



Collaborative Nursing Education Programs: Challenges and Issues

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Abstract

Collaborative nursing education programs have been offered to facilitate access to baccalaureate-level nursing education. Our Collaborative Nursing Program involved 10 institutional partners and has been one of the largest of such programs. The collaborative approach to nursing education has been identified as an important model; the benefits include optimal use of resources and opportunities to develop and share knowledge across institutions. However, there has been little public discussion of the issues and challenges that emerge, including differing cultures, priorities, vulnerabilities, goals and aspirations between colleges and universities; desire to preserve autonomy and uniqueness; and complexity of approval and accreditation processes. Some of our college partners have chosen to offer an independent applied degree in nursing rather than continuing in a collaborative academic degree program. This paper describes the challenges inherent in maintaining quality of the degrees and strategies to increase the likelihood of continuing collaboration. Clarity and transparency are vital, and supportive programs involving mentorship of educators can foster increasing autonomy of colleges. Collaborative nursing programs pose many challenges, and their future will hinge on understanding mutual goals and expectations.

Over the last 20 years, collaborative nursing programs in Canada have emerged as part of a strategy to facilitate access to baccalaureate-level nursing education. The Collaborative Nursing Program (CNP) in British Columbia (BC) involved 10 institutional partners and was one of the largest of such programs. The collaborative approach to nursing education has received considerable recognition and has been identified as an important model (Baines 1992; Hills et al. 1994; Storch et al. 1999a, 1999b; Valentine et al. 1994). However, there has been little public discussion of the issues and challenges that have arisen. In this paper, we discuss such challenges and provide a critical analysis of our experience. The issues that arise include differing organizational cultures, priorities, vulnerabilities, goals and aspirations between colleges and universities; desire to preserve autonomy and uniqueness; and complexity of approval and accreditation processes. The challenges inherent in maintaining quality of academic nursing degrees are discussed, as well as strategies to increase the likelihood of successful collaboration.

Background

There are many examples of successful collaboration among nursing programs in Canada, and also some examples of collaborations that did not survive. The first collaborative nursing education programs in Canada emerged in the late 1980s with degrees conferred by University of Alberta and University of Victoria.

More recently, collaborative programs have emerged in Ontario and other provinces. Because a baccalaureate nursing degree will be required to enter the nursing profession in Ontario after 2005, admissions to diploma programs in nursing have been discontinued and universities and colleges in Ontario have developed collaborative nursing programs. Fanshawe College and University of Western Ontario (UWO) in London were among the first to begin discussions, but the legislative framework was required to facilitate action. The York University collaboration with Georgian and Seneca colleges was the first collaborative program implemented in Ontario; the first group of students graduated in 2001.

There are different models of collaboration; in some programs, students complete the first two years at either a college or a university, with all students completing the last two years of the degree requirements at the university. This is the case in the collaboration between Fanshawe College and UWO. In other locations, all sites offer the complete degree program, and the degree is granted by the university; for instance, in the Laurentian University collaboration, students enter the program at either the university or one of the college partner sites and continue in the same institutional setting for all four years of the program, graduating with a Laurentian degree. This model is also being used in a collaboration between Humber College in Toronto and the University of New Brunswick. A combined approach is used in some partnerships; in the collaboration among Ryerson University, Centennial

College and George Brown College, nursing students at Ryerson will spend all four years at its downtown Toronto campus. Students at George Brown and Centennial complete all the requirements of the first two years at their respective colleges. In the third and fourth years of the program, students complete their course work at Ryerson, with practice requirements continuing under the supervision of college faculty. In the partnership among Memorial University School of Nursing in St. John's, Newfoundland, the Centre for Nursing Studies in St. John's and the Western Regional School of Nursing in Corner Brook, students can complete their Memorial University degree at any site, but the non-nursing courses are provided by academic departments at Memorial's campuses, either in St. John's or Corner Brook.

Brief History and Description of the Collaborative Nursing Program in British Columbia

A number of factors contributed to the establishment of collaborative nursing programs in BC. These included the Canadian Nurses Association's entry-to-practice position, initiatives from the BC Ministry of Advanced Education aimed at improving university accessibility and a number of landmark reports at the federal and provincial levels on healthcare reform and health promotion. Fuelled by these factors, members of the nursing education community collaborated to develop an innovative strategy for baccalaureate education in nursing.

