

Washington Center for Nursing - Research Study Progress Meeting

February 23, 2021

NOTES FOR KGB REVIEW

**Steering Committee Meeting on Research Study
COVID-19 Impact on the Nursing Workforce, Through an Equity Lens**

Meeting Day/Time: February 23, 2021, 3:30 pm – 5:00 pm via Zoom

Facilitator: Katherine Boyd, MPA, PMP, Halcyon Northwest

With Assistance by: Frank Kohel, Program and Support Associate, Washington Center for Nursing; Kathryn Bost, Notetaker, Halcyon Northwest LLC

Presenters:

- Sofia Aragon, Executive Director, Washington Center for Nursing
- Peter Buerhaus, University of Montana
- Weichao Yuwen, University of Washington-Tacoma, Pacific Northwest Chinese Nurse Association
- Jenny Nguyen, PhD, Survey InfoAnalytics.com

Attendees: (Alpha order by last name)

ATTENDEE	ORGANIZATION
RICK ALLGEYER	Research Director, Oregon Center for Nursing (OCN)
SOFIA ARAGON (<i>Presenter</i>)	Executive Director, Washington Center for Nursing
TRISH ANDERSON	Washington State Hospital Association (WSHA)
TIM BOCK	Director, Legacy Salmon Creek; Washington Center for Nursing (WCN)
KATHERINE BOYD (<i>facilitator</i>)	Halcyon Northwest LLC
PETER BUERHAUS (<i>Presenter</i>)	Montana State University
CHRISTINE ESPINA	Western Washington University nursing faculty; member of Philippine Nurses Association of America (PNAA)
DAN FERGUSON	Washington Allied Health Center of Excellence (AH COE)
VICTORIA FLETCHER	Advanced Registered Nurse Practitioner (ARNP); Representative, WCN
ANGELINA FLORES-MONToya	Research Associate with Washington Center for Nursing (WCN)
NOVA GATTMAN	Deputy Director for External Affairs, Washington Workforce Board
ANNIE HETZEL	State of Washington Office of the Superintendent of Public Instruction (OSPI) School Health Service
VICKY HERTIG	Dean of Nursing, Seattle Colleges
LAURA HOFFMAN	Director of Clinical & Nursing Facility Regulatory Services, Leading Age WA
MICHELLE JAMES	Executive Director of the Providence St. Joseph Health Nursing Institute
KATIE JOHNSON	Lecturer, University of Washington School of Nursing
SHANA JOHNNY	Doctor of Nursing Practice (DNP) student; Staff Member, Nursing Commission
LOUISE KAPLAN	Associate Professor, Washington State University
BRENDA KASLOW-LITTLE	Washington Center for Nursing
FRANK KOHEL	Program and Support Associate, Washington Center for Nursing (WCN)
MAGGIE LOYETT	Washington Center for Nursing, UW
FRANKIE MANNING	Mary Mahoney Professional Nurses Organization (MMPNO)
PAULA MEYER	Nursing Care Quality Assurance Commission

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ATTENDEE	ORGANIZATION
JENNY NGUYEN (Presenter)	Researcher and Survey Lead, Survey InfoAnalytics.com
JULIA O'CONNOR	Health & Social Advisor, Workforce Board
MARYELLEN O'KEEFFE	President, Association of Advanced Practice Psychiatric Nurses (AAPPN)
LIZ PRAY	President, School Nurse Organization of Washington (SNOW)
TATIANA I. SADAK	University of Washington School of Nursing
BETT SCHLEMMER	DSHS/ Aging and Long-Term Support Administration / Residential Care Services
SUE SKILLMAN	University of Washington Center for Health Workforce Studies
DIANE SOSNE	President, SEIU Healthcare 1199NW
KRISTEN SWANSON	Dean, Seattle University
SALLY WATKINS	Executive Director, Washington State Nurses Association (WSNA)
HILARY VONCKX	Continuity of Care RN at Harborview, and Doctor of Nursing Practice (DNP) student in Population Health with Public Health Seattle-King County (PHSKC)
TERI WOO	Saint Martin's University, President of the Council on Nursing Education in Washington State (CNEWS)
WEICHAO YUWEN (Presenter)	Faculty, UW Tacoma School of Nursing & Healthcare Leadership; Member, Pacific Northwest Chinese Nurses Association (PCNA)

Meeting Start: 3:32 pm.

