

Baccalaureate Nursing Education Program Models

**A Literature Review Prepared for the
Saskatchewan Academic Health Sciences Network**

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1. Introduction

The research provided in this document was undertaken to assist the Saskatchewan Academic Health Sciences Network (SAHSN) in developing options for an overall Nursing Education Strategy for Saskatchewan. In carrying out this work, the author made use of various reports, reviews and research literature on Registered Nurse (RN) education programs. In addition, a number of educators and experts from across Canada were contacted to solicit advice based on programs and experiences in different jurisdictions across the country.

1.1 Purpose and Scope

The paper provides an overview and analysis of various structures of baccalaureate nursing education programs with a focus on college-university collaborative nursing programs. The following key areas of interest are included:

- A review of recent baccalaureate nursing education developments in Canada and Saskatchewan;
- An overview of the predominant college-university articulation, transfer and collaboration models in practice at post-secondary education institutions in Canada and elsewhere;
- An inventory of best practices in inter-sectoral collaboration is noted based on an evaluation of the limited research literature in this area;
- A comprehensive listing and description of current college-university collaborative baccalaureate nursing degree models across the provinces and territories; and
- A review of a number of examples and developments in baccalaureate nursing education programs that have incorporated aboriginal health care and interprofessional health education.

1.2 Methodology

This literature review and evaluation relied primarily on two data collection methods: a comprehensive review of research literature, and interviews with selected staff and faculty at colleges, universities, regulatory bodies, professional associations and agencies engaged in some aspect of the provision of baccalaureate nursing education programs, other health sciences education programs, and/or college-university transfer, articulation

and collaboration programs in other disciplines. Interviews were conducted by telephone and email.

1.3 Background

As a result of changes in the health needs of Canadians and the growing complexity of the health care system, nursing education in Canada has undergone a profound change since the 1980s¹. Despite the differences in the length, content and approach to education programs for the three regulated nursing professions in Canada – Licensed Practical Nurses (LPNs), Registered Psychiatric Nurses (RPNs) and Registered Nurses – changes in the roles, responsibilities and functions of all three of these professional nursing groups have required changes in pre-licensure education programs.²

1.4 Registered Nursing (RN) Education in Canada

Responding to calls for fundamental changes in the delivery of basic nursing education in 1982, the Board of Directors of the Canadian Nurses Association (CNA) unanimously endorsed the notion of a baccalaureate degree as the minimum entry-to-practice educational requirement for all new nurses seeking registration as RNs by the year 2000.³ The CNA subsequently encouraged nursing associations in each province and territory to also endorse the baccalaureate standard.

The need for nurses with university-level preparation stems from the challenges of an increasingly complex health care milieu. Health care in Canada today is characterized by a system-wide proliferation of advanced technology and ongoing demands for “bigger, stronger, faster, cheaper” care. The combined impact of these two forces has, and will continue to, reduce the duration of hospital stays and outpatient procedures. The resulting increased patient acuity, coupled with the need for a caring and respectful environment for patients, requires that nurses possess the sophisticated knowledge and skills that are needed to “bring the science/technology and human caring together”⁴.

As a result of the current and emerging challenges of delivering high quality care, the Canadian nursing profession has developed a widespread consensus that a broad-based university education is necessary to prepare RNs for the complex nature and scope of nursing practice. Juxtaposed with a potential nursing shortage of unprecedented

¹ Molzahan, A. E., & Purkis, M. E. (2004). Collaborative nursing education programs: Challenges and issues. *Nursing Leadership*, 17(4), 41-53.

² Canadian Institute for Health Information. (2006). *Workforce trends for Registered Nurses in Canada*. Ottawa, ON: Author.; Canadian Institute for Health Information (2006). *Workforce trends for Licensed Practical Nurses in Canada*. Ottawa, ON: Author.; Canadian Institute for Health Information (2006). *Workforce trends for Registered Psychiatric Nurses in Canada*. Ottawa, ON: Author.

³ Canadian Nurses Association. (1982). *Entry to the practice of nursing: A background paper*. Ottawa, ON: Author.

⁴ Villeneuve, M., & MacDonald, J. (2006). *Toward 2020: Visions for nursing*. Ottawa, ON. Canadian Nurses Association. p. 41.

proportions⁵, health care systems across Canada have been confronted not only with a need for more nurses, but for more nurses with higher levels of education and training.

In keeping with the position of the CNA, most of the provinces have now mandated baccalaureate programs as the RN entry-to-practice requirement. These include British Columbia, Manitoba, Newfoundland and Labrador, New Brunswick, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan. As of January 1, 2010 a bachelor's degree in nursing will also be required for entry-to-practice in Alberta.

In advocating baccalaureate entry-to-practice, the CNA did not specifically recommend how this educational transformation would take place. In its 1982 background paper, entitled “Entry to the Practice of Nursing”, the CNA acknowledged that “the logistics of such a ‘change over’ would take ten to twenty years to develop, given that existing degree programs are not currently equipped to handle greatly increased student enrolments”.⁶ The paper further envisioned that the move to the baccalaureate standard would be aided by “increased articulation between various educational and research institutions and health care agencies” in subsequent years.⁷

In most provinces, the majority of RNs were educated in three-year community college or hospital-based programs prior to the adoption of the new baccalaureate educational requirement. Governments and nursing stakeholders in a number of provinces have recognized that a successful shift from diploma to baccalaureate programs should necessarily utilize the infrastructure, resources and expertise existent in the diploma schools of nursing. As this document outlines in some detail, nurse educators and policy-makers have worked together in many instances to develop collaborative college-university programs that lead to a baccalaureate degree in order to maximize the combined nursing education capacity of university and non-university sectors.

1.5 RN Education in Saskatchewan

By the 1980s, as in most provinces, individuals interested becoming an RN in Saskatchewan had the option of completing either a college diploma program or a university degree program. The Saskatchewan Registered Nurses' Association (SRNA), the provincial licensing body for RNs, formally endorsed the notion of baccalaureate entry-to-practice at its 1984 Annual General Meeting.⁸

In 1991, a committee comprised of representatives from the SRNA, the Saskatchewan Institute of Applied Science and Technology (SIAST) and the University of

⁵ Sibbald, B. (2003). Nursing shortage more severe, urgent than expected. *Canadian Medical Association Journal*, 169(7). p. 699.

⁶ Canadian Nurses Association. (1982). p. 29.

⁷ Canadian Nurses Association. (1982). p. 30.

⁸ Dick, D. D., & Craig, B. (2005). Undergraduate education: Development and politics. In M. McIntyre, E. Thomlinson, & C. McDonald (Eds.), *Realities of Canadian nursing: Professional, practice, and power issues* (pp. 189-208). Philadelphia: Lippincott, Williams and Wilkins.

Saskatchewan (U of S) College of Nursing recommended that a four-year collaborative baccalaureate nursing program be initiated by September 1995.⁹

In the final move from diploma to degree level education, in March 2000 the SRNA, the deans of nursing at SIAST and U of S, and the Government of Saskatchewan jointly agreed to a Memorandum of Understanding (MOU) which recognised the baccalaureate degree as the minimum entry-to-practice education requirement for licensure as an RN in Saskatchewan. This MOU also outlined the educational strategies that would be pursued in order to provide an adequate supply of baccalaureate-prepared nurses. These strategies included a) enhanced distance education opportunities, b) expanded degree completion options and c) increased nursing education opportunities for Aboriginal students.¹⁰

1.6 The Nursing Education Program of Saskatchewan

The Nursing Division of SIAST and the College of Nursing at the U of S formed a collaborative partnership in 1996 to jointly provide the Nursing Education Program of Saskatchewan (NEPS). This four-year program leads to a Bachelor of Science degree in Nursing which is conferred by the U of S. The first students were admitted to the program in September 1996 and first graduates convocated in the spring of 2000. The First Nations University of Canada (FNUC) joined the partnership in March 2003.

NEPS is delivered at three sites: Saskatoon, Regina and Prince Albert. Students admitted to the program are students of both SIAST or FNUC and the U of S. The first two years of the program are administered and delivered by SIAST in Regina (Wascana Campus) and Saskatoon (Kelsey Campus) and by FNUC (Northern Campus) in Prince Albert. Years three and four of the program are administered and delivered by the U of S at the SIAST campus in Regina, the U of S campus in Saskatoon, and the FNUC campus in Prince Albert. Students in Regina complete their non-nursing courses at the University of Regina. In Prince Albert, students access non-nursing courses that are offered by the FNUC and the U of S.

The NEPS Second Degree Entry Option (NEPS SDEO), implemented in 2005, offers individuals who already hold an undergraduate degree (or have made significant progress towards an undergraduate degree) the option of completing a compressed degree program in less than two years. The NEPS SDEO is delivered at the U of S campus in Saskatoon. The first graduates of the SDEO convocated in the spring of 2007.

Combined student enrolment in the NEPS SDEO and the NEPS at Prince Albert, Regina and Saskatoon has been increasing since the programs were implemented. A further increase in enrolment is planned for 2008-09 academic year. Table 1 below provides a breakdown of NEPS student intakes for 2007-08 and 2008-09.

⁹ Bassendowski, S. (2006). Looking back: Diploma nursing education In Saskatchewan. SRNA *Newsbulletin*, December 2005/January 2006. p. 21.

¹⁰ Dick & Craig. (2005).

