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DESCRIPTION AND CRITICAL ANALYSIS  
OF THE PROCESSES RELATED  
TO THE DEVELOPMENT  
OF A  
NURSING EDUCATION CONSORTIUM

By

Esther P. O'Dea

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## ABSTRACT

### DESCRIPTION AND CRITICAL ANALYSIS OF THE PROCESSES RELATED TO THE DEVELOPMENT OF A NURSING EDUCATION CONSORTIUM

By

Esther P. O'Dea

The purpose of the study was to describe and analyze the processes of developing a nursing education consortium. The membership of the consortium was limited to educators in the designated associate degree nursing programs and the head of an upper division baccalaureate nursing program in West Central Michigan. The goal of this consortium was to develop a mechanism among these institutions for program articulation which could provide a four year baccalaureate degree and increased career mobility for the registered nurse with an associate degree.

A review of the literature related to consortia in higher education and nursing education resulted in identification of principles for the development of consortia in higher education and nursing education. This review further indicated that there are many consortia in higher education, but few consortia in nursing education. This study used the descriptive case study approach to describe and analyze the processes of developing this consortium in light of these principles found in the professional literature. These data

collection procedures included review of records, survey, and interviews with the participants. The data were then analyzed to delineate the development processes and procedures actually used, and how these relate to the principles for developing consortia in higher education and nursing education and what curricular interfacing need to be further studied between associate degree and baccalaureate level nursing programs. The results of the study indicate the curricular areas which need to be studied for program articulation between associate degree and baccalaureate programs and illustrate the relationship between the principles of higher education and the principles of nursing education in the development of consortia.

The conclusion of the study offers guidelines for the future development of other nursing education consortia. While these guidelines may be generally useful to a variety of groups who may wish to develop consortia, they are specific to developing a nursing education consortium.

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## Chapter 1

### THE PROBLEM

In the late 1960s and early 1970s, higher education was becoming concerned about financial pressures resulting from reduced income and rapidly increasing expenditures. The costs of higher education were rising rapidly because of inflation and because of increasing demands for more services, broader access, academic innovation, and higher quality(Cheit, 1971). Until the 1960s, planning and coordination were not a central part of higher education. Planning activities came into focus as fiscal constraints became more of a reality in higher education. However, Riley and Baldrige(1977) indicate that planning and coordination of educational endeavors began to come under state-wide planning efforts in the 1960s. The federal government was providing some funds for these efforts; however, funds were not provided for implementation. Also some states were moving to place this vital function in the hands of a single coordinating committee under the auspices of the governor.

One possible mode of increasing higher education's return on resources and continuing the development of new programs is through the concept of interinstitutional consortia. Through cooperative efforts, institutions could



pool resources to conduct, improve, and/or expand educational services or programs. The Carnegie Commission on Higher Education indicated that "significant economies" could be realized through consortia and other forms of interinstitutional cooperation(1972).

Many interinstitutional consortia have been developed in higher education for a variety of purposes and with varying degrees of formality and numbers of institutions involved. Some forms of cooperation described in the literature have been instrumental in initiating educational programs that had not previously been offered in those regions while others have facilitated the continuation of existing programs with reduced resources through sharing of resources.

Such interinstitutional cooperation among colleges and universities and between specific programs within institutions gained momentum in the mid-1960s(Patterson, F., 1974, Ch. 1). This momentum in higher education, endorsed by the Carnegie Commission on Higher Education, was supported to some extent by federal funds. The Carnegie Commission recommended "the development and strengthening of consortia in Higher Education" and urged "increased cooperation and sharing of facilities by public and private institutions. . . in all states"(1972, pp. 127-128).

As consortia were being developed in various areas of higher education, a major nursing study conducted by Lysaught was published which recommended cooperative efforts between nursing programs which would enhance program articulation

and student mobility(1970).

The purpose of this investigation undertaken against the background of diverse consortia in higher education and a dearth of consortia in nursing education, is to use the case study method to describe and analyze the development of a particular Nursing Education Consortium(NEC).

#### PROBLEM STATEMENT

Traditionally, opportunities for the associate degree (AD) nurse to earn the baccalaureate degree have been restricted by rigid educational requirements. These restrictions usually meant nursing students had to start from the beginning in each baccalaureate level program, with no significant recognition being given to their previous education or work experience. Individuals desiring advancement have come to believe, however, that they have a right to expect nursing education to be responsive to their needs and desires for upward mobility. The ideal response to these needs has meant developing mechanisms for recognition of prior education and work experience(Kelly, 1974; Kelly, 1975; Lenburg, 1975). In actual practice, recognition of a students prior education and work experience is limited, and the cooperation among institutions which offer nursing degrees is still in the formulative stage.

Therefore, this study has been undertaken to report and analyze the processes actually used in the development of a Nursing Education Consortium between associate degree

nursing programs in community colleges and a baccalaureate nursing program in a four-year college. The consortium was designed to establish a career mobility opportunity for the AD nurse to enter an upper division baccalaureate program and to develop program articulation among institutions in geographic proximity to each other. This cooperative effort grew out of an expressed need from students (much like the need cited in the Kelly studies and in the work of Lenburg), demands of health care agencies, and proposals from the professional nursing organizations that nursing move to two levels of degree preparation or levels of entry into nursing practice: associate degree and baccalaureate degree (Appendices B, C, D and E).

Because nursing education consortia are the exception rather than the rule, the purpose of this descriptive study is to analyze and clarify further the development of this NEC in light of the literature on consortia. The study may increase understandings about these cooperative relationships which could (1) provide guidance in examining the advantages and disadvantages of consortia, (2) serve as a resource to other groups seeking guidelines in developing consortial arrangements, and (3) serve as a basis for designing a developmental process for establishing other Nursing Education Consortium. The specific questions to be answered are:

What are the guiding principles taken from the literature which may contribute to effective consortium development?

What are the processes used in development of a Nursing Education Consortium?

What is the relationship between the principles used to develop consortia in higher education and the principles used to develop this Nursing Education Consortium?

What curricular interfacing must be studied between associate degree and baccalaureate degree nursing programs in the development of the Nursing Education Consortium?

## BACKGROUND

The Nursing Education Consortium(NEC) among institutions located in West Central Michigan was developed among seven community colleges and Ferris State College(Appendix A). The community colleges offering associate degree nursing programs have joined with Ferris State College(FSC or Ferris), an institution with a baccalaureate nursing program, to form a consortium. This cooperative arrangement was developed to provide a career mobility option for AD nursing students and to provide program articulation between the AD programs and the baccalaureate nursing program.

Each of these community colleges was initiated under the Community College Act in Michigan(1955) which established institutions to serve citizens in specific areas throughout the state. The philosophy of each of these colleges includes providing associate degree programs which can serve as the basis for the first two years of upper division programs in four-year colleges. Incorporated in the offerings

of the six community college are liberal arts and pre-professional curriculums designed to develop students' understandings of the scientific, social, and cultural forces among which they will live. Many one- and two-year programs are offered for students who wish to prepare for positions in health care, business, industry, and community service. These instructional programs are designed to prepare students for immediate employment upon completion and/or provide a base from which students can continue their education toward a bachelor's degree.

Ferris State College has a complementary role in relation to these institutions. As a four-year college, it has been agreed through the Michigan Association of Collegiate Registrars and Admissions Officers (MACRAO) that, in general, a student who completes an associate degree at a public community college will satisfy junior level entrance requirements at public four-year institutions.

Ferris is a state-supported, residential, four-year institution enrolling over 10,000 students. The campus is in the city of Big Rapids, Michigan (population 15,000) which is located in a rural area of Western Michigan in the lower peninsula. It is recognized nationally as one of the distinctive forerunner four-year colleges emphasizing occupational, technical, professional, and other career-oriented education.

In the late 1960s, Ferris became a recognized leader in nursing education. The college developed a ladderred

associate degree program with the first year which incorporated a practical nurse curriculum, but the two-year program also included the educational preparation courses needed by licensed practical nurses and unlicensed students to become registered nurses. With the development of the baccalaureate program in 1983 and the establishment of the NEC, the associate degree program has been redesigned as a non-laddered program. In 1983, the baccalaureate program became the upper division offered in conjunction with the associate degree program. In this way, the associate degree registered nurse is admitted as an advanced standing student.

Thus the tradition of laddered programs in nursing at FSC continues to provide nursing students with a career mobility opportunity. With the development of the NEC, program articulation between the associate degree nursing programs and the baccalaureate nursing program is established as an upward mobility option for the graduates of the consortium schools.

### Consortia in Higher Education

Nursing programs, like others in higher education, share many planning problems, traditions, dilemmas, and shortcomings, as discussed by Reller and Corbally in Designing Education for the Future (1967, p. 145).

Higher education has developed with less coordinated planning than has been the case in elementary and secondary education. Even in elementary and secondary education, however, there has been remarkably little comprehensive research and planned development. The educational system has grown substantially through experience and as a result of pressures to meet growing needs rather than through careful analysis and planning. The resources that have been devoted to planning have been regrettably small--and have too frequently been available only for short intensive studies. Thus resources and expertness in planning have been extremely limited.

Much is written about articulation between elementary school and high school. Less is written about articulation between high school and college. Even less is written about articulation between the community junior college and the four-year college and university(Knoell, 1965). Much less yet is written about articulation among the nursing education programs. Literature resources related to consortia in nursing education, which provide for program articulation indicate, that, at the present time, there are eight such cooperative arrangements(Gray, 1982).

Articulation in education, the unification and coordination of learning experiences, is a complicated and demanding problem. The process of articulating a program or a curriculum with others having similar goals requires that a school system evaluate and examine its offerings thoroughly, discontinue elements that are no longer useful, add new content where it is needed, eliminate unnecessary duplication, provide for continuity of the curriculum, and revise both method and content where it appears to be applicable and workable. An articulated program though costly and

time-consuming to develop, if it is done well, provides continuity of learning experiences through an educational system or between institutions(Cay, 1966).

Since the 1960s, financial pressures have been a concern in higher education. These economic constraints have continued to the present time, and a frequent response to these reduced resources is curtailment of the development of new programs which are of particular concern for new or developing colleges(DeCosmo, 1978). The needs for increasing higher education's return on resources invested are evident.

As a result, interinstitutional consortia in higher education have been developed for a variety of purposes and with varying degrees of formality among the numbers of institutions involved. In tracing the history of the consortium movement in Colleges in Consort, the author further noted that, in addition to the economic constraints which stimulated the development of consortia, federal funds have supported cooperative arrangements. It was further predicted that joint planning and collaboration among institutions would continue. Ideally, this cooperation should be established through voluntary consortia(Patterson, F., 1974). This prediction appears to be correct. For example, the sixth edition of the Consortium Directory 1971 lists sixty-six voluntary consortia, the eighth edition of the Consortium Directory 1977 lists 115 voluntary consortia, and the ninth edition of Consortium Directory 1981 lists 132 voluntary consortia which meet the specific criteria (Patterson, L., 1971a; Patterson & Burnes, 1977; Patterson & Emplaincourt, 1981).



## Consortia in Nursing Education

In 1965, in an effort to establish two educational routes to registered nurse licensure, the American Nurses' Association published the Position Paper on Educational Preparation for Nurse Practitioners and Assistants to Nurses (ANA, 1965). The professional association endorsed the following: that nursing education should take place in institutions of higher education, that the associate degree was to be the minimum preparation for entry into technical nursing, and that the baccalaureate degree was to be the minimum preparation for entry into professional nursing.

Since 1965, national studies indicate that enrollment patterns in nursing education have resulted in a marked increase in AD programs, and a slow increase in baccalaureate programs. However, little progress has been made in implementing the 1965 Position Paper in establishing the associate degree for the technically prepared nurse and the baccalaureate degree for the professionally prepared nurse. Beginning in the early 1970s, state nurses' organizations in support of the ANA's position began to endorse the two levels of nursing, technical and professional. This movement was given further encouragement by the 1973 report from the National Commission for the Study of Nursing and Nursing Education (NCSNNE) which recommended career mobility as a pattern of education which would support the evolving extended roles for nurses. The commission further recommended

consortia be developed to promote collaborative efforts for career mobility between institutions(Lysaught, 1973).

In 1978, the American Nurses' Association(ANA) passed two resolutions which were reaffirmed in 1980. The first resolution endorsed the establishment of two categories of nursing practice, technical and professional; the second resolution supported the need for increased accessibility to career mobility or open curricular programs which could provide the opportunity for the registered nurse to earn a baccalaureate degree in nursing(Appendix B and C). Following the reaffirmation of these resolutions by the ANA, the National League for Nursing (NLN) issued two similar and supportive statements. The first position statement endorsed open curriculum in nursing education which are designed to meet changing career goals and learning needs of students(Appendix D). The second statement supported educational mobility opportunities which provides for individuals to advance from one type of nursing practice to another(Appendix E).

Subsequent recommendations by various study groups have endorsed the articulation of nursing education programs so that students may move from an associate degree program into a baccalaureate program without loss of credit or time. More recently, in 1981, an investigative report was published indicating that progress had been made on the 1973 recommendations of the National Council for the

Study of Nursing and Nursing Education(NCSNNE)(Lysaught, 1981).

Articulation between associate and baccalaureate nursing programs must be designed so that the baccalaureate program logically and sequentially builds on the skills, knowledges, and competencies taught to the students of the associate degree curriculum. These types of collaborative efforts are endorsed by the nursing organizations as well as by a variety of studies on nursing education.

Regarding the specific recommendations of career mobility options and development of consortia, some progress has been achieved(Lysaught, 1981; Gray, 1982). There remains, however, a need for further development of career mobility programs and collaborative endeavors through the establishment of consortia.

#### ASSUMPTIONS

In planning for the development of the Nursing Education Consortium(NEC) several assumptions were made which needed to be discussed and validated with the participating members. In the development of a NEC, the directors of the designated associate degree (AD) programs would be engaging in a concerted effort to create a mechanism whereby the student would be provided with a career mobility option through the establishment of program articulation. The assumptions used in the planning process are identified below:

(1) Student success in an associate degree program can raise the level of their career aspirations.

As students successfully complete a two-year program they may desire to earn a baccalaureate degree in nursing. Program articulation can facilitate this career goal.

(2) Decisions regarding one's nursing career change throughout life for a variety of reasons.

This assumption is closely related to the first assumption in that an individual may determine that the associate degree is to be the career goal but, at a later time, decide that additional educational preparation is desirable.

(3) The autonomy of each institution participating in the development of the consortium would need to be preserved.

Decisions could not be made within the developing process which would be of a policy nature and negate the autonomy of any of the institutions.

(4) Nursing service would need to be represented at some point in the process.

Since nursing services employ the graduates of nursing programs, their recommendations would be desirable and useful in developing programs. They would also aid in validating the expected competencies of the graduate.

(5) A review of competencies of the associate degree nurse would be necessary.

The baccalaureate program is designed to build on AD programs in such a way that no course repetition or assessment of prior learning is needed. Therefore, the participants would need to identify or agree on the expected competencies of the associate degree nurse as he/she graduates from the two-year program.

(6) A review and comparison of program objectives of all programs would be necessary.

Program objectives or outcome behaviors become an important aspect of articulated programs because the outcomes must be fairly consistent at one level for the students to be successful at the next level. In addition, accreditation standards of the National League for Nursing (NLN) need to be met.

(7) A contractual agreement would need to be developed to identify the collaborative relationships among the consortium members.

This agreement would identify which items were agreed upon and which items would need to be reviewed periodically.

These assumptions were used in the developmental process of establishing the consortium. They were discussed and reviewed by the participants.

#### SIGNIFICANCE OF THE STUDY

Program articulation through the development of consortia is an area of interest and concern for many nursing educators, for nurses who would like to continue their education, and for nurses who have continued their education and who have been faced with numerous obstacles. Articulation also provides a means of upward mobility for nursing students.

Many nursing leaders as well as the professional nursing associations have addressed themselves to this complex problem. Specifically, it is the responsibility of these

nursing educators, with proper collaboration and consultation, to determine how articulation and career mobility can occur. Demands of the profession and the demands of society, both of which have expressed concerns about the lack of mobility options, would thus be met.

During the development of the Nursing Education Consortium(NEC), the current consortia literature was reviewed. Therefore, one dimension of the study will summarize the literature in higher education and the literature in nursing that deal with the development of consortia. The literature review provides guidance in looking at the advantages and disadvantages of consortia, the procedures used by various existing consortia, and how these arrangements influenced curricular changes. This summary offers some answers to questions regarding the process of consortia development, providing validation for use of these procedures and offering guidelines to other nursing educators who may seek to establish a consortium. The findings and procedures discussed in this summary reinforces the similarity of the developmental processes used in achieving educational cooperation among institutions of higher education. In addition, this summary has been used as a basis for conducting a descriptive analysis of the development of a specific consortium.

Consortia in nursing education are not numerous; therefore, the study will add to the literature on this relatively new cooperative arrangement in nursing. Of lesser significance,

but an underpinning of the study, is a discussion of the development of nursing competencies and how these competencies may affect curricular decisions. The study may be a valuable resource in reviewing the impact of this arrangement on the other institutions, that is, how the curricula in the designated nursing programs may have changed.

The guidelines resulting from this study may be useful to nurse educators in their consideration of the feasibility of establishing other consortia for nursing education to provide for program articulation and career mobility. In addition, the study may serve as a resource to other groups, aside from nursing, who are seeking to develop consortial arrangements. It also may provide a basis for generating hypotheses for further research concerning the development of consortial arrangement and articulated curriculum in nursing education and higher education.

#### DEFINITION OF TERMS

The definitions of terms used in this study are:

(1) An associate degree nurse (a technical nurse) is a graduate of a two-year, state-approved associate degree program in registered nursing and is eligible to write or has passed the state licensure examination.

(2) A baccalaureate degree nurse (a professional nurse) is a graduate of a four-year college or university program in registered nursing and is eligible to write or has passed the state licensure examination.

(3) Competency means an intellectual, attitudinal or motor capability derived from a specified role and setting and stated in performance terms. It can be further subdivided into terminal behavioral objectives.

(4) Career mobility is a plan permitting the able individual who wishes to move upward in the nursing educational system to do so as easily as possible, without undue loss of time or energy on the part of the individual (Dineen, 1975).

(5) Open curriculum is a term used to describe a variety of concepts and approaches that facilitate advanced placement or mobility in nursing education programs (Lenburg, 1975, Ch. 3). It is a system which incorporates an educational approach designed to accommodate the learning needs and career goals of students by providing flexible opportunities for entry into and exit from the educational program.

(6) Nursing competency is an ability or competency which a nurse possesses due to the nursing education process or to nursing experience.

(7) American Nurses' Association (ANA) is the professional nursing association with membership open only to registered nurses.

(8) National League for Nursing (NLN) is a professional nursing organization which has membership open to anyone who is interested in promoting nurses and nursing.

(9) Articulation is the unification and coordination of learning experiences by providing educational opportunities for those who are interested in career mobility without



lowering standards and by providing opportunities to validate previous education and experiences.

(10) An articulated student is a registered nurse enrolled in a baccalaureate nursing program.

(11) Career laddering is a tiered sequence in nursing education from technical to professional programs.

(12) Consortium is used to indicate academic cooperative arrangements in higher education and in nursing education. Through such efforts mutually beneficial goals are agreed to which will facilitate student mobility and program articulation.

#### LIMITATIONS

The study is limited to using the case study approach in describing and analyzing the process of developing a consortium. Thirdly, another limitation of case studies is the lack of generalization. Insights which are gained from a particular case may not apply to other cases (Gay, 1976). Generalizations need to be made with caution. However, this descriptive case study may stimulate hypotheses which can be tested in further research. Since the researcher is the head of the baccalaureate program with which the associate degree programs developed a consortium, it is recognized that some bias might enter into the study. A further limitation is that the researcher served as chairperson of the committee during the developmental process. As noted by

Franklin and Osborne(1971), it is difficult for an observer to report data in an objective manner, and observer bias becomes another limitation as the viewer sees only what he selects to see. A conscious effort has been made to avoid this bias and to report the data in an objective manner.

#### DELIMITATIONS

The study is delimited to the procedures used to develop this specific consortium with Ferris State College and the designated Community Colleges. The consortium development is restricted to the nurse educators in the AD nursing programs of these community colleges and the baccalaureate nursing program at Ferris State College.

#### ORGANIZATION OF THE STUDY

The study is organized into five chapters. Chapter I is concerned with the problem, including the introduction and statement of the problem, the significance of the problem, the assumptions, the definitions, the limitations and the delimitations. Also included is an overview and organization of the study.

Chapter II cites the precedents in literature related to consortia in both higher education and nursing education.

Chapter III describes the case study method utilized to describe and analyze the process of developing this particular consortium.

Chapter IV presents an analysis of the process of developing a consortium.

Chapter V contains a summary of the first four chapters, the principle findings, conclusions, and recommendations for further research.

#### SUMMARY

The purpose of this study is to describe and analyze the process of developing a Nursing Education Consortium with the baccalaureate program at Ferris and the associate degree(AD) nursing programs at seven community colleges. The membership of this consortium is limited to the nursing department at Ferris and to seven associate degree nursing programs located in community colleges encircling Ferris State College. Background information regarding Ferris and the community colleges is included in the study to provide the reader with an understanding of the institutions which participated in the consortium development. The purpose of this collaborative relationship was to develop a mechanism for program articulation which would provide an opportunity for career mobility for the registered nurse. A case study approach will be used to describe and analyze the assumptions which were made before initiating the meetings, the group planning which was necessary to establish the collaborative arrangement, and the development process itself.

Nursing education is rapidly moving to two categories of nursing practice: technical and professional. Because of this, programs need to be designed and articulated so that students may have the opportunity to earn a baccalaureate nursing degree after they have earned the AD. A consortium may provide that opportunity. Consortia in higher education and in nursing education will be reviewed. Guidelines from the literature in these areas will serve as a background for reporting and analyzing the processes related to the development of this NEC.

## Chapter 2

### PRECEDENTS IN LITERATURE

The scope of this study necessitates review of the literature in two categories. The first category has two parts: consortia in higher education and consortia in nursing education. The second category, directly related to consortia in nursing education, requires a special review of the development of competencies for the associate degree (AD) nurse, as related to the need for cooperation among institutions granting two- and four-year degrees.

