



Evaluation of the Multi-Regional Model to Increase the Proportion of Baccalaureate Nurses Expansion in New York City and North Carolina (RIBN-E)

Final Report
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OVERVIEW

The Center for Evaluation and Applied Research (CEAR) at the New York Academy of Medicine engaged in an evaluation of the implementation and the effectiveness of the *Multi-Regional Model to Increase the Number of Baccalaureate Nurses Expansion in New York City and North Carolina (RIBN-E)*. RIBN-E expands upon models developed in these regions between 2008-2010 to more institutions in New York City (NYC) and North Carolina (NC). RIBN has been designed to address a critical issue of helping nurses achieve higher levels of education and training through improved educational systems promoting seamless academic progression from an Associate's Degree in Nursing (ADN) to a Baccalaureate in Nursing (BSN). In RIBN-E, both NYC and NC sought to achieve the following objectives: 1) engage associate and baccalaureate level nursing programs in partnerships; 2) develop and conduct administrative and curricular changes necessary for RIBN implementation (e.g., credit transfer, dual admission criteria, curriculum adjustments, letters of agreement); 3) develop and implement faculty education and training to enable faculty to teach competency-based curricula and act as advisers to RIBN students; 4) develop and implement RIBN student recruitment procedures; and 5) enroll and support students as they progress through the RIBN track. RIBN was funded for 36 months (2011-2014) by the Robert Wood Johnson Foundation and the Jonas Center for Nursing Excellence in New York.

In NC, the Foundation for Nursing Excellence originally committed to creating five new regional collaboratives in North Carolina; in fact, that number has since expanded to eight involving 26 community colleges and 8 universities. Specific objectives included: 1) developing and implementing RIBN policies and procedures within (at least) five collaboratives by spring 2012; 2) enrolling the first cohort of RIBN students at five collaboratives in the fall of 2012; and 3) having at least 80% of the each RIBN cohort successfully complete their Baccalaureate of Science in Nursing (BSN) by their fourth year.

RIBN-E partners in NY were drawn from the City University of New York (CUNY) system. This expansion sought to broker agreements among three of CUNY's associate degree nursing programs (Bronx, Hostos and La Guardia Community Colleges) and Lehman College, Department of Nursing. It was also intended to allow the development of core competencies with measureable rubrics that could be applied across the participating curriculums as well as standardization of the first nursing course across the participating colleges. NY planned to enroll its first RIBN-E student cohort by the fall of 2012 and mentor them so that by the end of the 36-month grant period, there was a 50 % increase of ADN students on track to matriculate to a BSN program.

CEAR's evaluation utilized qualitative and quantitative methods to gather data from multiple sources. Specific objectives of the evaluation were: (1) an appraisal of project design; (2) identification of processes and activities utilized in project implementation, as well as factors affecting implementation; (3) assessment of outcomes, including: establishment of agreements between community colleges and four year colleges, and the preparation to enroll students in the RIBN programs; (4) documentation of lessons learned. It provides specific knowledge regarding program impact and more general knowledge regarding the implementation of models of recruitment, curriculum development, and other administrative agreements between associate and baccalaureate level nursing programs.

Methods

CEAR engaged in two primary evaluation activities in its evaluation of RIBN-E. First, it conducted a survey of partners at the beginning and end of the grant period to assess their perceptions on a variety of evidence based factors associated with successful collaboration. The survey built off of the Wilder Collaboration Factors Inventory.¹ Details of the survey will be discussed along with the findings below.

The second evaluation activity was to conduct key informant interviews with nursing chairs, faculty, and Student Success Advocates (SSA's) involved in RIBN-E. This included participants in seven participating collaboratives in North Carolina, and one in New York. The goal was to reach at least one individual from every participating institution. In some cases, multiple staff were interviewed at the same time. Twenty four interviews were conducted with participants in NC between November 2013 and March 2014; this included representatives from seven universities, 14 community colleges, and six SSA's. Two interviews were conducted with representatives from two community colleges in NY in June and July 2014.

The interviews followed a semi-structured interview guide (Appendix A). Information was sought on the background of participating institutions, the history and quality of the Collaborative partnerships, the design of the RIBN program (admissions processes, agreements, etc) and its implementation, nursing student characteristics (both RIBN and non-RIBN), student recruitment and support, and sustainability. Perspectives were gathered on facilitators and impediments to implementation; satisfaction with the project, including strengths and weaknesses; anticipated outcomes; and recommendations regarding lessons learned and best practices. The guide included questions on the institution and individual capacity, to allow for the framing of outcomes within particular contexts. Interviews were conducted by phone by CEAR staff; each took approximately 60-90 minutes and were recorded as a back up to typed notes. Notes were entered into N-Vivo qualitative software for analysis. Coding focused on preexisting and emergent themes. This study was reviewed and approved by NYAM's Institutional Review Board.

¹ Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Wilder Collaboration Factors Inventory*. St. Paul, MN: Wilder Research.

FINDINGS

The findings presented in this report focus on successes, challenges, and lessons learned regarding the implementation of RIBN. The names of participants in key informant interviews will not be included, though with their approval, they may be identified by Collaborative. The first section will focus on the findings from the qualitative key informant interviews, and the second section will present the findings from the quantitative Collaboration Factors Inventory Survey.

SECTION 1: KEY INFORMANT INTERVIEWS

Participating Institutions and Enrollment:

In New York, participating institutions mainly focused on the establishment of agreements and approval for their RIBN-E programs. They have not yet identified students or promoted their programs, as they are waiting on approval. Among the three community colleges seeking partnership with the university, one was unable to complete its agreement. Hostos College has yet to complete its agreement with Lehman College in part because they could not resolve the number of credits that Lehman would accept from Hostos graduates. Bronx and LaGuardia community colleges finalized agreements for their dual degree programs with Lehman, and are awaiting formal approval from New York State. LaGuardia also developed a dual degree program with York College, another CUNY college located in Queens. That program is also awaiting State approval.

NY's partners agreed that RIBN students would be identified from the existing pool of nursing students already admitted to ADN programs at the community college level. Students who earn a B or higher in their first nursing course (Nursing Fundamentals) will be invited to be part of RIBN, and become eligible for admission into the dual degree program with the participating university. They must maintain their grade point average throughout the remainder of their coursework, and ultimately apply and register with the university in order to continue to that college for their degree. Within the CUNY system, the original RIBN partners — Queensborough Community College and Hunter College — began enrolling students in 2013, and had their first graduating class in June 2014. Table 1 offers a summary of RIBN enrollment and progression of their students in Hunter's BSN program to date:

Table 1: Summary of NY RIBN students in QCC and Hunter's Cohorts

Cohort by QCC Graduation	RIBN Students	Graduated Hunter	Attending Hunter
1. Winter 2013	12	7	3
2. Spring 2013	13	1	7
3. Winter 2014	17	-	15
4. Spring 2014	7	-	5
5. Winter 2015	21	-	-
Total:	70	8	30

While Bronx and LaGuardia college await State approval for their programs, participants reported trying to make sure that as many students were eligible for the program as possible. Bronx Community College received an additional grant to hire a faculty nursing advisor to work with students to make sure they are better prepared to transition to a BSN program (whether through RIBN or otherwise); they plan to appoint this faculty as the point person for the dual degree program once it's approved. Bronx expects 10-15 students per year to join the dual degree program; LaGuardia expects the majority its class, or 40 out of 70 students to transition into RIBN.

In North Carolina, there are now eight RIBN collaboratives in North Carolina involving eight universities and 26 different community colleges (CC's). The number of CC's partnering with universities varies by collaborative, ranging from one in the Wilmington Collaborative to five in the Eastern North Carolina and Hickory collaboratives. Table 2 provides an overview of the institutions in each collaborative, their admissions processes, and the total number of students enrolled from each class to date.

