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The Life Cycle of a Collaborative Nursing Program:
The History of the Nursing Education Program of Saskatchewan, 1996-2010

by

Margaret Elaine Olfert

A THESIS

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Abstract

The object of this work was to offer a history of a collaborative nursing education program in Saskatchewan, begun in 1996 until its dissolution in 2010. Nursing education in Canada has evolved over the past century. In the beginning nursing in Canada was closely associated with hospitals as training sites for nurses, commonly with religious connections. Even when government hospitals became common, nursing education continued to be delivered generally on site in hospitals and this was true until the 1970s to mid 1990s in several Canadian jurisdictions. The shift to the collaborative efforts of the past three decades has created both challenges and benefits to the partners and programs involved.

This study utilized primary and secondary sources to describe the history of a collaborative nursing program in Canada, the Nursing Education Program of Saskatchewan (NEPS). Sources included interviews with key leaders and decision makers, as well as institutional, government, and regulatory association documents which contributed to an understanding of the development, delivery, and dissolution of this first collaborative baccalaureate program in Saskatchewan.

One of the direct accomplishments of the NEPS partnership was the baccalaureate degree becoming the minimal level of education for entry to practice by the year 2000, an achievement that could not have occurred by the partner institutions individually. However, challenges in the partnership included the difficulties of initially joining two different governance structures and cultures, and later a third, to become one faculty and one program. Even though an integrated model was the goal, challenges in assessing tuition fees soon necessitated a revised plan where the program resembled a two-plus-two model,

which saw the first two years delivered by one institution and the second two years delivered by another.

It is hoped that this examination and interpretation of the historical context, process, and impact of this unique partnership on the development of nursing programs in Saskatchewan will serve to inform future collaborative efforts in nursing education so that positive successes and opportunities are taken as models, and missteps and difficulties are avoided.

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Finally I want to thank my husband Doug Line for his unending encouragement and support, and his exceptional creation of sustaining meals throughout the process.

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Chapter 1: Introduction, Methodology, and Literature Review

Introduction

“The province of Saskatchewan has a history itself of being collaborative; it is where cooperatives were born.”¹

In the province of Saskatchewan, health care and health care education are central to its identity. As the birthplace of universally funded health care, Saskatchewan and its residents also view careers in health care as fundamental to our sense of being and as a source of pride. As such any change to health care and health care education has an indelible impact on our sense of who we are. This study will explore the history of one collaborative nursing education program in the province. Its development, delivery, and demise will be described from the perspectives of governance, leadership, and meaning in the context of nursing care for the people of Saskatchewan.

The collaborative nursing program known as the Nursing Education Program of Saskatchewan (NEPS) was a complex endeavour, voluntarily bringing together the knowledge and experience of four groups of faculty from four different programs, within two founding institutions, and then later from a third institutional partner that was added. It was the first such collaborative effort in Saskatchewan, and was unique in that it became the sole option in the province for those wishing to become registered nurses or registered psychiatric nurses.

The NEPS was a collaborative program of the University of Saskatchewan, the Saskatchewan Institute of Applied Science and Technology (SIAST), and later in 2003, the First Nations University of Canada. The program, which accepted students from 1996 to 2010, was envisioned by a few nursing leaders, developed by a large group, supported and approved by the professional nursing associations, and then endorsed by institutional administrators and government. It brought together different visions of nursing education, differing institutional mandates, different regulatory bodies, and different locations across the province, all to support a forward-looking curriculum that would achieve its ultimate goal – ensuring that the baccalaureate degree as entry to practice was realized in Saskatchewan.

The program admitted students each year for fifteen years, from 1996 to 2010 (inclusive). With its significant disparity, complexities, and challenges, rather than asking why the program came to an end, one might well ask – why did it succeed at all? In response to this question, a brief explanation might be that the success was due the dedication and hard work of those who founded it, as well as the commitment to quality education and student success of those who delivered it, and the collaborative efforts of the finest nurse educators in the province working together toward a common goal. However, a more robust explanation of the events, successes and challenges of the NEPS is required.

Purpose and Focus

The purpose of historical research is to explore narrative ideas, including the details of events, and analysis, placing these events in a broader social, economic or political context.² The focus of this study, therefore, was on the challenges of creating and

sustaining a collaborative nursing education program in Saskatchewan, through examining the governance structures and organizational cultures involved. The development, delivery, and dissolution of this collaborative program was explored to determine what could be learned from the development of this program.

Although historical study often involves events and people from distant centuries, there is a place for contemporary history, usually defined as the period within living memory, or since the end of the Cold War (1989-92).³ Historian John Tosh contends that “it is the recent past on which people draw most for historical analogies and predictions, and their knowledge of it needs to be soundly based if they are to avoid serious error.”⁴ It must also be acknowledged that history is not merely presenting a particular argument, but that the responsibility of the historian is “to provide a historical perspective that can inform debate rather than to service any particular ideology.”⁵

The focus of this historical research was to examine and describe the decisions and events that led to the development, delivery, and, more recently, the dissolution of the Nursing Education Program of Saskatchewan (NEPS). The study contributes to the understanding of collaborative nursing education programs in Saskatchewan, which can be compared to other programs in Canada and beyond. The decisions made by nurse educators, regulatory bodies, education institution leaders, and government officials were examined to consider the context and motivations behind each choice, action, and result. The human and financial resources that were placed into a collaborative effort of this nature were examined, and an historical perspective accomplished that end.

Questions

The questions explored in this study were:

1. What decisions were made around the development, delivery and dissolution of the NEPS?
2. What were the contextual factors in the development, delivery, and dissolution of the NEPS?
3. What was the impact of the context and decisions on the development, delivery, and dissolution of the NEPS?
4. Was the NEPS a successful endeavour?

Disclaimer and Limitations

We cannot escape the fact that historical research is an interaction between historians and their facts.⁶ Thus the researcher acknowledges her own involvement in the topic to be studied, and recognizes the impact of that involvement on the topic.

The researcher also declares her own place in the history of the Nursing Education Program of Saskatchewan (NEPS). The researcher is, at the time of writing, the administrative head of the NEPS at one of the three sites, a former faculty member in all three institutions, a graduate of two of the three institutions, and currently experiencing the delivery and dissolution of the NEPS as a program administrator. While this familiarity with the topic had the potential to contribute to biases, it also created an intense interest in and access to information on the topic. As a former graduate or faculty member at all three institutions, and in all three cities, the researcher brought a level of both familiarity and impartiality to the topic as it related to the partners, and as she interacted with the facts.

From a personal perspective, the reason for undertaking this study was multi-layered. I was a faculty member at First Nations University of Canada from 2003-2005, then at the Saskatchewan Institute of Applied Science and Technology (SIAST) from 2005-2008, and program head at SIAST from 2008-2012. During this time I completed my master's degree in nursing in 2005 from the University of Saskatchewan. I experienced first-hand the exemplary dedication of faculty members from all three institutions; all were working to ensure students had the opportunity to receive a first-rate level of nursing education. During my involvement, I also began to observe some tensions among faculty members and leaders at the various institutions, as it became evident that an end or significant change to the partnership would be inevitable. However, it was an emotional realization for me and for many of my colleagues when the end was finally made clear. As the program was seen as a success in so many ways, it was difficult to envision its demise. As I then became involved in discussions about a new collaborative endeavour, I became interested in examining and then telling the story of the first collaborative effort to offer a degree program in Saskatchewan. How did the program come about, what went well, what led to its termination, and what could be learned from considering the NEPS from an historical perspective? This study was an attempt to both appreciate and understand the program that was.

This study was limited in that it could not be generalized to other collaborative programs due to the unique complexities involved; however comparing the history of this collaboration with others will be useful in gaining a better understanding of past, present and future collaborations. Such comparisons could be made, with some caution, to other

programs in Canada, as well as the new collaborative program under development in Saskatchewan.

There were also limitations to this study in that not every source of data was reviewed – some data were not located. Also, not everyone involved in the governance and administrative decisions was interviewed; some individuals could not be located, others may have been inadvertently missed who had pertinent information to contribute, and one person asked to be removed from the study. As with any interview about historical data, individuals' memories and perceptions are understood to be not always consistent, thus the researcher made judgements and conclusions about what to include in this study, based on the most compatible or pertinent perceptions of the interviewees.

Significance

One historian has declared: “Studying the past is no sure guide to predicting the future. What it does do, though, is to *prepare* you for the future by expanding experience, so that you can increase your skills, your stamina – and if all goes well, your wisdom.”⁷ (emphasis in original).

This study was selected because it is a story that needed to be told in order to understand and inform future collaborative endeavours in nursing education. Although the study of recent history has both advantages and disadvantages, the examination and understanding of this collaborative nursing program can be told now, and if it is to be helpful, must be told now. The availability of several key individuals with personal perspectives was integral to gaining an understanding of the deeper context and meaning of the events. This would not be possible if the study had been conducted at a later time. With

contemporary historical events, the people most closely connected to them are more often available and accessible. However, one must use caution as the short timeline since the events may also prevent one from examining them with an appropriate degree of historical detachment, and one may not be aware of the context of “what came next.”⁸

The additional significance of this study was what could potentially be learned and what could be related to current and forthcoming events. “Society expects an interpretation of the past that is relevant to the present and a basis for formulating decisions about the future.”⁹ This study had the potential to provide the basis of that interpretation and understanding.

Definitions and Abbreviations

The definition of *collaborate* that was useful for this study was presented by L. Jane Knox in 1989 in her consideration of collaborative nursing education programs: “to work jointly with”, taken from the Oxford Concise Dictionary.¹⁰ Knox expanded on the definition as follows:

It is work to reach agreement with others; we should not assume that this will be an easy process. When we work jointly with others, jointly implies respect for the rights of others. All involved must be able to expect the unreserved respect of collaborating colleagues. Working with others suggests working along with or beside others and supports a perception of equal sharing. To collaborate, to work jointly with, is really goal oriented co-operation between colleagues. (Emphasis in original)¹¹

This definition and explanation of the key concept of collaboration implies the shared vision and the effort required to develop a successful collaborative project.

For the purposes of this study the following general definitions of key concepts were used:

- Integrated collaborative model – a program or educational endeavour where two or more educational / institutional partners share and collaborate in the development, delivery, and administration of the program. All partners are involved in each year of the program, and faculty members may be involved in any part of the program, and may move between institutions. This model is advantageous for students as it provides a greater degree of continuity for students. However, challenges may include the management of human resources (collective agreements) and logistics (scheduling).¹²
- Articulated model – one part of the program is delivered and / or administered by one educational partner and the second part delivered / administered by another educational partner. In the two-plus-two model, the first two years of the program are administered and delivered by the non-university partner and then students transfer to the university for the second two years of the program.¹³
- Universities and colleges in Saskatchewan – in Canada, universities and colleges are terms used to describe post-secondary institutions, both of whom participate in higher education. In Saskatchewan, these terms have specific meaning, which necessitates additional explanation. In this province, there are two universities capable of granting baccalaureate degrees: the University of Saskatchewan and the University of Regina. At the University of Saskatchewan, faculties or areas of

academic study are referred to as Colleges (for example, College of Nursing, College of Engineering). However, in Saskatchewan, the generic term 'college' usually refers to one of the regional colleges in the province, distinct from other parts of Canada, where the term usually refers to non-university post-secondary institutions. The sole provincial technical institute, the Saskatchewan Institute of Applied Science and Technology (SIAST), includes four campuses in various locations. Therefore, in this study, when referring to Saskatchewan, the term 'College' will be used in reference to the College of Nursing at the University of Saskatchewan. SIAST will be referred to as a technical institute, and its nursing sector is called the Nursing Division.

In this paper, the following acronyms were used for terms referred to frequently:

- NEPS – Nursing Education Program of Saskatchewan
- SIAST – Saskatchewan Institute of Applied Science and Technology

Methodology

Sources of Evidence

In this study, primary and secondary sources were utilized to describe the history of a collaborative nursing program in Canada, the Nursing Education Program of Saskatchewan (NEPS). Primary sources were defined as pieces of evidence that are closest in time and place to the event, or occur concurrently with the event.¹⁴ In this study, primary sources included interviews with key leaders and decision makers that were present at relevant time periods of the NEPS, as well as institutional, government, and regulatory

association documents which provide keys to understanding the development, delivery, and dissolution of this first collaborative baccalaureate program in Saskatchewan. Secondary sources included books and articles pertaining to collaborative nursing education programs in Canada, and to the history of nursing education in Canada.

Data Collection

Documents used in this study were obtained from the office of one of the former Saskatchewan Institute of Applied Science and Technology (SIAST) program heads, as well as from the offices of the nursing deans of SIAST and the University of Saskatchewan, and acting director of First Nations University of Canada, and two regulatory bodies, the Saskatchewan Registered Nurses' Association (SRNA) and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). Other documents were provided to the researcher by faculty members or former deans, directors, acting deans, and acting directors in the offices of the partner educational institutions. These documents provided records of correspondence between key individuals and groups, and served to validate dates and events. Some of the documents were deemed to be secondary sources as they provided interpretive and background information to the context of the Nursing Education Program of Saskatchewan (NEPS). Other secondary sources were the literature and articles referenced to explore the history of collaborative programs in Canada, and the history of nursing education in Canada.

Interviews

Participants to be interviewed were selected based on their past or present role in the development, delivery, or dissolution of the Nursing Education Program of Saskatchewan (NEPS). They included current and former deans and directors of nursing, associate deans of nursing, nursing program heads, government bureaucrats, and senior academic administrators. Oral interviews with former and current decision makers and formal leaders served to enhance or illuminate the written data and to provide context and perspective of those involved. Interview questions¹⁵ were used to guide the discussion, and adapted where appropriate based on the involvement of the participant in the NEPS.

Selected individuals were contacted initially via email or a telephone call, to describe the study and to provide a brief description of the historical study, and to solicit their participation. Copies of the informed consent¹⁶ and the interview questions¹⁷ were provided. Potential participants were asked if they were interested in participating in the study, and were informed they could participate by telephone or in-person. Of the eighteen interviewees, seven were interviewed by telephone, and the remaining eleven were interviewed in person, in either Saskatoon or Regina. Two of the telephone interviews were conducted with individuals now living in Ontario who had been formerly involved with the NEPS.

Informed consent forms¹⁸ were signed by each interview participant at the time of the interview; participants currently or formerly employed by the University of Saskatchewan signed the University of Saskatchewan consent form, and all others signed only the University of Calgary consent form. Interviews were audio recorded and professionally transcribed. Specific quotes or paraphrases of the transcripts were sent to

each participant, asking them to verify the comments and to provide permission to be quoted and identified by those comments. After reviewing the quotes and paraphrases, one participant chose to withdraw from the study and asked that all quotes from that person be removed, and this was done. The remaining seventeen participants agreed to the use of the quotes for this study, with some revisions in some cases, and all but one participant agreed to the use of their names along with titles or former titles.

Historical Writing

Chapters describing the results of this research are arranged based on the three main chronological periods of the history of the Nursing Education Program of Saskatchewan (NEPS): the development (prior to 1996), delivery (1996-2005), and dissolution (2005-2010). It is to be noted that some events overlapped the assigned time periods, or occurred simultaneously throughout the delivery of the NEPS. Attempts were made to organize and describe data in a time sequential manner where possible. Although employing a chronological approach to organize historical writing may tempt one to falsely presume that one event caused the next,¹⁹ this narrative style will enable the reader to begin to come to an understanding of the complexities of the topic.

Historical writing typically includes description, narrative, and analysis.²⁰

Description involves creating the illusion of a direct experience by evoking an atmosphere or scene.²¹ The narrative component can entertain through its ability to create suspense and arouse emotions, or what it felt like to be there.²² Analysis involves the recognition of complexity of events, and the multilayered causes and consequences of events.²³ This paper will include all of these techniques. The descriptive and narrative techniques will be used

in Chapters 2, 3, and 4 to create the scene and describe the events. The analysis will be summarized in the final chapter, where a business and organizational lens will be used to consider the NEPS as an entity with goals and innovative ideals, then growth and development of the project as the program was delivered, and then the decline. Although a collaborative educational project, the NEPS was also a means to an end to achieve an educational entry level change for the profession of nursing. It was also the source of a product (registered and registered psychiatric nurses) for the government and people of Saskatchewan.

The format for this study was the Chicago Manual of Style, Sixteenth Edition, chosen due to its common use in historical writing. Endnotes (headed as Notes) may be found at the end of each chapter.

Ethics

The involvement of human participants in research necessitates the assurance that individuals are able to choose to participate or not participate, and that no harm should come to the participant as a result of their participation.²⁴ The intent in this study was to quote participants by name and past or present title, and therefore each was asked if they would consent specifically to the use of his or her name. The use of names would provide credibility and legitimacy to the comments made, and would pose minimal or no risk to the individual. However, as some candid comments made by individuals during the interviews were perceived by the researcher as potentially detrimental to participants if used verbatim, the researcher informed each participant after each interview that he / she would have the opportunity to review quotes prior to their incorporation into the study. This verification

was done, and only one participant then asked to be removed from the study, and this was done. One participant asked to be identified by former title only, and not by name, and this was also done.

As human subjects were used in this study, ethics approvals²⁵ were obtained. Ethics approval was obtained from the Conjoint Faculties Research Ethics Board at the University of Calgary. Based on ethics approval from the University of Calgary, the Saskatchewan Institute of Applied Science and Technology (SIAST) granted permission to conduct the research at that institution. The University of Saskatchewan Behavioural Research Ethics Board also granted approval of the study, and required that the University of Saskatchewan informed consent form be used for participants from that institution. Due to the fact that participants affiliated with the First Nations University of Canada were involved, the University of Regina Research Ethics Board was also solicited for approval, and this was provided.

Literature Review

In order to understand the national context of collaborative nursing education programs, it was beneficial to examine the history of nursing education in Canada, and the history of recent (beginning in 1980) collaborative nursing programs across Canada. This would inform the study of the NEPS and help to determine the differences and parallels that would occur in Saskatchewan in comparison with other Canadian jurisdictions.

Introduction

Since the late nineteenth century, nurses have been educated in Canada to provide health care services to individuals, families and communities. Regulation of the practice of registered nurses has occurred since around 1918 in the various provinces (ranging from 1910 in Nova Scotia to 1931 in Newfoundland and Labrador).²⁶ While the education programs of registered nurses have evolved from hospital-based training to higher education institutions, the minimum education required for entry to practice as a registered nurse has also changed. These changes have necessitated the concurrent evolution of education programs.

Collaborative nursing education programs have been implemented across Canada since 1980. The joining of resources of two or more higher education institutions for the purpose of delivering the desired nursing education has highlighted both the benefits and challenges of these endeavors. The rationale for the creation of such programs include the requirement of the baccalaureate degree as the minimal education level for eligibility to begin to practice as registered nurses, an anticipated shortage of registered nurses, and the economic and political context of the country and provinces. Various benefits have been achieved, but challenges and barriers to success are also evident. Some programs have been maintained and / or have evolved over time, while others have ended, or are in the process of being dissolved. This review will use secondary sources from the current literature to describe the history of collaborative nursing programs in Canada.

Historical Background

The first nursing education program in Canada began at St. Catharine's General Hospital (Ontario) in 1873, and was led by a physician.²⁷ This and other early schools of nursing training in Canada required the women who entered the service of nursing to be of good character, as well as to demonstrate Christian charity and conduct, patterned after the nursing schools of Florence Nightingale in Britain.²⁸ The notion of nursing as a religious calling that was subservient to the medical profession rather than a profession on its own was evident, and would remain for many years until nursing leaders would begin to assert their power in numbers and then as a group.²⁹

As hospitals emerged across Canada between 1890 and 1910, many of the hospital administrators sought to establish schools for training nurses that were associated with the hospitals, which allowed the training and recruitment of nurses for hospitals.³⁰ Nurses played increasingly important roles in key events such as the First World War and the Spanish flu epidemic, and concerns about public health were growing in significance.³¹ As early as 1914, the Canadian Association of Trained Nurses (the predecessor of the Canadian Nurses Association) recommended that nursing education become connected to the educational system of each province.³² By 1918, the nurses in Canada had successfully obtained registration legislation in five provinces with others to follow in the next decade. At the University of British Columbia, in 1919, the first university degree nursing education program in Canada was established. Thus began the movement of nursing from a religious vocation toward professionalism in nursing.³³

The 1920's presented increasing populations and an increasing need for knowledge and expertise by nurses; thus improved educational preparation.³⁴ A movement towards a

consistent and approved educational system was occurring, manifested by inspections of nursing schools. Beginning in 1920, public health nursing education programs began to develop, in universities across Canada. However, many physicians opposed this advancement in nursing education, as they felt that an increased focus on academia would cause practical service to suffer.³⁵

In 1932, supported by the national nurses and medical associations, Dr. George Weir, of the University of British Columbia, undertook the Survey of Nursing Education in Canada.³⁶ The report (known as the Weir Report) concluded that some smaller hospitals did not provide students with adequate depth and breadth of learning opportunities, nursing instructors required further education, and that admission requirements should be increased.³⁷ In response to this report, nursing leaders recommended a move to higher and more uniform standards in nursing education.³⁸

Diploma programs in universities began to open, as the University of Toronto approved a diploma nursing program; this was also an attempt to introduce science in to the art of nursing education.³⁹ In 1942, the senate of the University of Toronto approved a degree in nursing program, which would provide the broad liberal education that nurses required.⁴⁰ Dr Helen Mussallem's nursing education report, entitled the "Spotlight on Nursing Education", and sponsored by the Canadian Nurses Association, was released in 1960 and called for reforms to the currently hospital based nursing education programs. The report cited the excessive length of each day for nursing students, the inadequate instruction received, and the lack of sufficient preparation for nursing instructors.⁴¹ It is to be noted that the move away from the apprenticeship model occurred after a bitter struggle within the profession that lasted for decades.

Saskatchewan became the first to consider the implementation of two-year diploma programs, and the first such program was established in Regina in 1962 by the Regina Grey Nuns.⁴² By the 1960's and 1970's, nursing education was, however, moving out of hospitals and into both colleges and universities, as the apprenticeship model was gradually phased out.⁴³ Although some hospital-based programs remained across Canada, both degree and diploma entry-level education offered in post secondary institutions were becoming available. Many nursing leaders saw these as positive changes, but continued to press for baccalaureate-only as entry to practice in order to achieve professional status.⁴⁴

Collaboration in Nursing Education

It is useful to determine what is meant by collaboration in the context of nursing education programs. Two supplementary definitions have been selected for the purpose of this review. 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”.⁴⁵ Key elements are that the ideal collaborative relationship is both beneficial to all parties, well defined, and a joint effort.

Another valuable definition is “a process in which a group of autonomous stakeholders of an issue domain engage in an interactive process, using shared rules, norms, and structures to act or decide on issues related to that domain”.⁴⁶ Therefore it will be assumed that successful collaboration consists of autonomous groups or organizations working together towards common goals, implementing creativity, shared knowledge, and the efficient use of resources. In the case of baccalaureate nursing education collaborations,

however, the non-university or college partner may be perceived to be in a position of less power or autonomy, since colleges may be no longer able to provide the product that they once could – that of independent nursing education that prepares candidates for national licensure.

It is also necessary to be clear about the difference between collaboration and articulation in nursing education programs. A document⁴⁷ released by the Canadian Nurses Association (CNA) in 1987 declared that articulation, where one program is seen as a prerequisite to the second program, was not consistent with the position of the Canadian Nurses Association that only one level of basic educational preparation was needed. Some nurse educators argued that the two levels of nursing education, diploma and baccalaureate, had significant differing philosophical approaches, and therefore articulation was not a satisfactory solution.⁴⁸ While it has been argued that the articulated model of partnership education delivery was easier to negotiate and implement than the collaborative integrated model,⁴⁹ the articulated model did not adequately meet the requirements of the CNA position, and therefore collaboration was the preferred method of baccalaureate nursing education delivery.

Entry to Practice Requirement

The baccalaureate degree as the minimal entry to practice nursing had been considered by nursing leaders for many years, and was recommended by the Report of the Alberta Task Force on Nursing Education in 1975.⁵⁰ This task force was appointed by the Alberta government, and was to review needs in nursing education in the province and to make recommendations to the government. The task force was chaired by Dr Walter Hugh

Johns, who had served as president of the University of Alberta from 1959-1969. While the Alberta government did not support the recommendation of its own Task Force, the work of the committee became widely known and discussed across the country because of its recommendation in 1975 that the baccalaureate degree should become the basic entry qualification to the nursing profession within two decades.⁵¹

In 1982, the Canadian Nurses Association (CNA) endorsed the goal of securing the baccalaureate degree as the minimal educational preparation for entry to practice as a registered nurse by the year 2000. The rationale for this change in educational requirement was based on the principle that baccalaureate preparation would be needed to meet the increased and complex demands of technological advances, increasingly acute and diverse patient care needs, and more sophisticated knowledge and skills required.⁵² However, as the CNA had no legislative authority, this was a position statement only, as it would be up to the provincial regulatory bodies and governments to legislate and implement this change.

Following the recommendation from the national association for the baccalaureate to become the educational entry level to practice nursing by the year 2000, provincial regulatory bodies followed later in the 1980s with their endorsement of this goal. The impending change caused non-degree granting colleges across Canada to consider their place in delivering nursing education in the future. It also created challenges for universities, as the capacity to deliver the required numbers of registered nurses would be difficult for most. Collaboration seemed to be the answer for many institutions.

Context: Economy of the 1980s and 1990s

Although the baccalaureate entry to practice requirement was the main catalyst for the development of collaborative nursing programs in Canada in the 1980's to the present, the economic and political situation of the 1990's also influenced the development and implementation of collaborative programs across the country.

In British Columbia, the early 1980s saw a worsening of the provincial economy and government restraint created a more centralist approach, where the education ministry took on a more active role in coordinating college activity.⁵³ Gaber cited the improving economy in that province in the late 1980s as contributing to the expansion of the college system and the creation of the university colleges.⁵⁴ A more centralist approach was again seen in the early 1990s, and this resulted in a fragmentation of what had been a fairly uniform system of institutions, and in 2001, the incoming government again adopted a more decentralist approach.⁵⁵ One could conclude that both the political strategies of the government and the economic times would influence whether or not the government supported institutional autonomy and collaborative efforts.

In Alberta, in the late eighties and early nineties, Premiers Don Getty and then Ralph Klein were seeking to get social spending under control, while receiving reduced federal transfer payments created hospital closures and layoffs of nurses.⁵⁶ The reduction of full-time to part-time jobs in nursing, hospital closures, and hospital conversions to long term care and / or community health care centres were also common occurrences across Canada.⁵⁷ The predicted shortage of nurses also created concerns for increased seats for nursing education, and collaborating would allow higher education institutions to increase their capacity to educate more nurses.

Other provinces were also experiencing economic shortfalls and collaboration was seen as a way to better use limited resources. In Saskatchewan, the nursing layoffs of the 1990s were now contributing to an impending shortage of nurses. This situation impacted the development of the collaboration, and also the government's decision to require a diploma exit, as this was seen as a way to provide more graduates, more quickly.

Collaboration Begins in Nursing Education: 1980-1996

While this literature review addresses mainly collaborative undergraduate (basic) baccalaureate education delivery in the latter 1980's and beyond, an earlier model of note was that of a post-diploma baccalaureate program delivered in the early 1980s by Athabasca University and the Faculty of Nursing at the University of Alberta.⁵⁸ Like the basic undergraduate nursing programs that would follow, this collaboration⁵⁹ sought to provide benefits for both institutions, as well as students, who in this case, were practicing diploma-prepared registered nurses seeking a degree in nursing. Also, like the basic undergraduate nursing collaborative programs that would follow, challenges would need to be addressed.

