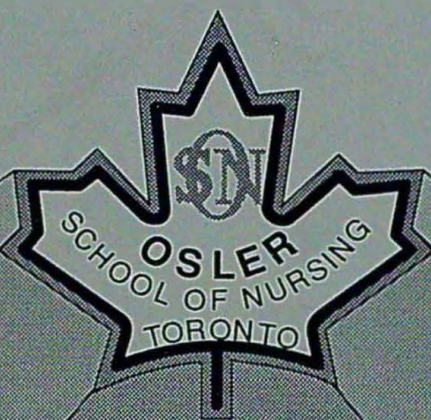


TRANSITIONS

A SHORT HISTORY OF OSLER CAMPUS
HUMBER COLLEGE OF APPLIED ARTS
AND TECHNOLOGY



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TRANSITIONS

A SHORT HISTORY OF OSLER CAMPUS,
HUMBER COLLEGE OF APPLIED ARTS AND TECHNOLOGY



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HELEN A. MILLER

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Osler School of Nursing, established 1966, absorbed by Humber College 1973.



FOREWARD

by THE FIRST PRINCIPAL OF OSLER SCHOOL OF NURSING

I am pleased to have been asked to write a foreward for this most interesting review of the Osler Campus of Humber College of Applied Arts and Technology. It was a pleasure for me to read of the many important activites which have taken place in recent years in the building which I and a handfull of nursing pioneers and devoted volunteer governors worked so hard to create in the 1960s. I sincerely commend Helen Miller for understanding this challenge.

It is my hope that reading this excellent inaugural text will spur those of us who were so intimately involved in the effort to improve nursing education and patient care in Ontario to undertake the task of chronicling the evolution of the Osler School of Nursing, including the excitement of creating from a dream a program and campus and graduating a new era of nurses.

The greatest challenge and joy of my professional career was the founding of this outstanding School of Nursing. I am pleased that this excellent building continued to be used for educational purposes after its incorporation into Humber College. To have this stage of its history so thoroughly recorded is a bonus for all of us whose lives were touched by Osler.

Jacqueline P. Robarts
Fonthill, Ontario
July, 1990



FOREWARD

by **THE SENIOR PROGRAM CO-ORDINATOR FOR NURSING
CONTINUING EDUCATION**

It is with pleasure and pride that I reflect on several successful years of Nursing Continuing Education at Humber College of Applied Arts and Technology, of which many were at the Osler Campus.

In the early 1970s rapid changes in clinical diagnosis treatment and patient care, fostered an increased interest among nurses to enhance their knowledge and skills. Rapidly expanding clinical specialty areas provided the ground on which to build a comprehensive curriculum that required a most flexible part-time delivery schedule.

Special acknowledgement goes to Humber College administrators, supportive Advisory Committee members, clinical agencies, superb full and part-time faculty, and particularly to the students themselves who responded so actively. Humber College enjoyed a decade of excellence in educational development delivery. It was an exciting period that established Humber College as the leader in Ontario Nursing Continuing Education.

Marina Heidman
Toronto, Ontario
July 1990

PREFACE

In the history of nursing in Ontario, Osler Campus, of Humber College of Applied Arts and Technology, can be considered a milestone. Originally known as Osler School of Nursing, before it joined Humber College, it was the first and only regional school of nursing in northwest Metropolitan Toronto.

Prompted by the Canadian Centennial, Osler School of Nursing chose an "all-Canadian" theme for its uniforms and school facilities. For the first four years, the school lacked a building of its own, and operated in inconvenient, temporary quarters. Nonetheless, the faculty coped with growing enrolment and created an environment indicative of a higher standard of nursing education. The teachers and staff whose teamwork established Osler school, must be commended for their pioneering spirit.

While the history of Osler School of Nursing spanned from 1966-1973 only, these were crucial years in the history of Ontario nursing education. Nursing education altered dramatically, shifting from hospital training to education in regional schools. Nurses still took their clinical experience in hospitals, but they went there to learn, rather than to provide a service. The curriculum expanded. More hours of theory and academic studies were included. The concept of the "new nurse" emerged.

Under this new concept, subsidies gave students the option of living in the residence or in the community. At that time Osler residence accommodated women only. Even after Osler integrated with Humber College, male nursing students still had to board in the community. However, it is hoped that housing difficulties will be reduced in future; a new residence built on the North Campus will let students transfer to co-educational facilities.

PREFACE

As their education expanded and upgraded, nurses needed libraries tailored to the health-care field. With no Canadian national indexing, librarians had to rely on their own resources for research. When publications grew at an alarming rate, in-house cataloguing and indexing were the only way to cope with the enormous output. However, these systems required hours of maintenance, and the work became overwhelming. Computers have since replaced card catalogues, and as nursing literature compounds, libraries now have efficient, proven methods for retrieving information.

Humber College library's computerization was a joint effort among five community colleges, with its data base at Centennial College. Library staff made a tremendous effort bar coding, creating library identity cards, and managing computer input generally. Even though high technology has facilitated research, librarians and library staff will continue to play a key role in nursing education as the academic curriculum extends to university degrees.

Osler Campus also played an important part in Continuing Nursing Education. Post-diploma nursing students came from such outlying cities as Barrie and Oshawa to take advanced courses, while nursing faculty travelled to Northern Ontario to provide satellite courses in hospitals. Humber College became known across Canada for its Cardiology seminars, as well as the Occupational Health Nursing courses given with other community colleges.

Osler School of Nursing's short but important history marked the beginning of many advances enabling nurses to cope with new technologies in a rapidly changing society. This review is meant to preserve archival material chronicling past events of Osler Campus; the text has been compiled from published sources. Eleanor Cameron, the librarian who originated Osler library, must be credited for most of the information as she had the forethought to keep vital records. Her appreciation of history in the making has made this task easier. The documentation of Osler School of Nursing's evolution, and the accompanying changes in nursing education, must not be lost.

HELEN MILLER
Toronto, Ontario



HELEN MILLER graduated as a Registered Nurse from Addington Hospital, Durban, South Africa, completed a post-graduate course in Communicable Diseases at Wentworth Hospital, Durban, and Midwifery at the Peninsular Maternity Hospital, Cape Town. then worked at Groote Schuur Hospital for seven years as Staff Nurse and as Head Nurse. Helen travelled and worked in Zimbabwe and Zambia before immigrating to Canada in 1961. In Canada she was employed as a Staff Nurse in Vancouver, Head Nurse in Montreal, and Critical Care Nurse in Toronto. Helen received a degree in Humanities from York University and a Certificate in Library Arts from Ryerson Polytechnical Institute, and has remained with Humber College libraries as a Library Technician since 1976. Helen managed Osler Campus library from 1980 under the direction of Audrey MacLellan, Chief Librarian of Humber College libraries, until her transfer to the North Campus library in 1988.

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FOREWORD by The Senior Program Co-ordinator for Continuing Education in nursing.

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PART ONE

**NURSING EDUCATION
BEFORE REGIONAL SCHOOLS**

CHAPTER ONE

EARLY NURSING SCHOOLS

Osler Campus, originally known as Osler School of Nursing, has grown out of a long tradition. Its roots can be traced through the political and social evolution of nursing education in Canada.

A sketch of Canadian nursing history begins as far back as 1617. The first known nurse in Canada was Marie Rollet Hébert, who came to Quebec with her surgeon-apothecary husband, and helped him care for his patients. In 1639, three Augustinian Hospitallers arrived from France. The first trained nurses in Canada, they were entrepreneurs who managed their own private practice, nursed, and visited the sick in their homes. They dispensed drugs, made diagnoses and occasionally performed surgery.

In Montreal, in 1642, Jeanne Mance established the first 30-bed hospital, called Hôtel-Dieu, assisted by the nursing Hospitallers of St-Joseph from France. In 1737, a non-cloistered order, the Grey Nuns, Sisters of Charity of the

EARLY NURSING SCHOOLS

General Hospital in Montreal, became the first Canadian public-health nurses.

In the 18th and 19th centuries communicable diseases were widespread in Canada. At the height of the epidemics, in 1874, Dr. T. Mack started the first Canadian school of nursing in St. Catharines, Ontario. In 1881, Toronto General Hospital established a school of nursing, followed by Montreal General Hospital in 1890. 1897 saw the founding of the Victorian Order of Nurses by Lady Aberdeen, wife of the Governor General. The VON worked in hospitals, as well as visiting homes. When the hospitals were taken over by municipal authorities in 1924, the VON remained a visiting nursing order.

Mary Agnes Snively, Superintendent of Nurses at the Toronto General Hospital from 1884-1910, lobbied for legislation granting nurses the status of professionals. At that time, parliament envisioned women, children and imbeciles in the same category: as those who were unable to make decisions. Obtaining legislation for nurses was a remarkable achievement. It ensured quality care, improved education, and licensed practice.