As planned, the five collaboratives that were initially included in the RIBN project all admitted students in 2012. That cohort totaled 74 students, ranging from 7 in the Eastern North Carolina Collaborative to 24 in the Centralina Collaborative. The total number of students increased to 109 in 2013, and 323 in 2014. In addition to the original five, two more collaboratives recruited students for the fall of 2014, and one more collaborative (North Carolina Piedmont) has just begun the process of developing its agreements. Western North Carolina, the founding RIBN collaborative in NC, had its first graduating class of 6 students the Spring of 2014.

Participants appreciated seeing their students succeed. As one from NC's Centralina Collaborative explained:

Personally for me, one benefit of the Collaborative, is there is a very tangible objective outcome. We're really seeing these students get into a program, and they progress. Whereas a lot of the other state initiatives and things we work on, I don't want to say [are] 'theoretical' but you don't have the tangible outcome. It's harder to quantify. I think it's good to say we're part of this initiative that's going to provide another option for nursing education, not replacing any options, but just here's another avenue. And I think that's important. I like seeing students coming in, and students going out.

Table 2: Participating Institutions, Admissions Processes and Number of Students by Collaborative in NC

Collaborative	Participating Institutions	Admissions Process	Total # Students [¥]
Centralina	UNC Charlotte Carolina College of Health Sciences Central Piedmont CC* Gaston College	Students apply to university first, if accepted, apply to RIBN. CC admissions criteria vary; student rank preferred CC. Match academic qualifications and preference to place students.	2012: 8 2013: 21 2014: 22
Eastern North Carolina	East Carolina University Beaufort County CC Craven County CC Lenoir CC Pitt CC Roanoke-Chowan CC [‡]	CC application completed first. Then students apply to RIBN on-line and identify their top two CC choices; one set of admission standards for all CCs that match the university's standards; students ranked and those accepted apply to university.	2012: 6 2013: 21 2014: 21
Hickory	Lenoir-Rhyne University Caldwell CC & Technical Institute Catawba Valley CC Mitchell CC Western Piedmont CC Wilkes CC	Students apply simultaneously to the university and the community college of preference for the RIBN program; one RIBN admission criteria standard for university and CC's, with some minor variations based on placement testing requirements at the CC or attending nursing information sessions. RIBN standards higher than those of both the university and cc's nursing entrance admissions.	2012: 10 2013: 30 2014: 14
South Central [‡]	UNC Pembroke Richmond CC Robeson CC Sandhills CC Southeastern CC	N/A	2014: 19
Triangle-Triad [‡]	Winston-Salem State University Durham Tech CC Forsyth Tech CC Randolph CC Wake Tech CC	Finalizing process whereby students apply to university first, then CC and RIBN. CC criteria vary but match university criteria at a minimum.	2014: 27
Western North Carolina	Western Carolina University Asheville-Buncombe Tech CC Blue Ridge CC Southwestern CC	Students apply RIBN using common criteria that matches university's criteria; students indicate preferred CC program and apply there as well; students apply to university following RIBN acceptance.	2010: 6 2011: 8 2012: 12 2013: 25 2014: 41
Wilmington	UNC Wilmington Cape Fear CC	Students apply to university and CC simultaneously; write in university essay interested in RIBN. After acceptance in each, accept top 10 students based on scores on the Psychological Services Bureau exam to RIBN.	2012: 19 2013: 10 2014: 10

* CC: Community College; [‡] No RIBN Students to date; [¥] Total across all CC's and University in each Collaborative

Successes

According to those interviewed, participants in RIBN in NC identified many successes related to their project that went beyond just the enrollment of students in their programs. Among them, participants felt that RIBN enabled better collaboration among partnering institutions. Many referred to the shared vision that partners had for increasing the number of baccalaureate trained nurses, and credited an Institute of Medicine report for helping to create this shared goal. Prior to RIBN, most nursing Chairs and faculty in NC interacted regularly through statewide Directors level meetings, and also through negotiations with local medical facilities for clinical units for their students. Neither presented opportunities for relationship building like RIBN. Some reported that their interactions were previously not always so amicable. As someone from the Centralina Collaborative explained:

We have to come together every year when we battle for the clinical units. That's always a lovely meeting. There are 7 schools of nursing in the Charlotte area, and they all like to come to Carolina's Medical Center as one of their dominant clinical agencies that they send students to. So we all have to come together once a year to figure out what schools are going to be on what unit on what day to make sure that we're not having overlap...I can honestly say as a result of at least four of the primary schools...working so closely together because of RIBN, it has made those meetings... not as competitive than they used to be. There's a lot more give and take now.

Greater collaboration was demonstrated within NC's Centralina Collaborative as well. For example, partners originally wanted to divide the share of RIBN students equally across the three participating colleges. When certain colleges had less applicants, they decided to allow students to indicate their preferred CC, and allow colleges with more qualified applicants to take more seats. In addition, collaboration among the different departments across the various campuses was also believed to be successful. As the Student Success Advocate explained:

I think a lot of who I collaborate are the directors and so forth, but I want to add that like at Carolina College of Health Sciences, their financial aid department there is tremendous.. When I need help there, they're very quick to get things like a parking pass for me to get in. At UNC Charlotte, I would say that to be such a big university, their admission department and registrar's office, student accounts, financial aid, the other nursing advisors there, they have been tremendous on helping me, or if there's a need for one of my students, they've been exceptional. And I think the same goes for Gaston College.. Whenever I do an orientation, I contact financial aid, and they send somebody right down to help out with these students. They usually will assign one person to help with their needs.

This level of collaboration was considered particularly impressive given the small number of RIBN students relative to the total student body on each campus. As one NC participant explained:

Each campus has thousands and thousands of students. At UNC Charlotte, we have 26,000 thousand students, and only 29 of them are RIBN. You can't expect these other departments to understand the processes and idea of what 29 is in nursing.

Participants reported that RIBN enhanced the level of collaboration between institutions and within departments at particular institutions. Though interdepartmental and institutional communication was also cited as a challenge (see below) it seems that in some cases, good communication and collaboration was also a facilitator for the success of the program.

RIBN was also credited with diversifying the student body at CC's in NC. In the Western North Carolina Collaborative, one participant thought that RIBN helped increase the caliber of students at the CC's. In the Eastern North Carolina Collaborative, one participant said:

We love our RIBN students! It brings more high schools students to us than ever before. That's a workforce that's going to be in nursing longer than bringing in a 40 year old that won't stay in the workforce longer. We want to keep those 40 year olds because they're very rich in life experiences. So it makes for a win win to have both groups together.

Some expressed interest in achieving greater diversity in terms of race and ethnicity as well. In Western North Carolina efforts were made to recruit Native Americans.

By encouraging students to directly seek their BSN upon completion of their ADN, RIBN partners expect to improve their graduates' prospects for jobs. Not only does having their BSN increase their chances, but the NC findings indicate that being part of RIBN may increase their chances of employment as well because of the involvement of local employers on RIBN advisory boards. Several NC participants discussed working with their advisory board members to assure that students have work schedules that enable them to finish their BSN in 4 years. That included negotiating for them to work part time in their fourth year, or to work 12 shifts that do not interfere with coursework (albeit on-line coursework in most cases). Being further along in their enrollment of students, the Western North Carolina Collaborative saw the effect of their advisory board on the employment of their students. One participant explained:

[The advisory board's] been great. You probably know that our first RIBN class was started at the same time as NY started in 2010. So last spring we had meetings with some of their HR folks, and they met with the RIBN students. And of the 6 of them that made it into their senior year, all 6 of them got hired from the local advisory committee. Then this year, our juniors, there were 12 of them, they interviewed, and out of those 12, 7 of them got picked for what's called transition to practice, and hopefully transition to employment... So they're really doing a good job of supporting the RIBN program, and supporting our students graduating from their 3rd year with their RN...The VA hired 2 last year, and chose 3 for this year... that's an incredible piece right there.

