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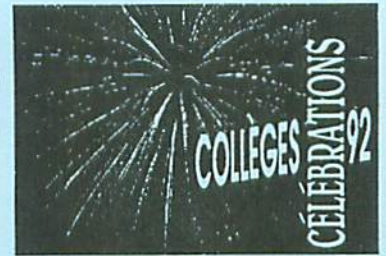

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Jointly Educating Nurses for the 21st Century

par

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Jointly Educating Nurses for the 21st Century

Abstract

Colleges and universities across North America are recognizing the need to plan joint nursing programs. While curriculum issues are the core focus of planning activity, the planning process itself is crucial. Managing the college-university planning process calls for vision, commitment, and patience. This paper describes approaches to identifying planning issues, resolving conflicts and issues, and gaining approval from college and university groups.

Introduction

The purpose in this paper is to provide one perspective on the collaborative venture of two colleges (Lethbridge Community College and Medicine Hat College) and one university (The University of Lethbridge) in planning a joint nursing education program. A very brief historical perspective and rationale for the program is presented prior to focussing upon the planning process itself through a discussion of the seven components of planning. This discussion sets the stage for a description of planning issues, planning elements (e.g., vision, commitment, and patience), resolving conflicts and issues, and gaining approval from institutional and governmental groups.

Defining Collaboration

Styles (1984) considers the word *collaboration* as a good candidate to test an axiom called the *Styles Stipulation*, that is, "As a word gains in popularity it loses in clarity" (p. 21). In "The New Edition of the Concise Oxford Dictionary," the verb *collaborate* is defined as "work jointly with, especially at literary or artistic production; [and also as] cooperate traitorously with the enemy" (Sykes, 1976, p. 196).

In nursing education, the term collaboration has often been linked directly with the term articulation, referring to "building upon previously learned content" (Gallop, 1984, p. 57). Hence, the term articulation tends to connote the *two-plus-two* programming opportunities in nursing. Richardson (1986) disagrees; rather than this narrow view of articulation being synonymous with two-plus-two, she prefers a broader approach to articulation, one that suggests replacing diploma programs with university transfer programming. Thus, Richardson (1986) emphasizes that "university transfer of credit is fundamental to any conceptualization of articulated baccalaureate nursing education" (p. 56).

While supportive of the concept of articulation initially, the Alberta Association of Registered Nurses (AARN) has, since 1987, "deleted the term articulation from its three policy documents relating to baccalaureate entry into practice" (Richardson, 1988, p. 5). The AARN determined that the two-plus-two interpretation of articulation was no longer acceptable. Similarly, since 1986, the Alberta Nursing Education Administrators interest group, comprising the nursing program directors and deans, has supported using "the terms 'collaborative baccalaureate programming' and 'decentralized baccalaureate programming' rather than the term 'articulation' when considering issues associated with expanding generic baccalaureate programming in Alberta" (Richardson, 1988, p. 5).

Historical Perspective and Rationale

Stimulated by the recommendations of The Alberta Task Force on Nursing Education (1975), early in 1979, the AARN recommended that the Association go on record as approving, in principle, that baccalaureate education be the entry to professional nursing practice. The Provincial Council passed that motion setting the Year 2000 as the tentative time frame for implementation. In February 1982, the Canadian Nurses Association Board adopted a similar motion.

Throughout Alberta, nurse educators from universities, colleges, and hospital programs have been involved in collaborative programming. Two programs (the Edmonton-Red Deer program and the five institutions within Edmonton program), both associated with the University of Alberta, have been implemented with the third program, in Calgary, awaiting governmental approval. Discussions regarding collaborative programming commenced in Southern Alberta in 1985, and resumed in 1989, but were suspended in both instances due to changes in administrators in all three schools. Nevertheless, the goal of achieving a Collaborative Baccalaureate Program for Southern Alberta, one that would utilize the strengths of faculty members and curricula among the three institutions, was agreed upon by those attending the initial Steering Committee meeting on March 11, 1989. To accomplish the task of developing a curriculum blueprint for purposes of gaining institutional and governmental approval, the Steering Committee (comprising the three deans/directors) created a Curriculum Sub-Committee (including two faculty members from each institution).