A prepared agenda was followed. The meeting was recorded, and the recording, chat session, and meeting notes will be made available to attendees and interested parties not in attendance. Slides from Peter Buerhaus and Weichao Yuwen will not be available because the research is still under review for publication.

A. Presenter: Sofia Aragon, Executive Director, Washington Center for Nursing

- (*slides on screen*) Sofia Aragon introduced the purpose and objectives of today's meeting listed on the Agenda. Peter Buerhaus and Weichao Yuwen will both be presenting on studies related to the national nursing workforce and COVID. Jenny Nguyen will be providing updates on the status of her Washington State specific research on the effects of COBID on the nursing workforce, with a focus on equity; so far the response rates have been really great. The meeting will have break-out discussion sessions in the last section of the meeting.
- WCN's efforts through this research project are putting an emphasizing on an equity workforce. She thanked all who have reached out to nurses to participate in this project.
- She introduced the first speaker, Dr. Peter Buerhaus, who presented a slideshow on the preliminary findings from the University of Montana's two-year study about the effects of COVID-19 pandemic on nurses.

B. Presenter: Peter Buerhaus, Montana State University, two-year study about the effects of the COVID-19 pandemic on nurses

"Determining the Impact of COVID-19 Pandemic on the Nursing Workforce in the U.S.," sponsored by the Robert Wood Johnson Foundation.

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About the study

- Peter introduced the study. The report is not completed, and the slides will not be publicly available until after findings are published. Peter reported with the understanding that we would not record or share the report.
- **Study funding.** The funders and Investigators of the study are the United Health Group, the John A. Hartford Foundation, the Johnson and Johnson foundation, and the Robert Wood Johnson foundation.
- **Study Phase 1 and 2.** The study is a two-year, two-phased project, and began in October 2020. First the researchers will be focusing in on the employment impact of the pandemic. They are going to look at it by region and by major employment settings. They will also investigate whether there are disparities in impact by providers, race or ethnicity, gender, or age. They will also be assessing the impact on enrollment in nursing schools nationwide, and whether the pandemic is accelerating retirement out of the workforce. This is a big concern in that there will be roughly 700,000 RNs who are retiring through this decade. Phase 2 will forecast the pandemic's long-term impact, out to 2030.

4:09 pm session ended. Sofia thanked Peter for his presentation and report.

C. Presenter: Weichao Yuwen, University of Washington Tacoma, Arizona State University Study on Minority Nursing Staff's Experience during COVID-19 Pandemic (4:09 pm)

"Breaking barriers in COVID-19 racial disparities," a study on Minority Nurses' Experience and Health Outcomes amid COVID-19, by Arizona State University Edson College of Nursing and Health Innovation

This study is led by Dr. Angela Chen at Arizona State University and includes a team of coauthors. Weichao is one of the coauthors. The team performed a cross-sectional survey study on the minority nurses' experience in health outcomes during the COVID-19. WCN and the multicultural nurses' associations in Washington helped the research team to recruit a robust and diverse sample of respondents. Only about 10 or 15% of respondents were from Washington State, so they weren't able to do a Washington specific data set analysis.

- **Goal of the study.** We know that COVID-19 is disproportionately impacting different nurses of different nurses of different backgrounds. For instance, Filipino nurses only accounts for 3-5% of the nursing population but represent a third of the nursing deaths. We wanted to investigate how discrimination and prejudice impact health outcomes.
- **Background and significance.** The team looked at national data on the composition of minority nurses in the workforce. The goal of this research was to explore minority nurses' overall quality of life during the pandemic, to describe it by race and ethnicity, and then to examine the factors influencing their quality of life. Weichao will discuss those variables during this presentation.
- **Vulnerable population conceptual model (VPCM).** The study was guided by the vulnerable population conceptual model. It talks about how prejudice, stigma, and discrimination impact health.
- **Methods and analysis.** The team sampled minority nurses across the US, mainly through multicultural nursing organizations. They then did descriptive statistics on some of the health outcomes. They used t-

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tests and ANOVAs to look at differences among different ethnic minority nurses' groups, and then linear regression to look at how do these health indicators impact their quality of life.

