



Curriculum Meeting Points: A transcultural and transformative initiative in nursing education

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ABSTRACT

Following the Bologna initiative in the 1990s, schools of nursing across Europe began considering ways in which they might collaborate with each other in educating nurses in advanced/post-bachelor programs. There were various levels of success which led the writers to explore if such collaboration was possible with similar programs in the United States.

Spearheaded by the Institute of Nursing at the Oslo and Akershus University College of Applied Sciences (HiOA), a consortium was established in 2010 to explore the possibilities of international collaborations in this area. In the process, recognition of subtle and more obvious barriers to such collaborations emerged. Consortium members agreed that there was a need to explore the origins and effects of these barriers and the assumptions which seemed to underpin them.

The identified barriers were often caused by assumptions about the content of educational programs and about individual and collective approaches to teaching and learning. Several participants experienced a shift in consciousness about nursing education following the consortium's initial meeting in Oslo. For some, there was a feeling of finding 'like-minded thinkers' and for others it was like viewing a new landscape.

This article details the evolution of the consortium and the philosophic underpinnings which guide its continued deliberations.

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Introduction

Concerns about the future of the nursing profession have existed for some time. Lack of agreement about scope of practice, educational requirements for practice, licensing and regulation has created a wilderness of conflicting issues. This has been further complicated by the current state of the world economy which has had far reaching impact in both the post-industrial and developing world. These impacts have particularly been seen in programmes educating future nurses, with the requirement for such programmes to represent value for money and pressure for them to be demonstrably relevant to the realities of health-care practice. There

has even been calls for a return to the apprenticeship model of nursing (Benton, 2011), with an emphasis on 'doing' rather than 'knowing'. These challenges to the profession are compounded by the fact that the nursing workforce, regardless of level of practice, is aging, as is the population of people for whom it cares. It is against the background of these challenges, as well as the global nature of nursing, that an international initiative, grounded in transformative education, has arisen. This has brought together nursing leaders and post-graduate students from 7 countries to explore the development of an international and transcultural model of education for advancing nursing practice beyond the basic level, in order to support such practitioners to become comprehensive health care providers.

Background

Several organizations have evolved to illuminate and advance the role of nursing world-wide and to influence health care policy. The International Council of Nurses, organized in 1899, is the oldest of these groups, comprising more than 130 national nurse

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organization members. Sigma Theta Tau International, founded in 1922, seeks to develop a global community of nurses who lead through knowledge, scholarship and service. Similarly, the European Academy of Nursing Science was established in 1998 with the aim of developing and promoting knowledge in nursing science and recognizing research and scholarly achievement in the pursuit of excellence. More recently, the Global Alliance for leadership in Nursing Education and Science, which held its first international nursing education conference in 2009, has sought to provide an informed international voice on the contributions of professional nursing education and scholarship to improve global health and health care. These and many other organizations continue to play significant roles in the ongoing development of the profession, not only through policy, but also through their impact on education.

Other developments, however, have had wide-spread effects across education and have supported the concept of international education initiatives in all fields. One such development is the signing, in 1999, of the Bologna Accords. The Accords made academic degree and quality assurance standards more comparable and compatible throughout Europe. Additional meetings were held in 2001 (Prague), 2003 (Berlin), 2005 (Bergen), 2007 (London) and 2009 (Leuven). The Accords, which aim to increase the ease of movement from country to country within Europe, define three cycles of study, based on the European Credit Transfer System (ECTS): the bachelor, master and doctoral degrees. Of particular interest is the identification that education has the ability to transform, a concept that is inherent to the life-long learning and social dimension of the Accords (Education, Audiovisual and Culture Executive Agency, 2010).

The development of these and similar structures has provided a platform for innovation in education. This paper describes the genesis of one such innovation which was initiated by Oslo and Akershus University College of Applied Sciences (HiOA) in Norway. HiOA Institute of Nursing has a relatively long history of developing exchange programs with educational partners in Europe, as well as in other countries, mostly for undergraduate level nursing students. Early in their endeavours, the international team overseeing these initiatives was confronted by both subtle and open barriers to international collaborative efforts. These barriers emerged from assumptions held by faculty members, both at home and abroad, regarding what Mezirow (2003) calls “taken-for-granted” frames of reference, for example, the status, delivery and content of partner institutions’ programmes. What was often observed was a push to replicate the home institution’s education, but in a foreign setting. At times the team had also noted insensitivity among faculty members to the fact that they were products of a specific academic culture, and not of a universal academic culture with shared codes for presentation and etiquette. An example of this could be assumptions about how poster presentation sessions should be managed. Institutions in central and eastern Europe may favour students presenting one poster at a time in a controlled question and answer session, whereas institutions in western Europe (and the U.S.A.) may favour the display of posters with a more informal dialogue as presenters answer questions posed by observers as they walk through the poster gallery. Another example may be, understanding how students and teachers demonstrate respect to each other. Is a student who openly disagrees with a teacher disrespectful, or is that student demonstrating a level of academic freedom and questioning which is to be expected as part of post-graduate inquiry? Is a teacher who tells a student to be quiet and listen, teaching the student something about respecting academic authority, or is that teacher disrespecting the student’s ‘right’ to present his or her own understanding? The team felt that these assumptions needed to be identified and addressed if true collaboration was to be possible. This institutionalization of