The review of the first category, largely historical, traces the development of interinstitutional cooperation and identifies some existing consortia in higher education. Growing out of such cooperative efforts, guidelines for developing consortia have been formulated and, like the goals of the cooperating institutions, have much similarity regardless of the nature of the institution or the program. This similarity in the purpose of setting up a consortium is evident in programs among institutions offering degrees in nursing. Nursing, like many other disciplines, is motivated by a desire to educate students who, as graduates, will possess a commonality in professional knowledge and the ability to use this learning. The literature on consortia

in nursing reflects this collaborative effort by various degree-granting institutions, to clarify and unify their program goals and objectives. Several studies on nursing consortia have been done by professional nursing organizations. Within these reports, nursing leaders have contributed to the formulation of the competency level for the associate degree(AD) nurse.

There is a parallel between the development of nursing consortia and that of the consortia in higher education. The latter has been a steady, if somewhat hesitant, attempt at collaboration spanning the better part of the last sixty years. The success of the nursing field in developing consortia is partially due to the contributions made by other disciplines and institutions in their efforts at cooperation and collaboration for common academic aims.

#### CONSORTIA IN HIGHER EDUCATION

Historically, most institutions of higher education have honored the efforts of each other academically. In the past, one institution accepted another institution's credits granted to students, sometimes without reservation and at other times with certain restrictions, but almost always with the stipulation that the transferring students would meet the entrance and graduation requirements of the degree-granting institution. Even within state borders, these policies toward the courses offered by state institutions have been applicable. In fact, with some exceptions,

this procedure is still the common practice, even though formal agreements began in 1925.

In that year, two institutions in California worked out an agreement for the development of joint facilities. In this instance, the venture between the two institutions was feasible because of their adjoining campuses. As a result, one quarter way into the twentieth century, the first formal voluntary association of institutions in the United States was established at The Claremont Colleges, Claremont, California. This first consortium, however, did not create a rush by which other institutions joined into cooperative ventures. The growth of consortia initially was slow with long periods of dormancy until the decade of the 1960s. In fact, there is only one other recorded voluntary consortium that was organized during the thirty-five years from 1925-1960: This consortium was established in 1929 across the continental United States in the Atlanta University System. This cooperation of the Atlanta University System was the result of the recognized need for each institution to specialize and to cooperate with curriculum planning(Patterson, L., 1971a).

Nine years after the establishment of the Atlanta University System, the American Council on Education conducted a national inventory of interinstitutional cooperation. The report, as might be expected, noted that there were many opportunities for cooperation among institutions(March, 1938). But this report, like the two first consortia, did not hurry

the formal arrangements of cooperation. Within the last twenty to twenty-five years, however, the number of consortia has increased to the point that 132 voluntary consortia were listed in the 1981 Consortium Directory, a dramatic growth of over 6500% over the original two from the decade of the 1920s. This suggests that the period of apparent dormancy was really a time of preparation for the establishment of consortia, as well as a time when the needs of education were changing.

These past twenty years have seen a growth in numbers of consortia and in an understanding and a formalization of the steps needed to establish consortia so that there are benefits to the aims of higher education. As a result of this interest in consortia, some institutions have been drawn into closer working relationships that, though not without problems, have usually resulted in benefits to the cooperating units and to their students.

In understanding this greater cooperation among institutions, it is necessary to look at some of the reasons behind this closer partnership. About 1960, interinstitutional cooperation in higher education, particularly between two-year and four-year colleges, came to the forefront of educational concerns. These concerns were largely the result of (1) a marked growth in the number of community colleges, (2) problems inherent in transfer mechanisms, and (3) increased enrollment in higher education (Blocker, 1966).

Many students enrolled in two-year colleges and then transferred for the last two years to colleges and universities.



Blocker noted that the institutions wanted academic success for the students. Therefore, the primary concern of articulation is a four-pronged concern: (1) students need a thorough understanding of the transfer mechanism; (2) the duplication of courses and content is to be avoided; (3) the institutions must serve complementary roles, not competitive ones; and (4) open communication must be maintained so that changes are readily known and problems can be easily solved(1966).

Another influencing factor in the development of consortia was federal funding under Title III of the Higher Education Act of 1965. This legislation provided funds for two-year and four-year colleges which were struggling for survival to be given financial aid to try to improve their educational endeavors through cooperation with other institutions(Patterson, F., 1974, p. 24). Planning and cooperation are seen as an important function for the vitality and growth of an institution(Halstead, 1974: Enarson, 1975). Concern has been expressed with over-standardization of planning efforts which could interfere with institutional autonomy. Cooperation is more likely to benefit the educational system than competition for resources(Carnegie, 1973, Ch.8).

Kintzer further emphasizes that voluntary cooperative relationships can best serve all parties involved; articulation must focus on meeting the needs of students and avoid over-standardization(1982). Sound academic planning is further endorsed by Fuller who states that flexible planning

can meet changing social conditions and evolving student needs within a framework of self renewal for the institution itself(1976).

An example of a voluntary collaborative effort in higher education is that which has been accomplished between Minnesota and Wisconsin and between Minnesota and North Dakota. A reciprocal arrangement was established between these states, in separate agreements, whereby students could attend educational institutions in either state without increased costs. The purposes identified were to increase the post secondary advantages to the residents of the respective states, increase accessibility and meet the needs of students at all levels of education(Minnesota, 1975). The autonomy of the institutions appears to be preserved in this example of reciprocal agreements where the state agency served a coordinating function. As expressed in the final report of the Carnegie Commission on Higher Education(1972, p. 59):

Our greatest single concern. . .is that in some states superboards and legislators and governors are now exercising too much detailed policy and administrative control over institutions of higher education and unduly infringing upon their essential independence, are neglecting higher education too much financially and controlling it too much administratively. They should, instead, support and advise.

Pressures for change in institutions of higher education come from a variety of publics and creates an uncertainty as to the role and function of the institution. One response to these concerns and pressures has been the development of regional consortia among institutions(Yarmolinsky, 1976).

The purpose of such cooperation, whether it is called articulation, consortia, transfer, network or reciprocity, is to promote continuous, efficient progress of students through the educational system.

Since 1960, cooperative efforts have been occurring among institutions, particularly private colleges. These voluntary relationships have varied in complexity from single purpose arrangements, such as cross-campus registration to multi-purpose associations. When these academic arrangements have involved three or more institutions, they commonly have been referred to as consortia(Patterson, L., 1971a). For consortia to be listed in the Consortium Directory, five criteria must be met. These criteria were established through the efforts of L. Patterson in 1967 and used in his doctoral dissertation(1971b, p. 72). The criteria and rationale are as follows:

1. Each organization was a formal consortium. The intent of this stipulation was to exclude an indeterminate number of cooperative arrangements which considered their inter-institutional relationships as informal. Formal arrangements were considered to be more binding on member institutions.
2. Each organization had three or more member institutions. This criterion excluded more than 500 diverse bilateral arrangements in the United States which were viewed typically as unstable, temporary and highly dependent upon personalities. In contrast, the arrangements involving three or more members tended to be more complex, stable and permanent.

3. The purpose of each organization was multi-academic. Approximately 500 single-purpose arrangements, including many of the bilateral arrangements, did not satisfy this criterion. The multi-purpose arrangements, not restricted to one specified activity, had a greater potential for cooperative program development.
4. Each organization employed at least one full-time professional. The employment of staff was viewed as a significant measure of financial commitment to the cooperative arrangement. Less than 100 multi-purpose academic consortia in the United States satisfied this criterion. Those that did not were properly described in the literature as "paper" consortia.
5. Each organization had a required annual contribution or other tangible evidence of long-term commitment of member institutions. The purpose of this criterion was to focus on those cooperative arrangements whose members had demonstrated by deed a continuing institutional commitment to the cooperative arrangement.

These criteria have continued to be used to identify and list consortia for the Consortium Directory 1977 (Patterson & Burnes, 1977; Patterson & Emplaincourt, 1981). As reported by the Consortium Directory, the growth in voluntary consortia, which meet the specific criteria, can be readily seen in Table 1.

TABLE 1

GROWTH IN VOLUNTARY ACADEMIC CONSORTIA

| <u>Consortium Directory</u> | <u>1967</u> | <u>1975</u> | <u>1977</u> | <u>1981</u> |
|-----------------------------|-------------|-------------|-------------|-------------|
| Consortia listed            | 31          | 106         | 115         | 132         |

Martin further states that consortia have more possibilities than limitations and that national study panels urge higher education to form more consortia. Yet, despite

the benefits claimed for these arrangements, they are not being formed at a rapid rate, which could be due to institutional concerns for autonomy. He further identifies that critical to consortial development is a team spirit combined with common status, purpose, standards and clear expectations (1981). Increasing competition for students and resources increases the need for statewide planning and coordination of efforts and can serve to increase institutional effectiveness(Callan, 1980).

Scott states that while many consortia have been successful, these arrangements must be carefully planned and looked at from all points of view so as to avoid problems in the implementation phase(1977). Hershfield, in agreement with Scott, described the noteworthy success of the National University consortium one year after implementation. He emphasizes that careful detailed planning was necessary to achieve success in this cooperative effort between broadcasting systems and seven colleges and universities(1981). Grupe, in discussing consortia development, says that an intricate array of interrelated factors must be considered. Cooperative efforts should not be viewed as success which is easily achieved but rather, "joint programs are seldom born easily and do not fall into place on their own accord"(1970, p. 14).

Although the first intercollegiate agreement was reached in 1925, the development of consortia in higher education is still a relatively new effort with the major growth in this area occurring in the early 1970s. Early in the decade

of the 1970s, the Carnegie Commission recommended that educational administrators seek mechanisms of cooperation between institutions which will benefit both the agencies involved and the students(1973a; 1973b). F. Patterson discusses the opportunities which exist in the development of consortia and emphasizes that it is difficult to reach agreement on such arrangements. He further states that ". . .it must be demonstrated that it is more prestigious to be flexible, to cooperate and to innovate"(1974, p. 56).

The 1972 Higher Education Amendments have served as a further catalyst to statewide planning and coordination. This act provided for the formation of a commission appointed by the governor of each state and supported by federal funds. "The commission is authorized to make grants to institutions of higher education which are in serious financial distress"(Higher Education Amendment Act of 1972, Sec. 122. (2)(A)). This legislation became a turning point in the history of aid to higher education as it was not likely that large subsidies could continue. It became increasingly clear that colleges and universities would need to engage in joint planning efforts(Patterson, L., 1974). The commission was to develop a comprehensive plan for state education to decrease competition and to facilitate articulation among educational institutions(Mortorana, 1974). It is further noted by Mortorana that during the 1950s and 1960s, many statewide master plans were developed which formed the basis of the 1972 act. These early plans stressed

clarification of purpose and mission while efforts since 1972 have stressed multiple delivery systems and multiple options for students. Table 2 indicates additional efforts in types of statewide coordination(Berdohl, 1971, p. 26).

TABLE 2

TRENDS IN TYPES OF STATE COORDINATION 1939-1969

| States with:           | 1939 | 1949 | 1959 | 1969 |
|------------------------|------|------|------|------|
| Voluntary coordination | 0    | 3    | 7    | 1    |
| Coordination boards    | 2    | 3    | 10   | 27   |
| Governing boards       | 15   | 16   | 17   | 19   |

One of the dominant needs for coordinating the educational process is in the transfer of students and credits from one institution to another. In a study of the transfer process, Menacker states that the democratic philosophy of education for all citizens demands a system which provides for articulation which is "best characterized by the processes which promote continuous, efficient, forward progress of students through the educational system"(1975, p. 4). In reviewing articulation in higher education, Willingham identified three common themes: (1) coordination of educational programs, (2) processes and procedures whereby coordination is achieved, and (3) coordination of a variety of programs(1972, p. 13). Articulation between junior and senior colleges is further endorsed by Knoell and Medsker as it provides for student mobility, preserves institutional freedom and encourages the student to achieve to the highest educational level possible. They discuss, however,

two factors which have not promoted articulation. These are a long history of senior institutions recruiting from high schools rather than from the junior colleges and a concentration of junior college transfers to the major universities rather than transfers among all colleges(1965, p. 73).

Transfer of credit and articulation between two-year and four-year institutions are concerns of Kenny who indicated that there is a dearth of clear cooperative mechanisms of articulation which support transfer of all credits from the community college to the university programs. While full recognition of credits is best achieved between specific curricula, such as among nursing programs, continued efforts are needed in these areas. Kenny further offers some guidelines for articulation. These recommendations are (1) institutions must share the responsibility for student progression, (2) students must meet lower division requirements, (3) students must meet the admission criteria for upper division programs, and (4) students must recognize that credit distribution between lower and upper division may be required(1976, p. 27). Waller further endorses the concept of articulation between community colleges and four-year institutions. His endorsement is particularly in the area of social sciences, and he states that the student must be considered as the prime beneficiary of such agreements(1977).

One state that has worked out articulation among its institutions of higher education is Florida. This state's



educational system is set up so that community college curricula articulate with curricula in the universities. These arrangements are seen as successful as determined by the success of the students who have transferred from the two-year to the four-year institutions (Articulation, 1978). Within the state of Michigan, Ferris State College has an agreement with some of the two-year colleges, an agreement that includes most of the Kenny recommendations of shared responsibility for student progression toward meeting degree requirements.

In discussing articulation, Kintzer has stated that the major influences on articulation and the development of consortia are the increasing control by state and federal governments, diverse avenues for advanced placement, work experience being applied to degrees, increase in external degrees, increase in upper division university programs, curricular diversity, and improved technology. He further sees articulation and consortial agreements as a way to allow students to pursue individual goals in higher education (1976).

Although consortial agreements have been slowly arrived at, there is diversity among these consortia. As an example the Dayton-Miami Valley Consortium includes two state universities, a public community college, six church related institutions, a federal installation, a proprietary art school, and a career training school. These various educational opportunities are operated through an Educational

Opportunity Center. This consortium has been developed in the state and has worked out an articulation process among the institutions of its educational system. A second example is the Central Pennsylvania Consortium which combines four private liberal arts institutions in cooperative programs(Lepchenske, 1976).

An example of a large voluntary consortium is that developed by the Committee on Institutional Cooperation(CIC) which includes the Big Ten universities and the University of Chicago. This consortium was formed to reduce competition for students and scholars, to increase specialization of curricula, and to share identified resources. CIC is considered as the close counterpart among voluntary consortia to the three large statutory consortia: New England Board of Higher Education, Southern Regional Education Board, and Western Interstate Commission for Higher Education(Salwak, 1964).

In an early effort to establish guidelines for consortia, the Joint Committee on Junior and Senior Colleges developed guidelines based on a research study which analyzed the characteristics of transfer students and their problems. The guidelines specific to articulation programs are as follows(Guidelines, 1966, p. 15-17):

1. Articulation activities should involve the types of personnel who deal most closely with the problems under consideration.

2. Representation from each segment or sector of education must then be sought, with careful consideration given to the following problems:
  - a. effective communication with institutions not directly represented;
  - b. rotation of responsibility among representatives;
  - c. preservation of continuity in personnel.
3. Procedures need to be established for:
  - a. identifying appropriate problems;
  - b. initiating needed studies;
  - c. proposing solutions to problems;
  - d. ratifying and implementing agreements.
4. Because articulation is both a process and an attitude, there are distinct advantages in having articulation machinery voluntary, particularly with respect to procedures for reaching agreements.
5. In addition to some over-all administrative coordination, there will be specific articulation activities which will assume a variety of forms(Ad hoc or standing committees).
6. Statewide activities should not be regarded as a substitute for local action. Articulation at the national level may also be achieved in some measure through efforts of professional organizations and particular disciplines. Institutional articulation may include:
  - a. visits between campuses;
  - b. interviews between transfer students and their former counselors and instructors;
  - c. routine feedback of transfer performance data between pairs of institutions.
7. Communication between institutions may be facilitated by:
  - a. inter-campus visitation of faculty and staff;
  - b. effective college publications;
  - c. dissemination of research results to practitioners;
  - d. conferences and committee activity, including the preparation and distribution of proceedings and minutes of meetings.

8. Articulation programs should provide for built-in periodic evaluation of the adequacy of the machinery, the effectiveness of types of personnel involved, the appropriateness of problems considered, and concrete achievements attained. Machinery should remain flexible and responsive to changing situations.

Five years after this study, in 1971, L. Patterson, identified several factors which were having an impact on higher education. These influencing forces were (1) the emergence of new technology which results in curricular change, (2) demands for specialization which require diverse cooperation, (3) desire to innovate and experiment to better serve society, and (4) the increasing cost of education. Interinstitutional cooperation is seen as one way to achieve an orderly balance among these forces of change. Patterson further offers advantages and disadvantages of consortial arrangements(1971a).

#### Advantages

1. more flexible, imaginative, creative, and experimental,
2. cut across state and political boundaries without seeking governmental sanction,
3. include public and private institutions and encourage pluralism within a single system,
4. acquire some advantages of largeness and retain advantages of smallness, and
5. cultivate a healthy atmosphere of grass-roots decision making and participation.

### Disadvantages

1. constraints of statutory consortia and their financial base, and
2. absence of line authority for quick decision-making.

Patterson's analysis of the purposes of 51 consortia indicates four basic purposes for collaboration. They are (1) to improve the quality of programs, (2) to expand educational opportunities, (3) to save money, and (4) to relate more effectively with the outside community. In addition, throughout the document, Consortia in American Higher Education, L. Patterson has offered guidelines for development of consortia(1970, p. 2). These guidelines are summarized as follows:

1. identify the need for the consortium,
2. when the planning committee assembles, allow time for the members to get acquainted,
3. carefully develop a broadly based plan,
4. preserve institutional autonomy,
5. identify a leader who possesses interpersonal competence,
6. involve the staff who will implement the consortium, and
7. the leader must be goal directed and able to achieve the purpose through the group.

Once the purposes for cooperation were detailed, writers studied the methods used for developing and managing consortia. As a result of these studies, several reports document procedural details for establishing consortial agreements.

Lepchenske, in reviewing consortia in higher education and their management, states that there are diverse types of cooperative arrangements, which have complex and often overlapping functions and are, therefore, difficult to categorize as subcategories under voluntary and involuntary. Lepchenske's report further emphasizes that the organization and management of consortia are following logical business practices in structure and administration. Professional purposes are supported by decentralized structures; service purposes are supported by more centralized structures. Therefore successful cooperative arrangements require a clear purpose statement, careful supportive planning, and realistic operations. Guidelines offered by Lepchenske to be used in developing cooperative arrangements or consortia are as follows(1976, p. 17):

1. identifying and ordering of values in institutions to establish educational priorities,
2. surveying the priorities of other institutions,
3. encouraging students, faculty, and administrators to develop projects,
4. participating in long-range planning of educational resource use and allocation,
5. providing support for cooperative activities,
6. developing cooperative projects which support institutional values and purposes,
7. supporting cooperative structural organization best designed to achieve the level of purpose,
8. evaluating cooperative efforts periodically, and
9. redesigning, reidentifying, restructuring as needed to achieve institutional values and goals.

Three years later, in 1979, Rossmeier discussed master planning among community colleges as a creative endeavor which could enhance the opportunities of students and best utilize the resources of the institution. In planning and developing cooperative arrangements, he offers the following observations(p. 9-10):

1. Executive commitment must be more than just endorsement, it must mean involvement.
2. Keep the Task Force effort to no more than 19 months.
3. There must be an energizer, usually the chief planning officer, who guides a planning task force through planning activities successfully to the point of a written document.
4. Participation on the planning task force should become a privilege in the eyes of the college community.
5. The planning process must be developed as a regular part of institutional activity. Planning cannot be run by a committee or one individual but eventually must be diffused throughout the organization.
6. A participative process should be developed in a planning cycle. But reluctant participants can easily impede or sabotage efficient planning, therefore, establish a working calendar to keep the process moving.
7. Planning must be future directed and continuously re-evaluated in light of changing conditions and changing community tastes and preferences.
8. A master planning process must be cyclical to allow for an institution's master plan to be reviewed and updated every two years.
9. A six-year master plan would be a reasonable time period in which to project the future. One exception to this may be the area of facilities where campus plans may extend to eight or even ten years into the future.

10. A master plan is only as good as the data base from which the future is projected. High quality, factual information must be accessible.
11. Planning should be viewed as flexible and dynamic. Keep in mind that planning can curtail vision because while planning emphasizes order, vision is not necessarily order.
12. Probably most important, keep the planning process simple. Sophisticated methodologies often do nothing more than keep participants so immersed with irrelevant tasks, a master plan is either never completed or completed haphazardly.
13. Use institutional staff to develop both a planning process and a plan. Restrict consultants to specific tasks when added manpower is required but ensure that staff are in control of effort at all times.
14. Projections of the future environment in which the organization will find itself must be based on more than just present and past conditions.

Smith, in working with consortium development among urban districts in New Jersey, offers the following guidelines for the development of cooperative arrangements: (1) assess the need for the consortium, (2) delineate the roles of each committee member, (3) establish liaison between institutions, (4) identify or select a leader, (5) establish long-range planning priorities, (6) establish transfer mechanisms between institutions, (7) maintain open communication system, and (8) establish an evaluation procedure(1978).

At an Academic Consortia Seminar, Sagan summarized his doctoral dissertation which identified steps in planning and establishing consortium in higher education. In this presentation, he emphasized the need for careful planning



which includes data collection, establishing objectives, and clarifying assumptions. These three elements serve as a guide in sequencing activities for the development of a consortium. He further divided the planning activities into two categories--early planning and advanced planning. These guidelines or steps are summarized below(1969, p. 9-11):

#### Early Planning

1. Move from informal beginnings to broad preliminary planning efforts.
2. Identify program services which may be offered by the consortium.
3. Development of financial arrangements for planning and operation.
4. Survey institutional resources.
5. Determine the recipients of information, communication and publicity.
6. Utilize consultants.
7. Develop a master plan for the consortium and gain approval from appropriate departments and persons.

#### Advanced Planning

1. Develop formal organization including policies, goals, and an advisory committee.
2. Select the executive director.
3. Provide for central office facilities.
4. Employ clerical personnel.
5. Finalize program development and services to be offered.
6. Establish financial system and develop financial management system.
7. Finalize communication system and establish liaison with media.

The concept that planning and communication are necessary to the development of articulation mechanisms and consortia is further discussed by Kintzer. He has written a book, Middleman in Higher Education, in which he reports that the student is the person who loses when there is no cooperative planning or agreement on transfer guidelines. In order for the student to be better served he endorses long-range institutional planning, open communication between two-year and four-year institutions, particularly in the area of curricular development, consistent transfer policies, and the acceptance of the associate degree as the basis for upper division course work. In addition, he states that voluntary consortia or state plans are more desirable than mandated plans(1973).