Discussions about the baccalaureate as entry to practice created a catalyst for both institutions to provide increased access for practicing nurses to obtain a bachelor's degree in nursing. This first collaboration, described by associate professors from each institution, was undertaken in Alberta in the early 1980's, where the University of Alberta and Athabasca University were able to build on the strengths and opportunities that each partner could provide.⁶⁰ This first collaboration was significant in that it facilitated the development of resources needed to offer the program entirely off-campus.⁶¹ This was

recognized as a need because such post-diploma programs generally required the student to attend university for at least two years. This was a barrier to practicing nurses, who were not as mobile as those seeking basic education, as they often had jobs and families.⁶²

Athabasca University, a distance delivery university that offered certain three-year undergraduate degrees, was able to offer courses that were accessible to nurses in a variety of locations. This worked well with the University of Alberta's ability to grant the nursing degree. Faculty at both institutions worked to jointly create several courses geared toward the education of practicing nurses. Disadvantages of this initiative were cited as students having reduced exposure to faculty in order to become socialized into thinking as a baccalaureate prepared nurse, and the difficulty for distance students to discover patterns and integrate content between courses.⁶³ There were benefits noted to both institutions; Athabasca University added courses and students at reduced cost, while the University of Alberta experienced decreased pressure on their oversubscribed post-diploma nursing baccalaureate program. Students, who were already practicing registered nurses, benefited by achieving increased access to a post-diploma baccalaureate degree in nursing.⁶⁴

During the latter half of the 1980s, discussions about collaborative opportunities began between several nursing education program providers in western Canada, with a variety of methods and results. The first basic collaborative baccalaureate nursing program in Canada occurred between the University of British Columbia and the Vancouver General Hospital, with the first intake of students in 1989. Discussions began in 1986 when the Vancouver General Hospital faculty recognized that the increasingly complex nature of nursing required a broad base of education.⁶⁵ In 1988, the hospital's nursing vice president formally approached the director of the University of British Columbia School of Nursing,

and as a result, a joint advisory committee was struck, and work on a new integrated curriculum model began. However, the unexpected and sudden approval of the collaborative program by both institutions and the provincial government, created an urgency for the implementation of the program in just six months. Although a mutually agreed upon curriculum was the original intent, the shortened timelines necessitated the adoption of the existing university curriculum, and thus the collaboration would be unequal and experience challenges from the outset. The director of the University of British Columbia School of Nursing was responsible for the program, although faculty from both institutions were involved in curriculum monitoring, revisions, and delivery.⁶⁶ The collaboration collapsed in 1995, when the Vancouver General Hospital was forced to withdraw financial support from the University of British Columbia School of Nursing due to fiscal constraints.⁶⁷ The last class graduated from the collaborative program in 1998, thus bringing to an end ninety-nine years of nursing education at the Vancouver General Hospital.⁶⁸

Communication between faculty members of the Vancouver-based collaborative program, located at multiple sites, was challenging.⁶⁹ Bi-monthly meetings were held at different times, faculty minutes were posted in the faculty lounge, and faculty members were encouraged to read the minutes and provide feedback to the director. Eventually hospital faculty began to attend university caucus meetings relating to the baccalaureate program. By 1991 and 1992, faculty retreats were successfully held for the hospital faculty, and retreats including both faculty groups were being considered.⁷⁰

Also in British Columbia, the University of Victoria was beginning discussions of a collaborative program with ten partners. The collaborative effort was seen as a way to

bring “the nursing profession closer to achieving its goal of a baccalaureate degree requirement for registered nurses.”⁷¹ It would also increase access to degree nursing programs, formerly only available in Victoria and Vancouver. The provincial government had recently published the results of a study identifying a need for increased access to university education, and had committed funding to three colleges to offer degrees in several areas, including nursing.⁷² Nursing representatives from each institution began to plan and work full-time on the program. Some key philosophical differences were identified, such as the overall aim of universities to advance knowledge, while colleges attempt to respond to the educational needs of the community.⁷³ These differences needed to be recognized and respected. Processes such as student admission processes were developed that would avoid delays and be effective. Working with different collective agreements, institutional mandates, faculty qualifications, and scholarly activity requirements also needed to be addressed.⁷⁴ Budget planning for faculty salaries and newly created positions was also required. At the administrative level, the authority to make decisions needed to be restructured, and a good working relationship between the program leaders was essential.⁷⁵ The first intake of students occurred in 1991.

While this large collaboration was considered a success with several benefits, Molzahn and Purkis⁷⁶ expressed concern that some of the college partners had chosen to seek autonomy and offer an applied degree independently rather than the collaborative baccalaureate degree. The authors believed the applied degree in nursing did not align with the Canadian Nurses Association (CNA) position of the baccalaureate as entry to practice. However, it was not established that this applied degree was ever actually offered by any of the college partners. Currently the Kwantlen Polytechnic University web page⁷⁷ describes

its degree as a bachelor of science in nursing, approved by the regulatory body and accredited by the national association. The reference to the applied degree described by Molzahn and Purkis cannot be confirmed.

Some partners in this collaboration have been removed as three of the partners (Langara College, Douglas College, and Kwantlen Polytechnic University) have gained degree-granting status and now offer a baccalaureate independently. There are currently eight schools of nursing involved in the Collaboration for Academic Education in Nursing in British Columbia, where the University of Victoria is the degree-granting partner.

As early as 1982, members of the Faculty of Nursing at the University of Calgary, the Foothills Hospital School of Nursing, and the Mount Royal College nursing program formed a task force to discuss the idea of articulation and to consider how the baccalaureate degree could be put within reach of all nursing students across programs.⁷⁸ The outcome of these discussions was that an articulation agreement was not financially feasible or professionally beneficial to increase access for baccalaureate education for nursing. Boschma stated that the University of Calgary nursing curriculum was the yardstick by which the other two programs were measured, and the focus was ultimately on deficits rather than the various strengths of each program.⁷⁹ Therefore, the other programs did not measure up, and the university program was not questioned. While this process may have been pragmatic, it also may have led to resentment between the three nursing programs.⁸⁰

Joy Calkin, the newly appointed dean of the University of Calgary Faculty of Nursing was not dissuaded, however, and believed that a new and innovative approach could bring diploma and degree nursing education together. Thus in 1986, nursing program leaders from the three institutions in Calgary began to meet together for weekly

breakfasts.⁸¹ The group developed the idea of an integrated model, where each partner would be equal in their contributions. It would be called the Calgary Conjoint Nursing Program. Committees with each partner represented were established to begin planning, and then funding was sought from the provincial government. The goal was to retain the uniqueness of each partner, but allow students to graduate from the university with a bachelor's degree of nursing.⁸² Although the climate was generally positive for this collaborative initiative, opposition from the provincial government persisted. This collaborative program required new program funds,⁸³ and this added to the challenge of its development.

A delegation from the collaborative group enlisted the services of Dr Ginette Rodger, a noted nurse leader and political activist, to assist efforts in lobbying the provincial government.⁸⁴ Although the government unexpectedly assisted the funding issue by announcing its intent to increase tuition fees, government approval for the program remained a challenge. It took a concerted effort of political action to eventually cause the government to approve the program, and the first intake of students occurred in 1993.⁸⁵ Even with this achievement, the government required a diploma exit option for students who wished to obtain a diploma rather than a nursing degree. The Calgary nursing education collaboration project was deemed successful, but it would prove to be brief. In 1995, hospital schools of nursing were being phased out in Alberta as in other parts of Canada due to budget concerns, and when the Foothills Hospital School of Nursing closed, it left the partnership. Following this, in 1997, when the University of Calgary and Mount Royal College partners and government representatives met to discuss a renegotiation of the agreement, difficulties arose in incorporating the program into the base budget of both

institutions. The difficulties turned out to be insurmountable, and even though both nursing faculties remained committed to the program, the collaborative program was ended in 2000.⁸⁶ This outcome demonstrated and confirmed the complexity and difficulty of collaborative efforts.

These two examples of collaborative nursing programs provide evidence of the challenge of working with governments in nursing education. In the British Columbia case, government unexpectedly approved the program, which caused shortened timelines, and a less than optimal process, where the university curriculum was chosen due to lack of time for development of a new curriculum. In the Calgary situation, the government's unexpected tuition increase provided needed funding, but the approval for the program was not timely and created delays in the process.

Following the demise of the Calgary Conjoint Nursing Program in 2000, Mount Royal College began collaborating with Athabasca University to offer a baccalaureate nursing degree. This may be the first undergraduate program where a nursing education-delivering college partnered with a university that had not previously offered a basic baccalaureate in nursing. The last intake of this program was in March 2007, as Mount Royal College achieved degree-granting status and was able to provide a nursing degree independently.

Meanwhile, the Edmonton collaborative program was also being considered. Discussions and planning between the University of Alberta Faculty of Nursing and Red Deer College began in 1985, and the resulting collaborative four-year baccalaureate program took in its first students in 1990. This became the first university - college partnership of its kind in Canada.⁸⁷ In 1991, the collaboration was expanded to include the

University of Alberta Hospital Schools of Nursing, Grant MacEwan Community College, Misericordia School of Nursing, and the Royal Alexandra School of Nursing. New curricula were needed to address the baccalaureate as entry to practice requirement and rapidly changing health care system, but limited funds and differing human and material resources created challenges.⁸⁸ Achieving government support was not simple for the University of Alberta and the college partners, as a political action committee and a well-orchestrated campaign were needed to garner the attention and eventual support of provincial politicians.⁸⁹

To begin the Edmonton program, a task force was established, where representatives from each of the participating nursing programs provided vision and direction, and then developed a draft curriculum for a new baccalaureate program.⁹⁰ The model developed was collaborative, and students completed all four years at Red Deer College, and in the other sites, the first two years were completed at one of the partner sites and then years three and four were completed at the University of Alberta, if a degree exit was chosen. However, according to Storch, Dresen and Taylor,⁹¹ only a portion of students could enter the University of Alberta at year three, due to limited seats, so the remainder had to complete the diploma program. In this way the government retained control of the number of baccalaureate seats, and ultimately, the entry to practice requirements.

One of the challenges in the Edmonton program was the need for funding, as no additional financial resources were provided from the government. Due to the shortfall, the partners requested a reduction in enrolment for the development of the program, which was refused, causing implementation to be delayed for one year.⁹² Fortunately these setbacks served to elicit support and strengthen the collaborative commitment.⁹³ Students were

finally admitted to the program in the fall of 1991. Grand Prairie Regional College and Keyano College in Fort McMurray joined the University of Alberta collaboration later.

In Manitoba, the first collaborative effort was implemented by the University of Manitoba and the Manitoba Health Sciences Centre in 1991. The four-year baccalaureate was offered at both sites, using blended teaching teams to effectively use resources.⁹⁴ St Boniface Hospital joined this collaboration in 1992. In the late 1990's, there was a brief period in Manitoba where a single baccalaureate program was directed by the University of Manitoba in that province. To the chagrin of many Manitoba nurses, diploma education was reinstated in 1999 by a new government.⁹⁵ Currently the Collège Universitaire de Saint-Boniface offers a diploma in nursing and students can take their degree from the University of Ottawa.⁹⁶

In Saskatchewan, efforts to meet the baccalaureate requirement for nursing practice were also considered in the early 1990's. The provincial regulatory body had approved the recommendation of the Canadian Nurses Association for baccalaureate as entry to practice in 1984. In 1993, the College of Nursing, University of Saskatchewan, and the Saskatchewan Institute of Applied Science and Technology (SIAST) from both Saskatoon and Regina sites collaborated to form the Nursing Education Coalition, with the goal to plan and implement a single, integrated nursing education program that would meet the baccalaureate requirement for entry to practice. The Saskatoon and Regina SIAST programs had already begun to respond to internal institutional requests to explore mechanisms of transferability between the two programs, and so it made sense to open discussions with the University (of Saskatchewan) program as well.⁹⁷ The psychiatric nursing program offered in Regina would join the group in 1994.⁹⁸ The committee

structure was such that all program partners were represented on all committees. Faculty development was a key component of this major change in nursing education delivery, and speakers were brought in to address key topics of curriculum underpinnings and approaches⁹⁹. The history of this collaborative program, the Nursing Education Program of Saskatchewan (NEPS), is the subject of the remainder of this paper.

In the Atlantic Provinces, collaborative efforts were also underway. In New Brunswick, the baccalaureate degree became the minimum entry to practice in 1989. Both the University of New Brunswick and the Université de Moncton offered the baccalaureate program at each institution's various campus sites.¹⁰⁰ Humber College in Toronto also offered a collaborative nursing degree program with the University of New Brunswick, where all four years were offered at Humber College and the University of New Brunswick conferred the degree.¹⁰¹ In Nova Scotia, only baccalaureate programs are now offered through Dalhousie University and St Frances Xavier University. In Newfoundland, Memorial University collaborates with St John's Centre for Nursing Studies and the Western Regional School of Nursing in Corner Brook to provide a four-year baccalaureate degree. In Prince Edward Island, the government announced in 1988 that it would phase out diploma education in favour of the nursing degree. This was the desired outcome of many years of planning toward a baccalaureate program and is to be considered a successful model.¹⁰²

Collaborative Nursing Programs Continue: 1997 – 2003

In Ontario, collaborative nursing programs were introduced en masse through the introduction of a province-wide college-university collaborative model in the late 1990s.¹⁰³

Collaborative efforts were described as being more difficult to implement in this province, due to the large number of nursing programs. In 1995, there were a total of ten degree-granting and 33 diploma programs.¹⁰⁴

The College of Nurses of Ontario (the regulatory body), determined that all new registrants would be required to be educated at the baccalaureate level by 2005.¹⁰⁵ Soon afterward, the formerly opposing Ontario government acquiesced and accepted this recommendation.¹⁰⁶ A task force, established to identify and suggest strategies to maintain nursing services in the face of changing health care, concluded that collaboration between colleges and universities in Ontario was the most efficient way to maximize existing infrastructure and resources.¹⁰⁷ It is interesting to note that Ontario's evaluative report found that collaborative programs are actually more costly and complex to implement and maintain.¹⁰⁸ An advisory committee, made up of university and college presidents, deans, and directors of nursing programs identified many barriers to collaborative programs. These included key differences in institutional cultures, admission requirements, tuition fee policies, registration processes, human resources requirements, and governance and funding mechanisms.

The provincial government then advised colleges they would need to find a university to partner with and universities were informed they would no longer receive additional funds for enrolment increases for independent nursing baccalaureate programs.¹⁰⁹ The government also announced it would provide university-level funding for all enrollments and resources designated as transitional funding to assist institutions in start-up and development expenses.¹¹⁰ Thus, in Ontario, a systemic implementation of collaborative nursing programs occurred.

Most of the collaborative programs in Ontario began their first intake in 2001, which would satisfy the task force requirement that all new registered nurses would be baccalaureate prepared beginning in 2005.¹¹¹ One program, the York University partnership with Georgian College and Seneca College was already in operation, with its first students graduating in 2001.¹¹² Prior to 1999, a number of colleges and universities had worked toward developing articulation agreements with both diploma and degree exits. Some of these ended with the government directive in 1999, while others redeveloped new collaborative curricula to provide the baccalaureate exit only.¹¹³

In 2007, twelve Ontario universities and the University of New Brunswick were collaborating with 21 Ontario colleges to deliver 14 different collaborative nursing programs.¹¹⁴ There have been some changes since the mass implementation in 2001, as Durham College, initially partnered with York University is now in a collaborative program with Ontario's newest university, the University of Ontario Institute of Technology in Oshawa, and the Queen's University partnership with St Lawrence College in Kingston saw its last intake in 2004. St Lawrence College has since partnered with Laurentian University.¹¹⁵

Discussions about the collaborative program between Humber College in Toronto and the University of New Brunswick (UNB) began in 1995.¹¹⁶ Humber College had a well-established nursing diploma and continuing education programs while the UNB had the ability to offer nursing degrees and had done so in several sites in New Brunswick. The Ontario site offered access to additional potential students. The initial discussions were to develop a post-basic baccalaureate to practicing registered nurses, and in the context of this positive relationship, discussions began about offering a basic baccalaureate degree. The

first such students were admitted in 2001. The integrated program allowed students to take all four years at Humber College and their degree was from the UNB. The timing of the development worked well, as the UNB was in the process of re-developing parts of their curriculum, so Humber College faculty were able to participate in this process. This not only added to the sense of involvement of the Humber faculty, but also helped them to develop relationships with faculty at the other four sites.¹¹⁷ It was not stated as to how the Ontario students accepted the idea of receiving an out-of-province degree.

The education system in Quebec allowed students to take two years in the college system and then another three years in a university to achieve a degree in nursing. Diploma programs were also available for those that so chose.¹¹⁸ The Quebec government also required that by the year 2000, all universities and colleges work together to plan a five-year program in nursing, and a committee was formed to develop a master plan for implementation.¹¹⁹ The current progress of this plan is not known, as there is a dearth of English literature on the subject. As of the writing of this paper, the baccalaureate degree has not yet been adopted as the minimal education for entry to practice as a registered nurse in Quebec.

Discussion of Collaborative Programs in Canada

Kirby¹²⁰ described various models of delivery of collaborative programs in Canada. The articulated model, in which the first two or three years are taught by the college partner and the remaining years are taught by the university partner, is common, and considered easier to negotiate and administer, as there are clear boundaries around the responsibilities of each partner. However, in the integrated model, each partner is involved in the

program's delivery across all four years. Kirby also described the parallel model, where students take all four years of the program at either one site or the other, and the sandwich model, where students may take the first and final years at the university, and the middle years at the college site. The term hybrid is used to describe the combination of two or more of these models¹²¹.

In some programs, more than one model was identified, as in the program offered by the University of Alberta and its partners. It appeared to be an articulated model, where the first two years were offered through the college partners, and the University of Alberta offered years three and four. However, in Red Deer, all four years were offered onsite, with the degree being granted by the University of Alberta.¹²²

Nursing programs in Canada are accredited by a national body that monitors and ensures the quality of the nursing education program, and promotes the growth of the school that offers the program.¹²³ This body was formerly called the Canadian Association of University Schools of Nursing (CAUSN), and later renamed the Canadian Association of Schools of Nursing (CASN), to better reflect the educational institutions that it serves. In their discussion published in 1999, Thomas and others stated that most collaborative and articulated models in Canada had three or fewer partners, while one had 10 partners.¹²⁴ Due to this new model of nursing education delivery, CAUSN proposed an adaptation to their accreditation processes to glean specific information from each partnering school, of nursing to describe their program and the exact nature of their program.¹²⁵ Questions were included in a checklist format, where educational programs were required to provide information about the number of sites, how consistency and quality were maintained between sites while allowing for academic freedom and uniqueness, and the how the

budget was administered for each site in the collaboration.¹²⁶ This change indicated the significant impact that collaborative programs were having on nursing education in Canada, and a move toward standardizing the processes.

One study¹²⁷ evaluated the faculty perceptions of a collaborative program. This Ontario collaborative program, with the partners of McMaster University and Mohawk and Conestoga Colleges, was established in 2000, and the sample consisted of nursing faculty members from the three partners. The methodology used was meant to identify both different and commonly shared viewpoints. Overall the collaboration was perceived as successful by the faculty members, with a spirit of cooperation prevailing. However, faculty issues included the college faculty's sense of exclusion from decision making and not feeling valued, and the university faculty's sense of concern and even fear that the program's integrity and quality would not be maintained.¹²⁸ These key findings should guide interventions in working with faculty members, such as maintaining open dialogue and setting goals to address needed changes.

While acknowledging the Canadian Association of Schools of Nursing's (CASN) important efforts in achieving national standards, Orchard¹²⁹ called for evaluative research of the collaborative education movement to determine the effectiveness of using such models. She called for funding to undertake a national evaluative research, the results of which would be valuable both within Canada, and beyond.¹³⁰ To date, this research has not occurred.

A frequent challenge already described in the various collaborative efforts was that of government support and funding. Nursing education relies on provincial government funding to deliver programs, and the uncertainty around this component has created

difficulty and uncertainty for many of the programs. In nursing education, programs must also be approved by both the jurisdictional regulatory body and the government. The level and type of government support may be related to the economic conditions of the province, the partisan philosophy and promises of the party in power, and relationships with the higher education institutions.

The blending of two faculty groups created administrative challenges. One of the differences in the Vancouver General Hospital and the University of British Columbia program that needed to be addressed was the difference in collective bargaining units of the two groups.¹³¹ The hospital faculty members were members of the British Columbia Nurses' Union, while the university faculty members belonged to the university faculty association. In addition, clerical staff at each institution belonged to different unions. In this integrated program, faculty and clerical staff were required to work together, and so these differences had to be addressed. Different ways of assessing vacation accrual, assigning teaching work, and hourly wages versus salary payments all needed to be considered when planning.¹³² The hospital faculty could claim overtime, while the university faculty could not. Ultimately, a vote was held among the hospital faculty to agree to work flexible hours, thus forgoing any opportunity to collect overtime wages. A question to be considered was what if labour action were to take place; who would be responsible for carrying on the teaching? An additional administrative challenge was that extra steps were now needed in hiring hospital faculty, as the applicants were now screened through the university nursing school's director.¹³³

In many collaborative efforts, academic credentials of faculty changed and scholarly requirements differed between faculty members. For example, the addition of

research activities as a faculty responsibility caused the Vancouver General Hospital faculty to revise their job descriptions.¹³⁴ There was also an updated academic requirement for faculty to have a master's degree. Although the academic credentials and scholarly requirements may differ between faculty members, in the Collaborative Nursing Program in British Columbia, each faculty member of each partnering institution was declared as having strengths to offer in a collaborative program.¹³⁵ The report by Zorzi and others¹³⁶ also identified that although the collaborative programs in Ontario enhanced the college faculty members' capacity to conduct research, this capacity building takes time. Therefore, appropriate supports need to be put in place for both college and university faculty.

The differing interests of the partners created a challenge in some programs. Molzahn and Purkis,¹³⁷ both representatives of the university partner, identified the desire for independence of the college partners of the large collaborative program in Victoria, British Columbia and area. The authors described the mentoring that some college partners received from the university, but also expressed concern that some college partners planned to offer an applied degree, without assistance from the university, which they described as "fracturing" the group's cohesion in relation to the entry to practice position.¹³⁸ The authors also expressed concern that funding would be an issue for the university which would no longer admit the students in their final years of the program if the colleges were to become independent.¹³⁹ The ideas expressed in the article by Molzahn and Purkis such as the fracture of the cohesive group imply an emotional disappointment to this end to the partnership.

The Ontario report¹⁴⁰ identified challenges to include a need for streamlined and shared admission processes and administrative structures. The report also identified managing different collective agreements and the perception of faculty inequality as a challenge in collaborative programs, as well as maintaining consistency across sites while balancing flexibility and autonomy.

Kezar¹⁴¹ asserted that higher education institutions are generally structured to support individual approaches to learning and research, and so administrative structures may be barriers to collaborative efforts. She also found that relationships are more important than learning in higher education institution collaboration, and so mechanisms to enable people to interact such as meeting rooms and retreats for faculty and staff, are needed in order for collaboration to be successful. Gaber¹⁴² found that one of the key factors in the successful development of a collaborative relationship between higher education institution and government officials was personal relationships. Those built on trust and goodwill contributed to stable collaborative efforts over many years.

Nurse educators affirmed the importance of relationships in collaborative efforts. Baines cited the key ingredients for success in a collaborative nursing program to be “good working relationships, mutual trust and respect, and open communication among the parties involved.”¹⁴³ Hunt and others¹⁴⁴ presented a developmental model for collaborative education in nursing, and recommended working together to jointly create the collaborative context of shared trust and equal footing between the partners. Face-to-face meetings held twice per year, sharing of expertise, and celebrating successes were also recommended to provide a framework for successful collaboration.

Other challenges identified were transitional processes such as the difficulty in developing the new curriculum while still delivering the existing program.¹⁴⁵ A perplexing challenge identified in the 1989 Vancouver General Hospital / University of British Columbia program was that the word processing system at the university was different than the one used by the hospital and the two systems were incompatible.¹⁴⁶ This increased the workload of clerical staff at both sites, and faxes were frequently sent between sites to send corrections or revisions. This issue was finally resolved when the university installed a new computer system.¹⁴⁷ Even a relatively minor issue evidently contributed to the trials and complexity of working with a new partner.

Various reasons were cited for the total or partial dissolution of collaborative programs. In British Columbia, the Vancouver General Hospital was forced to withdraw its financial support from its collaboration with the University of British Columbia School of Nursing, this collapsing the partnership in 1995, just six years after the first students were enrolled. This change required the University of British Columbia School of Nursing to significantly reduce enrolment.¹⁴⁸

As discussed, the collaborative program involving the University of Victoria and several partners, has experienced challenges and changes in members as well. Molzahn and Purkis¹⁴⁹ stated that the identification of mutual goals and expectations of the partners was one key to determining the future of collaboration in nursing education.

In Alberta, the Foothills Hospital partner withdrew its participation in the Calgary Conjoint Nursing Program in 1995, due to the provincial policy to discontinue all hospital-based schools of nursing programs.¹⁵⁰ This change only allowed for two intakes of students with all three partners since the initial enrollment in 1993. In 1997, when the renegotiation

of the agreement between the two remaining institutions and the government began, the difficulty in satisfactorily incorporating the base budget of the two institutions into the program turned out to be insurmountable, and the collaboration ended, with each of the two parties deciding to move on with their own objectives.¹⁵¹ Boschma proposed that the decision to end the relatively new collaboration was proof of the complexity of these efforts, and she suggested that the ideals of nursing education collaborations do not align with economic structures and bureaucratic realities.

In provinces where colleges have achieved degree-granting status due to legislative changes by provincial governments, collaborative programs ended when partners became autonomous. This has occurred in British Columbia, where Langara and Douglas Colleges, and Kwantlen Polytechnic University now offer independent nursing degrees. In Alberta, Mount Royal College in Calgary and Grant MacEwan College in Edmonton have achieved both degree-granting and university status in the recent past, and also now offer nursing degrees independently. In Manitoba, Red River College has also received degree-granting status, and no longer partners with Brandon University. This movement toward colleges becoming degree-granting has not occurred in Saskatchewan or Ontario. A comprehensive evaluation of the cost and outcome of this transformation across Canada has not occurred, but the implications for students, governments and the institutions should be studied.

In Ontario, some colleges have changed partners in offering nursing education, but collaborative programs remain a common model of nursing education delivery. Reasons for specific partners choosing to withdraw from some and join other partnerships are not known.

In 2006, the University of Saskatchewan expressed a desire to offer a baccalaureate program independently, with an emphasis on interprofessional education and distributive learning opportunities across the province. This decision obliged the two non-degree-granting partners to consider other options in providing nursing education. In 2009, the provincial government directed the Saskatchewan Institute of Applied Science and Technology to collaborate with the University of Regina, thus creating two separate programs of nursing education in the province. The other non-degree-granting partner, First Nations University of Canada, has been asked to partner with either or both programs. The collaborative program that began in 1996 will take in its last students in fall of 2010. The history of the development, implementation, and dissolution of this partnership will be examined in the body of this paper.

Successful Collaborative Programs

The Zorzi report¹⁵² provided an evaluation of the implementation of Ontario's collaborative nursing programs, and identified suggestions for improving and sustaining the collaborative models. Key effective practices included regular communication, joint decision-making, open respectful relationships, and the support of senior management. The report also noted that collaboration takes time and costs more than independent programs.¹⁵³ This is an interesting finding, in that one of the reasons provided for the development of many of the collaborative programs of the last three decades has been to save costs by effectively sharing resources.