The health care delivery system in Alberta, indeed throughout Canada, is primarily illness-driven at a time when health costs are escalating and a health promotion focus is increasingly advocated (The Premier's Commission, 1989, p. 30). In the two-year diploma programs oriented to a clinical preparation, there is limited time to address the breadth and depth of knowledge and skill development required of nurses today. Thus, the diploma graduate's ability to comprehensively meet the emerging health care needs of society may be diminished.

The collaboratively planned baccalaureate program will increase the learning time frame, enrich

and/or expand liberal and professional educational experiences, and enable the graduate to have the confidence and skills to respond to health care needs in a variety of settings. The purpose of this collaborative generic baccalaureate program is to prepare nurses at the generalist level with the basic competencies required to significantly assist in meeting the contemporary and future health care needs of society.

The Planning Process

The planning process is crucial to realizing a successful outcome in undertaking change. In this section, seven components of planned change, examples of planning issues, and elements central to the planning process are discussed.

Components of Planning

Planned change is both a deliberate and collaborative process. It is deliberate in that it is a conscious plan and collaborative in that everyone concerned is involved in the process. Planned change is also an open process that requires a redistribution of power. Planned change necessitates consideration of seven distinct components as follows:

1. Change itself.

One must consider the complexity of change; for instance, multiple simultaneous change is more difficult to assimilate than step-by-step change. The old adage, "If it ain't broke, don't fix it" bears consideration. In other words, all parties must feel a need for the change in order to gain everyone's cooperation throughout the change process.

2. Change agents.

The change agent(s) refers to those individuals who are implementing the change. The individual is seen as a facilitator or expert in assisting others to work through the change process. In Lewin's (1951, cited in Welch, 1990) terms, the moving stage commences as the change agent begins to identify with the participants the need for change. Indeed, the success or failure of the planned action depends upon the quality and workability of the relationship between the change agent and the participants. In collaborative planning, the Steering Committee members endeavour to gain acceptance of the proposed programmatic change in their deliberations with senior administrators while the Curriculum Sub-Committee members seek agreement that change is necessary among the other faculty members.

3. Change targets.

The change targets in the collaborative venture refer to the senior administrators, faculty and staff members of the three institutions as well as colleagues in nursing and non-nursing sectors and the government. It is necessary to recognize that any change in behaviour, values, or attitudes takes time and therefore, one cannot anticipate that the planning process will follow a short, smooth, and straight path. Resistance tends to decrease when those individuals affected have had an opportunity to participate in the planning process. It is important to keep dissent depersonalized, recognize diversity, and keep the communication lines open.

4. Change setting.

Does a climate for change exist? Is there a primary orientation towards the people involved, are problem solving strategies present and employed, and is there an awareness of the problem? Is the physical setting appropriate for planned change?

5. Rationale for change.

Specifying the need, cost, benefit, and value of the collaborative nursing program is an essential step in the planning process. The argument must be clear, logical, and stated in a language appropriate for the audience.

6. Change strategies.

There are numerous strategies that can be incorporated. For example, Haffer (1986, cited in Gillies, 1989) identified three strategies as follows: empirical-rational, normative-re-educative, and power-coercive. A strategy needs to be selected to address the purposes of the change and the people involved. As Sarner (1984) notes, "The strategy that spells success for one program may be totally unproductive for another--or even for another organization working on the same issue" (p. 2). During this phase, the active work of modification occurs as the moving process is finalized and the refreezing process is undertaken. Stabilization is enhanced as other systems become aware of the change and related procedural and structural changes occur.

7. Timing of change.

Change is easier to accept if important parts of the environment remain constant during the change process. During the transition period, it will be necessary to complete existing programs (e.g., diploma and post-basic) while simultaneously initiating the first year of the collaborative venture. Thus, not all faculty members will be involved in the change at the same time.

