pm Adjournment

**ACTION ITEM** 

# **Meet our Speakers**

Keynote Speaker Matt Episcopo. Leadership and Communication Expert



Matt Episcopo has redefined the formula for personal power, leadership, and business success. Matt knows that the real way to become effective is to build credibility, trust, and solid relationships. When we establish trust and credibility, others will say "Yes" to our ideas, products, and services.

His efforts have helped companies around the world improve their leadership, customer retention and employee engagement. From start-ups to Fortune 500's, Matt is widely recognized as an energizing and engaging presenter. He is author of the book "How To Gain The Upper Hand, P.O.W.E.R. Tactics That Get Leaders Results."

Real life experience and results are what fuels this relationship-generating powerhouse. A Medal of Honor recipient with more than 21 years of law enforcement experience, Matt will teach you how to engage with virtually anyone.

Matt's presentations have been given in Dubai, Singapore, Thailand, Malaysia, Canada, Aruba, Bahamas as well as across the United States.



#### Denise Driscoll RN-BC, CARN, PMHCNS-BC, NPP

Denise Driscoll RN-BC, CARN, PMHCNS-BC, NPP, is a licensed Psychiatric Clinical Nurse Specialist and a licensed Psychiatric Nurse Practitioner in New York State. She has practiced Behavioral Health Nursing for the past 33 years. She was the first Psychiatric Nurse Practitioner to practice independently at Mather Hospital. Currently she is the Assistant Vice President of Behavioral Health at Mather Hospital Northwell Health, responsible for all inpatient and outpatient services.

She holds both a Bachelor and Master of Science and Nursing from Stony Brook University. She is certified as an

Addictions Registered Nurse. She has both peer-reviewed publications and conference presentations in her field of Behavioral Health. She has been a mentor for front line staff to develop performance improvements influencing positive outcomes for patients.



# Lilly Mathew, PhD, RN

Dr. Lilly Mathew has been a Registered Nurse for 23 plus years. Currently appointed as an Associate Professor of Nursing Informatics at the City University of New York (CUNY) School of Professional studies, & the CUNY Graduate Center. She also holds a clinical appointment as a Nurse Researcher/Nurse Statistician at Mather Hospital Northwell Health. Additionally, she also serves as a CUNY IRB member.

She holds a Ph.D. in Nursing from the University of Arizona, Tucson, AZ, a Master of Science in Nursing Education from Saint Joseph's College of Maine, Standish, MN and a Bachelor of

Science in Nursing from S.N.D.T Women's University, Mumbai, INDIA.

Her research primarily focuses on designing, developing, and testing educational interventions using technology to target psychomotor, cognitive and affective domains of learning across populations. She has had multiple peer-reviewed publications and conference presentations in her field of research.

She is actively engaged in professional organizations and has served as an elected board member for the Transcultural Nursing Society (TCNS) North East chapter, mentor to the American Nurses Association (ANA), abstract peer-reviewer for many national conferences and is a member of the American Nursing Informatics Association (ANIA). She is been serving as a manuscript peer-reviewer for the Journal of Transcultural Nursing, Journal of Patient Experience and the European Journal of Information Systems.



# Lisa H. Schulte, DNS, RN, CGRN

Dr. Lisa Schulte is an Associate Professor in the School of Nursing and Allied Health at SUNY Empire State College (ESC), having joined the department in 2017. Prior to joining ESC, she taught for over 10 years in an associate degree nursing program at SUNY Ulster. She earned her master's degree as a Clinical Nurse Specialist from SUNY New Paltz in 2007 and her Doctor of Nursing Science (DNS) from The Sage Colleges in Albany in 2015. Dr. Schulte has over 25 years of clinical experience in acute care with a specialization in surgical services and gastroenterology nursing, holding national certification in that specialty.

Dr. Schulte has made cultural diversity the focus of her passions in both her personal and professional life. As an International Student Exchange Ambassador, she has hosted, supervised and mentored numerous students from around the world, gaining insight into the cultural needs of diverse populations. She is an advocate for promoting diversity within the nursing profession and collaborates with international education partners through the Collaborative Online International Learning program (COIL).

Dr. Schulte's doctoral research focused on promoting best practices for supporting non-native English-speaking students in associate degree nursing programs in New York State. She serves as board member of the New York League for Nursing (NYLN) and the Hudson Valley Society of Gastroenterology Nurses and Associates (SGNA). She is an active member of the Professional Nurses Association of Ulster County (PNA) and the Northeastern New York Organization of Nurse Executives and Leaders (NYONEL).

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# Stress and working in the COVID-19 environment: Can wearable devices help us better understand how stress makes us sick?