Early in its progress, the Edmonton collaborative program was deemed a success.¹⁵⁴ Each site was willing to let go of territorial boundaries, and the collaborative task force had

broad representation from all partners, providing all with the opportunity to contribute.¹⁵⁵ Faculty members all felt a “strong sense of involvement, commitment, ownership and pride.”¹⁵⁶ Key benefits identified were a closer relationship between education and practice in the Edmonton and Red Deer area, and the recognition that shared expertise produced greater achievements than would have been individually possible.¹⁵⁷

Conclusion

While the entry to practice initiative was the single most influential reason for the collaborative nursing education movement across Canada, the nursing shortage and economic factors also played a role. While many collaborative programs were successful, others experienced challenges that could not be overcome.

The goal of having the baccalaureate degree as the minimal entry to practice requirement was not realized in all provinces by the year 2000. According to the recently released Canadian Institute of Health Information¹⁵⁸ report, only the four Atlantic Provinces and Saskatchewan achieved this target. It was five or more years later that Ontario and then British Columbia reached the goal, and the remaining provinces and territories had not yet attained the goal as of the printing of the document. The failure to consistently attain the entry to practice objective by the year 2000 for all provinces can be partially attributed to the challenges of collaboration as well as the challenges of attaining government support.

Due to the reliance of nursing education requirements and programs on the provincial governments in Canada, working effectively with governments is critical. Some collaborative program participants worked on task force initiatives to explore options and

make recommendations, while others sought funding more directly. In Alberta, the government controlled the number of baccalaureate seats by directive funding in the Edmonton program, and required lobbying to approve the new collaborative program in Calgary. In Ontario, the government finally agreed to the baccalaureate entry to practice and therefore supported collaborative initiatives uniformly across the province. In Saskatchewan the government initially required a diploma exit option, but lobbying by student groups and others caused the government to change its policy and the province complied with the degree-only proposal by the regulatory body. It is clear that effective strategies must be developed to work with government when changes to nursing education are being considered.

One can conclude from this exploration of the historical developments of collaborative nursing education programs in Canada, that there must be catalysts to create the change. The Canadian Nurses' Association decision to endorse the baccalaureate as entry to practice, and then the subsequent provincial associations following this lead, caused provincial governments to consider the initiative through provincial nursing acts. What caused the provincial governments to ultimately support or not support this entry to practice requirement? In Ontario, it appears that the sheer numbers of nursing programs was the catalyst for the government support it and require all nursing programs to collaborate and offer the nursing degree. In Saskatchewan, students and others lobbied the government to have them approve baccalaureate only as entry to practice, and they were ultimately successful. In Manitoba, a change in government caused the provincial government to revert to the diploma option. The lesson to be learned is that government approval and support for such programs should not be taken for granted, and the

governance and financial structures must be considered in influencing the direction of the collaboration.

Other conclusions to be drawn include the fact that even though there may be commitment for a collaborative effort in nursing education, political and bureaucratic issues may be difficult and indeed too overwhelming to overcome. The innovative collaborative efforts of the nursing leaders and faculty described here are to be commended for their dedication, commitment and collaborative spirit where challenges and differences were seen as opportunities for achievement. As with any partnership, the relationships created and maintained were key to the survival of the partnership. And, as with any partnership, the support and cooperation of the senior leaders of the participating institutions were essential to its ultimate success.

The source material used for this review has been found in the forms of book chapters and articles including research and discussion papers and the goal has been to use secondary sources to provide an understanding of the history of collaborative programs in Canada from the 1980's to the present. Sources of evidence not found were those with rich discussions of the maintenance, sustainability, and the dissolution of these programs. Some programs ended with little public explanation about the reason for their demise. Others ended because of a change in funding structure or academic autonomy, or differing objectives of one or more partners.

This historical review has revealed that collaborative nursing education programs became a movement that changed nursing education delivery in Canada in the past three decades. The shift to this mode of delivery was seen as necessary and desired, but was in fact difficult, costly, and complex to implement and maintain. In some cases, collaboration

was a step toward college independence and in some cases, the change was seen as a long-term model of nursing education delivery. Some collaborative efforts have already been dissolved, and many will continue to be sustained or evolve. The success and longevity of each program depends on the context and the will of institutional and government partners.

The study to be described in the subsequent chapters will enable the reader to gain insight into the history of the life cycle of one collaborative nursing program. The complexities, successes and challenges of the Nursing Education Program of Saskatchewan will be described and examined.

Chapter 1 Notes

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³ John Tosh, *The Pursuit of History: Aims, Methods, and New Directions in the Study of Modern History*, 5th ed. (Harlow, UK: Pearson, 2010), 92

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¹² Dale Kirby, *Baccalaureate Nursing Education Program Models: A Literature Review Prepared for the Saskatchewan Academic Health Sciences Network* (Unpublished manuscript, 2008), 16.

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¹⁴ Tosh, 91

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¹⁶ See APPENDIX C.

¹⁷ See APPENDIX A.

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Chapter 2: Background and Development to First Intake 1996

History of Nursing Education in Saskatchewan, 1900-1967

Prior to the creation of the province of Saskatchewan in 1905 until 1938, education for nurses was provided by the early hospitals of the province. The Victoria Hospital in Prince Albert claimed to be the first hospital school of nursing in what would become the province of Saskatchewan, opening in 1900.¹ By the year 1911, there were nine hospital schools of nursing in Saskatchewan, and by 1938, ten hospital schools of nursing were succeeding in graduating nearly two hundred nurses each year, in a province of approximately 941,000 people.² Hospital schools of nursing in Saskatchewan were developing as hospitals were established, and provided an inexpensive and invaluable supply of nursing services for patients.

In 1932, Dr George Weir of the University of British Columbia, published a review on nursing education which called for formalizing the system of nursing education, including delivering it in universities “as is the training of the doctor or lawyer or high school teacher.”³ Weir recommended that nursing be seen as a profession rather than a trade, and called for significant improvements in standards for hospitals with nursing schools.⁴ While accepted by nursing leaders in Saskatchewan and elsewhere, it would take some time for these ideas to become reality.

In 1951, one of the recommendations of the Health Survey Committee in Saskatchewan was to establish centralized schools of nursing and to separate nursing education from hospital service by nursing students.⁵ Students would attend a sixteen-week

program in Saskatoon (and later also in Regina) and then complete the remainder of their education in the hospital school. Significant efforts in 1949 by Ms. Isabelle Langstaffe, president of the Saskatchewan Registered Nurses' Association, as well as Ms. Lola Wilson, executive secretary, and Ms. Hazel Keeler, Advisor to Schools of Nursing, spearheaded the project and then met with government officials in 1951 to discuss the financing of the program. Finally, the planning and organizing of this complex endeavour was realized, and the Centralized Teaching Program was opened in Saskatoon in 1953, with eight of the ten hospital schools of nursing participating.⁶ This was one of the earliest examples of collaboration in nursing education in Canada.⁷ In 1966, the final intake of students was seen into the Centralized Teaching Program from hospital schools in Saskatoon, as a central school was established in Saskatoon,⁸ and the remainder of the hospital schools would close when the second central school would open in Regina in 1972.⁹

As stated, the University of Saskatchewan was instrumental in supporting the early progression of nursing education in the province. The institution itself was created in 1907, by an act of legislature. It was to be one university for the entire province of Saskatchewan, that was publically funded, yet remained independent of the government of the day.¹⁰ Several towns were in the running for being named as the permanent location of this provincial university, but when two of those towns elected Conservative members to the legislature, the Liberal provincial government indicated they were no longer eligible.¹¹ Evidently keeping the university separated from politics was not a reality. The choice for the location was eventually between Saskatoon and Regina, and in 1909, after a vote by the Board of Governors, Saskatoon was named as the location for the University of Saskatchewan.¹²

In 1934, the buildings and grounds of Regina College, a junior college that was at the brink of bankruptcy, were turned over to the University of Saskatchewan. This became a second campus, named the Regina Campus, funded and administered through the University of Saskatchewan. This arrangement continued until 1974 when that institution became an independent entity named the University of Regina.¹³ This move to becoming an autonomous institution was congruent with a national trend where branches of larger universities sought independence in the 1960's and 1970's.¹⁴

In 1938 the University of Saskatchewan School of Nursing was established in Saskatoon where students could earn a Bachelor of Science in Nursing after two and one half academic sessions and then twenty-six months of hospital experience.¹⁵ The School of Nursing was founded under the authority of the College of Medicine. Later in 1955, when the University Hospital in Saskatoon opened, the first eighty students enrolled into a new three-year diploma program, while the five-year degree program continued. Diversification in education was also provided through the university's post-graduate diplomas in teaching and supervision, and in public health.¹⁶

The first volume of the Report of the Royal Commission on Health Services was released in 1964, and made significant recommendations about nursing education. The Report called for a re-examination of the apprenticeship-type of nursing education and suggested that the period of training was too lengthy. Two categories of nurses were recommended – those with a four- or five-year integrated university program and those with a new two-year diploma program education. It was suggested that about 25% of positions for nurses be educated at the university level, who would serve as instructors, supervisors, and nurses in other leadership positions.¹⁷ In Saskatchewan in 1965, fewer

than 5% of nurses were degree prepared.¹⁸ It was evident that there was still much work to be done.

Nursing Education in 1967-1989:
From Hospitals to Institutions of Learning

By 1967, a new integrated four-year program was phased in to replace the previous five year program at the University of Saskatchewan. This curriculum was delivered until 1977. Although graduates were performing well, faculty were aware that extensive changes to the health care system were creating the need for re-evaluation and revision. In 1973, another significant event occurred; the status for nursing at the university became an independent administrative unit within the University of Saskatchewan, as the College of Nursing. Acting Dean Hester Kernan (later to become dean) explained that the main benefits of this change would include stream-lined decision making, as curriculum decisions would go directly to the university committees rather than through the College of Medicine.¹⁹ The change would also mean that nursing would have representation on the University Senate, and a higher profile in the healthcare field in dealing with external stakeholders.²⁰

From 1977 to 1989, a new four-year curriculum was delivered to prepare nurses to assist the client to achieve optimal well-being in different roles and settings at various points along the healthcare continuum.²¹ Throughout this time, the College of Nursing was working to try to legitimize the nursing program in the academic community at the University of Saskatchewan.²²

By the mid 1980s, the need was evident for another major curriculum change at the College of Nursing, and the topic of the proposed pre-professional year plus a four year baccalaureate program was debated amongst the university faculty. After much discussion and review which lasted over two years, the new curriculum, based on Neumann's framework and focusing on primary prevention, was initiated as a one-plus-four year program in 1990.²³ Following this intensive work and change, it would be only three years until an even greater transformation would begin. The College of Nursing would be invited to meet with nursing faculty from the province's primary public institution for post-secondary technical education and skills training, to consider yet another new curriculum, under very different circumstances.

Compared to the University of Saskatchewan's long history in the province, the Saskatchewan Institute of Applied Science and Technology (SIAST) remained a young institution, with a very recent beginning. In April of 1987, the provincial government's Department of Education announced a new model of adult education, which included a new provincial technical institute that would respond rapidly to changes in employment demands. The legislation which created the Saskatchewan Institute of Applied Science and Technology was proclaimed on January 1, 1988.²⁴ The process of amalgamation was launched, bringing together four technical institutes, four urban community colleges, and two training centres into four campuses in the four cities of Saskatoon, Regina, Prince Albert, and Moose Jaw.²⁵

Prior to the creation of the provincial institute, nursing education had already been an integral part of both the Saskatoon and Regina campuses of the predecessors of the Saskatchewan Institute of Applied Science and Technology (SIAST). However, both

campuses had evolved from very different beginnings. In Saskatoon, the SIAST Kelsey Campus had retained several names and areas of focus over the years since its beginnings in 1941, when it was known as the Canadian Vocational Training School. In 1974 it was renamed after the famous eighteenth-century explorer Henry Kelsey and became the Kelsey Institute of Applied Arts and Sciences. Between the years of 1987 and 1989, the Saskatchewan Institute of Applied Science and Technology merged with the Saskatoon Regional Community College and the Advanced Technology Training Centre and became the SIAST Kelsey Campus.²⁶

In Regina, SIAST Wascana Campus opened in 1972 as the Saskatchewan Institute of Applied Arts and Sciences. In 1987, the Regina Plains Community College and the Wascana Institute of Applied Arts and Sciences merged to form SIAST. In 1998, plans were set to move all the Regina programs to one location — the former Plains Health Centre became that common location in 2000.²⁷ How nursing education evolved distinctly in the non-university settings in each of the two major cities in Saskatchewan requires some explanation.

By the year 1964, as schools of nursing in Saskatchewan moved to shortened programs, the eleven remaining schools of nursing offered programs varying in length from two, two and a half, or three years.²⁸ The Regina Grey Nuns Hospital School of Nursing, which offered the first two-year diploma program in nursing in Canada,²⁹ was deemed a successful endeavour. Its director reported that graduates of this condensed program “found no difficulty in adjusting to staff duty.”³⁰ The success of this nursing program would influence the next phase of nursing education – to be delivered from technical institutes.

In 1965, the provincial government announced the creation of an Ad Hoc Committee on Nursing Education. The Saskatchewan Registered Nurses' Association submitted to that committee that nursing education should be disassociated from hospitals, and that a two year diploma program for nurses should be conducted in regional schools under the Department of Education, in addition to the University's four-year baccalaureate program.³¹ In 1966, the Ad Hoc Committee proposed that nursing education should indeed be transferred from the Department of Public Health to the Department of Education. The report also recommended the establishment of a central nursing school at Saskatoon as soon as possible and one in Regina at a later date.³²

Due in large part to a government desire to re-allocate funds from health to education departments, the Nurses' Education Act of 1966 accepted the recommendation of the Ad Hoc Committee and assigned the responsibility for the diploma education of nurses to the Department of Education.³³ Priority was given to develop a centralized process to nursing education and the first central school on Saskatoon was scheduled to open in September of 1967.³⁴ This two-year diploma nursing program was offered in the newly created Saskatchewan Institute of Applied Arts and Sciences in Saskatoon. The new institute and name were meant to reflect a new and expanded focus on adult education in Saskatchewan.³⁵

In Regina, however, a different process occurred, which led to a uniquely different diploma school of nursing at what would become the Saskatchewan Institute of Applied Science and Technology Wascana Campus. The 'core' programming was created; bringing together the educational preparation of nursing assistants, psychiatric nurses, and diploma (registered) nurses.³⁶ The three traditionally separate and distinct programs now shared the

first eight months of studies, and then the latter two programs required students to enrol in an additional year.

The concept of core programming was an effort to coordinate health science education to enhance career mobility and use resources effectively.³⁷ In August of 1972, a draft of the new core curriculum in Regina had been presented to government, which emphasized commonalties of knowledge and function for the three types of health workers. For many of the instructors involved, this work had required them to change some of their long accepted notions about the uniqueness of the traditionally separate training program.³⁸ The complexity and diverse views about nursing education continued.

The core programming in Regina was the first such program in Saskatchewan and in Canada, and it was to create improved career mobility opportunities with multiple entry and exit levels.³⁹ It was also considered by government to be economically effective, as well as to improve the quality of teaching staff.⁴⁰ Although there is evidence to suggest that the regulatory bodies of these three groups were opposed to the concept of core programming, government and other key individuals supported the idea and helped it to come to fruition.⁴¹ To accommodate the program, a physical structure would be designed in Regina specifically to house the core nursing programs.⁴² Although the construction of the building would not actually be completed until March 1973, students were admitted to the core year of the nursing education programs at the Wascana Institute of Applied Arts and Sciences in September 1972, which were temporarily delivered from the Regina General Hospital nurses residence.⁴³ Though controversial, the program would have a significant life-span, as the new approach to nursing education would continue in Regina until 1996.

Nursing, as a discipline or group of disciplines, remained as an element of non-nursing departments at the Saskatchewan Institute of Applied Science and Technology (SIAST) for several more years. Deans of divisions were located at each campus (Saskatoon and Regina) and were in charge of health sciences, with nursing as a component of that portfolio. After the formation of SIAST in 1988, restructuring and reorganization continued throughout the 1990's as redundancies were reduced and budgets came together into one institution. Finally, in 1998, the nursing programs were reorganized into a single branch, and the Nursing Division with the first Dean of Nursing position was created.⁴⁴ This change would not only increase the profile of nursing at SIAST, but also have a significant impact on the collaborative nursing education program of that day.

Political Context and Nursing Education 1990-1996

The early 1990's saw challenging economic times for many governments across Canada. In Saskatchewan, a new government was elected in 1991 and proceeded to conduct a review which determined Saskatchewan had the highest debt ratio in Canada.⁴⁵ At the same time, the federal government had reduced health and social transfer payments to the provinces. To get the debt under control, the government attempted to reduce spending in education and health, which constituted the largest provincial expenses. According to former health minister, Pat Atkinson, the conversion of rural hospitals to health centres was one such strategy. Atkinson explained that decisions were made to reduce the numbers of health professionals trained, as there was no need to educate people when there would be no jobs for them.⁴⁶ Nursing seats prior to the establishment of the

collaborative Nursing Education Program of Saskatchewan (NEPS) were at a provincial total of 320 students for the Saskatchewan Institute of Applied Science and Technology (SIAST) diploma programs at Kelsey and Wascana campuses, the psychiatric program at SIAST Wascana, and the College of Nursing at the University of Saskatchewan.⁴⁷ For the first intake of the NEPS in 1996, a provincial total of just 180 seats were funded, which was a significant reduction from the previous number, and from the 250 seats that nurse educators had planned for provincially. Seat numbers would be an ongoing source of tension; the quantity of funded nursing education seats and the supply of nurses in the province would continue to be a major source of contention for educators and government officials in the coming years.

The Saskatchewan Registered Nurses Association (SRNA) was established with the passing of the Saskatchewan Registered Nurses Act in 1917. The SRNA became both the regulatory body and the professional association for registered nurses in Saskatchewan. Through this body, graduates of both diploma and baccalaureate programs in Saskatchewan were eligible to become registered nurses. By the early 1970's the requirement of a baccalaureate degree for initial entry to practice was being widely discussed across Canada.⁴⁸ In 1977, the Alberta Task Force on Nursing Education recommended that the minimum educational preparation for entry to the practice of nursing should be a baccalaureate degree. Although the Alberta government renounced this recommendation,⁴⁹ nurses in Saskatchewan and across Canada continued to consider how and when baccalaureate entry to practice could be achieved.

In 1982, the Canadian Nurses Association (CNA) endorsed the goal of the baccalaureate as the minimal educational preparation for entry to practice as a registered

nurse by the year 2000. This was a position statement only, but the provincial regulatory bodies began to explore ways to work with provincial governments to legislate and implement this change. The Saskatchewan Registered Nurses' Association (SRNA) endorsed the proposal of the baccalaureate degree as the minimal entry education level at its annual general meeting in 1984. The position of the provincial regulatory body was that nurses entering the practice of nursing from 2000 and beyond would require a bachelor's degree to initially register to practice with the SRNA. Nurse administrators of the province's three basic (registered) nursing education programs began discussions as early as 1986 or 1987,⁵⁰ to explore issues related to the implementation of this proposal.

Meanwhile, the government was also considering the baccalaureate entry to practice for registered nurses. In June 1989, the *Third Interim Report of the Advisory Committee on Nursing Education* was submitted to the Minister of Education.⁵¹ Previous reports had been submitted in March and December of 1986. The *Third Interim Report* set forth several recommendations, including suggesting that educational opportunities for nurses in Saskatchewan be expanded. The Report outlined a need for increased articulation between diploma, post basic clinical courses and baccalaureate programs, and suggested an expansion to distance education. The Report also recognized an urgent need for more masters and baccalaureate prepared nurses in the province, and recommended that capital costs by the University of Saskatchewan be estimated in order to accommodate the increase in enrolment should baccalaureate become the minimum standard.

Although forward-looking, this Report would not provide the endorsement that nurse educators and the professional association had hoped for. While recognizing that a minimum requirement of a baccalaureate education for registered nurses "may be needed

as a mandatory requirement in the future”, the Report concluded that the baccalaureate requirement for entry to practice by the year 2000 “is not recommended for or against at this time.”⁵² Thus the issue of baccalaureate as entry to practice nursing remained unsupported by the government of the day. This opposition by the government was not unique to Saskatchewan, as it the resistance had to be overcome in many Canadian provinces before it became a reality across the country.

Early Efforts at Collaboration

The Saskatchewan Registered Nurses’ Association (SRNA), however, was continuing to act. A resolution brought forward at the Annual General meeting in May 1989, called for the SRNA to coordinate an invitational conference where collaborative efforts would be explored. The focus of the conference would be to promote collaborative models between diploma and degree granting institutions, with a view to expand the accessibility of baccalaureate nursing education in Saskatchewan.⁵³ The resolution was passed, and planning for the conference commenced.

The forum, entitled Collaboration for Future Nursing Education, was held in October 1989, and saw speakers and panel members in attendance from Toronto, Red Deer, Vancouver, and Sudbury, where collaborative programs (now totalling 13 in Canada) were underway.⁵⁴ Former Saskatchewan Registered Nurses’ Association (SRNA) executive director, Marlene Smadu, recalled that most of the speakers that presented at the conference talked about collaborative partnership as being the appropriate transitional strategy towards baccalaureate as entry to practice, whereby all of the best nursing education resources were utilized.⁵⁵ After the conference, the Senior Nurse Educators

group in the province, consisting of nursing education leaders from the Saskatchewan Institute of Applied Science and Technology (SIAST) and the University of Saskatchewan, constructed a plan. They first recommended that senior administrators of their respective institutions, and the SRNA, meet to “discuss the feasibility of a collaborative endeavour and give sanction to the development of this proposal, and, if the sanction is forthcoming, a Committee be struck to develop the proposal and provide an interim report to SIAST, the University of Saskatchewan and the SRNA within a six month period.”⁵⁶ Delays in the plan would be forthcoming, however. While proposed on October 25, 1989, this meeting with senior academic administrators would not occur until almost a year later, in September of 1990. Reasons for the delay were not documented.

Another impetus behind the move to baccalaureate education and collaborative efforts in Saskatchewan came from students and graduates of the diploma nursing programs. Diploma nursing students and graduates had indicated in surveys in the early 1990s that their workloads were excessive, and recommended that the programs be lengthened.⁵⁷ Graduates of the diploma programs had “repeatedly recommended that programs be lengthened to accommodate necessary content that was presented in the existing two year time frame.”⁵⁸ In addition, national and international trends in nursing education were including more diversity and the empowerment of learners. The “Curriculum Revolution” was referenced as encouraging a shift to a more process-orientated rather than teacher-centred nursing curricula.⁵⁹

It is interesting to note that following the October 25, 1989 proposal of the meeting of the senior administrators of the Saskatchewan Institute of Applied Science and Technology (SIAST) and the University of Saskatchewan to discuss a collaborative effort,

the College of Nursing (University of Saskatchewan) independently created a draft discussion paper dated June 20, 1990.⁶⁰ The paper proposed a university-focused collaborative plan. In this paper, background and rationale is provided to support the baccalaureate entry to practice for nurses, citing the changing health care needs, delivery of health care, and changes to nursing practice. The paper also cited mixed messages from government to date, indicating that the government had reservations about supporting the baccalaureate as minimal entry to practice due to fiscal concerns, but then supported the baccalaureate in a strategic report.⁶¹

The College of Nursing discussion paper of June, 1990, went on to propose the delivery of the baccalaureate program for the province be eventually delivered solely by the university. It suggested that a transfer of funds occur from SIAST to the University of Saskatchewan in order to best bring together the necessary resources for the collaboration.⁶² Space which had perpetually been an issue of concern for the College of Nursing⁶³ was also discussed: “The entire proposal for baccalaureate programming depends upon receipt of new space for the College.”⁶⁴ The proposed plan indicated that the then curriculum of the College of Nursing would be delivered. The diploma programs at SIAST Kelsey (Saskatoon) and SIAST Wascana (Regina) would be “phased out” and that the SIAST faculty would “gradually move into the University system.”⁶⁵ To address concerns around faculty credentials and preparation, the paper suggests that SIAST faculty would be encouraged to seek graduate level education, and for those who did not see this as feasible, and if they did not wish to negotiate early retirement, they would have the opportunity to work with students in clinical settings.⁶⁶

It is clear that even while engaged in discussions about a collaborative effort with SIAST, the preferred future for the University of Saskatchewan College of Nursing was to remain as the sole provider of baccalaureate nursing education in the province. This plan, if realized, would phase out registered nurse education at the Saskatchewan Institute of Applied Science and Technology (SIAST). While it is not known what the reaction was to this discussion paper, it is evident that copies were received by SIAST and shared with the nursing education leaders at SIAST. The fact that there was apparently no action taken by SIAST or the provincial government in adopting the plan discussed in the June 1990 College of Nursing paper is not surprising. Nursing was central to SIAST in terms of program inventory,⁶⁷ and there did not seem to be any interest in seeing SIAST nursing education “phased out”. As stated by a government official, “The baccalaureate entry to practice issue brought together SIAST and the University of Saskatchewan as rather reluctant partners in trying to salvage a strong nursing program in Saskatchewan, and for SIAST it was a survival issue.”⁶⁸

Plans for collaboration proceeded. At the aforementioned meeting of September 20, 1990, the Saskatchewan Registered Nurses’ Association (SRNA) hosted a gathering of senior nurse educators of the province from the University, SIAST Kelsey, and SIAST Wascana, along with senior administrators (principals and academic vice presidents, respectively) of SIAST and the University of Saskatchewan, and progress was made.⁶⁹ Overall support was expressed by the administrators of all three programs to proceed to discuss the feasibility of a collaborative endeavour – both by those present and by letter from the academic vice president at the University of Saskatchewan, in absentia. It was agreed that a joint committee would develop a proposal to consider the feasibility of a

collaborative project and then provide an interim report to SIAST, the University of Saskatchewan and the SRNA within a six month period.⁷⁰ Evidently a timely process was considered optimal.

A Faculty Committee was formed in December, 1990 with nursing representatives from Kelsey and Wascana Campuses, SIAST, the College of Nursing, University of Saskatchewan and a representative from the Saskatchewan Registered Nurses' Association (SRNA). This committee sought input from faculty members at all sites and was supported with documents and various collaborative education models from the SRNA.⁷¹ The overall aim of the collaborative group was described as "to achieve baccalaureate preparation for all individuals entering the nursing profession."⁷² Overall assumptions of the collaborative program included the provision of a diploma exit within the program, the involvement of stakeholders, the efficient use of resources of faculty, maintaining job security for current faculty, and the use of current faculty expertise.⁷³

At the June 1991 Faculty Committee meeting, reference is made to a completed report to be submitted to administrators in July 1991, but that report could not be located. At this juncture, a significant delay occurred. According to former College of Nursing dean Yvonne Brown, the early effort (1990 to 1991) to create a collaborative program "fell off the rails due to mostly administrative issues". It became a challenge to determine how the program would be delivered: "if the government had said, we'll take the money from SIAST and give it to the University so they can deliver the entire baccalaureate program, it may have happened that way. But as nursing has always been a flagship at SIAST the government would not do that."⁷⁴ Brown further suggested that "even if the government had done that, there was no guarantee the University would have given the money to

nursing as other colleges had higher priority.” The other issue was space – the College of Nursing had been fighting for this since its early days⁷⁵ and would need significant space to deliver the program in the required numbers for the entire province.

