New York State NURSES ASSOCIATION One strong, united voice for nurses and patients

New York City Council
Committee on Higher Education
Oversight Hearing:
Status of Nursing Programs at the City University of New York
December 11, 2020

Testimony by Anne Bove, RN
New York State Nurses Association

My name is Anne Bove and I am a registered nurse who has worked at Bellevue hospital for 40 years. I retired from Bellevue in 2017 and I'm currently on faculty at BMCC in the nursing associate degree program. I am also a member of the NYSNA Board of Directors. NYSNA represents more than 40,000 registered nurses throughout New York State for collective bargaining and is an advocate for high quality nursing care for our patients.

Thank you for this opportunity to testify to you today regarding the status of nursing programs within the City University system.

Historical Background: Nursing Education and Training Programs

In looking at the historical framework of nursing education I would like to note that in years previous there were schools of nursing that did both the formal nursing education and also handled the hands on training of nursing students in clinical settings – hands on training with real patients. Bellevue Hospital, where I worked, had such as School of Nursing in the late 1960s and early 1970s.

With the expansion of baccalaureate degree programs for nursing, there was a transition from educating nurses in the hands-on hospital setting through a School of Nursing affiliated with a hospital to reliance on formal university or college programs to prepare new nurses. This shift to formal educational settings severed the connection between the academic training and the practical training of nurses. Though the academic nursing programs included clinical training components, in practice the practical training stayed within the hospital. Instead of being directly a part of the educational program however, the practical training has increasingly been taken on by the hospital ***after*** the new nurse graduate has been hired.

NY City Health + Hospitals role as a de facto nurse training facility

The net effect of this development has been to shift many of training responsibilities to the hospital as an employer, rather than as the provider of the student's educational program. In the NYC Health + Hospitals system and in the private hospitals in general, this has created a situation in which new graduates are hired but are less prepared to provide direct patient care and need substantial additional training and orientation before they are able to safely take on direct patient care.

In addition, the Health + Hospitals system has for practical purposes become a nurse training program for many of the large (and quite profitable) private hospital systems. The nursing schools provide the basic education, the Health + Hospitals system provides the critical hands-on clinical training, and then after a year or two, many of these new nurses are then hired (at higher pay) by the large academic medical centers. For many new graduates of nursing degree programs, the public sector hospital system plays the role of provider of practical training on behalf of the private hospital networks.

Indeed, over my years as a clinical educator at Bellevue, many students have told me directly that when they applied to a private sector hospital they were referred by the private hospital to apply for a job at NYCHH, get their training within a public sector facility, and then come back to them for a job after two years with that practical training and experience.

This dynamic not only shifts the costs of fully training new nurses from the educational institution, but also relieves the private hospitals of many of the training costs of developing new graduate nurses. The cost of training a new graduate in New York City is anywhere from $30,000 (on the low range) to as more than $100,000 per nurse, based on the salary and value of the benefits for a newly hired nurse (for 3 months to a year). In addition, the public hospitals also pay for the expenses of the nursing educators on their staff, and the experience unit based nurses who precept the new hires.

What this means is that NYCHH spends a lot of money to get new graduate nurses prepared to take on direct patients care, but many of these nurses leave NYCHH and take jobs elsewhere, after the public system has expended considerable sums to complete their training. According to our turnover data, about 40% of these newly hired graduates leave NYCHH within the first three years of employment to take jobs in the private sector. Health + Hospitals essentially serves as a training facility for the private hospitals in New York City.

Addressing the problem: Coordinating academic and practical preparation of new graduate nurses

In analyzing the preparation of new graduate nurses, we need to consider how we can help to facilitate their training in a cost effective manner and restoring a more seamless or holistic transition between the educational setting and employment in the clinical setting.

These issues have been successfully addressed in a program or process known as the Vermont Nurse Internship Program (VNIP) that has over the years demonstrated how that transition can happen most efficiently and most effectively.

The VNIP program brought together the Vermont Education Department, nursing education program faculty and instructors in the state universities and colleges of nursing, and nursing administrators, educators and staff nurses in the hospitals and other health care providers to facilitate ongoing discussion and solutions to address the discontinuity between the academic and practical training of new nurses.