In the years that followed, nursing schools were run by male doctors and administrators who controlled the curriculum. Changes for a better curriculum met with resistance. Hospital staffing and nursing diploma education remained virtually the same until the establishment of regional schools of nursing in the 1960s.

CHAPTER TWO

WINDS OF CHANGE

As early as 1930, competent people had studied the nursing situation. Professor George Weir, Head of the Department of Education at the University of British Columbia, took a leave of absence to conduct a survey on nursing education. He was appointed by a joint committee composed of the Canadian Medical Association and the Canadian Nurses Association.

In 1931, Dr. Weir produced a lengthy and in-depth report on nursing education. His report showed that between 1913 and 1930 the number of hospital nursing schools had increased. However, the hospitals had not upgraded nursing education to the level of new technologies. The working day of the nurse stretched between 12 and 20 hours, with only one day, or a day and a half, off a week. Student nurses were poorly paid. Apart from inadequate educational facilities, nurses also suffered poor working environments. It was critical to improve nursing education and redefine the nurse's role.

WINDS OF CHANGE

Dr. Weir offered two solutions to the nursing situation: either nursing standards should be raised by improving education to produce better quality care, or educational standards should be lowered to reduce hospital expenses. Facts indicated that a well educated nurse would be preferable.

Dr. Weir's report also questioned teaching methods. It pointed out that nurses were slow to reform and were not solving problems in nursing education. He admitted obstacles to progress, and well meaning attacks from some who thought nurses were "getting out of control". He said that nurses had not shown strong leadership in the past, a fact he attributed to their dependency on doctors, and their image of "the lady with the lamp".

The lack of leadership in nursing was not surprising. Until the advent of regional schools of nursing, hospitals were hierarchical in structure and authoritarian in philosophy. They enjoyed a reputation for army efficiency. Impersonal relationships and low rank left the nurse near the bottom of the heap, subordinate to most hospital personnel. While caring for patients, the nurse found herself also answering to many other disciplines in the hierarchy. Even when being trained, the nurse provided a needed service. In fact, in her address given at the annual meeting of the Association of Nurses of the Province of Quebec, November 1941, Jean Falardeau described the nursing profession as "born under the triple influence of religion, army and science. From each of these it has inherited a prime virtue -- charity, discipline and learning...."

WINDS OF CHANGE

In the 1940s, winds of change began to blow through Ontario. To provide quality bedside care, nurses' hours were reduced, resulting in hospital shortages. Since 1931, the ratio of demand to supply had remained virtually constant. The shift in ratio marked the beginning of a new profile for the nurse. Even though enrolment was at its peak in 1945, more nurses were needed.

With personnel shortages growing chronic, Minister of Health, the Honourable Russell T. Kelley launched an inquiry. Public and general hospitals were included in the surveys, but private hospitals and other categories of nursing were omitted. Of 179 hospitals, 117 replied to questionnaires. Nevertheless, the response was sufficient to accurately assess nursing situations in Ontario hospitals.

By June 1946, reports prepared by Dr. A.H. Sellers of the Medical Statistics Branch, Ontario Department of Health, revealed an acute shortage of nurses. Of the registered nurses in Ontario:

- 58.1% worked in mental hospitals
- 48.0% in sanatoria
- 30.6% in homes for incurables
- 20.4% in public general hospitals.

Teaching hospitals were able to retain more nurses than mental hospitals. Mental hospitals counted fewer nurses per unit than general hospitals, and were working with critical shortages. More graduate nurses were needed.

WINDS OF CHANGE

At the time of Dr. Sellers' report, hospitals were at 96.4% bed capacity. Nursing students in hospitals numbered 4,241, but only 92 students were training in mental hospitals. The survey also showed that 85.6% of graduates preferred to work in other fields of nursing. The remainder did not work in nursing at all.

By the late 1950s, hospital shortages and nursing conditions reached a crisis. It was time for nurses to control their own education. They began to rally, and formed organizations and committees. The lack of nursing publications prompted an influx of journals. Newsletters and other materials were published by nurses to provide much needed texts as well as to standardize nursing procedures. While it was crucial to revamp nursing education, history had shown that nurses were slow to respond. They had always been a vital component of the hospital system: a radical break from hospital training would take a combined effort.

CHAPTER THREE

THE PRESSURE OF NEW TECHNOLOGIES

Before 1960, hospitals had wielded complete control over nursing education, and all nurses were trained there. However, since student nurses cared for patients, hospitals recruited just the number necessary for such service. In essence, by nursing the patients, students paid for their own training. Quality care was paramount. The nurse felt both responsibility to the patient and loyalty to the profession. After a three-year service, the student graduated, and many nurses prided themselves on having trained in a distinguished hospital school.

In 1960, a survey done by the Canadian Nurses Association revealed that nursing education was dropping below standard. In fact, 84% of Nursing Schools in Canada did not meet the requirements. It was urgent to upgrade the system of nursing education. Good bedside care was not enough to cope with 25 years of technical change. New nursing techniques had to be developed to cope with rapid expansion in the medical field.

THE PRESSURE OF NEW TECHNOLOGIES

In January 1963, Robin F. Badgley, formerly Head and Associate Professor, Department of Social and Preventive Medicine, University of Saskatchewan, addressed the Saskatchewan Registered Nurses Association on the "Tragedy of Nursing Education". He intimated that although many surveys and studies had been done, very little had changed in nursing education.

Dr. Badgley quoted Lola Wilson's study on the Basic Nursing Education program in Saskatchewan. She had stated that of the three-year hospital training, only 14 months were devoted to education, and the rest to various hospital duties. Students were doing 55% of the work performed by registered nurses, and 45% of the work which could have been done by auxiliary nurses. A 24% failure rate resulted.

In closing his address, Dr. Badgley implied that if improvements in nursing education were not brought about, nurses could not meet the demands of hospitals, doctors, patients, and the community.

Scientific advances intensified the quest for rapid solutions. The gap in staffing still had to be bridged. Nurses needed to look realistically into the future to plan for schools of accreditation and to upgrade their education to cope with modern technology. At the same time, it was essential to maintain quality care.

To serve these purposes, new Programs had to be designed. While surveys and reports indicated the need for improvement, in

THE PRESSURE OF NEW TECHNOLOGIES

the end it was the people involved who had to make the necessary changes. Various nursing organizations shared this responsibility. Their multiple tasks were to bring in new curricula, establish training schools, and upgrade nurses to meet the current needs of society.

As hospital profiles began to change, and new technologies encroached on the image of the bedside nurse, the nurse's role had to be reassessed. Rapid technological advances soon left nurses lagging behind. Staying abreast of accelerating change demanded drastic solutions. Nursing education had to adapt. In this respect, Directors of Nursing bore an added responsibility toward both nurses and patients to ensure quality care.

The nursing staffing crisis was alleviated by training nursing assistants. However, while they helped with bedside care, the regular student and registered nurse found themselves filling additional roles providing supervision and leadership, as well as nursing the critically ill patients who required new technical procedures and specialized bedside care. The nurse's role had grown more complex than ever.

PART TWO

**BIRTH OF
REGIONAL SCHOOLS OF NURSING**

CHAPTER FOUR

NURSING SHORTAGES AND STANDARDS

After two World Wars, changes in Canadian society reshaped nursing education. Traditionally, hospitals had recruited their own students, and often received more applications than they could accept. Post-war expansion reversed this situation. Between 1941 and 1956, Canada admitted 1,247,000 immigrants. By the early 1960s, the population had increased from 3,215,000 to 18,000,000. To cope with the tides of newcomers, Toronto needed more housing and essential services. When Northwestern General, Humber Memorial, and York-Finch General Hospitals appeared on Toronto's metropolitan fringes, staffing and training were priorities. To resolve the critical shortage, the role of the nurse had to be reassessed, and ministries and committees held conferences to investigate and debate the issue.

In the early 1960s, Dr. Helen Mussallem, Executive Director of the Canadian Nurses Association, headed three projects for the Royal Commission on Health Services: a study of nursing education in Canada, a school improvement program, and a program for evaluating nursing services. In 1965, she summarized the commission's findings in an address to the Registered Nurses'

NURSING SHORTAGES AND STANDARDS

Association of Ontario, entitled "Implications for Nursing in Canada". Extensive changes were needed, she said, to deal with staff shortages and provide an improved standard of nursing. To fill that need, the number of qualified nurses had to increase to 42,000 by 1971.

Providing such a large number of graduate nurses presented a problem. Since many married women did not return to nursing, only one out of three graduates remained on the job. To attract suitable personnel and encourage them to stay after graduation, the commission recommended that salaries should reflect the standards of education received and services rendered. More men and married women should also be encouraged to enter the profession.