The purpose of the CNP was to educate nurses to work with individuals, families, groups or communities from a health promotion perspective and an ethic of caring. The common CNP curriculum was based on a commitment to ideas arising from feminist, phenomenological and critical philosophies that address changing health-care needs of our society. The initial partners were Malaspina University College in Nanaimo, the University College of the Cariboo in Kamloops, Okanagan University College in Kelowna, and Camosun College and the University of Victoria, both in Victoria. In 1992, North Island College in Courtney and Langara College in Vancouver joined the partnership; in 1993 Selkirk College in Castlegar also joined. The most recent partners, Douglas College in New Westminster and Kwantlen University College in Surrey, joined the group in 1994. In 2001, the CNP entered into a mentoring agreement with Aurora College in Yellowknife to assist Aurora in moving towards a four-year baccalaureate program by 2006.

Several models for degree completion existed within the CNP. Three university colleges (Cariboo, Okanagan and Malaspina) were mentored for eight years by the University of Victoria faculty and now offer independent four-year academic degrees in nursing. Kwantlen University College was given degree-granting status in 1995 by government and implemented plans to offer an independent nursing degree the following year, without mentorship. Camosun, Langara, Selkirk and Douglas colleges have offered the first two years of the degree program; students

transferred to the University of Victoria (either in Victoria or on the Lower Mainland campus) to complete the last two years. The transfer of students after two years at a college partner site was also in operation between University of Victoria and North Island College until very recently. Within the last two years, arrangements have been made that enable students at both North Island and Selkirk colleges, both geographically distant from the university, to complete their program of studies at their local college. Malaspina University College provides mentorship and confers degrees for North Island College. University of Victoria provides the same support and credentialing for Selkirk College.

In 2002, the BC provincial government announced that the baccalaureate degree would be the education level necessary for entry to practice into the nursing profession. Plans have been made to phase out all diploma programs by 2005. While the CNP goal of facilitating entry to practice at the baccalaureate degree level will have been met, the partnership is now at a new crossroads. Some of our college partners have chosen to offer an independent applied degree in nursing rather than continue in a collaborative academic degree program.

Why not applied degrees?

On one level, it would seem understandable that colleges want to offer their own independent degree programs. However, the decision to do so has resource implications for the University of Victoria, since the first two years of the degree program are not offered at the university. If students complete the degree at the college, there are concerns that the resulting drop in enrollments would have an adverse impact on funding at the university. Specifically, a distal campus was established in the Lower Mainland to accommodate students from two of the colleges now planning for applied degrees, and that campus will close in the near future.

In addition and more importantly, the CNP partners have considerable concern regarding the decision of some partners to request applied degree status. Nursing has worked hard to establish itself as a scientific discipline. The curriculum was developed as an academic and not an applied degree program. While some have offered healthy debate on whether nursing is a “practice profession,” an “applied discipline” or an “academic discipline” (Northrup et al. 2003), it was clear among the partners that the applied degree framework did not appropriately reflect the intentions of the program we were offering. Further, the initiative of the colleges seeking applied degree status conflicted with the principles of collaboration that were identified at the early stages of planning for the CNP. As a result, the majority of the partners agreed that the collaboration could not be continued, and an interim structure has been established to coordinate the transition.

Advantages of Collaboration

All collaborations have advantages. For us, a major benefit of the CNP has been the efficient use of resources. It was far less costly for government to provide small amounts of funding to expand nursing programs for the involved institutions than to create new four-year degree programs. Also, since much of the rhetoric of the provincial government of the time related to avoiding duplication and fostering collaboration among institutions within the post-secondary education sector, the CNP proved to be a model that suited their agenda.

Further, the partnership created a very effective and cohesive group of nurse educators and leaders. The regular meetings designed to support the CNP structure provided opportunities for educators and administrators to discuss emerging nursing issues and to plan strategies to address concerns. There was considerable power in this group. The strength of the educators and leaders was bolstered by the high numbers of students in the combined programs, who made up about 70% of the nursing graduates in the province. The students, who learned about empowerment and effecting change, were influential in fostering a number of changes in the professional association as well as the healthcare and educational systems.

The opportunity for collaboration was also valuable in that it fostered the development of knowledge about a new nursing education model. There have been many opportunities for mentorship and collaboration in relation to specific courses, course concepts and research projects. There has also been considerable discussion and recognition of various forms of scholarship among the group, adapting and building on Boyer's model of scholarship in the academy (Boyer 1990; Storch and Gamroth 2002).