Student success in NC was largely attributed to the role of the SSAs. They helped students navigate multiple bureaucratic systems while undertaking rigorous coursework, and helped maintain a personal connection. Though they try not to be too parental in solving all of the student's problems, they provide guidance that helps with work/ life balance issues. All of the SSA's were praised for the abilities to connect with students and help them problem solve to stay on track in the program. In Eastern North Carolina, a participant explained:

[Our SSA] is a big part of I think why it's been successful. Students really relate to her. They relate to someone that appears to be.. she's not 20.. she appears to be very young. She's in touch with what's going on with them. I think part of her background is education, and she did teach for a little while, and I think that makes a big difference. She's able to relate to them, and she knows what she's doing. She knows about Facebook, she can text them. She's young, she's energetic, and I think that makes a big difference. And she cares about them, and they know that. They're not just numbers to her. We're real lucky.

Other SSA's were praised for both their professionalism and personality as well.

In addition to personally connecting with students, SSA's arranged orientations, Facebook groups, trainings on how to succeed in on-line courses, meeting with advisory board members/ local employers, and opportunities to shadow nurses in local hospitals. Having a staff member dedicated to the program seemed valuable considering that RIBN was usually an additional responsibility for faculty in nursing departments.

Finally, the expansion of RIBN in NC has in part been attributed to the development of successful templates for other schools to use when joining an existing Collaborative or creating a new one. Several participants in Collaboratives started since 2011 described how they had learned from the ABTech/ Western North Carolina model. Though existing templates did not necessarily smooth out all issues with new agreements, they did help get things started. When new schools joined the Western North Carolina Collaborative, a participant explained:

It was actually really nice because we already had it created with AB Tech we were able to say "here, here's our template. This is what we do." And it was a much easier sell than to say start from scratch. But we did make two small changes on the articulation agreement on the other ones and that was for the community colleges to agree to provide funding for the SSA. But I think because the groundwork was already set it really rolled quite nicely. The biggest part was the other departments who don't know nursing, like financial aid, admissions, and that kind of thing, we could either tell them "this is how it works," or they could call AB Tech and say, "hey, how do they do this?" And that really was key to making it work.

Challenges

Participants discussed various challenges that they faced in establishing and implementing a RIBN program. In NY, the long bureaucratic process of starting new programs in public colleges and universities was the main challenge that the partners faced. This prolonged the otherwise time consuming task of bringing multiple institutions together in partnerships, and agreeing on the design of their programs. Participants in NY cited the many meetings they attended to come to agreements mainly over the number of credits that the university would accept from the colleges. Each college graduated students with a different number of credits, and wanted to assure that their students kept as many credits as possible in the transition to the university. They did not cite any disagreements over the admissions process, or the alignment of coursework across core competencies. However, one participant felt that the university had much less interest in RIBN than the colleges, and that it was not particularly easy to work with. She felt that they had other priorities, and were not focused on the details needed to roll out a new dual degree program. As mentioned above, this compounded the challenges that were inherent in needing New York State approval for new programs at city colleges and the length of time that was required in order to receive approval. The community colleges had submitted their letters of intent to the university in 2011; they had just gone to the state in the Fall of 2013, and had yet to be approved. No one could offer an explanation of the delay at the state level.

Perhaps the largest challenge the NC partners faced in each collaborative was coming to an agreement on admission standards and course requirements. As can be seen in Table 2, NC collaboratives varied in the process by which they admit students, particularly with regard to the order in which they apply to the university and whether or not there are common admission standards. For example Centralina and Triangle Triad required students to apply and be admitted to the university before applying for RIBN and the CCs, whereas Western North Carolina students applied to the university after they have been accepted to RIBN and the CC. Eastern North Carolina, Hickory, and Western North Carolina collaboratives each used common admission standards across all participating CC's that matched their respective university's requirements, whereas other Collaboratives, like Centralina and Triangle Triad, did not. Admission standards for the CC's in the Centralina collaborative varied, and students were matched with a college based on their preference and their qualifications following their university acceptance.

Partnering institutions in NC valued the flexibility of the RIBN model, and the way it required collaboration and compromise among the participants. While this process may have facilitated buy-in to the project, substantial time was needed to craft the program in order to launch it. At Centralina, for example, one person explained:

What was hardest was the admission criteria and having the curriculum roll out over the 4 years. Those actual agreements as far as FERPA [Family Educational Rights and Privacy Act] and financial aid and those type of things, that was less than 6 months... And curriculum decisions? That took us closer to 2 years. We

basically had 4 schools with 4 different admission criteria. We had to come up with some way to bring some commonality to how the RIBN students were going to be ranked for consideration.

In some cases, the original decisions were changed after they had been implemented. For example, Eastern North Carolina developed an on-line application for its second cohort based on the experience of the first. A participant explained:

I was trying to be proactive and forward thinking. Our first year, it was the same application but it had a different community college name at the top... And it just got to be a little bit much, to keep up with four CC locations. I tried to streamline it and get an on-line application, and it's working so much better.

Challenges in launching the RIBN program often extended throughout the participating institution. A participant at Hickory explained:

From my school's perspective I think it's going ok but my student services have had to take on a lot of extra things, and hopefully all that will continue when the grant's gone away. There's no extra funding for anything, but they're managing to do it so far... I have a whole 'nother set of schedules that I have to plan eight months in advance to make sure there's a seat reserved for those [RIBN] people that need a different schedule than those students that I'm usually planning schedules for. It does take a lot of collaboration on our school's part to support it, because it could be, "well, tough, you got to find a seat."

In addition to challenges in launching RIBN, NC participants anticipated capacity issues at the University level as more students are admitted and transition to their 4th year in the BSN program. Across all collaboratives in NC, students are expected to take one University level course each semester in their first three years. The first year is spent doing general education requirements for a BSN, with the bulk of their coursework being completed at the CC. By their second year, they are expected to continue taking one university course each semester alongside their nursing courses in the ADN program. By their fourth year, students essentially transition to the RN to BSN completion program at the University. Most if not all of the general education and RN to BSN coursework can be completed on-line. One university, Lenoir Rhyne, expects RIBN students to complete a course on campus designed to acculturate students to campus and university life. That course was tailored to students interested in nursing. Students have the option of taking seated courses, however they are more expensive than those on-line, which are considered to be distance learning.

A range of capacity issues at the NC universities were identified from the lack of available on-line general education courses to the shortage of faculty to teach RN-BSN courses. The limited selection of on-line courses posed challenges for the founding RIBN program in Western North Carolina Collaborative. Fortunately, participants reported that their nursing program drove the university's expansion of its on-line program. In addition, the university committed to hiring a faculty position for RIBN whose role will be largely administrative in order to handle such things

as developing more on-line courses of interest to their students and managing articulation agreements with the CCs.

Besides the limited selection of on-line courses, there were logistical challenges with making sure that the on-line courses were large enough to accommodate the NC RIBN students (typically an entire cohort takes the same class at the same time), and that they were timed in a way that did not interfere with their other courses or affect their progression through the RIBN curriculum. For example, a chemistry course at a campus in the Hickory collaborative filled before the RIBN students could register; they were able to add 5 more seats for students so they could register.

In NC, these challenges were compounded by registration difficulties, and competition for the limited selection of on-line courses with the general distance learning population. In the Eastern North Carolina Collaborative, a student success advocate discussed the difficulty of only being able to register students at the university and not at the CC's since she was a university employee. Not all NC Collaboratives restricted registration access in that way, yet registration difficulties remained. In the Western North Carolina Collaborative, one participant described the competition for online course registration as follows:

RIBN students are also competing against other students that are doing an on-line degree. And so, just to give you a case in point. They registered on October 30 for their spring classes. And so I told them, "Registration starts at midnight. My recommendation is that you set your alarm, get up, sign up for your classes, and go back to bed." And they did, but the couple that didn't, we couldn't find them a class by about noon the next day. So they had meeting last week with liberal studies and department chairs to say we need more classes, we need more seats... And eventually, in 2015 we're going to bring in 2 more colleges, so we're going to have 53 students who are going to need classes, for one class alone, and I barely got 61 students [in multiple cohorts] registered for this fall.