Dr. Mussallem maintained that nursing education should be made distinct from hospital service. Nursing schools should be set up outside hospitals, and nursing students receive clinical experience in the hospital as part of their educational process rather than to provide a service. The school budget should also be separate and independent.

The Royal Commission on Health Services also recommended condensing the curriculum to a two-year program, to graduate more nurses in a shorter time. All future programs would require approval from the Council of the College of Nurses of Ontario.

Another problem the commission found was the small number of full-time teachers available with bachelor's or advanced degrees.

NURSING SHORTAGES AND STANDARDS

As well as teaching an undergraduate nursing program, universities should offer master's degrees. Grants, such as a Health Profession Education Grant, should be provided to develop more degrees for this purpose.

Other committees investigating nursing shortages were organized by the Ontario Hospital Association, Ontario Hospital Services Commission, Department of Health, and College of Nurses. Minister of Health, Dr. Matthew Dymond was responsible for investigating these problems. The outcome of the studies indicated that, to adequately staff Ontario hospitals, it was necessary to graduate 5,000 nursing students a year by 1971. Nursing education had to be reorganized as soon as possible.

Dr. Dymond examined the time involved to train a nurse, and the process needed to do so. The best route to a quality education was a four to five year university course, while the current diploma nurses took two to three years to graduate. Both programs involved too much time. The final solution was to introduce the 'two-plus-one program'. This meant that the nurse would complete all theory and relevant practice in the first two years, then spend the third year in a variety of clinical settings as a nurse interne. The program provided the nurse with a stronger academic background and a concentrated period of clinical practice. While interning the student received a small salary for her services. There was no doubt that these provided much needed and valuable patient care during a time when there was a nursing shortage.

NURSING SHORTAGES AND STANDARDS

Following these parliamentary decisions, 23 regional nursing schools were formed, four of which were new. The goal of 5,000 graduates a year by 1971 demanded a large number of instructors. The College of Nurses offered workshops for improving clinical instructors, and four, four-week workshops for teaching assistants. These instructors then worked with students in hospital clinical areas.

However, a shortage of university-prepared teachers persisted. Dr. Dymond estimated that it would take 680 teachers to graduate 2,520 nurses per year. Therefore parliament agreed to make bursaries and scholarships available, plus an allowance of \$150 a month, the same amount given to medical and engineering students. The College of Nurses of Ontario selected competent graduates to attend their short courses for teaching assistants. Other graduates with suitable academic qualifications were encouraged to attend universities on bursaries. Curricula were redeveloped to fit the new student in a changing society.

The last step in reorganizing nursing education allowed regional schools of nursing to be independent of hospitals. However, it was still necessary for hospitals to sponsor regional schools. Hospital Nursing Directors were appointed as school principals. Jacqueline P. Robarts, Director of Nursing at Chatham Public General Hospital, was chosen to head Osler School of Nursing, planned for a location in Weston, Ontario. The school would be sponsored by Humber Memorial, Northwestern General and Toronto Hospital, and in 1970 York-Finch General Hospital would be included.

CHAPTER FIVE

OSLER SCHOOL OF NURSING OPENS

In 1966, Osler School of Nursing opened its doors in Weston, Ontario, as a regional, independent, co-educational, and non-sectarian school of nursing. It was operated in accordance with the rules and regulations governing schools of nursing in the province of Ontario as stated under the Nurses Act 1961-62.

The school was named after Sir William Osler, who attended Trinity College in Weston, one hundred years before the founding of Osler School of Nursing. The suggestion to use the name of the famous Canadian physician and teacher, was put forth by Mrs Ruth Russell, one of the first Board members of the Osler School.

Osler School of Nursing, adopted the famous name of the Canadian physician, and became the first of four regional nursing schools in northern Metropolitan Toronto, and affiliated with three hospitals. Humber Memorial Hospital, opened in November 1950, acted as the sponsoring hospital. Northwestern General Hospital, established in 1954, offered one of the busiest

OSLER SCHOOL OF NURSING OPENS

emergency departments at that time. Toronto Hospital, owned and operated by the National Sanitarium Association, dealt with chronic illnesses and tuberculosis, was located on the current West Park Hospital site. Later, a fourth, York-Finch General Hospital, established in 1970, was included. These hospitals provided students with clinical experience. However, it was understood that the students were in the hospital not to provide a service. Rather, they came specifically to learn, and would be supervised at all times by instructors from the school of nursing. In short, the school was independent of the hospitals.

The school accepted male and female candidates under 40 years of age, single or married, with grade 12 diploma, including two basic sciences and one mathematic at the senior level. This new concept of nursing education was designed to attract young men and women to the field of nursing. The school offered alternative accommodation and an increased living-out allowance of \$75.00 a month, including a free meal each day. The first two years were devoted to training, while the third was spent entirely in the hospital, with pay of \$250 a month for the first six months, afterwards increased to \$300 a month. Students worked a 35-hour week, and took four weeks vacation a year, plus statutory holidays.

Osler offered its first class in September 1966, with a staff of five teachers, a clinical co-ordinator, a librarian, and a secretary. It admitted 40 students the first year, 56 the second, and 60 the third. The first 28 students graduated in 1969. The last class graduated in 1974, one year after regional

OSLER SCHOOL OF NURSING OPENS

schools were integrated into community colleges. In its short life, before being absorbed by Humber College and integrating with the Quo Vadis School of Nursing, and Humber College Nursing Program, Osler graduated a total of 560 students. Many students who had applied were not from Weston, Downsview, or Etobicoke, as expected, but from as far away as Newfoundland and Winnipeg.

A new Osler School of Nursing building, to be erected on the Humber Memorial Hospital grounds, had been contracted to architects Craig, Zeidler and Strong of Peterborough in 1965. It was anticipated that the building would be completed by summer 1967. Unfortunately, delays in obtaining a building permit, followed by construction strikes, resulted in the building opening as late as February 12, 1970. In the meantime, temporary quarters for ten administrative staff were in a house at 202 Church Street, Weston. As the program expanded, in August 1966 it was necessary to move to larger quarters at 206 Church Street. By April 1967, increased enrolment and new faculty required additional space. This move, to the third floor of the nurses' residence at the Toronto Hospital, provided a well equipped classroom, locker room, and office space. Science laboratory facilities were rented from a local high school.

At the first graduation ceremony in 1969, Mr. Charles E. Conroy, Chairman, Board of Governors, of Osler School of Nursing, congratulated staff and students for their pioneering spirit, and sympathized with frustrations and disappointments at the long overdue building. However, the Chairman emphasized that success did not depend on a building. The staff and students had proven

OSLER SCHOOL OF NURSING OPENS



Osler School of Nursing first established its offices at 202 Church Street, adjacent to the Humber Memorial Hospital, while waiting for a new building.



The first nursing faculty for Osler School of Nursing, September 12, 1966.

OSLER SCHOOL OF NURSING OPENS



Miss. Jacqueline P. Roberts at her desk 206, Church Street, October 1966.



1969 Osler School of Nursing graduated its first class. Twenty-eight student nurses received their diplomas and pins at the first graduation exercises of the Osler School of Nursing held at The Scarlett Heights Collegiate Institute in Weston.

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that, by adhering to their goal, they had achieved their purpose. Miss Robarts' congratulatory speech echoed the sentiments that the new graduates were indeed "first-born" nurses of a new era.

Throughout the eight-year span of the Osler School of Nursing, five of the ten original staff remained with the school: Eleanor Cameron, Marion Cameron, Jean Schleifer, Glennyce Sinclair and first Principal Jacqueline Robarts.

A second cousin to former Ontario Premier John Robarts, Jacqueline Robarts graduated from Hamilton Civic Hospitals School of Nursing in 1954, obtained a certificate in nursing education in 1956, and a bachelor's degree from University of Toronto in 1961. While Director of Nursing at Chatham Public General Hospital, she helped bring about the new nurses' education building which opened in January 1964. For her outstanding contribution to the facility, the library was named after her. Miss Robarts remained active in various professional organizations in the community, as well as accepting the nomination for 2nd Vice President of the Registered Nurses' Association of Ontario.

Miss Robarts' vitality continued to shape nursing education while she served as Principal of Osler School of Nursing. In 1974, she became first woman Principal of the North, Osler and Quo Vadis Campuses of Humber College. In 1975-1976, Miss Robarts functioned as Principal of the North Campus and Dean of Human Studies and Dean of Student Services. From Vice President of Academic, in 1978 she became the President of Niagara College of

OSLER SCHOOL OF NURSING OPENS

Applied Arts Technology, the first woman president of a Community College in Ontario.

Eleanor Cameron was a graduate of the School of Library Science, University of Toronto, and also a registered nurse with past experience as Head Nurse at Northwestern Hospital. Mrs. Cameron established the Osler library for nursing students, and remained at Osler Campus until her retirement in 1980.

