

Mission Possible: Twenty-Five Years of University and College Collaboration in Baccalaureate Nursing Education

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ABSTRACT

In Canada, nurse educators from five postsecondary institutions in the province of British Columbia established a collaborative nursing education initiative in 1989, with a vision to transform RN college diploma programs to baccalaureate degree programs. The principles, processes, and structures that served to develop and sustain this nursing education initiative are briefly reviewed. Curriculum, scholarship, and education legislation serve as platforms to critically explore a 25-year history (1989–2014) of successes, challenges, and transitions within this unique nursing education collaboration. The importance of curriculum development as faculty development, program evaluation as an adjunct to pedagogical scholarship, diversity of cross-institutional mandates, political interplay in nursing education, collegiality, and courageous leadership are highlighted. Nurse educators seeking to create successful collaborations must draw upon well-defined principles and organizational structures and processes to guide pedagogical practices and inquiry while remaining mindful of and engaged in professional and societal developments. [*J Nurs Educ.* 2014;53(10):580-588.]

The Canadian Nurses Association passed a resolution in 1982 in support of baccalaureate preparation as entry to RN practice (Grenier & Dewis, 1995). This resolution encouraged nursing leaders across provincial jurisdictions to prepare for program development and expansion to facilitate baccalaureate as entry to practice. In British Columbia in 1989, educators from five postsecondary institutions (PSI) voluntarily developed a collaborative (Baines, 1992; Beddome et al., 1995; Hills et al., 1994), with a vision to transform college diploma nursing programs to baccalaureate degrees through college and university collaboration. In 1990, nurse educators of five PSIs, including one university and four community colleges, formally established the Collaborative Nursing Program of British Columbia (CNPBC). These founding members constructed and implemented a 4-year baccalaureate curriculum based on nursing knowledge and revisionist philosophies (Bevis & Watson, 1989; National League for Nursing [NLN], 1988, 1989, 1990, 1991). Members of the Collaborative (Note: The Collaborative refers to the various memberships and organizational titles between 1989–2014, including the CNPBC, dissolved in 2004, and the reformed Collaboration for Academic Education in Nursing [CAEN] in 2004.) and BC nursing education leaders advocated for baccalaureate education as entry to practice for RNs, and in 2002, the BC government enacted legislation to

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make this vision a reality. RN diploma programs usually offered through community colleges were phased out in BC by 2005, and degree-granting partnerships were in place for all Collaborative students to access a Bachelor of Science in Nursing (BSN) degree (Molzahn & Purkis, 2004).

Three types of PSIs were initially involved in the Collaborative: community colleges, university–colleges, and universities. Until the BSN became the entry-to-practice requirement, the Collaborative curriculum allowed for both diploma and degree completion pathways. Despite the elimination of the diploma nursing degree in the mid-2000s, colleges continue to offer the degree program in partnership with a university or university–college (a transitional PSI in BC’s history), given the legislated mandate of universities to award undergraduate degrees. Students can enter any one of the Collaborative PSIs, with the exception of one PSI that admits transfer students into year three only, and receive the BSN. In one form of degree-granting partnership, students could complete the entire program at the college PSI, with the degree granted by a university partner. In the second form of partnership, students complete the first five semesters at a college PSI and transfer to a university PSI for the remaining three semesters. In the third partnership form, students enter and complete the program and earn the degree from the university–college or university.

As educators involved in the Collaborative’s 25-year history, we reflect on and chronicle our experiences for the purpose of informing the current era of nursing education. We begin with an introduction to principles of collaboration upon which the structure and processes of the Collaborative formed. Curriculum philosophy and conceptual threads are introduced. Reflections on significant transitions in curriculum, scholarship, and nursing education politics serve as platforms to critically analyze factors underpinning the success, challenges, and shifts significant to sustaining and extending academic nursing education. As another transformative period in nursing education is entered, it is important to give voice to this collective experience of transforming nursing education. We conclude by offering our perspectives on implications for nursing education in the future.