Minert, in 1977, in summarizing articulation and long-range planning in the American educational system says that articulation as the "creation of an educational system without artificial divisions, so that the whole educational period becomes one unbroken flow, which varies in speed for each individual," remains a goal in the United States(p. 49). While there are some educational systems which are tightly integrated, in general, the current system remains fragmented and in need of interinstitutional planning and cooperation (Minert, 1977). Minert's summary of the present condition on cooperation could be used to characterize the current articulation among the nursing programs.

## CONSORTIA IN NURSING EDUCATION

Programs preparing nurses for licensure as registered nurses fall into three general categories: two-year associate degree, typically offered by a community college; a two-to three-year hospital-based program granting a diploma; and a four-year program offered by colleges and universities. Among these three types of programs, the diploma programs in the U.S. date to 1873, the baccalaureate programs to about 1907, and most recently in 1952, the associate degree programs were developed. Concurrently with the establishment of the associate degree programs, nursing leaders were concerned that three distinct types of programs were preparing nurses for registered nurse licensure; therefore, in 1965, in an effort to establish two educational routes to registered nurse licensure, rather than three, the American Nurses' Association(ANA) published the Position Paper on Educational Preparation for Nurse Practitioners and Assistants to Nurses(ANA, 1965). The professional association endorsed the following: that nursing education should take place in institutions of higher education, that the associate degree was to be the minimum preparation for entry into technical nursing, and that the baccalaureate degree was to be the minimum preparation for entry into professional nursing.

Little progress has been made in implementing the 1965 Position Paper in establishing the associate degree for the

technically prepared nurse and the baccalaureate degree for the professionally prepared nurse. Therefore, in 1978, the ANA passed two resolutions which were reaffirmed in 1980. The first resolution endorsed the establishment of two categories of nursing practice, technical and professional; the second resolution supported the need for increased accessibility to career mobility or open curricular programs which could provide the opportunity for the registered nurse to earn a baccalaureate degree in nursing(Appendix B and C).

In 1970, the Board of Directors of the National League for Nursing(NLN), voted to support the open curriculum in nursing education "as a system which takes into account the different purposes of the various types of programs but recognizes common areas of achievement." The position statement further read that "such a system permits student mobility in the light of ability, changing career goals, and changing aspirations. It also requires clear delineation of the expectations of nursing programs, from practical nursing through graduate education. It recognizes the possibility of mobility from other health related fields"(NLN, 1974, p. 141). The NLN position statement on open curriculum in 1970 was reaffirmed by a second statement on open curriculum in 1981(Appendix D and E). The earlier statement had set the stage for open curriculum in nursing education. Program articulation grew out of the characteristics of open curricula and some of the curricular projects which were implemented by the NLN. In much of the nursing literature open curriculum and program articulation are used to refer

to career mobility programs(Notter, 1979).

Subsequently, changes in patterns of nursing education, including program articulation, and the beginning development of consortia have been influenced by these resolutions and position statements from the professional nursing organizations; by studies of nursing completed by the National Commission for Nursing; statewide plans for nursing education; the development of regional consortia; studies completed by federal agencies; and a variety of articles and reports in the nursing literature.

Beginning in the early 1970s, state nurses' organizations began to endorse the two levels of nursing, technical and professional. The nursing literature indicates that program articulation between the levels of nursing is more frequent than consortial arrangements, with formalized consortia in nursing education beginning in the mid to late 1970s. This cooperative movement may have been due to economic concerns, or it may have been stimulated by the American Nurses' Association(ANA) position of 1965 regarding entry into nursing practice. In addition, the movement toward program articulation and consortia was given further encouragement by the report from the National Commission for the Study of Nursing and Nursing Education(NCSNNE). The reports of this commission, which are frequently referred to as the Lysaught Reports, were initiated as a result of a 1963 report of the Surgeon General's Consultant Group on Nursing. The reports were funded by the ANA and the National League for Nursing(NLN), foundation funds, and an anonymous

donor. This funding permitted the study group to function and to publish its findings as an independent agency. The four study areas of the commission were (1) supply and demand for nurses, (2) nursing rules and functions, (3) nursing education, and (4) nursing careers. Of interest for this study are the recommendations for nursing education. The 1970 report supported the ANA position statement of 1965 and made specific recommendations regarding nursing and education (Lysaught, 1970, Ch. 5).

1. Each state develop master planning committees to place nursing education in collegiate settings.
2. Junior and senior collegiate institutions cooperatively develop programs which will facilitate transfer and career mobility for the nursing student.
3. In planning for articulation between two levels of collegiate nursing education, three regional or interinstitutional committees should be identified to determine the levels of learning or competencies.

As indicated by the three recommendations cited here, the first study commission report endorsed statewide planning for nursing education, career mobility, and program articulation.

From 1970 to 1973 the commission members worked with professional nursing organizations and State Boards of Nursing to facilitate the implementation of the recommendations made in An Abstract for Action (Lysaught, 1970, Ch. 5). In 1973, publishing the progress made on implementation, both statewide and regional plans for career mobility and program articulation are summarized. At this point, fewer than ten

states had begun to develop master plans and fewer regional approaches were in progress. Even this progress, however, was viewed with optimism in establishing a collegiate pattern for nursing education and articulation between associate degree and baccalaureate degree nursing programs (Lysaught, 1973, Ch. 5).

Three statewide plans which were stimulated and encouraged by the Lysaught reports include those developed by Texas, Wisconsin, and New Mexico. The Texas plan, developed in the early 1970s, recommended coordination of nursing education throughout the state to promote articulation and career mobility. The curriculum established by the Coordinating Board was designed to be a model for developing programs and a resource for existing programs. It incorporates a plan for nursing education from nursing assistant through baccalaureate nursing where the behavioral objectives for one level were one criterion of being admitted to the next nursing level. The major steps used in developing curriculum for statewide use are summarized as follows (Texas, 1974):

1. Provide career mobility for nursing students.
2. Determine nursing manpower needs within the designated area.
3. Develop nursing competencies to reflect educational preparation.
4. Develop philosophy and conceptual framework of nursing for statewide planning.
5. Identify objectives for curriculum to be used on a statewide basis.

6. Develop criteria for implementing of the curricular model.
7. Determine guidelines for evaluation of the curricular model.

The Wisconsin plan for nursing education also recommended articulation between nursing programs and career mobility options. These recommendations included that nursing education move to two levels of entry into nursing practice--associate degree and baccalaureate degree. While there is a progression toward achieving two levels of nursing practice, recommendations were made for program mergers and educational opportunities for individuals to attain the desired level of practice. Steps or guidelines which the study committee used in developing the recommendations are summarized below (Wisconsin, 1979):

1. Assess nursing manpower needs within the designated area.
2. State-wide representation must include individuals from nursing service and nursing education.
3. Consultants are to be used from within the state and from outside of the state.
4. Entry level nursing competencies must be defined.
5. Program articulation and career mobility must be provided for.
6. Participating institutions and agencies must develop a memorandum of understanding regarding state-wide planning in which they agree to consider recommendations in further planning.



In 1979, New Mexico developed a state plan named System for a Nursing Articulation Program(SNAP). This is a statewide cooperative plan designed to make career mobility opportunities available to nursing students from practical nursing programs through the master of science in nursing. The competencies for each level of nursing are identified and must be attained before one may be admitted to the next educational level. Career mobility and program articulation are achieved through this cooperative effort. The objectives of the New Mexico plan may be viewed as developing steps in establishing a statewide plan. These objectives are summarized below(New Mexico, p. 3):

1. Development, validation, and evaluation of the "Minimum Behavioral Expectations of new graduates from New Mexico Schools of Nursing."
2. Development of a philosophy and conceptual framework for nursing education in New Mexico.
3. Development of objectives for anatomy and physiology, microbiology, and the major nursing content areas.
4. Compilation of advanced standing policies and procedures for New Mexico schools of nursing.
5. Implementation of the BSN Completion plan for registered nurses in New Mexico.
6. Development of a graduate nursing program in nursing.
7. Development of a sense of trust among schools of nursing through inter-school committees and workshops.
8. Increased communication between nursing education and nursing service through an inter-school committee and workshops.

Statewide planning for nursing education in Michigan is not so well developed as in the state plans cited above; however, two reports have been completed. One document, prepared under the direction of the Michigan Department of Education, studied the nursing educational needs in Michigan; a second document, prepared by the Office of Health and Medical Affairs, studied the resources and requirements of nurses and addressed baccalaureate nursing education in Michigan. These reports endorse the need for baccalaureate nursing education and recommend that priority be given to development of career ladder programs in nursing education in the State of Michigan (Michigan Department of Education, 1976; Educational Management Services, 1980). These two studies, in supporting career mobility and program articulation, provide further support for the resolutions of the American Nurses' Association and the National League for Nursing which endorse levels of nursing practice and career mobility programs. However, there is no implementation plan for the recommendations of these studies.

Regional nursing councils were established in the early 1960s by interstate higher education agencies to assist in planning and strengthening nursing education. These councils are concerned with career mobility and program articulation. Characteristics of these regional councils which facilitate cooperative efforts in nursing education include (1) sponsorship by higher education agencies and sensitivity to all aspects of higher education, (2) membership representative of nursing education, (3) representatives appointed for long

periods, (4) representatives from multistate regions, and (5) a small, cohesive working group. The regional councils do not grant academic degrees. They can, however, facilitate career mobility and program articulation in nursing education. One such regional council is the New England Council on Higher Education in Nursing (NECHEN) which is comprised of a six-state region of the New England Board of Higher Education. This council has endorsed the concept of statewide planning for nursing education. While demonstration projects for career mobility, have been facilitated, no consortial agreements have been reached. A second regional council is the Council on Collegiate Education for Nursing of the Southern Regional Educational Board (SREB) which encompasses a fourteen state region (Belcher, 1975).

The Southern Regional Education Board's Nursing Curriculum Project (NCP) provides statewide planning for nursing education which is facilitated and coordinated by the SREB. Interest in statewide planning was encouraged in the early 1970s by the studies completed by the National Commission for the Study of Nursing and Nursing Education (Lysaught, 1970, 1973). In building on this foundation, the Nursing Curriculum Project (NCP) staff planned statewide demonstration projects in nursing education. The W.K. Kellogg Foundation funded projects in several states belonging to the SREB. While planning was facilitated through the NCP, each state adapted to its regulatory demands and the needs of nursing within the state (SREB, 1981). Three states within the

region developed plans for nursing education through interstate collaborative efforts, which supported career mobility and program articulation. None of the states, nor the specific demonstration projects issued prescriptive guidelines, nor developed consortial agreements; however, the problems addressed are offered as recommendations. A summary of these recommendations is provided(SREB, 1982):

1. Assuring that the right numbers and kinds of nurses will be available.
2. Planning for interface with the needs for health-illness care in the state.
3. Issuing statements about the role and functions of nurses.
4. Assuring access to nurse education programs.
5. Fostering collaboration between nursing practice and nursing education.
6. Giving highest priority to the preparation of nursing leaders.
7. Vigorously promoting nursing research and implementing the findings.
8. Assuring the continuing competence of nurses.
9. Funding of nurse education programs that is fair and equitable.
10. Continuing statewide planning after the completion of the initial project.

Another regional approach to nursing education was established at Sonoma State University in California in the early 1970s. This upper division nursing program articulated with associate degree nursing programs in five junior colleges in a six-county area in California. This cooperative arrangement has not resulted in a written

agreement; however, it has been responsive to changes and influences which were occurring during this time. One factor which influenced the development of the articulated nursing program at Sonoma State College was the recommendation of the National Commission for the Study of Nursing and Nursing Education (NCSNNE) which supported new approaches to increase career mobility in nursing education (Lysaught, 1970; 1973). A second factor was the 1970 California Coordinating Council for Higher Education policy statement on admission and transfer from junior colleges which insures "all students who enter public higher education institutions in California, and who maintain satisfactory academic records, the opportunity to progress to the baccalaureate degree without encountering arbitrary barriers" (Searight, 1976, p. 62).

While no specific guidelines can be drawn from the development of the articulated nursing program at Sonoma State College, an upper division curriculum was designed with consideration of sound curricular development to avoid repetition, to build on associate degree nursing education, and to meet the standards for program accreditation. In addition, admission requirements and procedures for the registered nurse student were clearly delineated.

Another regional plan which was encouraged by the report of the Nursing Commission and resolutions from professional nursing organizations is the consortium formed in California which includes five junior colleges and three universities. The purpose for this consortium, like the statewide plan

for nursing education in Texas, was to provide career mobility for nursing students and to establish program articulation. A resolution signed by the presidents of the participating institutions in Orange County and the city of Long Beach served as the founding resolution for the consortium. The program established a five-level articulated program including nurses aides through the masters degree in nursing. In addition to providing for career mobility and program articulation, employers and institutions obtained a clear idea of individual capacity and differences in nursing levels(Lysaught, 1978). The highlights of the process of developing the consortium were delineated as follows (Lysaught, 1978, p. 28):

DEVELOPMENT OF THE ORANGE COUNTY/LONG BEACH  
NURSING CONSORTIUM:  
HIGHLIGHTS OF THE PROCESS

1. Informal discussion among area nursing groups were held. The barriers to articulation between nursing programs and the lack of opportunity for upward mobility beyond the associate degree level were identified as area problems.
2. An ad hoc consortium was established.
3. Grant funds were secured from the W.K. Kellogg Foundation.
4. Administrative support for the project was secured. A second consortium of college presidents of member schools was established.
5. A systematic assessment of problems and goals was carried out.

6. Solutions to the problem were sought:
  - A. Common objectives for the licensed vocational nurse and registered nurse levels were identified.
  - B. Procedures for transfer of students from one consortium school to another were simplified.
  - C. An upper division two-year baccalaureate program was established.
  - D. An existing baccalaureate program was modified to include a special program for registered nurses.
  - E. A master's program was established.
7. Plans were made to carry on the work of the consortium after the termination of grant funds. The structure of the nursing consortium was further formalized to include standing committees.

A consortium between a university and four community colleges was reported in 1975. The curricular design facilitated career mobility from practical nursing through baccalaureate nursing education(Pratt & Rosenbarger, 1975). Another articulation effort during this time was developed through the nursing faculty at the University of Iowa. A formal agreement was not developed; however, nursing programs were developed between associate degree programs and a baccalaureate program which provided career mobility opportunities. The success of this working relationship was built on open communication and a well-planned approach(Schoenmaker, 1975).

An interinstitutional consortium-type arrangement has been established in Washington among four institutions: a university became the provider of the upper division courses, and three colleges offered the associate degree program. Through the agreement, an Intercollegiate Center for Nursing Education was created to provide for academic sharing among the participants(Cleveland, 1977).

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In northwest Minnesota a regional consortium has been developed to include career mobility from nursing assistant at vocational schools to baccalaureate education at a university. In developing this consortium the following activities were accomplished which could serve as guidelines (Kintgen-Andrews, 1982):

1. assess the nursing education needs of the region,
2. ensure that the development committee represents all levels of education which are involved,
3. develop assumptions regarding career mobility,
4. identify guidelines for curriculum sequence and level objectives,
5. identify competencies for each level of nursing education,
6. establish transfer mechanism, and
7. establish formal consortial agreement.

In reviewing studies of nursing completed by the federal government, three major studies, including a report on the Nurse Training Act monies, have stated that new technology requires new knowledge and skill and that the emphasis in health care is shifting from the institution to a variety of community settings with the prevention of illness and health maintenance as major concerns(1974, 1974, 1979). These three studies further indicated that the change in emphasis requires that the professional nurse be prepared at the baccalaureate level, a requirement that will continue through 1990. A comprehensive report on nursing compiled by the Western Interstate Commission for Higher Education

further supports the increasing need for nurses prepared at the baccalaureate level and states that even where no shortage in numbers of registered nurses exists, there remains a shortage of baccalaureate nurses. This shortage may be decreased by career mobility programs and consortial arrangements which accommodate the registered nurse who does not hold a baccalaureate degree(1978).

The open curricula resolutions by the National League for Nursing(NLN) and the American Nurses' Association(ANA), the first report by the National Commission for the Study of Nursing and Nursing Education(NCSNNE) in 1970, and studies completed by the federal government were in response to the need for increased flexibility and program articulation in nursing education. In addition, they were designed to assist the registered nurse to earn a baccalaureate degree.

A year after the NCSNNE report, the NLN conducted a survey which indicated that nursing educators were making progress in moving to flexible patterns for education (Johnson, 1971). In 1978, the NLN formulated guidelines for the development of open curricular programs. These guidelines parallel the change process, are useful for improving career mobility programs, program articulation, and the development of consortia (Guidelines, 1978, p. 13-21). They are:

1. Assessment
  - identify need within the area
  - determine the specific type of open curriculum to be offered
  - assess job opportunities within the area
  - determine availability of faculty, student, financial and supplemental resources
  - determine enabling policies to include academic policies, administrative support, criteria of regulatory agencies, and support of key individuals and groups
2. Planning
  - identify program director or administrator
  - establish planning committees
  - employ appropriate consultants
  - develop the curriculum
3. Implementation
  - follow predetermined plan
  - implement in a step-wise fashion
4. Evaluation
  - use formative evaluation
  - use summative evaluation
  - develop plan to discuss and use evaluation results

While some regional consortia were being developed in the 1970s, the primary interest during this time appears to have been with facilitating career mobility through program articulation. These changes were taking place without formalizing the arrangements within a consortial agreement. Among the literature on such early programs, Kintgen describes several university programs which were developing articulated nursing programs, most commonly for the registered nurse to earn a baccalaureate degree(1973); also in 1973, Wood proposed a five-step articulated nursing curriculum which ranged from fundamental skills to highly sophisticated nursing behaviors. Within this plan Wood did not

identify a specific degree with the level of skill described, but identified the competencies to be learned at each step (1973, p. 832-835). A program articulation system was also established at the University of Nebraska where students had the option to move from the associate degree(AD) through the Masters with an exit option available at the AD or the bacclaureate level. This approach reflects an internal program articulation system which was responding to changing educational patterns in nursing education(Boyle, 1972, p. 670-672).

Moore, in studying nursing articulation, found that there is widespread agreement of the need for career mobility but no agreement on implementation. Therefore, articulated programs remain few in number and consortial arrangements are infrequently formalized(1977, p. 29). In a recent article, Stevens points out that if nursing faculty are planning articulation arrangements or consortial agreements they need clear direction in making this decision and careful planning in implementing such programs(Stevens, 1981, p. 700-706).

In a recent study conducted by the American Hospital Association(AHA), the report of the committee has emphasized the need for planning for nursing education with appropriate articulation between types of nursing programs. This planning could occur on a regional or statewide basis and would need to include the development of levels of competencies for graduates. While this study does not discuss consortia, it strongly supports collaborative efforts between programs (National Commission, 1981, Ch. 35).

In a longitudinal assessment of the work of the National Commission for the Study of Nursing and Nursing Education (NCSNNE), it is reported that there has been a significant increase in the dialogue concerning program articulation. While career mobility programs have been developed successfully, the inherent planning and communication problems have been limiting factors. In the past ten years, this study indicates that there has been no significant increase in the number of regional consortia for nursing education. This may be due to institutional reluctance to lose identity, but also because of funding problems (Lysaught, 1981, p. 178-180).

A reoccurring theme in the development of program articulation and consortia has been the need to develop competency statements for the levels of nursing education. These competency statements then serve as the underpinning for the next level of nursing education.

#### ASSOCIATE DEGREE NURSING COMPETENCIES

Beginning in the early 1970s, state nurses' organizations started to endorse two levels of nursing: technical and professional. This movement was given further encouragement by the 1973 report from the National Commission for the Study of Nursing and Nursing Education (NCSNNE) which recommended career mobility as a pattern of nursing education (Lysaught, 1973). Accordingly, levels of nursing have been identified in relation to curricular development for associate and baccalaureate degrees (Vailliot, 1970). In 1972 the

work of many groups that were beginning to define the associate degree(AD) competencies, was summarized. In these beginning statements, agreement existed regarding direct care, communication, and personal and professional growth as areas of focus. These early statements of behavioral competencies were later used by a variety of groups in developing the competency statements of the AD nurse(Geitgey, Ch. 9).

McClure has stated that a major reason the competencies are ambiguous is because a distinctive technical practice has not developed due to patients' needs, salary scales, academic curricula, and licensure laws. At this time, there was little differentiation in role expectation and salary whether a registered nurse from an AD program or a baccalaureate program. In order to prepare nursing students for registered nurse licensure, there need to be certain similarities in the curricula of these two programs; however, the competencies of the AD nurse remained ill-defined(1976).

In 1977, further efforts were made to describe the competencies of the AD graduate. While many areas of agreement were noted, it was stated that "we have yet to develop a specific statement of the competencies of the associate degree graduate on entry to practice that is generally accepted by the AD programs"(DeChow, p. 15).

Additional work has been done in developing a method for identifying competencies. This plan includes an analysis of the competencies needed for the real world of nursing practice and validation by a panel of experts. The experts

would include AD graduates, head nurses, employers of nurses, and faculty(Peterson, 1978). In another report on competencies, Waters has offered six components to be considered in developing content and competencies for the AD nurse. In addition, these components can be used to differentiate content between AD and baccalaureate nursing education(Waters, 1978).

Meanwhile, the National League for Nursing(NLN) had convened several groups to study competencies of the AD nurse and, subsequently, has published a competency list for the AD nurse(1978). A year later, Dennis, in a major study supported by federal funds, reported on the relationship of the nursing education programs and the performance of the graduates. Included in the study are competency statements, which incorporate the studies completed by the NLN(Dennis, 1979). Micheltmore has offered competency statements for AD and baccalaureate education in which she indicates that the baccalaureate competencies are in addition to the AD competencies. Thus, she advocates that a baccalaureate education be built on the competencies of the AD education (Micheltmore, 1977).

A major study completed by the Midwest Alliance in Nursing(MAIN) provides an extensive report on AD competencies. The development of statements for the survey was based on analysis and competencies which were identified by other studies and authors cited here. This study listed the competencies in the areas of care, communication, and management, which are similar to earlier studies as discussed

by Geitgey(1972). In the study completed by MAIN the competencies were reported by nursing educators and nursing service administrators(MAIN, 1980).

Despite the work of many groups and individuals, the practice responsibilities of the AD nurse remain blurred. In an effort to decrease the confusion and develop competency statements the American Nurses' Association(ANA), through a variety of committees, has developed competency statements for the AD and baccalaureate educated nurse. These statements incorporate the work of the NLN and are to be validated by nursing service, nursing education, and nursing research(Huber, 1982).