Marion Cameron had been Supervisor, In-service Nursing Education at the Public General Hospital in Chatham. She held a teaching certificate and Bachelor of Nursing degree from McGill University, and her considerable experience included three years in charge of a hospital at Warsak, Pakistan, under the Colombo Plan. At Osler, Miss Cameron became Clinical Co-ordinator, responsible for co-ordinating nursing services and education.

Jean Schleifer served as Head Nurse, Surgical Pediatric Department at Humber Memorial Hospital and had five years teaching experience before her appointment to Osler. With Marion Cameron, she remained at Humber College after the integration and transfer of the Basic Nursing students to its North Campus.

The fifth staff member to remain with the school was Glennyce Sinclair, who had two years teaching experience prior to her appointment and held a Bachelor of Nursing degree as well.

The five original teaching staff and the many others who

OSLER SCHOOL OF NURSING OPENS

passed through the teaching system of Osler Campus deserve praise for their dedicated spirit. They established and developed a new school of nursing, despite the long wait for permanent quarters. In the words of the Chairman, Mr. Charles Conroy, at the first graduation, "You share the unique status of being the 'pioneers' of Osler School.... You have arrived, and the achievement is yours."

PART THREE

**OSLER SCHOOL OF NURSING
ARCHITECTURE**

CHAPTER SIX

AWAITING A PERMANENT HOME

"Whatever is worthwhile is worth waiting for." This statement was made by students moving into the new Osler School of Nursing building and residence at 5 Queenslea Avenue in December 1969. After years of operating out of three different temporary locations, the new building for Osler School of Nursing was finally ready. The Honourable John P. Robarts, Premier of Ontario, officially opened the school on February 12, 1970.

Plans to build school facilities combined with a residence started as early as 1965 when the newly formed Board of Governors engaged Craig, Zeidler and Strong to develop plans for the building. The architects adopted a contemporary design for which Eberhard Heinrich Zeidler has become well known.

Born in Braunsdorf, Germany in 1926, Mr. Zeidler immigrated to Canada in 1951. He lectured at the University of Toronto and received the Nations Design Award in 1962, 1967 and 1972, among many other awards of excellence and honours in Canadian architecture. His creations in Ontario have included the Health

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Science Centre, McMaster University, Hamilton in 1967, Ontario Place in 1969, and Toronto's Eaton Centre in 1973, as well as health facilities and churches. Mr. Zeidler has many books and articles to his credit. Much of his work reflects the spirit of a changing society.

In November 1965, Principal Jacqueline Robarts worked part time with the architects to produce the first set of drawings. The new Osler School of Nursing was planned to open September 1966 with the enrolment of its first 40 students. The building was to be ready for occupancy in 1967, Centennial Year and second year of the program. In the meantime, the school operated out of temporary offices on Church Street, while classrooms were located three miles away, and students boarded in the community.

The contract for the Osler building was awarded to General Contractor Bennett-Pratt Ltd. Unfortunately, problems in obtaining a building permit resulted in a four-year delay. It was not until December 1967 that approval came from the Ontario Hospital Services Commission to commence construction. In April 1968, a sod-turning ceremony took place on the northwest corner of Humber Memorial Hospital grounds. However, construction industry strikes, lasting 100 days, further interrupted progress.

Once incorporated in October 1968, Osler School of Nursing purchased the property from Humber Memorial Hospital. The school building and furnishing costs were covered by federal and provincial grants. The residence was financed partly by provincial grants and by a mortgage from Central Mortgage and

AWAITING A PERMANENT HOME

Housing Corporation, at a cost of \$3,476,851: the total cost of the school and residence buildings was 5 million. Dr. Matthew Dymond, former Minister of Health, had promised financial assistance to create and improve accredited nursing schools so that he could meet his goal of graduating 5,000 nurses per year in Ontario by 1971.

Over the next four years, the school expanded, until it invaded the third floor of the Toronto Hospital nurses' residence, using the area for administrative offices and classrooms. Students still boarded in the community. Finally, in December 1969, staff moved into the new building, and the first classes began January 5, 1970. By January 25, 204 female students had moved into the new residence designed for 299. Male students boarded in the community.

The school measured 111,360 square feet, designed as two floors, and included a ten-storey residence. The main floor contained administrative offices and classrooms, and an auditorium seating 300. A sliding door opened to combine the auditorium with a dining area leading off to the service counter and kitchen. More classrooms, a laboratory, and instructors' offices were located on the second floor, with a central library the focal point of the design. Despite construction delays past the opening planned for Centennial Year, the original decision for an "all-Canadian" theme prevailed, and classrooms were named after Canadian provinces. The auditorium became the Canadian Room, and the students' lounge the Maple Leaf Lounge.

AWAITING A PERMANENT HOME

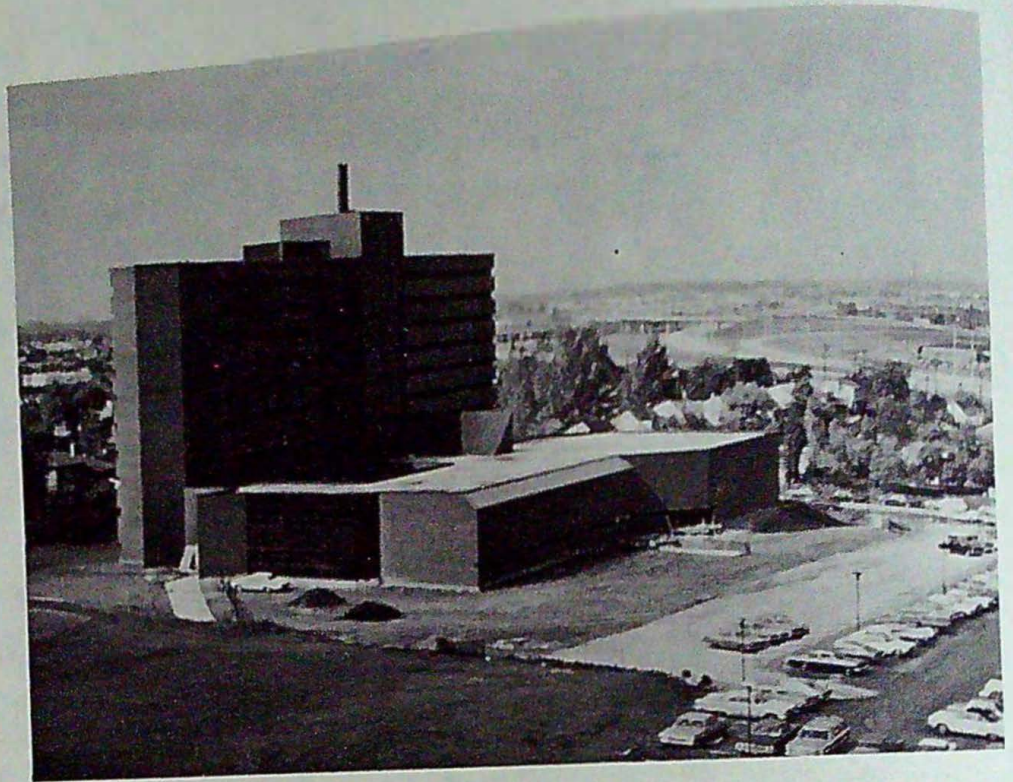


Principal Miss J.P. Robarts with Miss. Marian Cameron, Clinical Co-ordinator, surveying the site for the new school building, April 23, 1968.

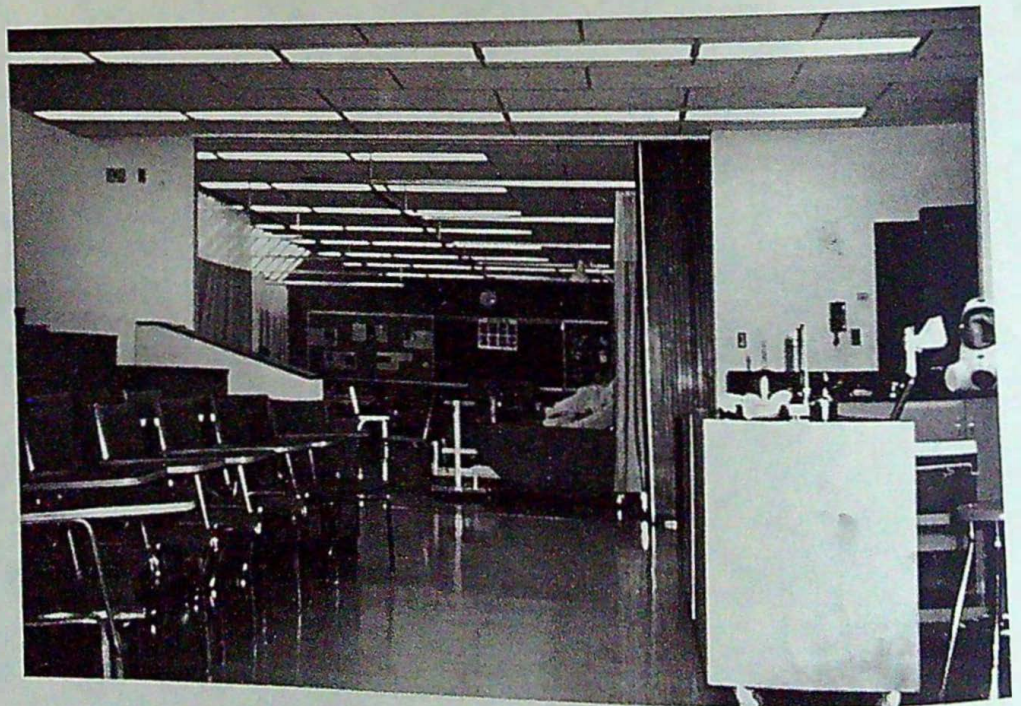


Sod-turning ceremony, April 23, 1968. Left to right, Chairman Mr. Conroy, Principal Miss. J.P. Robarts, Miss Karen Pitch the first student to apply to the school, and Mr. Wardlaw, Chairman of the building committee. Osler School of Nursing students in the background display their tartan uniforms.