THE COLLABORATIVE

Over its 25-year history, the Collaborative underwent several changes in its PSI membership. Despite the changing membership, the overall Collaborative governance structure remained fairly constant. Arising from the curriculum philosophy, the Collaborative processes provide PSI members equal opportunity to participate in governance. This principle of equity was enacted through a representative core committee structure: a steering committee to provide leadership and management; a curriculum committee to develop, disseminate, and revise the curriculum; a program evaluation committee to evaluate the curriculum implementation and outcomes; and a scholarship committee (initiated in 2001) to support the scholarly development of educators. In addition, a nurse educator from one of the PSIs acted as the Collaborative Coordinator, a position that is funded and cyclically appointed by the steering committee.

Table 1 outlines the governance structures, purpose, and membership.

Continuity within the Collaborative committees persists over several PSI membership reformations. Shifts in the postsecondary legislation and institutional policy over time influenced the PSI participation in the Collaborative. **Table 2** outlines substantive organizational reformation of the Collaborative since its beginning in the late 1980s.

The enduring success of the Collaborative relies on the organizational structures, program goals, and commitment of nurse educators and PSIs to the curriculum philosophy and processes for Collaborative curriculum currency. Mindfulness of PSI fiscal resources, high academic standards (admission criteria, grading, and progression requirements), and the need for a degree of flexibility in curriculum implementation across unique and diverse PSIs supports the implementation of the collaborative curriculum. Attention to ensuring sufficient curriculum consistency to permit transferability across sites, integrity of curriculum through faculty development, and joint evaluation practices, including shared evaluation findings across PSIs (CNPBC, 2003; Molzahn & Purkis, 2004), are hallmarks of Collaborative accomplishments. An annual fee, prorated by student enrollments, to support the committee activities of the Collaborative, criteria for joining or exiting the Collaborative, respect for unique faculty-PSI employment contracts that can vary according to institution type (college or university), attention to differences in PSI processes for course and program approvals, and a commitment to professional and academic approvals or accreditation (CAEN, 2011) are also essential for continued Collaborative effectiveness. Equitable financial contributions to the infrastructure and regular participation on governance committees and evaluative processes are borne by each Collaborative member PSI. Members share resources and expertise to support scholarship and professional development (CAEN, 2005; CNPBC, 2003).

The principles of portability, sustainability, engagement, efficiency, and effectiveness featured prominently in the design of the Collaborative curriculum (CNPBC, [ca] 2001). A common curriculum permits portability and supports students who need to relocate. The formalization of an infrastructure for the operations of the Collaborative and faculty commitment to the Collaborative intentions fosters sustainability. Curriculum development and implementation warrants faculty engagement, clinical reciprocal partnerships and innovative placements, and student membership on local curriculum and program evaluation committees. Harnessing limited resources and expertise among nurse educators from multiple PSIs proves effective in developing and implementing a shared curriculum, faculty development, and program evaluation activities.

A jointly designed curriculum guide (CAEN, 2011) outlines a number of philosophical perspectives, including empirical, phenomenological, and critical (postmodernism, feminism, postcolonial) worldviews that shape one’s understanding of the program’s core concepts. Offered over eight semesters, the curriculum is organized using four course streams: relational practice, health and healing, health sciences, and professional growth. Core curriculum concepts are client, context, health

TABLE 1
Collaborative Committees, Purpose, and Membership

Collaborative Committee	Purpose	Membership
Steering	Provide leadership to ensure: <ul style="list-style-type: none"> • Curriculum quality, integrity, sustainability, transferability, effectiveness • Vision and innovation • Academic preparation of nurses • Advancement of academic nursing education • Faculty development 	Department chairs, deans, or directors from each postsecondary institution (PSI) nursing program Annual Co-Chair rotation across PSI nursing leadership Co-Chair: Collaborative Coordinator
Curriculum	Develop, disseminate, monitor, and revise the curriculum to ensure: <ul style="list-style-type: none"> • Informed decision making to maintain integrity and promote consistency in curriculum evolution • Curriculum constructs and concepts are operationalized 	A nurse educator from each PSI who usually chaired a local PSI curriculum committee Two-year term Chair: Collaborative Coordinator
Evaluation	Evaluate the ongoing implementation of and outcomes from curriculum to ensure: <ul style="list-style-type: none"> • Graduates prepared for practice • Creation and implementation of rigorous common evaluation methods across PSIs • Analysis of collective data • Annually reporting on program evaluation activities and findings to support program review and accreditation processes 	A nurse educator from each PSI who usually chaired a local PSI evaluation committee Two-year term Chair: Collaborative Coordinator
Scholarship	Create a Collaborative scholarship focus and infrastructure to foster: <ul style="list-style-type: none"> • A culture of scholarship • An identity as a community of scholars • Development of infrastructure for communicating, coordination, and building capacity • Advocacy for resources and conditions that support scholarship within the collaboration 	A nurse educator from each PSI Two-year term Chair: Collaborative Coordinator