Table 1: NEPS Student Intakes in 2007-08 and 2008-09

Program Stream	2007-08	2008-09
Prince Albert	40	40
Regina	146	199
Saskatoon	174	203
SDEO	50	78
Total	410	520

1.7 SRNA Program Approval

In keeping with Registered Nursing's status as a self-governing profession under the Saskatchewan *Registered Nurses Act, 1988*, the SRNA has been delegated the regulatory authority to set the basic educational requirements for the province's RNs. The SRNA Nursing Education Approval Committee has granted five-year program approvals to the NEPS in 1996, 2001 and 2007. These approvals are subject to the SRNA's annual evaluation of progress made toward recommendations outlined in the committee's report. A determination of whether the substance of each recommendation has been met will be assessed annually from NEPS reports that are to be submitted to the SRNA.¹¹

1.8 National Accreditation

The Canadian Association of Schools of Nursing (CASN) is the nationally recognized body responsible for voluntary accreditation of baccalaureate nursing education programs. The CASN accreditation criteria are designed to evaluate each program's accountability, curricula, resources, relationships, and overall relevance within its particular setting¹². CASN has granted a 7 year accreditation term (June 2004 to June 2011) to the U of S College of Nursing and the SIAST Nursing Division. FNUC currently holds CASN candidacy status – a pre-accreditation status for new programs and institution in the CASN Accreditation Program.

One of the key assessment criteria used in the CASN accreditation process is nursing education scholarship. CASN's position statement on scholarship in nursing outlines a very broad and multidimensional definition of scholarly activities that expands upon Boyer's seminal conceptualization of academic scholarship¹³. This definition is summarized by CASN as follows:

¹¹ SRNA Nursing Education Approval Committee. (2007). *Report to the Executive Director: Approval of the Nursing Education Program of Saskatchewan*. Regina, SK: Author.

¹² Canadian Association of Schools of Nursing. (2006). *Accreditation process*. Ottawa, ON: Author. Retrieved June 5, 2008, from <http://www.casn.ca/content.php?doc=51>

¹³ Boyer, E. (1990). *Scholarship reconsidered: Priorities for the professorate*. Princeton, NJ: Carnegie Foundation.

Scholarship in nursing encompasses a full range of intellectual and creative activities that may include the generation, validation, synthesis, and/or application of knowledge to advance the teaching, research and practice of nursing. It is associated with achievement of excellence, rigorous inquiry, reflective thought, expert knowledge, openness to criticism, peer review, and new ways of viewing phenomena of concern to nursing. It includes inquiry that builds a scientific body of nursing knowledge (scholarship of discovery), inquiry that supports the pedagogy of the discipline and the transfer of knowledge to learners (scholarship of teaching), generation and use of specialized nursing knowledge outside the work setting (scholarship of service), the advancement of clinical knowledge through expert practice (scholarship of application), and the development of new insights as a result of interdisciplinary work (scholarship of integration).¹⁴

2. College-University Articulation: Transfer vs. Collaboration

When they are used to refer to post-secondary education programs, the terms articulation, transfer and collaboration are sometimes used differently or interchangeably by different authors in ways that are less than precise. In the context of Canadian post-secondary education, articulation generally involves a “formal agreement between two institutions to jointly plan, prepare, and/or provide educational programs”.¹⁵ While program articulation necessarily involves some form of recognition and transfer of academic credit from one institution to another, articulation arrangements do not require that institutions collaborate in the planning, preparation, and/or provision of program activities. While collaboration sometimes involves student transfers from one institution to another, transfer does not require that institutions enter into a formal collaborative partnership.

2.1 Transfer and Collaboration in Canada

Since post-secondary education is a provincial responsibility, it should not come as a surprise that the level of coordination and cooperation between the university and non-university sectors varies from one jurisdiction to another in Canada. Because of differences in the history, governance and orientation of Canadian community colleges and universities and the absence of formally mandated central coordinating agencies, articulation between the two post-secondary education sectors is not well developed in most provinces.

In some provinces, such as Alberta, British Columbia, and Quebec, the transfer function of the non-university sector has been explicitly mandated and preparation for university transfer is explicit in many college-level programs. Preparation for college to university transfer has been a major component of the curriculum in the non-university sector in

¹⁴ Canadian Association of Schools of Nursing. (2004). *CASN Definition of Scholarship Position Statement Document, 2004*. Ottawa, ON: Author, p. 3.

¹⁵ Oppenheimer, J. (1992). Articulation: Closing the gap between schools and colleges. *Nurse Education Today, 12*, p. 13.

these provinces. In comparison, the community college sectors in provinces such as Manitoba, Ontario and the four Atlantic provinces have no formally mandated university transfer role. Transfer programs in these provinces have largely developed on a voluntary basis with colleges and universities negotiating bi-lateral, and, in some cases, multi-lateral agreements. In recent years, the community college systems in many provinces have taken on a greater transfer role through the negotiation of various transfer arrangements with degree-granting institutions across Canada and the United States.

The first inter-institutional collaborative programs to emerge in Canada were the baccalaureate-level nursing programs developed and implemented in the provinces of Alberta and British Columbia in the late 1980s.¹⁶ Since that time, in the transition from diploma entry level to degree entry level education for RNs, a collaborative program model that brings together independent college and university programs has been widely adopted as a preferred model for baccalaureate nursing programs. In provinces where college-university baccalaureate nursing education programs have been introduced, nursing educators, regulatory agencies, professional associations, and policy makers have embraced the college-university collaborative model because of its perceived advantages over other available alternatives for implementing the baccalaureate entry-to-practice requirement for RN education.

One of key perceived advantages of the college-university collaborative nursing model has been the belief that such a partnership model more fully utilizes the nursing education resources and expertise that existed in provincial community college and university sectors prior to the move to the baccalaureate standard. Also, the model is seen as an effective mechanism for combining the practical orientation of the college sector and the theoretical orientation of the university sector. Because networks of community college campuses are more geographically dispersed in most provinces, college-university programs are an attractive option for maintaining the geographic access that is unique to the community college model. Finally, because programs in the community college sector are, on average, less expensive than university-level programs, collaborative models have been viewed as the most cost efficient option for implementing the baccalaureate entry-to-practice requirement.

Before proceeding to a discussion of collaborative program models, the credit transfer model and its most common forms will be more fully outlined.

2.2 College-University Transfer Models

Under the credit transfer model, students can receive program credit when transferring from one post-secondary institution to another regardless of the types of institutions involved (i.e., college to college, university to university, college to university, or university to college). While in many cases colleges and universities do enter into inter-

¹⁶ Wood, M. J. (2003). Entry-to-practice: Striving for the baccalaureate standard. In J. C. Ross & M. J. Wood (Eds.), *Canadian nursing: Issues and perspectives* (4th ed., pp. 368-383). Toronto, ON: Mosby.

institutional transfer arrangements that formalize credit recognition, it should be noted that students frequently transfer from college to university in the absence of such agreements. In this case, the ‘negotiation’ occurs at the individual-institutional level and the recognition of credit that often results is far less efficient and advantageous for the student as compared to credit transfers that take place in accordance with more formalized college-university transfer agreements.¹⁷

For the purposes of this discussion, it will be assumed that the two institutions involved in the transfer are a community college and a university. It will also be assumed that articulation agreements involved in these transfer models are intended assist students who have attended a college to pursue a degree program with advanced standing at a university. Such articulated transfer agreements usually take one of the following four forms: a) course-by-course transfer; b) multiple course transfer c) block transfer; and d) program bridging transfer.

Course-by-Course Transfer Model

Under the course-by-course transfer model, individual courses completed by students at a community college are recognized as equivalent to individual courses at a university. While this transfer model is less comprehensive than the block transfer and bridging transfer models described below, this model increases the visibility of the transfer route for students creating the potential for increased transfer rates between post-secondary sectors. Course by course transfers also strengthen coordination between the sending and receiving institutions and often open the door to more comprehensive opportunities for program articulation.¹⁸

This model is not be feasible in instances where the scope of the material completed in courses at the community college is seen as less comprehensive than that of the university-level program. The potential for this type of transfer is significantly reduced in cases where the structure of programs is integrated and not separated into individual courses.

Multiple Course Transfer Model

The multiple course transfer model is advantageous when course-by-course credit transfer is not possible because, for example, the course content at the community college level does not include the same competencies included in courses at the university level. This can occur in instances where there is a difference in program content organization or a difference in program comprehensiveness. The advantages of this model of transfer are similar to the course-by-course model.

¹⁷ Gerhard, W., Goldenberg, D., Johnstone, E., & McFadden, A. (1994). *Report of the Joint Nursing Articulation Project*. Unpublished manuscript.

¹⁸ Townsend, B. K., & Wilson, K. B. (2006). The transfer mission: Tried and true, but troubled? *New Directions for Community Colleges*, 136, 33-41.

Block Transfer Model

Inter-institutional transfer arrangements that follow the block transfer model recognize a certificate program, diploma program or some block of courses completed at a community college and, depending on the articulation agreement, allow students to transfer directly into the second or third year of a university baccalaureate degree program. Block transfer arrangements allow for improved accessibility and increased mobility between degree and non-degree programs.

There are many examples of block transfer articulation arrangements between colleges and universities in Canada. For example, under a 1999 Memorandum of Understanding between SIAST and the University of Regina (U of R), graduates of selected two-year SIAST diploma programs are eligible for advanced standing in the third year of a number of degree programs at the U of R. This includes degree programs in Computer Science, Environmental Biology and Medical Laboratory Science.¹⁹ Many post-RN/post-diploma nursing degree programs at Canadian degree-granting institutions also follow the design of this articulation model.

Program Bridging Model

Like the block transfer model, the program bridging model allows students to receive advanced standing in a baccalaureate degree program at the receiving university in recognition of a certificate program, diploma program or some block of courses previously completed at the community college-level. However, prior to receiving advanced standing, students are required to complete one or more bridging courses at the university in order to upgrade their knowledge and skills in areas where additional preparation is perceived to be needed.