AWAITING A PERMANENT HOME



1969 saw the completion of the nursing school. The view of the new building from the Bamber Memorial Hospital.



A view of the classrooms: British Columbia, a well equipt science laboratory, Alberta and Saskatchewan classrooms could combine for clinical practice.

AWAITING A PERMANENT HOME



The library centered on the second floor formed the focal point of the design.



The official opening of the school, February 12, 1970 was held in the auditorium.

AWAITING A PERMANENT HOME



The Honourable John P. Robarts, Premier of Ontario, officially opened the school, February 12, 1970. To his left is Principal J.P. Robarts and Chairman Mr. C. Conroy, President of Board of Governors, 1965 - 1970.



Unveiling the plaque in the lobby, the Honourable John P. Robarts, Premier of Ontario, and Principal Jacqueline P. Robarts, at the opening ceremony February 12, 1970.

AWAITING A PERMANENT HOME

A ten-storey residence tower flanked the two-storey school building. All single rooms held built-in furniture, and each floor contained a kitchenette, lounge, TV, laundry, showers, and washrooms. The entrance desk to the residence was manned 24 hours a day. In the past, Ontario hospital nursing students had been required to live in residence, since nurses worked three alternate shifts in the hospital, with only one weekend off after three to four weeks. The new concept of nursing allowed students to choose living in residence, or off school premises. The new day-school concept was initiated by Jacqueline Robarts to attract both male and female applicants to nursing. Students boarding out of residence received \$75 living-out allowance during the first two years of education, in addition to a free meal a day. Mrs. Marni McAlpine was Residence Supervisor from 1971 until her retirement in 1986.

Between the school and residence buildings, an open courtyard on the south side let students enjoy the summer days. On the first floor, a small but well equipped health clinic linked both buildings. The unit was set up by Dr. Liuda R. Leknickas and nurse Dora Gowland in 1970, and continued in 1971, by nurse Florence Bishop. They provided health care for the students in both the school and residence.

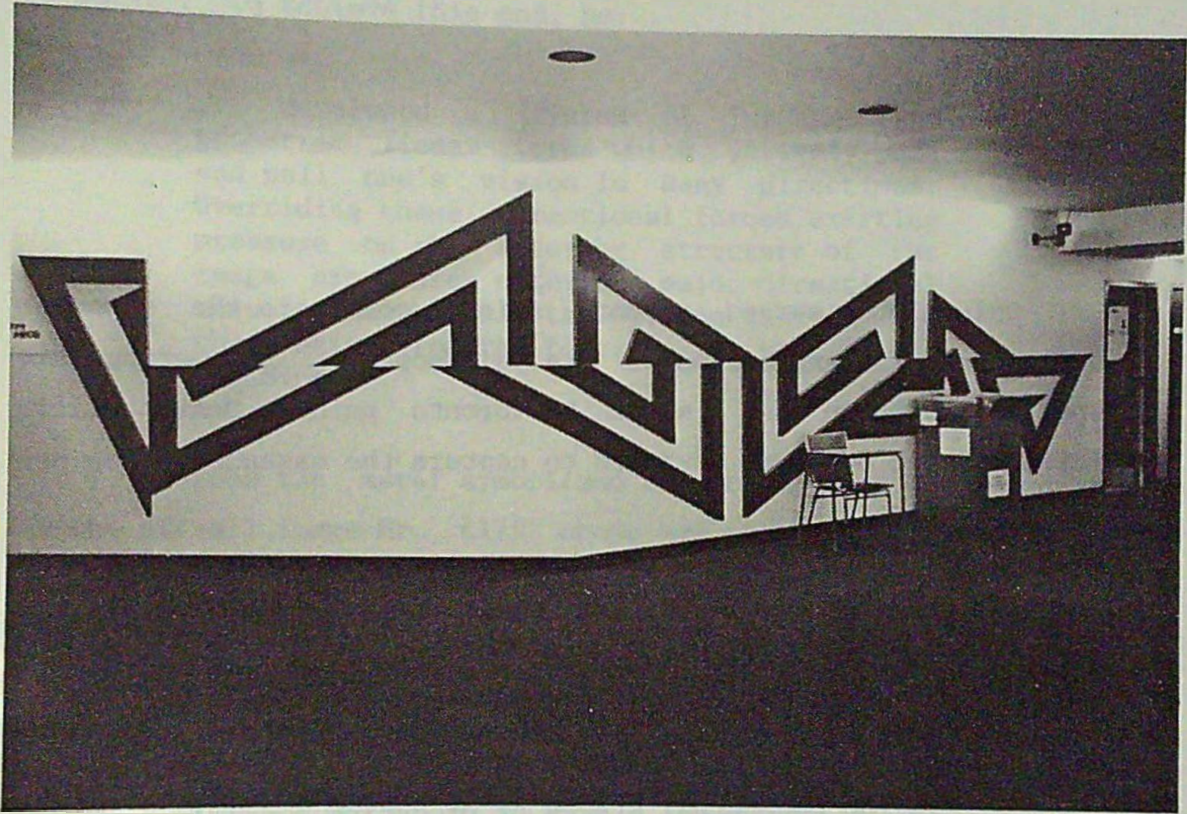
To welcome students, staff and visitors to the school, the main entrance opened into the impressive Osler Lobby which was the focal point of the school and residence. The residence provided service at the front reception desk 24 hours a day.

AWAITING A PERMANENT HOME



Osler plaque viewed by Marian Cameron, Clinical Co-ordinator and Principal Jacqueline P. Robarts.

OSLER LOBBY



Toronto artist, Denis Cliff, created the mural in Osler School lobby. The mural depicts Theseus' Labyrinth symbolizing the educational process leading the individual through a maze, offering the student a multitude of directions.

CHAPTER SEVEN

OSLER LOBBY

Osler Lobby served as both a focal point in the school's design and an expression of its philosophy. Dominating this spacious entrance was a mural by Toronto painter Denis Cliff. This artistic work was designed to capture the essence of the new concept of learning.

In planning the mural, Mr. Cliff kept several factors in mind:

In the conceptual stages of producing a mural there are several considerations which give rise to the completed image. The amount of space the total will occupy, the image will affect the surrounding space of the foyer, the visual impact upon entrance to the foyer, the kind of colour relationships which will compliment rather than clash, the kind of activity that occurs in the foyer and the function of the institution that will house the mural are but a few such considerations.

OSLER LOBBY

The wall supporting the mural was the first thing encountered on entering the school. The foyer itself Mr. Cliff called "an intensely active space, allowing for the flow of students through the building". For these reasons, Mr. Cliff wanted the image to be "a dynamic and active focal point". To achieve this end, he:

... developed a system of forces from geometric linear forms which actively push and pull one's vision in many directions. Overriding these directional forces exerting pressure on the interior structure of the image are three exterior major directional thrusts which lead the vision towards the three exits from the foyer to the rest of the building.

Since the mural symbolized the process of education, the overall image Mr. Cliff chose was that of a labyrinth. In his opinion:

The educational process leads an individual through such a maze, offering a multitude of directions and often leading him into dead ends. With the aid of good instructors the individual can be guided out of the dead ends and into the right direction for his capabilities and subsequently out of the relatively protective educational labyrinth and into the more encompassing one called Life.