academia was potentially stifling to innovative progress, preventing the possibility of education that was transformative in nature. Such concerns have previously been aired by social and critical pedagogists (Illich, 1971; Freire, 1996) as well as by transformative educationalists (Dass-Brailsford and Serrano, 2010).

It was decided that, in order to tease out and break down these barriers, a week-long seminar would be held, seeking to explore post-bachelor nursing education within a broad socio-cultural context, and to consider traditional and innovative collaborations. The seminar, which took six months to plan, was attended by individuals from 8 partner institutions (Table 1). Planning was undertaken by a quartet from Columbia University School of Nursing in New York City, Trinity College Dublin School of Nursing and Midwifery in Ireland and Escola Superior de Saúde do Instituto Politécnico de Leiria in Portugal and coordinated by HiOA. While the project was a shared/equal stakes partnership amongst the planners, it was initiated and partially funded by HiOA and was first convened in Oslo, hence the name ‘Oslo Consortium for Curriculum Meeting Points.’ The simple idea behind this was that, although post-bachelor nursing programmes can differ widely from country to country, there could still be certain meeting points (for example, in research ethics or research methods content) and, at the very least, collaboration could occur in the context of these commonalities.

Curriculum Meeting Points – the seminar

The seminar, which was held in September 2010, was attended by both academics and students. It had been intended that students from all of the participating institutions would attend, but this turned out to be difficult due to study schedules and prior commitments. Thus, whereas both academic and students attended from Fairfield University, Via University College, Jesenice College of Nursing and HiOA, only academics attended from Trinity College Dublin, Columbia University, University of Malta and Escola Instituto Politécnico de Leiria. Several other academics and administrators from HiOA also participated in the program.

The objectives for the seminar were three-fold:

1. To identify the evolution of advanced/master/doctoral level nursing degrees in each of the participant countries;
2. To explore and identify new ways to value the various degrees being offered by participating institutions, including identification of scope of practice of degree holders in different countries; and
3. To explore potential curriculum meeting points (congruence) and identify potential approaches for academics and students to share and exchange learning experiences.

It was planned that the objectives would be contextualized with a series of lectures and discussions by professionals who could

Table 1
Curriculum Meeting Points participating institutions.

Participating Nursing Schools/Colleges

Via University College, Denmark
Columbia University, New York City, U.S.A.
Fairfield University, Connecticut, U.S.A.
Trinity College Dublin, Ireland
Instituto Politécnico de Leiria, Portugal (Polytechnic Institute of Leiria)
Visoka šola za zdravstveno nego Jesenice, Slovenia (College of Nursing, Jesenice)
University of Malta, Malta
Høgskolen i Oslo og Akershus, Norway (Oslo and Akershus University College of Applied Sciences)

provide common information about higher education processes in Europe and the U.S.A. Furthermore, presentations were provided by individuals who could inspire reflection on how and why degrees evolved and the status and privileges attached, in particular, to professional degrees. Ways in which this status might be changed or indeed improved were also of interest. In this way, it was hoped to broaden otherwise narrow and “problematic frames of reference” (Mezirow, 2003: 58).

As Mezirow and other transformative learning theorists point out, that which is constructed is often accepted unquestioningly and accepted as truth. When one is unaware of such constructions it is more likely that they will be perpetuated. Thus, bringing these constructions to light can be both liberating and threatening. Examples of such constructions in nursing may include: legislation concerning the right to administer medication; the nurse’s role as manager; and, of course, the perpetuation of nursing as a feminine profession. Within nursing education, one may accept as *given* requirements to undertake undergraduate and post-graduate programmes within structures prescribed by the profession and by governments. However, when educators from different countries and cultures meet they are often confronted with seemingly incompatible constructions. These confrontations may be threatening but they can also provide the basis for exploring potentially new roads for innovation in education.