Planning Issues

In this paper, three different planning issues are presented. The first example relates to an administrative issue, the second a curricular issue, and the third a logistical issue.

Administrative issue. An important first question to be addressed was "What is the appropriate administrative structure for a collaborative venture involving three separate institutions?" At first glance, it was expected that we could function as one school, with a Dean and two Assistant Deans and a collective faculty body, albeit located on three different sites. This idea sounds good, collegial, and even workable. In reality, however, each school currently operates under a different

contractual agreement. Needless to say, the college faculty members may not appreciate the "publish or perish" rule being added to their heavy teaching workload--not that publishing or presenting papers is foreign to college faculty members. Similarly, the university faculty members may not be keen to take on the "hour" requirement associated with clinical supervision that is associated with diploma programs. So, while this administrative structure may serve us well, it may be best to entertain a somewhat more autonomous approach, institutionally, to the assignment of faculty workloads. It is still possible, however, to take advantage of faculty expertise and share resources as needed. It is still reasonable to bring all three faculty groups together for a retreat, for instance, for purposes of professional development or for sharing information.

Curricular issue. Perhaps the most contentious issue evolving from curriculum discussions pertains to the number of clinical hours provided versus a broad based or liberal arts focus. It is in dealing with this issue that some of the faculty members may feel as though they are indeed "cooperating traitorously with the enemy" (Sykes, 1976, p. 196). Clearly, many college faculty members are strongly supportive of maintaining, actually increasing, the number of hours devoted to clinical opportunities for students. The university faculty members are more interested in focussing upon a sound liberal arts base along with a range of nursing courses that may or may not relate directly to a clinical component, for example, transcultural nursing, teaching-learning, and healthy lifestyles. This issue is what one might anticipate due to the specific program mandates under which each faculty now operates. In fairness, it is also reasonable to expect this issue to surface because the program is being lengthened from two to four years; therefore, there should be more time to accommodate clinical opportunities for students.

Logistical issue. A number of logistical issues emerge as a result of the distance between the two cities in which the three programs are located. Medicine Hat is about 185 kilometers away from Lethbridge, essentially a two-hour drive. As a consequence, Medicine Hat College administrators requested that their students be allowed to complete the four-year program in Medicine Hat rather than having to travel to Lethbridge for one or two years as initially anticipated. Some of us believe that being on a university campus offers a unique experience that each student earning a baccalaureate degree should have. It is a moot point. Related to this issue is the fact that, if the students do not come to the university, then the university faculty members will travel to Medicine Hat to provide the final two years of the program. If this latter scenario is realized, the outcome becomes a financial issue for the university. An alternative is that it may be possible that some of the college faculty members could teach some of the courses during the final year of the program. Unfortunately, not all of the college faculty are educationally or experientially prepared to make this alternative an easy solution to this dilemma. Needless to say, this distance has also had an impact on the planning process in terms of time, travel, and finances.

Elements of Planning

Managing the college-university planning process calls for vision, commitment, and patience.

Vision. In The Rainbow Report, the Premier's Commission on Future Health Care for Albertans (1989) promotes the vision of "healthy people living in a healthy Alberta" (p. 63). The vision incorporates many principles such as accountability for well-being at the individual, family, and community level; developing new partnerships between caregivers and recipients of care as well as among caregivers; health promotion and illness prevention will be central to community functioning, and protection of the environment and our health. Furthermore, "research and development will play an important role in improving our capabilities to cope, manage, heal, share knowledge, and protect the environment. . . . [and] there will be the easiest possible access to basic and specialized health services without financial or other discriminatory barriers" (The Premier's Commission, 1989, p. 63).