Source: CAEN Curriculum Guide (January 2011) (Part Six) pages 6-14 – 6-16. CNPBC (2002) Scholarship Committee. Scholarship Action Plan 2001-2002.

and healing, inquiry, nurse, and relational practice. Levelled over 4 years, these concepts inform the learning outcomes and choice of subconcepts and topics. A practice–education experience promotes praxis in each semester. At the end of the first three academic years, students engage in a consolidated practice–education experience. A Collaborative-developed blueprint for each course articulates subconcepts, minimal semester requirements, and essential learning activities. The program goals keep nurse educators, students, and other stakeholders focused on the key qualities expected of graduates upon program completion:

1. Practice nursing within a framework of promoting health and healing through the integration of the art and science of nursing within a variety of contexts and with diverse client populations.
2. Be accountable practitioners providing care and making decisions based on relationships with others, nursing knowledge, and different ways of knowing.
3. Influence the current reality and future of nursing practice and health care at the economic, political, social, environmental and professional levels by anticipating and responding to the changing needs of society.
4. Be critically reflective, independent and motivated prac-

tioners with an inquiry approach to lifelong learning. (CAEN, 2011, Section 2, p. 5)

All Collaborative PSI nurse educators have access to the Curriculum Guide, which outlines the curriculum, including course outline templates, joint policies, evaluation plans, processes, and tools. The distribution or sale of the Curriculum Guide is prohibited to protect the intellectual property of the team of curriculum developers, unless approved by the Steering Committee. Any profits from the sale of jointly developed curriculum material are returned to the Collaborative budget. Course materials can be distributed to students via learning management systems, provided the course was delivered through secure PSI intranets and only to Collaborative BSN students. Individual academic freedom for nurse educators is in the form of determining how to teach or grade a course, development of learning activities, and educator engagement in the scholarship of teaching within the Collaborative curriculum to make public their inquiries, teaching practices, or other forms of scholarship.

Defined processes exist for subscribing or unsubscribing to the Collaborative and include written notification with a plan to promote transition in and out of the Collaborative. A breach of written agreements results in a PSI being asked to leave the Col-

laborative. Exiting PSIs relinquish representation rights as a Collaborative member and rights to the Curriculum Guide, curriculum revisions, and faculty development opportunities.

The Collaborative's strength and longevity, in part, is due to its flexibility, as reflected in the agreed-upon principles. As a result, the Collaborative exists, thrives, and continues to evolve. Given this introduction to the governing structure, the curriculum, and the historical context of the Collaborative, a reflection on three salient transitions is proffered. These transitions include creating and living a revolutionary curriculum, the turn from program evaluation to pedagogical scholarship, and the politics that shape nursing education.

CREATING AND LIVING A CURRICULUM AS TRANSFORMATIONAL

Collaborative Curriculum Influences

Nursing curricula are products of the larger cultural, sociopolitical, and economic environments that shape and reinforce particular educational views and practices. The creation of the Collaborative coincided with the beginnings of the NLN's call for curriculum revolution—a call for radical reexamination of curricular structures and processes, what they were striving to accomplish, and how student learning was facilitated (NLN, 2003; Tanner, 1990, 2007). The central change of the curriculum revolution was a shift in thought and action from a behavioral and task-oriented approach to a critical-interpretive orientation, with the intent of educating a new type of practitioner—an emancipated, compassionate, critically reflective clinician-scholar able to practice successfully in complex evolving health care systems. Such educational reform required new thinking and action, new pedagogies, and new relationships between educators and practitioners (Diekelmann, 1988).