Concerns over the capacity to accommodate more students at the university level in their 4th year were expressed by many of the participants. One in the Centralina Collaborative explained:

I'm in full support of the program, I think it's a great idea, a great initiative. I just hope that somehow the universities, we're not going to increase or make them increase their capacity in the 4th year. From my perspective, we're moving them along quicker, but I'm not exactly sure.. In NC, this one study says that only 15% of associate nurses go on to complete their bachelors. And when they do so, it's usually in their 40s. And I do see this as moving some along quicker than that, but not an overall increase in numbers till universities increase their capacity.

NC participants felt that their universities ultimately would support the program because they get to take credit for the increased number of BSN graduates at much less expense than if they were to cover the cost of their pre-licensure education. The cost savings of RIBN is not only for

the students, but also for the universities since the CC's cover the cost of their pre-licensure education.

Another challenge cited by the NC participants was retention of their RIBN students, particularly in their first or second cohort. Participants felt that lack of awareness of the RIBN program resulted in less highly qualified applicants, some of whom were not even certain that they wanted to be nurses. While most Collaboratives aimed to recruit students straight out of high school, several reported greater success with transfer students. Centralina, Hickory, and Wilmington Collaboratives all accepted transfer students, and found that they were successful. In general, most felt that the caliber of their students increased along with awareness about the program. For example, in Western North Carolina, the program with the longest track record, retention has increased from 35% in their 2010 cohort to 79% in their 2012 cohort.

Retention issues in NC related to challenges identified with recruitment. Given the multiplicity of institutions involved in programs that serve relatively few students, participants cited some challenges with recruitment. For example, the Hickory Collaborative serves a very large region in western North Carolina making recruitment difficult from a geographic perspective. Bringing this vast area together under one program conceptually was also difficult, as one participant explained:

I think you always have to cross a fine line as far as branding is concerned... What was great for us is we called it the Hickory Collaborative as opposed to branding something with every single institution on there, if that makes sense. Having all 5 cc's logos, that would have been a mess. Because with us, even on the patches that took four months to get here, even the patches say Hickory Collaborative. As far as the branding of everything else, for the most part, it has Lenoir-Rhyne on it, because that's where they're going to get their bachelors degree from.

Another NC participant from the Centralina Collaborative also talked about the challenge of recruiting for multiple institutions with different tuition rates that otherwise compete for students:

The way you kind of view it is, if I'm a car salesman, I'm selling someone the same car at three different dealerships. But one costs more, one doesn't have the same warranty, or whatever the case may be, and you try to justify it. It kind of makes [recruitment] tough, in that aspect. Because at the same time, you can't go out and favor another school. I can't go out there and say, "well, the reason this is more expensive is because it's the better school". You can't say that.

Other challenges with recruitment and retention in NC related to lack of funding for students and student activities in RIBN budgets, and nursing institutions more generally. This was largely attributed to budget cuts in education at the State level, and also the general state of the economy. It was also difficult to negotiate financial aid packages across different institutions,

and it sometimes remained unresolved till the end of the agreement process, as in the Triangle Collaborative in NC. A couple also attributed changes related to the Affordable Care Act as causing budget crises in the health care system. There was a shared sense that health care employers were unlikely to support the RIBN program through grants to the program or direct support to students because they currently offered little by way of tuition reimbursement or incentives for advance degrees (i.e. \$1,500 for tuition reimbursement and no pay differential for BSN nurses as opposed to ADN nurses).

With regard to sustainability, lack of on-going funding for the SSA was the most commonly cited challenge for the RIBN programs in NC, and it was even a concern among participants in NY even though they had yet to hire SSAs or admit students. Most were uncertain about where funding would come from once grant funding for the SSA positions ended. The Western North Carolina Collaborative started to introduce a cost sharing agreement for the SSA among the participating CCs. Eastern North Carolina planned to hire their SSA to do more marketing and promotions for its RN to BSN program, and thereby created more job security for the SSA position. The others remained uncertain about where funding would come from for this instrumental position.

Lessons Learned

Participants identified many lessons that they would share with others trying to start a RIBN program. They are primarily derived from participants in North Carolina, as those interviewed in New York felt it was too early in their process to discuss recommendations regarding implementing RIBN programs.

In order to launch RIBN, participants advised others to:

1. Hire a good SSA. SSA's interact with people of across generations from faculty, administration, to students, and help recruit and retain students.
2. Build relationships and trust among partner organizations as well as among students and their parents and families. Through regular meetings and flexible mindsets, relationships were formed to launch RIBN among partnering organizations, and also to recruit and retain students.
3. Budget time to launch RIBN and learn from others. While RIBN has been implemented in multiple collaboratives, templates were adapted to each new setting, and these negotiations took considerable time. In addition, while the concept may not be new to nurses, it is new to many other departments on campuses that are not experienced with such collaborative educational programs.
4. Engage independent nurse leaders (such as Ms. Pat Hayes or Ms. Maureen Wallace) who can devote time to the development of the project and who know its history.

In order to recruit and retain students, NC participants advised others to:

1. Standardize admission criteria. Though that it has not been achieved by all the Collaboratives, there was a strong sense that it would make recruitment and advising easier if the RIBN standards were the same across the university and CC's.
2. Raise awareness about the RIBN program in order to achieve a strong applicant pool and select a highly qualified class. Many believed it would take one or two cohorts to improve the caliber of the students.
3. Become deeply familiar with admissions and administrative processes on campus before recruiting.
4. Draw upon the resources of existing university and CC based academic counseling staff. They can help with recruitment, particularly among minorities and other disadvantaged populations.
5. Share information on students making sure all institutions are aware of their progress.
6. Involve clinical partners from the beginning in order to help shape employment opportunities for RIBN students upon licensure and completion of their BSN.

SECTION TWO: COLLABORATIVE FACTORS INVENTORY RESULTS

In the Fall of 2011, and again in the Fall of 2014, CEAR administered two on-line surveys to assess participants perceptions of a range of factors believed to be critical to successful collaborations. The surveys were based on the Wilder Collaboration Factors Inventory, which identified 20 factors that research has shown to be important for collaboration. The survey can be found in Appendix B. Its questions focused on issues such as the history of collaboration, leadership, respect, understanding, and trust, decision-making, agreement on concrete attainable goals and objectives, and sufficient funds, staff, materials, and time. Participants were asked about the degree to which they agreed with 40 statements around these topics, ranging from "Strongly Disagree" which was scored as 1, to "strongly agree", which was scored as 5. In some cases, responses to multiple statements combined to give a score for a particular factor. Factors that scored between 4 and 5 could be considered strengths, and not needing attention moving forward; those between 3 and 3.9 could be considered "borderline" and deserving of attention, and those between 1 and 2.9 could be considered concerns that should be addressed moving forward in order to have a more effective Collaboration.

The survey was administered to all participants identified by program directors in NC and NY. This included multiple individuals at each partnering institution in a given collaborative, including student success advocates. Each was asked to create a confidential ID in order to track completion of one or more surveys; they were also asked to identify their institutional affiliation. Table 3 shows the results of the surveys completed by NC participants by Collaborative and by year, and Table 4 shows a summary of the number of factors by score type each year by collaborative in NC. Individuals in three new collaboratives only participated in the 2014 survey.