- Weichao showed a table of data that the research team collected: socio-demographics, social support, resilience, discrimination, perceived risk of getting COVID-19, fear of COVID-19, Health, and functioning. These served as independent variables for the quality-of-life score.
- **The demographic table.** The demographics include age, gender, ethnic groups, degrees, and settings (acute vs. non-acute). Ethnic groups include American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, and Native Hawaiian/Other Pacific Islander. Gender looked at Female and Male.
- **Health outcomes by category.** The research team developed a quality-of-life measure that they applied to each racial/ethnic group and by gender; a lower number means a worse quality of life. Hispanic/Latino nurses experienced the worst quality of life across groups.
- **Independent variables influence on quality of life.** All data was statistically significant. The most significant variable was "witnessed discrimination".
 - 60% of minority nurses had witnessed discrimination, and 28.3% had experienced it. Weichao things that because such a small percentage had experienced it, they were not able to draw conclusions.
 - Relative risks, witnessing discrimination, and fear of COVID were negatively associated with minority nurses' Quality of Life.
 - Resilience and social support may improve quality of life for minority nurses.
- **Disaggregating data.** At this time, Weichao is not sure if it is possible to disaggregate data, such as within the Asian group, due to relatively small sample sizes.
- **Outcomes from the study are under development.** Weichao would like to present those in the summer when the research is ready to be published. Preliminary takeaways are that this is a significant issue we need to address. The paper will also address proposed interventions.
- Dr. Chan's group is doing a comparative study of Canadian nurses' ethnic groups as well. Once they are finished, the research team will do a comparison among the two groups.
- The researchers are submitting the paper in March 2021, and the paper will be published by the Global Health & Policy Journal hopefully by June 2021 (There will be delays due to COVID-19 impact.) Weichao will share the paper once it has been through the full review process.

Nova Gattman (from chat): This is a very good (scary, but good info!) analysis - this is important work that needs to be shared with a broader audience! Thank you!

Katie Johnson (from chat): It would be interesting to see the impact on intention to leave nursing -

D. Presenter: Jenny Nguyen, Survey Information Analytics (jenny@surveyinfoanalytics.com) (4:23 pm)

Jenny presented an update on WCN's Research Project, and also gathered some feedback. She will be analyzing data through the month of April and the final report will be submitted to WCN on May 31, 2021.

- **Granularity.** Each group of licensed nurses or each sector could be its own study. With this study, Jenny's team is trying to do is provide this overview and provide these data points to DOH, but they will be making recommendations to WCN in terms of future research as well.

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- **2020 experiences.** The data was collected retroactively and reflects experiences in 2020.
- **Survey Data Collection.** The survey is closed; Jenny is currently cleaning data and processing gift card incentives for participants. The next step is data cleaning (such as looking for incomplete responses), analysis and reporting. The responses showed pretty good representation across demographics, across sectors.
- **Focus Groups.** Three focus groups are already completed (Students, LPNS/CNAs, and RNs), and another one for ARNPs is scheduled for 2/25. They need a few more ARPNS. If you have colleagues that might be interested, please have them just email us. The sign in has been closed for the focus groups to begin the data collection.

The focus groups have been very informative. Jenny thinks they will supplement the survey data quite well. Her team has heard a lot of very hard stories, but also some positive stories, through their experiences. They have heard a lot about the challenges that happened in 2020 and how nurses have gone above and beyond in different ways and taken on different roles and responsibilities in their employment areas. They've also heard stories of being furloughed and laid off during this time, which also reflects some of the aspects in the survey that they collected.

She is recruiting now for the March Focus Groups. The next focus groups will be with deans and directors of nursing programs in schools or programs on Wednesday, March 10th at 12:00 PM, K-to-12 school nurses and nurse leaders, Saturday, March 13th at 10:00 AM, Nurse Leaders from NWONL Wednesday, March 17th at 8:30 AM, and public health nurses on Thursday, March 18th at 12:00 PM.