Mr. Cliff found his image in the ancient Greek myth of Theseus, son of King Aegeus of Athens, who wound his way

OSLER LOBBY

Theseus' mission through the labyrinth of King Minos of Crete. Theseus' mission was to slay the Minotaur, who every nine years demanded seven youths and seven maidens to satisfy its craving for human flesh. A magic ball of twine led Theseus to the centre. After he slew the beast, by winding up the twine Theseus found his way out of the labyrinth, back to freedom. In the mural, Mr. Cliff evoked the myth:

... in the way that the directional forces emanate from a central line which runs through the length of the mural. This central line represents symbolically the path out of the labyrinth; the path each individual must discover in order to successfully thread his way through the intricate maze that our educational process constructs.

The inevitable tensions in the educational process Mr. Cliff illustrated through the push and pull of different directions within the mural. The "relationship between the positive red relief forms and the negative shapes and forces of the background wall" he used to suggest the positive and negative aspects of education. These forces, he felt, carried on "a visual dialogue with each other across the space of wall".

Mr. Cliff also chose colours that would heighten the impact of the overall design:

Since, psychologically, red is the most active colour, it was used to intensify this aspect of the image. Green, the compliment of red, was used to set off the red and run as a linear counter theme on a 90-degree angle to the plane occupied by red.

OSLER LOBBY

Overall, Mr. Cliff's aim was to create "a fluid unity, both visually and symbolically, that would radiate back and forth across the space of the wall and outwards into the space of the foyer." However, he also hoped viewers would go beyond his conception of the image to discover more, for and about themselves. Denis Cliff's mural remained an expression of the school's philosophy and an inspiration to staff and students.

OSLER LOBBY



Maple Leaf lounge, a large portion of Osler Campus lobby, provided a useful area for visitors and students.



Plaque at Bon Head, birth place of the famous Canadian physician, educator and writer, Sir William Osler, after whom the school was named.

OSLER LOBBY

The other important element in the lobby was a portrait of Sir William Osler, after whom the school was named. Donated by the McGill Medical Society, the portrait commemorated an outstanding physician, writer, and educator.

William Osler was born at Bond Head, Canada West (Ontario), July 12, 1849. As a young man, he attended Trinity College, Weston, one hundred years before the opening of Osler School of Nursing. In 1872, he graduated from McGill University, then studied in Europe for two years before returning to McGill to teach Physiology and Pathology.

In 1884, Dr. Osler accepted the Chair of Clinical Medicine at the University of Pennsylvania. After five productive years, he moved to Baltimore, where he married a direct descendent of Paul Revere and spent the next 16 years in a very lucrative practice. At Johns Hopkins University Hospital he became as well known as he was in Canada. With extraordinary energy, he taught, wrote, carried on a clinical practice, and travelled many miles for speaking engagements. At one point, he had travelled 19,300 miles in nine months, held two consultations at the White House, treated several cabinet ministers, and attended other patients in the capital. His fame spread.

One of Dr. Osler's favourite occupations was teaching medical students and, later, postgraduates. His classes were popular, and many doctors as well as students attended. His writing and rewriting of textbooks influenced the medical curriculum. One of his textbooks, distributed widely in Canada

OSLER LOBBY

and the States, earned \$7,100 in royalties. However, he also advocated that doctors should spend more time with patients and less in the lecture room. From all over the United States and Canada, doctors began to refer patients to Dr. Osler. He became known as the doctor's doctor.

While in Baltimore, Dr. Osler received many offers. In 1891, Harvard and Jefferson approached him. In 1892, and again in 1895, McGill University tried to entice him back to Canada, but to no avail. The Department of Medicine at the United Schools, New York, offered him the large salary of 2,000 English pounds. The busy life of teaching, clinical practice, and speaking engagements kept Dr. Osler at Johns Hopkins University Hospital for 17 years.

By the turn of the century, Dr. Osler was probably the best known physician in the English-speaking world. After nearly two hectic decades, he admitted in one of his diary notes that he "could not last long at the present pace". He also foresaw the possibility of a "serious breakdown". Speaking at the New Haven Medical Association in 1903, Dr. Osler told of the busy practitioner who, over the years, found the demands of clinical practice overwhelming. He continued to say that, "Many good men are ruined by success of practice." He also observed that many physicians developed angina pectoris, which he called "morbus medicorum". He commented that his friend, William Pepper, "died with coronary arteries like pipe-stems" at the age of 55. Dr. Osler suspected that he had angina pectoris. His diary notes that he experienced sub-sternal pressure at times.

OSLER LOBBY

In 1904, Dr. Osler received a letter from his old teacher, Sir John Burdon-Sanderson, inquiring if he would consider the position of Regius Chair of Medicine at Oxford. It was an attractive offer that would give Dr. Osler time to complete his literary work, which he had been finding almost impossible to pursue. In his diary he wrote, "Mrs. Osler cabled me, 'Do not procrastinate, accept. Better go in a steamer than go in a pine-box.'"

Since Oxford had always attracted Dr. Osler, it provided an opportunity, as well as a valid excuse, to leave Baltimore. The other attraction in England was the Bodleian Library, only an hour away, which he had visited on previous occasions. Since the position would be purely academic, Dr. Osler foresaw the move as a retirement from practice.

Leaving also had its regrets. Dr. Osler admitted that he would be giving up a lucrative practice, in his words, "the best equipped medical clinic in the English-speaking world." His move to England meant an irreplaceable loss for Baltimore. Dr. Osler had helped to bring the hospital and medical school to their present success.

In 1905, Dr. Osler left America to reside in England, where he served as Curator of the university's Bodleian Library and, in 1911, was made a baronet. Dr. Osler now had more time for his books. In letters to friends in the United States, his wife told how he would seek out old volumes in European bookshops. If he could not find any, he would leave in disgust.

OSLER LOBBY

Once again Dr. Osler created a busy consulting practice, and continued to write and lecture. He wrote to colleagues in Baltimore that his health was much better. Unfortunately, after one of his lengthy consulting trips, he contracted pneumonia, from which he did not recover. A humanitarian, Dr. Osler lived his philosophy: "Useful your life shall be as you will care for those who cannot care for themselves, and who need about them in the days of tribulation, gentle hands and tender hearts."

Sir William Osler died in Oxford, England, December 29, 1919. His personal library of 7,600 titles was bequeathed to McGill University after his death, and his ashes rest in Osler Library, Montreal.

From 1966 until 1973, Osler School of Nursing, named after this famous physician, thrived and operated to planned capacity as an accredited school of nursing. However, the achievement everyone had striven for was short lived. Minister of Health Bette Stephenson advocated that all nursing education should be transferred to community colleges. The change took place over a seven-month period. In 1973, Osler School of Nursing became Osler Campus, of Humber College of Applied Arts and Technology.

Osler Campus continued to educate nursing students, until its transfer to Rampart Developments in 1989. In exchange for Osler Campus, Rampart Developments erected a new \$8,500,000 residence at North Campus, Humber College Boulevard. It was understood that the former Osler building would accommodate 160 senior citizens.

PART FOUR

OSLER SCHOOL OF NURSING PHILOSOPHIES

CHAPTER EIGHT

OSLER'S VISION AND "ALL-CANADIAN" THEME

With the establishment of regional schools of nursing, curricula were expanded and upgraded. The concept of the "new nurse" appeared. This "new nurse" the Canadian Nurses Association envisioned receiving a general education outside the hospital, as well as clinical training within. The nurse's enhanced image and new educational philosophy attracted a variety of people to the profession. Male and female, single and married, young and mature applicants were admitted. Their increasing numbers moved hospitals closer to meeting staff quotas of 5,000 graduates annually by 1971.

Osler School of Nursing opened in 1966, the first of four regional schools in northern Metropolitan Toronto. Even though only temporary quarters were available, the staff created a stable environment and sound philosophy. Osler faculty stated their vision in a June 1966 brochure for students:

The philosophy of the Osler School of Nursing is based on the fundamental beliefs that man is a social being with a distinct right to his individuality, and that a sense of the dignity and worth of man is essential to the attainment of personal happiness and responsible citizenship.

OSLER'S VISION AND "ALL-CANADIAN" THEME

Education is a process of interaction which contributes to the continuing development of the individual's potential. Learning is the acquisition of knowledge, skills and attitudes as manifested by behavioural changes.

Students learn most effectively in a democratic atmosphere where there are good interpersonal relationships, and recognition and acceptance of individual differences.

Nursing, as one discipline of the health services, is an art and a science which assists individuals in activities contributing to health or to a peaceful death.

Nursing education is a continuum initiated with a curriculum designed by faculty to assist students to identify and respond to the nursing needs of individuals in a changing society. Integrated theoretical and practical experiences beginning at the learner's level provide for increasing self-direction in the individual's personal and vocational growth.

Since the new Osler building was originally scheduled to open in 1967, Centennial Year, the staff had adopted an "all-Canadian" theme for its uniforms also. Osler received exclusive rights to use the new Canadian Maple Leaf Tartan for nurses uniforms.