The bridging model is frequently used in LPN to BScN programs and for BScN programs that are designed for internationally educated nurses. For example, LPNs who complete the LPN to BScN Transition Studies program at Vancouver Community College are eligible for admission into year three of the four-year nursing degree program offered at the college.²⁰ Algonquin College in Ottawa offers an 11 month bridging program for registered nurses that bridges to the third year of the University of Ottawa-Algonquin College collaborative baccalaureate program.²¹ In some cases, such as in the University of Ottawa-Algonquin program, bridging programs models recognize and give credit for the prior learning experiences of prospective students.

¹⁹ Council of Ministers of Education, Canada. (2003). *Provincial post-secondary systems and arrangements for credit transfer*. Toronto, ON: Author.

²⁰ Vancouver Community College. (2008). *LPN to BScN Transition Studies*. Retrieved May 5, 2008, from http://www.vcc.ca/programs-courses/details.cfm?div=6&area=CS_HEALTH&prog=LPNTOBSCN

²¹ Algonquin College. (2007). *Academic pathway for PN diploma to BScN program*. Retrieved May 5, 2008, from <http://extraweb.algonquincollege.com/ads.aspx?id=829>

2.3 College-University Collaboration

Like the credit transfer program models described above, collaborative college-university programs are jointly planned and offered by community college and university partners and involve formalized inter-institutional articulation agreements. Collaborative programs are also jointly delivered by qualified college and university faculty members at one or more sites and, upon completion of the program, graduates receive a baccalaureate degree that is conferred by the university partner.

Compared to credit transfer models, however, collaborative programs are characterized by joint governance models and a more seamless transfer of students. Collaboration has been defined as “a mutually-beneficial and well-defined relationship among two or more organizations to jointly develop structure and share responsibility, resources, authority, accountability, and rewards for attaining common goals”.²²

The admission requirements, duration and curriculum of collaborative programs are the same or similar for all students in the program, and collaborative programs in their entirety must meet the same accreditation and approval requirements as stand-alone university programs. Colleges and universities involved in collaborative programs may choose to share library resources and purchasing powers; jointly develop distance education resources; and combine research capacity. Depending on the collaborative program model, faculty may teach only at one site or they may teach at multiple sites.

2.4 Best Practices in Collaboration

A consistent, recurring theme in the extensive research literature on collaboration is that institutional cooperation of any sort, regardless of the model, requires significant effort.²³ As in any relationship, there is a possibility of one party or the other feeling that it is putting more in than it is getting from the partnership. Because colleges and universities have different mandates, different governance structures, different academic and institutional cultures and different historical traditions, various issues and challenges arise in the development of collaborative degree programs.²⁴ If these are identified early on in the implementation process, barriers to college-university collaboration are more susceptible to resolution.

Aside from working together with goodwill, commitment, flexibility and creativity, there are a number of important practices that assist colleges and universities in working together to develop collaborative arrangements. These best practices can help address the

²² University of Pittsburgh Office of Child Development. (2008). *Keys to successful collaboration*. Retrieved May 1, 2008, from <http://www.education.pitt.edu/ocd/publications/sr1999-03.pdf>

²³ Lang, D. W. (2003). The future of merger. What do we want mergers to do: Efficiency or diversity? *Canadian Journal of Higher Education*, 33(3), 19-46.

²⁴ Kirby, D. (2007). Change and challenge: Ontario's collaborative baccalaureate nursing programs. *Canadian Journal of Higher Education*, 37(2), 29-46.

specific requirements of all partners while avoiding commonly experienced barriers that complicate collaborative efforts.

Partner Relations and Communication

Models of intra-organizational collaboration emphasize relationships and informal negotiation processes among individuals/groups as more important than formal processes and central to moving organizational collaborations forward.²⁵ College-university collaborations have been unsuccessful in the past for the same reasons that some marriages end in divorce: “the partners were incompatible and could not be reconciled”.²⁶ It has been noted that while “mix and match” may work in the fashion industry, this approach does not work for collaboration in the public education sector. The success of collaboration in the post-secondary education sector depends heavily on the rationale used to select institutions as partners²⁷ and an understanding that the “mere existence of the relationship does not by itself constitute partnership”.²⁸

Upon reflecting on one of the earliest collaborative nursing programs in Canada, a nurse educator noted that “the key ingredients for success were good working relationships, mutual trust and respect, and open communication among the parties involved”.²⁹ Research on voluntary collaboration between institutions has shown that positive inter-personal relationships between faculty and administrators working together across institutions at the course and program level is essential to forming and maintaining successful inter-institutional collaborations.³⁰

Partnership Agreements

Institutional partners often feel tension because of their desire to collaborate while simultaneously maintaining institutional autonomy. As has been noted, there are many differences between the university and college sectors that can inhibit the development of effectively functioning collaborative programs. Differences in areas such as governing structures, organizational processes, and funding allocation mechanisms necessitate that partners formulate explicit agreements on how to proceed with collaboration.

Formal agreements or memoranda of understanding that formalize the structure of relations between institutions commonly establish joint committees for decision making,

²⁵ Kezar, A. (2005). Redesigning for collaboration within higher education institutions: An exploration into the developmental process. *Research in Higher Education*, 46(7), 831-860.

²⁶ Lang, D. W. (2003). p. 21.

²⁷ *ibid.*

²⁸ Gallant, M. H., Beaulieu, M. C., & Carnevale, F. A. (2002). Partnership: An analysis of the concept within the nurse-client relationship. *Journal of Advanced Nursing*, 40(2), p. 153.

²⁹ Baines, C. (1992). College-university collaboration. *Canadian Nurse*, 88(6), 17-19.

³⁰ Gaber, D. A. (2003). Building a system of autonomous institutions: Coordination and collaboration in British Columbia's community college, university college and institute system. *Community College Review*, 31(2), 47-72.

outline academic policies and procedures, clarify protocols for sharing human resources and facilities, and ensure the equitable distribution of program funding. In some cases, institutions have agreed to a third-party arbitration process designed to mediate between institutions should an irresolvable conflict arise.³¹ It has also been suggested that collaborative partnerships may benefit from a legal agreement outlining the process for dissolution of or withdrawal from a partnership, including the process for providing advance written notice in the case of any such changes.³²

Program Governance

To implement and operate effective collaborations, colleges and university partners must overcome differing approaches to governance that stem from sectoral differences in program culture, organization and instruction. To address the governance and administrative issues, inter-institutional committees must be established with agreed upon operating procedures relating to committee membership, the mode of selecting committee members and committee chairs, their terms of office, and their decision-making processes. These committees will deal with issues such as curriculum review and revision, student admissions, faculty hiring, promotion and tenure, teaching assignments, and budgetary allocations.³³

Collaborations are particularly effective when individuals in senior administrative positions within the colleges and universities provide clarity of mandate and encourage institutional members to assume ownership of the program committees and governance processes.³⁴ An evaluation of collaborative nursing programs in Ontario found that supportive senior managers “had the power to encourage collaboration, to build relationships and teams among the faculty and staff, to foster a common vision for the program, and to ensure that decision-making processes were followed.”³⁵

There are many possible models for inter-institutional collaboration. A commonly used general model for collaborative program governance consists of three levels. Following the model of academic or faculty council, the first level involves all those who take part in delivering the program in joint planning discussions. The next level consists of a joint planning collaborative program steering committee, with equal representation from each partner institution, with a number of sub-committees or working groups as needed (e.g., curriculum committee, finance committee, admissions committee, etc.). The steering committee oversees the ongoing planning, development and operation of the program and acts as an advisory committee to the third level of decision-making which consists of a senior management committee (e.g., program Deans and/or Directors).

³¹ Zorzi, R., Engman, A., Barry, J., Lauzon, C., MacCoy, D., & Yen, W. (2007). *Implementation evaluation of Ontario's collaborative nursing programs: Final report*. Toronto, ON: Ontario College-University Consortium Council.

³² Molzahan & Purkis. (2004).

³³ Zorzi et al. (2007).

³⁴ University of Pittsburgh Office of Child Development. (2008).

³⁵ Zorzi et al. (2007).

Administrative Processes

When a number of institutions come together in collaboration they frequently bring differing standards, rules and criteria that are applicable to the administration and delivery of the collaborative program. These include program registration and admission requirements, policies on maintaining and accessing student records, tuition and ancillary fee policies and faculty employment contracts. Reconciling these processes can be more complex in some collaborations than others depending on the level of program integration.

Programs may have a single, shared admissions process or there may be multiple points of entry for the admission. This is often dependant on the collaborative program model and the level of integration preferred. The issue of admissions can be highly contentious in college-university collaborative programs because of differences in their approach to student admission requirements.³⁶ Most community colleges have an open admissions policy that gives all students who meet the minimum entrance requirements the same opportunity to enrol. Colleges can also often provide basic remediation programs that give applicants an opportunity to bring their qualifications up to the entrance requirements. In contrast, universities traditionally exercise a higher degree of selectivity in admissions and admit only those applicants who have higher levels of academic achievement.³⁷

To avoid confusion for both students and staff, institutions must determine which institution has responsibility for students in particular stages in the program. This is important for both student access to facilities and services and for students' institutional identity and affinity. Similarly important are specific policies regarding the storage and maintenance of student records which are necessary if institutions are to avoid duplication and inconsistencies.

Collaborative Program Faculty

Faculty support and opportunities for faculty development have been shown to be highly influential to the success of collaborative baccalaureate nursing programs.³⁸ Because the hiring of faculty by collaborating colleges and universities is commonly carried out independently by each institution, collaborative partnerships must exercise a certain degree of flexibility and creativity in finding program specific solutions to differing institutional labour policies and conditions of employment. These conditions, usually negotiated and set in collective agreements, include faculty work loads, teaching hours and compensation.