The VNIP program subsequently developed a preceptor model to smooth the transition between the educational setting and the clinical practice setting for new graduate nurses and improve the clinical competencies of nursing graduates prior to entering direct employment in the field.[1]

The VNIP program incorporated some of the research and theoretical insight developed by Patricia Benner, whose "From Novice to Expert" approach identified a continuum of five phases in the training of nurses (also applicable to other clinical and skilled professional roles):[2]

> **Stage 1 Novice:** This would be a nursing student in his or her first year of clinical education; behavior in the clinical setting is very limited and inflexible. Novices have a very limited ability to predict what might happen in a particular patient situation. Signs and symptoms, such as change in mental status, can only be recognized after a novice nurse has had experience with patients with similar symptoms.
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> **Stage 2 Advanced Beginner:** Those are the new grads in their first jobs; nurses have had more experiences that enable them to recognize recurrent, meaningful components of a situation. They have the knowledge and the know-how but not enough in-depth experience.
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> **Stage 3 Competent:** These nurses lack the speed and flexibility of proficient nurses, but they have some mastery and can rely on advance planning and organizational skills. Competent nurses recognize patterns and nature of clinical situations more quickly and accurately than advanced beginners.
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> **Stage 4 Proficient:** At this level, nurses are capable to see situations as "wholes" rather than parts. Proficient nurses learn from experience what events typically occur and are able to modify plans in response to different events.

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[1] More detailed information about the Vermont Nurse Internship Program (VNIP) can be found at: https://www.bing.com/search?q=VNIP&cvid=2adb5c5482144712b557daa3f9496969&FORM=ANAB01&PC=U531

[2] Source: Patricia Benner, RN, available at https://nursing-theory.org/theories-and-models/from-novice-to-expert.php

Stage 5 Expert: Nurses who are able to recognize demands and resources in situations and attain their goals. These nurses know what needs to be done. They no longer rely solely on rules to guide their actions under certain situations. They have an intuitive grasp of the situation based on their deep knowledge and experience. Focus is on the most relevant problems and not irrelevant ones. Analytical tools are used only when they have no experience with an event, or when events don't occur as expected.

This way of approaching the transition of nurses "from novice to expert," relies on integrating preceptors (expert nurses) throughout the continuum of the educational and practical training process. This requires more emphasis on clinical skill development and increased clinical experiences while the nurse is still in the educational program and ***before*** they are hired by a hospital or other provider.

The importance of addressing the development of new nurses is even more important in the context of the COVID pandemic. The stresses placed on the hospital system by the pandemic have intensified the problems discussed above in the development of new nurses. The lack of clinical experience in the nurse education system has been worsened by the widespread PPE and nursing staff shortages during the height of the pandemic in the spring, which further restricted access to clinical experience by nurses who graduated in 2020, as the majority of hospitals within the New York city area were unable to take on these students to the same extent as they did pre-COVID. The result is that we now have many new nurses graduated with even less clinical experience than was the case before. This left hospitals and other providers with the task of providing even more training for these new nurses in the midst of a public health emergency. The training responsibility of the hospitals thus increased at the same time that the demand for care skyrocketed, putting further strain on care providers and impacting their ability to provide quality care to the deluge of COVID patients.

Increasing collaboration and integration of CUNY nursing programs and the NYC H+H system

Applying these lessons indicate a the clear need to revamp the formal education process of our nursing schools, to relieve the training burden on hospitals, and to coordinate clinical training at a more intense level earlier in the formal education curriculum. This requires a more integrated effort by CUNY and NYCH H+H to combine the academic and the clinical settings throughout the continuum of nursing education and training.
This will also require a transition program to bridge and eliminate the gap or break between the academic and clinical settings.

Setting up such a bridge program will require the following elements:

- More funding for nursing education program, particularly hands-on clinical training throughout the process;
- The NYCHH system should receive funding and additional financial support to be compensated for its role in training and developing the clinical skills of new nurses – its

vital role as a training academy for nurses should be paid for rather draining its scarce funding for patient care as a vital safety net provider;

- The state and city should explore the fairer distribution of GME funding for nursing (as opposed largely to physician training);
- Nursing schools should carry out pre-screening of PPE requirements and needs of nursing students, particularly for N95 respirators (fit testing and determination of student needs for alternative PPE if N95s are contraindicated, such as PAPR re-usable respirators (which are essentially a hood with a fan attached) for use by nurses who cannot use disposable N95s);
- Use of standardized health screening procedures for all students, including mechanical fit testing of N95s to objectively determine whether the student is properly fitted;
- Maintaining stockpiles of N95s and other PPE to provide to the student when they report to the hospitals or other providers for their clinical training (i.e., do not burden the hospitals to supply protective gear);

Conclusion

Summary, we believe that there are three main issues to address in improving the current framework in CUNY nursing education programs and better preparing nurses to practice in our hospitals:

1. Implementing more effective and integrated clinical training to increase the ability of new graduates to transition to being fully expert nurses while also reducing the burden on NYCHH and our public hospitals;
2. Preparing student nurses for training and working in conditions requiring PPE to protect against air-borne and droplet exposure to COVID or other infections, including the provision of proper fit-testing and appropriate PPE supplies;
3. Increase funding to improve the clinical experience and training of students throughout the educational process, including the use of existing GME funding lines and new sources of funding to maintain the supply of new nurses.