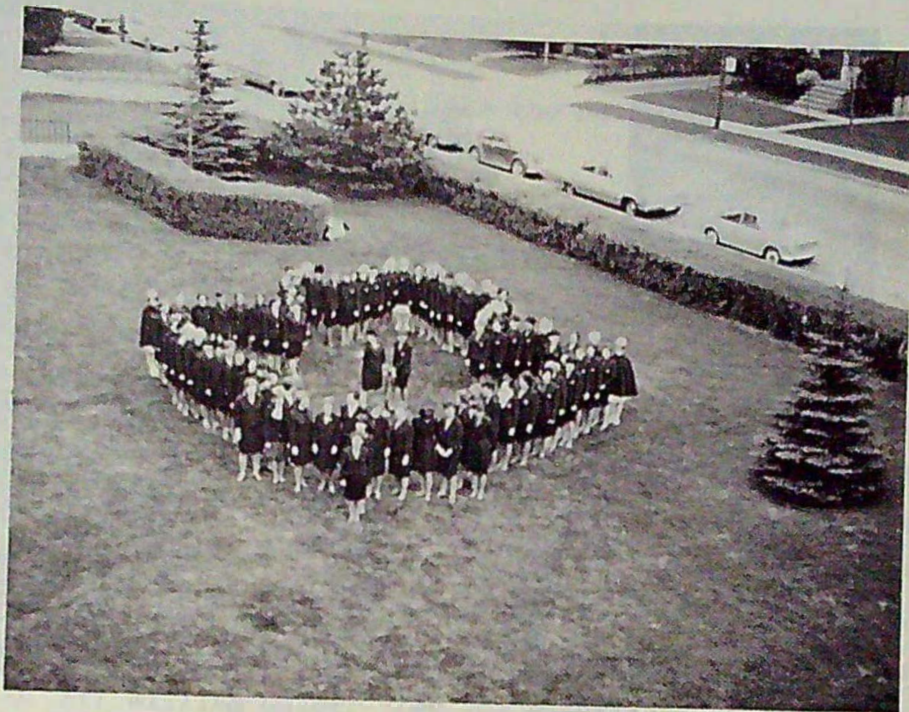
The tartan's designer was David Weiser, a Spadina Avenue garment manufacturer, born of Jewish parents in Kiev, Russia. Mr. Weiser was commissioned by the federal government to develop the tartan for Centennial Year, to be

OSLER'S VISION AND "ALL-CANADIAN" THEME

worn by the 3rd Battalion, Royal Canadian Regiment. The tartan was also sold commercially and used extensively in Centennial Year for other purposes, as well as adapted for stationery. The federal Ministry of Trade and Commerce took the design for their staff during the Centennial. Canadian Pacific Airlines' stewardesses wore it on Pacific coastal flights. Queen Elizabeth and well known personalities also adopted the tartan. Mr. Weiser created the tartan from the maple leaves' glorious fall hues: red, yellow, green, gold, and brown -- in his own words, "a symphony of Canadian colours".

The Osler nurse wore the Maple Leaf Tartan on the cuffs and collars of a white uniform, and as a cape or storm coat, with gold lining. The students also wore green skirts, yellow blouses and a tartan blazer on official school tours. Staff wore tartan suits on special school occasions. The Maple Leaf Tartan and the maple leaf design from the Canadian flag formed part of the school crest, cap, and pin. The leaf's eleven points denoted the provinces and Northwest Territories. Its red, green, and gold became the school colours, rich with symbolism. The red band on the first year student's cap meant vim; green in the second year symbolized vitality; and tartan in the third year signified growth and professional development. The nurse's cap, designed by Donna Maier, one of the first nursing instructors, was a modified version of the tall silk hat worn by Sir William Osler and his classmates in 1866: round and molded into shape by eleven pleats, corresponding to the

OSLER' VISION AND "ALL CANADIAN THEME"



The 'all Canadian theme' captured in the Maple Leaf design made by the Osler School of Nursing students and Faculty at the Sod-turning ceremony, April, 23, 1968.



Donna Maier, nursing instructor, was the original designer of the Osler School of Nursing cap worn by the students. The design was a modified version of the tall hat worn by Sir William Osler while attending Trinity College in Weston one hundred years ago.

OSLER'S VISION AND "ALL CANADIAN THEME"



Capping, class of '70. Miss. J. Roberts, Principal (center) with students, Muriel McIntyre and Judy Grunnett.



Male and female dress uniforms fashioned by students in the Maple Leaf lounge, 1970.

OSLER'S VISION AND "ALL-CANADIAN" THEME

points of the maple leaf. The timely design and colours matched the Canadian spirit. Like the new flag, the concept encouraged team effort.

The philosophy and symbols of Osler School of Nursing carried over into its objectives, and contributed to the students' growth and development. In both academic study and clinical experience, a problem-solving approach prepared students to give comprehensive care. The program taught the individual to work with others, as well as becoming a self-directed, responsible person. It also readied students for the needs of a changing society. Health programs were encouraged, and personal counselling made available. In the words of Sir William Osler: "Let us emancipate the student, and give him time and opportunity for the cultivation of his mind, so that in his pupilage he shall not be a puppet in the hands of others, but rather a self-relying and reflecting being."

CHAPTER NINE

QUO VADIS SCHOOL OF NURSING

Before the 1960s, older applicants were not admitted to nursing programs. Traditionally, students held a Secondary School Graduation Diploma and were between the ages of 18 and 25. Students over 25 could apply to Osler, but entrance was considered on an individual basis. To cope with nursing shortages, mature students had to be encouraged to return to work.

Regional schools of nursing addressed the question of mature students. Why did nurses not resume work after bearing children? In 1964, the Sisters of St. Joseph streamlined their philosophy and curriculum to suit the 30 to 50 age group and started their first class of 32 mature students in the Quo Vadis School of Nursing, located adjacent to Queensway General Hospital. Quo Vadis soon became known and respected across the province for returning mature students to school. Even after the students' transfer to Osler Campus under Humber College as a general-education group, the Quo Vadis faculty and students staunchly upheld their philosophy.

QUO VADIS SCHOOL OF NURSING

In 1973, Bette Stephenson, Minister of Health, legislated the integration of all nursing schools into community colleges. The Quo Vadis students were worried. After the struggle to create a special school for mature nursing students, would the curriculum change, catering to 18 to 25 year olds? Some Quo Vadis students had already transferred from regional schools where the curriculum was geared to the younger student. Many mature students would not have returned to nursing, if not for the Quo Vadis approach. However, in 1973 when Humber College took control, Quo Vadis School of Nursing became Quo Vadis Campus, Humber College and retained its special program.

Under Director Margaret MacKenzie, the program continued successfully as a separate unit in the nursing curriculum of Humber College. Quo Vadis upheld its reputation for high marks in the Registered Nurse examinations, as well as its good name in the medical and nursing community. But keeping several campuses proved costly for Humber College. In 1975, President Gordon Wragg explained that it was too expensive to work out of several locations. Cost of duplicate programs and teaching facilities could be reduced by integrating programs. With approval from Queen's Park, Quo Vadis would move to Osler Campus that September.

The sudden, unexplained resignation of Director Margaret MacKenzie, and rumored changes in the curriculum worried the students. Would Quo Vadis also lose its unique program within a few years, when the Health Science Division became centralized and standardized? The expected transfer to Osler now disturbed

QUO VADIS SCHOOL OF NURSING

the students. On March 10, 1975, almost the entire Quo Vadis student body assembled at the North Campus to meet with President Gordon Wragg. The 110 students staging the protest wanted no more changes in the curriculum, after those of 1974. Such a possibility would alter the whole profile of the course, they argued. They rejected non-nursing subjects in the curriculum, such as English Communications and Sociology, as academic frills. President Wragg assured the students that the Quo Vadis program would keep its separate identity and remain the same. Lucille Peszat, Humber's Dean of Health Sciences, met with the students and reassured them that the curriculum would be preserved.

In the meantime, 250 first- and second-year students at Osler Campus closely observed the proceedings. The outcome would affect them, since, to accommodate Quo Vadis students, first-year nursing students would be shifted to the North Campus. However the move was postponed until 1977.

In September 1977, when the Quo Vadis students did integrate with Osler Campus, two schools of thought developed. Quo Vadis kept its mature status. All students over age 24 were streamed into the "Quo Vadis approach" under Chairman Gladys Lennox at Osler Campus. Applicants under 24 became part of the "North Campus approach". From 1975-1978, Jocelyn Hezekiah was Chairman of first- and second-year nursing students, working out of both campuses.

In 1979, Miss Hezekiah became Chairman of all nursing programs at Humber College. A registered nurse from School of

QUO VADIS SCHOOL OF NURSING

Nursing, Royal Sussex County Hospital, England, she obtained her Bachelor of Nursing degree from McGill University, and in 1969 a Master of Education degree from the Ontario Institute for Studies in Education. Previously Assistant Professor, Faculty of Nursing, University of Western Ontario, she joined Humber College as Assistant Chairman in 1971. Miss Hezekiah believed that to redefine goals with other health disciplines, nursing should reorganize through professional associations.