³⁶ Molzahan & Purkis. (2004).

³⁷ Kirby. (2007).

³⁸ Akhtar-Danesh, N., Brown, B., Rideout, R., Brown, M., & Gaspar, L. (2007). Use of Q-methodology to identify nursing faculty viewpoints of a collaborative BScN program experience. *Nursing Leadership*, 20(3), 67-85.

While faculty values, attitudes and practices are critical to the success of any collaboration, there are considerable differences between the roles of college and university faculty members. Teaching responsibilities and related student contact occupies most of the available working time of college faculty which is often narrowly defined in collective agreements.³⁹ In comparison, university faculty may teach fewer hours but are expected to meet the multiple demands of tenure that include researching, publishing, advising undergraduate and graduate students and providing service to their institutions and disciplines.⁴⁰ Responsibilities that detract university faculty from scholarship activities that are more recognized professionally may lead faculty to regard program collaboration as a disadvantage, and perhaps detrimental to their careers.⁴¹

Research is an integral part of the mandate of the university sector. For college-university collaborations, this provides opportunities for college and university faculty to jointly engage in research and scholarship.⁴² The inclusion of college faculty in research projects is one way of maintaining, and complementing, the research capacity in university faculties that are engaged in collaborative programs. While these joint ventures require additional resources, collaborative research can mutually enhance the quality of programs and the research capacity of both colleges and universities.⁴³

Universities generally require that faculty possess at least one degree above the level of instruction. As a result, there are often differences in nursing faculty credentials in the college and university sectors. A number of important issues arise if it is determined that the institutions engaged in collaborative nursing programs should have similar standards regarding faculty qualifications and that changes in faculty credentials are desired.⁴⁴ These include the issue of accessibility to opportunities for faculty members without doctoral-level degrees to advance their graduate nursing education. Also of key importance is the issue of the acceptability of graduate degrees in non-nursing disciplines such as education or community health. The latter is particularly important since only about 0.1% of Canada's RNs are educated at the doctoral level⁴⁵. As a result, there not sufficient numbers of doctoral students to meet the currently needs of nursing schools across Canada and to fill the gaps that will be created by faculty retirements in the coming years.⁴⁶

³⁹ Kirby. (2007).

⁴⁰ Richardson, R. C. (1993). Faculty in the transfer and articulation process: Silent partners or missing link? *Community College Review*, 21(1), 41-47.

⁴¹ Akhtar-Danesh et al. (2007).

⁴² MacIntosh, J., & Wexler, E. (2005). Interprovincial partnership in nursing education. *Canadian Nurse*, 101(4), 16-20.

⁴³ Storch, J., & Gamroth, L. (2002). Scholarship revisited: A collaborative nursing education program's journey. *Journal of Nursing Education*, 41(12), 524-530.

⁴⁴ Zorzi et al. (2007).

⁴⁵ Bartfay, W., & Howse, E. (2007). Who will teach the nurses of the future? *Canadian Nurse*, 103(7), 24-27.

⁴⁶ Wood, M.J., Giovannetti, P., & Ross-Kerr, J.C. (2004). *The Canadian PhD in nursing: A discussion paper*. Ottawa, ON: Canadian Association of Schools of Nursing.

Joint Program Curriculum

In addition to maintaining the standards appropriate for programs culminating in a baccalaureate degree, in regulated professional programs such as nursing, college and university faculty who deliver collaborative programs share responsibility for ensuring that students at all stages of the program gain the professional competencies that are set out by the regulatory requirements of the profession.

While a mutual approach to the development of joint curriculum can be challenging for the college and university partners⁴⁷, close collaboration in the development of a common degree-level curriculum has positive outcomes for faculty and students and the accreditation process.⁴⁸ The absence of a jointly developed curriculum in collaborative nursing programs has been identified as adversely impacting on the collaboration's success.⁴⁹

The process for developing joint curriculum should, to the extent possible, take advantage of the expertise of all partners. Periodic course-level meetings and less frequent but more comprehensive curriculum planning and review meetings, perhaps coinciding with faculty retreats, provide opportunities for college and university faculty to review curriculum goals, delivery methods, and assessment methods to ensure that the program is providing a consistent, degree-level curriculum at all partner sites.⁵⁰ Within a joint decision-making structure, many collaborating institutions form curriculum committees, with equal representation from each partner institution. These curriculum committees are given a mandate to develop the initial curriculum for a program and work out any changes. Because of the bi-cameral nature of university governance, final decisions regarding curriculum are often made at the level of the academic senate, following deliberations at the departmental level.

Student Supports and Resources

Students often experience adjustment problems in making the transition to post-secondary education from high school. However, like students in transfer programs, students enrolled in collaborative programs can face added levels of stress and difficulty in negotiating a program of study that is offered by more than one unfamiliar institution.⁵¹

It is important that students have equal access to transparent academic appeal policies so as to avoid potential confusion and duplication for students and institutional partners. It is also important to ensure that expectations on matters of student behaviour are clear and

⁴⁷ Akhtar-Danesh et al. (2007).

⁴⁸ MacIntosh & Wexler. (2005).

⁴⁹ Zorzi et al. (2007).

⁵⁰ MacIntosh & Wexler. (2005).

⁵¹ Kirby. (2007).

equitable for all students in collaborative programs across institutional boundaries. Because the number, type and level of services vary between institutions, in collaborative programs it advantageous to harmonize access to student services for all students in collaborative programs. However, this is not always the case. In some collaborations, students may have access to the resources and services of all of the partners, while in others, students can access services only at the site they are attending.

2.5 College-University Collaborative Program Models

While by definition, college and university collaborative partners share responsibility for the delivery of a common curriculum, the extent and type of collaboration that may exist between a university and its collaborating partner (or partners) can vary substantially. At one extreme, the university may be heavily involved in approving academic standards and also in delivering a significant portion of the program curriculum on its campus. At the other extreme, the university partner may only be involved in ensuring that the approved joint curriculum adheres to the university degree standards with the community college partner or partners responsible for delivering the entire curriculum with significant autonomy.

A comprehensive list of potential collaborative models is outlined below including a) the integrated model, b) the articulated model, c) the parallel model, d) the sandwich model and e) two hybrid models.

Integrated Model

In programs that follow an integrated program model, both the college and university partners are involved in each year of the program from the beginning, with different instructional activities provided by each institution. All students in a cohort proceed through the program together. In some integrated programs, students move regularly between institutions taking some courses at the college site and some courses at the university site. Faculty may also move back and forth between the institutions. In some cases it may be appropriate for programs to be structured so there is inter-institutional movement of faculty rather than students.

This model is an ideal one if the campuses and facilities of partner institutions are located near each other and students do not have to travel a significant distance between locations. The integrated model is advantageous for a number of reasons. First, this model provides a greater degree of continuity for students who share a common cohort, instructors and facilities for all years of the program. Second, the integrated model provides a greater opportunity to capitalize on the strengths of all program partners. In addition, this program model can provide more opportunities for faculty members at each partner institution to teach in all years of the program. Depending on the extent and organization of program integration, this model may create challenges for the partner

institutions in terms of human resources (e.g., collective agreements) and logistics (e.g., class scheduling).

Articulated Model

Under the articulated program model, the first part of the program, usually the first two years, are delivered by the college partner (2+2 model). Following the initial two years, students transfer to the university site and complete the remaining two years. In addition to the 2+2 model, the articulated program model could operate on a 3+1 basis.

An articulated program structure may be somewhat easier to negotiate and implement in comparison to the integrated program model, which is likely to require more time and resources to fully develop. As with the parallel model, the articulated model is useful if the college and university program sites are located at a distance from one another. The model is also useful if maintaining accessibility to nursing education opportunities for populations in remote and rural areas is a concern. In addition to colleges' wider geographical distribution, the articulated model presents an avenue for maintaining the accessibility of community college academic admissions requirements.⁵²

One important critique of the articulated program model has centered on whether or not programs that build an academic university degree program on the base of technical competencies provided by community colleges uphold the "concept of a professional discipline approach" intended by the baccalaureate entry-to-practice requirement.⁵³ Considering the differences between college and university programs, there may also be perceived differences between graduates of articulated programs and graduates of integrated programs. The articulated program model can pose a challenge to students transferring from the college to the university site because they must negotiate new roles and relationships to become fully integrated into the university environment.⁵⁴ Transfer students sometimes have negative experiences related to their academic abilities if their knowledge is initially deemed to be inadequate by the university faculty.⁵⁵

Parallel Model

For programs that follow the parallel model, cohorts of students separately begin their programs at the college or university site. Students stay at the same site through all four years of the program and complete a common agreed curriculum. Students and faculty interaction is very limited in comparison to other program delivery models.

⁵² Skolnik, M. (1996). *Economic and financial considerations in the development of collaborative baccalaureate programs in nursing in Ontario: An exploratory inquiry*. Unpublished manuscript.

⁵³ Gallop, R. (1984). Articulation and baccalaureate entry to practice. *Nursing Papers*, 16(4), 55-63.

⁵⁴ Cameron, C. (2005). Experiences of transfer students in a collaborative baccalaureate nursing program. *Community College Review*, 33(2), 22-44.

⁵⁵ Diaz, P. E. (1992). Effects of transfer on academic performance of community college students at the four-year institution. *Community/Junior College Quarterly*, 16, 279-291.

Because there are fewer points of intersection between the partner institutions, this program structure may be easier to negotiate and implement in comparison to the other possibilities. Like the articulated model it may not be seen as consistent with the intent of the move to baccalaureate entry-to-practice.