Testimony of Christine James-McKenzie, Associate, Communications, Learning & Policy, JobsFirstNYC before the
12/9 Council Hearing on Workforce Development & Combating Unemployment

Good morning to the distinguished members of the Committees on Economic Development and Small Business. My name is Christine James-McKenzie and I'm the Associate of Communications, Learning, and Policy at JobsFirstNYC, a non-profit intermediary that creates and advances solutions that break down barriers and transform the systems supporting young adults and their communities in the pursuit of economic opportunities.

To understand the breadth of COVID-19's impact on workforce development, JobsFirstNYC has facilitated several discussions with workforce and economic development organizations across NYC. The various discussions have demonstrated that while the pandemic has not discriminated against any particular group of people, it has significantly ravaged low income communities and drastically increased the out of work and out of school rate, which is now estimated at 27%-34% of young adults. Any workforce and economic recovery strategy needs to take into account this population and the organizations that serve them.

To this end, I would like to share the following recommendations:

Map in-demand skills and partner with employers to develop new strategies to improve educational and training programs for young adults. Data linking "new" jobs to current educational offerings provisions should be a priority. Enrollment in community colleges is down by 23% and workforce training programs are struggling with public and private funding cuts. Meanwhile, numbers on early pandemic job losses indicate that 35% of young adults lost work, higher than the citywide average. It is imperative that young adults receive relevant training to meet the evolving job market. There are unique job opportunities that are emerging that employers should be encouraged to promote and offer training. The city should take the lead on making that link so that existing programs are better able to prepare young adults for employment and place them in jobs now.

Bridge the digital divide. JobsFirstNYC recommends substantial investment in providing digital tools, training and support. Lower income communities do not have ready access to broadband and digital hardware. Any workforce development investments the city makes should invest in digital access.

Provide funding for mental health counseling and support. New studies are showing the devastating impact that COVID19 has had on mental health. In communities already challenged with finding jobs, daycare and even housing, there are reports of more mental health strain. The fear of losing a job, not finding a job, losing a loved one or simply not being able to provide is causing multiple layers of anxiety. We recommend a network of community programs and advocates be given access funds to support the health and well-being of young adults and their families.

Expand funding for critical programs. The financial response to this crisis ought to be commensurate with the disruption that it has caused. Food assistance programs, academic support, and childcare assistance must be supplemented so that people can focus on upskilling and returning to work.

Stimulate entrepreneurship via local incubators and microagents. An immediate multi-tiered response is required. SBS and the NYCEDC must not simply support training out of work New Yorkers. They must also support new and small businesses so that these enterprises are able to remain open and hire locally. Incentives should include liquidity and access to loans. Entrepreneurs can benefit from special guidance. Federal aid infusions should be diverted to local microagents for equitable and wide-scale disbursement . Minority businesses would benefit from tailored stimuli that are sustainable and long term.

In the final assessment, COVID-19 challenges are not static. The changes we recommend must be pliable and be rooted in the needs of the communities we serve. Any recovery strategy undertaken by the city council, SBS, or NYCEDC should take into account these evolving needs and regularly assess the successes and failures of this strategy.

Thank you for your time and consideration. We appreciate the opportunity to testify and look forward to working with each of you to enact these recommendations and ensure that all New Yorkers benefit from the city's COVID-19 relief efforts.

Good Morning Members of Council and Participants,

My name is Shaina Griffiths and I am a Board Certified Registered Nurse. 2020 has been a tremendously grueling year for use healthcare workers. I've worked tirelessly on the frontlines against COVOD-19, rose to the occasion when our hospital system were flooded with cases, prayed under my breath when a patient took their last breaths, held an iPad for a patient as they got to see their loved ones just one more time, consoled a coworker who lost family members of their own due to COVID, scared to go home in tears of exposing my loved ones. During this challenging time I was enrolled in my final semester at Lehman College for FNP- Family Nurse Practitioner, due to graduate at the end of December 2020, just in a few weeks. It's one of the things that kept me going, that I had graduation to look forward to and sitting for my boards so I can be FNP-BC. However my hopes and dreams were shattered when students began to uncover that Lehman College lost their appeal for accreditation by ANCC. This has been a detrimental setback for myself, my classmates, their families and to the healthcare system we wished to improve . Without ANCC extension, we cannot sit for our boards and our 3 years of schooling would be in vein because without board Certification there are little to no healthcare agencies in NY who would hire an FNP without board Certification. Is there anyway that New York City and or State can issue a waiver to ANCC or block ANCC's ruling due to this unprecedented time allowing Lehman College student to sit for their boards?

Thank you very much for your time. Shaina Griffiths, BSN, RN-BC.