Issues Emerging Over 15 Years of Collaboration

While there are advantages to collaboration, there are also issues that emerge that pertain to different cultures, priorities and goals. Since collaboration is inherently about negotiation and compromise, differences between universities and community colleges have created tensions. At the level of mission statements, these differences represent important ways for institutions to differentiate themselves as offering something unique to the diverse population of potential students seeking post-secondary education. At the level of curriculum design and delivery, all partners have engaged in constant critical reflection about how much compromise is necessary and at what point the resulting policy or practice becomes too much of a departure from disciplinary or institutional norms. Many difficult questions have been raised and discussed about the quality of the educational enterprise. We will explore some of the key differences and, from there, suggest some strategies on the basis of our experience.

Different institutional cultures

Organizational cultures vary from institution to institution. There are differences in the way that colleges and universities measure and enact quality of education. While all educational institutions build reputations on the basis of academic standards, standards are measured differently within these distinct institutional settings, and the values that underlie the standards differ. Universities are often said to be models of tradition; the old disciplines of philosophy, history, linguistics and physics sit in some uneasy tension with emerging disciplines such as women's studies, disability studies and a range of professional programs including nursing, medicine and engineering. Having achieved standing in the university community, nursing has taken full advantage of opportunities to develop scholarship that meet and exceed standards for recognition as a scientific discipline. We have witnessed an explosion of nursing scholarship over the past 30 years that positions the discipline well to exert significant influence over the shape and direction of society, particularly in relation to health issues.

In contrast to the perceived elitism inherent within the traditional values of the university, community colleges often describe their programs in terms of "access to opportunity." Colleges have historically given citizens in the local region the chance to gain additional knowledge and skills in a range of professional and technical domains, with the aim of improving opportunities for employment and economic participation in society.

Over the past two decades, universities have experienced pressure from governments and also from the broader society to address issues of "accountability," specifically in relation to employment of graduates and measurement of benefits to society. Largely because of these perceived pressures, members of the more traditional disciplines in the university community treat nursing, with its direct and obvious employment links, with concern and suspicion. Members of the university community argue strongly that generation of new knowledge represents their key contribution to society; the employability of graduates is viewed as a likely outcome of a quality education but not as the primary aim of the endeavour.

The long-range focus for the university provides fertile ground for debates that draw on discourses of "elitism" and deep-seated, though rarely expressed, suspicion of a university's stated interest in maintaining academic standards. Most often, we have experienced this difference when discussing entrance requirements.

Universities usually manage enrollment numbers on the basis of entry grade point average. Operating with a different set of values, community colleges within our partnership accept students on a first-come, first-served basis. Given these circumstances, we negotiated complex transfer relationships that result in different admission standards for students accessing the nursing program from partner sites than

those faced by students entering other third- and fourth-year university programs. When questions about these differences arise around the university, there is always the potential that collaborative arrangements will be perceived as deleterious to the university's reputation.

Different institutional priorities

As well as having different institutional mandates related to access, colleges experience different relationships with the funder of post-secondary education, the provincial government. Much of the debate that occurred within the Collaborative Steering Committee, the administrative group overseeing implementation of the CNP, arose from differing perceptions about how to respond to government priorities. A relevant example pertains to student attrition: nurse educators were advised that zero attrition should be the goal so that governments can claim that public funding devoted to the education and supply of new nurses is well spent.

Legislation enabling the establishment and ongoing operation of community colleges demands a much greater accountability for such provincial priorities than does the legislation under which universities function. At the level of program management and policy development related to student progression standards in nursing programs, these legislative differences have created conflict within the partnership. Universities can, and do, respond to such demands in quite different ways than colleges. Further, while heads of both college and university nursing programs came to consensual decisions related to issues such as student attrition at the Collaborative Steering Committee table, these decisions were not always supported when the college partner returned to her own institution and was required to account to a dean or president. The collaborative relationship may have been perceived to infringe on the relationship with government and the capacity to make decisions that demonstrated the college's adherence to government policy. Under these circumstances, program heads experienced pressure from within their organizations to "ensure success" for students, rather than make critical appraisals of those students' capacities and aptitudes for nursing.

Different institutional goals

Working as a collective on mutually held goals, such as the BSN-as-entry-to-practice issue, has been a valuable and ultimately successful, though not always smooth, experience. Recently, with the introduction of the category of an applied degree – where community colleges can operate more independently to offer an applied baccalaureate degree – we find that fundamental splits in our collective view emerge as the differing institutional goals take precedence over the wider professional goal of furthering the growth of the discipline of nursing. As a collective, we were able to affirm our value for an undergraduate degree as an entry-level requirement for the profession. But with different paths open to offering an undergraduate degree – the baccalaureate degree and the applied degree – our collective voice has been under-

mined as we have engaged in long debates about the centrality of nursing as an academic pursuit that clearly has a strong and direct link to professional practice. We will elaborate on those key differences.