In her PowerPoint, Jenny reviewed DOH items #2 through #10 (item #1 is organizing the steering committee meetings) and discussed how they are being met and what help is needed from Steering Committee. If there is additional available data, especially for Washington state, that anyone else knows about, please share that with Jenny. Federal data is useful, but cannot help pinpoint impact, nor supply and demand, as well as Washington-specific data.

Sofia (from chat): Are you looking for recommendations on additional documents, data sources, or experts on the items listed?

Jenny: All of the above. If there are publicly available reports, we can actually track them, like for example, monthly reports. We can look at some of those data points over time. If there are data files that can be used to analyze and integrate into the final report, that is definitely very helpful. We have the survey data; we have the focus group data that we're collecting. And in addition to that, all the policies and legislations that are being tracked to provide a more holistic and comprehensive report.

Item 2: Impact study on supply and demand of nurses. This examined within the survey, through the workforce question: whether or not they left the workforce temporarily, permanently, transitioned out of nursing, or transitioned to a different employer, for example, that can be separated by licensure. She is also collecting that information within focus groups to get some qualitative information: whether or not people left and for what reasons. They are also using additional publicly available LNI reports. If the steering committee knows of other data to use, please share that with Jenny.

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Item 3: Applications for licensure (NCQAC data). This is currently being tracked by graduate nursing students from UW under WCN.

Item 4: Application rates of student populations (NCQAC data). This is also currently being tracked by graduate nursing students from UW under WCN.

Item 5: The impact on clinical placements for students. Jenny's team conducted a focus group with nursing students on February 20th. There's a pending focus group with deans and directors from nursing programs in schools coming up. Also, policies and legislations are currently being tracked by graduate nursing student from UW under WCN. If you have any other suggestions as to available data for the impact and clinical placements, please do let us know

Item 6: Impact study on the health of the nursing workforce. This is coming from survey and focus group data, as well as L&I reports.

Katie Johnson: [Is there data on] nurses who died from COVID? I'm also wondering about people leaving because of disabilities with long-hauler syndrome.

Jenny: Some of that is coming out in the focus group as to reasons why people are leaving. And within the survey, we do ask a follow-up on an open-ended question. But some of that's not being captured. That's definitely an open discussion here with the steering committee as well, in terms of how certain aspects are being coded in terms of leaving the workforce for COVID-related or workplace-related reasons. Some of that is available in terms of publicly available L&I reports. If anyone has any more information on those, those would definitely be very helpful to integrate into the final reporting.

Item 7: Impact study on the workplace such as availability of PPE and testing. This is in the survey and the focus groups. They are also looking at other sources of data on PPE.

Item 8: Impact study on clinical practice as a result of COVID-19. This is being addressed in the focus groups.

Item 9. Available data on bias or inequities either exacerbated or resulting from COVID-19 for students, practicing nurses, nursing schools, and organizations. This will be collected through the survey data and focus group date: biases and discrimination in terms of across gender, race and ethnicity, and age. Jenny's team is asking participants about their experiences within the workplace setting during 2020. They will also look at LNI reports on healthcare workers.

Item 10: Capture innovations adopted due to COVID-19 such as telehealth, stimulation, computer-based testing for nursing assistants, and clinical experiences. Jenny thanked Barbara for her pre-meeting feedback on this item. In the survey data, they collected a few key questions on telehealth, whether or not respondents' experience with telehealth changed before and then during the pandemic in 2020. In the focus group data, they are letting the nurses and students guide the conversations when it comes to innovations and accommodations, because they are also trying to get at accommodations that nurses encountered during 2020 to make their roles work, especially with so many transitions and changes. The researchers also want to hear if there were innovations and what type of innovations and let them frame that conversation in terms of simulation, testing, any of those that emerged. If steering committee members have any other types of data or reports, please feel free to send them Jenny's way.

Jenny's team will spend April analyzing a lot of the data, qualitative and quantitative, and will present the key findings to the steering committee at their May meeting. The written report due date is May 31st, 2021. Sofia envisions having discussions with this committee and other stakeholders in terms of the implications of the report

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and reactions to it. Based on the findings, what are we thinking about activities afterwards? How do we make an impact with this report?