To Whom It May Concern:

I make up the pool of 45 graduate-level Nursing students from the Family Nurse Practitioner Program (FNP) at Lehman College, located in Bronx, NY. We all are working professionals who currently hold a Bachelor of Science in Nursing. Most of us provide services to underserved communities in NYC. The FNP Masters program at Lehman College, which we are pursuing, consists of 200 nursing students, 45 of us who are scheduled to graduate in less than 1 month. However, on November 20, 2020, our school was informed it had lost its accreditation with the Commission on Collegiate Nursing Education (CCNE), the accrediting body that allows Lehman's nursing students to sit for the Board Certification Family Nurse Practitioner exam issued by ANCC. In order for students to sit for the exam and become Board Certified, the school must be accredited.

Very little notice was given to us about all of this. The students have been completely devastated. In order for us to be marketable as Family Nurse Practitioners in this workforce, we must be Board Certified. We haven't been given any real solutions from our school, CCNE, and/or the ANCC on how or if becoming Board Certified is even a possibility. We would like to request that the withdrawal date by CCNE be changed so that at least the students in our cohort can sit for the exam.

CCNE decided to announce its accreditation withdrawal in the middle of a school semester and we think that was cruel and unfair. So, we have been trying to get as much media attention as possible because we would just like a fair chance to sit for our Board exam. We are all heartbroken at the idea that we have dedicated so much hard work, hours of studying, money, and sacrifice...all to help sick people as future providers, but we are being prevented from doing so. All of this is being done in the midst of a pandemic when we are needed the most.

I hope you will be able to help us at this upcoming higher education hearing on Dec 11th. I am asking for your help on behalf of my nursing class. Please see our Petition and the CBS Channel 2 Press coverage about our story via the links below:

CBS Press Coverage About Us: https://youtu.be/s5Et56PEgVU

Our Petition:

https://www.change.org/p/commission-on-collegiate-nursing-education-shattered-dreams-allow-nyc-nurses-to-become-board-certified

-Amina Emanuel
9172071384

I would like to address two points (and ask that my name not be mentioned publicly): a potential nursing shortage in NYC this winter due to increasing COVID infections, and the Lehman nursing school. I will begin with the latter point. Chairperson Barron asked, were there any indicators [ahead of time, before accreditation loss was first announced this past June] that Lehman was below the mark? As a new Lehman nursing graduate of the accelerated program (1/1/2021, after a one-semester delay due to COVID), I would like to address this point. If you read through student evaluations (publicly available online and through CUNY 360) of Lehman nursing instructors over the past ten years, you will see that there are many instructors who consistently receive very poor ratings from students *because they do not know the material and show no interest in the classes they teach*. The quality of education in Lehman's nursing program is appalling. I did not hear during the City Council's discussion today anyone ask *why* Lehman lost its accreditation. Acceptance into Lehman's nursing programs is extremely competitive, so we must ask – if the students are of the highest caliber, why are they not succeeding at the minimally acceptable rate?

I believe CUNY Lehman nursing students succeed *in spite of* the education we receive, not because of it. Entry into Lehman's nursing programs is extremely competitive, because CUNY nursing is the most affordable nursing program in the city, by far. The accelerated program of which I was a part is for second-degree students who have Bachelors' degrees in fields outside of nursing and now wish to change careers. Very few of the students in my cohort had an entrance GPA below 4.0 (straight As) in the year of courses (chemistry, biochemistry, organic chemistry, microbiology, a year-long course in anatomy and physiology, a biology course in nutrition, and a statistics course) that are prerequisite for entering a B.S. nursing program. **My concern is that if Lehman's nursing faculty is not overhauled, the B.S. nursing program will also lose its accreditation in 2028, when it is next up for renewal.** The department chair, Dr. Alicia Georges – an amazing scholar and passionate leader of our department – is aware of student concerns, because our classes have complained many times to her about low instruction levels, arbitrary grading, unavailable and unprepared instructors, and the inability for students to review exams so that we may learn from our mistakes. Further, as I mentioned, student course evaluations *for years* reflect the poor quality of instruction of the majority of our instructors. Yet, these very real concerns repeatedly fall on deaf ears.

Secondly, as is known, NYC hospitals immediately cancelled nursing clinicals this spring when COVID numbers began to overwhelm our city's hospitals. Not only did that delay graduation for a number of nursing cohorts, like mine, we are now graduating less prepared to nurse patients through a pandemic (or, in general) because we were cut off from opportunities to train through a pandemic, even though as nurses we will be expected to work through one. I headed a letter-writing campaign to Gov. Cuomo this spring to ask that nursing students be declared "essential", so that we could continue our clinical training through the pandemic, *as medical students were allowed to do.* To the best of my knowledge, this suggestion was not considered. This winter, the city's hospitals should consider hiring nursing students as patient-care technicians, should there be a need for extra workers, because many of us were/are willing to help, educated to help and already possess skills that would have been an asset to care for NYC patients through the pandemic.