Aydelotte (1987), an independent nursing consultant and professor and dean emeritus at the University of Iowa, describes her vision of nursing's preferred future. Among the recommendations, Aydelotte (1987) suggests that "a remodeling of nursing education is long overdue" (p. 120). We feel very fortunate to have the opportunity to plan a new educational program for nurses. To prepare nurses for the future (e.g., 2010), the new curriculum should encompass "more depth in the sciences, a greater understanding of economics, emphasis on ethics and legal issues, introduction to management and business, understanding of information technology and artificial intelligence, and greater clinical application" (Aydelotte, 1987, p. 120). With this sound educational preparation, she foresees four major roles for nurses in the future: "the provider of direct services to clients; the researcher and developer of new knowledge and techniques; the case or panel manager; and the executive" (Aydelotte, 1987, p. 119). Cognizant that money controls and dominates, she further suggests that nurses continue the work of "costing out nursing services, gaining reimbursement for our services, learning the management of contracts and business, and attaching value to services and quality" (Aydelotte, 1987, p. 120).

Seeing clearly into the future has never been an easy task for nurses, educators, or politicians. Today, it is even more difficult to determine with any degree of accuracy what the future may hold. Nevertheless, it appears fairly certain that the dollars available for the health care system are finite, it appears that the lifespan of a body of knowledge is about five years, it appears that the role of health care professionals is changing, and it appears that nurses are in an ideal position to assist in

meeting health care requirements in a cost-efficient manner. To do so, however, requires a sound, broad educational base as the entry level to practice. As Aydelotte (1987) commented, "Guiding us is a vision of nursing--a preferred future. Let us capture that vision and make it real, for not to do so places us among the oppressed. And it is time for us to carve out our image and transform ourselves to that image. The public we will serve in 2010 will be better for it" (p. 120).

Commitment. Commitment is a critical feature of any change process and commitment of faculty members is vital if the collaborative venture is to be successful. Pickett (1990) examined "the perceptions of southern Alberta nurse educators regarding the concept of collaborative programming as one way of working towards baccalaureate entry into nursing practice" (p. 8). There was overwhelming support for the development of collaborative baccalaureate programs--90% of the faculty members working in diploma programs and 91% of the faculty members working in university programs (Pickett, 1990, p. 101). Whereas the diploma faculty members supported collaborative programming for reasons pertaining to resources--"to utilize and consolidate existing human, physical, and financial resources in an effective and efficient manner" [Pickett, 1990, p. 91]), programming (issues related to curriculum change such as content and accessibility as well as the benefits from coordinating inter-institutional educational efforts [Pickett, 1990, p. 92]), and the profession (to develop a united front in order to enhance nursing education, nursing service, and nursing's role in the political arena), the university-based faculty members tended to provide pragmatic reasons. The pragmatic reasons pertained to the movement toward baccalaureate as entry to practice by the year 2000; collaboration was deemed to be a transitional measure. For those members involved in the planning process, commitment is the key that keeps them going through the difficult times of confronting and resolving issues.

Patience. It takes time to achieve most goals, and it is even more difficult and time-consuming when the planning process requires change of this magnitude. Everyone tends to think that his/her program is the best program available. It is very difficult to let go of some aspects of one's program in the interest of moving forward into the unknown. None of us have graduated from, or worked in, a generic baccalaureate program; and, we don't have one in place. It is necessary to be patient in order to allow each participant the time to work through this planning process at his/her own pace, although not at the expense of delaying the whole process. Although a few decisions have been made by the administrative group and a few rules imposed upon us by the university, there has been every effort made to foster consensus development among the Curriculum Sub-Committee and program faculties.

We are faced with the challenge of determining the educational requirements of professional nurses who will assist individuals to meet their health needs in a complex and changing society. None of us profess to have the answers to some of the difficult questions that surface during our deliberations, nonetheless, we try to recognize the merit in the ideas of our colleagues and to remain patient throughout the lengthy, sometimes circuitous discussions that are central to our planning process.