Jenny included the focus group flyer in the chat box, and her contact information.

Closing thoughts on focus groups. Jenny has been listening in on the focus groups, and at the end of the groups, many participants are saying: *Thank you for all the opportunity to hear our voices and to listen. Throughout 2020, it has been this constant change in policies and practice. So many things are changing from day to day. PPE, if there's limited PPE or how to use PPE, changing drastically depending on availability of PPE. How to engage with patients, how to care for patients. Coming home to children and family.* We're hearing these stories and people are very appreciative of the opportunity to have these sessions and to talk about those experiences that otherwise were not heard.

D. Breakout Sessions - Workarounds and removing the barriers that make them necessary (4:42 pm)

The focus of the breakout sessions is: what work arounds have you heard of nurses doing during COVID? What are the barriers making those workarounds necessary? How can we more formally address those barriers? In previous meetings of this group, conversation has often focused on those work arounds. In this meeting, we're trying to make a more deliberate attempt to collect those workarounds and the barriers that are making them necessary. At the end of the breakouts, we asked each participant to put one to three of the things they heard about in terms of workarounds in the chat.

Notes from one of the breakout sessions:

- Using tools to connect patients with families, such Zoom meetings, cell phone calls, tablets, etc. Patients had cell phones, but no chargers. T-Mobile donated chargers to the facility to give to patients.
- The nurse has taken on the role of family during dying and death.
- Staff are depressed over the amount of death they are experiencing. One young nurse said she's seen more death than she expected.
- The use of Zoom and social media improves connections between nurses. Schools are coming online, and agencies are providing recommendations on opening schools. This shows the value of having school nurses and the real-life tasks they are facing. Discussed collaboration of a group of specialty nurses. Zoom is facilitating school nurses to consult with groups of nurses across the state.
- How to balance the hybrid approach and in-person connections? Regarding student nurses, how are they interfacing with patients, families, and other nurses? There is a gap in knowledge, and we need to ensure support in their practice.
- A workaround to add IV tubing to IV set-ups was made to allow IV equipment to be outside patient rooms. This saved on PPE and the number of trips in/out of a room. Although the system worked, it was not best practice as tubing was lying on the ground and being stepped on (contamination).

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Spoken feedback from the breakout sessions:

Kristen Swanson: Our group wasn't certain if this question was about workarounds, or innovations, or nurses rising to fill the void. How are we supposed to be discussing this? And we came away with nurses rising to fill the void. And what I would hope that we would also begin to try to capture is where did nurses rise? Where did we see new nurses move into leadership positions that they had not been seen in before? And I think we'll have stories to tell from the bedside to the boardroom of nurses rising during COVID.

Vicky Hertig: What can we do given that the new pool of graduates coming out will have very different experiences and what they've been able to do in terms of direct patient care. Can we gather that data somehow?

Maggie Loyet: I'm wondering about the new graduates that are going to be coming out into the workforce, and their training through the simulations. Will the problem lie at the actual hospitals and facilities that they're starting to work? If they need to address it by having new graduate programs, where they continue to further their education? Will there be a need to targeting specific practice skillsets on specific patients that they missed?

Tatianna: Maggie, you are right on. A majority of local, at least in-patient and some ambulatory residency programs, they are completely revamping their expectation. They understand that students don't have the manual dexterity. They may have the theoretical knowledge. So, they're not actually allowing students on a floor doing tasks, even if we check them off in a lab. They have in the RN preceptors, as part of the residency, watching the students, having them do certain tasks multiple times. It's a very different involvement and engagement. Thought the length of residencies that change, the content is much more focused on hands-on skills. And since the beginning of pandemic residents has been pivoting to accommodate for that. So, I think it would be hard to capture how simulation versus in-lab or indirect care clinical skills change preparedness of a student because you can't control for the residencies, put in them through the skilled training period.