Although this first attempt at a collaborative project stalled, efforts continued on the part of the nurse educators, strongly supported by the Saskatchewan Registered Nurses’ Association. The target year of 2000 for baccalaureate as entry to practice was approaching rapidly, and these two groups remained committed to that goal. There was still much to do.

Collaboration Begins

In August 1992, the Saskatchewan Registered Nurses’ Association (SRNA) hosted a “tri-faculty” workshop,⁷⁶ where faculty members from SIAST Kelsey, SIAST Wascana, and the University of Saskatchewan were present. Faculty members were asked to begin to discuss essential and common themes and curriculum threads to achieve the future role of the nurse.⁷⁷ The nursing academic heads of the three programs at the University, SIAST Kelsey and SIAST Wascana met following this workshop and provided a letter to the SRNA Executive Director, asking for funds to be provided for the process of proceeding with the collaborative process.⁷⁸ Whether the funds were received and if so, how they were allocated and utilized is not known, but the support of the SRNA in achieving the baccalaureate degree as entry to practice persisted.

Then a significant event occurred which would serve to advance the development of the collaboration. Senior leaders at SIAST, with the goal to reorganize the new provincial institution, made a pivotal request of the nursing leaders. In January 1993, the senior academic administrators of SIAST directed the diploma nursing education programs at

Kelsey Institute and Wascana Institute to develop a common curriculum.⁷⁹ Lois Berry, former SIAST Kelsey nursing program head, described this as “an attempt to simplify things for students, where SIAST administration asked the two programs to align the programs, and offer the same curriculum.”⁸⁰ Former nursing program head at SIAST Wascana, Joanne Felstrom, recalled that there “may have been concern about SIAST students not being easily able to transfer from one city to the other, as the diploma programs were so different.”⁸¹ Berry recalled that a major difference was that Wascana had the career ladder type model (with core programming) and Kelsey was a standalone program. Felstrom added that because of this difference, any change would mean major changes for the program particularly at Wascana because of the core programming.

Although the nursing education leaders reminded the senior administration of the Saskatchewan Institute of Applied Science and Technology (SIAST) that the baccalaureate entry to practice was an essential element to any discussion of revisions to programs, they were told to proceed with development of a common SIAST curriculum.⁸² To the nurse educators, however, it soon became evident that there was no point in developing a common diploma-level curriculum at SIAST without considering the baccalaureate as entry to practice issue.⁸³ After some consideration by senior administrators as to whether SIAST was interested in remaining in the business of nursing education if the baccalaureate entry to practice was achieved (and indeed there was such interest!), the SIAST educators received permission from SIAST administration to ask University of Saskatchewan College of Nursing representatives to attend the discussions.⁸⁴

Upon consideration of this strategy, one can appreciate that the risk for SIAST nurse educators in pursuing the baccalaureate degree as the minimal education preparation

for nursing practice was very real. As SIAST was not a degree-granting institution, were these educators limiting their own involvement in future registered nurse education? To their credit, they were not deterred. Their passionate belief in the goal evidently supplied the required courage to press on.

Initially, College of Nursing leaders from the University of Saskatchewan were invited by SIAST nursing leaders to participate in the discussion of curriculum revisions to ensure any proposed changes would align with the College of Nursing, and to ensure access for the baccalaureate degree.⁸⁵ Then dean of the College of Nursing, Yvonne Brown recalled that the College of Nursing was interested in participating in discussions, since the baccalaureate entry to practice was something they were looking to achieve, and they were aware that their 80-seat capacity could not accommodate the need for all of the province's nursing education seats.⁸⁶ Another reason for the College of Nursing to proceed with discussions with SIAST was an internal one. The leaders in the College of Nursing were aware that nursing interests and needs had a low priority in the University and that adequate budget dollars would not be forthcoming from the University to independently deliver a larger program and graduate more nurses.⁸⁷

After the initial participation of the College of Nursing as a stakeholder in the discussions, in May 1993, the provincial government provided its support for SIAST and the University of Saskatchewan to proceed to develop a nursing program with diploma and degree exits.⁸⁸ The program's diploma exit option would see the diploma granted by SIAST, as the educators were aware that there was no support from government at that time for baccalaureate as the minimum and sole education level for entry to practice. Thus the group, which would become known as the Nursing Education Coalition (NEC), began

the development of a new collaborative nursing program. It was, at that time, considered a fitting partnership, as the mission and goals of the Nursing Division at SIAST were congruent with the mission and goals of the College of Nursing.⁸⁹

Psychiatric Nursing: A Fourth Partner

In Saskatchewan, as in other western Canadian provinces, registered psychiatric nurses are regulated by a provincial body. The first legislation in Canada was put in place in Saskatchewan to license psychiatric nurses in 1948.⁹⁰ The Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) was established as the regulatory body and professional association. After some consideration, the psychiatric nursing program joined the Nursing Education Coalition as a full partner in March of 1994.

As development progressed, Former Nursing Education Coalition Curriculum Coordinator Marlene Smadu identified some similarities to the core programming being delivered at SIAST Wascana Campus, with the coordinated delivery of the nursing assistant, psychiatric nursing, and diploma (registered) nursing programs. She recalled that the new collaborative program was planned so that “students could complete the diploma program (three years plus a term) and be eligible to become a registered nurse or a registered psychiatric nurse, with SIAST granting the diplomas - in psychiatric nursing for students choosing the three year psychiatric nursing diploma exit, or the diploma exit eligible to become a registered nurse after three years. This was similar in some ways to the former Regina Wascana program, which had a core program and then options after initial courses.”⁹¹

In the beginning, the Registered Psychiatric Nurses' Association of Saskatchewan leadership was very supportive of the idea of the Nursing Education Coalition, and aligning the two disciplines (registered nursing and registered psychiatric nursing).⁹² Former SIAST Kelsey nursing program head Lois Berry recalled that “unfortunately, that (support) ended, and since then there has been little support for collaboration between the two nursing disciplines.”⁹³ Although there would be ongoing challenges around the approval of the program by the psychiatric nursing regulatory body, the involvement of the psychiatric nursing program had important implications for the collaborative nursing program. Due to its early development with the psychiatric nursing program as part of the core programming at SIAST Wascana Campus, as well as the psychiatric nursing faculty involved, the program contained a stronger psychiatric nursing component than many other undergraduate nursing programs.⁹⁴

Development Work Begins

As the faculty groups from the Saskatchewan Institute of Applied Science and Technology (SIAST) Kelsey and Wascana diploma nursing, SIAST Wascana psychiatric nursing, and the College of Nursing began to meet to discuss and create a new collaborative curriculum, differences were less apparent. Educators focussed on what curriculum would best prepare practitioners for providing healthcare to the citizens of the province now and in the future.⁹⁵ The large and diverse faculty group adopted the feminist philosophy of Wheeler and Chinn's “Peace and Power,”⁹⁶ and this concept of shared power became a way of being amongst the faculty and then later with students.⁹⁷ The faculty members practiced consensus decision making, which former SIAST program head Norma

Wildeman believed facilitated the successful and respectful working relationships needed in this daunting project.

However, former College of Nursing dean Beth Horsburgh considered the process of consensus decision making “among 100-plus individual faculty members to be well intentioned but challenging and inefficient.”⁹⁸ Horsburgh added, “Consensus created a tug of war around decision making, and over the years that just takes its toll. So I think the decision making structure that was set up was part of the program’s demise.” Others agreed that the process was very time consuming, as discussions sometimes went on at length until consensus was reached.⁹⁹ Then College of Nursing dean Brown stated: “the University had always voted by numbers so it became a flagship of discontent that we were wasting so much time getting consensus. However as SIAST faculty outnumbered the University faculty, I sold it to them by reminding them that if we voted by numbers, the SIAST faculty would win every time”.¹⁰⁰

Some believed, however, that “the principles of feminist pedagogy actually worked, we posted the ground rules on the board – ‘what does civil disagreement look like?’ The processes we established in those first couple of years served us well for the next few years as we were implementing (the program).”¹⁰¹

In developing the curriculum, faculty members considered the context of healthcare reform in the 1990s, closure of hospitals, fewer boards, and cutting budgets. The group readily adopted primary healthcare as a principle in the healthcare system.¹⁰² Numerous committees were formed, with representation from each program and each institution on each committee. Committees included the Coordination Committee, which oversaw the project, and the Curriculum Committee which worked on course development. Other

committees were the Competencies Committee, the Nursing Practice / Framework Committee, the Academic Regulations Committee, Clinical Resources Committee, Facilities Committee, Student Support Committee, Faculty Development Committee, Employment Committee, Public Relations Committee and the Evaluation Committee.¹⁰³

Although the faculty committees and groups put in admirable effort in the development of the program and curriculum, many believed that not all the faculty at the University of Saskatchewan were totally committed.¹⁰⁴ It must be noted that the University had just recently (in 1990) implemented its new one-plus-four curriculum, and so not all University faculty were interested in another big change.¹⁰⁵ Former College of Nursing dean Horsburgh commented: “Some individuals within the College of Nursing embraced (the program), some less so – they were mourning the loss of the previous program as well as the loss of their perceived autonomy over curricular decisions.”¹⁰⁶ For SIAST administrators, however, the collaborative baccalaureate program was considered “a great opportunity for SIAST (nursing) faculty to teach at the university level.”¹⁰⁷

The faculty group proceeded to develop a baccalaureate program with a diploma exit after three years. Felstrom recalled that some faculty members at both institutions felt the diploma exit option was not appropriate or desirable since the goal was the baccalaureate degree as minimal entry to practice. However, others felt that they should still provide for it, and believed as the government was not yet on side, the students would eventually influence the change to baccalaureate education, once they saw that they could enrol in one more year and get their degree.¹⁰⁸ Smadu also recalled that “Most of us, I think, believed that very few students would choose the diploma exit.”¹⁰⁹ The notion that

the students would ultimately bring about the change proved to be accurate beyond what the educators could conceive.

Because the curriculum and program developers had a significant amount of time (from the beginning of development in 1993 to delivery in 1996) to develop the program, “the faculty members had time to think about what they wanted to accomplish, what it was going to look like, and how it was going to be delivered.”¹¹⁰ Smadu believed that the group “became very clear about having one curriculum for the province before really getting the attention of administration.” It would be later that the institutional administration of the program would be considered.

By June 1995 both the Saskatchewan Registered Nurse Association (SRNA) and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) had given preliminary approval to the collaborative program. Both regulatory bodies, initially at least, expressed support for the primary healthcare framework and themes of the curriculum. Both associations also supported the concept of one nursing education program that would enhance access to baccalaureate nursing education for students of the province.¹¹¹

Faculty continued to work with a great deal of conviction on getting the program ready for delivery, and it was not an easy process. They were working across cultures and across cities, but there was “a lot of good will and belief that it was the right thing to do to move forward.”¹¹² Wildeman believed that “the key accomplishment of this faculty group was that they were able to create one program, one faculty, with two employers.”¹¹³ Given the different personalities and cultures across the four faculty groups, and between the SIAST culture and that of the University, this was a significant accomplishment.

Prior to the intake of the first students, the Nursing Education Coalition group named the program the Nursing Education Program of Saskatchewan (NEPS). Wildeman explained that it was a “coalition in the planning phase but when it was actually a program being delivered, it wasn’t appropriate to call it a coalition.” The new name would endure for the remainder of the program’s delivery in the province, which would be more than fifteen years.

Challenges in Development

Several issues created challenges during the development of the NEPS, and some of these would be cited by participants as problems that contributed to the end of the partnership in later years. The adoption of consensus for decision making remained a challenge for some. Although recognized by some as a fair and respectful way of ensuring all voices were heard, it was also seen as not efficient and very time consuming by others.

Entry to Practice Issue

The diploma versus degree issue persisted, and options were considered, particularly at the Saskatchewan Institute of Applied Science and Technology (SIAST), as that institution could award nursing diplomas but did not have the capacity to grant baccalaureate degrees. A SIAST document dated September 5, 1995, outlined four specific options to SIAST for nursing education:

1. To have students enrol in a baccalaureate program with the option of electing the diploma exit. The number of SIAST diploma graduates would be unknown, so

difficult to plan for, and this would also be a change from SIAST programs where all students received their certificate or diploma from SIAST.

2. To have the Nursing Education Coalition partner with another university, awarding diplomas to all students, but provide an option for students to proceed with achieving their diploma from another university.
3. SIAST could proceed to deliver the three-year diploma program only. This was described in the document as a disappointing option, as it would not achieve baccalaureate entry to practice by the year 2000, and the SRNA (Saskatchewan Registered Nurses' Association) would not be supportive of this.
4. SIAST could postpone changes and carry on with the current diploma programming, allowing more time for planning and negotiation. Again, this would not achieve baccalaureate as entry to practice by the year 2000, and would be seen as unacceptable by stakeholders and faculty alike.¹¹⁴

Evidently the first option was preferred by SIAST nurse educators, and was finally accepted by SIAST leadership. In November 1995, the SIAST Academic Council recommended to the president of SIAST that the Nursing Diploma / Degree Program be approved, providing accommodations could be made for students caught between the old and new programs.¹¹⁵

Government officials, however, had concerns. The provincial government department of Education, Training, and Employment posed several questions to SIAST about the proposed new nursing education program in December 1995.¹¹⁶ While there was support expressed for the primary healthcare framework and the single nursing curriculum for the province, questions related to concerns about the expected cost of the program, in

the form of students' tuition increasing. Questions were also posed around the number of seats projected, asking if a needs assessment had been completed to determine the number of nurses needed and to forecast the trends over the next five to eight years. There was also mention of the Task Team report soon to be released exploring the need for all nurses to need a baccalaureate degree as entry to practice. The letter asked if consideration had been given to restricting the number of students that would enter the baccalaureate year, since accessing the fourth year "may not meet the labour needs of the province."¹¹⁷

In January 1996, the government Task Team on Mandatory Baccalaureate Nursing Education produced a discussion paper, asking for feedback from interested parties. Issues raised included potential implication for students, educational institutions, employers, Aboriginal groups and the other nursing groups.¹¹⁸ The paper also explored the required competencies for registered nurses in the future. Also in January 1996, the Saskatchewan Registered Nurses' Association (SRNA) awarded preliminary approval to both the three-year diploma program and the four-year degree program. However, the diploma program was approved only if students completed the program prior to January 1, 2000. The stance of the SRNA was clear: that the adoption of the baccalaureate as minimal entry to practice would occur by the year 2000.¹¹⁹

The Nursing Education Coalition (NEC) submitted their response to the government document in 1996, providing rationale for the change in entry to practice standard, citing changing trends in healthcare, and the needs for graduates to be adequately prepared for practice.¹²⁰ However, in November 1996, another paper was submitted to elected government officials by bureaucrats from the departments of Health and Post Secondary Skills and Training. Among its recommendations were that the government not

endorse mandatory baccalaureate entry to practice for registered nurses. The paper recommended further study and evaluation be done to assess the new nursing education program in meeting the needs of the health system.¹²¹ Thus the government was clearly not in agreement with baccalaureate as minimum entry to practice. This issue would come to a head in early 2000, as the first group of students were preparing to complete the program.¹²²

Seat Numbers

A significant challenge in the development and later the delivery of the program was determining the right number of seats.¹²³ The Nursing Education Program of Saskatchewan (NEPS) would take the place of the two diploma nursing programs, the psychiatric nursing program and the university nursing program.

Just prior to the delivery of the first intake, the program seats were significantly reduced from what had been planned. The number of 250 had been expected and planned for by the nursing faculty,¹²⁴ and this was already a decrease from the previous year's intake with the four programs. However, in February of 1996, the provincial government announced that instead of 125 students at each site of Saskatoon and Regina, there would be an intake of 120 in Saskatoon and only 60 in Regina.¹²⁵ The impact of this reduction was layoffs of SIAST faculty in Regina, and with this, as Wildeman recalled, the subsequent "hard feelings and anger that layoffs bring." According to Wildeman, "this added another layer to the challenge of keeping positive as the major change of implementing a new and complex program was beginning."¹²⁶

Partnership Agreement

Prior to the intake of students in fall of 1996, a few late issues needed to be addressed before this major change in nursing education in Saskatchewan could be realized. One was that at a meeting in the spring of 1996, the College of Nursing leadership indicated they did not believe they could begin to deliver the new program in September of 1996.¹²⁷ After further discussion, it was determined that a written partnership agreement was required. Norma Wildeman, former program head of the SIAST diploma program at Wascana, recalled participating in drafting the agreement on the drive home from that meeting, with two others from SIAST in the car. This draft formed the basis for the first partnership agreement.¹²⁸ Thus the initial academic agreement was created in some haste, and the administrators at both institutions may not have been fully engaged in its development. There would be significant repercussions from this event.

It was also to be noted that in the impact statements in the Implementation Proposal, the SIAST Kelsey Registrar expressed some concerns about the program. Specific concerns included the already high workload in addressing “the collaboration of three institutions and two educational systems”¹²⁹ which had already “involved a great deal of time, work, and debate”¹³⁰. Additional concerns that would have to be dealt with were the issues of how student academic records and other processes would be addressed. It is evident that these issues had not yet been resolved, and the letter could be considered a warning of issues to come.

Former SIAST Wascana nursing program head Felstrom recalled:

When the nursing group met with administrators from both institutions, there was some surprise that the nursing faculty had already made considerable progress toward developing a program. The nursing faculty

had put in many excess hours in developing the program, it so was felt by nursing that asking the administrators to sort out the registration and tuition processes was not too much to ask.¹³¹

The process of working out these and other administrative details would prove to be much more daunting than the educators would ever have anticipated.

Chapter 2 Notes

¹ Marguerite E. Robinson, *The First Fifty Years* (Regina: Saskatchewan Registered Nurses' Association, 1967), 27.

² Robinson, 27, 41.

³ Weir, George M., *Survey of Nursing Education in Canada* (Toronto: University of Toronto Press, 1932), 389.

⁴ Robinson, 115.

⁵ *Ibid.*, 152

⁶ *Ibid.*, 153.

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Chapter 3: Delivery: 1996-2005

Marlene Smadu is a nurse leader with a long-term involvement with the Nursing Education Program of Saskatchewan (NEPS), including serving as the former executive director of the provincial regulatory body, as former assistant deputy minister of health, and as having assumed leadership roles in education at both SIAST and the University of Saskatchewan. Smadu commented:

“The one long lasting impression that I will always have about NEPS is that it was the nursing leadership that moved forward with what they had as a vision for changing education. And the administration initially didn’t pay any attention. When they started to pay attention, they could kind of care less, and hadn’t thought about what all the repercussions were. Which is why when we actually got to the period of signing the NEPS agreement, there were so many things that hadn’t been thought of or addressed, and that then actually changed the way the curriculum had to be delivered.”¹

The first students were admitted to the Nursing Education Program of Saskatchewan (NEPS) in September of 1996. The early years of delivery of the program were busy ones, with nursing faculty from the Saskatchewan Institute of Applied Science and Technology (SIAST) and the University of Saskatchewan working together to deliver the provincial, forward-looking curriculum in Regina and Saskatoon for the first time. However, the administrative details of the collaborative program had not all fallen into place, and would soon create considerable challenges.

Academic Agreements: Defining the Partnership

Agreement of 1996

The academic partnership was now in the implementation phase, but it would not be without challenges, and evolutionary revisions. The inaugural Academic Partnership Agreement between the University of Saskatchewan and the Saskatchewan Institute of Applied Science and Technology (SIAST) was signed in June of 1996. According to one of those involved, the basis of the agreement had been written in draft form on the drive home from a meeting in the spring of 1996, as it had been determined that an agreement would be required in order for the program to proceed to take in students in the fall of 1996.²

This first agreement was “an agreement in principle” between the two institutions where the partners agreed to commit to the planning, development, delivery and evaluation of the Nursing Education Program of Saskatchewan (NEPS), while remaining independent in other aspects of operation.³ It declared the program to be “jointly owned and delivered by the two institutions”, adding that “neither partner could unilaterally sell or broker part or all of the program.”⁴ Human and physical resources would be shared in delivery of the program and measures would be taken to “harmonize”⁵ the policies that apply to the program. It was agreed that the University’s tuition fees would be charged to students. The notation optimistically stated that “distribution of the tuition will be made to the participating partners on a basis that is mutually agreed to by the parties.”⁶ Thus, although the nursing group that developed the NEPS had envisioned that faculty members from both institutions would teach in all courses wherever possible,⁷ it was evident that it had not been determined as to how the tuition would be divided to facilitate this integrated model.

The nursing leaders had previously conceded there would still be some administrative details to be addressed, as noted in the 2001 College of Nursing Self Evaluation report: “It was clear from the beginning that there would be a need to work out details, but the basis for the partnership was laid out in this (1996) agreement.”⁸ Michael Atkinson, the incoming academic vice president at the University of Saskatchewan in 1997, concurred that there were several details yet to be worked out, but he saw them as “actually pretty big issues that (the University) needed satisfaction on.”⁹ Atkinson recalled an absence of an effective agreement in the NEPS partnership related to several issues: “Large things included who is actually going to teach what. And small things like where are people going to park. And medium sorts of things would be issues such as whose students are these anyway?”¹⁰

Upon arriving in 1998 as the senior vice president of academics at the Saskatchewan Institute of Applied Science and Technology (SIASST), Claude Naud, recalled that the NEPS had seemingly “been developed outside normal academic channels, under the leadership of a fairly small group of nurses, with a significant influence from the Saskatchewan Registered Nurses’ Association (SRNA), and this did not follow typical university program development processes.”¹¹ Naud noted that processes for program approvals were markedly different between SIASST and the University. While it was common for government and / or employers “to come to SIASST with a need, and then have SIASST develop a program to meet that need, that is not the way universities function, and that was basically what happened in this case.”¹²

Processes around admissions of students were only vaguely described in this first agreement, indicating that admission criteria would be determined by the partners, and that

students would be admitted to the program at either the Regina or Saskatoon site.¹³ SIAST faculty members all taught in the program, while the University faculty did partly teaching and partly research, as well as teaching at the graduate level, and service – so determining the division of tuition was a challenge.¹⁴ By the end of the delivery of the second year of the program, the issue of tuition had still not been resolved.¹⁵ Concerns around tuition as well as admission and registration of students were the main catalysts for the revised Agreement that was to follow. Former College of Nursing Dean Brown recalls that questions such as: “Who would get the tuition, who admits the students, etc – all created challenges and contributed to the 2+2 model and agreement of 1998.”¹⁶

Looking back, several leaders at both institutions voiced concerns about the initial partnership agreement. Robert McCulloch, the president of SIAST stated: “(The original NEPS agreement of 1996) was really done on a handshake kind of arrangement, and I think that’s the fundamental flaw.”¹⁷ McCulloch went on to say that there were considerable “gaps at the time – a lack of governance structure, a lack of formal documentation, a lack of dispute resolution. It’s all a part of governance. And all this was done in the context that there was a lack of overall provincial direction for post-secondary education.”¹⁸ Former acting Dean of the College of Nursing Joan Sawatzky concurred, indicating that it was a “weak partnership agreement, you’d like to think that in a province like Saskatchewan, that a handshake will work, but...significant details were not addressed in writing, never mind even informally perhaps, by the two institutions at the senior administration level.”¹⁹

Delivery of the program in an integrated fashion also created challenges around the management of faculty. For example, which institution would address faculty performance, either complimentary or negative, that needed to be dealt with? In the early years of

delivery, faculty from both institutions taught in years one and two, and it was not clear as to who was in charge of and accountable for the delivery of courses or the faculty performance.²⁰

It was clear that a revised agreement would be needed. Michael Atkinson, the University senior academic leader, believed that dividing the program into two years at SIAST and two years at the University would “solve some of the administrative problems or at least facilitate their solution. At least.... some part of this would be still long enough for us to fix the rest of it.”²¹ All agreed that the need for a new agreement was at hand.

1998: ‘Two-plus-Two’ Academic Agreement

Although collaborative and collegial in nature, the 1996 Agreement was in place for just two years when a second agreement was developed. In this second iteration,²² it was determined that the Saskatchewan Institute of Applied Science and Technology (SIAST) would deliver years one and two and the University would teach years three and four of the program, instituting a modified two-plus-two model. The Agreement of June 1998 maintained the language around the program being jointly owned and delivered by both partners, but divided the delivery of the four years of the program. SIAST would retain responsibility for delivery of the year three diploma exit practicum, as the diploma option was also still available after taking the year three exit.²³

Not all stakeholders saw this solution as the preferred one. The Registered Psychiatric Nurses’ Association had expressed its preference for the division of program delivery to be years one and four by the University and years two and three by SIAST. The psychiatric regulatory body were concerned that having the College of Nursing teach years

three and four would provide little to no student contact with faculty who were registered psychiatric nurses in years three and four, as there were few faculty members with this designation employed by the College of Nursing.²⁴ While some faculty members at the University would also have preferred that they teach years one and four and have SIAST teach years two and three, former College of Nursing Dean Brown recalled that “years two and three were the most costly to deliver so this did not work.”²⁵ The concerns of the Registered Psychiatric Nurses’ Association and the responses of the Deans of the program will be further described later in this chapter.

The intent of the 1998 agreement²⁶ was to remain as one program with two employers. The change in delivery to a modified two-plus-two model, however, was seen by several key participants as a significant and negative factor in the history of the NEPS. While it was accepted that the issues around whose policies students were to follow, how does the tuition get divided, and so on, were not easy to solve, Lois Berry, former SIAST program head, believed that the administrative separation of the program “really cooked our goose, in terms of the way we could make the program work.”²⁷ Berry believed that the division of the program “allowed people who already wanted to, to stop communicating.” Faculty members did not need to share about what concepts were being taught in other years of the program, so in Berry’s perception, this contributed to a considerable breakdown in communication.²⁸

For SIAST faculty, the modification to the delivery method was seen as creating limitations. SIAST Nursing Dean Netha Dyck pointed out that with this two-plus-two model, if the area of teaching interest and expertise was not in years one and two, SIAST faculty no longer had the opportunity to teach in that area.²⁹ In Regina, however, some

exchange of faculty occurred, so when it could be arranged, some SIAST faculty taught in years three or four, and some University of Saskatchewan faculty could teach in years one and two.³⁰

Dyck also believed that the relocation necessary for students in Saskatoon to another site, from SIAST Kelsey Campus to the University of Saskatchewan campus, required a transition of cultures and environment which was potentially challenging for students. This was not as evident in Regina where all four years were taught from the same location.³¹ An additional challenge for the students was that they now had different policies that governed their activities in years one and two versus years three and four.

Also in the 1998 agreement, faculty qualifications were described, indicating that the goal for preparation would be a master's degree, but faculty hired before June 12, 1996 would be qualified for full-time teaching with a baccalaureate degree in nursing or a related field.³² This was relevant particularly for the SIAST faculty, and while encouraged to seek advanced education at the master's level, some with baccalaureate degrees were 'grandfathered' to remain qualified to teach in the program.

In this second agreement, the admission process was articulated in more detail. Applications and registration of students would be processed by SIAST, according to the admission criteria and standards agreed to by the partners.³³ Evidently, this was not as straight forward as it appeared. Former SIAST vice president of academics Naud recalled: "SIAST was charged with admitting students into the program, and were determining who should be admitted." However, former University academic vice president Atkinson stated that the University granted the degree and therefore should have a say in who was admitted. As Atkinson recalled, "The University was admitting students into a university

degree program, and believed they should fully participate. But it didn't happen. The College of Nursing was never successful in owning the admission process or a significant part of it."³⁴ These difficulties would be raised again in later years with the implementation of the second degree entry option of the NEPS, to be described later in this chapter.

