

## RESPONSES

Edward Burnett

In the provision of further education services the need for inter-institutional collaboration and for the pooling of resources of other staff specialists such as computer soft-ware developers, media experts, visual designers, etc., is quite clear. The demerits of traditional approaches are also evident: the administrative arrangements, the physical classroom situation, and the approach by "pre-occupied" professors can fall far short of suitability. Students can be faced with unproductive competition and other anxiety arousing elements, trick or misleading questions, deadlines that suit some students but are unreasonable for others. There must be encouragement for pioneering efforts such as those described in the article by Roberta Carey and Geoff Peruniak. Too much analysis and academic hesitation must not be allowed to discourage the general direction of this effort. The comments following are not intended to state a case for one or the other side of the issue, but rather to open various questions. Most likely there are answers which can provide a rationale and persuade one to choose among the various alternatives.

In dealing with the issue of institutional collaboration in the provision of extended professional education the article by Carey and Peruniak focuses on a particular case in nursing education.

A number of assumptions are made (some explicitly and others implicitly) in assessing the desirability of the Alberta arrangements. These assumptions may be questioned.

What are the pros and cons of inter-institutional collaboration? The combined wisdom of a group developing a course may result in a superior product but could also stifle some important initiatives in such a creative venture. One may also question the arrangements that should exist between the various faculty groups that offer courses in a particular subject area i.e. Faculties of Arts, Science, Education, Social Work and Nursing. Which of these authorities is to be followed in subjects relating to statistics, physiology, psychology, etc?

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The time frame of the efforts must also be considered. For how long and for what number of nurses are these services to be offered? What will be the result on the total health care system? Will it lead to further educational development for the graduate nurse? Will it change the relative positions of the many professional groups interacting in health care delivery? Will it lead to high quality personal care and cost-effective services?

Will those nurses taking the non-clinical courses be assured of an opportunity to complete this program? How long will it be to completion? Was some thought given to the relative costs of providing grants (essential income and job security included) to successive cohorts of nurses to attend in residence and experience the many socializing and other effects of university life?

Is it really better to prevent students from "being exposed to rampant infectious anxiety"?

Is it implied that for most students personal best efforts are inhibited by the competitive classroom situation, or is it that this particularly applies to the registered nurse?

The standardization of courses across sections is certainly a benefit. That the problems of variation in approach, standards or outcomes would be eliminated by the means described seems a trifle exaggerated. Be that as it may, the reasons for the variation must be clearly defined. Is it sub-standard teaching that is to be defended against, substandard effort of students or poor quality at the administrative level, or all of these?

As far as the student integration of course materials is concerned, why would the result be poorer or better under one condition or the other? Presumably, if a team is developing a coherent group of courses, this should result in the patterns associating a diversity of materials being seen clearly by the student. The danger might lie in too facile an integration rather than the "danger" that the students might put two and two together in their own "unique" way. If the collaborative method is successful and cost-effective in its own right, why not move further to this type of model and route resources away from more traditional approaches?

The last words here must emphasize the real opportunities existing for inter-institutional collaboration. We have particular problems within institutions, between institutions, between levels and types of institutions and between educational jurisdiction, notably provincial divisions. The evident success and the student benefit resulting from the case described must be heartily applauded and sincerely questioned.

## Margaret L. Bradley

With the apparent agreement across Canada that the baccalaureate degree in nursing be the required academic level for entry to professional practice, nursing educators must find a variety of ways to accommodate the many registered nurses who will wish to obtain a university degree. The collaboration between Athabasca University and the University of Alberta as described by Roberta Carey and Geoff Peruniak, is an innovative method indeed and they should be applauded for their initiative.

I am not surprised that Athabasca University found the Post R.N. students were "achievement-motivated, goal directed and quite capable of imposing self-discipline." Professors at Dalhousie have recognised these characteristics in the Post R.N. students for some time. It is for this reason, as well as their knowledge of and experience in nursing, that their course of study leading to a B.N. is structured differently at Dalhousie to that of the basic degree student, though the terminal objectives are similar.

We are considering ways to reach out to potential students. Our B.N. program already lends itself to part-time study, with a final full-time year (2 terms) as a stipulation. The program has a requirement of 15 full credits, six in professional nursing classes, and nine in general academic classes. Of the latter nine classes up to half may be taken at other universities, prior agreement being negotiated with Dalhousie. Others can be taken at Dalhousie in summer session or late afternoon/early evening schedules. Consideration is being given to nursing classes being offered at these times, and in fact summer session nursing credits are already offered.

We are also exploring class delivery by teleconferencing, and Dalhousie's Department of Extension and Part-Time Studies is negotiating with Maritime Tel & Tel for equipment so that pilot projects based on the "meet-me-bridge" concept can be developed. The "meet-me-bridge" method of teleconferencing is telephone-based distance teaching which uses a variety of teaching methods such as: face-to-face interactions between teachers and students at the beginning of the sessions and at other times if appropriate; on site student discussion groups with regional leaders or preceptors. It requires preparation of audiovisual materials, handouts, study guides and a manual with all the chalkboard and overhead transparency work that usually goes on in class.

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All distant site locations are networked so that verbal interaction amongst the groups can occur during teleconferencing sessions. Class design is basically that of an independent study program with planned group discussions via teleconferencing. When lecture is required, it is usually placed on audiotape and sent to site locations. Site locations usually have a designated coordinator who receives all materials, orients students to the process and arranges for local discussion groups or other activities. The coordinator may be a student in the course who has tuition waived in lieu of the responsibilities undertaken.