Factor	Centralia		ENC		Hickory		Wilmington		WNC		NCP	SC	Triangle
	2011 n=9	2014 n=6	2011 n=5	2014 n=4	2011 n=9	2014 n=3	2011 n=3	2014 n=3	2011 n=5	2014 n=4	2014 n=2	2014 n=7	2014 n=1
1 History of collaboration or cooperation in the community	4.2	3.1	4	3.9	4	3.2	3.8	3.2	4.2	3.2	3.5	4.4	3.5
2 Collaborative group seen as a legitimate leader in the community	3.9	3.3	4.1	4	4.4	3.5	4.5	3.5	4.6	3.5	4.5	4.1	4
3 Favorable political and social climate	4.3	3.5	4.4	4.3	4.6	4.7	4.5	4.7	4.7	4.7	5	4.1	4.5
4 Mutual respect, understanding, and trust	4.6	3.7	4.1	3.9	4.3	4.7	4.2	4.7	4.5	4.7	4.5	4.3	4.5
5 Appropriate cross section of members	4.3	3.8	4.2	3.8	4.5	4.3	4.3	4.3	4.6	4.3	3.8	3.7	4
6 Members see collaboration as in their self-interest	4.1	4.3	4.4	4.3	4.4	5	4	5	4.8	5	4.5	4.6	4
7 Ability to compromise	4.3	3.7	4.2	3.5	4.3	4.7	3	4.7	4.6	4.7	4.5	3.3	4
8 Members share a stake in both process and outcome	4.4	3.2	4.2	3.6	4.6	4.6	4.3	4.6	4.5	4.6	4.8	4	3
9 Multiple layers of decision-making	3.8	3.2	4.1	3.6	4.3	4.2	3.8	4.2	3.7	4.2	4.5	3.5	3
10 Flexibility	4.2	3.5	3.8	3.1	4.4	4.7	4	4.7	4.3	4.7	4.5	4	4
11 Development of clear roles and policy guidelines	4	3.4	3.8	4	4.2	4.5	4.3	4.5	4.1	4.5	4.3	3.8	3
12 Adaptability	3.8	2.8	4.2	3.9	3.9	4	3.7	4	4.3	4	4.5	3.8	4
13 Appropriate pace of development	4.1	3.6	4	4	4.3	4.2	3.8	4.2	4.2	4.2	4	3.9	4
14 Open and frequent communication	4.5	3.6	4.1	4	4.4	4.8	4.7	4.8	4.5	4.8	4.5	4.5	4
15 Established informal relationships and communications links	4.3	4.6	3.9	3.8	4.3	5	4.7	5	4.5	5	4.5	4.6	4
16 Concrete, attainable goals and objectives	4.4	3.7	4.4	4	4.6	4.7	4.7	4.7	4.3	4.7	4.7	4.5	4
17 Shared vision	4.3	3	4.3	4	4.5	4.8	4.5	4.8	4.4	4.8	4.5	4.4	4
18 Unique purpose	3.2	4.3	4.1	4	4.3	4.8	4.5	4.8	4.3	4.8	4	4	4
19 Sufficient funds, staff, materials, and time	3.3	2.7	3.5	2.9	3.5	2.8	4	2.8	3	2.8	3.5	3.3	4
20 Skilled leadership	4.3	3.5	4.2	4	4.6	5	4.7	5	4.4	5	4.5	4.6	4

Table 4: Summary of the Number of Factors by Score Type by Year and Collaborative in NC: 2011 (n=31) and 2014 (n=30)

Scores	Centralia		ENC		Hickory		Wilmington		WNC		NCP	SC	Triangle
	2011 n=9	2014 n=6	2011 n=5	2014 n=4	2011 n=9	2014 n=3	2011 n=3	2014 n=3	2011 n=5	2014 n=4	2014 n=2	2014 n=7	2014 n=1
Strengths, don't need attention (4.0-5.0)	15	3	16	10	18	17	15	17	18	17	17	13	16
Borderline, deserves discussion (3.0-3.9)	5	15	4	9	2	2	5	2	2	2	3	7	4
Concerns that should be addressed (1-2.9)	0	2	0	1	0	1	0	1	0	1	0	0	0

In NC, 31 individuals completed the survey in 2011, and 30 completed it in 2014, however only 11 of the same individuals completed the survey in both years. The results from NC indicated that participants generally found their collaboratives to be strong with regard to the majority of factors, though in some cases, this was less true over time than at the beginning of their projects. For example, in 2011, participants in the Centralina collaborative scored 15 out of the 20 factors as strengths, but only 3 scored as strengths in 2014, including that members saw the collaboration in their self-interest, that there were established informal relationships and communication links, that that they had a unique purpose. In addition, whereas in 2011, no factors were identified as areas of concern across the NC collaboratives, in 2014, all of the previously established collaboratives (n=5) identified at least one factor as an area of concern, which was concern around sufficient funds, staff, materials, and time.

In NY, 15 individuals completed the survey in 2011, and 5 completed it in 2014; only one person completed it both years. Among those who completed the survey in 2014, two did not identify their institutional affiliation, and could not be attributed to a particular collaborative. Given the small sample size overall, all responses in NY in 2014 were combined as CUNY, and scores were not specific to a particular collaborative. That said, as shown in Tables 5 and 6, scores appeared to remain stable, or improve over time, and no particular factors were raised as areas of concern either in 2011 or 2014. The collaboratives overall were considered strong, and scored high in most factors.

In addition to the quantitative components of this question, participants were asked two open ended questions: 1) "What's working well in your collaborative?"; 2) "What needs improvement in your collaborative." Responses from 2011 and 2014 by school can be read in Appendix C. In general, the responses offered further descriptions of the strengths and concerns of each collaborative. Both in 2011 and 2014, most collaboratives positively described their ability to communicate effectively, their flexibility, and their dedication to a common goal. The SSA was identified as "working well" by several individuals in NC. Among the issues that were identified as needing improvement, funding was the most consistent across collaboratives, particularly funding for the SSA position. This question further explained the why resources factor was raised as a concern in the quantitative scores across the NC collaboratives.

Table 5: Comparison of Collaborative Factors Scores by RIBN NY
 2011 (n=15) and 2014 (n=5)

Factor	2011		2014
	QCC/ Hunter n=13	Bronx/ LaGuardia/ Lehman n=2	CUNY* n=5
History of collaboration or cooperation in the community	3.3	3.5	3.8
Collaborative group seen as a legitimate leader in the community	3.8	4	4.1
Favorable political and social climate	4.4	3.3	4.7
Mutual respect, understanding, and trust	4.3	3.8	4.1
Appropriate cross section of members	4	3.8	4.2
Members see collaboration as in their self-interest	4.4	3	4.8
Ability to compromise	4	4	4
Members share a stake in both process and outcome	4.3	4.2	4.1
Multiple layers of decision-making	3.9	3.5	4.1
Flexibility	4.2	4	3.8
Development of clear roles and policy guidelines	4.2	4	4
Adaptability	4	3.5	3.9
Appropriate pace of development	3.8	4	4
Open and frequent communication	4.2	3.8	3.9
Established informal relationships and communications links	4.5	4.3	3.9
Concrete, attainable goals and objectives	4.4	4.2	4.6
Shared vision	4.2	4	4.4
Unique purpose	3.5	3.5	3.5
Sufficient funds, staff, materials, and time	3.3	4	3.3
Skilled leadership	4.3	4	4.4

* Lack of reporting of institutional affiliation beyond "CUNY" required grouping across collaboratives

Table 6: Summary of the Number of Factors by Score Type by Year and Collaborative in NY: 2011 (n=13) and 2014 (n=5)

Scores	2011		2014
	QCC/ Hunter n=13	Bronx/ LaGuardia/ Lehman n=2	CUNY* n=5
Strengths, don't need attention (4.0-5.0)	14	11	13
Borderline, deserves discussion (3.0-3.9)	6	9	7
Concerns that should be addressed (1-2.9)	0	0	0

*Two out of 5 respondents did not report their institutional affiliation other than as CUNY, making that the only suitable grouping.