Admission criteria and processes continued to be developed. "Eventually, to get the best students in the program, three admission categories were created – this was important to the NEPS as it was an expensive program to offer. The three competitive admission categories created opportunities for all students to enter the program – those coming directly from high school, those with previous post-secondary education, and those adult students with non-traditional kinds of preparation."³⁵

The challenge around the partnership agreements also became a crisis about course delivery in Regina, as at that time the College of Nursing did not have permanent faculty or a presence in Regina. With the implementation of the two-plus-two model, former SIAST program head Wildeman recalled that the "College of Nursing just kind of shrugged their shoulders at how they would deliver year three courses in Regina, and suggested it would likely be by distance." Wildeman recalled that the students in Regina "were very concerned, especially because the word was out that they'd have to go to Saskatoon to get their year three and four."³⁶ It would be a few more years before the College of Nursing would establish a permanent presence in Regina.

Another key point made in the 1998 Agreement was that the transfer credits for nursing courses would be determined by the Deans of Nursing from SIAST and the University of Saskatchewan. It is not known what issues occurred around this process, but it would be revised further in the subsequent agreement.

Subsequent Agreements

Although the principles around the two-plus-two delivery would remain for the duration of the Nursing Education Program of Saskatchewan (NEPS), the 1998 agreement would not be the last. Another agreement³⁷ would follow two years later. The 2000 Agreement contained more details but included much of the same language around joint ownership and delivery divided into the 'two-plus-two' articulated model. It is interesting to note that the 2000 Agreement continued to mention the option for both diploma and degree exit options, even though it was signed after the March 2000 Memorandum of Understanding where the Minister of Health agreed to fund all students for the baccalaureate exit.

A more detailed committee structure is described in the 2000 Agreement, and the first mention of the Executive Committee (later to be called the NEPS Administrative Committee) is provided.³⁸ This would become the committee responsible for decisions regarding operational management of the program, student progress decisions, and policies regarding the acceptance of courses done elsewhere. This committee was made up of the people who held the roles of SIAST program heads and the assistant Dean from the College of Nursing.³⁹

In the 2000 Agreement, the issues around admission and registration were more formally addressed. More detailed information was contained in the 2000 Agreement, including information about application forms, and that admissions would be processed by SIAST⁴⁰ (this was stated in three different places in the agreement, so one wonders about a bit of contention). Processes around access to student academic records was also included, indicating that years one and two records would be held at SIAST and the years three and

four records would be housed at the University. Additional details are included about the conferring of degrees, with a statement that “an indication of the partnership between the institutions” would be noted on the parchment⁴¹. Student Services were described, indicating which institution would provide various services. Again, Regina was mentioned, as SIAST would provide services to NEPS students in years three and four in Regina, and that the University would transfer to SIAST the student services fee collected by the University from year 3 and 4 students at the Regina site.⁴² Another change to previous policy was that the Registrar at the University of Saskatchewan would determine transfer credit courses for both non-nursing and non-nursing courses.⁴³ The Deans of nursing at both the University and SIAST were previously indicated as sharing the role of determining transfer credits.⁴⁴ One is left to wonder about possible conflict as the catalyst for this revision, or was it a task that they were both content to delegate to others?

Details were included in the 2000 Agreement about the delivery of the program in the Regina site, particularly related to the delivery of years three and four. A College of Nursing coordinator would be hired in Regina. A location for the University of Saskatchewan in Regina for the delivery of years three and four was named as the SIAST Wascana Campus. As in previous agreements, it was stated that available space would be provided without cost to the other institution.⁴⁵ This did in fact coincide with the newly renovated SIAST space being available in Regina in summer of 2000, now named the SIAST Wascana Campus, and would lead to a different experience in Regina and Saskatoon in relation to the partnership. With the University of Saskatchewan nursing faculty now located in the same building as the SIAST nursing faculty in Regina, relationships would have had more opportunity to continue to be developed and

maintained,⁴⁶ and with the co-location of students, students may have perceived a more unified program.⁴⁷ Two years later, in 2002, another significant accomplishment for the College of Nursing was to establish an associate Dean and permanent nursing faculty in Regina.⁴⁸ Former University academic vice president Atkinson believed that establishing a presence in Regina was instrumental in sustaining the reputation of the College of Nursing within the University.⁴⁹ The College of Nursing space at SIAST Wascana Campus space was expanded in 2008 and 2011. As of 2008, some College of Nursing faculty were also housed at the University of Regina.

An Equal Partnership?

Now divided in delivery as of 1998, the program was still considered to be integrated in many respects. Former University academic vice present Atkinson maintained that although the program delivery was no longer integrated across all four years, the joint ownership of the program and curriculum remained as a significant component of integration.⁵⁰ However, Atkinson believed that “the partnership could never be considered equal, as the University granted the degree, and this placed greater onus on the University to ensure they were satisfied with everything that was happening.”⁵¹ The issue of equality in the program and partnership was one that was never resolved.

When the administrative structure at SIAST was modified in 1998 in the ongoing efforts to bring SIAST together as a provincial institution, Diana Davidson Dick was hired as the first Dean of nursing. This action had direct implications for the administration of the NEPS. As former acting Dean Joan Sawatzky at the College of Nursing described, “So now

all of a sudden we had two deans of nursing and with regards to NEPS there was equal responsibility, visibility, and whatever. And that became problematic because there were some stalemates that should never have happened, but it was because nobody had the authority to make the final decision.”⁵²

The new nursing Dean at SIAST, however, experienced her own challenges as she arrived at SIAST in 1998. It took time, team building, and strategic planning for the previously separate SIAST institutions to see themselves as one institution. In the NEPS, Dick saw a “clash of three cultures”, which involved the SIAST Nursing Division at Wascana Campus, at Kelsey Campus and the College of Nursing at the University of Saskatchewan.⁵³

How the NEPS would be administered by the institutions posed a challenge for the new SIAST nursing Dean. Dick explained that “the prevailing view of many of the College of Nursing administration and many faculty members appeared to be that the College would be the senior partner, when it was actually an equal partnership as laid out in the formal inter-institutional partnership agreement. And so it was very hard to work against this persistent yet invalid prevailing view. The two disparate views took up a tremendous amount of time trying to, well, insist on an equal partnership.”⁵⁴ According to Dick, SIAST was at times seen as the “invisible partner, which extended at times to social exclusion.”⁵⁵ Dick indicated she often found herself “protecting the Nursing Division and its highly competent faculty from being treated as ‘less than’.”⁵⁶

Dick worked to improve relations between the SIAST Nursing Division and the University of Saskatchewan College of Nursing through advocating for team building strategies. She also succeeded in increasing the profile of the newly created nursing

division at SIAST, both internally and externally, and advocated for money for the Nursing Division; there had not been anyone before to “fight for money for nursing.”⁵⁷ Debate over the equality of the partnership would soon take a back seat to challenges imposed from an external stakeholder, and a cohesive and united response from the NEPS would be essential.

Baccalaureate Battle

During the early delivery of the program, the diploma exit remained as an option. Students were informed that the Nursing Education Program of Saskatchewan (NEPS) was a baccalaureate program, with a diploma exit option, and that the Saskatchewan Registered Nurses' Association (SRNA) had stated that diploma graduates would be eligible for initial licensure until the year 1999. After that time, students exiting the program with a diploma would be eligible for licensure with only the Registered Psychiatric Nurses' Association (RPNAS).⁵⁸ Prior to 1996, some members of the Nursing Education Coalition saw the allowance for a diploma exit as a compromise, to satisfy the government,⁵⁹ but believed that this would eventually be changed.⁶⁰ It was changed indeed, in dramatic and record-setting fashion.

The Academic Partnership Agreement signed in June 1998 clearly stated that “All students admitted into the program for the 1996-97 through 1998-99 academic years will have the opportunity to complete the degree requirements at their assigned site.”⁶¹

However, this promised opportunity was about to be challenged. The political and economic situation in Saskatchewan would soon induce events that would create a turning

point in the baccalaureate entry to practice issue. After the cutbacks, layoffs, and hospital closures of the mid 1990's, a change was coming, but it would not be an easy one.

“Government had indicated early on they were not supportive of EP2000 (baccalaureate as entry to practice), and they maintained that position all the way through to 2000.”⁶²

In 1997, Marlene Smadu, then executive director of the Saskatchewan Registered Nurses' Association, attended the Canadian Nurses Association board meeting at which there was discussion about a recent report that provided alarming numbers about the impending nursing shortage. Upon returning to present this information to the government and health region officials, Smadu was dismayed to find that the government officials disputed the methodology.⁶³ As the government had just come from a period of having cut nursing positions as cost saving measures, officials were not interested in acknowledging a shortage of nurses.⁶⁴ Shortly thereafter, in 1998, while employed by that same government of Saskatchewan, Smadu was cautioned by some staff that openly acknowledging the nursing shortage would require action by the government, which would not be forthcoming. However, in early 1999, when 200 beds in a large urban hospital in Saskatchewan were closed due to a shortage of nurses, the government's message changed.⁶⁵ Then health minister Pat Atkinson was compelled to acknowledge the shortage. With nursing positions going unfilled and an increased use of overtime, Atkinson recalled that “the shortage came faster than anyone could have anticipated.”⁶⁶ As the shortage was recognized by the government of the day, strategies were needed to ensure more nurses would be educated, and in a shorter period of time.

The baccalaureate degree as entry to practice nursing was now seen by government as a detriment to addressing the shortage. In addition to the length of education for nurses

that a baccalaureate would require, there was also a concern about cost. A former government bureaucrat recalled: “There were two concerns. First the increased cost associated with lengthening the program. Second, personnel related cost as an increased number of nurses would have degree qualifications.”⁶⁷ Smadu recalled that the wage issue was surprisingly considered even though the collective agreement for registered nurses and registered psychiatric nurses provided only a minimal amount of additional pay for baccalaureate preparation.⁶⁸ Thus the cost of employing baccalaureate-prepared over diploma-prepared nurses would be minimal.

There was also a concern in government about credential creep. “Because the (provincial) government is the de-facto employer of almost all of the health professionals that graduate from post-secondary institutions, the government was concerned about education levels. As one professional moved to a new level, there was an imitation or envy from other professions that wanted to do the same thing.”⁶⁹ Therefore, despite the goal of the Saskatchewan Registered Nurses’ Association and the NEPS to establish the baccalaureate as the minimal credential for entry to practice by the year 2000, the government was about to make a decision that, if carried out, would block this objective from being realized.

In January 2000, Minister of Health Pat Atkinson announced that funding would only be provided for a specific number of nursing degree exit seats, with the remaining seats to be designated for the diploma exit after three years.⁷⁰ Seen by some as government interference, the reaction to this announcement was organized and swift. Atkinson herself recalled that once the announcement was made, “all hell broke loose”, particularly with the

students, the Saskatchewan Registered Nurses' Association, and the nurse educators at both SIAST and the University of Saskatchewan.⁷¹

The nursing community, under the leadership of the Saskatchewan Registered Nurses' Association, was well positioned to make effective arguments, and the students soon became involved as well.⁷² Under the leadership of the faculty and the provincial regulatory body, nursing students met with politicians, senior public servants, and the media, and organized effective rallies at the legislature in Regina.⁷³ This was a demonstration of effective political lobbying on the part of the students and the nursing community.⁷⁴ While students who were completing their baccalaureate degrees were told by the government that the retention of the diploma exit would not affect them as current students, these students insisted that all nurses would need a degree in order to function as equals in a future health care system. It was clear that "they weren't just influencing change for themselves; they fought for the degree for those coming after them."⁷⁵

SIAST would also be impacted by the minister's decision, and the senior leadership at that institution watched the events with considerable interest.⁷⁶ What would this mean for their autonomy in nursing education? At the same time, the SIAST nursing faculty were united in their support of changing the minister's decision; those who had formerly taught in the diploma programs recognized that the baccalaureate degree for entry to practice was in the best interest of the profession moving forward.⁷⁷

The rally on the steps of the provincial legislature building, with nursing students carrying placards and suitcases to indicate their intent to leave the province, must have caused the politicians and officials inside the building to wonder what was afoot. But for Health Minister Pat Atkinson, the stakes were much higher. While nursing education may

have been part of the portfolio of advanced or post secondary education, it was the department of health that would be most impacted by the potential exodus of future nurses. The health minister was now paying full attention, and began to meet with students, regulatory body representatives, and nursing educators.

Students of the NEPS who met with the minister were very upset at the proposal of reintroducing the diploma level preparation, but the arguments were well made and very compelling.⁷⁸ In the end, it really was the “face of the students that made the difference.”⁷⁹ Smadu recalled that “students didn’t want to feel they were being cut out of an opportunity, not just for their own education, but for mobility and the appropriate credential and all that kind of thing.”⁸⁰ After a few very heated meetings with the students, Health Minister Atkinson was evidently impressed with their passion and political savvy. She reportedly commented: “that’s exactly what we want nurses to be doing. That’s exactly the competencies we want students to have coming out of the nursing program.”⁸¹

In addition to students acting, nursing leaders were also preparing a response. Nursing Deans, along with program heads and associate Deans of the SIAST Nursing Division and University of Saskatchewan College of Nursing, developed two sets of briefing notes to be submitted to the minister and deputy minister of health, providing options to address the nursing shortage.⁸² The Deans understood that there needed to be a solution that would allow the government to save face, and achieve a win-win solution.⁸³ Educational proposals such as Aboriginal recruitment strategies, fast-track, and second degree options were put forward to the Minister.⁸⁴ As governments tend to be reluctant to change their minds, the strategy of providing options was very effective.⁸⁵ As a teacher herself, the minister of health intellectually understood this was about the

professionalization of nursing and the pedagogy of baccalaureate education, but the political considerations had to be made.⁸⁶

Finally, on March 13, 2000, the decision was reversed. The Health Minister announced, as part of a memorandum of understanding signed with the Saskatchewan Registered Nurses' Association and the NEPS nursing leaders, that the government declared that a diploma exit would not be required and the baccalaureate option would be available to all NEPS students. This was noted by some ministers as the fastest turnaround in policy in government history.⁸⁷ The historic decision allowed Saskatchewan to meet the goal of achieving the baccalaureate degree as the minimal education level to enter the practice of registered nursing by the year 2000.

While this was indeed a victory for the students and the nursing education leaders who believed passionately in the baccalaureate as the minimal education for nursing, the shortage still needed to be addressed. The educational preparation of nurses for the province needed to be timely and effective. To begin to address this issue, a memorandum of understanding was signed by the Deans of the program, the Saskatchewan Registered Nurses' Association president, and the Minister of Health, on March 15, 2000. The document⁸⁸ included recommendations for:

1. Fast track options – students could complete in 3, 3.5 or 4 years
2. Enhanced distance delivery
3. Exploration of an after degree option
4. Pursuit of a cooperative concept
5. More support for Aboriginal students – to increase recruitment and retention
6. Enhanced nursing re-entry program

7. Development of prior learning assessment for diploma-prepared nurses
8. Exploration of strategies to recruit and retain Saskatchewan graduates⁸⁹

In response to this memorandum of understanding, the program acted quickly. The fast track and accelerated fast track options were introduced to students entering the program in 2000.⁹⁰ The options of taking courses in spring and summer following Year 3 would result in the opportunity to complete the program in September (to complete in three years) or December (to complete in three and one-half years) of the fourth year, or April of the fourth year for regular-track students. Development of the initiatives such as enhanced supports for Aboriginal nursing students, a program option for students with a degree in another field, and distance delivery strategies were soon commenced.

The baccalaureate degree as the minimum standard for entry to the practice of nursing in Saskatchewan was achieved by the year 2000. This would be seen as one of the greatest accomplishments of the Nursing Education Program of Saskatchewan.

March 2003: A New Partner

After the NEPS had been in operation several years, a significant new development would take place. The need for a nursing degree program for Aboriginal people in northern Saskatchewan was identified by the Prince Albert Grand Council (representing twelve First Nations bands in northern and central Saskatchewan). The chiefs in the north had been asking for more access to nursing education for many years.⁹¹ In August 1999, the Northern Inter-Tribal Health Authority (established because of the joint need for health services that were not feasible for each of the four partner organizations to provide alone)⁹²

supported and advanced this initiative. As the Aboriginal initiative aligned with the strategies outlined in the Memorandum of Understanding signed between the NEPS and the health minister in March 2000, there was much support from the provincial government. In June 2000 a provincial committee was convened to take the proposal forward.⁹³

It was recognized by the committee that northern and Aboriginal communities required unique solutions to deliver healthcare services to this population, and that there was an extreme shortage of Aboriginal nurses across Saskatchewan.⁹⁴ Issues related to this shortage of Aboriginal nurses were cited as:

- A lack of preparation in the sciences due to lack of science teachers and facilities in some First Nations schools;
- The culture shock of relating to a large city such as Regina or Saskatoon;
- Lack of social supports in educational programs in larger centres
- Economic limitations.⁹⁵

To address these issues and the resulting high attrition rates for Aboriginal nursing students, the following was proposed: a closer location to northern populations to ensure proper supports, an access program to upgrade sciences, and the development of a nursing program that reflected appropriate Aboriginal culture and health care needs.⁹⁶

Discussions about the nursing degree program began with the Northern Inter-Tribal Health Authority, who had contacted the Saskatchewan Indian Federated College to determine what could be done.⁹⁷ Ultimately the decision was made to explore opportunities with the existing nursing degree program offered in the province, the Nursing Education Program of Saskatchewan (NEPS). Those first discussions included eleven partners around

the table: First Nations and Métis groups, government, and the educational institutions of the University of Saskatchewan, SIAST and the Saskatchewan Indian Federated College.⁹⁸

The Saskatchewan Indian Federated College was established in 1976, as a federated partnership with the University of Regina. Its mandate was to provide undergraduate and graduate degree programs, within an environment of Indian culture and history, combining First Nations-oriented and standard areas of studies in all programs.⁹⁹ In 2001, it was determined that the NEPS curriculum would be delivered through this institution, and a memorandum of understanding was signed between northern tribal groups, the Saskatchewan Indian Federated College, government, and the educational institutions that were involved with NEPS: SIAST and the University of Saskatchewan. Representatives from the government signing the Memorandum of Understanding were the three provincial government departments of post-secondary education, health, and education.¹⁰⁰ Four northern First Nations bands and councils were also represented with signatures on the document, as well as the Métis Employment and Training Strategy Inc group (the federal provincial organization responsible for providing education and training opportunities to Métis people).¹⁰¹

In the memorandum, the groups agreed to collaborate in the delivery of the NEPS curriculum, with the Saskatchewan Indian Federated College administering the program in partnership with SIAST and the University of Saskatchewan. The agreement also indicated that the NEPS curriculum would now have First Nations and Métis cultural, spiritual, and health care needs incorporated into the curriculum, and that supports be in place such as the Native Access Program for Nursing (NAPN). A northern access program was also outlined, where students could take courses prior to entering the nursing program.¹⁰² The access

program was to be developed as one of the precursors for student success as some of the Aboriginal students had difficulty in achieving their high school grades needed for entry into the nursing program.¹⁰³ It also had a component of life skills such as time and financial management, study skills, and an optional cultural component, which would be applicable to the NEPS once students entered that program. SIAST was helpful in sharing science programming with the Health Science Access program.¹⁰⁴ By September of 2001, the Access program was operational and all students entering the NEPS at the Saskatchewan Indian Federated College site were required to enrol in the Access program.¹⁰⁵

The Saskatchewan Indian Federated College, Northern Campus, began planning for the NEPS to be delivered in Prince Albert, and the government announced an additional 40 seats for this site. While the government would supply the necessary funding for the operational and ongoing capital costs of the program, initial capital costs were sought from other sources.¹⁰⁶ Although challenging, with initial capital funding not being confirmed until June 2002, the first students were admitted to the Health Science Access program at the Saskatchewan Indian Federated College in September 2001.¹⁰⁷ The plan was for the NEPS to be available to accepted students a year later.

As there was not yet an official agreement signed to signify that the Saskatchewan Indian Federated College was a partner in the NEPS, nursing students accepted to that institution in the fall of 2002 would enroll as unclassified students at the University of Saskatchewan. This included fifteen credit units of nursing courses and three non-nursing courses. Once the partnership agreement was signed in March 2003, students enrolled in the final two year one nursing courses in Term 3 (May and June) of 2003, and then progressed to Year 2 in fall of 2003, along with a new intake of Year 1 NEPS students.

Some additional discussions and negotiations around the registration of students, and transferring their credits to the University of Saskatchewan were required, but the new partner began to deliver the NEPS to students in Prince Albert, the third city and fourth location. The process of admissions was once again different at the Saskatchewan Indian Federated College, creating additional challenges and complexities for the registration offices.¹⁰⁸ However, admission criteria to the NEPS were congruent with the partner institutions, as students had to meet the same entrance requirements to the program, but were prioritized with a northern Aboriginal focus.¹⁰⁹

The 2003 Agreement with the new partner was more condensed, but contained similar ideas as the previous agreement. It is to be noted that the Saskatchewan Indian Federated College would now share with the other two institutions as joint owners of the NEPS.¹¹⁰ It was stated that the new partner would “contribute expertise in the areas of Indigenous knowledge, Indigenous curriculum development, and Indigenous pedagogy”¹¹¹. The Northern Campus of the Saskatchewan Indian Federated College, located in Prince Albert, would deliver years one and two of the NEPS, in collaboration with SIAST and the University of Saskatchewan. It was evident that this new partner, which had not delivered an undergraduate nursing program before, would require some support. To address this, SIAST would provide a coordinator to be based in Prince Albert.¹¹² The Saskatchewan Indian Federated College would process their own applications and admissions in Prince Albert, according to their existing policies and procedures.¹¹³

As of 2003, the Saskatchewan Indian Federated College became the First Nations University of Canada. The new program partner delivered years one and two of the NEPS, and so worked closely with their SIAST colleagues in Saskatoon and Regina. Being the

third partner to enter a partnership that was already in progress had its challenges. The First Nations University of Canada was not a degree granting institution, but also was not a technical institute, so functioned differently from either of the founding partners. It was not unexpected that some difficulties arose. The former acting director of health sciences at First Nations University of Canada believed that there may have been a perception of a lack of credibility of that institution for the other educational partners, as it had not delivered nursing education previously. The acting director recalled that the SIAST coordinator hired was to act as a liaison between SIAST and First Nations University “to make sure that we were getting all the information.”¹¹⁴ The individual in this position also took on the role of clinical coordinator and hired the clinical instructors and oversaw the clinical part of the program.¹¹⁵ The strategy was effective overall but there were challenges in the administration of the program, as the SIAST-hired coordinator “had no ability to discipline or evaluate performance because it was a different institution.”¹¹⁶ The coordinator was also asked to develop schedules for teaching but “wasn’t able to decide (or assign) who taught what and whose hours are what.”¹¹⁷

Eventually, in 2005, First Nations University of Canada requested and was granted the ability to hire a coordinator for years one and two themselves. Also, as the students reached year three, a University of Saskatchewan assistant Dean was on site to assist students and coordinate the final two years, and eventually permanent University of Saskatchewan faculty were hired in Prince Albert, where they were housed on the First Nations University of Canada campus. The accelerated and fast track options were not available in Prince Albert.

Other challenges were evident in the early delivery of the NEPS in Prince Albert. The former acting director recalled: “we at First Nations University were supposed to bring in an Indigenous perspective, which was a bit of a struggle, because a lot of the nursing faculty that [*sic*] were hired, including myself, were not Indigenous people.”¹¹⁸ In the beginning, the nursing faculty at First Nations University of Canada were also relatively new to teaching, and working with their SIAST colleagues was sometimes difficult due to different collective agreements and work patterns. The former acting director recalled: “SIAST faculty were gone all summer. And many of our faculty were hired over the summer. We didn’t have a lot of collaboration over the summer until the end of August when the classes were starting.”¹¹⁹

Working with the Saskatoon and Regina colleagues created some additional challenges. The distance and difference did sometimes make the newest partner feel that they were merely tolerated and not a partner on an active or equal level.¹²⁰ Former First Nations University of Canada health sciences director Joyce Desjarlais recalled that while overall the team worked well together, sometimes the different ways in which this new partner wanted to achieve student success had to be negotiated with the educational partners and changes were not readily accepted.¹²¹ One example was the University of Saskatchewan Nutrition course that students had to successfully complete in year one, in which some students struggled, and then were delayed in the program. Desjarlais recalled, “there was little if any willingness to adjust the pre- and co-requisites of the initial program.”¹²²

Although First Nations University of Canada faculty members were grateful that courses were developed and the curriculum was provided to them, once they gained more

experience and were ready to begin to adapt the courses, there were challenges. The former acting director explained: “We were appreciative that (the curriculum) was already made but we also felt restrained in trying to make any changes, particularly for exams or assignments or-- because there was a lot of accusations by some of the faculty from SIAST or the University of Saskatchewan, again, about it not being credible or it not meeting the standards or it being watered down. We came under a lot of criticism if we wanted to change anything.”¹²³

The former First Nations University of Canada acting director believed that it was “beneficial that there was consistency across the sites, because that did add credibility to our university because we could say this program is the same across all three cities. The restraint, though, was when it came to academic freedom where you wanted to add something or change something and we weren’t allowed that flexibility or that movement.”¹²⁴ Thus First Nations University of Canada nursing faculty found themselves in a paradox of sorts. Their mandate was to bring in Aboriginal pedagogy and knowledge to the NEPS, but once ready to play a role in this, they were not heard or taken seriously as contributing members.

Although the partnership agreement of 2003¹²⁵ indicated that First Nations University of Canada (formerly Saskatchewan Indian Federated College) would be a full partner in the NEPS, First Nations University of Canada faculty members did not always perceive they had an equal voice. The former acting director explained that some First Nations University of Canada faculty “felt like they weren’t being heard at these meetings, that it was really directive from the other partners, both from the University of Saskatchewan and SIAST.” Administratively, First Nations University of Canada nursing

leaders and faculty were already witnessing tensions in the partnership. They sometimes felt they were “the third sister that [*sic*] was kind of the mediator and in the middle and the two other sisters were kind of arguing or fighting.”¹²⁶

Despite the challenges, the First Nations University of Canada proceeded to successfully deliver the NEPS to many Aboriginal and northern students. Unfortunately, in February 2005, a significant incident occurred with the administrative body of this newest partner. The First Nations University of Canada leadership underwent a crisis where governance of the institution was questioned. This interference must have caused some concern for the partners in the NEPS as this was a provincial program, and was openly discussed at nursing meetings.¹²⁷ Despite the struggles and challenges, the first graduation of the Prince Albert students occurred in 2006, where seven graduates were celebrated and awarded star blankets by Aboriginal leaders. It was a significant accomplishment.

The Registered Psychiatric Nurses Association of Saskatchewan and the NEPS

Soon after the beginnings of discussions of the Nursing Education Coalition in 1993, the psychiatric nursing program of the Saskatchewan Institute of Applied Science and Technology (SIAST) became involved, and in March of 1994 they officially joined the collaborative program. It was determined that the new program would be approved by both the Registered Psychiatric Nurses Association of Saskatchewan and the Saskatchewan Registered Nurses' Association, thus enabling graduates to be eligible for licensure as either or both a registered nurse (RN) and a registered psychiatric nurse (RPN). Along with

the Saskatchewan Registered Nurses' Association, the Registered Psychiatric Nurses Association (RPNAS) of Saskatchewan provided a preliminary approval of the program in 1995.