This model may be preferred if other program models are not seen to be feasible or college and university sites are located far away from each other so as to make travel between the two sites difficult. Like the articulated model, this model is useful if there is an interest in delivering nursing education at program sites in remote or rural locations that are more easily accessible to populations. An added advantage of this model is that it allows students to undertake their entire program in one geographic location which accommodates student access to the program and enhances the potential for the program to supply nurses in multiple communities.

Sandwich Model

The sandwich model involves student access to two or more educational institutions for completion of the four-year degree program. The first and final years of the program are taken at the university site and the middle two years (the ‘sandwich’) are delivered by the community college partner site(s). This model was used to deliver the first university nursing program in Canada, which was introduced at the University of British Columbia in 1919. In this instance, two years of hospital-based training was sandwiched between the first and final years at university.⁵⁶ Earlier sandwich models that combined hospital-based technical training with university programs were often criticized for an insufficient level of emphasis on liberal education and high levels of student attrition after the initial year of university experience.⁵⁷

While the sandwich model does not appear to have been used to date in the delivery of college-university collaborative programs, the model appears to be a feasible option for joint programs. The content for the middle portion of the program could be jointly developed by the college and university partners in keeping with curriculum standards of degree-granting and the requirements of professional regulation. Because all students enter the ‘sandwich’ portion of the program at the college with the same common first-year of university, it is possible for several colleges to offer the same ‘sandwich’ program with one university partner. If resources exist, the first and final years in the sandwich model may be delivered via distributed and/or distance learning methods.

One advantage of this model is that it offers an opportunity for universities to free up resources that can be redirected toward specialized or graduate-level programming⁵⁸. The incorporation of flexible decentralized distributed delivery methods may a) help to ensure

⁵⁶ Dick & Craig. (2005).

⁵⁷ Richardson, S. L. (2001). Stand up and be counted: Nursing at the Calgary General Hospital after the Second World War. *Canadian Bulletin of Medical History*, 18(2), 297-323.

⁵⁸ McGraw, M. J. (1993). *Articulation*. Unpublished paper.

program accessibility to remote and rural constituencies and b) minimize the disruption, academic and otherwise, sometimes encountered by transfer students. This model is also a potential option in instances where the university partner does not already house a school of nursing.⁵⁹

Hybrid Model: Articulated-Parallel Model

In the articulated-parallel model, students can complete the first two program years at a college partner site and transfer to the university site following year two. However, in addition to the articulated program component, the university also offers enrolls students in the first two program years. Years three and four of the program includes students who completed two years at the college site and students who completed two years at the university site.

In addition to the academic challenges students in college-university transfer programs sometimes experience, the articulated-parallel hybrid model has the potential to create a real or perceived academic hierarchy between students who began their programs at the university site and students who began their programs at the college site.

Hybrid Model: Partially-Integrated Model

As the name suggests, in partially-integrated models some years, semesters or classes of the program are integrated. While, for the most part, these programs operate like the parallel or articulated models, some program components are jointly delivered and there is a crossover of students and faculty between sites. For example, the first two years of a program may be offered in its entirety by the college partner but in the remaining two years university faculty provide classroom instruction at the college site.

If distance education is an option, this delivery structure is likely to be attractive when there are larger distances between partner campuses. In addition to facilitating greater student access, partially-integrated models have an increased potential to supply nurses to multiple communities. Like the integrated model, this model may pose challenges for with respect to human resources and logistics.

The NEPS Model

While NEPS was originally intended to follow an integrated program model, the delivery model that has evolved since its introduction is not characteristic of the integrated model. The NEPS model is uniquely structured at each of the three program sites, making it difficult to generalize across the entire program. For the most part, the program most closely resembles the articulated program model with one partner (SIAS or FNUC) offering years one and two and the U of S offering years three and four. While characteristics of the integrated model dominate, the program also appears to have some

⁵⁹ Gerhard et al. (1994).

partially integrated characteristics. For example, faculty members at various stages of the program model tend to collaborate in specialty areas of nursing such as paediatrics and obstetrics. Also, at the Prince Albert and Regina sites, the U of S utilizes the resources of the partner site in delivering the upper years of the program.

2.6 Collaborative Nursing Programs in Canada

Reflecting the variability in the role and mandate of non-university sectors, the models of college-university collaboration that have developed in Canada differ from one province to another and within individual provinces.⁶⁰ In addition to the NEPS, there are approximately 25 other collaborative nursing programs in Canada. These collaborations typically involve a single university partnering with one or more colleges but there is one instance in British Columbia where multiple degree-granting institutions are involved in a multi-lateral consortium model.

There are also four collaborative partnerships that have formed across provincial and/or territorial boundaries.⁶¹ Aurora College in the North West Territories has partnered with the University of Victoria; College Universitaire Saint-Boniface in Manitoba has partnered with the University of Ottawa; Nunavut Arctic College has partnered with Dalhousie University; and Humber College in Toronto has partnered with the University of New Brunswick. While many of these collaborations have remained stable since their inception, in others cases collaborative partnerships have either been modified or dissolved since their original implementation.

2.7 Examples of Collaborative Nursing Programs in Canada

British Columbia

The British Columbia post-secondary system is currently undergoing significant structural changes resulting from the recent announcement that five colleges and university colleges will now become universities. BC was the first province to introduce the collaborative nursing model and a number of changes in the structure and memberships of collaborative partnerships have taken place since the initial implementation.

British Columbia's first collaborative program, the Collaborative Nursing Program (CNP), was offered by the University of Victoria in conjunction with 9 other post-secondary institutions in British Columbia: Camosun College, Douglas College, Kwantlen University College, Langara College, Malaspina University College, North Island College, Okanagan University College, Selkirk College, and the University

⁶⁰ Gallagher, P., & Dennison, J. D. (2006). Canada's community college systems: A study of diversity. In B. Townsend and D. Bragg (Eds.), *ASHE reader on community colleges* (3rd ed.). Boston: Pearson.

⁶¹ Canadian Nurses Association and Canadian Association of Schools of Nursing. (2007). *Nursing education in Canada - Statistics: 2005-2006*. Ottawa, ON: Authors.

College of the Cariboo.⁶² This program had a central coordinating committee along with curriculum and evaluation committees at partner sites. The program employed both an articulated-parallel (2+2) model and a parallel model that allowed students to complete all four years of the program at selected partner sites.

The Collaboration for Academic Education in Nursing (CAEN) is a new partnership of nine Schools of Nursing in British Columbia and the Northwest Territories including Aurora College, Camosun College, College of the Rockies, Malaspina University College, North Island College, Selkirk College, Thompson Rivers University, University of British Columbia - Okanagan and University of Victoria.⁶³ The program uses three different collaborative models: an articulated-parallel (2+2) model, a parallel model, and a partially-integrated model. Depending on where students complete the program, the degree may be conferred by Malaspina University College, Thompson Rivers University and University of British Columbia Okanagan or the University of Victoria.

The University of Northern British Columbia has partnered with the College of New Caledonia and Northwest Community College to offer a degree in nursing through the Northern Collaborative Baccalaureate Nursing Program (NCBNP).⁶⁴ The program is structured as an articulated-parallel (2+2) model with Northwest Community College and a partially-integrated model with the College of New Caledonia.

Alberta

Nursing education programs are currently undergoing some changes in Alberta. Three year nursing diploma programs are currently being phased out as a result of Alberta's transition to baccalaureate entry to practice which is effective January 1, 2010. In addition, two community colleges that were involved in collaborative program initiatives, Grant MacEwan College and Mount Royal College, have received approval in recent years to implement their own four-year baccalaureate degree programs. Alberta has four collaborative baccalaureate nursing programs, including a program jointly offered by Mount Royal College and Athabasca University which is currently being phased out (see section 3.1 for further details).

The University of Alberta Collaborative Bachelor of Science in Nursing is a collaborative partnership which currently involves the University of Alberta and four colleges - Grand Prairie Regional College, Red Deer College, Keyano College, and Grant MacEwan College.⁶⁵ Grant MacEwan is in its final year of this partnership. Students in this program may complete the full four years of the degree program at one of the colleges or the

⁶² Molzahan & Purkis. (2004).

⁶³ Collaboration for Academic Education in Nursing. (2008). *About us*. Retrieved May 6, 2008, <http://www.caen.ca>

⁶⁴ University of Northern British Columbia. (2008). *Northern Collaborative Baccalaureate Nursing Program*. Retrieved May 6, 2008, <http://www.unbc.ca/nursing/collaborative.html>

⁶⁵ Alberta Council on Admissions and Transfer. (2008). *Nursing*. Retrieved May 6, 2008, <http://www.acat.gov.ab.ca/pdfs/Nursing.pdf>

university; however, in year three of the program students must apply to the University of Alberta for admission to fourth and final year. A joint program advisory committee determines admission and academic policies.

The Nursing Education in Southwestern Alberta (NESA) program is a collaborative Bachelor of Nursing program offered by the University of Lethbridge and Lethbridge College.⁶⁶ Using an articulated model, the first two years of the program are offered at the Lethbridge College site and the final two years of the program are offered at the University of Lethbridge site. Students are admitted to the collaborative program as University of Lethbridge students.

University of Calgary offers a Bachelor of Nursing in collaboration with Medicine Hat College.⁶⁷ All four years of this partially-integrated program are delivered on the Medicine Hat College site. Students complete the first two years as Medicine Hat College students. The students then apply for admission as University of Calgary students for the third year and complete the remaining requirements for the degree by registering through the University of Calgary for all but two courses.

Manitoba

The University of Manitoba, Red River College, and the University College of the North have partnered to offer joint baccalaureate nursing programs.⁶⁸ The program at the Red River College site employs an articulated-parallel (3+1) model whereby students complete their initial 3 program years at the college site. The University College of the North site uses a partially-integrated model. The University of Manitoba governs the academic standards which are the same for all the institutions.