The applied baccalaureate degree was recently presented by the BC Ministry of Advanced Education as an opportunity to enable publicly financed post-secondary institutions to compete on a level playing field with private colleges. BC has made significant changes to public policy for the purpose of opening the province to business and the financial rewards that accompany such policy shifts. In the education sector, we have witnessed an explosion of private colleges entering the province and establishing themselves within a context of private, for-profit educational programming. Many of these private colleges take advantage of the long waiting lists for students to access a variety of health-related educational programs within the public post-secondary sector. The provincial government has established a division within the Ministry of Advanced Education to provide guidance and some regulation of private educational providers. For our collaborative partnership, it was significant that private colleges were given legislated opportunities to offer baccalaureate degrees, since they were competing for the same students. As a result of pressure from the public community college sector, the Ministry created a policy framework for the public post-secondary colleges to make application to offer applied baccalaureate degrees.

This new policy initiative represented an opportunity for our college partners to attain a level of independence in offering a degree program that no longer relied on a transfer arrangement with the university. Suddenly, our cohesion in relation to the entry-to-practice position was fractured as we witnessed a preference for institutional autonomy emerging over professional, disciplinary and collaborative academic standards.

Such a shift in practice created vulnerabilities for all partners; it caused us to revisit, on more than one occasion, the principles of collaboration that had previously been helpful to us in resolving conflict within our partnership. It forced us to clarify our values and beliefs and to be very clear about how our allegiances to our employers can set us in opposition to our professional and disciplinary values and beliefs. Specifically, it also forced us to re-examine the previously agreed-upon principle that related to refraining from educational activities that adversely affect the fiscal integrity of another partner. In their pulling out of existing transfer relationships, our partners' decision to pursue the opportunity to offer applied baccalaureate degrees in nursing has had a potentially negative impact on the future fiscal integrity of the University of Victoria School of Nursing. At the same time, the university had to make decisions in light of the colleges' stated intent to pursue the applied degree. These decisions have left college students somewhat uncertain about

degree completion opportunities. These very difficult discussions sorely tested our collaboration and provided some unique experiences that we would draw on, and urge others to consider, in developing collaborative relationships in the future.

Strategies to Enhance Collaboration

Clear legal agreements

Stanton et al. (1992), in describing their experience, emphasized that collaboration started once a contract was agreed upon. What should be addressed in such a contract? Obviously, funding and resource issues should be spelled out. In our case, the direct funding issues were few. Initially, we received funding from government for a faculty outreach coordinator to facilitate collaboration. There was no real need to transfer funds; each institution maintained a constant resource base, and government provided incremental funding to accommodate expansion of the programs. Over time, though, government funding for the coordinating functions was withdrawn, and each institution contributed to a fund that supported joint staff (coordinator and secretary) as well as collaborative activities (evaluation, conferences, accreditation, approval processes).

In many collaborations, appointment issues are a concern. In our collaborative program, each institution maintained the same faculty, staff and contracts. This saved us considerable distress, since union contracts pertaining to salaries, hours of work and teaching responsibilities vary widely between universities and colleges. There remained a desire among some college faculty to teach in the latter part of the baccalaureate program. To some extent, this was arranged through specific contractual agreements between the two institutions. However, we have not coordinated joint appointments or exchanges, and there continues to be a desire among all partners to increase opportunities to teach across sites.

Unfortunately, we did not have legal contracts in the CNP. We developed a series of documents that outlined the principles of the collaboration and structures to support it. However, we did not address processes and costs associated with dissolution of the partnership or withdrawal, including development of a rationale for such withdrawal, of specific partners. While direct costs were not a major issue, the indirect costs of possible withdrawal of partners were not considered and, in retrospect, should have been. A clause providing for a process for withdrawal from the collaborative degree program, including prior written notice of withdrawal several years in advance of the change, would have helped us prepare for the transition.

Clarity regarding mutual expectations

After contractual matters are addressed, structures and processes need to be developed to facilitate and foster the collaboration. In our case, the formal structures included the Steering, Curriculum and Evaluation committees. Each committee

included representatives from all partners, and terms of reference outlined the roles and responsibilities of each group.