Although there is general agreement on the two-year educational requirements for the AD in nursing, a distinctive set of competency statements has not evolved. Changes in patterns of nursing education and the development of competency statements have been influenced by resolutions from the NLN and the ANA, and by a variety of studies on levels of nursing practice. However, the competency statements produced by these diverse studies have not resulted in general acceptance of competency statements to describe the AD nurse by the nursing community.

#### SUMMARY

The review of literature in two main categories--consortia in higher education and consortia in nursing education--will be used to further study and analyze of the



development of a particular nursing education consortium. Consortia in higher education have been reported since 1925. While the early growth of consortia was slow, federal legislation and fiscal constraints influenced marked growth in the 1960s. At about this same time, the growth in community colleges and the need to establish transfer systems with the senior colleges further necessitated cooperative arrangements. In the 1970s marked growth in the development of consortia occurred, and the literature began to report guidelines for establishing and maintaining interinstitutional arrangements.

Consortia in nursing education have formed more recently. Before 1970, the majority of nurses were educated in hospital based diploma programs, with the major move of nursing to the collegiate setting occurring in the 1970s. The 1970 report edited by J. Lysaught recommended state plans and interinstitutional cooperation for nursing education. The major purpose of these recommendations was to facilitate career mobility and program articulation. Some federal funds were available to implement the recommendations, and some nursing education consortia were developed on a state level in the late 1970s. At about this time, further support of interinstitutional arrangements was received through position statements by the professional organizations which supported career mobility and open curriculum. As a result of these projects and position statements, guidelines for cooperative arrangement were reported.

The actions in developing consortia as reviewed in these two main areas - higher education and nursing education - illustrate that the principles for developing consortia occur in eight broad areas. These areas are (1) establishing a need for the cooperative arrangement and stating the purpose and goals, (2) developing a transfer system which is vital to facilitating mobility of students between programs and institutions, (3) planning for meetings to be conducted by a leader who is an energizer with interpersonal skills and the ability to maintain open communication, (4) gaining commitment of administrators and participants from respective institutions who have come together voluntarily to achieve a consortial arrangement, (5) establishing a formalized agreement or contract, (6) developing an evaluation mechanism to determine continued need and goal achievement, (7) developing trust and open communication among the group which will facilitate consortial planning, and (8) identifying of complimentary roles between and among institutions which contribute to a common basis or purpose on which to build cooperative endeavors.

The common base on which to develop the consortium in nursing education is the development of competencies so that students may move to the next level of nursing, if that is a career goal. For the study, the competencies of the associate degree nurse were reviewed. The development of this competency level was necessary to establish a consortium between associate degree nursing programs and a baccalaureate nursing program.

There are similarities between consortia in higher education and nursing education, and since higher education is more advanced in this area nursing education can use some of its guidelines to develop further nursing education consortia. Progress is being made in implementing recommendations for career mobility and program articulation; however, there remains a need for further development of career mobility programs and collaborative endeavors through the establishment of consortia.

### CHAPTER 3

#### RESEARCH METHODOLOGY

The plan for describing and analyzing the process of developing this nursing education consortium began to evolve when the researcher received approval to relate the research component of her doctoral program to a portion of her professional responsibilities in facilitating the development of this consortium. In this way, the researcher already had an established professional relationship with the nurse-educators in the community colleges with which the consortium was developed. These already established relationships were helpful in obtaining formal responses from the consortium members. The data collected from these responses were then used to answer the Research Questions posed in this investigation.

The purpose of this research project was to describe and analyze the process of developing a nursing education consortium. Chapter 1 has presented the problem statement and a review of the historical development of consortia. Chapter 2 reports an extensive review of the literature in order to identify a framework for the study and to select an appropriate method for the study.

## SELECTION OF METHODOLOGY

The relative newness of literature on consortia in nursing education and a perceived need to provide guidance for others interested in consortia development were considerations in selecting the research methodology used. For these reasons, it was then determined that the most feasible research method for the study of the process of developing a Nursing Education Consortium would be descriptive using the case study approach. The descriptive method, as a means of reporting the way things are, is being used for this study because there are few other data available on nursing consortia (Franklin and Osborne, 1971; Issac and Michael, 1979). Nursing education consortia are few in number, have developed within the past decade, and, as a new endeavor, have not been studied scientifically yet. Therefore, descriptive methodology, as a means of further analyzing consortia development, is appropriate. This method also provides the opportunity to report significant advantages and disadvantages of consortia to nursing colleagues. In addition, the initial identification of relationships and processes may provide the basis for generating future hypotheses for subsequent research (Kerlinger, 1973).

The design of a descriptive method investigation is by case study which is an in-depth investigation of an individual, group or institution (Gay, 1976). For this study, the analysis

of the group's activity is viewed as a single case. Within this study, the process of developing a specific nursing education consortium will be the case which is described and analyzed. The focus of the study is in analyzing how the consortium was established and the significant factors in its development. This case study may clarify concepts regarding the development of consortia and may offer guidelines for the development of other nursing education consortia.

This descriptive method is similar to that of L. Patterson who developed his dissertation around some on-going professional work and described and analyzed existing consortia and their governance. This study was based largely on a review of documents(Patterson, L. 1974). Sagan also used the descriptive method to review documents in analyzing the processes of developing of consortium(1969). In a large portion of the literature reviewed for this investigation the process of developing a consortium has been presented as a descriptive study or report.

Guidelines for the development of consortia will be drawn from the literature reviewed. These guidelines will then be used as a framework for answering the Research Questions and will provide the response to the first question. The answer to the first Research Question thus serves as the background for presenting the response for the subsequent Research Questions based on the data collected.

Since limited research is available in the area of nursing education consortia, further conceptualization of developmental problems and curricular implications is needed and the case study provides the mechanism for an analysis of this particular activity. Consortia in nursing are only beginning to emerge; therefore, the descriptive case method for further illustration and exploration of this process is viewed as appropriate to this research effort.

#### INSTITUTIONAL SETTINGS

The consortium development took place at Ferris State College, Big Rapids, Michigan. The representatives of the seven community colleges came to this location for each of the planning meetings. Ferris provides educational opportunities in the Schools of Allied Health, Business, Education, General Education, Pharmacy, Technical and Applied Arts, and the College of Optometry. The college has a strong vocational orientation, and a great deal of emphasis is placed on establishment of classroom learning situations that will provide the student with a practical, tangible application of the concepts learned as well as an intimate understanding of complex scientific information. The Ferris philosophy of educating graduates with marketable skills, within the framework of a college education, has characterized the mission of the institution. Over 90% of its graduates find employment in their field of study within six months of graduation. Indeed, the college's growth from an enrollment of

500 to over 10,000 in the past three decades witnesses to the relevance and success of the Ferris system of higher education.

Ferris also has pioneered in the development of ladder-ed programs at the undergraduate level. The college is dedicated to the practice of expanding educational opportunities for occupation-oriented graduates through such program laddering. This feature of laddering provides individuals with opportunities to continue higher levels of educational achievement after completing certificates or associate degrees in selected curricula.

The School of Allied Health, with an identified purpose in health education, seeks to develop the manpower required to deliver those services indicated within the concept of comprehensive community health services. The broad array of programming, which has been developed essentially within the last decade, does this with the exception of the fields of rehabilitation and mental health.

Within the Nursing Department ladder-ed programming exists between the associate and baccalaureate degree programs. The associate degree program leads to registered nurse licensure, and the baccalaureate program provides the registered nurse student with the opportunity to earn the next nursing degree. This upper division program is designed to facilitate student progression without undue loss of time and energy, and without loss of program integrity on the part of the educational institution. The curriculum



recognizes the applicant's previous education and experience; the duplication of content is avoided; and there is no unnecessary expenditure of time, energy or money. The program provides an educational opportunity which is responsive to the individual student's needs, the nursing profession, and society by providing the registered nurse who has earned an associate degree or a diploma the educational courses and clinical experiences to earn a baccalaureate degree.

The community colleges participating in the development of the consortium are located in the area surrounding Ferris (Appendix A). Grand Rapids Junior College, Grand Rapids, Michigan, was established in 1914 by the Grand Rapids Board of Education upon the recommendation of the University of Michigan. Grand Rapids Junior College is in a convenient location in the center of the city within easy commuting distance from outlying areas. In addition to its day college programs, courses are offered summers, weekends, and evenings. In addition, the college offers a variety of higher education classes, seminars, workshops, and short courses at different times and places serving more than 30,000 persons each year. The liberal arts and pre-professional curriculums are intended to develop and stimulate the student's understanding of the scientific, social, and cultural forces among which they will live. The applied arts and sciences, general studies, occupational programs, and curriculums offer many one- and two-year specialized opportunities for those who wish to prepare for positions in business, industry, and

community service. Thus educational programs of the College, provide a solid foundation for advanced study at senior educational institutions(Grand Rapids Junior College, 1983).

In the Fall of 1968, following feasibility studies, advisory committee recommendations, special elections and approval by the Michigan State Board of Education, Mid-Michigan Community College was established as Michigan's 25th community college. It is located in Harrison, Michigan, and serves Clare and Gladwin counties. Since the College opened its doors to 196 students in the Fall of 1968, it has enjoyed constant growth and is now serving more than 5,000 students annually on both a full-time and part-time basis. The College provides courses comparable to those found in the freshman and sophomore years of the four-year college or university. Many of these courses are academic or liberal arts in nature and are open to all students regardless of program. The curricula provide a variety of occupational courses, certificate, and associate degree programs designed to assist students in preparing for initial employment in occupations, changing to new occupations or advancing in their current occupations. An effort is made to identify students capable of doing advanced work in colleges and universities(Mid-Michigan Community College, 1982).

Following the efforts of concerned citizens and study groups, Montcalm Community College was established in 1966. Located in Sidney, Michigan, it emphasizes a strong community commitment to vocational/technical studies in addition to

college transfer and general education programs. While technical and vocational courses were designed primarily to promote occupational competency for students enrolled in the programs, certain state universities agreed to appraise these community college credits for possible transfer where they are appropriate to a student's program. Several Michigan public and private colleges and universities assured--in writing--the acceptance of academic credits at full value for which a grade of "C" or better has been earned at Montcalm Community College. The College has taken a role in facilitating community involvement in a variety of activities and has assumed responsibility for coordinating needs of various groups from the community and the resources of the college. The results have been adult education courses, non-credit courses, short courses, conferences, and cultural activities(Montcalm Community College, 1980).

Muskegon Community College was established in 1926 by the Muskegon Board of Education to serve the citizens of the Muskegon school district. For the first 17 years of its operation it was a "college transfer" institution. In 1951, it was recognized by the Michigan Legislature as a Community College, and its scope of programming became more comprehensive. It continued to operate as part of the Public School system until 1962 when a county-wide community college district was created. The curriculum of college transfer emphasis has been retained and serves a greater segment of the community. The total offerings have been broadened to

include a variety of vocational/technical programs. These programs are designed to enhance broad general educational experiences; transfer as the first two years of a baccalaureate degree; develop technical and vocational skills; assist in the development of learning skills and attitudes; identify and meet educational and cultural needs; and offer comprehensive student services appropriate to an open door community college. These purposes are compatible with the higher education expectations of the community and in compliance with the mandate of the State of Michigan (Muskegon Community College, 1982).

North Central Michigan College, Petoskey, Michigan, was established in 1958 with approval of the Michigan Department of Public Instruction. It has been established to meet the educational needs of the North Central area of Michigan and is supported by tax monies from Emmett County and educational funds from the State of Michigan. The College offers occupational programs in technical and vocational fields, offers highly flexible educational programs designed to meet the needs of individuals who desire to obtain further education, and offers the first two years of the liberal arts curriculum for those who want to proceed to four-year professional colleges and universities (North Central Michigan College, 1983).

Support for the establishment of Northwestern Michigan College in Traverse City began with volunteer citizen groups and a feasibility study in the early 1950s, with classes beginning in 1951. At this time, there were no statutes in Michigan authorizing the start of a "community" college.

Following the recommendations of the citizen group, however, an enabling act by the State of Michigan Legislature was passed and Northwestern Michigan College was authorized as Michigan's first Community College. This college serves primarily the citizens of Grand Traverse county. Northwestern Michigan College enrolls more than three thousand students in collegiate level education and grants certificates and associate degrees. The programs include academic transfer, vocational-technical and community services activities (Northwestern Michigan College, 1983).

Scottville, Michigan, is the location of West Shore Community College which was founded in 1967. A variety of citizen advisory committees assisted in the development of programs focusing on the intellectual, cultural, and recreational needs and interests of the residents of the college district. The programs of instruction offered prepare students for immediate employment upon completion and or provide a sound two-year base from which students can continue their education toward a bachelor's degree. These programs include general education and vocational-technical curricula (West Shore Community College).

The planning meetings with the community colleges described, which lead to the development of the consortium, were held on the campus at Ferris State College. The room utilized was a large, well-lighted room which was accommodated with a table and chairs to seat the participants comfortably. Refreshments were available throughout the meetings and the same room was used for each of the meetings.

## DATA COLLECTION PROCEDURES

From the review of literature, guiding principles which contribute to the effective development of consortium have been identified. These principles will be used as guides to answer the first Research Question.

What are the guiding principles taken from the literature which may contribute to effective consortium development?

The principles used in developing consortia, as described in the literature will be used as a framework to answer this initial Research Question. In addition, these guiding principles will be used as a framework for answering Research Questions Two and Three.

In answering Research Questions Two, Three, and Four of the descriptive case study, data will be collected by review of the written record, a preliminary process evaluation questionnaire, members' responses to questions obtained at a meeting, and study questions which were used to interview each participant on an individual basis. A tape recorder was used at the group meeting and the individual meetings to record the responses for analysis at a later time. These data will then be used in answering the research questions.

The written records of the planning process which were reviewed are those of the meetings which took place as the consortium was being planned. During the development process, a series of seven, day-long meetings were held between August

1981 and September 1982 with the initial meeting on August 7, 1981. The letter of invitation(Appendix F) recognized existing working relationships with nurse-educators in the identified community colleges as well as their awareness of the development of an upper division baccalaureate(BSN) nursing program at Ferris. The Assistant Dean for Student Academic Affairs in the School of Allied Health at Ferris joined the planning committee because of her expertise in the area of transfer mechanisms and course equivalencies. A secretary from Ferris was also assigned to record the activities of the planning meetings. These minutes are on file with the researcher and in the nursing office at Ferris.

Other written records which were examined include a preliminary process evaluation questionnaire(Appendix G) was used to collect data from the committee members by mail following the last of the series of seven planning meetings in September 1982. This survey focused on the achievement of the identified objectives, evaluation of the processes used, and open-ended questions relative to the development process. These three areas were used as they were closely aligned with the developmental process. In the first two categories a pre-coded Likert-type scale was used to determine the perceptions of the participants. With this design respondents may select the mid-point of the scale, however, additional data collection measures will mediate this to some extent. In addition, open-ended questions were asked in the third category. These responses have the advantage of being spontaneous and perhaps bringing forth data which would

otherwise not be considered(Kerlinger, 1973). The respondents were asked to sign this questionnaire. While this may inhibit responses it also assisted in formulating probing questions during the individual interviews.

The third procedure to obtain data was through a series of questions(Appendix H) which were asked of the members at a group meeting. After the members agreed to the use of a cassette recorder, general questions were asked and the responses were recorded regarding the areas of administrative support, reaction to the invitation, the development process, inclusion of nursing service representatives, and recommendations. The general questions for the interview schedule were drawn from the process evaluation questionnaire as well as from some issues which were raised during the meetings. For example, each participant at the meetings did not have full administrative support. The general questions provided overall structure for categorizing responses and yet allowed flexibility for in-depth responses. In this manner, attention could be given to asking more specific questions in each of these areas as the group members offered responses.

The fourth procedure used to collect data was the use of study questions(Appendix I) to interview each participant on an individual basis. In the fall of 1983, a year after the consortium had been developed, each member of the planning committee was interviewed by appointment in her office or an other identified place. The researcher conducted the interviews. While this may have reduced the amount of data obtained, it is believed that this approach was an asset in



interpreting the data. In addition, the opportunity to ask probing questions with a specific area was enhanced. Questions were asked, relative to consortium development, in the following areas: administrative response, consortium benefits, curriculum, professional relationships, and key decision factors. Specific questions within each of these areas were asked by the interviewer. The questions were asked in the order presented and related questions are used to probe for more complete responses when necessary. A cassette recorder was again used to collect the raw data during these individual interviews.

A limitation of these data collection procedures used may be in the areas of the role of the participant-observer and the difficulty of doing a descriptive case study in an objective manner. While the participant-observer role is valuable for detailed analysis, its shortcomings are in the areas of observer bias and observer influence. If observer bias occurs, one has inappropriately selected events to report rather than reporting all events. The problem of observer influence wherein the participant-observer seeks to alter the process in a particular way also needs to be addressed.

In the study, the observer planned and conducted the meetings, and collected the data for the study. The interviews may present a limitation in the way the interviewee responds to the interviewer. This limitation could be either due to bias or lack of cooperation (Gay, 1976). To control for these factors, the interviews took place in the

interviewee's office or other neutral place. In addition, introductory remarks were designed to build on existing relationships relative to data collection for research rather than on the roles each individual played in the development of the consortium.

A second limitation may be with the preliminary process evaluation questionnaire. With this data collection procedure the respondents were asked to sign the survey, however, it is believed that knowing how each person answered the open-ended questions was useful in asking questions during the individual interview. It was particularly useful in asking probing questions.

To the extent possible, these limitations have been monitored as data were collected through the four procedures identified. The use of multiple measures in data collection procedures is one approach used to increase the reliability of the findings and to increase the internal consistency of the findings. Lindzey and Aronson(1968), report that reliability is the degree of consistency between observations or information obtained from multiple data sources. Medley and Metzger state that "it is better to increase the number of observations than to increase the number of observers" (1963, p. 268).

## DATA ANALYSIS

Since this is descriptive research using the case method, a qualitative descriptive analysis of the data will

be presented. The first Research Question will be answered using data obtained from the review of literature on consortia in higher education. The data for Research Questions Two, Three, and Four have been collected through the review of records; the preliminary process evaluation; the members' response to questions; and the response to the interview questions.

Content analysis has been used to study and analyze these data sources. This method of analysis is used to determine the relative frequency of various communication phenomena. Within content analysis the unit of analysis must be identified (Kerlinger, 1979). For this study the major unit of analysis was themes which have been labeled principles. This is illustrated in Table 3, where it is noted that the principle of commitment occurred across data sources. Following content analysis of the data sources the data will then be used to answer the following Research Questions.

#### Research Questions

1. What are the guiding principles taken from the literature which may contribute to effective consortium development?
2. What are the processes used in development of a Nursing Education Consortium?
3. What is the relationship between the principles used to develop consortia in higher education and the principles used to develop this Nursing Education Consortium?
4. What curricular interfacings must be studied between associate degree and baccalaureate degree nursing programs in the development of the Nursing Education Consortium?

During the data analysis phase of this investigation, the use of multiple-data sources should serve to enhance the reliability of this descriptive case study. With the descriptive method, close analysis of data is seen as an advantage. However, a parallel limitation is that familiarity with the data may limit the objectivity with which the case study is described. In addition, the external validity, or the ability to generalize from the analysis of a single case to other cases is limited (Polit, 1983).

To the extent possible, these limitations have been monitored in the data collection procedures and in the subsequent data analysis. A conscious effort has been made to reduce the effects of these potential limitations and to report the data in a manner which may be useful to other individuals or groups.

#### SUMMARY

The descriptive case study method has been used to describe and analyze the process of developing this Nursing Education Consortium. Qualitative data for the study were collected through review of records, participant observation, preliminary process evaluation, group discussion, and structured interview questions. In collecting data through the group discussion and the structured interview the researcher used a cassette recorded. The raw data are on file with the researcher. The use of multiple data collection instruments

may enhance the reliability and generalizability of the findings.

The limitations of the participant observer role and the interview schedule have been noted and controlled for as the data were collected and analyzed. The data, from each of the sources identified are analyzed in relation to each Research Question in the following chapter.

## CHAPTER 4

### FINDINGS

The process of developing a nursing education consortium will be described and analyzed using the data obtained through a review of records, the preliminary process evaluation questionnaire, group responses to questions, and individual interview questions. The preliminary process evaluation questionnaire was mailed to the participants and they were asked to sign the questionnaire and return it, the group responses was obtained at a group meeting, and the interview data were gained through individual interviews. The data collected by these methods will be used to describe and analyze the process of developing this consortium, answer the research questions, and offer guidelines for the development of other nursing education consortia.

### ANALYSIS

The data for this descriptive case study have been collected by review of literature on consortia in higher education, review of the written record of the group's meetings, a preliminary process evaluation questionnaire(Appendix G), group responses to questions obtained at a meeting(Appendix

H), and individual interview questions(Appendix I).

### Research Question One

WHAT ARE THE GUIDING PRINCIPLES TAKEN FROM  
THE LITERATURE WHICH MAY CONTRIBUTE TO  
EFFECTIVE CONSORTIUM DEVELOPMENT?

The data collected from the review of literature of consortia in higher education indicate that the guiding principles used in the process of developing consortia occur in eight broad areas. These areas as summarized from the literature are: (1) establishing a need for the cooperative arrangement and stating the purpose and goals, (2) developing a transfer system which is vital to facilitating mobility of students between programs and institutions, (3) planning for meetings to be conducted by a leader who is an energizer with interpersonal skills and the ability to maintain open communication, (4) gaining commitment of administrators and participants from respective institutions who have come together voluntarily to achieve a consortial arrangement, (5) establishing a formalized agreement or contract, (6) developing an evaluation mechanism to determine continued need and goal achievement, (7) developing trust and open communication among the group which will facilitate consortial planning, and (8) identifying of complimentary roles between and among institutions which may contribute to a common basis on which to build cooperative endeavors. The common base on which to develop this consortium in nursing education is the development of competencies so that students may move to the next level of nursing, if that is a career goal.

## Research Question Two

### WHAT ARE THE PROCESSES USED IN DEVELOPMENT OF A NURSING EDUCATION CONSORTIUM?

The answer to this Research Question includes the pre-planning activities which are presented as a background for the development processes itself.

Pre-planning for the development of this consortium included the recognition that, if Ferris State College were the initiator with surrounding community colleges, this researcher would become both the group leader and participant observer. The limitation of this researcher being directly involved in the activities which are being observed and reported is recognized. Within this constraint, however, every effort has been made to report the data and the development process with objectivity and accuracy.