Collège universitaire de Saint-Boniface offers a nursing baccalaureate program in conjunction with the University of Ottawa.⁶⁹ The program is a partially-integrated model with students completing the fourth year via distance from the University of Ottawa while Saint-Boniface faculty oversee students' clinical placements.

Ontario

In Ontario, a total of 21 colleges and 13 universities are involved in 15 different collaborative nursing programs. A comprehensive review of these programs was carried out by the Ontario College-University Consortium Council in 2007. The report noted that

⁶⁶ Lethbridge College. (2007). *Nursing Education in Southwestern Alberta*. Retrieved May 6, 2008, http://www.lethbridgecollege.ab.ca/index.php?option=com_content&task=view&id=147&Itemid=165

⁶⁷ University of Calgary. (2008). *Bachelor of Nursing Program at the Medicine Hat College Site*. Retrieved May 6, 2008, <http://www.ucalgary.ca/nu/bnos/admission>

⁶⁸ University of Manitoba. (2008). *Nursing education*. Retrieved May 7, 2008, http://webapps.cc.umanitoba.ca/calendar08/faculties/nursing/nursing_ed.asp

⁶⁹ Collège universitaire de Saint-Boniface. (2008). *Sciences infirmières*. Retrieved May 8, 2008, www.cusb.info/publications/pdf/courses/Nursing-Program.pdf

“the majority of the collaborations have been moderately successful. Every collaboration was struggling with at least some issues, but most of them had managed to make their programs work within their different systems.”⁷⁰

As one might expect, there is significant diversity and variation amongst these programs. The program jointly offered by York University, Georgian College, and Seneca College follows an articulated (2+2) model. Six of the partnerships follow an integrated program model (McMaster University-Mohawk College-Conestoga College; Nipissing University-Canadore College; Ontario Institute of Technology-Durham College; Trent University-Sir Sandford Fleming College; University of Ottawa-Algonquin College; University of Ottawa-La Cité Collégiale). Four programs follow a parallel model (Humber College-University of New Brunswick; Laurentian University-Northern College-Sault College-Cambrian College; Laurentian University-St. Lawrence College and Lakehead University-Confederation College), and three programs follow articulated-parallel model (Brock University-Loyalist College; University of Western Ontario-Fanshawe College; University of Windsor-Lambton College-St. Clair College).

The remaining program, offered by Ryerson University, Centennial College, and George Brown College, is partially-integrated in the final year. In this program, students attended one of the three institutions for the first two years and are taught primarily (but not exclusively) by faculty from that *home* institution. In the final two years of the program, students attend Ryerson University but clinical placements are overseen by faculty from students’ home institution.

Quebec

The college-university baccalaureate nursing programs in Quebec are articulated in accordance with the block transfer model rather than a collaborative model. The diploma in nursing continues to be accepted as an entry-to-practice requirement in Quebec where 42 collège d’enseignement général et professionnel (CEGEPs) deliver nursing education at the diploma level. Upon completing the 3-year diploma students may apply to one of 9 universities to complete the requirements for a baccalaureate degree over a further 2 years. Five campuses of the Université du Québec (Chicoutimi, Rimouski, Trois-Rivières, Abitibi-Témiscamingue, and Outaouais) share a common curriculum while the remaining 4 universities that offer post-diploma programs (McGill University, Université Laval, Université de Montréal, and Université de Sherbrooke) have their own curricula.⁷¹

Atlantic Provinces

There are no college-university collaborative nursing programs in New Brunswick, Nova Scotia or Prince Edward Island. In Nova Scotia, nursing degree programs are offered by Cape Breton University, Dalhousie University, and St. Francois Xavier University. Both

⁷⁰ Zorzi et al. (2007). , p. v.

⁷¹ N. Field, personal communication, May 5, 2008.

the University of New Brunswick and the Université de Moncton offer baccalaureate nursing education at a number of different sites. Baccalaureate level nursing education is also offered at the University of Prince Edward Island.⁷²

In Newfoundland and Labrador, a collaborative baccalaureate nursing program is offered by Memorial University of Newfoundland partnering with the Centre for Nursing Studies and the Western Memorial Hospital School of Nursing.⁷³ Memorial University sets the academic policies including admissions and progression criteria; however each site has an academic council and shares decision-making on certain issues. While students are admitted to the university, they have access to and may move between the three partner sites.

3. Non-Collaborative Program Models

Aside from the transfer and collaborative program models that have been described, there are two other possible avenues for utilizing the resources and expertise of community colleges to provide degree-level education programs. These non-collaborative possibilities include the community college applied baccalaureate degree and the buyout or corporate takeover approach.

3.1 Community College Baccalaureate Degrees

Degree granting had traditionally been the domain of universities in Canada, however, provincial governments in a number of provinces have now legislated degree-granting authority for non-university institutions. Baccalaureate degrees that are granted by community colleges and other non-university post-secondary institutions are regarded as another way of increasing access to degree opportunities and meeting changing labour market requirements while making optimal use of available resources.⁷⁴

In British Columbia, a number of college-based applied baccalaureate degrees in nursing have emerged as an alternative to the college-university collaborative model.⁷⁵ Six non-university post-secondary institutions in British Columbia have been granted approval to offer a Bachelor of Science in Nursing including the British Columbia Institute of Technology, Douglas College, Kwantlen University College, Langara College, Malaspina University College, and University College of the Fraser Valley. A number of these institutions were previously partners in the Collaborative Nursing Program jointly offered with the University of Victoria.

⁷² *ibid.*

⁷³ Newfoundland and Labrador. (2005). *Foundation for success: White paper on public post-secondary education*. St. John's, NL: Department of Education.

⁷⁴ Skolnik, M. L. (2005). The community college baccalaureate in Canada: Addressing accessibility and workforce needs. In D. L. Floyd, M. L. Skolnik, and K. P. Walker (Eds.). *The community college baccalaureate: Emerging trends and policy issues* (pp. 49-72). Sterling, VA: Stylus Publishing.

⁷⁵ Northrup, D. T., Tschanz, C. L., Olynyk, V. G., Makaroff, K. L., Szabo, J & Biasio, H. A. (2004). Nursing: Whose discipline is it anyway? *Nursing Science Quarterly*, 17(1), 55-62.

Mount Royal College in Alberta has recently introduced an independent Bachelor of Nursing degree after receiving approval to deliver the program in 2007.⁷⁶ Prior to the implementation of this program, all four years of a collaborative Bachelor of Nursing program were offered at Mount Royal College in partnership with Athabasca University.⁷⁷ Previous to this arrangement, Mount Royal College was involved in the Calgary Conjoint Nursing Program, a collaborative partnership with the University of Calgary.⁷⁸ Under this partially-integrated program model students spent the first year at University of Calgary, the second at Mount Royal, while the remaining 2 years were split between the institutions. Another Alberta college, Grant MacEwan College is currently phasing in its own four-year Bachelor of Science in Nursing (which will produce its first graduates in 2011). Grant MacEwan is in its final year of a collaborative partnership with the University of Alberta.⁷⁹

With the projected shortage of nurses, educational models that increase the output of nursing graduates are seen as presenting a proactive response to health human resource demands. However, as the number of non-university degree credentials have grown, so too have disputes regarding equivalency of college degrees to university degrees and the perception that there are limits to the role that college-granted nursing degrees might play in the advancement of the profession through nursing knowledge development.

Critiques of the applied degree in nursing have often focused on perceived deficiencies in the applied focus of community college programs as compared to the academic orientation of university programs. The notion of academic scholarship, individually defined by institutions and linked to institutional norms and values, is central to academic institutional life and the long-standing conception of what constitutes university-level education.⁸⁰ The research and scholarly activities that are central to university missions have traditionally not fallen within the purview of institutions in the college sector. The role of college faculty is often more narrowly defined in collective agreements that do not provide significant recognition or remuneration for academic research activities. Moreover, the required teaching workload of college faculty can often make it difficult for them to engage in scholarly work⁸¹. Considering the differing organizational and institutional priorities of colleges and universities, nursing degrees independently granted

⁷⁶ Hu, A. (2007, March). Mount Royal College gets nursing degrees. *The Gauntlet*. Retrieved May 5, 2008, <http://gauntlet.ucalgary.ca/story/11223>

⁷⁷ Athabasca University. (2008). *Athabasca University at Mount Royal College Bachelor of Nursing Degree Program*. http://www.athabascau.ca/calendar/page03_15_03.html

⁷⁸ South, R. (2000, June). Successful nursing program cancelled. *The Gauntlet*. Retrieved May 7, 2008, <http://gauntlet.ucalgary.ca/story/1893>

⁷⁹ Grant MacEwan College. (2008). *Bachelor of Science in Nursing Degree*. Retrieved May 18, 2008, from http://www.macewan.ca/web/hcs/bosnursing_degree/home/index.cfm

⁸⁰ Martin, J. J. (2002). Simplifying the academic hierarchy. *Academe: Questions and Controversies*, 88(6), 1-3.

⁸¹ Kirby. (2007).

by non-university institutions are sometimes regarded as lacking the rigour of university-granted academic degrees.