Clarity of government policy

Many of the recent issues that arose in our collaboration emerged because a new provincial government provided an opportunity for colleges to offer applied degrees. While it was not initially intended that nursing education be included in this initiative, pressure from college administrators resulted in applications from colleges to offer applied degree programs in nursing. We doubt whether the policy framework of the previous government would have enabled this to happen. That is not to say that policy should not change. Rather, the new policy framework created opportunities that were not intended by the government and not anticipated by most members of the CNP. In terms of strategies to promote continuing collaboration, we would caution others to think critically about implications of proposed policy changes and communicate those to legislators early in the process. Our experience has been that a highly competitive environment emerged from what, under a previous set of policy guidelines, had been one in which collective and collaborative work was valued and supported. Our personal relationships and the long history of collaboration were insufficient to withstand such a fundamental shift in government policy.

Evaluation and review processes

Ensuring the quality of the educational program was a goal for all partners in the CNP. We designed a number of initiatives and strategies to monitor and demonstrate quality. Firstly, we engaged in a major program evaluation that involved an extensive assessment of the structure, process and outcomes of the program. Data collection strategies included both quantitative and qualitative methods, and data were obtained from students, faculty, nurses, preceptors and employers. As a result, we had a very good understanding of our collective strengths and weaknesses. In our case, the collaborative program evaluation provided considerable strong evidence for quality, which was used in both the provincial approval process for nursing programs as well as the national accreditation process. As a group, we were also able to address our weaknesses collectively, by sharing expertise across the partner sites. For colleges in particular, where research and scholarly activity were not part of the institutional mandate, we were able to work on mentoring colleagues, supporting publication and scholarly presentations through conferences and joint publications, and discussing and planning strategies regarding the various forms of scholarship (e.g., teaching, application, integration, discovery) (Boyer 1990; Storch and Gamroth 2002). In addition, these processes served as mechanisms to continue to improve the curriculum and program.

Accreditation standards

In British Columbia, the Registered Nurses Association of British Columbia approves nursing programs and ensures that they meet minimal standards. The Canadian Association of Schools of Nursing (CASN) also offers a voluntary accreditation program, the purpose of which is to encourage excellence in nursing education. In some provinces (e.g., Newfoundland and Ontario), CASN accreditation is accepted in lieu of provincial program approval. However, this is not the case in BC; as a result, schools of nursing need to prepare different documents and undergo review by both bodies. Programs that apply for accreditation are subjected to a vigorous evaluation that measures them against well-defined criteria, as well as fundamental qualities that are common to all baccalaureate programs. Each school/program seeking accreditation undertakes a self-study, guided by a questionnaire and other requirements outlined in the CASN accreditation program. Then, an accreditation team reviews the school's self-assessment and makes a site visit to the school (CASN 2004). We experienced a number of challenges in relation to both approval and accreditation of the CNP. While each partner was to apply for approval/accreditation, the University of Victoria and colleges that offered the first two years of the program applied together, since the degree program needed to be considered as a whole. While we were able to address the logistics of writing a series of reports with both common and separate institutional sections, and were able to work with the leadership in both professional associations regarding the processes that would be used for these new programs, it was apparent that some colleges, on their own, would not meet the accreditation standards, particularly in relation to research and scholarly activity.

A focus on teaching students – in classrooms and in practice settings – continues to be the primary mandate of community colleges. Increasingly, however, faculty with graduate preparation at both the master's and doctoral levels are accepting teaching positions in community colleges, and they are already pushing the traditional



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boundaries. Within a context of finite research dollars to support nursing scholarship, collaborative nursing programs can anticipate this as an area for negotiation and partnership, but possibly also competition in the years to come.

Transparency regarding plans and goals

As noted previously, it may be part of the natural evolution and cycle for collaborative programs that a desire for independence arises. Indeed, we have seen evidence of concerns about institutional autonomy since the early days of collaboration. Because of the relatively short history of these initiatives, it is difficult to confirm the hypothesis that independence is part of the trajectory of such programs. In our experience, the lack of openness and transparency regarding institutional goals and plans for independent applied degree programs has led to difficulties for the remaining partners. Further, since there has been relatively little communication within some of the schools, faculty and staff have had varying levels of support for the initiative, and misinformation has been rampant. Students have been the victims of this unsettling time, since they have received contradictory messages from faculty members and other students regarding the future of their program.