The curriculum was primarily influenced by three central ideas and values of the curriculum revolution (CNPBC, 2003). First, educators questioned their current teaching-learning practices as they sought new educational experiences. Given its philosophy and program goals, redefining teacher-student relationships was a critical component of curriculum success. The work of Bevis and Watson (1989) and the NLN publications exploring the curriculum revolution (NLN, 1988, 1989, 1990, 1991) were influential in

TABLE 2

Collaborative Chronology, 1989 to 2012

Chronology

1989: Collaborative (CNPBC) formed with one university and four colleges to provide access to baccalaureate nursing (BSN) education.
1990: Collaborative 4-year BSN curriculum developed and implemented, with degree completion at the university.
1993 to 2001: Collaborative expansion to five universities and university-colleges and five colleges in British Columbia and one college in Northwest Territory. The BSN degree is awarded through five universities and university-colleges.
2000: Collaborative first accredited by the Canadian Association of Schools of Nursing.
2001 to 2008: Expansion of nursing seats and faculty at Collaborative sites.
2003: Collaborative (CNPBC) dissolves with introduction of applied degree legislation.
2004: Collaborative (CAEN) reformed by eight of the original Collaborative members and one additional college member.
2005: Two university-colleges in Collaborative become universities.
2005: Closure of all diploma programs in British Columbia.
2008: One remaining Collaborative university. College partner became a teaching university.
2012: Collaborative membership changed. One teaching university and four colleges remained, and degree-granting relationships remained unchanged.

helping educators make a radical shift in their practice of teaching-learning using a co-learner model, whereby students shared in the responsibility for their learning (Allen, 1990; Bevis, 1990; Diekelmann, 1990) and evaluation of learning (Hills, 2001; Mahara, 1998).

Second, educators questioned the biomedical perspective to client care as a way to organize nursing education. Instead, educators chose to acknowledge and incorporate the art and science of nursing as the foundation for education and practice. Hence, a shift from the biomedical, behavioral model (based on a natural science perspective) to a nursing model (based on a human science perspective) founded on the meta-concepts of caring and health promotion was initiated and underpinned by the philosophical orientations of phenomenology, humanism, critical social theory, and feminism (Bevis, 1993).

Third, educators desired a move away from the traditional problem-oriented approach in health care, where the focus was on client deficits and needs. Instead, Collaborative educators chose to move to a health promotion perspective (Hills & Lindsey, 1994) focusing on people's potential and capacity for health and healing. This perspective also emphasized the shift from a focus on individuals in health care to recognition of social influences on health. At the same time, in the Canadian health care system a shift was occurring to primary health care and health promotion (Canadian Public Health Association, 1986; Epp, 1986; Registered Nurses Association of British Columbia, 1990). The curriculum foundation of health promotion was significant to establishing collaborative and empowering processes in nursing practice (Baines, 1990; Duncan, 1996).

Curriculum Development as Faculty Development

The Collaborative curriculum developed within a process of strategic and considerable faculty development. Educators were both overwhelmed and invigorated by the new ideas and emerging pedagogies being learned. Burgeoning ideas related to critical theory, feminism, and interpretive worldviews led educators to radically alter their perspectives on nursing practice, teaching–learning, and student and program evaluation. Development workshops that focused on interactive teaching–learning methods were organized to engage educators in teaching and learning in the new paradigm (Hills & Lindsey, 1994). Diverse forums were available to examine the central tenets of the curriculum revolution and support educator debate regarding the philosophical values and beliefs. Educators committed time and energy as they studied ideas that challenged traditional values and practices, opening up new possibilities to engage in teaching–learning with students. Educators developed practices of critical reflection individually, and in small and large groups, to better understand the influences and constraints shaping individual and group educational practices (Hendricks-Thomas & Patterson, 1995). Wheeler and Chinn’s (1984) classic question, “Do I know what I do, do I do what I know?” stimulated reflection on underlying assumptions, beliefs, and values reflected in teaching practices and congruency between espoused values and beliefs and those-in-action. Collaborative conferences were held annually at different PSIs. These symposia focused initially on critical reflection on issues, curriculum development, and program evaluation as forms of scholarship, with increasing emphasis on pedagogical inquiry and the scholarship of teaching. Curriculum development flourished with faculty development.