The COVID-19 pandemic has touched each of us in different ways, although a common undeniable experience we all are facing is stress. This is particularly the case among those of us caring for patients with COVID-19, or whose work environments have been altered as a result of COVID-19. The high burnout rates in nurses is something all too well known in day to day practice, and this becomes a particular concern during public health emergencies such as the COVID-19 pandemic in which nurses play a critical role on the front line. Beyond the considerable strain and demands on hospitals and community services, nurses are faced with dramatic shifts in protocols, unpredictability in work shifts, relocation, furlough, and the transition to more frequent end of life care.

How do we support stress reduction in nurses? Researchers from 4YouandMe (<a href="www.4youandme.org">www.4youandme.org</a>), a non-profit organization that conducts research into digital technology and health believe we need to understand more about how stress impacts our bodies and that's just what they're trying to do using wearables devices and smartphone apps, augmented by machine learning to better understand individual day to day experiences. How we absorb daily stress is an incredibly personal and individual experience and because of this, knowledge of how stress makes us sick has been limited. This knowledge is critical to inform personalized digital tools that might eventually help support nurses and other healthcare professionals during extreme times of stress.

4YouandMe are currently conducting a Bill and Melinda Gates co-funded study in nurses and other healthcare professionals in the US using the Oura smart ring (provided to participants and worn off shift), and a study smartphone app to collect daily measures of stress. These devices can collect and return back to the user physiological measures like heart rate, temperature, activity and sleep quality. Stress can have lasting effects on our bodies, hours, days and weeks after the exposure. When stress responses, like an increase in heart rate, or a reduction in heart rate variability don't return to baseline, stress can become risky. Researchers at 4YouandMe think that this might be key to understanding how stress affects our health and might be damaging to our immune systems making us more susceptible to infections like COVID-19. They are trying to measure nurses' recovery from stress after they come off their shift to see if the variability in recovery from stress within and across nurses impacts more risky signs of stress like poor sleep, cognition, mood and susceptibility to COVID-19.

You can find out more about 4YouandMe's study that is currently enrolling nurses by clicking the following link: <a href="https://www.4youandme.org/stress-and-recovery/study-ad">https://www.4youandme.org/stress-and-recovery/study-ad</a>

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# DONATE LIFE NEW YORK STATE

# **Championing Organ and Tissue Donation During COVID-19**

Donate Life New York State (NYS) is the non-profit organization dedicated to increasing organ, eye, and tissue donation in New York State through collaborative advocacy, education, promotion, and research. We recently sat down with Daniel DiSante, Director of Clinical Services at the Center for Donation and Transplant, an organ procurement organization (OPO) based in Albany, NY. This interview has been edited for length and clarity.

**Donate Life NYS:** What impact has COVID-19 had on organ and tissue donation in New York State?

**Daniel DiSante:** COVID-19 has certainly had a negative impact on donation in New York. We've seen less organ donors than we would have expected in that time frame, same with tissue donation. Although I say all of that, the reality is that the hospital census is down in general. We are finding that as hospitals are moving people around as needed to serve the COVID-19 population, we find that other units are not having the same census as they would, we're not seeing the same number of heart attacks, strokes, etc. that you would expect to see, so organ donation numbers are primarily down for that reason.

Outside of that, COVID-19 is a fluid situation. All of us are trying to determine what is safe, what is transmissible, how do we test organ donors? We've had to make a lot of changes in a very short time frame. As this is now becoming more of a new normal, we're all seeing donation is ticking back up and getting more toward the expected numbers that we would typically have, but in the acute phase we quickly were down numbers that we did not expect.

**Donate Life NYS:** How would you describe the nurse's role in organ and tissue donation?

**Daniel DiSante:** The nurse is one of the most crucial hospital partners, if not the most crucial hospital partner, that the OPO works with. The nurse is the first point of contact between the OPO and the potential referral. They are the ones who recognize our clinical triggers and then report the potential organ donor referral to the OPO. The earlier the nurse does that, the more the OPO can be involved and therefore the better outcome to honor that individual donor and their family. As nurses are remaining vigilant and able to get those referrals to the OPO, we can maximize potential in their hospital.

**Donate Life NYS:** Specifically during this pandemic, how can nurses continue to champion donation?

**Daniel DiSante:** I think the key for nurses across New York State, and across the country, is to recall that you really have a voice. You are the first to say, "This person is meeting criteria to be referred as an organ donor." Having the opportunity to raise your voice during rounds, speak with physicians and make sure that we are optimizing

the opportunity for organ and tissue donation, it's certainly a role that nurses have and should feel confident to voice that. What we find is that when we have nursing staff - or anyone who is working in the hospital as a champion for donation - when they speak up and remind the care team about the opportunity for donation, we tend to get involved earlier and therefore maximize the potential. Raise your voice, remember that donation is a part of the care plan, and take it from there.