A former program head at SIAST Kelsey recalled "Initially the RPNAS leaders were very supportive of aligning the two disciplines, but unfortunately, that ended fairly quickly when the leadership changed."¹²⁸ As approval processes moved along with the Saskatchewan Registered Nurses' Association, that had been very supportive from the beginning, discussions with the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) soon became bogged down. The curriculum and faculty makeup were two major factors that contributed to the concerns of the RPNAS. Previous psychiatric nursing programs had had a close relationship with the professional association about their development and the RPNAS wished to have this continue.¹²⁹

In 1996 as the program began, there was correspondence between the Nursing Education Program of Saskatchewan (NEPS) and the Registered Psychiatric Nurses' Association of Saskatchewan (RPNAS) about the required ratio of registered psychiatric nurse faculty to registered nurse faculty. The RPNAS required this to be no less than 'one in seven'. An April 1996 letter from the SIAST psychiatric nursing program head communicated to the RPNAS president regarding the ratio, indicating that the current ratio of registered psychiatric nurse faculty to registered nurse faculty was 1 to 3 in Regina and at least 1 in 7 in Saskatoon.¹³⁰ The RPNAS president then sent a correspondence to the Principal of Wascana Institute (later renamed SIAST Wascana Campus), re-stating the RPNAS position that the 'one in seven' ratio was required at all sites and asking for a commitment to ensure that the NEPS would indeed meet the RPNAS requirement.¹³¹

The correspondence between the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) and the NEPS leaders continued, and in February 1997, the program heads and Deans of both partners and all sites were issued a petition from the NEPS registered psychiatric nurse faculty members at SIAST asking that the 'one in seven' ratio of registered psychiatric nurse faculty to registered nurse faculty be maintained. Eleven psychiatric nursing faculty members signed the letter, asking that the plan for implementing the 'one in seven' ratio be provided.¹³² The program head of nursing at Kelsey responded on behalf of the NEPS leadership that the matter was under review.¹³³

Between February and April of 1997 several pieces of correspondence were exchanged between the NEPS administrative group and the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS), regarding the process of approval of a new program, and more effective communication between the groups. The issues were partly resolved with the recommendation that a NEPS representative would sit on the Registered Psychiatric Nurses Association of Saskatchewan program approval committee.¹³⁴

In July 1997, the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) began to prepare for the approval process, and planned for a training session for the Psychiatric Nursing Education Program Approval Committee Members. A consultant was hired to provide the session on roles and responsibilities in program evaluation. Comments were made that SIAST was not as familiar with an association (the RPNAS in this case) being so closely involved in the development of a program to meet accreditation as the RPNAS wanted them to be.¹³⁵ The comment was made that that the Association's "control over training programs has diminished as the education moves into the technical school and university environment."¹³⁶ The consultant also suggested there was a trust

issue between the RPNAS and the program. However, the RPNAS suggested this was more of an issue of confidence regarding appropriate and sufficient content and experience, and contact with registered psychiatric nursing faculty. The executive director of the RPNAS indicated that “Given the process oriented curriculum and the ongoing development we cannot in all good judgement have a high level of confidence in the final product without reviewing the process on an ongoing basis.”¹³⁷ The consultant also indicated that “the NEPS is generically preparing nurses to work in a multitude of areas which may require additional specialized training and we are still focused on specialized training. Perhaps our thinking is not in step with the philosophy of the program.”¹³⁸ Suggestions were made to negotiate a middle ground, indicate some willingness and desire to have the program work, and consider a “conditional approval” rather than “approval with qualifiers.”¹³⁹

It was evident that serious questions were being raised about whether the original vision of aligning the education of the two nursing groups, registered nurses and registered psychiatric nurses, would be possible, or was indeed even desirable, in Saskatchewan.

In the meantime, the concerns between the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) and the NEPS were ongoing. In August 1998, a letter was sent to the presidents of both the University of Saskatchewan and SIAST,¹⁴⁰ indicating dissatisfaction with the revised Academic Partnership Agreement (1998) with the split of delivery to years one and two to SIAST and years three and four to the University. The letter suggests that the 1998 Agreement was “obviously struck for administrative convenience”¹⁴¹ and that the client (described as students in the short term, and the mental health consumers in the long term) was not the focus.¹⁴² The RPNAS president also expressed concerns that even though the regulatory body promoted the value

of degree preparation, they were concerned that the diploma exit for psychiatric nurses may be “denigrated” instead of promoted by the registered nurses at the College of Nursing at the University.¹⁴³

The nursing Deans of SIAST and the University of Saskatchewan each responded to this letter in October 1998, conceding that the revised academic agreement was in fact done largely for administrative convenience. The SIAST nursing Dean stated she was unaware of the proposal of the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) to have the program split into years one and four, and two and three as had been described by the president.¹⁴⁴ The Dean also defended the challenging situation faced by the NEPS in hiring registered psychiatric nurse as faculty, particularly at Kelsey Campus in Saskatoon. The RPNAS was again assured that mental health concepts have been integrated throughout the program, and that registered psychiatric nurses were and continued to be heavily involved in development of the curriculum.¹⁴⁵

The corresponding letter from the Dean of the College of Nursing was more lengthy. In the letter, the Dean delineated the reasons for the change in the administration and delivery of the program, citing clarification for students, equity for partners in relation to cost of the program, and an interest in the College of Nursing participating in the delivery of both theory and clinical components of the program at both sites.¹⁴⁶ Again the Dean reiterated the fact that registered psychiatric nurses would continue to be involved in the NEPS at the College, as instructors and mentors, and those qualified (doctoral prepared) to teach at the university level would be considered for hiring.¹⁴⁷

The NEPS continued to be delivered with preliminary approval from the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). In September 1999, the NEPS

received a report from the RPNAS indicating that nine out of ten (diploma) graduates of the NEPS that attempted the RPNAS registration exam were successful.¹⁴⁸ The grades achieved by this group of students were reportedly comparable to previous graduates of the psychiatric nursing program.¹⁴⁹ Thus it would appear that the successful licensure examination results would be seen as an indication of the program's strength for psychiatric nursing.

However, a significant decision was about to be rendered. In 2001, a formal assessment of the program was conducted by the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS), and despite some concerns, the external assessors recommended conditional approval be granted for a period of three years.¹⁵⁰ The approval of the Nursing Education Program of Saskatchewan (NEPS) to prepare psychiatric nurses appeared to be secure. However, despite the recommendation, the Psychiatric Nursing Program Approval Committee, operating under the authority of the RPNAS, believed that some of the approval criteria had not been met or had been partially met. Thus the Committee took the step to deny approval of the NEPS.¹⁵¹ Graduates of the NEPS would no longer be eligible to become registered psychiatric nurses.

The rationale for the decision to deny approval included the fact the evaluators had determined that of the nine approval criteria, only three were met, three were not met, and the remaining three were partially met.¹⁵² Further rationale was that the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) had the responsibility to ensure that the public would be protected against unsafe psychiatric nursing practice, and the contention was that graduates of the NEPS would not be competent in providing mental health care with only one-third of criteria met¹⁵³. Major concerns about the NEPS included

the less than prescribed numbers of registered psychiatric nurse faculty, inadequate mental health clinical experiences, and the lack of socialization of students into the psychiatric nursing culture and profession.¹⁵⁴ In addition, the RPNAS president stated that the decision was congruent with the psychiatric nursing associations of Manitoba and Alberta, who had also indicated that NEPS graduates would not be eligible for registration in those provinces without additional course and clinical work.¹⁵⁵

The immediate implication of this decision was that, as the diploma psychiatric program was no longer in existence, the last class of students that would be eligible to write the psychiatric nursing registration exam would be the NEPS graduates of spring, 2002. Consequently, the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) no longer had any approved program in Saskatchewan and so had no mechanism for new graduates to enter into that profession or association.

The Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) then took immediate action to explore options to ensure the viability of the profession. In March 2002, an invitational conference was held to discuss education options for psychiatric nursing in Saskatchewan. Participants included nursing educators, government public servants, and psychiatric nursing association board members from Saskatchewan and other western provinces. All options were considered, “from revisions to the NEPS program to brokering a program from another province.”¹⁵⁶

In the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) newsletter, the intent to reinstate psychiatric nursing education continued to be discussed.¹⁵⁷ The president indicated that the ministries of Health and Learning were aware

of the urgency of the situation.¹⁵⁸ However, as of late fall, 2003, no progress in securing an approved nursing education program for psychiatric nursing had been made.¹⁵⁹

RPNAS-NEPS Resolution Committee

In March 2004, the provincial Department of Learning was asked to lead a process to resolve the “impasse” between the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) and the Nursing Education Program of Saskatchewan (NEPS), which had occurred as a result of the RPNAS withdrawing approval from the NEPS in December 2001.¹⁶⁰ A Resolution Committee was struck and met several times over the subsequent months.¹⁶¹

The mandate of the Resolution Committee was to bring the two parties together and find a way to again educate graduates to be eligible for registration as both registered nurses and registered psychiatric nurses. A secondary mandate for the Resolution Committee was to ensure that there would be an adequate supply of registered psychiatric nurses to meet provincial needs, as the number of new registrants to the Registered Psychiatric Nurses Association of Saskatchewan had been decreasing.¹⁶²

In conjunction with the resolution process, a consultant was hired by the provincial government’s department of learning to review registered psychiatric nursing education in Saskatchewan, and this report was released in March of 2005. The report concluded that psychiatric nursing profession was “worth saving,”¹⁶³ but that the NEPS, although the best immediate mechanism to educate psychiatric nurses, would not have sufficient resources to ensure adequate preparation of enough graduates to meet provincial mental health patients’ needs.¹⁶⁴ The report recommended that the Registered Psychiatric Nurses Association of

Saskatchewan (RPNAS) grant conditional approval to the NEPS, and suggested that more should be done to support and encourage students in the NEPS to select the psychiatric nursing option. It was acknowledged that students were recruited to the NEPS as generalist practitioners, and those with interest in psychiatric nursing alone may not see the NEPS as the best option. Therefore returning to a stand-alone psychiatric nursing education program, preferably a two-year diploma with an option to complete a four-year degree, was also suggested.¹⁶⁵ In June 2005, the resolution committee produced a document, in which various strategies were outlined.¹⁶⁶

In response to these reports and recommendations, the conditional approval of the NEPS by the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) was again achieved in July 2005. The approval was “conditional on the program (NEPS) addressing the actions agreed to in terms of the shared understanding reached.”¹⁶⁷ Conditions of the approval included the hiring of registered psychiatric nurse faculty members who would serve as coordinator at each of the three sites. The positions would be funded by the government and duties would include promoting the registered psychiatric nurse option for students, liaising with the RPNAS, and coordinating learning plans and experiences for students interested in registration in psychiatric nursing.¹⁶⁸ Students would also need to take two additional courses over and above the required NEPS curriculum, which were directly related to mental health concepts, and participate in an approved number of hours of clinical experiences where mental health was the focus. In addition, it was agreed that NEPS would endeavour to hire registered psychiatric nurse faculty with appropriate post-graduate education where possible, and that the RPNAS would encourage its membership to become involved in mentoring NEPS students.¹⁶⁹

Following the announcement of the conditional approval of the NEPS, the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) executive director expressed enthusiasm of the decision to again approve the NEPS, but also announced that the association would be “actively pursuing the development of a diploma program which articulates to a Degree in Psychiatric Nursing.”¹⁷⁰ Clearly the Bachelor of Science in nursing degree that NEPS graduates would achieve would not suffice to provide the numbers of graduates needed in psychiatric nursing, nor serve to maintain the numbers of registered psychiatric nurses needed in the province. It was also evident that the RPNAS was not seeking a baccalaureate as the minimal level of education for entry to practice. In the fall of 2005, the executive director updated members that the RPNAS was “awaiting meetings with the Ministers of Health and Learning to discuss the support of a diploma program in Psychiatric Nursing for Saskatchewan.”¹⁷¹

Once again, in the fall of 2006, the president of the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) expressed concern that even with the NEPS conditional approval, there would still not be an adequate supply of graduates to meet the needs of mental health clients, and indicated that the goal was to reinstate the diploma psychiatric nursing program.¹⁷² Discussions began between SIAST, the government, and the RPNAS, and in 2008, the goal was realized, as the first thirty students enrolled into the new SIAST psychiatric nursing diploma program. Meanwhile NEPS students could continue to attain a bachelor of science in nursing, and by taking the two additional required mental health courses and clinical placements, become eligible to register as psychiatric nurses as well as registered nurses.

The new diploma psychiatric nursing program meant that there were now other options for students wishing to enrol in a psychiatric nursing program, and this ended the goal of the NEPS as being the only program in Saskatchewan for both registered nurse and registered psychiatric nurse education. It was no longer all things to all students or nursing professions.

Program Initiatives

Several developments in the Nursing Education Program of Saskatchewan (NEPS) were commenced to ensure the program remained viable and relevant to the needs of the province. The Native Access Program to Nursing (NAPN) was established in 1985, and was retained by the NEPS in 1998. It was funded by First Nations Inuit Health Branch, as well as SIAST, the University of Saskatchewan, and the provincial government's advanced education ministry. The program is a support and retention service for Aboriginal nursing students in the NEPS, and provides academic and personal advisement, access to elders and cultural events, as well as tutoring, and mentorship.

During 2001, three separate reviews were conducted that evaluated the NEPS. These were the approval reviews of the Saskatchewan Registered Nurses' Association and Registered Psychiatric Nurses Association of Saskatchewan, and as well as the University of Saskatchewan Systemic Program Review. As a result of these appraisals, curriculum revisions and changes were recommended. In October 2001, a call for volunteers went out to all NEPS faculty at all sites and institutions for participating in the Ad Hoc Review Committee, which would become known as "The Group of Seven."¹⁷³ The mandate of the

group was to address the recommendations resulting from the aforementioned reviews, and make recommendations for change. Key issues to be addressed included normalizing the student's workload, reducing clutter, in the curriculum, and to provide students with experiences that facilitated praxis and perceptions of mastery in students. The seven faculty members were selected from each site and institution, and included clinical placement coordinators from two of the sites. The group met in December 2001, and explored the recommendation of the three reviews that had been conducted that year, that of the two regulatory bodies and the systematic program review of the University of Saskatchewan.¹⁷⁴

By early in 2002, the Group of Seven was aware that the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) had denied approval of the NEPS. The RPNAS expressed a preference that the curriculum revisions be delayed until after the discussions being planned with the government department of health and the NEPS. However, the Group of Seven made the decision to continue working with the Systematic Program Review and the Saskatchewan Registered Nurses' Association recommendations and changes. As a result of the recommendations of the Group of Seven, some course class or laboratory hours were reduced, revisions were made to some assignments, and some courses were reduced to two three credit hour courses from six-credit hour courses. The changes were implemented in fall of 2002 or fall of 2003. Adding to the complexity of the process, each curriculum change needed to go through NEPS Faculty, then SIAST Dean's Council, and University of Saskatchewan Council for the appropriate approvals.

Based on expertise and available resources, SIAST would take the lead on several initiatives. The development of online courses began in 2000, with four courses available online by fall of 2003. The online courses were developed and delivered by SIAST faculty

in Saskatoon and Regina, and by the spring of 2009 all year nursing one courses were available online, with a transfer credit for the NEPS anatomy and physiology course being available through Athabasca University by distance delivery.

The development of a completer course for Licensed Practical Nurses (LPNs) to receive credit for the NEPS anatomy and physiology course was completed in 2002 with the offering of a distance course being offered by SIAST. The SIAST initiative of Prior Learning and Assessment and Recognition (PLAR) was also implemented for the NEPS in 2005. By 2007, three courses had been developed and available for students with prior learning to be eligible to receive credit for these courses.¹⁷⁵

By 2008, the nursing shortage was continuing to be a significant concern. The government and various stakeholders (including the Saskatchewan Union of Nurses) were supportive of developing bridging opportunities for students with previous nursing experiences, particularly Licensed Practical Nurses (LPNs).¹⁷⁶ The NEPS Administrative Committee began to explore strategies to make this happen. A team of faculty, with one representative from the College of Nursing and with one member from SIAST NEPS, conducted a comprehensive review of the most recent iteration of the SIAST practical nursing curriculum, now a full two year diploma program. Following this review, transfer credits were awarded by the University for some NEPS Year 1 and 2 courses. For the remaining courses, plans were underway to offer these courses in an expedient and efficient manner for licensed practical nurses wishing to become eligible for registration with the Saskatchewan Registered Nurses' Association, thus creating a bridging option to the NEPS.

The Bridging Option would require additional faculty resources as the Option would be delivered to a small cohort that would need to have most classes scheduled outside the regular timetable. As these courses would be all year one and two courses, the addition of these students would have a financial impact mostly on SIAST, but as these students would be accepted over and above the usual intake, the University would also be impacted as the group entered year three. Even though SIAST took on the cost of teaching this cohort separately between January and April, challenges occurred with the College of Nursing Dean approving this option, as these students were above the usual intake. However they were presumed to make up for some of the attrition that occurs in years 1 and 2, and it was finally determined that the small number of eight students, in one site only (Regina), could be accommodated effectively.

The first intake of eight students occurred in Regina in January 2010, where the first group of LPN Bridging students were able to complete the year 1 and 2 courses they required between January and June, and then join the Year 3 students in fall 2010. An interim evaluative report of this option was conducted in March 2010, with overall positive findings, and so a second intake of this bridging option was enrolled in January 2011, where only six students were admitted in Regina, due to low applicant numbers.

Some initiatives in the NEPS did not come to fruition, as was the case for a NEPS Curriculum Coordinator. At a NEPS Administrative Committee meeting in October 2004, the NEPS curriculum coordinator was discussed.¹⁷⁷ Some of the rationale for the creation of this position was that due to seat expansions, there would be many new faculty in both the regular and second degree option, and these new faculty would require support to learn and deliver the curriculum effectively. Other considerations were faculty workload and the

need for adherence (or reorientation) to a process curriculum, and it appeared there was much work to be done.

Many of the recommendations of the Group of Seven were still being implemented, and the second degree option was being planned. The NEPS Administrative Committee met with the nursing Deans of SIAST and the University of Saskatchewan regarding the heavy workload of the chair of the Curriculum Committee, with the suggestion that a possible solution would be creating a half-time curriculum coordinator to be funded by all three partners. This was supported in principle, and a name was discussed as a possible candidate to be released to work in this capacity.¹⁷⁸ However, although some discussion of this position also occurred at the NEPS Curriculum Committee¹⁷⁹ this plan was not realized; no NEPS Curriculum Coordinator position was ever created. One could speculate that the challenges around how the position would be funded and hired may have been the cause of this inaction.

Second Degree Entry Option of the NEPS

As a result of the March, 2000 Memorandum of Understanding signed between the program, ministry of health and regulatory body, discussions began around a second degree entry option (SDEO), where students with a three- or four-year previous degree could enter a special program with an accelerated delivery of two years to receive their bachelor of science in nursing. A group of faculty from SIAST and the University of Saskatchewan began to develop courses.

However, there were issues along the way. The University of Saskatchewan believed they would be delivering the program and were “beginning to wake up to the fact

they should have more control”¹⁸⁰ but SIAST understood they would deliver Year 1 of the 2 year program. SIAST contended that the affiliation agreement clearly gave “both institutions joint ownership of the curriculum, so no one partner could go off and deliver part of it themselves without the other partner’s agreement.”¹⁸¹

Upon implementation, the SIAST faculty relocated to the University campus and delivered the first year of the two year program, along with the appointment of a SIAST program head. In order to decrease competition and potential conflicts with the regular program around clinical placements, it was determined that the program would be delivered outside the regular academic year. This created issues around collective agreements, particularly with SIAST, as the faculty would need to sign waivers to indicate they would work over usual SIAST holiday periods. This created another layer of complexity to an already complex program.

Challenges / Complexities

As with any partnership, members are required to communicate and include each other in discussion and decisions. This creates challenges and takes time. One example would be on the paper used to denote the degree obtained. In the Academic Partnership Agreement of March 2003 where the newest institutional partner was announced, it was stated that there would be “an indication of the partnership of the institutions noted on the parchment.”¹⁸² In the spring of 2010¹⁸³ it was discovered that the First Nations University of Canada logo had not appeared on the parchment for students who had graduated from the Prince Albert site, or any site, since the first Prince Albert graduates in 2006. The Dean

of the College of Nursing notified the NEPS Administrative Committee of this omission, and a solution was sought. Eventually it was determined that all students from all three sites who had graduated from the program from 2006 to the present would be notified by the University of Saskatchewan of the option to return their parchment and have it exchanged for a revised one with all three institutions named. This would be at the expense of the University of Saskatchewan.¹⁸⁴ The Deans and acting director agreed with the plan. Again, the complexity of collaboration was evident. Vigilant efforts were required at all times to ensure none of the partners were unintentionally excluded.

Differences in Culture and Practices

At SIAST the main responsibility was teaching, while scholarly work was encouraged. It was also expected that to ensure faculty members were effective at instruction and due to the typically large numbers of students, collaborating with peers was expected, and indeed necessary. Former SIAST program head Lois Berry commented:

And that doesn't fly in a university setting in that you're supposed to, you know, be generating everything, you know, from your scholarly work, basically. So that kind of model where, you know, where people in the SIAST system were teaching 25 hours a week, with little time to do anything outside that. Whereas the university faculty might be teaching 6 hours a week.¹⁸⁵

The significant difference in expectations and culture would persist, even as the SIAST nursing division progressed in supporting scholarship. Berry continued: "The contribution to the scholarly development of the profession is just really difficult for people who work in institutes and (non-university) colleges to participate in."¹⁸⁶ The differences

would also result in inequitable attendance at program faculty meetings where all institutions were represented.

Funding

In the early delivery of the program, the inequity of funding also created challenges. Former College of Nursing Dean Horsburgh noted that:

SIAST was well funded for their half of the NEPS – years one and two, while the university received approximately half of the SIAST funding for delivering years three and four of the program, and in fact the College of Nursing was operating in a deficit when I arrived in 2000. Further, the College of Nursing was delivering graduate level nursing programming drawing upon this same pot of funding; at the time, the College did not receive additional government funding in support of the master's program in nursing. The College was anchoring most of the NEPS future faculty development and anchoring the research and much of the scholarly activity that underpinned the NEPS with half of the SIAST budget.¹⁸⁷

The perceived funding inequity contributed to differences in strategic directions for the program. One example of this was the licensed practical nursing (LPN) bridging option, where one institution contributed funding differently than the other. SIAST assumed the cost of delivering separate courses in the first two years of the program to the small cohort of LPN bridging students, and then those students joined the regular cohort of students in year three when the College of Nursing delivered the program. While SIAST was committed to and able to absorb this additional cost, the College of Nursing expressed concerns that the cost of delivery to these students in years three and four were over and above the admitted numbers of students, and this was prohibitive to their support of the initiative.

Moving Forward

The Nursing Education Program of Saskatchewan (NEPS) partnership and program were moving forward. Despite challenges in implementation and administration, significant new initiatives were being launched, including the addition of a new institutional partner, and a new program option for students with previous degrees. After much discussion and effort, the approval of one of the regulatory bodies had been restored. For a time, it appeared that the differences in cultures, funding models, and institutional mandates of the partners were being overcome as students received a high quality education which prepared them well for national licensure exams and employment. However, the end would soon become inevitable.

Chapter 3 Notes

¹ Marlene Smadu (Former Program Head, Continuing Nursing Education, SIAST; Former Executive Director, SRNA; Former Assistant Deputy Minister of Health and Principal Nursing Advisor, Ministry of Health, Government of Saskatchewan; Associate Dean, Regina Site and International Student Affairs, College of Nursing, University of Saskatchewan), interview by Marg Olfert, researcher, April, 2011.

² Norma Wildeman (Former Program Head, Nursing Education Program of Saskatchewan, SIAST Wascana Campus), interview by Marg Olfert, researcher, October 2010.

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⁵ Ibid., 2.

⁶ Ibid., 4.

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¹¹ Claude Naud (Former Senior Vice President, Academic, SIAST), interviewed by Marg Olfert, researcher, July 2011.

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¹⁴ Lois Berry (Former Program Head, Nursing Education Program of Saskatchewan, SIAST Kelsey Campus; Associate Dean North and North-Western Saskatchewan Campus Rural and Remote Engagement, College of Nursing, University of Saskatchewan), interview by Marg Olfert, researcher, February 2011.

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¹⁸ McCulloch, interview.

¹⁹ Joan Sawatzky (Former Acting Dean, College of Nursing, University of Saskatchewan), interview by Marg Olfert, researcher, November 2010.

²⁰ Diana Davidson Dick (Former Dean, SIAST Nursing Division), interview by Marg Olfert, researcher, April 2011; Berry, interview.

²¹ M Atkinson, interview.

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²⁶ Academic Partnership Agreement, 1998.

²⁷ Berry, interview.

²⁸ Berry, interview.

²⁹ Netha Dyck (Dean, SIAST Nursing Division), interviewed by Marg Olfert, researcher, June 2011.

³⁰ Wildeman, interview.

³¹ Dyck, interview.

³² Academic Partnership Agreement, 1998, p.3.

³³ *Ibid.*, 4.

³⁴ M Atkinson, interview.

³⁵ Beth Horsburgh (Former Dean, College of Nursing, University of Saskatchewan), interview by Marg Olfert, researcher, November 2010.

³⁶ Wildeman, interview.

³⁷ The Nursing Education Program of Saskatchewan (NEPS) Academic Partnership Agreement between the University of Saskatchewan and the Saskatchewan Institute of Applied Science and Technology (SIAST), June, 2000.

³⁸ *Ibid.*, 2.

³⁹ *Ibid.*, 2.

⁴⁰ *Ibid.*, 4, 5.

⁴¹ *Ibid.*, 6.

⁴² *Ibid.* 7.

⁴³ *Ibid.*, 3.

⁴⁴ Agreement, 1998.

⁴⁵ *Ibid.*, 3.

⁴⁶ Smadu, interview; McCulloch, interview.

⁴⁷ Dyck, interview.

⁴⁸ Horsburgh, interview.

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⁵⁰ M Atkinson, interview.

⁵¹ M Atkinson, interview.

⁵² Sawatzky, interview.

⁵³ Dick, interview.

⁵⁴ Dick, interview.

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⁵⁷ Dick, interview.

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- ⁶⁰ Joanne Felstrom (Former Program Head, Diploma Nursing, SIAST Wascana Campus), interviewed by Marg Olfert, researcher, February, 2011; Smadu; Brown.
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- ⁶³ Smadu, interview.
- ⁶⁴ Smadu, interview.
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- ⁶⁶ Patricia Atkinson (Former Minister of Health, Province of Saskatchewan), interview by Marg Olfert, researcher, March 2011.
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Chapter 4: Dissolution: 2005-2010

Norma Wildeman, former program head of nursing at SIAST, recalled:

“There was surprise at the announcement of the end of the NEPS as a collaborative program, as it had been seen as a unique and successful collaborative program across Canada – ‘the model for the country.’”¹

Precipitating Events

Because the Nursing Education Program of Saskatchewan (NEPS) was consistently producing graduates who achieved high pass rates on the national licensure examinations, and employers were pleased with the quality of the graduates, it was difficult for some to conceive of its end. Several factors contributed to the ultimate decision to terminate the program.