Praxis Evolves Curriculum

The evolving nature of the curriculum was challenging for many programs and educators. As this new way of enacting curriculum was underdeveloped in the 1990s, with limited research and theory in these pedagogical practices, it was difficult for Collaborative members to predict what students would look like at various points in the 4-year curriculum. Similarly, little was known about health-promoting nursing practice, particularly in hospital settings where students had many practice experiences and few role models. Gradually, understanding of a different type of nursing practice unfolded through cycles of doing, reflecting on these experiences, revisiting theory, understanding it more fully, and then entering the next situation with even greater knowing (Chinn, 1989; Grundy, 1987). Praxis was realized as the way of being and relating the often disparate worlds of practice and education. Over time, with experience, reflection, and discussion, educators developed tacit knowledge and became increasingly confident and expert teachers in the new paradigm. As more nursing programs and educators joined the Collaborative, they looked to these experienced colleagues for support and mentoring in the implementation and scholarship of the curriculum process (Mahara et al., 2005). Praxis provided a foundation of the evolution of nursing education scholarship within the Collaborative.

A SCHOLARSHIP TURN

Program Evaluation as an Entry Point to Scholarship

Along with curriculum development and implementation in the 1990s, the Collaborative engaged in developing and implementing a program evaluation framework while honoring the different perspectives and contributions of university- and college-based educators to the process. College educators, having offered programs leading to RN licensure, came with extensive experience in preparing for program review processes and less experience than university educators, with rigorous inquiry founded in principles of evaluation research. Each program representative participating in the design of the program evaluation framework and processes shared his or her particular expertise and perspectives. The notion of program evaluation research as a pedagogical essential and as a knowledge development process underpinned the efforts of the Collaborative program evaluation committee. Informed by the ideas of fourth-generation evaluation (Guba & Lincoln, 1989) and guided by the Collaborative Coordinator, the evaluation committee developed and refined methods of data collection and engaged in analysis of data collectively to compare graduate outcomes across PSIs over time and make meaning of the differences and similarities. The philosophy underpinning fourth-generation evaluation resonated with the Collaborative’s philosophy, as it emphasized listening to the voices of multiple stakeholders and encouraged qualitative and quantitative evaluation research.

Program evaluation research became an entry point for many college and university–college educators to engage more deeply in the culture of inquiry (Hills, 2001), develop research skills (despite institutional mandates that focussed solely on teaching), and expand their professional development through graduate studies. Boyer’s (1990) model of scholarship strengthened the foundation for the practice of evaluation research (Eddy, 2007) and was inspirational in expanding scholarship across the Collaborative. A concomitant redefinition of scholarship by the Canadian Association of Schools of Nursing (CASN, 2004) supported an expanded view of scholarship consistent with the Collaborative perspective, served to recognize diverse forms of knowledge development and expressions of scholarship, and revealed nascent scholarship across the Collaborative (Storch & Gamroth, 2002).

Building Capacity for Pedagogical Inquiry

In 2000, the Collaborative received its first voluntarily sought accreditation from the CASN, the Canadian accrediting body for nursing programs. At that time, accreditation was significant for two reasons. First, as the largest and arguably most complex Canadian collaboration (10 nursing programs situated throughout the province of BC), the CASN was challenged to adapt its review process (Thomas et al., 1999). The Collaborative was a leader in designing and implementing evaluation activities to document and analyze the outcomes of multiple programs offering a common curriculum and in doing so supported accreditation review processes. Second, feedback from the accrediting body identified the potential to enhance nurse educator scholarship capacity across the Collaborative. After a decade of program evaluation inquiry fo-

cused on curriculum development, required program recognition, and voluntary accreditation, the Collaborative built on its relationships and capacity to engage in inquiry by creating a scholarship committee.

Educators whose previous scholarship consisted primarily of presenting on teaching innovations and pedagogical ideas at conferences began to see themselves as scholars increasingly engaged in a variety of scholarship activities. Communication and collaboration across PSIs provided forums to generate ideas, share scholarship, and connect with other scholars on shared interests. Likewise, the changing mandates of universities and the emphasis on pedagogical scholarship, in combination with educator engagement in master's- and doctorate-level studies, further enhanced the research and writing capacity across the Collaborative.

WINDS OF CHANGE AND THE POLITICS OF EDUCATION

Nomenclature: Applied or Academic?