It was recognized that such confrontations, even in an informal context of a seminar, could be intense and fraught with potential for considerable conflict. Great care was taken, therefore, to ensure that participants were comfortable in their surroundings, and that there would be an atmosphere of cultural respect, congeniality and collegiality, both in the context of the formal sessions and during the shared social experiences. Funding for the project was secured from HiOA’s INTERKULT grant program, with additional funding from the Partnership Program for Higher Education with North America, provided by the Norwegian Government. This facilitated the inclusion of colleagues from the U.S.A.

Exploring meeting points

At the commencement of the process, each participant was requested to complete a questionnaire regarding their own institution. The questionnaire was structured around the European Qualification Framework (European Commission, 2008) using a taxonomy described by Walker (2000) (Table 2). Walker’s taxonomy was chosen as a way to steer the conversations towards context rather than detail.

A number of commonalities were discovered. It was noted that clinical and theoretical degrees are offered at master level by most institutions, with clinical degrees requiring direct clinical experience and/or clinical projects. Furthermore, most institutions require a master thesis or project to evidence consolidation and application of research learning. In most institutions, the master degrees vary between 90 and 120 European Credit Transfers (ECTS), that is, in line with the European conventions. This corresponds to a difference in the bachelor degrees such that, in European countries with bachelor degrees of 180 ECTS, the master degree is generally 120 ECTS, whereas in European countries with bachelor degrees of 240 ECTS, like Portugal and Ireland, the master degree is generally 90 ECTS. To compound matters, the master thesis/project ranges between 15 and 60 ECTS across institutions! These differences suggested that the concept of finding curriculum meeting points might have been impossible and that collaboration was pointless. However, it was recognized that these differences are created by different social, cultural and political pressures, and thus, by acknowledging the qualities that are present in these

Table 2
Items on the pre-meeting questionnaire.

Conceptual equivalence
State the competencies and competitive advantages for students holding a bachelor degree from your institution.
State the competencies and competitive advantages for students holding a master degree from your institution.
State the competencies and competitive advantages for students holding a (Doctor of Nursing Practice) DNP degree from your institution.
Functional equivalence
What are the professional goals your institution has on behalf of Master degree holders?
Are these goals in alignment of expressed workforce needs?
What sort of positions are recent graduates obtaining?
What are the professional goals your institution has on behalf of DNP degree holders?
Are these goals in alignment of expressed workforce needs?
What sort of positions are recent graduates obtaining?
Measures of equivalence
What are the entrance requirements to the master program?
What are the entrance requirements to the DNP program?
How many hours is the master program?
How many hours is the DNP program?
What percent of the master program is devoted to clinical study?
What percent of the DNP program is devoted to clinical study?
What kind of project/thesis is required for the master degree, what is the length of the project/thesis?
What kind of project/thesis is required for the DNP, what is the length of the project/thesis?
What international benchmarks can these programmes be examined against in order to evaluate comparability in levels of skill/knowledge outcomes?
To what national accreditation frameworks do the DNP and MSC, respectively link?

different programs, it was considered that some form of collaboration could be possible.

Most participating institutions, and the countries in which they reside, experience multiple and restrictive regulation of the scope of nursing practice. One of the most interesting commonalities noticed was that every participating country had a set of outcome criteria which represent practice at an advanced level, beyond the basic scope of nursing. And so, whereas such practice might not look the same from country to country, especially when we consider the complex specifications demanded by each country, it does form a common starting point and a basis for collaboration.

Further discussion revealed that while many differences exist between institutions and countries, these are not as many as might have been thought and some institutions are paired with universities elsewhere in the world offering joint degrees. However, recognition of advanced education by clinical sites is problematic in some countries, highlighting the need for more comparative outcomes research. One such piece of research has recently been completed in Ireland, undertaken by Trinity College Dublin and the National University of Ireland in Galway (Begley et al., 2010). This multi-method study, which demonstrated favourable outcome of practice by advanced nurse and midwife practitioners, may provide a benchmark for future work between the institutions. In the U.S.A., a national, multidisciplinary group, constituted of members of the Institute of Medicine, suggested changes in nursing education programs so as to produce outcomes needed for health care in the 21st century (Glasgow et al., 2010). In Portugal, a clear definition of the expected competencies of advanced nurse and midwife practitioners was developed by the National Nursing Association and published as a national regulation by the government, changing the nursing educational paradigm and centring part of it

on a professional base (Ordem dos Enfermeiros, 2010). The concept of collaboration to produce more efficacious outcomes, whether within the profession or within similar health care disciplines is strongly supported and may similarly be useful in seeking to develop starting points for collaboration.