Discussion

Many successes, challenges, and lessons learned were identified by the CEAR evaluation of RIBN-E. The primary measure of success was the growing admission rate for students in both NY and NC. The original RIBN collaborative in NY facilitated the transition of 12 students from a community college to a university in 2012, and 7 those students graduated in 2014. In NC, enrollment went from 74 students across five collaborative in 2012, to 323 across seven collaboratives in 2014. The first cohort of RIBN students in the founding Collaborative (Western North Carolina) graduated in the Spring of 2014. Though retention in that first class was low (35%), those that remained completed the curriculum in the desired time frame of 4 years, and have achieved employment.

RIBN was credited with diversifying student bodies in NC's community colleges, particularly by introducing more students directly from high school to CC nursing programs. Participants in NC expressed interest in increasing the diversity of minority students, including Native Americans and men. Advisory board members were considered important to helping RIBN graduates find employment opportunities. As their title would suggest, Student Success Advocates were considered a key facilitator to the success of the programs and the students.

Quantitative surveys of participants in RIBN-E institutional partnerships in NC and NY found most that the partnership were strong with regard to principles of successful collaboration, and generally remained so from the beginning of the RIBN-E initiative (2011) to the end (2014). NC participants reported many examples of successful partnerships including enhanced collaboration at meetings to divide clinic units in health care settings among local nursing programs and better overall communications as a result of the RIBN-E program.

Templates for launching the program were beneficial as well. Though a RIBN model existed prior to the expansion throughout NC, new collaboratives adapted it according to their participating institutions' goals, priorities and needs. By having flexibility in the model, partnering institutions were able to negotiate issues like admission criteria, and course requirements and alignment. The adaptability of the model may have encouraged participation because it respected the process by which institutions build relationships and trust in order to have a successful program.

Taking that into consideration, challenges included the difficulty of coming up with admissions criteria, and university level capacity for on-line general education and RN to BSN coursework. These challenges were compounded by the bureaucracy of establishing new academic programs, and issues related to recruiting across multiple campuses and registering at multiple institutions. In NC, poor retention of students in the first and second cohorts was largely attributed to lack of awareness of the program and the need to improve marketing to reach higher caliber students. Many of these challenges required time to overcome, which was dependent on resources to support faculty and staff to find solutions. Having dedicated staff such as an SSA was believed to be critical, even if the RIBN programs were small relative to the

nursing programs or university and college systems as a whole. Therefore, lack of on-going funding for the SSA was considered to be a major threat to the sustainability of RIBN programs. This finding was reflected in the quantitative survey of partners as well.

Lessons learned primarily focused on suggestions for launching RIBN, and recruiting and retaining students. Participants were enthusiastic about their RIBN programs, and hoped they would succeed. In NC, attempts to address sustainability included the creation a faculty level position for RIBN and also requiring cost sharing for the SSA position among participating CCs. Whether the colleges and universities would ultimately be able to cover those costs in the long run was still a question.

The limitations of this data are that they were drawn from participants within RIBN, and not students, or other staff members (i.e. admissions counselors, registrars, or financial assistance counselors) on campuses, and are biased by their investment in the programs. Furthermore, not all partnering institutions responded to requests for interviews, particularly in NY. Lessons learned may not be attributable to other areas of the country or even participating cities and states.

A comparison of the degree to which RIBN rapidly spread across the state of NC compared to NY indicates that NC may have been both more receptive to this program, and have fewer systemic barriers to the introduction of new academic tracks in nursing than at least the public higher educational system in NY. While participants in NY praised the concept of RIBN for allowing students to more rapidly transition from an ADN to a BSN program, there were believed to be many opportunities and programs for people to pursue BSN degrees in NY, perhaps making RIBN seem less valuable to the BSN programs, particularly compared to NC. This included six BSN programs within the CUNY system alone, not to mention the many private universities in New York City. Like in NC, each NY university nursing program also has accelerated programs, RN to BSN programs, and 1-2-1 programs. Whereas universities in NC seemed eager to expand their profit margins on post-licensure nurses seeking advanced degrees, NY did not seem to share such interests. Perhaps once the state approval goes through, and more RIBN students pass through from CC's to Universities in NY there will be similar enthusiasm for such hybrid programs across NY as there is in NC.

THE NEW YORK ACADEMY OF MEDICINE

Evaluation of the Multi-Regional Model to Increase the Proportion of Baccalaureate Nurses
Expansion in New York City and North Carolina (RIBN-E)

Staff Interview Guide

Introduction

Today I'm here to talk to you about your perceptions and experiences with implementation of RIBN-E-E; your satisfaction with the project, including strengths and weaknesses; and recommendations regarding lessons learned. The interview will also include background questions on you, your institution, and the student body and community your institution serves. This interview is like a conversation. We're interested in your opinions and experiences. Although it is important for us to get your honest and candid answers, please let me know if there is a question you would rather not answer— we'll just skip to the next question. Also, you should feel free to interrupt and ask questions, if you have any.

Organization & the partnership

I'd like to begin with some general questions about you, your institution and its participation in your RIBN Collaborative:

1. To start, can you tell me a little about yourself? Can you describe your work in general and as it relates to RIBN?
 - Have you been involved with the project from the start?
 - Other than yourself, who works on the project here?
 - What are their respective roles?
2. What nursing programs and degrees are offered at [this school]?
 - Besides RIBN, are there any other special programs within the school designed to encourage students to pursue advanced degrees?
3. How did your institution come to be involved in RIBN?
 - Who initiated it?
 - What was the process for becoming involved?
4. Who are the major stakeholders in your RIBN project?
 - P-12 education, non-profit organizations, medical care, government, workforce development, unions, community-based organizations, philanthropy, media, etc
 - Have they been supportive of RIBN? How?
5. Has your institution worked or partnered with the other institutions in your RIBN collaborative prior to this program? Please describe how.
 - Did you have much interaction with the institutions in the other RIBN Collaboratives in the State?
 - Has your institution worked with the Fund for Nursing Excellence before?

6. How would you describe the working relationship of your Collaborative, and its effectiveness in developing and implementing a new program?
 - Do you have a shared vision and goals for this project?
 - Is there good communication and decision making among partners?
 - Do you feel like there are clear roles for its members?
 - Do you feel like you have sufficient resources in terms of funding, staff time, etc?
7. What has the experience of being involved in a statewide initiative been like?
 - Do you have much interaction with the other collaborative in the State?

Description of RIBN Program

Next I'd like to ask you about the design of your RIBN program.

8. Did the establishment of your program require any kind of formal agreement such as an articulation agreement between the ADN program at the community colleges and the BSN program at the University?
 - How easy or difficult was it to establish formal agreements?
 - How much time did it take to establish them?
9. Were any changes required to implement the agreement? Including changes in:
 - admissions criteria
 - application processes
 - financial aid requirements and availability
 - curriculum
 - monitoring of student progress
 - supports provided
10. Do your RIBN students have joint admission at the community college and university?
 - If not, do they take courses at one and then “graduate” to the other?
11. What are RIBN students' course requirements and how do they differ from non-RIBN students?
12. Could you describe the admissions process for your RIBN students?
 - How were their admission criteria similar or different than your general nursing students?
 - What is the application timeline?
13. Do the RIBN students receive any special support or counseling? Who offers that support?
 - How important do you think it is that RIBN students receive special support from a Student Success Advocate? And why?

Nursing Student Characteristics and RIBN Recruitment

Now I'd like to ask you about your nursing students in general, and in RIBN specifically.

