

Council of Ontario Universities

Best Practices in Collaborative Nursing Agreements

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PURPOSE

Best Practices in Collaborative Nursing Agreements is designed to help promote high quality and excellent relationships in university-college collaborative nursing baccalaureate programs across Ontario. Universities can use this document as a guide in developing collaborative agreements with their college partners.

BACKGROUND

University-college collaborations have become the norm in offering nursing degrees in Ontario since the government's agreement in 2000 to move from diploma to university baccalaureate education as entry-to-practice for Registered Nurses (RNs). The government policy response to this decision was to fund the creation of collaborative partnerships between university and college nursing programs, in order to deploy the educational resources of former diploma programs in concert with the resources and degree-granting authority of universities.

Most collaborative programs were set up and began accepting students in September 2001. Four universities began new nursing programs in partnership with colleges subsequent to 2001. Currently, there are 22 collaborative Bachelor of Science in Nursing (BScN) programs being offered across the province involving 12 universities and 22 colleges. The only university stand-alone BScN programs that have continued in Ontario are Queen's and Toronto. Hence university-college collaborations produce the vast majority of the 3000 new Ontario nursing graduates who register as RNs each year.

University-college nursing BScN collaborative partnerships range greatly both in models of collaboration and in strength and satisfaction of relationships within collaborations. All collaborative partnerships are governed by a Collaborative Agreement that articulates the terms of their relationship in terms of how the program is offered and how the funding is flowed.

In 2010, COU's Office of Health Sciences (OHS) determined that, after 10 years of experience with collaborative partnerships and collaborative agreements, a review should be undertaken in order to identify best practices for universities across collaborative nursing agreements. Interviews with each of the 12 Deans/Directors of university Schools of Nursing involved in collaborative programs were held in late 2010 and early 2011. The goal was to explore the range of different collaborative models, and to identify both the strengths and the challenges related to differing practices and models of collaboration from the viewpoint of the university nursing leadership. In addition, OHS staff reviewed the following documents:

1. The College-University Consortium Council (CUCC) evaluation of collaborative nursing programs in 2007;
2. The draft results of a 2008 COU Work Group on Best Practices in Collaborative Nursing MOUs; and
3. Existing Memoranda of Understanding (MOUs) between universities and colleges.

The results of this intensive review of collaborative programs and agreements was an identification of practices that, from the perspective of universities: a) were serving certain collaborations well, or b) would strengthen particular collaborations if they were implemented; and c) are already enshrined in particular collaborative agreements governing university-college nursing collaborative BScN programs, or could be so enshrined. These practices are summarized in this document for use by universities when developing their collaborative agreements with colleges. As collaborative arrangements are diverse, not every practice will apply in every case.

BEST PRACTICES IN COLLABORATIVE NURSING AGREEMENTS

The best practices are grouped according to the following general principles:

- 1. Maintaining current collaborative agreements**
 - a. Provision for a periodic review and signing of collaborative agreements, with dates of review specified to ensure that programs do not operate under expired agreements.
- 2. Transparency in admissions processes and standards**
 - a. Applications, transcripts and confirmations of acceptance to the collaborative nursing program go through the Ontario Universities' Application Centre (OUAC). Where this is not achievable, both college and university representatives participate on the admissions committee and receive a written report on the Grade Point Average (GPA) of students who gain admission.
 - b. Issues such as academic appeals, transfer credits, and academic policies align with university policies and processes and are followed by all partners. The final appeal rests with the university.
 - c. Public reporting of entering admission averages (e.g., Common University Data Ontario [CUDO]).
 - d. Evaluation of the success rates of nursing students according to their entry pathway and their entering GPA in key subjects.
- 3. Enforcement mechanism for enrolments**
 - a. Joint agreement to enrolment limits and a remediation plan if these enrolment limits are not respected.
- 4. Equity in clinical placements**
 - a. Meetings between college and university clinical placement coordinators to ensure a coordinated and equitable approach to placements for collaborative BScN, second entry, and practical nursing students, where relevant.
 - b. Coordination and communication with clinical sites at the Dean, Director and program levels.
- 5. Excellence in communications amongst administrators and faculty**
 - a. Regular meetings of collaborative nursing leaders and administrators from college and university partners to discuss the collaborative program.
 - b. Timely sharing of course syllabi, course assignments and tests, grade results of students, and course evaluations, amongst collaborative faculty and administrators throughout the year.
 - c. Sharing of Canadian Association of Schools of Nursing (CASN) accreditation results between partners.
- 6. Collaborative communications with students and potential students**
 - a. Early integration of students from university and college sites in orientation events, welcoming events, and so on.

- b. Promotional materials that present a united front to the program to avoid confusion for potential students and parents.

7. Standardized curriculum at the baccalaureate level

- a. The university and college set the curriculum through a joint curriculum committee; representatives from both the college and university involved must be present for quorum to be achieved.
- b. All partner schools in the collaboration follow the established curriculum, including teaching, testing and grading, across all years of the collaborative program, regardless of the site at which the program is offered.
- c. Minimum faculty qualifications for both theory and practice courses are articulated.
- d. Ownership of the collaborative curriculum is articulated.

8. Excellence in student outcomes

- a. Degree level expectations and learning outcomes for courses in the collaborative nursing program are consistent with the [“Quality Assurance Framework”](#) required for all university baccalaureate degrees in Ontario.
- b. Annual meetings to review the Canadian Registered Nursing Exam (CRNE) results, and identification and prioritization of follow-up actions if success rates are below 90 per cent.

9. Equity in faculty workload

- a. A transparent and consultative process for recognizing the workload of college and university faculty in terms of teaching, student advising, curriculum development, administration, scholarship, and so on. This process will recognize the need for flexibility given the different collective agreements for faculty at universities and colleges.

10. Transparency surrounding finances

- a. The process for transferring funds between university and college(s) is clearly established with specified time lines and accountability; the authority (spokesperson) for each institution is identified.
- b. Institutional ancillary and administrative fees are determined by each partner institution. Program related ancillary and administrative fees are determined collaboratively by all partners.
- c. The institution responsible for providing and administering scholarships and financial aid to students is identified.
- d. Costs for internal reviews and accreditation with CASN are shared proportionally between the collaborative partners based on a mutually agreeable formula, such as number of students or revenue shares.

11. Mechanism for conflict resolution

- a. The collaborative governance structure is responsible for dealing with any conflict that may arise during the course of the MOU and is to develop a mechanism to address unresolved conflicts that could include independent arbitration.