In many ways, a time-limited collaboration with clear goals, expectations and targets may be an ideal way to proceed. Once the goals of the collaboration are attained, it is reasonable to expect that partners will seek independence. The goals for our collaborative work changed over time. Initially, we were concerned about developing a quality curriculum and common standards for grading, and ensuring the academic integrity of the program. As the educational challenges were overcome, we increasingly focused on the need to foster scholarship and research. As noted above, this is a particular challenge for colleges where institutional commitment to scholarship has not been established and where many faculty members do not have doctoral degrees. Nevertheless, some of the university colleges in the partnership got commitments from their institutions to provide time and recognition for scholarly activity and recruit highly qualified faculty. A series of goals and targets could include qualifications of faculty, numbers of successful offerings of the program and student outcomes such as registration examination results, employer satisfaction, graduate satisfaction with the program and so on. Gradual decrease of university involvement could follow as agreed milestones are attained.

Conclusion

Collaborative nursing programs have many advantages and have been successful in attaining specific goals, particularly in relation to baccalaureate education as entry to nursing practice. However, collaboration brings many challenges. In our experience, the benefits outweighed the difficulties, but we would caution others to assess the implications of dissolving the partnership far in advance. It may be that after a cycle of activity where common goals are attained, the partnership no longer serves

the same functions and independent initiatives are inevitable. Ongoing dialogue and critical reflection upon changing goals of the collaboration should be incorporated into the long-term communication plan. Clarity and transparency are vital to enhance the likelihood of continuing collaboration, and supportive programs involving mentorship of educators can lead to increasing autonomy of colleges. This is particularly true in colleges that have a high proportion of faculty prepared at the doctoral level, who are engaged in scholarly activities and research.

Collaborative nursing programs pose many challenges, and their future will hinge on understanding mutual goals and expectations. In our opinion, gradual transition to independence as a degree-granting institution, provided academic standards and agreed milestones are attained, is a laudable and achievable goal. As such, collaborative partnerships, institutions and governments should give serious consideration to the circumstances under which independence is achievable and therefore should be supported. Collegial working relationships among administrators, legislators, educators and professional bodies are fundamental to these determinations.

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Commentary: The Case for National Standards

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The paper “Collaborative Nursing Education Programs: Challenges and Issues,” developed by Molzahn and Purkis, provides insight into a “bold experiment” that has been implemented in Canadian nursing education – an experiment that has moved nursing forward in achieving the baccalaureate in nursing as our entry to practice. The authors provide insight into significant issues that affect such collaborations. Normally, such an experiment would have as a component a comprehensive national evaluation plan. But to date there have not been any such evaluative studies related to these partnerships. There has, however, been evaluation at program levels related to curricular outcomes.

In the new CASN accreditation program, to be implemented in 2006, a standard exists related to partnerships. Specifically, all collaborative programs being accredited will need to address the following key elements: (a) a strategic plan guides development of informal and formal partnerships, relationships and teams for achievement of mutual goals; (b) strategic goals are achieved by teams within partnerships and relationships consistent with the concept of shared leadership; (c) trust, mutual respect, shared leadership and open communication support partnerships, relationships and teams; (d) achieve-

ment of strategic goals and revision of the strategic plan are based on joint evaluation and monitoring; (e) benefits of teams, partnerships and relationships are evident; and (f) teams, partnerships and relationships create new opportunities, innovations and synergy. Hence, there is an agreed set of concepts that can form the basis of a national research evaluation of collaborative partnerships.

Partnerships have been formed to deliver nursing education curricula. Research is similarly required to determine whether these curricula are meeting the projected current and future needs for nursing practice across the country. Standards for assessing nursing education programs can also provide research guidance. Key elements are that (a) programs monitor and evaluate curricula and (b) programs monitor and evaluate learners’ and graduates’ ability to provide effective nursing practice that is safe and ethical. Thus, some key markers of both collaborative partnerships and program outcomes are outlined through the CASN accreditation process. Nurse researchers could support their evaluative studies by using these key elements to guide their research questions and methodology.

Clearly, evaluative research of the collaborative nursing education movement is urgently needed to determine the effectiveness in using such models.

At the same time, historical research is required to document this movement, its transition points and outcomes.

In summary, the collaborative partnership models adopted by Canadian baccalaureate nursing education have facilitated a significant increase in the output of baccalaureate nursing graduates for the health system. Determination of the effectiveness of such approaches has not been researched, except within required areas for approval and accreditation needs of individual programs and collaborations. Molzahn and Purkis address a number of areas within collaborations that need to be monitored and studied. Funding is needed to undertake national evaluative research of these programs. Results of such a study will be valuable in not only decision-making related to continuance of such models in Canada, but also for other countries that may be considering similar approaches.

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