14. Can you tell me about the student body in your nursing program, in general?
 - How many students are enrolled annually?
 - Is there a high rate of completion?
 - Can you estimate the gender and ethnic distribution of the student body?
 - What percentage of the students receive financial assistance?
15. Have you enrolled any RIBN students yet?
 - If so, how many per year?
 - Could you describe those students in terms of their age, gender, race, or ethnicity?
 - How are they similar or different than your general nursing students?
16. How were your students identified or recruited?
 - Were they referred to you by the college student counselors?
 - Did the Student Success Advocate make presentations, and screen applications?
17. What do you think motivates students to choose [your school]? (why do they come here as opposed to somewhere else?)
 - Why do you think your students choose the RIBN program?
18. Do you have any plans to change or improve the recruitment or admissions process?

Lessons Learned and Sustainability

Finally, I'd next like to ask you about RIBN's successes and challenges, and also its lessons learned and sustainability.

19. What is your impression of RIBN's progress to date? What have been its successes?
 - Are you satisfied with its progress?
20. Could you describe any challenges to implementing RIBN in your Collaborative?
 - Building and sustaining trust among Collaborative partners?
 - Developing a process for open communication?
 - Costs and seeking additional funding?
 - Recruiting and admitting qualified students?
 - Identifying an appropriate student success advocate?
21. Have those challenges been addressed? How?
 - Did anyone help by offering technical assistance?
 - Is there a key staff person to help resolve problems or keep things on track?
22. Are there costs (including ongoing staff time) associated with RIBN?
 - Besides the RIBN grant, will (or did) you need outside funding? Were you able to access additional funds?

- Do you think state budget cuts in NC will affect the nursing program in general, and RIBN specifically?
 - What do you think about the idea of employers helping cover the cost of RIBN? Can you think of ways to convince them to do so?
23. Do you feel the program will become institutionalized and be sustained?
- Are there factors or requirements going forward that might affect sustainability?
24. What are the lessons learned from the work so far? What would you tell someone just starting to develop a program like yours about?
- How to engage nursing leaders in the RIBN project?
 - How to assure stakeholder participation?
 - How to create sustainability?
 - How to make progress on program development?
 - How to recruit students?
 - How to provide student support?

25. What are your plans for the project going forward?

Thank you very much for your time. Do you have any questions for me?

RIBN-E Collaboration Factors Inventory

Collaboration Factors Inventory

As a participant in the RIBN-E program, you are being asked to please complete this survey to assess how your collaboration is doing on 20 research-tested success factors.

When you complete this confidential inventory, your scores will be combined with the scores of your colleagues and will be summarized according to each factor. We will repeat this survey again toward the end of the RIBN-E grant period (2014), and compare changes in these factors. Your participation is voluntary and greatly appreciated.

RIBN-E stands for the Multi-Regional Model to Increase the Proportion of Baccalaureate Nurses in the U.S. Expansion (RIBN-E) in New York City and North Carolina. Funding for this project is being provided by the Robert Wood Johnson Foundation and the Jonas Center for Nursing Excellence.

The Center for Evaluation and Applied Research at the New York Academy of Medicine is participating in RIBN-E by conducting evaluation activities related to the project's goals and objectives. It has selected the Wilder Collaboration Factors Inventory (2001) as a tool to better identify areas of strength and weakness in your respective collaborative. The study findings will be shared with you in a timely fashion so that you may appreciate your strengths, and also identify areas that may need improvement.

To complete this survey, we first ask that you consent to participate. You will then be asked to identify your academic institution or organization, and create an ID that will maintain your confidentiality, but allow us to track changes in your responses over time.

We ask that you please complete this survey by Friday December 2nd, 2011.

Thank you in advance for your participation!!

***Do you consent to participate in this survey?**

- Yes
- No

Create Your Confidential ID

***Please identify your academic institution or organizational affiliation in the box below.**

***Please enter the 1st letter of your first name.**

***Please enter the 1st letter of your mother's first name.**

***Please enter the month and day (not year) of your birth.**

For example June 19 would be 0619.

RIBN-E Collaboration Factors Inventory

Thank you!

Please click next to continue to the survey.

Questions 1-6

This survey takes about 10-15 minutes to complete. To take a break, just hit "next" to save your work before closing. You can return to where you stopped by clicking on the survey link in the original e-mail.

Key Terms: Throughout this survey, questions that use the word **"institution"** refer to the school or academic institution that you work for. Questions that use the word **"collaborative"** refer to the RIBN-E initiative between your school, academic institution, or organization and the other academic institutions or organizations that are partnering to create a seamless transition between ADN programs and a BSN program.

***1. Academic Institutions in our community have a history of working together.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***2. Trying to solve problems through collaboration has been common in this community. It's been done a lot before.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***4. Others (in this community) who are not part of this collaboration would generally agree that the organizations involved in this collaborative project are the "right" organizations to make this work.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***5. The political and social climate seems to be "right" for starting a collaborative project like this one.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***6. The time is right for this collaborative project.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

Questions 7 -10

***7. People involved in our collaboration always trust one another.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

RIBN-E Collaboration Factors Inventory

***8. I have a lot of respect for the other people involved in this collaboration.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***10. All the departments or institutions that we need to be members of this collaborative group have become members of the group.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

Questions 11-15

***11. My institution will benefit from being involved in this collaboration.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***12. People involved in our collaboration are willing to compromise on important aspects of our project.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***13. The institutions that belong to our collaborative group invest the right amount of time in our collaborative efforts.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***14. Everyone who is a member of our collaborative group wants this project to succeed.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***15. The level of commitment among the collaboration participants is high.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

Questions 16-19

***16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their institutions or departments to confer with colleagues about what the decision should be.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

RIBN-E Collaboration Factors Inventory

***17. Each of the people who participate in decisions in this collaborative group can speak for the entire institution or department they represent, not just a part.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***18. There is a lot of flexibility when decisions are made; people are open to discussing different options.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

Questions 20 - 25

***20. People in this collaborative have a clear sense of their roles and responsibilities.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***21. There is a clear process for making decisions among the partners in this collaborative.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***24. This collaborative group has tried to take on the right amount of work at the right pace.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***25. We are currently able to keep up with the work necessary to coordinate all the people, institutions, and activities related to this collaborative project.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

Questions 26-30

RIBN-E Collaboration Factors Inventory

***26. People in this collaboration communicate openly with one another.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***27. I am informed as often as I should be about what goes on in the collaboration.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***28. The people who lead this collaborative group communicate well with the members.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***29. Communication among people in this collaborative group happens both at formal meetings and in informal ways.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***30. I personally have informal conversations about the project with others who are involved in this collaborative group.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

Questions 31-35

***31. I have a clear understanding of what our collaboration is trying to accomplish.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***32. People in our collaborative group know and understand our goals.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***33. People in our collaborative group have established reasonable goals.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***34. The people in this collaborative group are dedicated to the idea that we can make this project work.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***35. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

Questions 36-40

RIBN-E Collaboration Factors Inventory

***36. What we are trying to accomplish with our collaborative project would be difficult for any single institution to accomplish by itself.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***37. No other institution in the community is trying to do exactly what we are trying to do.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***38. Our collaborative group had adequate funds to do what it wants to accomplish.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***39. Our collaborative group has adequate "people power" to do what it wants to accomplish.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

***40. The people in leadership positions for this collaboration have good skills for working with other people and institutions.**

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly agree

In your own words...

41. What is working well in your collaborative? (optional)

42. What needs improvement in your collaborative? (optional)

RIBN-E Collaboration Factors Inventory

Thank you so much for completing this survey!

Your responses are important, and we will share the results with you soon!

If you have any questions about this survey, feel free to contact:

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Appendix C: RIBN Collaborative Factors Inventory Comments

Centralina

2011

What's working well in your collaborative?

- Trust, earnestness, collaborative spirit
- The flexibility which has been demonstrated by all members within our collaborative has helped immensely with our ability to achieve our goals in a reasonable and effective manner.
- We work very well together with equal contributions from each entity
- Commitment of the people working on the collaborative is evident. All work together and have equal voices.
- Setting deadlines. Meeting often and regularly.

