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Collaborative Change: An Interdependent Model of Nursing Education

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Abstract

With collaborative change, resources combine and form a new common identity to improve outcomes and processes. This article describes the process of collaborative change as two schools of nursing work together to increase admissions and promote efficient use of faculty resources. This innovative

collaboration resulted in the Shared Independent Interdependent Model (S.I.C.C.) of Nursing Education.

Collaborative Change: An Interdependent Model of Nursing Education

In the last decade of the 20th century, many factors converged at Auburn University (AU) and Auburn University Montgomery (AUM) Schools of Nursing (SON) to give faculty the opportunity for a unique collaboration. The results of this opportunity included a distinctive method of delivering the baccalaureate curriculum across the two campuses, the development of a joint masters of science in nursing program, and the emergence of a model of cooperation useful in guiding universities striving to collaborate and utilize nursing faculty resources effectively. This manuscript describes the intersection of variables that occurred and the subsequent process of developing a unique collaboration between two separate schools of nursing.

An Uneasy History

Auburn University (AU), Alabama's premier land-grant institution, serves 22,000 students who predominately are undergraduates. The university is located in Auburn, the largest city in primarily rural Lee county. Auburn University Montgomery (AUM), is an urban university located in the state capital of Montgomery and serves approximately 5,000 students. While Auburn University and Auburn University Montgomery have the same President and board of trustees, over the years they have functioned essentially independently with different missions, separate administrative structures and unique student populations. Auburn University and Auburn University Montgomery Schools of Nursing were founded by a legislative action in 1978 and are the newest school or college on each campus.

Following the precedent set by their respective universities, the schools of nursing functioned independently of one another, although only 40 miles apart, for many years. An attempt in the mid-1990's to consolidate the Schools of Nursing (SON) into one AU system school of nursing failed due to lack of input and buy in from the respective faculties. The two schools of nursing continued to function independently with different curricular frameworks and teaching philosophies.

Collaboration Begins

In 1999, the Dean at AUMSON was asked by the President over both universities to serve as Dean for both schools. This change came at a time when the need for baccalaureate nurses prepared to face such challenges in health care as changing population demographics, rising health care costs, lack of quality outcomes, large numbers of uninsured and the health care work force shortage was dramatically increasing.^{1,2} Groups such as the National League for Nursing,³

the American Association of Colleges of Nursing⁴ and the Pew Health Professions Commission⁵ called for efficient use of resources among schools of nursing to increase the number of nurses. The Board of Trustees challenged the Schools of Nursing to collaborate to increase the number of nurses produced by AU and AUM Schools of Nursing.

When individuals and groups come together, even if they are from the same institutions, but particularly if they are from different institutions, there may be a perception of different, and often competing, interests.⁶ This certainly reflects the perception of the faculty of the AU and AUM Schools of Nursing early in the collaborative process. The two Schools of Nursing had different curricular frameworks, teaching philosophies and served different populations. Major challenges included helping faculty to overcome the misgivings that continued to linger from the failed consolidation attempt of the mid-1990's, and to begin to see ways that collaboration could benefit both Schools of Nursing.

To address these challenges, the concept of collaborative change was embraced. Interdependence is a crucial characteristic that differentiates collaborative change from other forms of change,^{7,8} and suggests the process of working together in a manner that results in an outcome better than could be expected with independent efforts.⁹ The dean and assistant deans from each School of Nursing promoted interdependence by identifying projects that faculty from both campuses could work on together that would have positive outcomes that could not be accomplished by either school independently. For example, an annual scholarship fundraiser was started in 2001. This event, called the Blue Jean Ball, was successful from the beginning and its success has increased each year. This was a non-threatening way "of breaking the ice" between the two faculties. Faculty saw first hand through this experience that collaboration has its rewards. As a result of this and other socially oriented experiences, faculty members got to know one another and were more receptive to collaboration in other areas.

Collaboration Committee

In an effort to facilitate collaborative change, the dean established a committee of six faculty members, three from each school. The committee consisted of the Assistant Deans, Curriculum coordinators and one nursing faculty member from each campus with technological expertise. Collaboration has been described as a communication process fostering innovation and advanced problem solving among people who:

1. are of different disciplines, organizational ranks, or institutional settings
2. work together for advanced problem solving
3. develop innovative solutions without regard to discipline, rank or institutional affiliation

4. Enact change based on a higher standard of care or organizational outcomes¹ problem solving and planned changes.¹⁰

With collaborative change, resources combine and form a new common identity to improve process and outcomes.⁹ The charge to the committee was to recommend approaches that use resources most effectively and efficiently in order to maximize faculty productivity and increase the number of BSN graduates.