**Donate Life NYS:** What impact does an organ donor council have on donation, and do you have any advice for someone who would like to create one at their hospital?

**Daniel DiSante:** Organ donor councils are such an important group to have supporting the OPO and supporting donation in the service area. Having champions that work on improving processes are so helpful in allowing us to maximize donation potential.

If you haven't formed an organ donor council yet, I recommend starting with administration to talk about the impact of donation. From there, involve your floor staff and those that are involved in the day to day work, it really allows you to move together as a cohesive unit.

**Donate Life NYS:** What would you say to a nurse about the difference they make for those who are waiting for a lifesaving transplant?

**Daniel DiSante:** Without you, there is no organ donor. Without our nursing staff, who are experts on their floor, we would not be able to do what we do. They know who to communicate with and what to say. They are an absolute bridge to our donor families, the families trust their nurses because they are the ones in primary contact with that patient before the OPO arrives. Of course, they do the referral for the OPO, and without them notifying us of the potential we would never be able to move forward. And finally, nurses are the champions. They are the group that continues to be the lead for donation. Our coordinators need nurses to be able to move a case forward so without them, there is no case, there would be no donation, and lives would not be saved through transplantation.

Donate Life NYS: Is there anything else you would like to add?

**Daniel DiSante:** I cannot stress enough how important nurses are, and how grateful we are for the work they do. Nurses are our partners, we rely on them, they are imperative and we collaborate with them more than anyone else. Certainly, their impact is tremendous. Thank you.

Each year, more than 2,000 lives are saved in New York by organ donation and transplantation, and many more are impacted by eye and tissue donation. For more information, please visit <u>donatelifenys.org</u> or email <u>communications@dlnys.org</u>. To inquire about starting an organ donor council at your hospital, please contact the organ procurement organization that serves your county.

# ORGANIZATIONAL AFFILIATE HIGHLIGHT

The Northeast New York Professional Nurses Organization, Inc. (NNYPNO) proudly celebrated its 100th year anniversary in 2019 - the same year NNYPNO became an ANA-NY organizational affiliate! We usually hold five meetings per year, one of which is an award's banquet and the other four offer continuing education programs. Our awards include Clinical Bedside Practice, Mentoring, Teamwork (a group of nurses from a unit or department may qualify), Nurse Innovator, Nurse Leader, and Distinguished Member. In addition, we award up to \$3,000 in scholarship money for entry to practice RN students, RN to BSN, MS, and beyond.

Not only do our events provide an opportunity for networking and education, they also furnish some well-deserved fun for our members and their guests such as a holiday bazaar, chocolate fountain, door prizes, photo contests, gag gifts, musical entertainment, signature cocktails, and favors at each table. NNYPNO's community involvement includes collecting food for local food banks at each of our meetings, donating raffle funds for victims of Hurricane Dorian, and gathering items for Welcome Baskets for Equinox's Transition Program.

Our membership of 125 nurses has slowly grown over the last few years and our board has focused on attracting younger nurses to our organization. Several nursing schools in our area encourage attendance to our meetings, especially Sage's level 200 student nurses, who are required to attend two professional nursing meetings during the semester. Afterwards, the students write reflections, which are anonymously shared with NNYPNO. Communication with our members is through our Bulletin, which is published six times per year. Not only does this notify members of upcoming events, but also has an In Memorium section that documents nurses who have passed.

NNYPNO has been fortunate to attract quality candidates for its board members and nominating committee. Current officers and board members include:

- President Debra Wolff, DNS, RN, PCNP
- President elect Kim Headley, PhD(c), MS, RN, CPHQ
- 1st Vice President Susan Birkhead, DNS, MPH,
   PN CNE
- 2nd Vice President Kim Spano, M Ed, MS, RN, NE-BE
- Treasurer Donna Florkiewicz, MS, RN, CNE, CCRN-CMC, CSC
- Secretary Missy Belotti, MSN, RN-BC
- Board member Ann Bentzen, MS, RN, CNE
- Board member Karin Hall, DNS, ACNP, FNP
- Board member Martha Desmond, DNS, RN, ACNP
- Board member Ann Marie Tomaski, RN, MS, CN, CEN, SANE
- Board member Diane Comeau Bartos, DNP, RN, NEA-BC
- Board member Amy Speanburg, MS, RN, RN-BC







Page 18 ANA - New York Nurse **July 2020** 

# **MEMBERSHIP**

# **Ernest Grant** PhD, RN, FAAN

# **President American Nurses Association**

Thank you. In these uncertain times, it's the work of brave nurses like you that keep our country safe and healthy. We know it isn't easy, but please know that ANA stands with you. The American Nurses Association is continually working to get you what you need to stay safe on the job and care for your patients. Your membership in ANA helps us do this.