Kristen Swanson: When I held a focus group with chief nurses around the Puget Sound region, they all "Bring it on, we are used to getting variability across new graduates and we meet them where they are. And in this circumstance, we may find that the variability is maybe a little less because people haven't had the skills." The other hypotheses I had going into **N-Plus?** was that we would have a generation that would do well on this because they spent so much time in virtual case studies. For our college, that ended up being a truth. I don't know if that was true for everyone else. I think if you meet the resident where they are, they can think like a nurse, they may need a little bit more time getting their hands to work like a nurse. They'll catch up,

Vicky Hertig: Is there a collaborative piece here? I'm not aware of how the residencies have changed and I'm interested in hearing that, but I'm really interested in how we can have a conversation with the clinical partners to say, "How are your residencies changing? What can we do in the clinical and in the education arena, to facilitate that as well?" And just another comment: we're seeing just a real lack of confidence in our graduates. I mean, they're always slightly not confident, right? But it is pretty exacerbated right now just because of their lack of clinical hours and indirect patient care.

Dan Ferguson: Vicki, you almost took my next question, right out of my mouth. My other question would be: has there been an opportunity and an increase in actual collaboration and partnership regarding some of these challenges between the clinical training partners and the academic training centers?

From chat:

Mary Ellen O'Keefe (from chat): It is possible to find \$\$ to have students get experience in rural areas?

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From Katie Johnson (from chat): Increase in use of Zoom for collaboration for professional and supportive workgroups.

Liz Pray (from chat): We had a really good conversation and I enjoyed hearing the stories of nurses shining during COVID based on ability to manage workflow, knowledge of infection control, and critical thinking process

Sofia (from chat): zoom for psyche telehealth is a workaround, but is exhausting

Vicky Hertig (from chat): nursing education - clinical placements are a big issue for urban programs; creative scheduling for clinical, onboarding twice the # of students for one approved placement; another challenge - confidence level of students about to graduate - no real workarounds for this.

Annie Hetzel (from chat): Lack of staffing is a barrier as nurses are taking on increased duties, covid related work in addition to their regular work.

Katie Johnson (from chat): Love the nurses stepping into new leadership roles

Annie Hetzel (from chat): the pandemic gave some nurses greater visibility and recognition in K-12 schools but in others, they were ignored and not included in decision making.

Katherine Boyd (from chat): In our group, we talked about testing limitations due to COVID that are preventing CNAs from getting certified. There is a lack of testing space and proctors, and the company that runs the certification test is not meeting contract goals. We thought that the governor might be able to reopen the RFP process early to get new testing companies onboard so we can increase the flow of students through the certification tests.

Sofia (from chat): psyche workload increasing with anxiety, depression

Sofia (from chat): mentoring is needed for psych ARNPs transitioning into practice

Sofia (from chat): simulation is a workaround, as 50% may not be a good idea for the long term. Perhaps 30% in the "new normal." in-person simulation appears more effective

Shana Johnny (from chat): work around-academic arena adapting very quickly to diverse didactic experiences for clinical practicums, increase digital skills. Also, more reach into non-nursing disciplines to solve critical gaps and issues that have arisen, critical thinking leadership

Sofia (from chat): obtaining vaccines requires workarounds

E. Sofia Aragon Closing Remarks

Sofia thanked the group and said updates will be shared when we get them. This process has revealed other ideas for future studies and meetings on topics such as behavioral health, nursing hiring, nursing education, and updates on legislative sessions on nursing and COVID-19. If group members have additional suggestions, please put in the chat log, or email her.

Sofia also discussed ideas for future meetings. For example: looking more closely at behavioral health impact; demand data for Washington on nursing hiring; a deep dive into nursing education; legislative session and what moves forward in terms of addressing the COVID crisis; also, lots of questions around equity that could become a standing item on the agenda. Sofia is also open to any other suggestions in terms of issues that steering committee members want to hear about that relate to the impact of COVID-19 that would be helpful to you or your organization

Ideas for future meetings:

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Dan Ferguson (from chat): Also, very interested in hearing if industry partners are seeing positives or negatives in terms of new grads and the increased reliance on simulation

Mary Ellen O'Keefe (from chat): suicides

Mary Ellen O'Keefe (from chat): solicit stories of "nurses on the rise" per Kristen's comment

Mary Ellen O'Keefe (from chat): Ask those who are hiring new grads