The group met every other week for a year. Conversations emphasizing pedagogical, social, and philosophical differences took place initially. Similar to experiences reported by other nurse educators,² early meetings, while polite, were characterized by resistance to valuing each others' strengths, covert power struggles and mistrust. Preconceived ideas about threats to academic integrity and autonomy and loss of program quality were issues. Collaborative change strategy inherently assumes there will be conflict as prejudices and fears are voiced, understood and made to play a useful part in raising consciousness concerning issues under consideration.¹⁰ Interestingly, each group perceived the other faculty group to be preferred by the dean, and viewed themselves as being the second choice. With collaborative change strong, passionate and even irrational positions exist and must be viewed as acceptable.¹⁰

The deceptively simple principles of collaborative change, including open communication, trust, and respect noted by O'Connor and Netting¹⁰ were adapted. The committee made a unanimous agreement that discussions were to be honest, open, and confidential. Communication of perceptions based on equal power led to the strengths of each organization being involved in problem solving and planned changes.¹⁰

Personalities were critical to the success of this effort. Members of the group were all honest and outspoken. Some were slower to confrontation than others. The group began by having a lengthy dialogue to examine possible areas of collaboration. After several meetings it became obvious that there were multiple areas for focus. The collaboration committee identified areas to examine for collaborative possibilities as being the SON missions, student populations, curricula/degree programs and faculty resources/teaching methodologies. The committee learned to focus on similarities as well as differences in the schools.

AU/AUM School of Nursing Missions

In the first few meetings of the collaboration committee, members were concerned that the lack of identical mission statements would hinder collaborative efforts at all levels. This concern threatened to undermine the entire collaborative change process. The mission of AUM School of Nursing is to foster and exemplify excellence in teaching, service, and research. The program is designed to prepare a professional nurse who provides holistic care using

interactive and nursing processes with individuals, families, and communities in diverse environments. The mission of AUSON is to prepare graduates of varied backgrounds, talents, and aspirations to provide health services for diverse populations in multiple settings in a dynamic health care environment. AUSON provides leadership in education, research and outreach for the state of Alabama with an emphasis on rural community health care.

Each SON had parts of their respective missions that faculty held near and dear. Specifically, AUM faculty embraced the concept of holism while the AU faculty believed the rural slant in the AUSON mission was critical. Neither group was willing to compromise these specific areas of the mission. It was at this time that development of the Shared/Interdependent/Independent Collaboration (S.I.I.C.) model began. The committee agreed to focus on the parts of the missions that are identical: for example the emphases on teaching, service and research. There were certain aspects of the missions that were similar. AUSON's mission speaks of diverse populations and rural community based health care while AUMSON's mentions families, individuals and communities in diverse environments, but clearly both missions express a commitment to a diversity of individuals, families, and communities. Further the committee agreed to live with the parts of the mission statement that were different. Figure 1 depicts the S.I.I.C. model, the inner circle representing where there is shared agreement, the middle circle where there is interdependence and the outer circle illustrates the uniqueness or independent aspects of each SON.

Student Populations

AUSON draws students primarily from Alabama and the surrounding southern states of Georgia, Florida and Tennessee. The typical AUSON student is Caucasian, single, female, from a middle to upper-middle class background, academically well-qualified (average GPA of 3.5) and seeking the first college degree. Most AUSON students are assisted financially by their parents, and have no dependents. Those who work hold part-time jobs for extra expenses or nursing experience. The SON student body at AUM is predominately from Montgomery or the nearby areas and tends to be more diverse, with more males and minorities. Many AUMSON students have either previous college experience or a college degree and are older than the typical college student. Most either work full-time, have families or both. Their average GPA upon admission to the SON is 2.9.

At first, lengthy discussions about how different the two student bodies were slowed the committee progress down. The concern articulated was that such divergent student populations served by the two Schools would make meaningful collaboration difficult. Faculty believed that a teaching approach that would work for one group of students would not be appropriate for another. Once again the collaboration committee began to focus on what was shared by the two student populations, i.e. their motivation and determination to becoming a professional

nurse, rather than the differences. Once this common denominator was recognized, progress was made. The student populations circle of the S.I.I.C. model depicts the conceptualization of student population terms of shared , interdependent , and independent based on traits of the student population.

Curricula/Degree Programs

At the time that the collaboration committee started meeting, there were three curriculum tracks. The traditional baccalaureate curriculum was offered completely separately on both campuses, a registered nurse (RN) mobility program called the Educational Advancement for Registered Nurses (EARN) program enrolled students on both campuses but did have some shared teaching. The Accelerated Nursing Degree (AND) curriculum (an accelerated baccalaureate of science in nursing program for students with bachelor's degrees in other fields) was offered on the AUSON campus. All parties involved agreed that to accomplish the charge of increasing enrollment and maximizing faculty productivity, a common traditional curriculum was critical. AUSON had recently undergone a major curriculum revision and implemented a community based curriculum with certain concepts integrated. This curriculum is described elsewhere,¹¹ The collaboration committee agreed that there is no one answer to construct the perfect change,¹⁰ or in this case the 'perfect collaborative curriculum'. Therefore after lengthy discussions, the committee agreed to adopt the AUSON curriculum with minor refinements and changes. Once a common curriculum was in place, teaching strategies aimed at meeting the needs of both student populations and efficient use of faculty resources could be explored.