By the mid-2000s, a confluence of contextual and political factors in health care and education influenced the Collaborative and nursing education in general. Nationally and internationally, concerns surfaced regarding an impending nursing shortage, an aging population, increased health care costs, and burgeoning rates of chronic diseases (CASN, 2010; Villeneuve & MacDonald, 2006). As in the late 1980's, nursing associations and governments called for change in nursing education (Benner, Sutphen, Leonard, & Day, 2010). In the postsecondary sector, attention to enrollment pressures, population growth, labor market demand, and increasing access to education became a focus. Soon after the announcement that the baccalaureate degree would be the entry-level educational requirement for RNs, the BC government amended the College and Institute Act (Higher education in British Columbia, n.d.) to allow colleges to offer applied baccalaureate degrees. Approval to offer applied degrees was contingent on institutional readiness, degree congruence with institutional mandate, student and labor market demand, and unwarranted duplication of degree programs (Shapiro, 2003). Public and private colleges began to position themselves to offer applied degrees in a number of areas and some colleges identified nursing programs as an opportunity to develop an applied degree.

A value-based conflict among Collaborative members surfaced with this change in institutional mandates (Molzahn & Purkis, 2004). Some members interpreted the move to applied nursing degrees as inconsequential, whereas other members perceived it as a shift away from academic education in nursing (Northrup et al., 2004). The primary concern about applied degrees was the potential erosion of nursing knowledge development, such as theory, research, and graduate preparation for advanced education, should undergraduate nurse preparation be defined by the labor market and managed by the industry. These reflections led some Collaborative members to believe that entry to practice at the BSN level, as well as the provincially legislated self-regulation of nursing education, could potentially be eroded if applied degrees were taken up by nursing programs.

After 2 years of dialogue, the Collaborative remained divided over potential risks of applied degrees to nursing as an academic discipline. The Collaborative was unable to resolve values-based differences when two college PSIs decided to pursue independent applied nursing degrees. Thus, in 2005, the Collaborative entered into an agreement to change the nature of the partnership, and the two colleges withdrew from the Collaborative. Collaborative members in support of academic degrees for nursing education reorganized under a new name—the CAEN. With a renewed commitment to academic BSN education and a shared curriculum, the re-formed Collaborative also embarked on advocacy. The Collaborative developed various position statements, such as academic nursing education, scope of practice, specialty education, and nurse educator shortage. These position statements were circulated broadly to other educators, provincial and national nursing associations, and government ministries.

Evolving Mandates Across Postsecondary Institutions

Concurrent with applied degree legislation being enacted, the BC Ministry of Advanced Education commissioned a report on degree nomenclature, including credential names, numbers of credits, and national and international recognition (Shapiro, 2003). That report supported the focus of applied degrees, and between 2004 and 2008 the government eliminated university-colleges and renamed these PSIs as either polytechnic institutes or special purpose teaching universities. Each of the special purpose teaching universities was given a specific mandate. Most were to be teaching focused and not research intensive, although scholarship was still seen as inherent to the mission of a university. Hence, each newly named PSI began to develop its own identity, linked to institutional history, culture, and philosophy, as well as implement protocols on academic titles, tenure, and promotion. The evolution of BC PSIs had a profound impact on the Collaborative. By 2008, the Collaborative consisted of one research-intensive university, three special purpose teaching universities, and five colleges. The five colleges were in degree-granting relationships with either the research-intensive university or one of the teaching universities.

Curriculum Re-Visioning as an Essential Aspect of Entry-to-Practice

The entry-to-practice legislation, along with changes in health and education systems, provided the impetus in 2005 for the Collaborative to review and update the curriculum. The original curriculum had proven to be successful, albeit structured with a diploma exit, which limited the placement of certain concepts and content. Concomitantly, the nursing regulatory body revised entry-level competencies for newly graduated nurses. Over its 15 years of implementation, curriculum content was added in response to increasing complexity in health care. This led to content saturation that did not necessarily meet students' needs to transition into a rapidly changing health care environment (Diekelmann & Smythe, 2004; Giddens & Brady, 2007; Ironside, 2004). Concurrently, an increase in government-funded nursing seats, along with nurse educator retirements, led to an increase in new and novice faculty, where timely faculty development underpinned successful curriculum implementation.