The plans for the initial meeting included formulation of the major goals. These goals, to be developed by the group, focused on facilitating articulation between associate degree nursing programs in surrounding community colleges and the upper division baccalaureate program at Ferris. The achievement of the goals could then provide a direct career mobility opportunity for students from those programs which became part of the consortium. The assumptions made by the researcher in planning for the first meeting are summarized from Chapter 1 as follows:

1. Student success in an associate degree program can raise the level of career aspirations.



2. Decisions regarding one's nursing career change throughout life for a variety of reasons.
3. The autonomy of each participating institution would need to be preserved.
4. Nursing service would need to be represented.
5. A review of competencies of the associate degree nurse would be necessary.
6. A review and comparison of program objectives of all programs would be necessary.
7. A contractual agreement would be necessary to identify the collaborative relationships.

The community colleges which were invited to the initial meeting are all geographically located in Western Michigan with five of the institutions about 50 miles from Ferris and the other two approximately 100 miles away. Of these seven community colleges, five had established associate degree nursing programs, and two were in the process of developing such programs.

Ferris State College already had a complementary role in its relationship with these institutions. As a four-year College, it evaluates lower division credits and admits students into upper division programs leading to a baccalaureate degree. This collaboration is further supported by the work of the Michigan Association of Collegiate Registrars and Admissions Officers(MACRO) which has developed a transfer equivalency agreement. This existing relationship facilitated these cooperative efforts in developing this consortium for nursing education. Other factors which contributed to the planning process were the nursing directors'

knowledge of the design of their own associate degree nursing programs and, perhaps more importantly, the nursing directors had an established professional working relationship among themselves. This relationship had been established through state-wide associate degree directors meetings which occur four to five times a year at various institutions. Some of the individuals had known each other for more than ten years while others became part of the group within the past year. It is believed that these professional relationships facilitated the development of the consortium. Further, Rossmeier(1979) indicates that where individuals are committed to a project and have a collaborative working relationship, the development process is enhanced.

The next step was to invite the nurse educators to a meeting to begin discussions on the feasibility of developing a Nursing Education Consortium. Therefore, the nurse-educators in the seven selected community colleges which offered associate degrees in nursing were invited.

During these developmental steps, the role of the chairperson centered around planning the meetings and considering the use of group process skills for conducting the meetings. In considering the steps in preparation for the meetings, the leader can look to the six major functions of a meeting, as outlined by Jay(1982). These functions are that a meeting (1) defines the group, (2) provides a forum for sharing knowledge, (3) identifies the collective aim and individual contribution, (4) encourages group commitment and decision-making,

(5) encourages group work with the leader as a member of the team, and (6) may serve as a status arena where competitive behavior may occur.

The plan for the group meetings would most likely fulfill the six functions of meetings outlined here. These functions could be fulfilled even though the committee agreed to meet on an irregular basis over the next year; and if the educators accepted the concept of developing a consortium, they would be motivated to complete the task because of mutually established goals, goals which would need to be developed which would not interfere with the autonomy of the respective institutions.

Besides considering these functions, the leader had a second consideration in planning the meetings: to determine the type of meeting which would be most desirable. Among the factors to consider are size, frequency, composition, motivation, and decision-making. Because the size of the planned group included fewer than ten members, it can be referred to as a committee. The frequency of meetings was to be determined by the group; however, it seemed the group would need to meet rather frequently over the next year if the members agreed to develop a Nursing Education Consortium. Again, it is noted that the nature and frequency of the meetings will be affected by the professional working relationship which exists among the group members. The composition of the group was determined by the task: the members would be nurse educators representing the selected community colleges. It was anticipated that the common background of

the group would motivate the members of the committee to develop a common goal or goals. Finally, the decisions would be made by the group so that the integrity and autonomy of each institution would not be violated(Jay, 1982).

A third consideration was the meeting plan. The group can select from three categories: daily, weekly or special project(Jay, 1982). Daily meetings are informal and made up of people who work together each day and quickly reach decisions; weekly meetings commonly occur among persons who work in the same organization but see each other infrequently and may take longer to reach a decision or the chairperson may make the final decision; special project meetings are made up of people whose daily work does not bring them together, but they are united by the meeting and by the common goals. In this case, the special project category seemed best as the participants are employed in different institutions in different locations. Based on these considerations, the consortium planning meetings and its goals could become the unifying factor.

The fourth consideration is the specific planning that must occur before the meeting. The leader must clearly identify the purpose of the meeting. The agenda and the materials for discussion must be submitted to the participants prior to the meeting to facilitate discussion. Preparation of the discussion materials and agenda were completed in a timely manner so that they could be mailed before the scheduled meetings(Jay, 1982).

Following this pre-planning phase, the leader's next major task was conducting the meetings and assisting in the development of a Nursing Education Consortium. In the conduct of the meetings, two major factors were of consideration--dealing with the subject and dealing with people. In dealing with the subject, the group must stay on the topic, the members must understand the issues, the major points must be summarized, and the meeting must stay within the designated time frame. At the close of the meeting, a preliminary agenda for the next meeting can be established and a tentative date, time, and place be agreed upon. Before the next scheduled meeting, the agenda, minutes and other items are to be sent to the members for review(Jay, 1982).

When a leader deals with people in group meetings, a variety of guidelines can be used, and the literature on group process identifies three distinct categories when looking at member roles within groups(Sampson, 1977). These categories are (1) task roles such as coordinator and information giver where the individuals seek to solve a problem or meet established goals, (2) maintenance roles such as follower and harmonizer who function to build group cohesion, and (3) individual roles such as aggressor and dominator when the behavior is irrelevant to the task at hand and only supports individual needs.

Within this group the member roles were manifested. For example, the researcher observed that those who were task oriented readily offered ideas about what framework

to use in identifying the competencies. The individuals who assumed maintenance roles functioned to bring the group to agreement when they could not immediately agree on the inclusion of a specific competency. There was one individual who took the role of aggressor and within this role seemed to be seeking recognition for herself. For example, she interrupted and answered for others and attempted to develop a jocular atmosphere by telling jokes. This particular situation was handled by ensuring that each member had an opportunity to talk and by not valuing the comments of the aggressor more than those of other individuals. The dynamics of group process indicate that the leader must constantly be aware of these various roles within the group as the planning meetings begin (Sampson, 1977).

Following the pre-planning activities and a review of group process principles, the leader sent written invitations asking the nurse educators from selected community colleges to join in developing a nursing education consortium (Appendix F). The process of developing the consortium was then ready to begin.

The specific principles, taken from the literature, which answered Research Question One, will serve as the framework for Research Question Two. The supporting data are presented and discussed under each of the eight principles. For example, the data pertinent to commitment is described and analyzed within this subcategory.

Table 3, is presented to illustrate which data sources correspond to each of the identified principles. An additional

broad area which is included is entitled recommendations and key decision factors. Data in this area were gained primarily during the group meetings and the individual interviews. The entire set of raw data are available from the researcher.

TABLE 3  
DATA SOURCES FOR RESEARCH QUESTIONS  
TWO AND THREE

| Major Themes                                 | Data Sources         |  |   |                        |
|--|----------------------|--|---|------------------------|
|  | Review of<br>Records | Preliminary<br>Evaluation<br>Questionnaire | Members<br>Response to<br>Questions<br>as group | Interview<br>Questions |
| Commitment                                   |                      | Part 3-<br>Q 1                             | Q 1 & 2   | Q 1 & 2                |
| Development<br>of Trust                      | 1                    | Part 2-<br>Q 10<br>Part 3-<br>Q 3          | Q 4   | Q 10, 11,<br>& 12      |
| Establish Goals<br>and Purpose               | 2                    | Part 1-<br>all                             |   | Q 3, 4,<br>& 6         |
| Develop Common<br>Base                       | 2, 5,<br>& 6         |  |   |                        |
| Conduct of<br>Meeting                        | All                  | Part 2-<br>Q 8 & 9<br>Part 3-<br>Q 2       | Q 3   | Q 5                    |
| Transfer System<br>for Students              | 2 & 5                | Part 2-<br>Q 6 & 7                         |   |                        |
| Contractual<br>Agreement                     | 5, 6,<br>& 7         | Part 2-<br>Q 4 & 5                         |   |                        |
| Evaluation                                   | 5, 6,<br>& 7         |  |   |                        |
| Recommendations<br>& Key Decision<br>Factors |                      | Part 3-<br>Q 5 & 6                         | Q 6   | Q 13                   |

### Commitment

Initially the commitment of administrators and faculty of the respective institutions as well as commitment of the committee members is an important factor as the planning begins. This commitment is reflected specifically in the response to an open-ended question in the preliminary process evaluation questionnaire.

#### Presentation of Data:

Part III-1.      What was your initial reaction to the development of a consortium?

Responses indicated that the invitation was received as a positive move for nursing, and the group members were pleased to discuss the possibility of developing a voluntary consortium. It was seen as an "innovative approach" which could have "positive effects for nursing education in Western Michigan."

A second source of information came from the group meeting where the following questions were asked(Appendix H):

1.      How did the administrators of the respective institutions respond to the concept of consortium development? What was the faculty response?
2.      What was your thinking or reaction when you received the letter inviting you to discuss the potential of a consortium?

The related question asked during the individual interviews provided additional data regarding commitment(Appendix I):

1.      How was the concept of developing a consortium received by the administrators at your institution? By the faculty?



The information gained from these sources indicates that in six of the seven colleges the administrators were enthusiastic and favorable to such discussions and saw them as an opportunity to facilitate student mobility. The administrator who did not fully endorse this concept saw it as a threat to institutional autonomy because a four-year institution would be dictating curriculum to a two-year college. This particular administrator did not want program changes to occur based solely on what another institution perceived would best meet the needs of the junior college community. In addition, a mild element of general skepticism was expressed, as three nurse educators stated that they would come and see what occurred at the meetings. In spite of this hesitancy, the nursing faculties of the seven institutions saw it as a "positive move to promote student mobility" because students would not need to repeat courses which they had completed. The planning members directly involved endorsed the career mobility option of this regional approach to nursing education. In addition, the consortium concept of program articulation is consistent with policy statements made by the professional organization (Appendix B, C, D, and E), and the individuals felt positive about an innovative approach and voiced their pleasure at being invited. One individual stated that she was "pleased about the possibilities the idea presented."

Analysis of Data: The concept of consortium development was well received because it would provide a career mobility option for the associate degree nurse. This

opportunity has not been readily available to registered nurses with less than a baccalaureate degree and was therefore seen as a positive approach. Despite some skepticism which was expressed, the participants were willing to explore this mobility option by attending the initial meetings. The skepticism was in regard to institutional autonomy. This concern needs to be recognized as a fairly typical reaction which may involve competition for funds and for students. The position statements of the professional organizations were an additional asset in acceptance of this concept by the nurse educators.

#### Development of Trust

The second category in developing a consortium is trust relationships which can be described through each of the data collection procedures. The first data source presented are a review of the record of the first planning meeting. The second source of data are from the preliminary process evaluation questionnaire, the group meeting and the individual interviews. These data have been summarized and analyzed by the researcher.

#### Presentation of Data:

Meeting one: August 7, 1981

Before the meeting formally began, the participants were introduced to each other or became reacquainted with each other. During this time, refreshments were available to facilitate socialization.

At the meeting, the dean of the School of Allied Health, after greeting the participants, discussed the value of

developing a relationship between associate and baccalaureate degree nursing programs. He identified benefits for each institution as well as for the nursing students and the nursing profession. Following these remarks, the researcher became the chairperson of the planning committee, and information was shared regarding the development of the baccalaureate nursing(BSN) program, timeline for implementation, curricular components already completed, and the program design as an upper division baccalaureate program to accommodate the registered nurse student.

The concept of developing a consortium was then reviewed, and there was general agreement that this approach could provide for program articulation and career mobility. The formulation of a purpose and the establishing of goals for the consortium were deferred until the next meeting to allow some time for reflection by each individual.

The current Ferris baccalaureate curricular materials, which were attached to the agenda, were then reviewed and discussed. The members identified the fact that the program expectations or outcomes of the various programs would need to be similar for program articulation. In addition, if the new associate degree (AD) competencies could be used as a basis for arriving at a similarity of program outcomes, agreement on these competencies would necessarily become the link for program articulation and career mobility. The group also decided to invite representatives of nursing service to discuss the competencies with the representatives of nursing education. Following these discussions, the group agreed on

the time and date of the next meeting.

The second data source relative to the development of trust is from the remaining data collection procedures, as indicated below.

The following questions are part of the preliminary process evaluation questionnaire. The first statement was answered using a Likert-type scale with five options ranging from "unsatisfactory" to "outstanding." The directions asked the respondent to indicate their degree of agreement with the statement given(Appendix G). The second statement merely asked for open-ended responses.

Part II-10. Rapport was well-established at early meetings.

Four members indicated that rapport was well established at early meeting while the remaining member felt it had taken until the fourth meeting to establish rapport.

Part III-3. What factors contributed to group cohesion or lack of cohesion?

At the group meeting, the following question was asked(Appendix H).

4. Some of you have identified that the development of trust is an important factor. Are there some ways in which trust was developed at the planning meetings?

During the individual interviews, the following questions were asked(Appendix I).

10. Had you known or previously worked with other members of the planning committee?
11. How would you describe your working relationship with the members of the planning committee?

12. Did this relationship affect the development of the consortium? If so how?

All planning members had known each other previously and had an established professional relationship. All members reported that this relationship positively affected the development of the consortium.

Analysis of Data: The data regarding development of trust is analyzed for the initial meeting followed by an analysis of the questionnaire and interview data.

The need for planning meetings and agendas prior to the group coming together is a theme throughout the literature reviewed regarding consortia development (Scott, 1977, Kintzer 1977; Guidelines, 1978). The pre-planning and mailing of the agenda minutes and attachments provided the opportunity for the members to review these items before the meeting. Pre-planning of agendas was accomplished at each of the subsequent meetings. This agenda was then typed and mailed with the minutes to the participants before the next meeting. This type of planning activity is seen as necessary for the smooth functioning of a meeting. In addition, during the meetings refreshments were available and seating was at a square table where the members could see each other and have ample room for written materials.

Additionally, as the group came together, the meetings allowed time to become reacquainted or to meet the other members of the committee. While this social phase and the developing of trust is not specifically reflected in the

record, the development of trust was an important consideration. Trust develops from the social phase which is characterized by getting acquainted and sharing activities about the respective programs. Trust is characterized by individuals sharing more and more of their thoughts, attitudes, and reactions(Wilson, 1979).

Although the group members were known to each other, the phases of group development were readily apparent. For example, in attempting to move the group from an orientation phase to a working phase, it was too soon, as trust on specific issues was not sufficiently developed. Following the second meeting, however, it was an actively working group which was goal-directed.

The development of trust and open communication as necessary to developing interinstitutional relationships is also cited in the early work of Blocker(1966) who stated that institutions must serve complementary roles and that open communication among institutions must be maintained.

Patterson(1970) further indicates that the trust relationships are an underlying factor in the development of consortia. In a later report completed by the New Mexico State Nurses' Association(1979), trust among the member institutions of the programs is identified as a guiding principle.

Although the participants expressed their initial willingness to take part in discussions, there was a sense of general caution, a wait-and-see attitude. In face of this hesitation at the initial meeting, the leader's role, as identified by Rossmeier(1979), is to be an energizer and

guide in the planning activities. L. Patterson(1970) also states that the leader must possess interpersonal competence. The role of encouraging and fostering trust remains important throughout the planning activities. Therefore, at this point, the leader was attempting to facilitate the development of trust and respond to a variety of questions by discussing the emerging baccalaureate program, sharing materials, and identifying the purpose for meeting with the intent of developing a non-threatening atmosphere where collaboration could occur. At the time, this information did not appear to be threatening to the members present. For example, during a later interview, a member stated that she felt a willingness "to make curriculum changes" if that were needed to develop an articulation mechanism, an apparent commitment and trust in the outcome of the process of developing the nursing consortium. Building trust by disclosing thoughts and perceptions regarding the Ferris program was seen as an initial step in developing an atmosphere in which risk-taking by all members could occur(Wilson, 1979).

As stated in the literature, the development of trust and a sense of working together are vital to developing consortia. As with this consortium, the process of developing a consortium could not occur without trust. In this case, the trust was build on existing relationships, however, a different level of trust was necessary as the purpose of these meetings were different from previous associations which the participants had. Near the close of the meeting, the concept of a consortium was summarized. To further facilitate

communication, the agenda was open for additional items to be added and the meeting was kept on schedule. Maintaining a schedule for beginning and ending on time meeting was important to each person and especially to those who were driving from fifty to one-hundred miles to be present.

The minutes indicate that discussion and decisions regarding the steps which needed to be taken to develop a consortium were reviewed by the group. This provided a sense of ownership and reduced the potential authority of the four-year institution(Ferris), thereby helping to preserve the autonomy of each institution(Sampson, 1977).

The second part of the data analysis section regarding the development of trust analyzes the data from the questionnaire and the interview questions.

Responses to these questions indicated that trust among the members was being developed, perhaps partially as a continuation of the respect the individuals had had for each other from other professional associations. These professional contacts included attendance at state-level meetings and at smaller group meetings where some of the members were in the process of developing associate degree(AD) programs. This established relationship facilitated trust, collaboration, and development of the consortium in a relatively problem-free atmosphere.

The members also reported that they felt that rapport was well-established at the early meetings--particularly the first two. The members further indicated that the leader



fostered respect for the individuals as well as respect for the programs which they represented. For example, by fostering a non-judgmental tone for the meetings and facilitating participation by each of the members. It was reported that trust was "facilitated by the fact that we knew each other." In addition, one member stated that a "listening atmosphere was created in which the programs were not criticized."

After establishing this initial respect, the group explored various philosophical and educational issues regarding consortium development with the final result that the group agreed to the concept of a consortium. This agreement was based in part on the objective handling of the issues which enhanced the exchange of ideas, and as one person commented, the leader, "didn't let the group get bogged down on detail" and, yet, open communication was maintained. Although trust and respect were developed, some of the members felt that these two attitudes require consistent and persistent reinforcement. One individual, for example, felt the length of time between meetings decreased the group trust and cohesion to some extent.

Developing trust among the group was seen as an important factor, and the members of the group stated that even though a professional relationship had been established, further time was needed to facilitate a deeply trusting relationship. Although some time had been used for getting-acquainted and trust building in the initial meetings, more time was needed for these relationships to develop than had been originally recognized. Perhaps, this additional need for time was due

to the issues which would need to be discussed and to the depth that this group would need to explore the issues of program objectives and competencies. The members agreed that the established working relationship among the group did serve to facilitate trust and development of the consortium. It was also stated that a deepening of this relationship was "necessary to develop group trust rather than trust between individuals." Although individuals trusted each other, they had not yet become trustful of their positions in a working group that would examine, in a way, their own role and commitment to nursing education within a consortium approach.

#### Establish Goals and Purpose

The third broad category in the development of a consortium is establishing goals and purpose. The first source of information relative to establishing goals and purpose comes from the review of the record of the second planning meeting.

A second data source reviewed in determining how well the goals were attained is from the preliminary process evaluation questionnaire. Additionally, three questions were asked relative to establishing goals and purpose during the individual interviews.

#### Presentation of Data:

Meeting two: September 25, 1981

At this meeting, there was continuing discussion of the baccalaureate nursing program(BSN) and existing AD programs and how these various programs might be articulated to meet the needs of students without repeating course content and

without infringing upon the academic independence of the participating institutions. Therefore, existing admission criteria for the current BSN program were reviewed. Transfer mechanisms at Ferris were outlined briefly with emphasis on the notion of program transfer rather than on the transfer of individual courses. It was emphasized again that commonality among program objectives might serve as a valid approach to program transfer (Knoell and Medskar, 1965). After reviewing related materials, the group agreed that further discussion of transfer mechanisms would take place at the next meeting.

The purpose and goals of the consortium were established as follows:

#### Purpose

To establish a consortium of participating associate degree nursing programs and the Ferris State College upper division baccalaureate program. This consortium shall provide a mechanism for articulation between programs and career mobility for registered nurses.

#### Goals

1. To establish common criteria for program articulation.
2. To develop a consortial agreement (to support program articulation).
3. To establish a transfer mechanism between programs.

Discussion then turned to how the competencies for the AD nurse should be developed. It was decided that the role of the AD nurse as identified by the National League for

Nursing(NLN, 1978) would be used to focus the discussion at the next meeting relative to agreeing on the competencies that would be compatible with the purpose and goals for the development of the consortium. These roles of the AD nurse are as a provider of care, as a communicator, as a client teacher, as a manager of client care, and as a member within the profession of nursing.

In addition, the committee decided that, at the next meeting, representatives of nursing service should join in the discussion of competencies. The members of the planning committee were to invite one or two representatives of nursing service to attend the planning meeting. These representatives could be a member of their respective advisory committees or from an agency where AD nursing students are placed for clinical experience. The third meeting was then set for October 31, 1981, and the agenda was formulated by the planning committee.

The additional data sources for the establishing of purpose and goals are taken from the preliminary process questionnaire and the individual interviews. Table 4 indicates the statements relative to goal achievement from the preliminary process questionnaire.

The second source of data relative to establishing purpose and goals were attained from the preliminary process evaluation questionnaire. This information is illustrated in Table 4. The respondents were asked to indicate on a Likert-type scale their perception of how well the objectives

TABLE 4

RATINGS OF GOAL ACHIEVEMENT BY PARTICIPANTS  
(frequency numbers are shown for each answer)

|         |  |                                     |                  |         |                  |             |   |   |   |
|---------|--|-------------------------------------|------------------|---------|------------------|-------------|---|---|---|
| Key:    |  | 1                                   | 2                | 3       | 4                | 5           |   |   |   |
|         |  | Unsatisfactory                      | Below<br>Average | Average | Above<br>Average | Outstanding |   |   |   |
|         |  | <hr/>                               |                  |         |                  |             |   |   |   |
|         |  |                                     |                  |         | 1                | 2           | 3 | 4 | 5 |
| Goal 1: | Establish common criteria<br>for program articulation. |                                     |                  |         |                  |             |   |   |   |
|         | a.   | review of program<br>objectives     |                  |         |                  |             | 2 | 1 | 4 |
|         | b.   | review of program re-<br>quirements |                  |         |                  |             | 2 | 1 | 4 |
|         | c.   | annual review of process            |                  |         |                  |             |   | 3 | 1 |
| Goal 2: | Develop consortial agreement.                          |                                     |                  |         |                  |             |   |   |   |
|         | a.   | contract language developed         |                  |         |                  |             | 2 | 2 | 3 |
| Goal 3: | Establish transfer mechanism.                          |                                     |                  |         |                  |             |   |   |   |
|         | a.   | consortial agreement                |                  |         |                  |             |   | 5 | 2 |
|         | b.   | identify transferable<br>courses    |                  |         |                  |             |   | 5 | 2 |
|         | c.   | agree on AD competencies            |                  |         |                  |             |   | 2 | 5 |
|         | d.   | review admission criteria           |                  |         |                  |             |   | 3 | 4 |

of the consortium development process had been achieved.