What needs improvement in your collaborative?

- I wish that we had enough grant funding to hire at least one more person to assist with the coordination of our collaborative, as we have four institutions in our partnership and only one full-time SSA. However, since this is not currently possible, we hope to determine the best way to allocate the roles and responsibilities accordingly.
- Speed at which documents get signed...the process for getting signatures on LOAs and MOAs seems to take a long time...much longer than anticipated.

2014

What's working well in your collaborative?

- Teamwork. Excellent SSA. Excellent leadership by Polly and Lienne.
- I believe that the members of the group doing the work of RIBN work very well together and appreciate the strengths each member brings.
- Student interests in this career option
- Gaston College has shown an immense amount of dedication to RIBN and its goals. They have shown tremendous leadership and dedication which should be an example for all. They are making diligent efforts to secure funding in order to sustain this project and increase its outreach.

What needs improvement in your collaborative?

- Funding is not adequate. The number of students the university will accept into the program does not justify the trouble and expense of the program.
- Financial support for student success advocate
- Both Central Piedmont Community College and Carolinas College of Health Sciences have shown reluctance to support RIBN. Both institutions have shown reluctance to support the SSA position and have not made their intentions transparent going forward. Leadership at the University has seen a breakdown in communication as well which has increased concerns that all institutions will make a final decision about RIBN that is student centered.

Eastern North Carolina

2011

What is working well in your collaborative?

- Commitment to making this project work
- Excellent collaboration between our college (Pitt Community College) and East Carolina University-College of Nursing.

What needs improvement in your collaborative?

- More communication among the collaborative
- A few members are very focused completely on their community college rather than working as a team.

2014

What is working well in your collaborative?

- The Student Success Advocate is invaluable to make this project successful.

What needs improvement in your collaborative?

- Additional financial and human resources are needed to enhance the project.

Hickory

2011

What is working well in your collaborative?

- Details of the collaborative are solid and we seem to be on the same page. We also know that our documents are a work in progress and revisions are necessary
- Institutions within the collaborative are communicating consistently and openly, asking questions and looking for the best solutions that will assist the students/applicants in accomplishing their overall goals of becoming a nurse.
- Networking within the high schools in most areas as well as at the Community Colleges
- The directors of nursing at all of the facilities work very well together and collaborate on all aspects of the project.

What needs improvement in your collaborative?

- Having more frequent meetings to stay connected
- As the networking with high schools improve, I can only see the collaborative continuing to improve as well!
- Continue the dialogue as we move through the first year of entering our first class of students.

2014

What is working well in your collaborative?

- The cohesiveness of the entire group and keeping open lines of communication for the students benefit
- Student excitement across collaborative, admissions, financial aid officers and nursing staff willingness to work together for student success, increased awareness within community regarding program, parents proactive inquiries.
- Working together and having a common goal.

Hickory 2014 continued**What needs improvement in your collaborative?**

- Funding for marketing and another SSA
- Connect for Success activities for students - educational institutions limited to assist with funding due to attempting not to alienate non-RIBN students.
- Continuing to move and embrace the practice partners.

North Carolina Piedmont**2014****What is working well in your collaborative?**

- Our trust, enthusiasm, and respect for each other.
- Communication

What needs improvement in your collaborative?

- I believe that we need to be working at a faster pace to prepare for admission of students, prepare documents, etc.

South Central**2014****What is working well in your collaborative?**

- Communication/collaboration/information sharing/
- We seem to have open and cooperative discussions good relationships among the partners.
- We communicate well. We are all able to change our processes without angst.

What needs improvement in your collaborative?

- Adequate funding for Student Success Advocate, an essential member of the collaborative.
- Our collaborative is in its first operational year (first year of first cohort) and our student success advocate only began work a few months ago. We started behind the ball, but are getting closer to having specific operational details hammered out in writing. We are also behind on working with local high schools and recruiting. I do not yet have the feeling that the entire cohort is coming together as a group, but expect to see this change over the course of the first semester.
- Financial understanding that is equitable and fair to all students regardless of their home school
- It may come to the fact that travel money to visit schools should be handled by the Foundation.

Triangle**2014****What is working well in your collaborative?**

n/a

What needs improvement in your collaborative?

n/a

Wilmington**2011****What is working well in your collaborative?**

- Communication and teamwork

What needs improvement in your collaborative?

- No comments

2014**What is working well in your collaborative?**

- Recruitment of students, collaboration with those involved
- I love our collaborative and how well the university, community colleges and practice partners get along. We have the same end goal in mind and are doing what it takes to get there... and constantly looking for ways to make it better!

What needs improvement in your collaborative?

- We are still working out kinks as RIBN grows... it will get better each year as we learn and grow!

Western North Carolina**2011****What is working well in your collaborative?**

- Collaboration on individual student issues or concerns to achieve not only individual student success but improve overall program outcomes and number of graduates with BSN.
- The staff at Western Carolina University have been extremely receptive to all of my inquiries. That would include advising within their nursing program, financial aid, records/registration and distance learning. Our staff at A-B Tech (admissions and financial aid) have collaborated very nicely with WCU as well.
- Nursing student advisor works well with prospective and current students to assist them in a variety of ways. Even though the person in this position has changed recently, the job description is clear, and the new person was well oriented. Directors of the Associate Degree institution and the University BSN program are committed to the goals of RIBN. Our Local Advisory Committee is strongly supportive of the RIBN goals.

What needs improvement in your collaborative?

- Student retention is and will always be an issue. I think we now must look very closely at not just the number of admissions and applications. We must continue to collaborate to help current students resolve issues that may impact their success and not just those expected hurdles such as the 4th year.
- I really can't think of anything particular at this time. I'm pretty pleased with the program and everyone involved.
- Funding to assure maintenance of the Nursing Student Advisor position is a problem. In addition, funding is needed to expand the RIBN program to other Associate Degree programs who want to join the RIBN partnership. The transition time between 3rd and

4th year has been identified as a vulnerable time for students, and funding is needed to develop support programs for students.

2014

What is working well in your collaborative?

- The community college and the university are working well to make the project a success. Hospital's in the area are becoming more aware of the goal of the project and are open to hiring successful graduates
- My program is in the second year and we have benefited greatly by the insight of other collaboratives
- Common goal. Great support and collaboration.

What needs improvement in your collaborative?

- Marketing of the program within our local school system - grades 6 and above.
- Still working on getting some community partners on board at the level that they need to be.

NYC LaGuardia, Hostos, Lehman, Bronx

2011

What is working well in your collaborative?

- Getting needed directives on how to complete the project
- Our group have been able to establish open communication, and are willing to make the time to work together.
- The members of the group make every effort to meet the deadlines set. The teamwork is remarkable.
- There is mutual respect among the individuals. I have never witnessed anyone verbally attack another individual.
- Sharing and open-mindedness

What needs improvement in your collaborative?

- We need a forum where we can share our resources: i.e. a conference to update all CUNY nursing programs about our progress and maybe extend this collaborative to nursing programs outside of CUNY.
- More release time to get the project done in a more timely manner.
- All in all, I would rather have a more uniform curriculum that permits students to transfer. I was very impressed with the OCNE experience and think CUNY would benefit from it.
- Developing and adhering to a timeline.
- More time/release time

2014 (“CUNY” respondent)

What is working well in your collaborative?

- Perseverance and commitment to the goal

What needs improvement in your collaborative?

- More input and participation from the upper division partners

NC: Queensborough/ Hunter

2011

What is working well in your collaborative?

- No comments

What needs improvement in your collaborative?

- No comments

2014

What is working well in your collaborative?

- Students following program guidelines are thriving and happy.

What needs improvement in your collaborative?

- Data as to how many students are progressing.