New Directions, New Leadership

At the University of Saskatchewan in the early 2000s, the health science Deans were working toward new directions in education – that of interprofessional education and distributed learning. It was evident that this would create constraints in the Nursing Education Program of Saskatchewan (NEPS). As the associate Dean at the College of Nursing expressed, “If we had had an integrated model from the beginning it may have been possible, but with the College of Nursing having no access to NEPS students until year three, it did not seem possible to move forward on the interprofessional education agenda in particular.”²

In September 2003, the premier of Saskatchewan announced that “a new Academic Health Sciences facility would be built at the University of Saskatchewan to house the Colleges of Dentistry, Medicine including Physical Therapy, Nursing, and Pharmacy and Nutrition.”³ The ongoing quest for space by the College of Nursing at the University of Saskatchewan was finally seen as a real possibility through the planned Health Sciences building.

The Health Sciences Deans’ white paper (released in 2009) stressed that “the key focus of these new strategies, structures and initiatives is **interprofessional education** and **interdisciplinary collaboration**” (emphasis in original).⁴ Thus the College of Nursing looked to move in the direction of the other health science colleges and schools at the University of Saskatchewan. With this new vision of interprofessional and interdisciplinary education, it appeared as though the College of Nursing was finally going to be able to find a legitimate place within the University.

Prior to and throughout the duration of the delivery of the NEPS, the College of Nursing remained in an ongoing struggle to be perceived as a legitimate member of the University’s colleges.⁵ The former University academic vice president explained: “When the College (of Nursing) looked around and saw other Colleges acting independently – none of them were sharing with SIAST or anyone else, while the College of Nursing is in bed with the technical school, in their own eyes they don’t see themselves as full citizens of the institution.”⁶ The SIAST academic vice president concurred that the College of Nursing was continuing to try to “raise its own profile within the University and ensure it had a part to play in the health sciences.”⁷

History and past experience also played a role in how the members of the College of Nursing saw themselves. Former College of Nursing Dean Horsburgh explained the viewpoint of some faculty members:

“Some College of Nursing faculty members have lived through the era where nursing was not welcomed on Canadian university campuses. Nursing was perceived by some ‘mainstream’ university academics as a skilled trade that lacked a scientific basis. And so for some individual College of Nursing faculty members, it was very important to achieve success on university terms – and be seen to achieve this success. These were at the time, visceral, cultural issues, and not elitism, that perhaps were not articulated and acknowledged at the outset.”⁸

One is left to consider whether these issues and the quest for legitimacy had been openly addressed by the partners, if the outcome for the NEPS would have been different. Other changes in leadership, structure, and directions had significant impact on the decision to conclude the partnership.

Diana Davidson Dick, the first nursing Dean of the newly formed Nursing Division at the Saskatchewan Institute of Applied Science and Technology (SIAST) arrived in 1998, and began working to have Kelsey and Wascana work closer together, and to become a provincial institution.⁹ Soon after in 2000, Beth Horsburgh was named as the new Dean at the College of Nursing. Horsburgh came from outside the province and brought to the College of Nursing “an external perspective that it hadn’t had for a long time.”¹⁰ Dean Horsburgh made efforts to address “the money (deficit), the need to build up the College of Nursing’s research success, and the ongoing need to establish the College of Nursing as a full, research intensive member of the University of Saskatchewan health science colleges.”¹¹

These two individuals (Deans of nursing at SIAST and University of Saskatchewan) were each considered to be very effective at leading in their own institutions, but strategic directions between the two and the institutions they represented seemed to be more and more at odds. Former SIAST program head Lois Berry recalled, "They were each so good at representing their own institutions, that they left no room to manoeuvre whatsoever."¹² The former nursing leader suggested that the individuals may have actually accentuated the organizational differences.¹³ The inequity in the partnership was one area of struggle. SIAST Nursing Dean Dick recalled that "the College of Nursing was interested in seeing themselves as the senior partner but it was actually equal partners, so it was very difficult to work against that all the time, took up a tremendous amount of energy, insisting on equal partnership."¹⁴

Other issues began to surface around student identity. Former University of Saskatchewan academic vice president Atkinson recalled: "Students began to ask questions such as 'whose student am I? I am in a university program, like other university students, but I am attending SIAST'. Students perceived that this arrangement suited the educators and province and administrators, but it doesn't really suit us."¹⁵ A related development was that in August 2002, a NEPS logo was designed and then approved by the Deans. Students had indicated to reviewers of the College of Nursing Systematic Program Review (2001) that a program identity was required, separate from the institutional logos.¹⁶ Students evidently wanted to identify with a program, as they were having difficulty identifying with any one institution.

Ultimately, the desire for the College of Nursing to have control over their own program was not to be ignored. Berry recalled: "By 2005 or 6, the College of Nursing had

changed a lot – it was moving forward in terms of developing a significant core of people who were PhD prepared, and that had really changed the way the college worked. Developmentally, (ending the NEPS partnership) was an appropriate move for the College (of Nursing).”¹⁷

Differences Create a Strain

The differences in institutional culture as well as institutional mandates were not to be ignored. These differences manifested themselves in many ways. Saskatchewan Institute of Applied Science and Technology (SIAST) Nursing Dean Netha Dyck explained: “There is a collaborative team approach at SIAST, faculty are accustomed to working together as team, and value team scholarship. A university tends to have a greater focus on individual scholarship.”¹⁸ Another indication that the partnership was struggling was the issue of attendance at NEPS faculty meetings. Dyck recalled that in the later years of delivery of the program, “very few University faculty members attended NEPS faculty meetings... whereas it was an expectation for SIAST faculty to attend.” Dyck explained the challenge in this way: “it does become a bit awkward if you have... the majority of people there are SIAST and it comes to making a decision. You want to make sure that you have adequate input from all three partners and adequate representation from them all so that you can really remain true to the collaboration. And at the same time this is a structure and a process has been put in place for decision making and if people aren’t there to participate, then the people who do participate make the decisions... So that’s the reality around that.”¹⁹

Some University faculty members did not see it desirable to continue to partner with a technical institute for baccalaureate nursing, as some believed that “baccalaureate

education was intended to unfold in a university environment.”²⁰ For some, the NEPS was seen as “a transition to something that would change later, given the political climate and to maximize the use of existing resources...it made sense at the time to move into that collaborative model.”²¹ It may therefore be presumed that a reason to reduce the commitment to the NEPS and the collaboration was that the major objective of changing the entry level to practice in nursing had occurred. Former College of Nursing Dean Yvonne Brown believed that “baccalaureate entry to practice was achieved so there was no more need to put the effort in.”²²

Another impetus in moving toward the end of the partnership was the development of the Second Degree Entry Option (SDEO). In 2004 when discussions were taking place about delivering the second degree option program, the College of Nursing believed that as it was a program option for students with an existing degree, the University should take ownership of this program. When this did not happen, and faculty at SIAST were hired to deliver and administer the first year of the program, there was a belief by some that the SDEO was “kind of over-administered. And all that set the stage for what happened next – which was the growing agitation on the part of the College of Nursing to expand to the point it could do – it could take all students directly under the campus of the University of Saskatchewan. And in effect, SIAST would be written out of nursing education.”²³ Former University academic vice president M Atkinson believed that the “SRNA (Saskatchewan Registered Nurses Association) seemed to support the idea of a university-only nursing program. But not for long, because the SIAST people are part of the SRNA too.”²⁴

The academic partnership agreement was clear in declaring that the program was jointly owned, and as the former academic vice president Atkinson at the University noted,

“no one institution, neither SIAST nor the University, can simply go off and offer this program on its own without at least the consent, but more important, the active engagement of the other institution.”²⁵ Eventually the College of Nursing agreed with this in relation to the Second Degree Entry Option, and the program was delivered jointly with SIAST. However, such discussion and conflict evidently took a toll. Atkinson declared: “in some ways things were never the same after that.”²⁶

The College of Nursing was beginning to make decisions about new directions. Sometime between 2003 and 2005, the College of Nursing leadership reportedly informed the advanced education ministry: “This is not working for us. It’s an unmitigated disaster and we want out.”²⁷ As the NEPS was working well and producing much-needed nursing graduates, the government, however, was not immediately supportive of its demise.

Considerations were made as to strategies to address the intent of the College of Nursing to end the partnership. Government bureaucrats became involved to consider what could be done. A former government official recalled:

“After that, there was the talk about doing a review, to see whether the NEPS was salvageable. The University had indicated they were prepared to walk away from the agreement; they could still offer degrees. So in that sense they had a little bit more of a powerful position than SIAST. SIAST is not able to offer degrees and so if the agreement was abandoned, SIAST would be left without any recourse or any action that they could take to create or have a nursing program. And because the University had the ability to kind of walk away, what we wanted to see in a review was either, yes, it makes sense for the parties to split and go their separate ways and just continue on with the University program. Or, no, it can be salvaged and here’s the things that need to be done to do that. But there wasn’t much appetite to go forward with a review.”²⁸

Moving Toward Separation

The College of Nursing was exploring new directions for their involvement in nursing education. In April 2005, the Dean at the College of Nursing created and circulated a discussion paper, announcing the intent of the College of Nursing to develop a baccalaureate nursing program independent of SIAST.²⁹ The paper described a vision where the three year baccalaureate nursing program would be preceded by a common health sciences inter-professional first year, ensuring that nursing students would share learning experiences with students from other health professions at the University. The program would encourage recruitment and retention of Aboriginal students in nursing programs, maintaining a quota of equity seats for Aboriginal students.

This three-year nursing program would embrace the principles of “a more normative student workload, staggered student admissions, and more blocked clinical experiences that facilitate student placements in rural and remote communities.”³⁰ Benefits would include reduced student attrition, maximized synergies across the health science colleges, and that this would “obviate problems with the existing NEPS Academic Partnership agreement.”³¹ The paper also described this vision as congruent with that of the recommendations of the Health Council of Canada, particularly in transforming health science education to enable multidisciplinary teams and team-building.³²

The intent was to develop “an enriched partnership with the First Nations University of Canada and the University of Regina”³³ to deliver the common interprofessional year in Prince Albert and Regina. The paper also proposed “an enhanced partnership with First Nations University of Canada” that would facilitate that institution’s abilities to deliver professional health sciences programming.³⁴ It was not clear as to

whether First Nations University of Canada nursing faculty would continue to be involved in the delivery of this new program.

The College of Nursing paper contained a brief discussion about the possible future role of SIAST faculty, suggesting that current NEPS faculty would be needed to engage with practical nursing if that program at SIAST was to be increased.³⁵ There was also mention made of employing some SIAST NEPS faculty as clinical teachers in the baccalaureate program at the University, or that some may choose the pursuit of doctoral studies, or SIAST NEPS faculty would be addressed through the anticipated cycle of retirements.³⁶

After its release, there was some disagreement about the circulation or awareness of this discussion paper. SIAST nursing Dean Dyck stated that “the paper was not circulated to senior management and nursing leaders at SIAST, and the incoming Dean was not aware of this plan.”³⁷ Rumours, however, soon began to circulate that the University no longer wanted to be involved in the NEPS partnership. While not a surprise to many faculty members at SIAST, as they were well aware that some University of Saskatchewan faculty had not been supportive from the beginning, the rumours were still worrisome. As SIAST did not have degree-granting status, its involvement in nursing education at the baccalaureate level was in peril.

Leaders at First Nations University of Canada were aware of the plan. The former acting director recalled: “at the time, we were told that (the College of Nursing) wanted to partner with First Nations University in helping create the curriculum and bring in an indigenous perspective.”³⁸ The acting director also recalled that she and others were invited

to staff retreats by the University of Saskatchewan, although nothing formal was mentioned to the SIAST partner.³⁹

By August of 2005, changes in nursing leadership at both SIAST and the University were occurring. A new Dean of nursing was in place at SIAST, and a new acting Dean in place at the College of Nursing, University of Saskatchewan. These two individuals were left with the task to lead and manage the significant changes that were about to occur as signs of the end of the collaboration were evident.

Netha Dyck, the new Dean of nursing at SIAST was informed in early October 2005 by Joan Sawatzky, the new acting Dean of the College of Nursing at the University, that the College of Nursing had **developed a plan to end the NEPS** and deliver their own program, and in fact become the sole provider of nursing education in the province.⁴⁰ This was a critical concern for SIAST, since the loss of the NEPS would mean the loss of half of the nursing division faculty at SIAST, which could place the viability of the entire nursing division in jeopardy.⁴¹

Rumours were becoming rampant about what the University planned to do, and what this might mean for SIAST faculty. Dyck recalled this created an “uncomfortable situation” and “put us in a more vulnerable position.”⁴² Dyck explained: “In order to really have a collaborative partnership and to continue in a collaborative fashion, there has to be shared vision, and once that is no longer there, it becomes a bit of a challenge to keep the collaboration going.”⁴³

Throughout this time, **signs of mistrust were becoming evident.** Former College of Nursing acting Dean Sawatzky recalled that “when one of the graduate surveys was analyzed by an experienced University of Saskatchewan faculty member, SIAST didn’t

like one of the themes, and so questioned that. Despite evidence that the theme was supported by the data, SIAST never gave approval so the report was never released.”⁴⁴ It was evident that the two founding partners were finding less **common ground** on which to collaborate, and less interest in doing so.

Meanwhile, Sawatzky was interested in discussing the College of Nursing plan to end the NEPS and the various options with Dyck as soon as possible.⁴⁵ However, Dyck was aware that the ministry of advanced education had asked that SIAST not discuss its plans or options publicly until the government had had time to consider and develop its own position on the matter.⁴⁶ The SIAST nursing Dean had likewise asked the College of Nursing acting Dean to not mention any plans of ending the NEPS to the faculty until SIAST could confirm its own plans, and until the government had approved that information going public.

SIAST continued to consider options. In January 2006, SIAST established a Special Task Team, comprised of the Dean of nursing, program heads and some faculty members, to explore opportunities. **The SIAST Nursing Division was interested in continuing the pursuit of “being one of the primary providers of nursing education.”**⁴⁷ In June 2006, the SIAST nursing Dean provided an update to nursing faculty on the proposed plan. SIAST proposed to “remain as one of the primary providers of baccalaureate nursing education,” and continue to deliver the NEPS curriculum in its entirety (all four years of the program).⁴⁸ While no mention was made of SIAST’s interest in attaining degree-granting status in the notice to SIAST nursing faculty, SIAST was in fact beginning to explore this goal.⁴⁹

The Separation Announcement

The University's plans were soon to become public. In August 2006, College of Nursing acting Dean Sawatzky, remained determined to be transparent about what was being talked about in hushed tones and decided to convey the message. At a NEPS faculty meeting in Saskatoon, where faculty members from all partner institutions and sites were present, Sawatzky announced that the College of Nursing would be delivering its own independent program, and informed the large number of SIAST faculty present that they would be welcome to join the University of Saskatchewan, as many faculty would be needed by the University to deliver baccalaureate nursing education for the whole province. In response to this unexpected pronouncement, Dyck hastily indicated to SIAST faculty that SIAST was considering its options.

The response to this declaration was dramatic. Some felt the way the announcement was made was disrespectful and not particularly diplomatic. Some SIAST faculty were shocked and even angered. In a small province, where everyone is connected somehow, and many of the SIAST faculty were alumni of undergraduate and / or graduate programs at the University of Saskatchewan, the pain, sense of betrayal, and conflicted emotions were palpable. Some have indicated that even though they were aware that the NEPS partnership would likely not last indefinitely, as no curriculum or program does, the way in which it ended was regrettable.⁵⁰

Sawatzky herself has reflected that while she regretted any hard feelings the announcement may have precipitated, "given the same circumstances, and with a desire to bring transparency to the situation as it was unfolding, and to try to engage all NEPS

faculty in the process, I don't regret taking that initiative."⁵¹ She added that "I got thanks from some specific and varied faculty from SIAST, saying 'thanks for talking about the elephant in the room'."⁵² Dyck has reflected that "the announcement certainly created an uncomfortable situation. But perhaps the announcement got things out in the public and it got things moving perhaps faster than would have happened otherwise."⁵³ Former SIAST program head Lois Berry, in attendance at the August 2006 meeting where the announcement was made, commented:

"In the best of all possible worlds, (the announcement) would have been handled jointly by both Deans. And it could have been put in a context, but basically for it to be presented the way it was, it was sort of like 'we're going our way and we don't care what happens to you'. Whereas if it could have been jointly presented, it would be the College has opted to withdraw from NEPS, and we're going to make sure that there's an orderly wind down of the program and we're committed to quality education. And then it would have provided (the SIAST nursing Dean) with an opportunity to talk about what SIAST options were."⁵⁴

Regardless of the emotions experienced by nursing faculty from all sites and institutions on that day in August 2006, it is clear that when Sawatzky finished speaking, there remained no doubt that nursing education in Saskatchewan was about to undergo a major change.

After the Announcement: New Opportunities

Following the announcement to all faculty members that the College of Nursing was interested in delivering its own program, SIAST, First Nations University of Canada,

and the College of Nursing preceded to look at options and plans, while still delivering the NEPS.

In September 2006, the College of Nursing released an 'Implementation Plan' for the development of a new bachelor of science in nursing program, with a suggested start date of 2011. The document recommended that the final intake of NEPS students occur in fall of 2009.⁵⁵ In the document, the major impetus for the development of a new program, to be accomplished in partnership with First Nations University of Canada, was the need for revision of the now 10-year old NEPS, and to provide interprofessional educational opportunities where other university educated health professionals were located.⁵⁶ Perhaps the following statement summed up the inherent belief of many at the College of Nursing: "Registered nurses must also be educated in a university environment."⁵⁷

The College of Nursing plan also indicated an intention that this new program would "replace the current NEPS, and thus phase out the current partnership with SIAST but intended to "fully utilize current nursing education resources in the province."⁵⁸ With the proposed end to the partnership with SIAST, the paper referred to an interest in pursuing more flexible hiring options to ensure academic credentials would be utilized.⁵⁹

However, SIAST as an institution was not interested in being excluded from baccalaureate nursing education. A government official explained: "At SIAST, nursing was the largest program... it made up a significant piece of their operations. That if the end result was that that program was eliminated from SIAST's inventory of programs, it would be a big blow to SIAST. So they really didn't want to go down that road. They either wanted to look at fixing it or leaving it and letting it continue and fester, but not disappearing."⁶⁰

The government, now fully aware that both SIAST and the University of Saskatchewan were exploring options with the intention that the NEPS would be discontinued, stepped in. In November 2006, the provincial government's deputy minister of Advance Education submitted a letter to the presidents of SIAST and the University of Saskatchewan, indicating an awareness that both institutions were exploring alternative ways to deliver nursing education. The deputy minister, citing the province's health work force action plan's initiatives to recruit health professionals, asked that both institutions continue to deliver the NEPS.⁶¹ Citing the need for the appropriate use of resources, and a plan for increasing nursing education seats, the deputy minister indicated "we do not have the luxury of making wholesale changes to our education system for nurses at this point."⁶² Then minister of advanced learning and employment followed up this letter and also wrote to the acting Dean of the College of Nursing in December 2006 (copying senior leadership at both institutions). This letter again asked that the College of Nursing devote its time and energy to making the existing NEPS partnership work, as capacity would be needed to increase as the seat expansion occurred.⁶³

Thus the NEPS was maintained over the next year and a half, but the partnership was undergoing a difficult period, where the partners were now aware that all was not well in the relationship. The College of Nursing remained intent on delivering an independent program, while SIAST continued to explore its options. Although the collaborative program committees and usual processes such as program approval submissions continued, there was tension.

The Saskatchewan Registered Nurses' Association again provided approval of the NEPS in 2007, but recommended that a major review of the curriculum be undertaken. As

the College of Nursing faculty had already indicated they were interested in developing a new independent program, the former program head at SIAST Wascana Campus believed that they were “not interested in putting the time and effort into this; it appeared they were obviously no longer committed to the program.”⁶⁴ The recommended major curriculum review did not occur.

By early 2008, the College of Nursing remained firm in their intent to end the partnership. Finally, the government formally acknowledged that changes to nursing education delivery would indeed need to be considered. In March 2008, the Nursing Education Strategy for Saskatchewan project was announced, whereby nursing education at all levels, from continuing care assistant to the doctoral level, would be reviewed to determine the best way to proceed for the province. A long term vision was to be developed for the interrelated needs of health service delivery, academic institutions, and the provincial government policy decision makers to enhance quality health care in Saskatchewan.⁶⁵

The Nursing Education Strategy would be administered through the Saskatchewan Academic Health Sciences Network (SAHSN). This was an organization formed in 2002 to provide a vehicle for joint planning and issue resolution among the three sectors involved in the academic health sciences: post-secondary institutions, health regions, and government. Its mandate included enhancing clinical services, conducting health research, and educating future health care professionals through the joint and collaborative relationship of its interdependent partners.⁶⁶

The Nursing Education Strategy for Saskatchewan was divided into two phases, with short timelines to complete its report. The Phase one report was to be completed by

June 30, 2008. Consultations took place with various stakeholders, and it was soon evident that narrowing the focus to determine a plan for the registered nursing (RN) education was the first priority. The RN subcommittee allowed for a concerted focus on the registered nursing education issues and plans. A literature review⁶⁷ was commissioned to describe previous nursing reviews in Saskatchewan as well as collaborative nursing education developments in other provinces. Two external nursing advisors were also engaged to provide advice throughout the project, both with out-of-province university backgrounds.

The Phase One report on registered nursing education met the timelines and was submitted to the Ministry of Advanced Education, Employment and Labour on June 30, 2008. The report mentioned the commitment of the government to increase nursing education seats from 410 to between 700 and 800 by the year 2011. The report commended the NEPS on its successful preparation of registered nurses in the province. It went on to cite the “differing views of the two partners on matters pertaining to governance and program control”⁶⁸, thus making the present NEPS arrangement not viable for the future. It described the College of Nursing, University of Saskatchewan and the Nursing Division, SIAST, as having “strained” relationships and “no longer having a willingness to work together.”⁶⁹ A two-provider model of nursing education was recommended.⁷⁰ Thus recommendation, if approved, would bring to an end the single baccalaureate program model in Saskatchewan. However, how would SIAST and First Nations University of Canada, both non-degree-granting partners, be affected?

The report went on to recommend that SIAST not attain degree-granting status until the government established a provincial post-secondary strategy with a framework for baccalaureate education for non-universities.⁷¹ The government did not have a mechanism

for evaluating what organizations should be able to grant degrees in the province.⁷² The review team also reported that SIAST was not ready to offer a degree program, and would not be ready in a short period of time.⁷³ It is to be noted that the reviewers were university-based and Dyck believed that that may have contributed to how they viewed what SIAST was capable of doing.⁷⁴

While there was some discussion of SIAST developing an applied degree program, there was no appetite for that option among the nurse educators, as the baccalaureate degree was now the minimal standard for entry to practice.⁷⁵ The report therefore stated that SIAST would require another partner to continue to deliver baccalaureate nursing education.⁷⁶

Needless to say, SIAST voiced its concern over the report, submitting a proposal to the ministry of advanced education, employment and labour in September 2008 indicating its ability and capacity to offer bachelor's degrees in four areas, including nursing.⁷⁷ However, in 2009, the Ministry of Advanced Education informed SIAST that, as the ministry did not have a mechanism or a quality assurance process in place to consider non-universities granting baccalaureate degrees, it could not be done at that time.⁷⁸

In February 2009, the Ministry of Advanced Education, Employment and Labour announced its support for the Nursing Education Strategy for Saskatchewan Phase One report's recommendations. It affirmed that the College of Nursing, University of Saskatchewan would deliver an independent program, and that SIAST would form a new collaborative program with the University of Regina. The First Nations University of Canada would be able to partner with either or both programs. Baccalaureate nursing seats in the province would increase from 512 to 700 to meet the future staffing needs of health

care facilities in Saskatchewan. A total of 350 seats would be assigned to the University of Saskatchewan program, and the other 350 seats assigned to the SIAST - University of Regina program.⁷⁹

Thus the work began to plan for the two programs. In April 2009, the College of Nursing announced its plans to change nursing education in Saskatchewan in their University of Saskatchewan newsletter.⁸⁰ In the article, College of Nursing Dean Lorna Butler indicated the change to a one-plus-three curriculum would benefit future students as they would become more closely involved with other health science programs at the University, thus enhancing inter-professional education opportunities.

At SIAST, meetings began with representatives from the University of Regina. As the University of Regina had not been involved in nursing education before, the experienced nursing faculty from SIAST would take the lead on curriculum development until nursing faculty at the University could be put in place.

The future of nursing education was not yet clear for the First Nations University of Canada (FNUniv). The College of Nursing was now indicating it did not wish to partner in nursing education with First Nations University. The former acting director at First Nations University of Canada recalled that the College of Nursing “wanted to just (deliver) the program and then they would ask us to house their program out of our institution. So we declined that offer because we believed that First Nations University should be a partner in one of the nursing programs.”⁸¹ The FNUniv leadership then explored a partnership with the University of Regina, as “at the time, we believed that the provincial government was giving First Nations University separate funding for nursing. And the government came forward and said, no, we’ve already handed out all our dollars to the University of

Saskatchewan or the University of Regina-SIAST program.”⁸² Thus the former acting director explained: “First Nations University was never given any seats. If we had partnered with somebody we’d have to take seats away from that institution. So the government made it very clear that First Nations University would not be a part of the nursing programs because they didn’t allocate us any seats and they didn’t allocate us any funding.”⁸³

This was indeed disappointing for First Nations University of Canada (FNUniv). The former acting director reflected that the financial difficulties faced by the institution in late 2009 until spring of 2010, may have contributed to the loss of nursing education at FNUniv. Recent governance issues for the Federation of Saskatchewan Indian Nations, the governing body of the institution, may have also contributed to the apparent inaction on the part of Aboriginal groups. Also, as the College of Nursing was now becoming more engaged in delivering nursing education in selected sites of northern Saskatchewan, and the former acting director believed this may also have deterred the northern communities and leaders from more vocally expressing their opposition.⁸⁴

Concluding the NEPS

Following the awareness that the partnership would be coming to an end, there remained uncertainties about if and how each partner would remain involved in baccalaureate nursing education in Saskatchewan. This was a challenging time for nursing leaders and faculty. Some of the leaders of that time recalled:

“In order to really have a collaborative partnership and to continue in a collaborative fashion, there has to be a shared vision. And once that shared

vision is no longer there it becomes challenging to keep that collaboration going.”⁸⁵

“If the good will was still there you could overcome some of the differences but once the goodwill was gone, it became easier to accentuate the negatives.”⁸⁶

Although committee and faculty meetings continued, the partner institutions became more engaged in independently planning future programs, curricula, and delivery methods. For the University of Saskatchewan faculty, the end of the NEPS partnership was not a surprise and the program itself was likely considered by many as a temporary or transitional program. It was viewed differently by SIAST faculty. Lois Berry, former program head at SIAST Kelsey Campus, explained: “I think for us from SIAST, we saw it as an ongoing partnership. We didn’t see, probably naively, we didn’t see its demise. Whereas I don’t think the University (of Saskatchewan) really ever bought into it as a long-term strategy.”⁸⁷

Once the inevitable end was acknowledged, a sense of relief was also evident. After the government approved the plan for a two-provider model in the province in February 2009, SIAST nursing Dean Netha Dyck indicated that “people could again be open about future plans, and that facilitated collaboration and communication.”⁸⁸

In April, 2009, there was an acknowledgment by nursing leaders that nursing education would be changing. At a NEPS faculty meeting where all partners and sites were represented, members of the NEPS Administrative Committee participated in a panel presentation, where each member of the Committee brought forth a congratulatory or appreciative message about the NEPS and working together. One of the members presented

a brief overview of the history of the NEPS, another acknowledged the commitment of faculty involved in the program, while another discussed leadership in nursing and nursing education.