Teleconferencing equipment is relatively simple and consists of a hook-up wall jack, telephone with amplified speaker and speaker phone to allow for group listening and interaction. Groups are hooked together at a central site through a switchboard called a meet-me-bridge. Equipment is supplied through telephone companies at a modest cost in comparison to other modern technologies. A good quality teleconferencing unit can be purchased for \$150. The telephone cost of sessions has been estimated at \$30 per hour.

This technology offers an exciting, challenging answer to providing adults with the opportunity to receive credit courses and other types of continuing education programs.

Underlying all our developments however is the question of available finances. Distance learning is expensive, both in time and money. It seems that Alberta is sponsoring classes that are not only creditable but similar in content and expectations to those required in the traditional program. The cost, however, must be great when one considers the number of experts required on any one team to produce the course. The question of library holdings and accessibility was not discussed, and I wonder if resource material for classes is a problem. We recognize this as a possible deterrent to offerings, particularly in professional classes.

As noted, a tutorial network is required, but what is the student:tutor ratio requirement? I am also interested in those classes which have a clinical component. Is there faculty from University of Alberta available to go to outlying areas or are preceptors employed?

We must find ways to "deliver" our educational programs to those too far distant to take advantage of standard university courses. We must not forget, however, that nurses should have equal opportunity with students from other faculties to take advantage of scholarships and bursaries offered for full-time study at university.

## Margaret D. McLean

It is a pleasure to respond to this article. The authors describe an innovative approach to higher education in nursing achieved through the collaborative efforts of two universities. The article appears at the psychological moment. The moment when the Canadian Nurses Association Board of Directors' position that "the entry to nursing practice will be the baccalaureate degree in nursing by the year 2000" has been supported overwhelmingly by the voting delegates on June 23, 1982 at the Annual Meeting and Convention in St. John's, Newfoundland. Although the number of registered nurses studying for a B.N. degree has been increasing in Newfoundland since 1975, the numbers will increase at an unprecedented rate here and in all Canada in the very near future. We need to be innovative in how, where, and when we offer baccalaureate nursing educational programs for registered nurses.

Memorial University of Newfoundland has a well developed telecommunication system (Teleconference) with approximately 75 sites in the Province. The School of Nursing uses this system for continuing nursing education for a weekly session during the academic year. Two credit courses have also been given by Teleconference and more are being developed. We used the satellite Hermes in 1976 for continuing nursing education also. These systems are advantageous here because of our geography and weather. It is not easy to take courses to various centres on a weekly basis. In the Fall of 1974 we offered a credit course in Corner Brook on Saturdays. The first class went well, the second week the faculty member ended up in Goose Bay for the day because of the weather, and the third week she spent the class time in the St. John's airport. Thus, the Teleconference system and use of a satellite is a great boon, although I am sure something is lost when students do not have face-to-face relationships with a teacher. Be as it may, our limited experience has shown no statistical difference in achievement of students taking courses in a classroom with the teacher. This may be due to the high motivation of students who take Teleconference courses.

Obviously, there are some nursing courses that cannot be given by telecommunication such as clinical nursing courses. However, one might try giving one by a combination of Teleconference, workshops and clinical experiences as a pilot project.

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I believe the two terms (which I assume is an academic year) on campus are vital as group work, contact with teachers and teacher-guided experiences will contribute to the development of the baccalaureate way of thinking and approach to nursing care as well as the development of health assessment, decision making and leadership skills. The integration of the concepts and knowledge from the physical and behavioural sciences and the humanities into the practice of nursing can be learned best by students working with a master teacher who is a master clinician. I am handicapped in that I do not have the total curriculum of this post-R.N. baccalaureate program. I wonder if the sciences (biology and chemistry) are included. These courses not only give a strong science knowledge base for nursing practice, but contribute to the development of analytical thinking which is essential in the assessment, planning and evaluating of nursing care and in research. Another difficulty I see is the availability of library resources. Students can buy a few books, use the nearest hospital library, and some photocopied articles can be sent out to them. However, students in many settings would largely miss the searching out of pertinent information in a good library. Thus, they would not have the same opportunity as students in the university to become self learners which is one of the goals of baccalaureate education.

Canadian universities are well respected internationally. Canadian degrees represent the achievement of a high standard of education. This we must preserve. The integrity of the B.Sc.N. or B.N. must be maintained and it must continue to mean a high standard of education. Some countries have university programs for all comers but Canadian universities to date have offered high quality higher education. While we must look to innovative ways to achieve 100% baccalaureate nurses by the year 2000, we must be sure that the degree is a worthwhile degree and one that is accepted for admission to graduate studies. I believe we can do this by a combination of on-campus and off-campus courses and I look forward to more innovations in nursing education.

## INFORMATION FOR AUTHORS

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Please submit three double-spaced copies of the manuscript on 216mm × 279mm paper, using generous margins. Include a covering letter giving the name, address, present affiliation of the author(s). It is understood that articles submitted for consideration have not been simultaneously submitted to any other publication. Please include with your article a statement of ownership and assignment of copyright in the form as follows: "I hereby declare that I am the sole proprietor of all rights to my original article entitled ' ' and that I assign all rights to copyright to the School of Nursing, McGill University, for publication in *Nursing Papers/Perspectives en Nursing*. Date \_\_\_\_ Signature \_\_\_\_\_."

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