Resolving Conflicts and Issues

The first step in resolving conflicts is to identify the issue clearly. What is deemed a problem for one individual or institution is not always seen the same way by another individual or institution. Importantly, each committee member must be willing and open to the other person's perspective and allow a fair hearing of all sides of an argument. Communication is central to resolving issues that arise in such a collaborative venture as we are undertaking. When the lines of communication remain open and we feel free to work informally and formally toward achieving consensus in overcoming our differences, we can agree to a common solution to an issue. At other times, we agree to disagree, and still at other times, we agree that we can function with things being different in each of the three institutions. For instance, the colleges work on the basis of a 14-week and 16-week semester while the university works on a 13-week semester. Another example pertains to the naming of courses, the name is less important than the content of the course and the opportunity to meet transferability requirements.

Siler-Wells (1988) noted that "implementing change is like crossing a river. You can't get to the other side unless you leave the shore. The ease of reaching the other side depends on the strength of any incentives or disincentives to do so" (p. 10). For our purposes, we must remain committed to the goal of providing a generic baccalaureate nursing program in the south of the province--one that enables us to focus upon the unique milieu in which we find ourselves, a multicultural and rural environment with an aging population.

The Approval Process

As the curriculum blueprint nears completion, it is timely to address the approval process. First of all, there is a need to take the revised curriculum back to faculty members for their responses and to give them an opportunity to voice their comments. The Curriculum Sub-Committee has always sought participation from faculty members and appreciated their input. It is expected that faculty members will participate actively in resolving any issues related to the curriculum during the next retreat.

Once approved by faculty members, the curriculum would be processed through the appropriate approval bodies within each of the three collaborating institutions. There are curriculum review committees in place and the senior administrators would also be interested in the implications of the curriculum upon their

institutions (e.g., faculty, economic, and physical resources). At the university, the curriculum must also be reviewed by the General Faculties Council and, within the Colleges, the Academic Council must review the curriculum.

Additionally, external to the institutions, all programs in nursing must be approved by governmental bodies. The diploma programs (e.g., diploma completion component) are approved by the University Coordinating Council and baccalaureate programs are approved through the Department of Advanced Education. Another governmental body that is curious about our curriculum is the Alberta Council on Admission and Transfer; it is especially concerned about the transferability of courses so as not to disadvantage the student who wishes to transfer throughout the province prior to completing a program. Only after the program has been approved by the governmental bodies is it possible for us to contemplate implementation of this collaborative generic nursing baccalaureate program.

Perhaps it is our commitment to work toward our vision of preparing graduates to meet the demanding and changing health care requirements of society that we readily accept the challenge of undertaking the difficult, but rewarding, planning process.

References

Aydelotte, M. (1987). Nursing's preferred future. *Nursing Outlook, 35*(3), 114-120.

Gallop, R. (1984). Articulation and baccalaureate entry to practice. *Nursing Papers, 16*(4), 55-63.

Gillies, D. A. (1989). *Nursing management A systems approach* (2nd ed.). Toronto, ON: Saunders.

Pickett, E. L. (1990). *Faculty perceptions of collaborative programming for the baccalaureate as entry to nursing practice.* Unpublished master's thesis, University of Lethbridge, Lethbridge, AB.

Richardson, S. (1986). Articulation and baccalaureate entry to practice: The Canadian context. *Nursing Papers, 18*(3), 47-58.

Richardson, S. (1988). *Baccalaureate entry into nursing practice in Alberta: An analysis of the articulation policy issue.* Edmonton, AB: Department of Educational Administration.

The Alberta Task Force on Nursing Education. (1975). *The report of the Alberta Task Force on nursing education.* Edmonton, AB: Alberta Advanced Education and Manpower.

The Premier's Commission on Future Health Care for Albertans. (1989). *The Rainbow Report: Our vision for health.* Edmonton, AB: Queen's Printer.

Styles, M. M. (1984). Reflections on collaboration and unification. *Image: The Journal of Nursing Scholarship, XVI*(1), 21-23.

Sykes, J. B. (1976). *The concise Oxford dictionary of current English* (6th ed.). Oxford: Oxford University Press.

Welch, L. B. (1990). Planned change in nursing. In E. C. Hein & M. J. Nicholson (Eds.), *Contemporary leadership behavior Selected readings* (3rd. ed.). Glenview, IL: Scott, Foresman/Little, Brown Higher Education.