Soon after this, the usual twice per year NEPS faculty meetings where all sites and institutions were represented, dwindled to once per year in 2009, 2010, and 2011. Agenda items were less plentiful. The NEPS Curriculum Committee continued to meet but attendance was low. Efforts were successfully made by the NEPS Administrative Committee to facilitate a symposium in 2010 and 2011, to provide a scholarly forum where all faculty members could share their scholarly work. There was discussion of maintaining this type of scholarly sharing even after the NEPS was dissolved and there were two programs in the province.

Meanwhile, plans were being developed for the dissolution of the NEPS. The final intake of students occurred in September 2010, and the NEPS Administrative Committee continued to work together to consider plans for students who did not remain with their cohort after the 2010 intake. Students in the NEPS would still have seven years to complete the program, and every reasonable effort would be made for students who began in the NEPS to have the opportunity to complete the NEPS. An era in nursing education was ending, but by all accounts it had been a successful endeavour that served the province well in providing high quality graduates, and accomplished the additional goal of the nursing community – the baccalaureate degree as entry to practice.

 Chapter 4 Notes

¹ Norma Wildeman (Former Program Head, Nursing Education Program of Saskatchewan, SIAST Wascana Campus), interview by Marg Olfert, researcher, October 2010.

² Marlene Smadu (Former Program Head, Continuing Nursing Education, SIAST; Former Executive Director, SRNA; Former Assistant Deputy Minister of Health and Principal Nursing Advisor, Ministry of Health, Government of Saskatchewan; Associate Dean, Regina Site and International Student Affairs, College of Nursing, University of Saskatchewan), interview by Marg Olfert, researcher, April, 2011.

³ “White Paper on Health Sciences Governance”, University of Saskatchewan, accessed August 2, 2011, from <http://healthsciences.usask.ca/documents/WhitePaperFinalJan2009.pdf>.

⁴ Ibid.

⁵ Yvonne M.R. Brown, Barbara L. Smith, and F. Barry Brown, *70 Years of Nursing Education (1938-2008) at the University of Saskatchewan* (Saskatoon: University of Saskatchewan, 2008), iv; Michael Atkinson (Former Vice President Academic and Provost, University of Saskatchewan), interview by Marg Olfert, researcher, February 2011.

⁶ M Atkinson, interview.

⁷ Claude Naud (Former Senior Vice President, Academic, SIAST), interviewed by Marg Olfert, researcher, July 2011.

⁸ Beth Horsburgh (Former Dean, College of Nursing, University of Saskatchewan), interview by Marg Olfert, researcher, November 2010. Horsburgh, interview.

⁹ Diana Davidson Dick (Former Dean, SIAST Nursing Division), interview by Marg Olfert, researcher, April 2011.

¹⁰ M Atkinson, interview.

¹¹ Horsburgh, interview.

¹² Lois Berry (Former Program Head, Nursing Education Program of Saskatchewan, SIAST Kelsey Campus; Associate Dean North and North-Western Saskatchewan Campus Rural and Remote Engagement, College of Nursing, University of Saskatchewan), interview by Marg Olfert, researcher, February 2011. Berry, interview.

¹³ Berry, interview.

¹⁴ Dick, interview.

¹⁵ M Atkinson, interview.

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Chapter 5: Summary and Conclusions

“But we always say in Saskatchewan, you can get most of the people that you need to make a decision around a table. We have a way of figuring out how we’re going to work things out and I think that a lot of that kept the program going.”¹

“Administratively, it’s hard to have a truly integrated model.”²

Following the study, the original questions asked have evolved based on the findings. The four questions that will be explored here are:

1. Was the Nursing Education Program of Saskatchewan (NEPS) successful?
2. Was it a program that ended prematurely? So was it a loss to be mourned, or was it an initiative that simply ran its course, with its demise inevitable?
3. Was the project too complex to ever really be sustained?
4. Are there regrets over what might have been, or can the NEPS be considered as a program that was successful, served a significant purpose and then ended with a natural death?

Let us explore these questions.

Summary of Events

The Beginning

“The NEPS was the best use of resources;”³ “It gave the opportunity to have the best curriculum going because we’re sharing the best of all minds.”⁴

“Because at the end of the day what’s important is that students graduate with the competencies required and succeed very well in the national exams. And to a very large extent, they were doing that. So the instructors in the program were doing their job to a very large extent. That was evident to me.”⁵

The passionate desire of nursing education leaders in current nursing education programs, supported by the registered nurses’ professional association, was the main impetus to begin the collaboration and deliver the NEPS. The group saw the need for the baccalaureate degree as the minimum education level for nursing practice and the goal to achieve this by the year 2000. This was seen as a worthy goal, and in order to achieve it, the educators would have to act, and act collaboratively. The professional associations were supportive, but it was the nurse educators of the province that took on the challenge in creating the new program and partnership.

The challenges in developing the program were complex. As SIAST was still undergoing reorganization as it evolved into a provincial institution, the two diploma nursing education programs at the two sites had experienced very different origins and were delivered very differently. The stand-alone, two-year diploma program at Kelsey had been delivered since 1967, and was well established in Saskatoon. In Regina, core programming had provided nursing education delivered as a core year for three different nursing groups plus a second year for the psychiatric or diploma nursing programs since 1972. The histories and development contributed to a different experience, understanding, and philosophy of basic nursing education.

For the College of Nursing at the University of Saskatchewan, nursing faculty had just implemented a new five-year curriculum a few years prior to consideration of the NEPS, and not all faculty members were engaged in or committed to the idea of a

collaborative program with a technical institute. Some believed that the preferred option would be for them to receive the necessary funding from the government and deliver the entire baccalaureate program as a University of Saskatchewan program. The early proposals where the College of Nursing leaders suggested the phasing out of the SIAST diploma programs, and was actually quite similar to the discussion paper submitted in 2005, where the College of Nursing again proposed a new independent program.

The Saskatchewan Registered Nurses' Association (SNRA) was supportive of a collaborative endeavour as it would facilitate the goal of the baccalaureate degree as entry to practice. The Registered Psychiatric Nurses' Association of Saskatchewan (RPNAS) was initially supportive of joining the collaboration, but soon expressed concerns about their interests not being represented in the program. While many believed the NEPS had a stronger mental health and psychiatric nursing component than other baccalaureate programs, this regulatory body did not believe their profession would be promoted nor represented in the program. The RPNAS also did not share the goal of baccalaureate as entry to practice as a registered psychiatric nurse, and while the diploma in psychiatric nursing was offered, struggles ensued as to how to retain the psychiatric nurse distinction.

The decision-making process employed by the educators was seen as a respectful way to work together by some but as an ongoing irritant to others. Former College of Nursing Dean Horsburgh declared: "The NEPS started with great intentions. It was based on a philosophy that was in the literature so the process was theory-based in terms of process. But I think that the decision-making process was an 'Achilles' heel' of the program. How do you have a viable program where you're trying to get 100-plus people

across three cities, to reach consensus on everything? It's not efficient. It's not doable over the long term."⁶

SIAST was intent on retaining its involvement in nursing education, and the opportunity to become involved in baccalaureate nursing education was appealing. While working to enact the baccalaureate as the minimal entry to practice, SIAST nursing educators were also sealing their own fate. Without the ability to grant degrees, would SIAST be limited to working with university partners? The passionate belief and desire for the baccalaureate entry to practice issue clearly superseded any such concerns.

The Middle

Challenges during the delivery of the NEPS were soon evident, due in part to a loosely written academic agreement that did not provide sufficient guidelines or direction on the governance and administration of the program. There were also early signs that the government was not supportive of baccalaureate entry to practice for registered nurses. However, the nurse educators and the regulatory body, and then the students themselves, persevered and eventually influenced the government to change its policy. It was a remarkable and significant collaborative achievement.

The first SIAST nursing Dean, Diana Davidson Dick, arrived in 1998, and was intent on maintaining an equitable place for SIAST in the partnership. The new College of Nursing Dean was also intent on moving the College of Nursing forward in research, funding, and a visible presence across the province. The different funding models between SIAST and the University created perceived inequities as well, which became a source of irritation. While these two individuals each carried a strong vision for their own

institutions and nursing's place within each institution, the goals of maintaining the NEPS partnership were not as apparent. It became more and more difficult to find common ground where the NEPS was concerned.

Differences were evident between the way the faculty at the two founding institutions worked, from a focus on teaching, curriculum work and clinical teaching at SIAST, to a growing focus on research and scholarship at the University. Each was legitimate and essential to the development of the profession of nursing but different. This difference contributed to the challenges in relationships. For example, at SIAST, clinical teaching was done by full time faculty, but at the University sessional faculty were hired. "Not having clinical teachers as part of the institutional faculty was seen by some as incongruent to the design of a practice-based profession."⁷

The addition of a third institutional partner, the First Nations University of Canada, was a positive step toward acknowledging the Aboriginal involvement and the northern part of the province, and enhancing a strong Aboriginal cultural and pedagogical component to the curriculum. However, this institution was neither a technical institute nor a degree-granting university, and had not delivered nursing education before. The newest partner did not always perceive they were welcomed as a full partner. Perhaps the founding partners did not know what to expect or how to work with this additional partner. In addition, the governance and financial problems of First Nations University of Canada persisted, which may have contributed to its challenges in sustaining a level of credibility in the NEPS partnership.

The implementation of the second degree entry option to the NEPS was another difficult one for the partnership. Assumptions were made but then questioned and SIAST and the University had divergent views on how this program should be delivered.

The College of Nursing was continually attempting to attain and maintain a legitimate place in the health sciences colleges at the University. To many College of Nursing faculty members, the NEPS partnership did little to secure that place.

Difficulties in working with one of the regulatory bodies, the Registered Psychiatric Nurses' Association (RPNAS), plagued the early years of delivery. The RPNAS was intent in influencing the way the program was delivered, demanding a specific ratio of registered psychiatric nurse faculty to registered nurse faculty. This requirement was impossible to achieve by all program partners, due to the fact that nursing faculty who were also registered psychiatric nurses were not plentiful, particularly in Saskatoon, and for the College of Nursing, recruitment of faculty with advanced degrees was the requirement of the institution. Hiring credentials could not be sacrificed for a specific nursing designation.

The End

“I’m not suggesting that you can’t work in collaborative relationships forever, but they do take lots of time and energy. And I would say particularly in a university environment, where there is a lot of independence, of individual faculty members, individual Colleges... it’s probably seen to be quite constraining. And so... that’s one of the reasons why it probably isn’t going to last forever.”⁸

“It was a hopeful experience, offering the potential of shared resources, goals, collaboration, and partnership. Unfortunately, it seemed that divergent views and conflicts in the end (beyond my time) won the day.”⁹

As the program approached its tenth year of student intakes, the College of Nursing was expressing its discontent with the NEPS and interest in moving to a more independent and autonomous direction. SIAST meanwhile, had limited options. By achieving the baccalaureate degree as the minimal education level for entry to practice, SIAST became vulnerable, and unless they attained degree-granting status, would remain in the position of needing the University more than they were needed. First Nations University of Canada was in a similar situation, as they did not have the capacity to grant degrees. Their future in delivering nursing education was also uncertain.

A significant factor contributing to the end of the program was the fact that the main *raison d'être* (reason for being), achieving baccalaureate as the minimal standard for entry to practice, had been achieved in Saskatchewan. This was now secure. When a partnership's reason for being is no longer a factor, it is reasonable that the challenges and struggles and differences tend to loom larger. There is no longer any reason to overcome them. And so it was that the NEPS partnership, which most believed to be a resounding success in what it achieved, came to an end.

Analysis

For historians, theory “usually means the framework of interpretation that gives impetus to an enquiry and influences its outcome.”¹⁰ While some historians reject the use of theory as an “insidious encroachment on the autonomy of history as a discipline,”¹¹ the use of a framework to guide the interpretation and analysis of the history of the Nursing Education Program of Saskatchewan (NEPS) is useful. As the NEPS was an organizational

entity that was ultimately meant to provide a product, a business and organizational approach will contribute to gaining an historical understanding. This approach will also provide a lens by which to interpret the motives of the partners as decisions were made, or possible reasons why certain issues were not addressed.

A useful perspective to consider the history of the NEPS is that of David Hurst's "The Ecocycle".¹² Hurst's model describes the stages of an organizational project as having phases of emergent action, rational action, and constrained action. As with many themes in life, the balance and tension between these perspectives are experienced throughout.

In the context of the history of the NEPS, Hurst's emergent action could be considered the innovative ideas and passionate efforts of the nursing educators in the early 1990's, who were free to create a new forward-looking curriculum, even in the midst of some uncertainty around how the government and institutional administrators would view the initiative and provide the needed support and structure. Hurst suggests that the actions that emerge may be "almost random in nature,"¹³ and this fits well with the nurse educators of that day. Having received some information about other collaborative programs in Canada, they appeared to freely create an innovative and complex committee structure, decision-making process, and progressive curricular underpinning and framework, while experiencing little administrative interference. While not random in design, the freedom in creating their vision into reality was evident.

The second stage, rational action, encompasses the delivery of the NEPS. Hurst indicated that in this phase, action has a purpose and is directed toward the achievement of goals.¹⁴ The NEPS was delivered to students in three cities and across three institutions, as one program. Faculty and administrators appeared to be aware of the processes, governing

rules and policies and the program moved forward, producing graduates who excelled on the national examination. New initiatives were created and implemented within the NEPS, such as the second degree entry option and the partnership with the third institution, First Nations University of Canada. Ongoing efforts were conducted to regain approval of the program by one of the regulatory bodies (the Registered Psychiatric Nurses Association of Saskatchewan) and this was eventually achieved. While there were some challenges with these efforts, ultimately the plans were successfully implemented.

Rational action was lacking in that, when challenges and divergent directions were evident, all partners and government did not sit down to discuss and determine what changes were needed, what was possible, what could be done to continue in the partnership. Seriously considering the perspective of the College of Nursing within the University setting as it continued to strive to become a legitimate player evidently did not occur to the collaborative partners. It is clear that the product (in this case nursing graduates) was not the problem, but the mechanism of providing it was. However it appears that the will to act and renew or revise the partnership was not there. Hurst¹⁵ emphasized that in organizations, renewal requires destruction. Some part of the NEPS would have to be destroyed, let go, or revised in order to move forward, and this was not the will of the partners. The ultimate option of terminating the program was more palatable.

The third stage described by Hurst is constrained action, which occurs in organizations when actions become constrained by circumstances and situationally determined.¹⁶ In the NEPS, this is a fitting description of the later period of delivery of the program. As an example, the College of Nursing leadership experienced the limitations of the academic agreement around their ability to deliver the second degree entry option as

they believed it should be delivered. They began to experience the constraints around the interests of interprofessional education with their health science counterparts. SIAST nursing leaders and administrators experienced the constraints of having a partner that was no longer committed to the NEPS, while having limited options in their own role in delivering baccalaureate education. First Nations University of Canada also experienced a situation beyond their control when they experienced a crisis in institutional governance and funding. The government also experienced a lack of control, as they directed the partners to continue with the NEPS, but then finally had to concede that the partners were not willing to proceed.

One additional organizational framework bears consideration in interpreting the history of the NEPS. It has been suggested that business life cycles include four stages – development, growth, maturity and decline.¹⁷ The NEPS experienced these stages as any business venture would. However, the stage of decline bears further discussion. Although the program experienced a loosely defined governance structure, diverging interests of the partners, and increasing tensions and strained relationships, it could be argued that the product, the students, did not undergo decline. NEPS graduates remained highly successful on national examination pass rates, employers remained satisfied with the product, and enrolment numbers remained high. In contrast, the diploma nursing education programs that preceded the NEPS, as well as the diploma exit to the NEPS itself, did undergo decline. Graduates of the two-year SIAST diploma programs expressed discontent about the workload of the programs, the professional association was intent on removing this level of entry to the practice of nursing, and students themselves engaged in formal protests and political action to reverse the health minister's decision to maintain a diploma exit. The

life cycle of diploma nursing programs in Saskatchewan was indeed over. The NEPS, however, experienced a different kind of ending that bears some discussion.

The NEPS had not yet exhausted its life cycle from a product point of view. Students and employers did not want to end the NEPS, and neither did government. It was the partners that delivered the program that were intent on ending the program and thus no longer produce graduates. In business life cycles, a plan for the decline for a product is as important as planning for its introduction and growth.¹⁸ While it is to be expected that a product or organizational entity will at some period experience decline, this should be considered at the outset. In the NEPS, neither the original academic agreement, nor any of the subsequent agreements, indicated any plan as to how the partnership would be dissolved. Each of the NEPS Academic Partnership Agreements included a brief statement that the agreement would “remain in effect until terminated by either partner upon one year’s notice.”¹⁹ However, the details around that termination were not explicit. It can be surmised that no such discussion took place by educators, institutional administrators, or government officials.

It was evident that once on board with the program and baccalaureate entry to practice, the government was supportive of the NEPS collaboration. However, there were no processes set up to provide regular reviews of the partnership, where open dialogue could occur between institutional administrators and government officials. One could surmise that either the intent and / or the mechanism to consider such reviews and the consideration of a plan for the dissolution were not in place. While the academic agreements were revised in the form of three subsequent agreements after 1996, there were

no new academic agreements created after 2003, so one is left to wonder if review of the agreement continued.

Conclusion

“We could see from the first graduates that they were different from our diploma graduates – their outlook on society and the role of nurses in assisting society to meet its health needs, very astute, political, practical... and (they achieved a) very high success rate on the national exams, and positive reports from employers.”²⁰

“Complexity was the beginning of the end – it became more complex than people were willing to put up with.”²¹

The Nursing Education Program of Saskatchewan (NEPS) was a complex but successful collaborative endeavour that underwent a life cycle of sorts - it had a beginning with emergent and innovative action, a middle with rational, directed process and developments, and an end with recognized constraints and challenges. In order to gain an historical understanding of the NEPS, the multifaceted factors that contributed to each stage of its development and demise have been considered in the context of the time and situation.

The NEPS gave birth to collaboration in nursing education in Saskatchewan. It brought the province through challenging economic times following the 1990s, and achieved the goal of baccalaureate as the minimal standard for entry to practice in nursing.

The NEPS was innovative and incorporated appropriate resources (the expertise of nursing educators) to create a forward looking curriculum based on primary health care,

critical social theory, and humanism. Graduates of the program were well respected by employers and enjoyed high levels of success on national licensure examinations. For several years, graduates of the program had the opportunity to be dually licensed as registered nurses and registered psychiatric nurses. By welcoming the third partner, the First Nations University of Canada, the NEPS served an important need by making baccalaureate nursing education accessible and achievable for northern Aboriginal students for the first time.

An exploration of the recent past may evoke feelings of *nostalgia*, which has been described as backward looking; a reaction to a sense of loss in the recent past.²² Nostalgia tends to “present the past as an alternative to the present instead of a prelude to it.”²³ Conversely, *progress* reflects an optimistic viewpoint, that “change in the past has been for the better” and that “improvement will continue into the future.”²⁴ While each of these value-laden concepts may limit the ability of historians to conduct legitimate enquiry into the past, it is helpful to recognize that each answers a need for security.²⁵ Whether one tends to escape to a perceived superior past, or look to the promise of a change for the better, each perspective is helpful in acknowledging one’s own perhaps covert beliefs. However, both approaches to the history of the NEPS limit our understanding of the events that occurred.

While the conception and development of the NEPS was an idealistic endeavour brought on by the drive of a determined professional association and equally committed nursing faculty, it must be considered as more than simply a positive step forward, or progress. The gaps in its structure and governance from early on must lead us to some conclusions about its life cycle. Open communication seemed to be prevalent in the early

development, and although the decision-making process was considered inefficient and even frustrating, it enabled the individuals involved to consider all points of view and contribute to the commitment of the group to the project.

The ambitious task of bringing together two institutions, and later a third, two professional nursing groups, four nursing faculty groups, across eventually three cities would require ongoing effort and commitment. Perhaps the effort and attention to numerous detail required to sustain such a complex project was not a realistic expectation. Or perhaps the efforts needed to be directed toward something more formal and deliberate. A regular internal review of the collaboration, considering governance, culture, funding models, institutional mandates and influences, and ultimately the product, or student success, would enable a valid and rigorous measure of the health of the collaboration. At the very least, such a deliberate examination of the state of the collaboration would ensure that purposeful and transparent decisions would be made about the continuance or demise of the collaboration. The fate of the NEPS appeared to be partially determined amidst covert discussions and unrealistic expectations.

The nostalgic lens also does not do justice to our analysis. While it would be unlikely to find many nursing educators in Saskatchewan who would wish to return to the delivery of diploma nursing education, there are likely some who would wish for a return to the delivery of the NEPS, with all partners contributing. We must caution those who would wish to return to this that there were challenges and that in such a complex endeavour, one cannot be guaranteed to be able to address and resolve all the challenges effectively. One can only hope that the events that did occur could be addressed with increasing wisdom and even acceptance.

We can convincingly say that the NEPS was a success in achieving baccalaureate education as the standard for all beginning registered nurses in Saskatchewan. It also addressed the nursing shortage by providing significant numbers of well-prepared graduates for the nursing profession. It enabled SIAST to remain in nursing education, the University of Saskatchewan to expand its presence to the cities of Regina and Prince Albert, and First Nations University of Canada to become involved in baccalaureate nursing education for the first time. Ultimately the NEPS provided a needed and valued product, the graduates of the program who became the registered nurses and the registered psychiatric nurses of the province. From the NEPS we have gained and learned much. The collaboration was a significant and important accomplishment that will take its place in the history of nursing education in Saskatchewan, Canada, and indeed, the world.

Limitations of the Study

As the study examines a relatively recent event, some limitations were evident in the interviewees' capacity and / or willingness to reflect on the events with a full degree of objectivity and openness. In a province of just over one million people, the nursing education leadership group was and remains relatively small, and thus must work together in many capacities. It is likely that some current and past nursing leaders were cautious in their discussion of the events, and may have omitted some details and rationale for decisions made.

Political decision makers may also have been cautious in fully sharing their recollections of the events since one may not always get the full picture and rationale for decisions made. It is challenging to avoid the political spin that is usually present when

government bureaucrats and elected officials share their version of recent events. Also, as mentioned previously, some individuals involved in the governance and administrative decisions could not be located, others may have been inadvertently missed who had pertinent information to contribute.

Recommendations for Future Study

While this study provided insight and understanding into one collaborative effort in Saskatchewan, other collaborations in Canada should also be studied in an historical context to determine catalysts for their formation, challenges and successes, and reasons for their survival or termination. An historical knowledge and understanding of the events surrounding other collaborative nursing education programs will inform the analysis and debate that is needed. As much effort and resources are required in entering such collaborative efforts, higher education institutions, governments, and nursing professional and regulatory bodies would be well advised to have a clear understanding of past collaborative initiatives as they take on such projects.

In Saskatchewan, a new collaborative venture in nursing education is underway. In the context of the dissolution of the collaborative nursing education program examined in this study, and the lessons learned, the subsequent collaborative effort should be considered. The new collaborative nursing education program is now being developed by the Saskatchewan Institute of Applied Science and Technology (SIAST) and the University of Regina. This new University partner has not been involved in nursing education previously, but the government mandated its partnership with SIAST in a decision released in 2009. At the same time, SIAST is undergoing a review to become independently degree-

granting. The key factors in this new collaborative endeavour, in the context of SIAST pursuing degree-granting status should be studied. The historical study of the NEPS will provide a contextual backdrop for a close examination of the new collaboration in Saskatchewan. In addition, the study of the NEPS will provide an effective framework to examine the new collaboration, including its goals, principles, and processes for maintaining and sustaining the collaboration.

Chapter 5 Notes

¹ Marlene Smadu (Former Program Head, Continuing Nursing Education, SIAST; Former Executive Director, SRNA; Former Assistant Deputy Minister of Health and Principal Nursing Advisor, Ministry of Health, Government of Saskatchewan; Associate Dean, Regina Site and International Student Affairs, College of Nursing, University of Saskatchewan), interview by Marg Olfert, researcher, April, 2011.

² Diana Davidson Dick (Former Dean, SIAST Nursing Division), interview by Marg Olfert, researcher, April 2011.

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APPENDICES

APPENDIX A: Interview Guide

An Historical Study of
The Nursing Education Program of Saskatchewan, 1993-2010

Marg Olfert, Doctoral Candidate

Interview Guide

Although the research questions may change as the researcher encounters and analyses the data, the proposed questions to be included in this study are:

1. What were the contextual events, influences, and forces that led to the development of the Nursing Education Program of Saskatchewan (NEPS)?
2. What factors influenced the development of the governance structure of the NEPS? How were the governance and culture of the NEPS developed? Did the governance and organizational cultural factors contribute to the dissolution of the NEPS?

Specific interview questions will be addressed to key individuals involved with the development, delivery and dissolution of the NEPS with a focus on the governance structure and organizational culture. People interviewed will include senior administrative representatives from the educational institutions, regulatory bodies, and government officials.

Introduction:

- How would you like to be quoted in this historical study? Would you like your name to be used? Title only? More general, such as 'one of the senior administrators'?
- Would you describe the NEPS as a partnership? If so, would you describe it as collaborative? As a consortium? As an articulated model? Other?
- What was your role in nursing education in SK prior to September 1996 (the first intake of the NEPS)? What was your role(s) after September 1996?

Development of the NEPS

- When did the initial discussions of the possibility of the development of the NEPS (initially called the 'Nursing Education Coalition') begin?
- Discuss your impressions of the political climate that was happening around the development of the NEPS (early 1990's)?
- What do you believe was the government's philosophy of the delivery of health care education at that time?
- What was the academic philosophy of nursing education at the time of the development of the NEPS? Was this philosophy congruent / compatible for all the partners?
- During the development, what steps were taken to develop the governance and organizational culture of the NEPS partnership?
- What were the key accomplishments around the development? What were the key challenges and how were they addressed?
- Were there early key indicators that NEPs would be successful or that it would struggle?

- During the development, were there conflicts / challenges and how did they affect you personally?

Delivery of the NEPS

- What was the academic philosophy of nursing education at the time of the delivery of the NEPS?
- What were the key indicators that the NEPS was being delivered successfully? Or not successfully?
- During the delivery, what governance / organizational changes occurred?
- During the delivery, were there conflicts / challenges and how did they affect you personally?

Dissolution of the NEPS

- What was / were the first indicator(s) that the NEPS was / may be coming to an end?
- Documents indicate that in November 2006, SIAST and the U of S were directed by the deputy minister of Advanced Education and Employment to continue the NEPS. What were the events that led to that directive? What was the result of this directive? Were there any changes to the partnership following?
- What governance / organizational factors contributed to the dissolution of the partnership? How did that affect you personally?
- During the dissolution, were there conflicts / challenges and how did they affect you personally?

General

- Overall, do you see the NEPS as being a success or not successful? Has your opinion of this changed over time?
- Is there anything else you would like to mention that you believe is significant or noteworthy in the history of the NEPS?

APPENDIX B: Ethics Approvals

University of Calgary
Conjoint Faculties Research Ethics Board
Approval
June 14, 2010

University of Calgary
Conjoint Faculties Research Ethics Board
Progress Report

University of Saskatchewan
Behavioural Research Ethics Board
Certificate of Approval
August 31, 2010

Saskatchewan Institute of Applied Science and Technology

Letter of Approval

June 18, 2010

University of Regina
Office of Research Services
Approval Memo
September 22, 2010

APPENDIX C: Informed Consent Forms