After four days of intense discussion, a SWOT analysis was undertaken. This identified significant strengths and opportunities, though in the presence of some formidable threats and weaknesses (Table 3). The potential for such challenges, which emerged during the formal parts of the meeting, to be overwhelming, was countered by the experiences of inter-culturality and commonality which marked the informal situations where academics and students met in non-academic spaces and contexts. It was here that ideas, innovation and possibility came to the fore, and where roles, institutions and, to some degree, cultural differences were set aside. It is interesting to note that one participant remarked that at least half of his learning during this week occurred in these informal settings. Indeed, he referred to himself as having fundamentally changed from the beginning to the end of the week, and noted that his experiences, particularly in the informal settings, had not only introduced him to new perspectives but had facilitated the integration of these perspectives into his way of thinking about nursing and education.

Outcomes

Faculty and student participants split into two discussion groups on the last day of the seminar, in order to make suggestions for how the consortium could continue its work. The suggestions were quite similar. It was considered that collaboration should be viewed from a broad perspective, not just in the context of traditional student exchanges. It was furthermore considered that there should be opportunities for academic exchanges, for students

Table 3
SWOT analysis of potentiality for inter-institutional collaboration.

<p>Strengths:</p> <ol style="list-style-type: none"> 1. Participating institutions are strong and motivated. 2. Differences in educational organization but with similar outcomes. 3. A common vision for nursing education to produce highly qualified nursing practitioners at various levels – the most important health professionals for the 21st century 4. Different experiences and different foci in nursing development makes us strong 5. Public and private institutions of higher education can work collaboratively! 6. Similarities in student expectations <p>Opportunities:</p> <ol style="list-style-type: none"> 1. Diversity of programs offers possibility 2. Development of a common programme or common learning modules 3. Bologna process 4. Cultural differences: diversity also creates possibility 5. Collaboration allows one voice to speak to society about nursing 6. Continuing public/private higher education institutional shared initiatives 	<p>Weaknesses:</p> <ol style="list-style-type: none"> 1. Differences in credit organization 2. Differences in curricular organization lack of a common language or taxonomy dissonance between public and private institutions <p>Threats:</p> <ol style="list-style-type: none"> 1. Global economic crisis 2. Recognition/acceptance of various degrees at national and international level 3. National organizations of higher education interested in turf preservation 4. National nursing organizations without international vision
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finding co-advisors at partner institutions and for academic research collaboration. Finally, it was proposed that a platform should be developed to support collaboration writing of academic papers among students. In short, it was felt that *all* possibilities should be open.

It was decided that the focus of this collaboration will take place via an interactive website which will be 'owned' by the consortium and not by any one of the institutions. This website posts possibilities that each institution feels capable of providing. The institutions are so different, both in size, autonomy, and financial resources that it is impossible to have a defining standard for being a member of the consortium. The only requirement thus far is that each institution must provide some possibility for international collaboration within the consortium during a three year period. This movement away from institutional learning reverberates with Sterling's (2010:17) idea of 'innovative learning environments outside the constraints of conventional education'.

Several participants expressed that the seminar had stimulated a shift in consciousness about nursing education. For some, there was a sense of having found 'like-minded colleagues'. For others, it was like viewing a new landscape. The possible basis for such experiences will now be explored.

Discussion

As we reflect on the experiences of the Curriculum Meeting Points event, it is clear that the formal structures of institution, role and profession placed significant hurdles in the path of curriculum collaboration, despite the many positive aspects that were identified in the SWOT analysis. The majority of people involved in providing health services, educating health care providers or creating health legislation would say they that they share the same vision and goal of a healthy society. Yet these hurdles persist. Such barriers to true collaborative innovation in education may be identified as objects in the discourse on health and society, a discourse which belies the inner connection between language-action and language-function (Foucault, 1994; Sirnes, 1999). So subtle is this connection that we are often unaware of the discourses which frame our existence, and are therefore unable to engage with our surroundings in a truly autonomous and creative fashion. According to Foucault (1994), the objects of discourse (in this situation, education of nurses to advanced level) are not fixed points but are, rather, in constant flux in the realities of different "authorities" (for example, the World Health Organisation, the International Council of Nurses, national nursing organizations, educational faculties), competing to gain defining power over the concept of health/nursing and the ways in which these are managed by society. The subtle and overt mechanisms that keep the connection between language-action and language-function in place may provide stability in people's lives, but they may also create stagnation or worse, "symbolic violence" (Bourdieu, 1993, 2000). It is not difficult to find examples of symbolic violence in professions that have traditionally represented a gender bias. The concepts underpinning the word *midwife*, for example, exclude, in most minds, men from participating in this profession as, indeed, does *nurse* which is usually a culturally and linguistically feminine concept.