Major curriculum issues revolved around the EARN program and the Accelerated Nursing Degree AND program. The AUSON campus had not identified any specific faculty member to coordinate the EARN program on the AU campus, and low enrollment in the program was an ongoing problem. AUSON faculty valued their obligation to the local hospital to maintain a RN mobility program. AUMSON had an established director of the EARN program, many of the courses on-line and a good enrollment. A major collaborative agreement was made when the committee decided to house the EARN program exclusively on the AUM campus, with the caveat that AUSON faculty would continue to be involved in the EARN program and the special consideration would be given to the needs of nurses from the AUSON local medical center desiring to enter the EARN program. It was agreed that the AND program would continue to be offered exclusively on the AUSON campus. Because of the non-traditional nature of AUM's student body, a part time track was developed for students who needed an extra year to complete the curriculum.

Shortly after the collaboration committee completed its work; another group was formed, comprised of faculty from both campuses. This group began a needs assessment for a new joint AU/AUM master's of science in nursing program. A master's program was a long held goal for both schools. The process of

developing and implementing the MSN program is beyond the scope of this paper. However, member of the collaboration committee believes that its work made the successful development of the MSN program possible. The curriculum circle of the S.I.I.C. model depicts the conceptualization of curricula and programs in terms of shared (MSN), interdependent (traditional), and independent (EARN, AND).

Teaching Strategies/Faculty Resources

Change is pointless unless it improves the work or the work place.¹² Likewise, the collaboration committee believed that in this era of limited faculty resources, collaboration was pointless if faculty resources were not maximized and student enrollment increased. Combined, the Schools of Nursing have 25 faculty lines, and at any given point in time, both campuses may have at least one vacant line, a common problem in nursing education. Nursing faculty are held to the same standards of research as other disciplines and when combined with an intense teaching load it is difficult to retain nurse faculty, similar to the experiences of other nurse educators.¹³ Therefore teaching strategies that maximized faculty resources are critical.

After much discussion, the collaboration committee made several recommendations related to teaching strategies that have been acted upon to address limited faculty resources. They included:

1. Use internet videoconferencing technology so that one faculty member could teach certain theory courses, such as pharmacology, to traditional students on both campuses at the same time.
2. Assign one person to teach selected theory courses such as research and leadership on both campuses. With this approach, one person would be teaching two sections of the same course rather than two people preparing for and teaching the course.
3. Use web-enhanced teaching methodologies when appropriate in all curricula.
4. Implement cross-campus team teaching in the specialty clinical courses as appropriate.

For example, one year the AU faculty taught critical care concepts on the AUM campus and the AUM faculty taught community health concepts on both campuses, due to a lack of a person specifically educated in each specialty on both campuses. For several years, the AU psychiatric/ mental health faculty member has taught on both campuses. The teaching strategies/faculty resources circle of the S.I.I.C. model depicts the shared (one faculty teaching a course on both campuses whether through technology or live), interdependent (internet videoconferencing, cross-campus clinical specialty teaching) and independent teaching strategies (clinical teaching, traditional classroom approach).

With these strategies (and others such as the implementation of a clinical instructor track line) in place, the teaching loads of tenured and tenure track faculty have decreased and scholarly productivity has increased. Further, combined enrollment has increased from 120 to 160, with plans to increase to 200 in the near future.

Going Forward

The AU/AUM Schools of Nursing S.I.I.C. model continues to evolve. The first class of MSN students was admitted August of 2006. The new M.S.N. director was the first faculty member hired in a joint appointment to both Schools of Nursing. The Schools of Nursing are engaging in a 5 year strategic planning process. The S.I.I.C. model of collaboration illustrates that collaborative change is a multidimensional, hopeful and unique process. While progress has not been without struggles, problems have been embraced as opportunities to strengthen both schools of nursing. It has become evident that more can be accomplished as a team than as a single school.

Conclusion

We are providing this model and the discussion of our S.I.I.C. model in an effort to assist other nursing faculties with strategies for collaboration. Our two nursing school overcame tremendous barriers in order to best utilize the faculties on each campus. We have been able to put aside philosophical and pedagogical differences in order to work together to increase enrollment in our nursing schools. In an era when nurses are in demand, we believe the S. I. I.C. model will assist in other in innovative collaboration.

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