As illustrated in the table, the respondents reported that the objectives had been achieved in an "above average" or "outstanding" manner. Three members did not answer the statement regarding the annual review of process because in their opinion it was too early to determine how the plan would be implemented.

Three questions asked during the individual interviews related to the goals and purpose of the consortium are (Appendix I):

3. Are there ways in which the consortium can serve as a recruitment tool?
4. Are there ways in which the consortium can facilitate career mobility?
6. Are there some benefits which may have resulted from the consortium development?

The members indicated that the competencies and the review of program objectives would facilitate mobility and they intended to use this articulated program as a recruitment tool. Five members stated that they presently have printed materials which are used with potential nursing students to explain the career mobility option which exists with Ferris.

Analysis of Data: Although further development of trust continued at this meeting, the working phase did begin at this time with the development of a statement of purpose and goals which also seemed to serve as a unifying factor. The continuing growth of trust and the agreement on a major issue are causes for growth of a group that are noted in

the work of L. Patterson(1970). In spite of the increase in trust among the members, the task of developing the competencies of the AD nurse was greeted with some reluctance. Some members stated that, since these competency lists have been completed by the professional educational association(NLN), that it seemed to be a poor use of group time. One individual indicated that she thought "here we go again. We say we want articulation, but a breakdown occurs and competencies are not defined."

With further discussion, however, it became clear that the competencies would be the unifying link between the programs and would serve to eliminate the need for program admission by a series of tests. The need to identify competencies specific to this consortium is emphasized by the guidelines offered by the nursing consortia which were reviewed(New Mexico, 1979; Kintgen-Andrews, 1982; Texas, 1974). Agreement on competency statements did not mean that the nursing programs were moving to a standard curriculum, but the group needed to be assured that the goal was to look at outcome behaviors of the AD nurse. This concern of the nursing consortium members was also noted by Carnegie(1973), who cautioned that cooperative efforts might lead to over-standardization of programs. This effort to avoid standardization is further endorsed by Kintzer(1982) who agrees that conformity is to be avoided and that articulation must focus on meeting the needs of the students.

The establishing of purpose and goals at an early meeting gave direction to the development process and provided agreement as to what the group wanted to achieve.

The third data source were obtained from questions asked during the individual interview pertaining to consortium benefits. It was stated that the consortium "has been used for recruitment and it is seen as a positive [approach]." An additional benefit is that general education courses may be taken at the community college and transferred to Ferris. Courses which will transfer specifically to the nursing program have been identified. Also a network is developing among the consortium members where they may "pick up the phone and ask a colleague to respond to a program concern." Other benefits include increased understanding of career mobility programs among nursing educators and the use of the competency statement in a variety of ways to enhance associate degree nursing education. For example, one community college has begun to use the competency list as a checking tool within the program and as an exit survey for associate degree nursing graduates.

Establishing the goals served to further the development of trust among the members and foster group cohesion by providing a common point of reference(Wilson, 1979). As stated by Blocker(1966), interinstitutional relationships must be developed with the student as the primary beneficiary. The process of working through the goals and purpose statement in establishing the consortium involved philosophical discussions



on nursing education. The discussion which occurred in developing the goals and purpose was necessary to facilitate an understanding of each other, the programs represented, and to accomplish the goals which are developed (Rossmeier, 1979).

#### Develop a Common Base

The fourth category in the development process is establishing a common base of understanding. A base on which to build the consortium began to develop through the trust factors and continued as the goals and purpose of the consortium were identified and then continued to develop throughout the meetings. The group had made a commitment to the continued development of the consortium, and indications of endorsing other areas of commonality are found primarily in the minutes of the fifth planning meeting.

#### Presentation of Data:

Meeting five: February 18, 1982

At this meeting, final endorsement was given to the identification of roles and competencies of the associate degree (AD) nurse. Discussion followed as to how to obtain agreement from a larger group. It was decided that the competency listing would be designed as a questionnaire and used to obtain responses from a larger group of both nursing service representatives and nursing educators to determine their level of agreement as evidence of support. These competencies could then be used as a common base between the AD and baccalaureate (BSN) programs. This common base comes from the commitment that graduates of each of the

representative programs will have attained the skills identified in the competency statement upon graduation from the associate degree program. A cover letter for the survey was developed by the group with the questionnaire to be presented at the next meeting. The goals of the consortium were then reviewed to determine if the committee activities were achieving the stated goals. The members agreed that the goals were being achieved in a timely manner. Additionally, the admission criteria for the BSN program were reviewed and discussion followed regarding specific courses at the community colleges which are comparable to the AD level courses and would therefore be readily transferable as part of a program transfer mechanism. A listing of such transfer equivalencies would be available for the next meeting. Another consideration was that a system be developed to monitor the progress of students from the consortium schools and provide some evaluative feedback to each program. No specific mechanism was recommended at this time.

A final item of discussion was the need to begin to develop a contractual agreement for the consortium which would describe the program articulation mechanism. Existing contracts would be reviewed and specific language developed for this consortium.

Analysis of Data: External validation of the competencies by a larger group was seen as necessary to gain wider acceptance by both groups of nursing administrators and to serve as a common base of understanding for consortium and program

development(Lysaught, 1978; Texas, 1974). The development of the competencies was a very time consuming activity, however it was a productive activity in developing the competency statements and facilitating group cohesion. At this point, the leader was required to use group process skills to complete the task and to gain responses from each member.

Educators from the consortium colleges desired to have some type of feedback information regarding students from their program who may enter the baccalaureate program. These data may assist program refinement activities within specific programs as well as provide evaluation data for the upper division baccalaureate program.

The second point on which the literature is quite specific is the need to develop a contractual agreement (Wisconsin, 1979; Kintgen-Andrews, 1982). The written agreement is seen as necessary to the viability of a consortium as it should contain pertinent guidelines for review and operation of the cooperative arrangement.

Thirdly, transfer mechanisms were briefly discussed as a vital common link for articulated programs. Menacker(1975) indicates it is necessary to have planning members who can speak to these concerns and respond to questions as necessary.

During the meeting, the individuals also indicated high regard for each other by the manner in which each person accepted the suggestions of others. An example is the acceptance of a competency for discussion rather than rejection out of hand.

Throughout the meeting, as with each meeting, a flexible agenda was maintained so that discussion could take place freely and further facilitate an understanding of the commonalities which existed among the nursing programs, for example, competencies and program objectives.

#### Conduct of the Meeting

The conduct of the meeting is the fifth process of consideration. The data sources for conduct of the meetings were obtained from a general review of the records, the preliminary process evaluation questionnaire, the group meeting, and the individual interview.

Presentation of Data: A review of the records indicates that at each meeting the conduct of the meeting is a vital factor in the consortium development process. This is indicated through establishing goals with the group, having agenda and other materials available to the members before the meeting, ensuring that each person contributes to the discussion, protecting institutional autonomy, and maintaining a schedule for beginning the meeting and for adjourning of the meeting.

In the preliminary process evaluation questionnaire, the following questions were answered using a Likert-type scale for the first question. The second question was open-ended(Appendix G).

Part III-8.       Members were allowed to freely  
                    express their ideas.

Part III-2.       What was the relationship between  
                    the way the meetings were conducted  
                    and the achievement of the goals?

From the group interview, the following question was asked(Appendix H).

3. Are there ways in which you felt that the development process should proceed?

In the individual interview the following question was asked(Appendix I).

5. What expectations did you have for the consortium before the meetings began? What were your concerns or reservations?

From the preliminary process questionnaire, the statement was answered according to a Likert-type scale. All of the respondents indicated that the meetings were managed so that the members did have the opportunity to express their opinions freely. The responses to the remaining three, open-ended questions reflect endorsement of the leader and approval of the goal-directed atmosphere of the meetings. Four participants stated that they felt respected partly because of the opportunity to present ideas without criticism of the program which was represented. One member stated that the "meetings were conducted in a manner which was conducive to decision making." Another individual stated that "the encouragement of open and honest communication resulted in an ease of movement toward goals." In addition, the members stated that they came to the meetings with openness and the expectation that "the leader would indicate a plan for discussion." Further, three of the members offered the comment that they perceived the leader to be a credible person who represented a credible program.

Analysis of Data: From the review of records the minutes indicate that developing trust, maintaining an open, objective atmosphere, respecting individual and institutional autonomy, and staying on schedule are important factors. In addition, group process skills in conducting a meeting of one's peers are especially important. This skill is necessary in order to be sensitive to individual needs as well as sensitive to the task at hand and be able to maintain the momentum of the development process. As endorsed from the literature the group leader must be well organized and possess a high level of energy to see the project to completion. This factor was seen to be of value in developing this consortium and would be an asset in developing other consortia.

Although the majority of the members looked to the leader to conceptualize a plan, one person did recall that she had some initial concerns as to how the group would proceed to find commonalities among the programs so that an articulation mechanism could be established. In recalling the conduct of the meetings, at the time of the individual interview, the members felt that the leader had managed the meetings in an excellent manner and they would not recommend rotating the leadership role. In the management of the meetings, one member indicated that "the group functioned effectively and in a positive non-threatening atmosphere. The group leadership was excellent."

The value and role of the leader are further endorsed by many of the literature sources. L. Patterson(1970) refers to the need for a leader with interpersonal skills.

Rossmeier(1979) supports the need for the leader to be an energizer who can see the interinstitutional planning through to the point of a written document. The members did report that the meetings were well managed. For example, goals were established by the group, and each individual was encouraged to contribute to the discussion. Other planning activities which contributed to achieving a smooth process included the assignment of a Ferris secretary to record the minutes and an assistant dean from Ferris who could respond to transfer issues and institutional policy. In addition, the agenda, minutes of meetings, and support materials were mailed to the participants before the next scheduled meeting. Attention was also given to the comfort of the participants by providing an appropriate setting and maintaining the schedule. For example, if the agenda stated that the meeting would close at 3:00 p.m., the meeting adjourned at or before this time. The preplanning activities as outlined by Jay(1982) were used in conducting the meeting and in attaining the goals.

#### Transfer System for Students

The sixth category of consideration in the development process is establishing a transfer mechanism for students. This category is discussed in meetings two, three, and five. The summary of these three meetings will not be repeated here as they have already been presented in relation to the topics of conducting a meeting. Additional data was obtained through the preliminary process evaluation questionnaire.

Presentation of Data: The data obtained from meetings two, three, and five are presented under establishing goals and purpose Research Question Four, and under developing a common base respectively.

The second data source was the preliminary process evaluation questionnaire. The respondents were asked to use a Likert-type scale and indicate their degree of agreement with the statement given. These statements are indicated below(Appendix G).

Part II-6. To what extent did the activities of the consortium positively affect the AD program at your college?

Part II-7. Will the consortium positively affect nursing education in this region?

The data obtained from the preliminary process evaluation questionnaire indicates that in response to the first question, five persons indicated that the results of developing a consortium were positive and the remaining two persons stated that it was too early to respond as their AD program had just been established. Regarding the second question, all members agreed that the consortium would have positive effects on nursing education and career mobility in this area of Michigan.

Analysis of Data: The transfer system is interrelated with development of the associate degree(AD) nursing competencies and review of program objectives. The development of a program transfer system, rather than a course-by-course system, is preferable according to some authorities(Knoell



and Medskar, 1965; Blocker, 1966). The program transfer mechanism is also supported by Menacker(1975) who endorses transfer systems between two-year and four-year institutions to provide continuous progress for students. This concept is further endorsed by studies on nursing education which promote articulation mechanisms(Lysaught, 1970).

During the second meeting, the initial concern with transfer procedures emphasized that some mechanism would need to be developed. Program objectives and competency statements are viewed as the most feasible options. Knoell and Medskar(1965), further endorse commonality among program objectives as a valid approach to transfer systems. At the third meeting, further review of approaches to transfer credit were discussed. This review included the Ferris mechanism and the Michigan Association of Collegiate Registrars and Admission Officers(MACRO) agreement.

To facilitate these discussions a resource person from Ferris was present who could respond to questions regarding specific course transfer and institutional policies. The presence of this individual at the third meeting as well as at meeting five was invaluable in assisting to clarify transfer systems, evaluation of credits, and program transfer mechanisms. As a result of the discussions related to transfer systems for students a course equivalency flow sheet was developed. This flow sheet indicated specific courses at surrounding colleges which could be transferred to the upper division baccalaureate nursing program at Ferris. For

example, Chemistry 201 at a specific Community College may be essentially the same as Chemistry 114 at Ferris.

#### Contractual Agreement/Evaluation

The final category to be reviewed is the establishing of a contractual agreement and an evaluation mechanism. The review of records of meetings six and seven provide data regarding contractual arrangements and evaluation. A second source of data regarding evaluation and contractual agreements is the preliminary process evaluation questionnaire.

Presentation of Data: A summary of meetings six and seven is provided.

Meeting six: March 26, 1982

At the sixth meeting, the AD competency survey was reviewed, revised, and approved. Discussion followed as to who should receive the survey. The committee decided that the following groups should be surveyed: directors of the AD programs in Michigan should be surveyed, nursing service representatives who attended the earlier meetings, members of the advisory committees for the consortium schools, and nursing service representatives in west Michigan. The cover letter and the survey, as developed by the group, were mailed to these people with the results of the survey to be shared at the next meeting. The purpose of the survey was to externally validate the level of competencies of the AD level nurse by both nursing educators and nursing service administrators.

The next discussion item centered around what type of information each school represented would find helpful in regard to their graduates who wished to apply for admission to the baccalaureate program. The committee members decided that when the program is in its third and fourth year, the appropriate information to provide to each school could be in the form of a summary of their individual students' responses to a survey. This questionnaire could be designed to include NLN test scores, level of success in baccalaureate nursing courses and general education courses, the evaluation of the preparation for the baccalaureate program and the adjustment factors(if any).

Some concern was expressed about the admission criterion that a student must be a registered nurse. This concern resulted from the present timing of the licensure examination. As a result of this timing, the student's results may not be available prior to the intended admission date. The group indicated that if individuals have been certified to write the licensure examination, they may apply for admission. With this procedure clarified, the members did not see a continuing concern for the manner in which this criterion was stated.

Review of a sample consortium contract which had been developed by the chairperson was completed. Revisions and contract languages for this specific consortium were developed. Each participant had received the initial draft contract by mail and had an opportunity for individuals to review it themselves as well as to obtain review by persons within

their respective institutions. Further refinement of the consortium contract would take place at the next meeting, following typing of the draft contract. In addition, the group decided the evaluation would be discussed and future meeting dates established, at that time.

Meeting seven: September 10, 1982

The results of the survey, the completion of the contract, the evaluation of the consortium and the establishment of plans for future meetings were the considerations at the September 1982 meeting. Each member was provided with a copy of the survey results which indicated the responses of the two groups surveyed. Twenty-eight of the thirty AD directors returned the completed surveys, and fifty-six of the seventy-five nursing service representatives responded. It was noted that the expectations of these two groups regarding the competencies of the AD graduate were quite similar.

The contract named Articulation Agreement(Appendix J) with the changes discussed at the previous meetings was accepted. However, further review of this agreement would be necessary by the attorneys of the respective institutions. In addition, the committee decided that the following items should be attached to the contract: roster of Nursing Education Consortium membership; admission criteria for the Ferris baccalaureate program; and transfer information and course equivalency data for surrounding colleges in addition to the consortium colleges. Signatures for the

contracts would be obtained by mail following typing of the final document.

It was agreed that certain items would be reviewed by the consortium members on an annual basis and are so stated in the Articulation Agreement. This annual review would occur at a group meeting in the Fall of each year. These items are: associate degree nursing competencies, program objectives, admission criteria for the BSN program, prerequisites, review of student progress, and review of the upper division baccalaureate program. In addition, it was announced that each committee member would receive, by mail, a preliminary process evaluation questionnaire so that information could be obtained regarding the process of developing the consortium. Other evaluation information would be gathered at a later date.

A final topic of consideration was establishing an annual meeting at which time the items stated in the contract as well as additional issues of concern to the group could be reviewed. With these considerations, September 1983 was identified as the next meeting date which would become the first annual review meeting.

Analysis of Data: A contract is designed to specify the guidelines by which the cooperative arrangement will be managed (Guidelines, 1966). An evaluation mechanism is used to review the achievement of the goals and to establish review of the consortium on a regular basis (Rossmeier, 1979; NLN, 1978).

The contract language for this consortium did not present a concern for most of the individuals. One person stressed the need to say "junior status" in the contract language rather than "upper division program." Review by college attorneys indicated that no significant changes were necessary. This agreement seems to represent consensus of the members of the group. Also, items attached to the agreement may be useful in maintaining a working relationship.

The course equivalency data were perceived to be of prime importance to facilitate program articulation and career mobility. This information would allow students to select a course at a college in their area and would be useful in advising students regarding prerequisite courses which would transfer to Ferris for credit.

The evaluation of cooperative arrangements is supported by the literature reviewed (Guidelines, 1966; Texas, 1974; Lepchenske, 1976). These guidelines indicate that periodic review of cooperative efforts is necessary to reassess the goals of the interinstitutional arrangement and to maintain open communication among the consortium members. This evaluation is specifically stated in the contract and indicates an annual review among the participating institutions.

An additional type of evaluation is desired which will provide the consortium members with information regarding progress of their students who enter and complete the baccalaureate nursing program.

In the members' discussion of the type of information each school desired about their students, there seemed to be an expression of concern for quality education in the respective programs and a desire for an effective transfer system to support career mobility. This discussion of transfer based on quality programs is supported by Blocker (1966) and Rossmeier(1979) who endorse transfer mechanisms. However, students must meet the admission criteria for the upper division program(Kenny, 1976). These admission criteria were discussed at various points in the planning meetings. This discussion does not mean that the nursing faculty at Ferris gave up their right to establish admission criteria; however, it does mean that the consortium members have the right to be informed about the criteria. These actions and discussions are also supported in the nursing literature cited for the study(Lysaught, 1970; 1978; NLN Guidelines, 1978; Kintgen-Andrews, 1982). This is seen as another component of evaluation which may be helpful in sustaining the contractual agreement and at the same time provide data for the nurse educators.

In addition, the manner in which the competencies were reviewed and subsequently used in a survey serves to underscore the entire group's involvement in making the decisions, an involvement which the literature states is an important aspect of voluntary consortia(Patterson, L., 1972; Kintzer, 1976). This may also reflect trust among the group which was a concern in the initial meetings.

In the planning process, a summer meeting had been planned for June 1982, but because of vacations, class schedule differences, and a variety of conflicts, the group was not able to meet between March and September. This interruption could have caused a delay in the development of the consortium; however, the major work of the committee had been addressed so the effect of the six-month hiatus is considered to have been minimal.

This final meeting in the development of the consortium was a time when individuals expressed the feeling that they would miss the contact and interaction with the other members. The meeting ended in early afternoon, around 1:00 p.m. The committee adjourned to a local restaurant for lunch, and it was well past 3:00 p.m. when goodbyes were said. The members expressed the feeling that they had enjoyed the activities and did not want to see them end. It was interesting to recognize the cohesion and deepening of professional relationship which appear to have developed as a result of cooperative efforts in developing the consortium. One member commented that the cohesion was facilitated because "members of the group had worked together during program development" and there was "group agreement on the concept being developed."

The second data source for contractual agreement and evaluation were collected through the preliminary process evaluation questionnaire. The following questions were answered according to the identified Likert-type scale:



Part II-4. How useful is the plan for contract review?

Part II-5. How realistic is the consortial plan with regard to viability and growth?

At the time these questions were asked, all of the respondents indicated that the plan for contract review and for growth of the consortium were above average, but not outstanding. This response may reflect the fact that these questions were asked in the fall of 1982 shortly after the agreement had been formalized.

#### Recommendations & key decision factors

The eight broad categories identified in describing and analyzing the processes of developing a nursing education consortium are supported further by data collected as the members responded to questions regarding recommendations and key decision factors.

Presentation of Data: The data for this category are collected from the preliminary process evaluation questionnaire, the group meeting, and the individual interview.

From the preliminary process evaluation questionnaire (Appendix G):

Part III-5. What recommendations would you make to individuals beginning to develop a similar consortium?

Part III-6. In evaluating this project, what other recommendations or observations would you offer?

From the group discussion(Appendix H):

6. Are there some recommendations which you could make to other groups who may wish to establish a consortium?

From the individual interview questions(Appendix I):

13. Describe some key decision factors in the development of the consortium.

The data gathered regarding key decision factors indicate that establishing goals, developing trust, and obtaining administrative support are important features in being able to move to decisions. One person described it as the point where there was "clarification and agreement on the concept that we could use terminal competencies rather than courses and course objectives as a basis for articulation." All members indicated that the use of nursing service representatives to assist in developing AD competencies using the NLN statement was a key factor as indicated by the statement that "input and inclusion of service representatives seemed to pinpoint areas of need." Another factor in developing the consortium was reported as "your (the leader's) ability to get the group to offer discussion, summarize and put it together in a way which people could accept." Finally, the development of contractual language and the establishment of an annual review system were additional decision points which facilitated development of the consortium.

Analysis of Data: The recommendations and key decision factors closely parallel the broad categories within which the nursing education consortium was developed. In addition, these factors are cited in the literature as steps to be taken in developing interinstitutional arrangements.

The recommendations derived from these questions indicate that commitment was necessary from administrators, faculty, and the planning committee members. Allowing time to develop trust among the members was stressed as was the establishing of goals for the cooperative arrangement. As one member stated, "proceed to identify purpose and objectives." A third factor is the selection of a leader who can conduct open, objective meetings which are goal-directed (Patterson, L. 1970; Rossmeier, 1979). The following statement summarizes the leadership role, "the group leader was knowledgeable and motivated, attending to both socialization and task issues." In addition, a small group is preferable to facilitate agreement. The agenda and discussion items distributed to the members in a timely fashion and the use of resources persons were actions which the participants recommended. A planning committee that is knowledgeable about professional issues and the use of material from the NLN as a model for developing AD competencies were other important factors mentioned.

In reviewing the project and making recommendations, the members responded that in general it had been well-managed. Recommendations included "keeping the group small, including nursing service representatives in the discussions, and establishing goals." One person summarized these activities as follows, "I believe the most significant factor in the smooth, outstanding efficient accomplishment of this sizeable task was the spirit of respect and cooperation among group members."