It is when our habitual understandings are challenged by meeting another version of ourselves that we discover the ways in which our understandings have been held together. It is in this disruption that theories of transformational education, understood as emancipatory pedagogy (Habermas, 1984) or the pedagogy of liberation (Freire, 1996), come into play. It is also within this disruption that the Curriculum Meeting Points endeavour may have a unique role to play.

During the week-long seminar, participants found that they had the possibility to move outside of their habitual understandings of *programme, curriculum, teacher and student* thus making, alternative paths possible. It became clear that one problem which needed to be overcome was that people who initiate and manage international programs often continue to view the student as *other*, with growth and transformation expected to take place in the *other* and with the teachers and managers purporting to embody some kind of truth about education, which can be imparted on the *other* without it affecting themselves. Irrespective of the good intentions of providers, programs created in this way tend to replicate one's own educational culture, and so, the possibility of continuous and real change stagnates. What remains is what Freire (1996) called a *banking model of education*, with information being deposited in the student which fails to stimulate change on the part of either educator or student. It became clear to participants that providers of international educational programmes must *themselves* embody transformational learning if these programs are to be more than just *academic tourism*.

In developing a bi-cultural curriculum in ethics for nursing students, Leppa and Terry (2004:196) reflected on this very problem,

“...we worked toward our goal of enhancing the reflective practice of our students (bringing them together to discuss ethical dilemmas in nursing practice) by adopting the same reflective practice ourselves in order to challenge our own assumptions, prejudices and ignorance to improve our own practice and course design and delivery...”

Such an approach echoes transformative learning – ‘metacognitive reasoning...[which involves]...these same understandings but, in addition, emphasizes insight into the source, structure, and history of a frame of reference, as well as judging its relevance, appropriateness, and consequences’ (Mezirow, 2003: 61, Brookfield, 2006).

The Curriculum Meeting Points has provided an important context for consideration of, and reflection on, the importance of education as a force for transformation, not only of individuals, but also of profession and, ultimately, of society. To date the consortium has facilitated a number of educational activities grounded in its developing philosophy. These have included shared clinical and educational experiences, extra-curricular seminars for taught master students to support research learning and academic writing, and co-supervision of students outside the normal institutional structures.

The recognition and appreciation of similarities and differences allowed participants to think about ways in which nurses practice in their respective countries and environments and to consider what changes or improvements might be accomplished there. Participants refrained from proposing a common international curriculum because such an initiative would not recognize the particular individual country culture and environment. The focus instead was on communication and definition of common goals and the multiple pathways to shared outcomes.

This meeting point opens the door to new opportunities both for the individuals/institutions involve and potentially for the wider community of nursing educators. It provides a template experience for enriching advanced nursing curricula through faculty and student exchanges. Thus, for example, Columbia School of Nursing and the Department of Nursing at HiOA have engaged two successful master student exchanges, involving clinical placements and co-advising. Furthermore, there have also been deeper discussions between academics regarding the facilitation of exchanges to achieve common goals for advanced practice nursing. Curriculum Meeting Points promotes the recognition

of the fact that nursing, as a health care profession, has a role and function in nearly every country of the world and that this role and function can be expanded through such international collaboration amongst education partners. But, whereas there is great variance in the definition of nursing and in its application across international settings, there are more commonalities than there are true differences. It is hoped that further developments will take place which will continue to move international graduate learning into a realm of flexibility, inter-culturality and innovation.

Conclusion

The advent of the Curriculum Meeting Points consortium has availed of the advent of the Bologna Accords and of increasing interest in synergistic exchanges, at least within the European Union, Scandinavia and the United States of America, that might be of interest to other segments of the international community. This type of interaction has important implications for the expansion of educative roles and even the scope of nursing practice. The possibilities that this consortium presents for graduate education come at an apt time, a time that has been marked by social upheaval across the Western world, with increasing challenges to the constraints that have been created by profit and individualism. Too often the provision of the educational commodity has been driven by money and by the acquisition of individual and institutional power. It is within upheavals of the *status quo*, such as is represented by the work relayed here, that social reconstruction and imagination come to the fore, allowing for developments that may lead to, what the new President of Ireland has described as, a ‘...future...[that is]... exhilarating, precisely in the sense that it...[is]...not fully knowable, measurable.’ (Higgins, 2011; O’Sullivan, 2002).

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