The revised curriculum was based on the original philosophy, the principles of collaboration, and was founded on the assumption that critical thinking and inquiry skills enable graduates to pursue lifelong learning and are fundamental to being prepared for tomorrow's health care and nursing's diverse practice environments (Benner et al., 2010; Forbes & Hickey, 2009; Hartrick Doane & Brown, 2011). The curriculum remained concept based, with core concepts of relational practice, client, context, health and healing, nurse and inquiry, and several subconcepts within each core concept. With the elimination of a diploma exit stream, the concepts of leadership, advocacy, political action, nursing knowledge development, cultural safety, global health, interprofessional practice, and nursing scholarship were introduced in earlier semesters and advanced in later semesters (CAEN, 2011). The implementation of a revised curriculum offered the opportunity for novice educators to be oriented to a teaching style that aligns with interpretive pedagogies and a student-centered approach to learning (Kantor, 2010; Young & Paterson, 2007). The changes in the curriculum continued to be anchored in a belief that curricula needed to remain relevant and nimble to the context of care and the populations where the curriculum was delivered.

PROSPECTIVE

Collaboration: A Culture of Collegiality

Answering the call to revolution enabled the Collaborative to create a community of educators who were inspired by a new vision of nursing education and practice through a collective experience of transforming nursing education. Patricia Moccia (NLN, 1991) maintained that "the revolution is not about any one major change, it is about many. It is about the strength that comes from the collaboration of our differences and the collective commitment to celebration" (p. x). The CNPBC supports environments for students, educators, and nurses that are characterized by collaboration, understanding, mutual trust, respect, equality, and acceptance of difference. Membership in the Collaborative provides opportunity for a sizeable cohort of educators to transform teaching-learning practices, develop scholarship capacity, and advocate for academic nursing education in times of transition. The co-created culture of collegiality provides the Collaborative with strength as it continues to evolve.

Collaboration, Diversity, and Innovation

Despite changing PSI participation, there remain continuous threads of innovation, continuity, and strength, given the geographic, institutional, and philosophical diversity that characterize the Collaborative. The authors' experience of diversity, discourse, and capacity to share ideas and tensions respectfully and passionately influenced the enduring quality of the Collaborative. Passionate voices that inform the Collaborative include students, educators, and nurses in all levels of practice, professional associations, government officials, regulatory bodies, and community agencies. In the authors' experience, the perspective gained through diverse relationships spawns innovation such as the curriculum revolution and its renewal.

Based on our collective experience, it is evident that relationships between universities and colleges are particularly challenging, given their different mandates and fiscal pressures to perform in increasingly demanding public policy contexts. Collaboration and diversity of thought will move nursing and health professional education forward; convictions that are congruent and consistent with our history (Benner et al., 2010; Frenk et al., 2010; Institute of Medicine, 2001). It seems particularly important that universities with the mandate and resources for theory development and scholarship remain vested in undergraduate nursing education and in their relationships with colleges. Collaboration between PSIs must be explicitly identified as essential to nursing education, the tensions between PSIs acknowledged, and cross-institutional collaborations nurtured and resourced.

Collaboration and Courageous Leadership

Cross-institutional collaboration demands an astute and visionary cadre of nursing education leaders, such as the Collaborative enjoyed in its conceptual beginnings, continued over substantial time, and is taken up by new leaders in reformed PSI relationships. Steering, curriculum, evaluation, and scholarship committees that are well constituted and supported are integral to curriculum collaboration. The leaders who populate these committees at various phases uphold the values and principles of the collaboration and of academic baccalaureate preparation for nurses. Likewise, nursing education leaders must continue to be part of senior decision making in PSIs, in professional organizations, and at governmental tables. The baccalaureate degree in nursing as the essential entry-level preparation for RN practice is under pressure as governments and health authorities introduce new roles and care delivery models (Duncan, 2014; Kikuchi, 2009). Courageous nursing education leaders must continue to advance academic nursing education in the current context of fiscal constraints and unprecedented expectations for institutional loyalties that can compromise disciplinary and professional commitments and values. Program sustainability, faculty mentorship, succession planning, and collaboration are high on nursing policy agendas (Duncan, Thorne, Van Neste-Kenny, & Tate, 2012; National Expert Commission, 2012). Now more than ever, nurse educators must strengthen their collegial relationships across philosophical, institutional, and geographical differences and inspire future generations to value collectivity of voice and influence through principle-based collaboration in academic nursing education.

As Audre Lorde (1984, p. 140) said, "Revolution is not a one-time event."

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