Summary: In answering Research Question two, regarding the processes in the development of a nursing education consortium, the supporting data have been arranged into eight broad categories. These categories are (1) establishing a need for the cooperative arrangement and stating the purpose and goals, (2) developing a transfer system which is vital to facilitating mobility of students between programs and institutions, (3) planning for meetings to be conducted by a leader who is an energizer with interpersonal skills and the ability to maintain open communication, (4) gaining commitment of administrators and participants from respective institutions who have come together voluntarily to achieve a consortial arrangement, (5) establishing a formalized agreement or contract, (6) developing an evaluation mechanism to determine continued need and goal achievement, (7) developing trust and open communication among the group which will facilitate consortial planning, and (8) identifying of complimentary roles between and among institutions which contribute to a common basis or purpose on which to build cooperative endeavors.

The data within each of these categories have been discussed and analyzed and the findings support these categories as the processes in the development of a Nursing Education Consortium. Within the data analysis of each category information was provided regarding the effectiveness of different approaches as the consortium was being developed.

The usefulness of these principle processes were further supported by data obtained in asking open questions regarding their recommendations for the development of other consortia and key decision factors within this development process. Therefore, this study supports the use of these processes as principles or guidelines for developing cooperative arrangements or consortia in nursing education.

#### Research Question Three

WHAT IS THE RELATIONSHIP BETWEEN THE PRINCIPLES USED TO DEVELOP CONSORTIA IN HIGHER EDUCATION AND THE PRINCIPLES USED TO DEVELOP THIS NURSING EDUCATION CONSORTIUM?

The principles used in developing this Nursing Education Consortium, as derived from the data analyzed in Research Question One, will be used to compare the relationship between the principles used to develop this specific nursing education consortium and the principles used to develop other consortia in higher education. The data have again been arranged into eight broad categories: (1) commitment, (2) development of trust, (3) establish goals and purpose, (4) develop a common base, (5) conduct of the meetings, (6) transfer mechanism, (7) contractual agreement, and (8) evaluation. In Table 4, page 109, the data sources for answering Research Question Three are presented.

Commitment: The existence of commitment to a project or a goal may be inferred by the fact that the group is present. The planning committee, however, had indicated that this is

an important factor at the individual member level, (i.e. the faculty who are represented), and at the level of the administrators of the various community colleges. The need for commitment on the part of interinstitutional planning committees is specifically stated in the literature as early as 1966 when the American Council on Education published guidelines on development of consortia. This publication (Guidelines, 1966) stated that all types of personnel who are closely associated with the concern must be involved and committed. Sagan(1966), in summarizing his doctoral dissertation, stated that approval must be gained from appropriate departments and persons. Individuals who will implement the consortium must be directly involved (Patterson, L., 1970), and the overall project must support the institutional purposes(Lepchenske, 1976). Rossmeier, in 1979, indicated that "executive commitment must be more than just endorsement, it must mean involvement"(p. 9). In his work, Smith(1978) offers the suggestion that liaisons between institutions be established, which again refers to the value and need for commitment. In this same year, the National League for Nursing(NLN, 1978) published guidelines for the development of consortia in which it states that commitment from key individuals and groups is necessary. In developing a nursing education consortium, Kintgen-Andrews identifies the need to include representatives from all levels of education(1982).

This principle was necessary to the development of the consortium, and the nursing representatives stated that both their nursing faculties and college presidents were generally in agreement with this project. One person stated that the "administration was very supportive as it would facilitate student education." Another member indicated faculty support for this project as "a timely professional move."

Development of trust: The literature speaks less directly to the principle of developing trust than to the principle of commitment. In trust development, however, L. Patterson comments, "when the planning committee assembles, allow time for the members to get acquainted"(1980, p.2). By allowing time for getting acquainted, trust relationships can begin to develop. The concern for trust is more directly stated in the statewide plan developed for nursing education in New Mexico(1979) in which the members indicated that trust among schools of nursing could be developed by interschool committees.

The members of this consortium knew each other from previous professional activities; however, trust among this group was further enhanced by allowing time to become reacquainted and to share thoughts and ideas. Trust continued to be vital to developing the consortium and was further extolled by members who stated that the consortium developed from existing relationships which were used in this instance to facilitate group activity.

If the consortium members did not have a previous acquaintance considerable time would need to be provided

for trust building and developing cohesion as a group. This study supports the view that this factor remains an important underpinning of the consortium development process.

Establish goals and purpose: The development of goals and careful planning for consortia is frequently stated as a principle or guideline in the references cited. For example, a step noted in statewide planning for nursing education in Texas(1974) is the identification of objectives for the curricular plan. Several guidelines for planning are offered by Lepchenske(1976) as follows: establish educational priorities, participate in long-range planning, and survey the priorities of the institutions involved. Lysaught(1978) states that a systematic assessment of goals must be carried out. The guidelines published by the NLN (1978) endorse long-range planning and indicate that committees can be used to accomplish much of the planning activities. Rossmeier(1979) and Smith(1978), in offering guidelines for cooperative arrangements, state that planning must take place and be reassessed on an established basis. Hershfield(1978), in describing the success of the National University consortium, has stated that without detailed planning this cooperative effort could not be successful.

This principle was applied in establishing this Nursing Education Consortium as goals and purpose were delineated at an early meeting. Further planning by the group related to achieving these goals and purposes took place as competencies were developed, a transfer system established, and contractual



language established.

Develop a common base: Establishing a common base is the fourth category which is found in the literature on consortia in higher education. A common base for participants was directly established with the goal statement and purpose statement which were developed by the planning committee. In addition to establishing goals, the common base for the nursing education consortium became the identification of nursing competencies, the use of nursing service representatives to develop the competencies, and review of program objectives. The nursing literature on statewide planning and consortia for nursing education indicates the relationship between this approach and the guidelines which they have offered. For example, in the state plans for Texas(1974), Wisconsin(1979), New Mexico (1979), and the regional plan developed by the Southern Regional Educational Board(SREB, 1982), each identifies agreement on entry level competencies and on the need for collaboration with representatives of nursing service, as guidelines. In addition, reviewing program or curricular objectives is another guideline suggested. The early study of nursing by the National Commission for the Study of Nursing and Nursing Education(NCSNNE) recommends that competency levels be developed for nursing education(Lysaught, 1970).

The establishing of a common base through delineating competencies and reviewing program objectives is a direct application of this principle in establishing this Nursing

Education Consortium. It was necessary to agree on this common link so that the associate degree programs could be clearly seen as the base for the upper division baccalaureate program.

Conduct of the meeting: The conduct of the meetings is a broad category which includes such considerations as distribution of materials, goal achievement and directedness, respect for individuals and the autonomy of institutions, group process and size of the group, style of the leader, and planning for the meetings. The literature supports the need for careful and detailed planning and refers to the principle of leadership and the conduct of the meetings in a variety of ways. For example, the recommendations of Rossmeier(1979) include a leader who is an energizer who encourages a participative process and conducts the meeting in an open and flexible manner. The use of clerical personnel is important, in addition to a leader who can communicate well and has the ability to provide the participants with appropriate discussion materials in a timely fashion (Sagan, 1969). Patterson(1970) writes that the leader needs to possess interpersonal competence. Belcher(1975) states further that developing consortia with a small, cohesive working group facilitates achievement of the goals. The NLN Guidelines(1978) indicate that the conduct of the meetings is directly related to the achieving of the objectives in a timely manner.

This principle from consortia in higher education was utilized in developing the Nursing Education Consortium. For example, an effort was made to include each member in the discussions, agenda and related items were provided before each meeting, and the development of group cohesion was facilitated. In addition, activities were planned to achieve the stated goals such as review of the AD competencies.

Transfer system for students: Developing a transfer system to ensure or facilitate career mobility is a central concern of many interinstitutional endeavors. Menacker (1975) states that the dominant need for cooperative activities is the transfer of students. This is further endorsed by Knoell and Medsker(1965), because they say ease of transfer encourages students to achieve the highest educational level possible. The need for transfer mechanisms is supported by Kenny(1977) who also states that students must be aware that they will need to meet the admission criteria for upper division programs. The relationship between this category and those from higher education is also supported by an earlier work of Kenny(1973) who writes that if no transfer system exists, it is the student who loses. A variety of sources from nursing literature also indicate the strong relationship between transfer mechanisms and the steps which are outlined in the development of consortia or statewide planning(Texas, 1974; New Mexico, 1979; NLN, 1978; Kintgen-Andrews, 1982).

The development of an acceptable and workable transfer system was of importance to the planning committee members. As the common base was being developed, a mechanism was necessary to make the consortium become operational. The central part of the transfer system was the review of program objectives to establish program-to-program transfer. Another part of it was to identify course equivalencies.

Contractual agreement: The seventh principle delineated in the development of the nursing education consortium is that of developing a contractual arrangement. While this principle is not widely noted in the literature, an indication of its importance does exist. The guidelines established by the Joint Committee on Junior and Senior Colleges refer rather generally to "reaching agreements"(Guidelines, 1966). More specifically, the 1979 Wisconsin plan for nursing education refers to developing a memorandum of understanding, and in the consortium developed by Kintgen-Andrews(1982), she states that a formal consortial agreement should be established.

Following review of a sample consortium contract and group discussion, a contract was developed for the consortial arrangement. The contract was carefully reviewed by members of each institution and subsequently signed(Appendix J).

Evaluation: The category of evaluation is cited frequently in the readings from higher education. Evaluation is an integral part of the development of the nursing education consortium and an early desire was expressed that

there should be feedback of transfer performance data between pairs of institutions (Guidelines, 1966). Lepchenske (1976), states that the periodic evaluation of cooperative efforts is necessary and that a plan of evaluation should be stated in the planning activities. Smith (1978) also states that evaluation procedures must be established. Rossmeier (1979) discusses the need for cyclical planning which is reviewed every two years, thus providing for continual reevaluating in light of changing needs. NLN Guidelines developed in 1978 identify the need to conduct evaluation and to consider the results. The Texas plan (1974), which reports statewide planning for nursing education, and Lysaught (1978), who describes a nursing education consortium, endorse the need for an evaluation mechanism. Although the primary purpose of the evaluation may be to assess the achievement of the goals, it also serves as a vehicle to maintain communication among the consortium members.

This principle is illustrated in the evaluation mechanism which has been incorporated in the Articulation Agreement (Appendix J). The group agreed to evaluate specific items on an annual basis. As part of this evaluation, a mechanism will be established to evaluate students' progress.

Summary: The principles used to develop the Nursing Education Consortium have been described in eight broad areas. The relationship of each category has been discussed as it relates to the principles used to develop consortia in higher

education. This analysis and comparison of commonalities have illustrated that there is a useful relationship between the principles cited in the literature from higher education and a validation of these principles through the process of developing this nursing education consortium.

#### Research Question Four

WHAT CURRICULAR INTERFACINGS MUST BE  
STUDIED BETWEEN ASSOCIATE DEGREE AND  
BACCALAUREATE DEGREE NURSING PROGRAMS  
IN THE DEVELOPMENT OF THE NURSING  
EDUCATION CONSORTIUM?

The identification of the curricular interfacing between the associate degree(AD) and baccalaureate degree(BSN) nursing programs came from three sources of data: review of the written records, the preliminary process evaluation questionnaire, group responses to questions, and individual interview questions. These sources indicate that there are two major curricular interfacing which need to be discussed, reviewed, and accepted by the planning committee. The competencies for the AD nurse and the AD program objectives are these items for consideration.

Presentation of Data: Table 5, is presented to indicate the data sources which relate to these two major curricular interfacing.

TABLE 5  
DATA SOURCES FOR RESEARCH QUESTION FOUR

| Curricular<br>Interfacings                    | Data Sources         |   |   |                                      |
|---|----------------------|---|---|--------------------------------------|
|   | Review of<br>Records | Preliminary<br>Process<br>Evaluation<br>Questionnaire | Members<br>Response to<br>Questions<br>as a group | Individual<br>Interview<br>Questions |
| Associate Degree<br>Nursing Competen-<br>cies | 3, 4                 | Part 2-<br>Q 1, 2, 3                                  | 5   | 7, 8, 9                              |
| Program Objec-<br>tives                       | 3, 4                 |   |   | 8                                    |

The first data sources presented in answering research question four are the review of records from two of the seven meetings: meetings three and four.

Meeting three: October 31, 1981

At the October meeting, the nurse educators of the planning committee and the representatives of nursing service were present. The program objectives of the eight AD programs were reviewed. Each member had a copy of the program objectives from each of the programs represented. Common expectations among the objectives were analyzed and reviewed. It was noted that there were more commonalities than there were differences among these objectives. Indeed, the differences were considered to be minor and did not adversely influence the purpose and goals of the consortium. Tests used for formative evaluation in the AD programs were compared, and although the tests for the programs were not identical, again their similarities were

noted. The members agreed that the identified tests were reflective of the program objectives in their particular nursing programs.

Two approaches to transfer credit were then reviewed: the Ferris mechanism and the Michigan Association of Collegiate Registrars and Admissions Officers (MACRO) agreement. The Ferris mechanism includes such considerations as: proficiency or equivalency credits; provisional acceptance of credits from non-accredited institutions; credits equated to a Ferris course which are specified in a particular program; grades of "D" or less in the major area not accepted; satisfactory completion of a prerequisite degree or program (such as completion of the AD) as an admission criterion for the BSN program. The second approach discussed was the MACRO agreement. Each committee member had a copy of this agreement which became effective in 1973 and offers specific guidelines to ensure that a student who completes an associate degree at a public community college will have satisfied the basic two-year requirements of the four-year colleges. The members agreed that further discussion of transfer mechanisms would take place after the competencies had been identified.

The greatest portion of the meeting was spent in discussing the competencies of the AD nurse. The discussion centered on the roles as identified by the NLN and the general competency statements which this organization has published as a result of national conferences with nursing leaders



(NLN, 1978). Competencies listed were primarily psychomotor skills within the five roles of the nurse. Even though considerable progress was made in listing the competencies, the members agreed that further additions and refinements would take place at the meeting scheduled for December.

Meeting four: December 4, 1981

This meeting was also attended by the representatives of nursing service who, in collaboration with the nursing educators, spent the entire meeting in further identifying the competencies of the AD nurse. The resulting list represented agreement between these two groups of nurses--nursing service administrators and nursing educators. It was decided by the group that the identified competencies should be more widely validated. Further discussion as to how to validate these competencies would take place at the following meeting.

Additional data were derived from the remaining data sources. As part of the preliminary process evaluation questionnaire, the following questions were asked which were answered according to a Likert-type scale(Appendix G):

Part I-1. How useful is the consortium to the  
associate degree student?

Part I-2. How useful is the development of  
competencies?

Part I-3. How useful was the response of  
nursing service representatives  
in development of competencies?

From the group meeting, the following question was asked:

5. Are there ways in which the representatives of nursing service contributed to the development of the consortium? If so, how?

The data collected as part of the individual interviews came from the following questions:

7. Did you anticipate making curricular changes as a result of joining the consortium? If yes, were there curricular changes that you wanted to make?
8. What are the specific curricular changes which you needed to make?
9. Was the development of the AD nursing competencies a necessary endeavor? Why? Why not?

In response to the questions answered according to the Likert-type scale, four of the respondents indicated that the consortium would have "above average" usefulness to the AD students. The development of the competencies and the collaboration with nursing service in developing these competencies were rated by five of the respondents as "outstanding." In answering the questions related to curriculum, five members indicated that there were no specific changes which they anticipated making. Three of the respondents indicated that they came with the willingness to make "whatever change may be needed to accomplish an articulated program."

Analysis of Data: With the introduction of a new group into an already working group, time was again needed for socialization and getting acquainted. In addition, it

was necessary to review the purpose of the committee and the work that had been completed. The literature related to the issues of nursing service and nursing education states repeatedly that these two groups do not interact in a manner which will develop greater understanding of the role of the AD nurse(Chickerella, 1981; Kramer, 1974: Nayer, 1980). Therefore, meetings provided the forum for these two groups to discuss the competencies of the nurse from two distinct viewpoints--from those who educate the nurse and from those who employ the nurse. The literature reviewed cites the need for collaboration between these two groups in developing competencies as part of consortia(Texas, 1974; Wisconsin, 1979; Lysaught, 1978). For example, including nursing service representatives with the nursing educators in developing the AD competencies permitted the list of competencies to be validated by the two groups who have a vital role in AD nursing. It further serves to enhance the communication between these groups.

The literature on developing nursing competencies has a fairly long history which came into focus with the report of the National Commission for the Study of Nursing and Nursing Education(NCSNNE) which supports two levels of nursing, associate degree and baccalaureate degree(Lysaught, 1973). In the intervening years, many studies have been completed, and the National League for Nursing has convened several study groups in an effort to delineate competency

levels(Vailliot, 1970; Geitgey, 1972; Peterson, 1978; NLN, 1978).

In terms of analyzing the second aspect of curriculum interfacing, this review of program objectives can be seen as reflecting a well-developed trust relationship among the members of the group as review and comments occurred(Wilson, 1977). The review of program objectives is a major area in which the literature of higher education and nursing education both support the value of identifying level or program objectives as a point at which curricula interface.

In this case, the review of the NLN achievement tests was useful as the tests can be used as an alternate admission criterion for the program. In addition, while not specifically reported in the literature as a guideline, this review further supported the points of commonality among the programs because programs were using similar tests for formative evaluation.

Transfer credit is of major concern in establishing consortia and articulated programs. This concern is a theme in the readings reviewed and needs to be planned with prime consideration given to the interests of the students(Menacker, 1975; Lysaught, 1978; Kintzer, 1973). The discussion of the transfer of credits began at this meeting, and the role of the Assistant Dean for Student Academic Affairs became more active as she indicated what could be accepted and how student records were reviewed. This information is important to the planning efforts and the person in this role plays a key part in assisting to establish such mechanisms.

There was value in planning the fourth meeting to occur soon after the late October meeting so that continuity of the discussion and collaborative relations with the nursing service representatives could continue. As the discussion took place a large pad of white poster paper was placed on an easel and a black pen was used to record each competency suggested. As the poster paper was used, it could then be taped to the wall. In this way, items could be moved to different categories and further refinement could be completed without losing the original data. Further, because the group was small, all members could easily see the poster paper as the information was being added. The group leader asked another member of the committee to write each competency as it was suggested. In this way, the leader could attend to the group discussion and facilitate the participation of each member.

In analyzing the data from the three remaining data sources, it is noted that each of these data sources provides additional information regarding the curricular interfacings between AD and BSN programs. Specific AD curricular changes which are planned to be made in the future are in placement of chemistry, chemistry as a separate course, inclusion of sociology, and consideration for adding pathophysiology.

The analysis of the response, about curricular changes in the AD programs in the community colleges shows a similarity in their length of the program and the course sequence.

Therefore, major changes were not anticipated. Before the consortium development began, however, the Ferris AD program had initiated changing from an eight-quarter to a six-quarter program. The Ferris program had already made significant curricular changes so that it was already quite similar to the community college programs.

In reviewing the development of the AD nursing competencies, the members responded that this was a necessary activity which further enhanced trust among the members and served as a vital link between AD and BSN programs. It was stated that this was the "core of the endeavor and facilitated trust" among the members. Another member stated that development of competencies was an "excellent approach" as we "often state outcome behaviors in general terms without stating specific skill attainment." The development of the competencies served as a common base from which an upper division BSN program could be developed, they negated the need for course analysis and, with agreement on the competencies, no testing out or assessment of prior learning would be necessary.

Summary: Three data sources were used to identify the curricular interfacing which needed to be studied between AD and BSN programs in developing a Nursing Education Consortium. The major curricular interfacing identified were program objectives and the competency level of the AD nurse. A related factor in developing the competencies was the inclusion

of nursing service representatives along with nursing educators in discussion and in reaching agreement regarding these competencies.

An analysis of how these two interfacing were handled in this case shows that the AD program objectives were written and easily accessible by all for discussion. In the past, the competencies for these specific programs were not available as one written document, perhaps because they have been a source of professional controversy for many years. Because of this, the review of competencies required more time and deliberate action than did the readily agreed upon objectives.

These two major curricular considerations focused on the outcomes of the programs and provided a base for ensuring that the students to be more prepared to enter the next program level in nursing education.

#### SUMMARY

The process of developing a nursing education consortium has been described and analyzed based on data obtained through review of records, the preliminary process evaluation questionnaire, members' response to group questions, and individual interview questions.

These data have been analyzed and used to answer the Research Questions. In responding to the first Research Question, the broad principles were identified from the

literature and used as a framework for answering Research Questions Two and Three. The second Research Question asked what processes were used in developing this nursing education consortium, and in the analysis of the data the eight major categories of principles were supported. These categories are: commitment, development of trust, establishment of goals, development of common base, conduct of meetings, transfer system, contractual agreement, and evaluation. In the third Research Question, the relationship between these eight major principles and the principles used to develop consortia in higher education were discussed and analyzed. The analysis indicated that there is a close relationship between the principles used to develop consortia in higher education and the principles used to develop this particular Nursing Education Consortium.

In the final Research Question, the major curricular interfacings between associate degree(AD) and baccalaureate degree (BSN) programs were described. The data indicate that the program objectives and the identification of AD nursing competencies must be studied and reviewed. These two features can then become the common basis for AD and BSN programs to develop consortia which promote program articulation.



CHAPTER 5  
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS  
SUMMARY

This study was undertaken to report and critically analyze how a nursing education consortium was developed between associate degree nursing programs in community colleges and a baccalaureate program in a four-year college. This type of articulated and collaborative program among higher education institutions has grown out of an expressed need from students, demands of health-care agencies and proposals from the professional nursing organizations that nursing move to two levels of practice--an associate degree and a baccalaureate degree.

This consortium, therefore, is the result of the changes needed to meet new demands for associate degree nurses to earn a four-year degree. Within the past three or four decades, emphasis has been placed on providing opportunities for licensed nurses to use their education and experience as the foundation years for a professional baccalaureate degree. The consortium is designed to establish a career mobility opportunity for the AD nurse to enter an upper division baccalaureate program and to develop program articulation among institutions. Articulation between associate and baccalaureate programs must be designed so

that the baccalaureate program logically and sequentially builds on skills, knowledges, and competencies taught to students in an associate degree curriculum.

The significance of the study for nursing may be realized in that consortia in nursing education are not numerous; therefore, the study will add to the literature resource on this relatively new cooperative arrangement in nursing education. The study may be a valuable resource in reviewing the value of developing consortia, how the curricula in designated nursing programs may change, and for the development of guidelines to be used in establishing other Nursing Education Consortium.