Joining ANA adds strength to our community of over 220,000 RNs. This gives you, our country's caregivers, a voice when we advocate for you and your patients in the halls of Congress and the White House. And, it is your membership that makes ANA

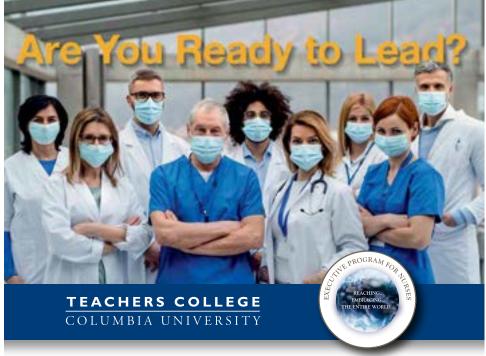
We believe every RN deserves access to all ANA has to offer: nursing knowledge, advocacy, career development, valuable connections with other nurses, and much more. That's why we've made membership in ANA and your state nurses association only \$15 a month.

Please take a few minutes to join ANA and your state nurses association today. Together, we will see this through. Stay strong and stay safe.

Regards,

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The Executive Program for Nurses offers a Master of Arts degree from the Department of Organization and Leadership with specializations in either administration or professorial studies.

Applications are now being accepted for our Fall 2020 cohort. Upcoming virtual information sessions are scheduled for:

- 📂 Friday, June 19 at 12:00 PM
- Monday, June 29 at 12:00 PM
- Wednesday, July 8 at 12:00 PM
- Wednesday, July 15 at 8:00 PM
- Wednesday, July 29 at 12:00 PM
- Wednesday, August 12 at 12:00 PM

For more information and to RSVP, email nurseexecutives@tc.columbia.edu or call (212) 678-3812.







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# **MEMBERSHIP**

# Laukeur

#### Meet our Speakers continued from page 15



#### **David Griffiths**

David Griffiths is Senior Vice President for the Healthcare division of Aon Affinity. David has overall responsibility for the malpractice insurance program for Nurses Service Organization. David is a licensed property and casualty insurance agent and has worked on the NSO medmal programs for the past 10 years.

David works extensively on risk education often speaking at conferences on the topic of professional liability. David received his B.S. from the University of Maryland and his MBA from Moravian College.

#### Nurses House Provides Relief to...continued from page 9

also dealt with the Cholera pandemic and Yellow Fever. For more than 200 years, nurse leaders and researchers have developed plans to mitigate the spread of infectious disease and widespread illness through their plights with various flus, HIV/AIDS, SARS, MERS, Ebola and now COVID-19.

Annotations from the Frontlines The stories we have heard, and continue to hear are from the heart and courageous. While facing sometimes unfamiliar and terrifying circumstances, nurses do what they do best and put their patients first. Not only do nurses need to be skilled practitioners, they also have to be the patient's comforter, communicator, and "family" during this crisis.



Today, I am very, very proud to have become the healthcare professional I always knew I could be, but furthermore to be able to touch the lives of so many people, to help and guide them to better health, to provide comfort in their most difficult and vulnerable moments is the most humbling and rewarding feeling I have ever experienced. (RN from New York)

My most memorable moment was celebrating a husband and wife who were both hospitalized with COVID and could not see each other due to the husband being ventilated. The wife and I would make videos on her phone and I would show them to her husband every shift knowing he could hear her voice. They were both sent to rehab and are doing well. (RN from Illinois)

I was able to give them hope and love thru speaking with them daily. I have even prayed with them. They have been so fearful of what they have seen or heard about COVID-19. So being able to talk to them and try to calm their fears is what I love to do as a nurse. (LPN from Connecticut)

I myself was COVID-19 positive and exhibited all the symptoms of the virus along with being hospitalized for four days. Going through that personally gave the chance to put myself in my patients shoes and also to give them some reassurance that with proper treatment they too could get through it. (RN from Michigan)

I love being able to bring comfort and reassurance to those who need it. I've enjoyed helping educate others on potential risks and benefits of carrying on life as we knew it before. I've helped other gain access to medical treatment in ways we wouldn't have done before. (RN from Georgia)

The most rewarding moment part of working on the frontline was when one of our elderly patients who refused to be intubated walked out and was discharged home. He fully recovered. I watched as he fought so hard to breath. One of our RT suggested placing him on continuous BiPAP and it worked. This particular patient had so many things rooting against him however he overcame. (RN from Louisiana)