Because of unsettled questions about the differences between college and university degrees and the nature of degree granting in Canada, there have been instances where students who completed degrees at community colleges have been unsuccessful in having their credential recognized by universities for the purposes of admission to graduate or professional programs.⁸² In the absence of a national degree-granting standard, institutional membership in the Association of Universities and Colleges of Canada (AUCC) has become the de facto accreditation process for baccalaureate degrees. Virtually all Canadian universities that have significant numbers of enrolments in graduate or professional programs give preference to graduates of AUCC-member institutions in their admissions decisions.⁸³ A number of universities exclusively accept applicants who possess degrees conferred by AUCC-member institutions. For example, at Queen's University in Ontario the university policy on graduate admission states the following: “to satisfy the basis of admission requirement to any degree program at Queen's University, academic credentials obtained from a Canadian institution must be from an institution that is a member of the Association of Universities and Colleges of Canada (AUCC)”.⁸⁴

If nurses who complete college degrees in nursing are deemed to be ineligible for graduate-level university programs such as the Master of Science in Nursing, the applied degree in nursing may well be a vocational, terminal degree rather than the foundation for graduate education, career development and professional advancement envisioned by the CNA in 1982. One possible avenue for addressing questions about the equivalency of college and university-conferred degrees would be to mandate a common accreditation process, such as the Canadian Association of Schools of Nursing (CASN) accreditation process, for all institutions offering baccalaureate level nursing education.

3.2 Buyout or Corporate Takeover

The buyout or corporate takeover model involves the transfer of resources and the responsibility for the delivery of education programs from one part of the post-secondary education sector to another. Following this model, between the 1960s and the 1990's hospital-based nurse training programs in Canada were gradually phased out as educational programs that prepared registered nurses for entry-to-practice were integrated in post-secondary institutions.

⁸² Alphonso, C. (2006, May). What's a college degree worth? *Globe and Mail*. Retrieved December 18, 2006 from <http://www.polytechnicscanada.ca/news/archives/0513GM.shtml>

⁸³ Marshall, D. (2004). Degree accreditation in Canada. *Canadian Journal of Higher Education*, 34(2), 69-96.

⁸⁴ Queen's University. (2008). *Academic qualifications for admission*. Retrieved May 21, 2008, from <http://www.queensu.ca/calendars/sgsr/pg67.html>

This model has not been regarded a particularly practical option for restructuring nursing education to the baccalaureate degree level because it is not perceived to be compatible with the desire to fully capitalize on the combined human, physical, financial and educational resources that exist in the university and non-university education programs.⁸⁵

4. Interprofessional Health Education in Nursing Programs

It is widely accepted that an interprofessional approach to the provision of health care services (that is, the provision of comprehensive health services to patients by multiple health care professionals trained to work collaboratively), is a more effective use of health human resources that results in better patient care and outcomes.⁸⁶

At the national level, Health Canada has conducted significant research in the area of collaborative care as a result of its 2004 report on *Interdisciplinary Education for Collaborative Patient-Centered Practice* (IECPCP) which is part of the Pan-Canadian Health Human Resources Strategy. In this Health Canada report, an IECPCP framework was developed to establish evidence-based interprofessional education for collaborative patient-centred care. Health Canada subsequently provided funding for 20 IECPCP projects in universities and health care organizations across the country.⁸⁷ The educators and researchers engaged in these “learning projects” have designed a diverse range of interprofessional health education initiatives.

University-delivered baccalaureate and post-graduate programs in medicine, nursing and pharmacy are the most frequently represented professions in studies of interprofessional health education⁸⁸. This reflects the size, role diversity and dominance of these professions relative to others in health and social care. Despite that majority of health care workers are educated in non-university programs rather than in university-based programs, the published research literature provides very few details about the status of interprofessional education in the regulated and unregulated allied and community health education programs that are delivered outside of the university sector.⁸⁹ While the shift to college-university collaborative nursing programs has moved more nursing education to universities and increased the potential for health sciences students to learn together, many collaborative nursing programs are delivered on community college campuses that are far from the university partner site.

⁸⁵ Skolnik, M. L. (1994). Toward the creation of a CAAT-university partnership for an integrated baccalaureate program in nursing. *College Quarterly*, 1(3), 15-20.

⁸⁶ Health Canada. (2004). *Interdisciplinary education for collaborative patient-centred practice: Research findings and report*. Ottawa, ON: Author.

⁸⁷ Health Canada. (2007). *Interprofessional education for collaborative patient-centred practice*. Retrieved May 15, 2008, from http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index_e.html

⁸⁸ Gilbert, J. H. V. (2005). Interprofessional education for collaborative, patient-centred practice. *Nursing Leadership*, 18(2), 32-38.

⁸⁹ Cook, D. A. (2005). Models of interprofessional learning in Canada. *Journal of Interprofessional Care*, 19(2), 107-115

4.1 Interprofessional Education Defined

A number of definitions of Interprofessional Education (IPE) appear in the research literature. A high degree of clarity of the definition and use of the term “interprofessional education” is of the utmost importance because the interpretation of the term drives what and who is included in IPE programs.

Whereas the word “discipline” refers to a subject or field of study, a profession is defined as “a calling requiring specialized knowledge and often long and intensive academic preparation”.⁹⁰ The prefix “inter” is used in interprofessional (rather than “multi”) to indicate the partnership of a number of professions learning from and about each other to improve their collaboration and the quality of care they provide. IPE is perhaps best defined as occasions when two or more health professional students learn with, about and from each other in educational and practice settings.⁹¹ It is suggested that IPE can break down stereotypes, foster an increased respect for other professions and facilitate collaboration by providing a better understanding of the roles, responsibilities, strengths and limitations of various health providers.⁹² The prefix “intra”, as in intraprofessional, is sometimes used to differentiate between interprofessional education and occasions when individuals within a common profession (or specializations within a profession) learn through collaboration with each other.⁹³

While it sometimes is interpreted as such, IPE is not limited to interprofessional interactions between students in university-level health education programs. IPE also brings together students in non-university health education programs for the purposes of collaborative learning opportunities, and may involve students in university programs, non-university programs, or both university and non-university programs.

4.2 Introducing Interprofessional Health Education

There has been considerable debate in the research literature about the best time to introduce an IPE component in professional health education programs. Some educators suggest that it is most advantageous to introduce IPE within the first two years of a program so as to prevent the development of negative stereotypes of and attitudes toward other professions. By initiating IPE early, students can “come to know other professionals and relate to them through the development of positive attitudes and behaviours”.⁹⁴ Those opposed to this position suggest that it is more appropriate to introduce IPE later in a learner’s education. Proponents of this approach suggest that it is counterproductive to

⁹⁰ Oandasan, I., & Reeves, S. (2005). Key elements for interprofessional education, Part 1: The learner, the educator and the learning context. *Journal of Interprofessional Care*, 19(2), 21-38.

⁹¹ Barr H. (2003). Ensuring quality in interprofessional education. *CAIPE Bulletin*, 22, p. 1.

⁹² Barr, H., Koppel, I., Reeves, S., Hammick, M., & Freeth, D. (2005). *Effective interprofessional education: Argument, assumption and evidence*. CAIPE London, United Kingdom: Blackwell Publishing.

⁹³ Bowers, H. F. (2006). Designing quality course management systems that foster intra-professional education. *Nurse Education in Practice*, 6(6), 418-423.

⁹⁴ Oandasan & Reeves. (2005). p. 33.

expect students in the early years of a program to work collaboratively with other students in other professional programs before they have developed a clear professional identity themselves.⁹⁵ Another view in the early versus late IPE debate suggests that a continuous, early-to-late approach is necessary. This argument advocates “exposure” to IPE during the early years of a program and a more comprehensive “immersion” in the final year of a professional program.⁹⁶

4.3 Models of Interprofessional Health Education

A wide range of possibilities for IPE are described in the research literature and in the reports of Health Canada’s IECPCP projects. In some cases IPE curriculum has been integrated into mandatory components of health education programs while in other instances IPE is supplementary to the existing core curriculum of an academic unit. Six possible models for implementing IPE are outlined below.

Shared Core Content without IPE Focus

There are relatively few courses that transcend professional boundaries in health professional educational programs but those that do exist present an opportunity for students in different professions to complete academic course work together.⁹⁷ Subject area possibilities that may be common to a number of health professions include basic introductory courses in the early program years and upper-level courses in areas such as ethics or communications. This model provides an opportunity for students from different professions to learn together but because there is no intrinsic connection to IPE, the explicit IPE learning objectives of such a program would need to be established.

Shared Core Content with IPE Focus

The University of Toronto's interfaculty pain curriculum initiative (formerly referred to as “Pain Week”) is a good illustration of shared health education content with a deliberate interprofessional focus.⁹⁸ This integrated 20-hour pain management module provides the same pain curriculum to undergraduate students in six health profession programs - Dentistry, Medicine, Nursing, Pharmacy, Physical Therapy, and Occupational Therapy. The common curriculum, designed to increase students’ knowledge of the mechanisms of pain and its assessment and treatment, deals explicitly with interprofessional approaches to pain management. The week-long program has included presentations, a patient panel, standardized patients or cases, and large and small group work facilitated by clinicians. Outcome evaluations embedded into the design of the pain education curriculum include

⁹⁵ Gilbert, J. H. V. (2005). Interprofessional learning and higher education structural barriers. *Journal of Interprofessional Care*, 19(2), 87-106.

⁹⁶ Gilbert. (2005).

⁹⁷ Cook. (2005).

⁹⁸ University of Toronto. (2002). *Interfaculty pain curriculum overview*. Retrieved May 7, 2008, from <http://www.utoronto.ca/pain/Pain%20Curriculum.htm>

pre- and post-tests of students' knowledge and beliefs about pain and an assessment of their understanding of interprofessional roles.

Elective Courses in IPE

This model involves the development of one or more elective courses that are open to students in all health sciences programs and specifically designed to encourage effective interprofessional collaboration and understanding among students. At the University of British Columbia, the College of Health Disciplines offers over a dozen Interprofessional Health and Human Service course electives with titles as diverse as “Aboriginal Health: Community-Based Learning Experience” and “Aging from an Interprofessional Perspective”. Similarly, all health sciences students at George Brown College in Toronto have the option of completing an IPE course titled “Collaboration: The Future of Health Care”.⁹⁹ This elective course model may be an attractive option for post-secondary institutions that have large numbers of students enrolled in health sciences programs, however, the elective nature of participation in the IPE curriculum excludes students who are disinterested in IPE and would likely benefit from exposure to instruction in the area.