In the literature on the development of consortia in higher education, historically, one institution has accepted another institution's credits granted to students, sometimes without reservation and at other times with certain restrictions, but almost always with the stipulation that the transferring students would meet the requirements of the degree-granting institution. Since about 1970, there has been a growth in numbers of consortia and in an understanding and a formalization of the steps needed to establish these consortia so that they benefit the goal of higher education. As a result of this interest in consortia, some institutions have been drawn into closer working relationships that, though not without problems, have usually resulted in benefits to the cooperative units and to their students.

The development of consortia in education, with the resultant unification and coordination of learning experiences, is complicated and demanding. The process of articulating a program or a curriculum with others of similar goals requires that a school system evaluate and examine its offerings thoroughly. The resulting program, if carefully planned, may provide continuity of learning experiences through an educational system or between institutions(Cay, 1966).

Interinstitutional consortia in higher education have been developed for a variety of purposes and with varying degrees of formality among the institutions involved. In tracing the history of the consortium movement in Colleges in Consort, Patterson, F.(1970), notes that, in addition to the economic constraints which stimulated the development of consortia, federal funds have supported cooperative arrangements. He further predicted that joint planning and collaboration among institutions will continue.

Development of consortia in nursing education began in the early 1970s and grew out of a need for career mobility which has been reported by the National League for Nursing(NLN) in a variety of publications. Also, in a 1970 report(Lysaught) published by the National Commission for the Study of Nursing and Nursing Education(NCSNNE) career mobility and program articulation were recommended and encouraged. Subsequently, in 1981, a longitudinal study on the progress of the recommendations made by the NCSNNE was published which indicated that

significant progress has been made in regard to achieving the goals of this study(Lysaught, 1981).

Concurrently with these changes, the professional nursing organization, the American Nurses' Association(ANA), has endorsed two levels of entry into nursing practice. In addition, the ANA has endorsed the idea of career mobility so that the student has the opportunity to move from one degree-level of nursing education to another degree-level of nursing education, for example, from technical education to professional education. As a result several states have developed statewide plans for nursing education, and some consortia have been implemented to facilitate career mobility and program articulation.

The descriptive case study approach was used to analyze the processes used in the development of this nursing education consortium. Data for answering the first Research Question were obtained from the review of literature of consortia while the data used in answering the remaining three Research Questions came from a review of written records, a preliminary process evaluation questionnaire, members' response to questions asked in a group setting, and individual interview questions. These data were used to answer the following Research Questions:

1. What are the guiding principles taken from the literature which may contribute to effective consortium development?
2. What are the processes used in development of a Nursing Education Consortium?

3. What is the relationship between the principles used to develop consortia in higher education and the principles used to develop this Nursing Education Consortium?
4. What curricular interfacing must be studied between associate degree and baccalaureate degree nursing programs in the development of the Nursing Education Consortium?

### CONCLUSIONS

The findings of the study indicate that the processes of developing a nursing education consortium can be described within the following eight broad categories: (1) commitment, (2) development of trust relationships, (3) establishment of goals, (4) development of a common base, (5) conduct of the meetings, (6) transfer system for students, (7) contractual agreement, and (8) evaluation. Also, an additional finding indicates that there is a meaningful and useful relationship between the principles used for developing consortia in higher education (as stated in the literature reviewed) and the principles used to develop this nursing education consortium. The findings further indicate that there are two major curricular interfacing which must be considered in program articulation and consortia development. While there are related curricular considerations, the major areas of concern are review of program objectives and review and statement of associate degree nursing competencies.

Based on the information obtained in the study, conclusions are offered in two areas. The first area is that principles gained from this study may provide helpful guidelines to others who are planning to develop a consortium. These guidelines are as follows:

Guidelines for Developing a  
Nursing Education Consortium

- (1) Gain commitment of key individuals
  - a. administrators
  - b. faculty from cooperating institutions
  - c. planning committee members
- (2) Develop trust relationships
  - a. allow time for social relationships to develop
  - b. use of small group facilitates trust development
  - c. respect individuals
  - d. respect autonomy of institutions
  - e. respect program integrity
- (3) Establish goals and purpose for the consortium
  - a. goal development facilitates trust
  - b. provides focus for the meeting
  - c. develop these as a group commitment
  - d. establish a philosophy of nursing education for the consortium
- (4) Conduct of the meetings
  - a. select strong, goal-directed leader
  - b. use support persons, such as a secretary
  - c. maintain open, objective, listening atmosphere
  - d. attend to scheduled time frames
  - e. provide discussion materials, minutes and agenda before each meeting
  - f. facilitate group involvement
  - g. schedule meetings close together to maintain working relationships
  - h. retain same leader throughout the planning meetings
  - i. include nursing service representatives at an early point in the planning process

- (5) Develop a common base among the programs
  - a. foster commitment to consortium concept
  - b. build on established goals of the consortium
  - c. identify competencies as a group
  - d. review program objectives and similar outcomes
- (6) Develop a transfer system for students
  - a. ensure career mobility
  - b. focus on program transfer
  - c. avoid course analysis
  - d. identify courses which will transfer from surrounding colleges
- (7) Develop contractual agreement
  - a. offer clear guidelines for management
  - b. state items to be review periodically
  - c. reduce threat to institutional autonomy
- (8) Establish an evaluation mechanism
  - a. evaluate development process
  - b. state items to be reviewed
  - c. establish annual or semiannual review meeting
  - d. maintain on-going communication with participants

Secondly, unexpected benefits were occurring as the consortium was being developed. These benefits were identified generally through all of the data collection procedures and specifically during the individual interviews.

#### Unexpected Benefits

- (1) Based on an expressed need from the group, a workshop on program costing was presented by one of the members.
- (2) The members have become an ongoing support group to each other and a resource for budget or policy questions.
- (3) A deeper appreciation for program commonalities was developed.

- (4) The members indicated that their own philosophy of articulation as well as the philosophy of their colleagues in the respective institutions had been enhanced by the consortium development.
- (5) In some of the community colleges, there was a decrease in resistance to transfer mechanisms of students to other programs.
- (6) Three members stated that they were in the initial stages of planning associate degree programs and that interaction which took place at the planning meetings assisted them in the development process, and they used the group to ask questions about program development.
- (7) As a result of philosophical discussions regarding articulated programs, one program discontinued the testing of practical nurses prior to entering a ladderized associate degree program.
- (8) Some colleagues see this consortium as a model which could be used to develop statewide planning for nursing education.
- (9) The inservice personnel in a hospital have asked a planning committee member in a community college to assist her in planning orientation activities for associate degree graduates.
- (10) The competency statements were used in a variety of ways: as an exit survey for students, to develop and refine competency statements within programs, to develop a competency survey for a nearby region, done by other nursing groups, and as a base from which the associate degree nursing educators will begin to develop competencies which represent statewide associate degree programs.

#### RECOMMENDATIONS FOR FURTHER RESEARCH

The implications of the study may lie in its potential to provide guidance in looking at the advantages and



disadvantages of consortial arrangements and at the planning and processes used in development of consortium. The guidelines resulting from the study may be useful to nurse educators in their consideration of the feasibility of establishing other consortia for nursing education. The study may also serve as a resource to other groups, aside from nursing, who are seeking to develop consortial agreements.

As a result of the study, recommendations for further investigation may include determination of what (1) impact the consortium has had on student enrollment at the designated institutions, (2) what impact this study and its outcome have on similar endeavors in the state of Michigan, (3) the effect of these educational programs on the quality of nursing care in the area, and (4) the effect the consortium has had on the number of baccalaureate prepared nurses in the health care agencies in this area. These and other questions could be investigated in the future to further research and develop what is known about this type of cooperative; multi-institutional, nursing education consortium which is described and analyzed in this study.

## APPENDICES

## APPENDIX A

### NURSING EDUCATION CONSORTIUM MEMBERSHIP

## NURSING EDUCATION CONSORTIUM MEMBERSHIP

Ferris State College  
Big Rapids, Michigan

Grand Rapids Junior College  
Grand Rapids, Michigan

Mid-Michigan Community College  
Harrison, Michigan

Montcalm Community College  
Sidney, Michigan

Muskegon Community College  
Muskegon, Michigan

North Central Michigan College  
Petoskey, Michigan

Northwestern Michigan College  
Traverse City, Michigan

West Shore Community College  
Scottville, Michigan

## APPENDIX B

### IDENTIFICATION AND TITLING OF ESTABLISHMENT OF TWO CATEGORIES OF NURSING PRACTICE

AMERICAN NURSES' ASSOCIATION

#56

RESOLUTION ON

IDENTIFICATION AND TITLING OF ESTABLISHMENT OF  
TWO CATEGORIES OF NURSING PRACTICE

- WHEREAS, ANA for the past 13 years has upheld the position that the "minimum preparation for beginning professional practice at the present time should be baccalaureate degree education in nursing," and the "minimum preparation for beginning the technical nursing practice at the present time should be associate degree education in nursing," therefore be it
- RESOLVED, that ANA ensure that two categories of nursing practice be clearly identified and titled by 1980, and be it further
- RESOLVED, that by 1985 the minimum preparation for entry into professional nursing practice is the baccalaureate degree in nursing, and be it further
- RESOLVED, that ANA, through appropriate structural units, work closely with SNAs and other nursing organizations to identify the two defined categories of nursing practice, and be it further
- RESOLVED, that national guidelines for implementation be identified and reported back to ANA membership by 1980.

Adopted by the 1978 House of Delegates

## APPENDIX C

### INCREASING ACCESSIBILITY OF CAREER MOBILITY PROGRAMS IN NURSING

AMERICAN NURSES' ASSOCIATION

#58

RESOLUTION ON

INCREASING ACCESSIBILITY OF CAREER MOBILITY  
PROGRAMS IN NURSING

- WHEREAS, Since 1965 ANA has supported the position that all nurses obtain educational preparation in colleges and universities, and
- WHEREAS, the overwhelming majority of registered nurses currently do not hold a baccalaureate degree in nursing and vocational nurses do not hold an associate degree, and
- WHEREAS, future employment of nurses undoubtedly will be based on academic preparation as well as licensure, and
- WHEREAS, there are limited educational opportunities for large numbers of non-degreed nurses in many geographic areas, and
- WHEREAS, flexible and non-traditional programs in nursing education can be developed while ensuring academic integrity; therefore be it
- RESOLVED, that the ANA actively support increased accessibility to high quality career mobility programs which utilize flexible approaches for individuals seeking academic degrees in nursing.

Adopted by the 1978 House of Delegates



APPENDIX D

POSITION STATEMENT ON THE OPEN CURRICULUM  
IN NURSING EDUCATION

# NATIONAL LEAGUE FOR NURSING POSITION STATEMENT

ON

## THE OPEN CURRICULUM IN NURSING EDUCATION

A Statement Approved by the Board of Directors, National  
League for Nursing, October 19, 1981

An open curriculum is one educational approach designed to accommodate the changing career goals and learning needs of students. It facilitates entry into and exit from educational programs by capitalizing on the student's relevant education and experience. The open curriculum in nursing recognizes areas of achievement common to the graduates of various types of educational programs, as well as the value of learning that takes place outside the academic setting. This is one of nursing's responses to the needs of students for more flexibility in entering the nursing education system.

The National League for Nursing supports the open curriculum in nursing education. NLN believes that:

1. Individuals who wish to change career goals in nursing or enter nursing from other fields should have the opportunity to do so without unnecessary repetition of course content or clinical experience. In any type of nursing program, opportunity should be provided to students to validate previous learning and to facilitate advanced placement.
2. Prospective students should be provided with effective guidance to select the nursing education program best suited to their career goals and to assist them in all stages of their nursing education.
3. Schools of nursing should be supported in their efforts to experiment with innovative patterns in nursing education, including open curriculum concepts. All phases of an open curriculum program must be carefully planned with continual and follow-up evaluation as an integral part of the program's accountability to society. Open curriculum programs also need assurance of continuing financial support and of academic and community resources.

4. Faculty in open curriculum programs are encouraged to carefully develop curriculum designs that meet NLN's criteria for accreditation. League accreditation is based on a nursing program's meeting the specified criteria of an appropriate NLN education council, on the "general excellence" of the program, and on the program's "...achievement with regard to its stated purposes."<sup>1</sup>

NLN will continue to provide a forum for nursing schools interested in the development of educational innovations, including the open curriculum concept. This policy reflects the League's continuing commitment to assist nursing education in meeting society's needs.

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<sup>1</sup>Policies and Procedures of Accreditation for Programs in Nursing Education, 3rd edition (New York National League for Nursing, 1979), p. 3.

## APPENDIX E

### POSITION STATEMENT ON EDUCATIONAL MOBILITY

## POSITION STATEMENT ON EDUCATIONAL MOBILITY

A Statement Approved by the Board of Directors, National  
League for Nursing, February 1982

Educational mobility, a characteristic of today's society, has strong implications for nursing, whose scope of practice currently encompasses vocational, technical, and professional nursing. Preparation for practice of each type can best be provided through appropriately designed, high-quality programs that are specific to their purpose and complete in themselves.

Individuals who wish to change career goals should have educational opportunities to advance from one type of nursing practice to another.\* These opportunities will benefit individuals by allowing them to expand their scope of practice and thus move into areas of great responsibility. Society will be assured that nursing care needs will be met by knowledgeable and competent practitioners.

In addressing these needs, educational institutions are responsible for setting policies on admission, graduation, and transfer and earning of credits. The faculty in each institution is responsible for applying these policies to their individual programs and developing curricular patterns and content in keeping with their beliefs and the purposes of the program. In a plan for educational mobility, opportunity should be provided for students to validate previously acquired educational and clinical competencies to facilitate advanced placement.

The NLN supports the concept of educational mobility and encourages the preservation of this right of individuals to self-fulfillment.

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\*See "Position Statement on the Open Curriculum in Nursing Education," approved by the NLN board of Directors, October 1981.

## APPENDIX F

### LETTER OF INVITATION

# FERRIS STATE COLLEGE

Big Rapids, Michigan 49307

616/796-0461

School of Allied Health

June 24, 1981

NAME  
ADDRESS  
CITY, STATE ZIP

Dear NAME:

The concept of an upper division baccalaureate nursing program is continuing to move forward at Ferris. You may recall that one of the concepts of this proposed program is to provide career mobility for the registered nurse and to develop collaborative relationships with associate degree programs in community colleges which are near Ferris State College. To begin discussions toward development of working relationships which could provide the registered nurse student with the opportunity for baccalaureate nursing education in this area of Michigan, we would like to begin meeting as a committee.

Therefore, the first meeting to begin these discussions will be held at Ferris in the VFS Building, Room 321 at 9 a.m., on August 7, 1981. Attached is a listing of individuals from specific institutions, who have been invited. Please contact me at 796-0461, extension 3427 of your willingness to attend on this date.

Sincerely,

Esther O'Dea, R.N., M.S.N.  
Head, Department of Nursing

Attachment

aat: 3/033921

## APPENDIX G

### PRELIMINARY PROCESS EVALUATION QUESTIONNAIRE



NURSING EDUCATION CONSORTIUM  
PRELIMINARY PROCESS EVALUATION  
QUESTIONNAIRE

Indicate the level of achievement of the following items relative to development of the consortium. Use the following scale:

|                |                  |         |                  |             |
|----------------|------------------|---------|------------------|-------------|
| 1              | 2                | 3       | 4                | 5           |
| Unsatisfactory | Below<br>Average | Average | Above<br>Average | Outstanding |

I. Achievement of Goals

Goal 1: Establish common criteria  
for program articulation.

|                                   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|
| a. review of program objectives   | 1 | 2 | 3 | 4 | 5 |
| b. review of program requirements | 1 | 2 | 3 | 4 | 5 |
| c. annual review of process       | 1 | 2 | 3 | 4 | 5 |

Goal 2: Develop consortial agreement.

|                                |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|
| a. contract language developed | 1 | 2 | 3 | 4 | 5 |
|--------------------------------|---|---|---|---|---|

Goal 3: Establish transfer mechanism.

|                                  |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|
| a. consortial agreement          | 1 | 2 | 3 | 4 | 5 |
| b. identify transferable courses | 1 | 2 | 3 | 4 | 5 |
| c. agree on AD competencies      | 1 | 2 | 3 | 4 | 5 |
| d. review admission criteria     | 1 | 2 | 3 | 4 | 5 |

## II. Evaluation

|     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 1.  | How useful is the consortium to the associate degree student.   | 1 | 2 | 3 | 4 | 5 |
| 2.  | How useful is the development of competencies.  | 1 | 2 | 3 | 4 | 5 |
| 3.  | How useful was the response of nursing service representatives in development of competencies.        | 1 | 2 | 3 | 4 | 5 |
| 4.  | How useful is the plan for contract review.   | 1 | 2 | 3 | 4 | 5 |
| 5.  | How realistic is the consortial plan with regard to viability and growth.                             | 1 | 2 | 3 | 4 | 5 |
| 6.  | To what extent did the activities of the consortium positively affect the AD program at your college. | 1 | 2 | 3 | 4 | 5 |
| 7.  | Will the consortium positively affect nursing education in this region.                               | 1 | 2 | 3 | 4 | 5 |
| 8.  | Members were allowed to freely express their ideas.   | 1 | 2 | 3 | 4 | 5 |
| 9.  | The meetings were well-managed.   | 1 | 2 | 3 | 4 | 5 |
| 10. | Rapport was well-established at early meetings.   | 1 | 2 | 3 | 4 | 5 |

## III. Please respond to the following questions.

1. What was your initial reaction to the development of a consortium?
2. What was the relationship between the way the meeting was conducted and the achievement of the goals?

3. What factors contributed to group cohesion or lack of cohesion?
4. Identify the turning point in the process of developing the consortium?
5. What recommendations would you make to individuals beginning to develop a similar consortium?
6. In evaluating this project, what other recommendations or observations would you offer?

\_\_\_\_\_  
Signature

Return to: Esther O'Dea, R.N., M.S.N.  
Head, Department of Nursing  
VFS 300, Ferris State College  
Big Rapids, Michigan 49307

## APPENDIX H

### GENERAL DISCUSSION QUESTIONS FOR GROUP MEETING

## GENERAL DISCUSSION QUESTIONS FOR GROUP MEETING

1. How did the administrators of the respective institutions respond to the concept of consortium development? What was faculty response?
2. What was your thinking or reaction when you received the letter inviting you to discuss the potential of a consortium?
3. Are there ways in which you felt that the development process should proceed?
4. Some of you have identified that the development of trust is an important factor. Are there some ways in which trust was developed at the planning meetings?
5. Are there ways in which the representatives of nursing service contributed to the development of the consortium? If so, how?
6. Are there some recommendations which you could make to other groups who may wish to establish a consortium?

APPENDIX I

INTERVIEW QUESTIONS

## INTERVIEW QUESTIONS

### Administrative Response

1. How was the concept of developing a consortium received by the administrators at your institution? by faculty?
2. Compare the goals of the consortium with the goals of your institution.

### Consortium Benefits

3. Are there ways in which the consortium can serve as a recruitment tool?
4. Are there ways in which the consortium can facilitate career mobility?
5. What expectations did you have for the consortium before the meetings began? What were your concerns or reservations?
6. Are there some benefits which have resulted from the consortium development? If so, please describe.

### Curriculum

7. Did you anticipate making curriculum changes as a result of joining the consortium? If yes, were there curricular changes that you wanted to make?
8. What are the specific curriculum changes which you needed to make?
9. Was the development of the AD nursing competencies a necessary endeavor? Why? Why not?

### Professional Relationships

10. Had you known or previously worked with other members of the planning committee?
11. How would you describe your working relationship with the members of the planning committee?
12. Did this relationship affect the development of the consortium? If so, how?

### Decision Factors

13. Describe some key decision factors in the development of the consortium.

## APPENDIX J

### ARTICULATION AGREEMENT



FERRIS STATE COLLEGE  
Department of Nursing  
Nursing Education Consortium

ARTICULATION AGREEMENT

Name of Community College      and      FERRIS STATE COLLEGE

Dean of Occupational Education      Dean, School of Allied Health

Director of Nursing Education      Head, Department of Nursing

I.      GENERAL PROVISION

- A.      This affiliation agreement is intended to set forth guidelines for the working relationships that will exist between Ferris State College and the above named Community College. These guidelines relate to program articulation between associate degree nursing programs and the upper division baccalaureate nursing program at Ferris State College
- B.      Both contracting parties, desirous of cooperating to furnish nursing education of excellence to students enrolled in both nursing programs, accept the following agreement for:

WHEREAS,      the respective nursing faculties of each consortial program accept the individual responsibility for providing high quality nursing education to their own students, the parties also acknowledge and recognize the academic preparation and clinical expertise of the nursing faculty members employed by all other consortial institutions; and

WHEREAS,      the consortial institutions are committed to quality nursing education, and

WHEREAS, the consortial institutions have completed detailed comparisons of program objectives and have identified a common core of theoretical knowledge and technical skills; and

WHEREAS, the consortial institutions have developed and mutually agreed upon a statement of the competencies of nursing graduates at the associate degree level.

Therefore, be it mutually agreed that:

II. CONSIDERATIONS RELATIVE TO STUDENT ADMISSION:

- A. No assessment of prior learning will be required of associate degree nursing graduates from the Community College named in this agreement. These students will be accepted into the baccalaureate program with Junior status.
- B. Applicants for admission to the upper division baccalaureate nursing program at Ferris State College must meet the agreed upon admission criteria.
- C. Prerequisites for acceptance into the upper division baccalaureate nursing program must be met.

III. CONSIDERATIONS FOR MAINTAINING THE AGREEMENT:

- A. Consortium members meet annually to review the following items:
  - 1. Associate degree competencies
  - 2. Program objectives
  - 3. Admission criteria
  - 4. Prerequisites
  - 5. Evaluation of student progress
  - 6. Evaluation of upper division baccalaureate program
- B. Consortium members agree to notify Ferris State College and other consortium members of major curricular changes in associate degree programming.
- C. Ferris State College agrees to notify other consortium members of major curricular changes in the nursing program.

- D. Ferris State College agrees to provide the consortial members with annual written admission criteria and prerequisites for acceptance of Associate Degree graduates from consortial schools.

IV. CONSIDERATIONS RELATIVE TO REVIEW OF AGREEMENT:

- A. The agreement is continuous from year-to-year, however, either party may terminate this agreement if notice (in writing to the appropriate signature above) is given at least twelve (12) months prior to the date on which the termination becomes effective.
- B. This agreement shall be reviewed (annually) or upon request and subject to change by the mutual consent of the parties; any such changes shall become part of this agreement.

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## REFERENCES

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