# ANA-NY Membership Activation Form





Essential Informa	tion			
First Name/MI/Last Name		Date of Birth	Gender: Male/Female	
Mailing Address Line 1		Credentials		
Mailing Address Li	ne 2	Phone Number	Check preference: ☐ Home ☐ Work	
City/State/Zip		Email address		
County		Current Employment Status: (eg: full-time nurse)		
Professional Info	rmation		tas (eg. a time naise,	
		Current Position Title: (eg: staff nurse)		
Employer		<b>Required:</b> What is your primary role in nursing (position description)? ☐ Clinical Nurse/Staff Nurse		
Type of Work Setti	ng: (eg: hospital)	☐ Nurse Manager/Nurse Executive (including Director/CNO) ☐ Nurse Educator or Professor ☐ Not currently working in nursing		
Practice Area: (eg:	pediatrics)	Advanced Practice Registered Nurse (NP, CNS, CRNA)  Other nursing position		
Ways to Pay				
Monthly Paymen	t \$15.00 — *Signature below is required	Membership Dues (Pric	e reduced to \$15 monthly/ \$174 annually)	
Checking Acco	unt Attach check for first month's payment.	Dues:	\$	
Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment.		ANA-PAC Contribution (optional) <u>\$</u>		
The account designated by the enclosed check will be used for the recurring payments.		American Nurses Foundation Contribution <u>\$</u> (optional)		
Credit Card:  Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.		•	tions\$	
		Credit Card Information	¹ ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discove	
*Monthly Electronic Deduction   Payment Authorization Signature		Credit Card Number	 Expiration Date (MM/YY)	
I understand that I may cancel this authorization by providing ANA written notice seven (7) days prior to deduction. I understand that ANA will provide thirty (30) days written notice of any dues rate changes. I understand that my dues deductions will continue and my membership will auto-renew annually unless I cancel.		Authorization Signature		
Annual Payment \$174.00		Printed Name		
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Today. American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with your State Nurses Association for the correct amount.

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I have delivered 19 babies in the ER as well as pumping a heart in my hands after cracking open a chest from a trauma. But the most rewarding moments I have are the small daily encounters where I can help educate and interact with the community and provide engagement in patient's lives. (RN from Utah)

Working on the front lines during the pandemic makes me realize what really is essential, which is life. Everything else can wait. It's helped me to learn to live without because of our income loss. It's helped me to love every moment with my family because we just don't know when it will be our turn to need help. (RN from Texas)

My most rewarding moments working on the frontline has been keeping my nurses encouraged and making sure that we have proper PPE and making sure I get donations from companies to provide lunches to the nurses and doctors as they show up to work daily even when they are exhausted. These nurses have covered multiple shifts as they watch their colleagues recover from Covid-19 including myself. (RN from New Jersey)

When I opened the envelope containing COVID Emergency Grant, I was simply stunned and overcome with emotion... I simply could not believe what I was holding in my hands, it was God sent! At around that moment my family and I were trying to get back on our feet after a devastating previous month that saw my husband fight COVID19, alone in isolation but also meant I was his sole support, from

emotional stress, to alimentary provisioning and everything in between. This god sent help, gave us the strength and just as important the belief that we can and will overcome our struggle. I was able to pay several bills, buy food and allowed us to gas up our vehicles which in turn allowed us to continue our lives to provide for our family and to help me help others, and by that fact, the funds are a gift that keep on giving. THANK YOU! (RN from California)

So many organizations and people have found creative and amazing ways to help address the many needs unveiled during this unprecedented crisis. Nurses House plans to continue providing grants to employed RNs and LPNs who are temporarily unable to work due to testing positive with COVID-19 or being exposed and required to quarantine at home. Applications will be accepted through July 31, 2020 as long as we can secure the necessary funding to meet the need. If you know of a nurse who has financial distress due to COVID-19 or any other illness or injury, please refer them to the "Apply for Help" section on the Nurses House website <a href="mailto:www.nurseshouse.org">www.nurseshouse.org</a> or contact Brook Jorgensen at <a href="mailto:bjorgensen@nurseshouse.org">bjorgensen@nurseshouse.org</a>.

Nurses House, Inc. is a 501 (c)(3) nonprofit organization that was formed in 1926. Based in New York, it is national organization that serves RNs from all 50 states. Visit <a href="www.nurseshouse.org">www.nurseshouse.org</a> for more information or contact Stephanie Dague at <a href="sdague@nurseshouse.com">sdague@nurseshouse.com</a>

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