Mandatory IPE Program Modules

Rather than a stand-alone course-based structure, IPE can be introduced across health sciences programs by structuring the IPE curriculum as required modules in existing courses. At Dalhousie University, participation in a number of Interprofessional Learning (IPL) modules is mandatory for students in the Faculties of Dentistry and Medicine and all units in the university's Faculty of Health Professions which includes the College of Pharmacy and the Schools of Nursing, Physiotherapy, Occupational Therapy, Human Communications Disorders, Health Services Administration, Social Work, and Health and Human Performance. The IPE modules, which are organized by a body called the Tri-Faculty Interprofessional Academic Advisory Committee, are delivered in 2 or 3 separate 2-hour afternoon sessions depending on student numbers. Students complete 2 modules in each of their first 2 program years and one module in each of their final years.¹⁰⁰

Mandatory Courses in IPE

At the University of Alberta, a separate IPE course is required for all undergraduate health care professionals. The university mandates the completion of one interprofessional health sciences education course for all students in the university's 10

⁹⁹ George Brown College. (2008). *Interprofessional Education (IPE) in Action - What we are up to?* Retrieved May 16, 2008, from <http://www.georgebrown.ca/healthsciences/interprofessional-education/IPE-in-Action.aspx>

¹⁰⁰ Johnston, G. M., Ryding, H. A., & Campbell, L. M. (2003). Evolution of interprofessional learning: Dalhousie University's 'From Family Violence to Health' module. *Journal of the Canadian Dentists Association, 69*(10), 658a–658e.

health sciences programs: Dental Hygiene, Dentistry, Medical Laboratory Science, Medicine, Nursing, Nutrition, Occupational Therapy, Pharmacy and Pharmaceutical Sciences, Physical Education and Recreation, and Physical Therapy. In some health sciences programs students are permitted to choose the program year in which they will complete the course and the students receive a credit/non-credit grade as opposed to a letter/number grade.¹⁰¹ The 10-week "Interdisciplinary Health Development Course" is available in a face-to-face or blended (face-to-face and online) format.¹⁰²

IPE Clinical Learning Experiences

Health sciences students are often exposed to a team-oriented interprofessional collaborative health care environment entirely by chance during their required clinical placement experiences.¹⁰³ Increasingly, institutions are incorporating interprofessional clinical skills training into clinical education component of programs in order to provide opportunities for students to learn about collaborative practice. For example, the Vancouver Island Interprofessional Education Project brings together students in 11 health sciences programs across 5 colleges and universities to experience interprofessional education in joint clinical placements.¹⁰⁴ These placements organize 3-6 students from a number of professions in interprofessional learning teams. These teams meet weekly and participate in individual and joint learning activities.

5. Aboriginal Nursing Education Initiatives

Canada's Aboriginal population has much poorer overall health status as compared to the overall Canadian population. Compared to the general population, Aboriginal people have lower life expectancy, higher rates of infant mortality, higher incidences of all major chronic diseases, and high rates of suicide, smoking and alcohol consumption. These health inequities are strongly influenced by the disadvantaged socioeconomic conditions faced by many Aboriginal people.¹⁰⁵

Aboriginal people are one of the smallest visible minority groups in the nursing profession in Canada. They also encounter particular challenges and barriers in gaining access to nursing education programs.¹⁰⁶ The reasons for this are variable and include educational, geographical, historical and socio-cultural factors. Because Aboriginal

¹⁰¹ Taylor, E., Cook, D., Cunningham, R., King, S., Pimlott, J. (2004). Changing attitudes: Health sciences students working together. *Internet Journal of Allied Health Sciences and Practice*, 2(3), 1-13.

¹⁰² University of Alberta. (2008). *InterProfessional Initiative (IPI)*. Retrieved May 11, 2008, from <http://www.ipi.ualberta.ca/>

¹⁰³ Cook. (2005).

¹⁰⁴ University of Victoria. (2005). *Vancouver Island Interprofessional Education Project*. Retrieved May 17, 2008, <http://nursing.uvic.ca/iep/projects.php>

¹⁰⁵ Hanvey, L. (2005). *Rural nursing practice in Canada: A discussion paper*. Ottawa, ON: Canadian Nurses Association.

¹⁰⁶ Arnault-Pelletier, V., Brown, S., Desjarlais, J., & McBeath, B. (2006). Circle of strength. *Canadian Nurse*, 102(4), 22-26.

people fare much more poorly than the general population in terms of high school graduations, it is often difficult for them to get accepted into post-secondary programs.¹⁰⁷ A number of educational and access programs have been developed in recent years in an attempt to address and mitigate that challenges that often deter Aboriginal people from accessing post-secondary education generally and nursing education programs specifically.

5.1 Affirmative Action Admissions Policies

Affirmative action admissions policies are critically important for increasing access to nursing educations for Aboriginal students. The University of British Columbia has instituted an Aboriginal Admissions Policy that considers student applications on an individual basis outside the competitive admissions process and takes in account their “educational history, cultural knowledge, work experience, educational goals and achievements that indicate an ability to succeed at university”.¹⁰⁸ Many nursing programs in Canada have a proportion of seats that are specifically designated for Aboriginal applicants each year. The province of Saskatchewan has the highest number of dedicated seats for Aboriginal students in Canada.¹⁰⁹

5.2 Aboriginal Student Recruitment Strategies

Recent research has indicated that most Canadian schools of nursing are actively seeking to recruit Aboriginal students.¹¹⁰ The recruitment activities have included print and Internet resources that detail the academic and support programs in place for Aboriginal students, dedicated staff resources for Aboriginal liaison or Aboriginal student recruitment officers, and outreach to Aboriginal organizations. General recruitment activities, such as the Native Ambassador Post-secondary Initiative (NAPI) involving Mount Royal College, the Southern Alberta Institute of Technology and the University of Calgary, are designed to provide information about post-secondary education and encourage Aboriginal students to consider the possibility of pursuing post-secondary studies.¹¹¹ In other instances, recruitment efforts are nursing-specific. For example, the Aboriginal Nursing Project undertaken by the School of Nursing at Thompson Rivers University is intended to increase the recruitment and retention of Aboriginal nurses,

¹⁰⁷ Mendelson, M. (2006). *Aboriginal peoples and post-secondary education in Canada*. Ottawa, ON: Caledon Institute of Social Policy.

¹⁰⁸ University of British Columbia. (2007). *Aboriginal Admissions Policy*. Retrieved May 17, 2008, from <http://www.longhouse.ubc.ca/apply.htm>

¹⁰⁹ Gregory, D., & Barsky, V. (2007). *Against the odds: An update on Aboriginal nursing in Canada*. Ottawa, ON: Canadian Association of Schools of Nursing.

¹¹⁰ Gregory & Barsky. (2007).

¹¹¹ University of Calgary. (2008). *Native Ambassador Post-Secondary Initiative*. Retrieved May 18, 2008, from <http://www.ucalgary.ca/nativecr/napi>

enhance the relevance of nursing program curricula, and provide culturally safe nursing education and practice.¹¹²

5.3 Aboriginal Curriculum Perspectives

Most of the member schools of the Canadian Association of Schools of Nursing have introduced nursing program curricula that reflect the Aboriginal perspective, incorporate Aboriginal traditions and demonstrate an understanding of the history, culture and values of Aboriginal people.¹¹³ A number of nursing programs include mandatory or elective courses on Aboriginal Health and Nursing or Native Studies. In other cases, content related to Aboriginal people has been incorporated into existing core courses. While these initiatives enhance the progression of Aboriginal students and provide a more supportive learning environment, a nursing curriculum that emphasizes awareness and respect for Aboriginal culture better prepares all students for nursing careers in the Canadian health care system.

5.4 Nursing Access-Bridging Programs

Institutions in a number of provinces have introduced nursing access-bridging programs for students. Such programs assist students in meeting nursing program admission criteria and provide supports to Aboriginal nursing students such as mentoring, tutoring and academic advising. At the end of the program students progress into a regular nursing degree program and receive credit for courses completed in the transition program.

One example of an access-bridging program is the Integrated Nursing Access Program (INAP) in Newfoundland and Labrador. INAP is a partnership between three post-secondary institutions in Newfoundland and Labrador: the College of the North Atlantic, Memorial University of Newfoundland and the Western Regional School of Nursing.¹¹⁴ This integrated, case-based, culturally relevant program was developed in response to the shortage of Inuit nurses in Labrador and the challenges facing the Labrador Inuit who wish to pursue nursing careers. This three-year program, initiated at the College of the North Atlantic campus in Goose Bay, Labrador in 2005, provided Inuit students with the opportunity to complete high school equivalency as well as the requirements for the first year of the collaborative baccalaureate nursing program. Following completion of INAP, students completed the second year of the collaborative program at the college site. The students will complete the third and fourth years of the collaborative program at the Western Regional School of Nursing in Corner Brook with opportunities to complete the clinical program components in Labrador.

¹¹² British Columbia. (2008). *Aboriginal Nursing Strategies: 2002/03 - 2007/08*. Retrieved May 18, 2008, from http://www.health.gov.bc.ca/ndirect/ab_summary_0203_0708.html

¹¹³ Gregory & Barsky. (2007).

¹¹⁴ Curran, V., Solberg, S., LeFort, S., Fleet, L., & Hollett, A. (2008). A responsive evaluation of an Aboriginal nursing education access program. *Nurse Educator*, 33(1), 13-17.

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