In 1979, Miss Hezekiah was also elected President of the Registered Nurses' Association of Ontario, and appointed to the Committee on Clinical Experience of Diploma Nursing set up by Dr. Bette Stephenson, then Ontario Minister of Education. This special committee gave Jocelyn Hezekiah the opportunity to state her position on the Quo Vadis situation. She said that historically nursing programs did not admit mature or married students; therefore, the Quo Vadis approach was valid. But since Humber College had always accepted mature students, it was feasible to integrate all ages. Miss Hezekiah suggested that the students themselves should choose whether to stay in a separate setting, or mix with all age groups.

In November 1979, with Anne Bender, Senior Program Co-ordinator for Osler Campus and Eleanor Fiorino, Senior Program Co-ordinator for the North Campus Nursing Program, Miss Hezekiah submitted a report to the Board of Governors, proposing changes: "It is believed that mixing heterogeneous class groups will contribute towards their adjustment in the work setting and

QUO VADIS SCHOOL OF NURSING

promote sharing and collegueship with learners in the same profession." The report included a suggestion that English Communications courses, previously only for students under 24, should be offered to some mature students.

As well as integrating Quo Vadis into the mainstream of the nursing curriculum, a task force was set up to investigate the next move to relocate all Basic Nursing students to the North Campus. Conducting Basic Nursing courses out of two campuses was cumbersome and expensive, and meant duplicating teaching aids and library facilities. Staff had to travel back and forth between both locations. Unfortunately, Osler Campus could no longer accommodate the increasing numbers.

In March 1987, all Basic Nursing students were relocated to the North Campus. Osler continued to function as the campus for post-diploma and critical care courses until its sale to Rampart Developments. In June 1990, Osler Campus closed and relocated all remaining classes to the North Campus, Humber College Boulevard.

CHAPTER TEN

CONTINUING EDUCATION AT OSLER CAMPUS

After 1966, nurses were educated in general-education facilities, and since 1973, in community colleges. In the 1970s, the "new-nurse" concept replaced the "handmaiden image". After graduating as registered nurses, many carried on their studies to train as nurse practitioners. Post-diploma programs provided the opportunity to keep abreast of rapid technical changes as well as provide hospitals with needed staff in specialty areas.

In 1970, Lucille Peszat worked with the Registered Nurses Association of Ontario, as Co-ordinator for continuing education in nursing. Lucille negotiated with the Ontario Medical Association and the Ontario Hospital Associations to organize advanced Coronary Care and Intensive Care courses for nurses. However, since general education facilities were not funded or prepared for advanced nursing programs, the OMA and OHA were able to provide the necessary funding to expand courses to other areas and initiate additional programs for specialty areas.

Upgrading was essential, but often nurses lacked funds to

CONTINUING EDUCATION AT OSLER CAMPUS

pursue a university degree, or scholarships were unavailable. As a result of the guidelines and courses Miss Peszat developed, six Toronto hospitals began Critical Care in-service education to enhance their service to patients. Such in-hospital courses became recognized as a necessity to ensure continuing education for quality care.

Until 1977 continuing education courses for nurses were organized by the main Humber College campus. The college offered the first Operating Room program for registered nursing assistants who wished to upgrade. After 1977, the course was transferred to Osler campus, and later the program extended to include registered nurses. The Operating Room courses for registered nursing assistants and for registered nurses, have been among the main post-diploma courses at Osler until its closure and transfer to the North Campus.

Marina Heidman originally joined Humber College in 1973 to teach Coronary Care nursing. Marina's professional memberships included the Canadian Council of Cardiovascular Nurses and the American Association of Critical Care Nurses, she was also a founding editorial board member for the CRITICAL CARE NURSE journal. In 1977, Marina Heidman was appointed Senior Program Co-ordinator, for continuing education for nursing. A guest speaker at the 1978 First Nursing Symposium at the VIII World Congress of Cardiology in Tokyo, Japan, she lectured on "Prinzmetal Angina, a Team Approach to Diagnosis and Management". As Chair of several Conference Planning committees, Marina co-authored the article "Continuing Education: Easy Steps to

CONTINUING EDUCATION AT OSLER CAMPUS

Conference and Seminar Planning" with Leslie Key, and can be credited with Humber College's annual Cardiology conferences which were recognized across the country.

In conjunction with an active planning committee and faculty, Marina Heidman directed the development of significant growth offered in continuing education at Osler Campus. Humber College was a leader in the number of programs offered for graduate nurses. Additionally a post-diploma certificate in clinical nursing was established and approved by the Ministry. The program offered the graduate nurse an opportunity to gain credit for mandatory and elective courses, and to gain a designated post-diploma certificate in a specialty area. This program model was the first in the college continuing education system.

In 1980, Marina Heidman chaired the collaborative planning committee to develop a program in Occupational Health Nursing with five community colleges, sponsored by the Ministry of Labour. Humber College received a grant of \$500,000 from the Ministry of Labour, and took the leadership in initiating and implementing the program. Occupational health nurses participated from all Metropolitan Toronto.

Continual upgrading provided critical-care areas with needed staff, as well as raising the ratio of nurses throughout the various hospitals. In 1987, Statistics Canada recorded an increase in the ratio of employed nurses to a growing population. In 1983, in all Canada there had been one nurse for every 141 people. In 1987, the ratio improved to one nurse for every 121

CONTINUING EDUCATION AT OSLER CAMPUS

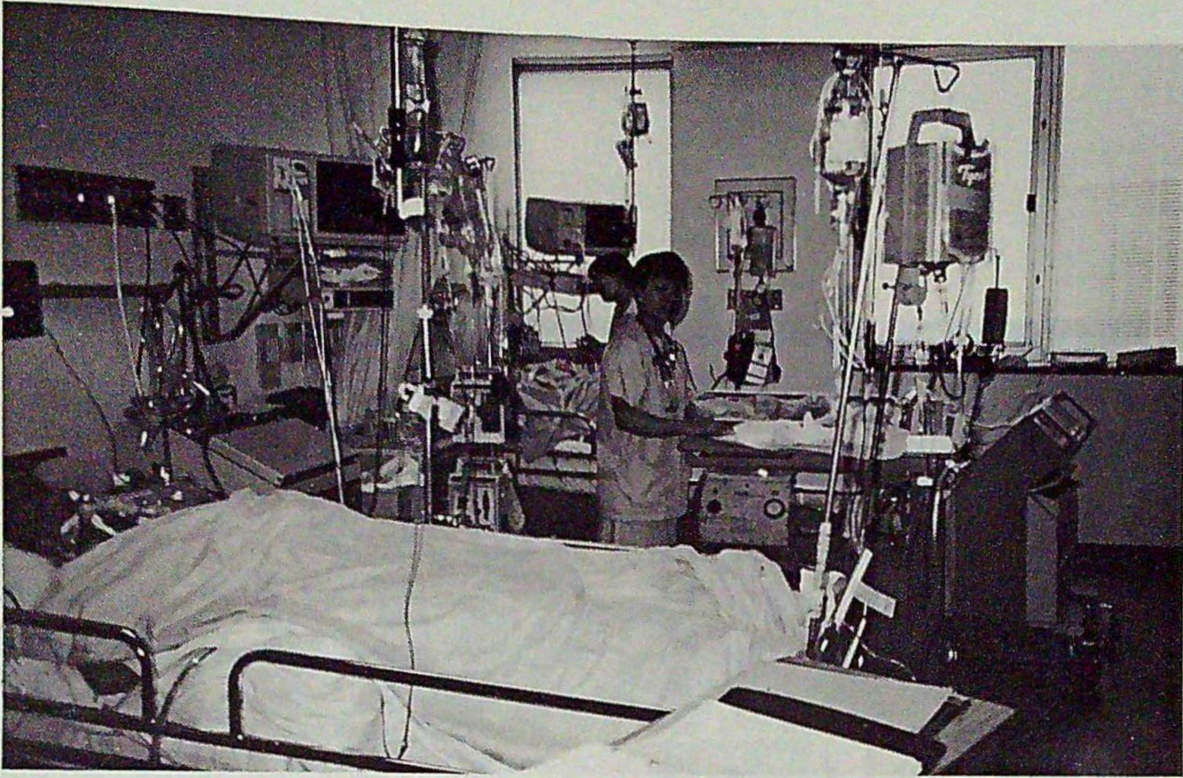
people. Nearly 75% of all employed nurses were staff nurses. From 30% in 1970, the number of nurses working part time increased to 37% in 1987. 90% of nurses were involved with direct patient care. The remainder worked in administration, education, and research.

Statistics Canada showed that 62% of the Canadian population lived in Ontario and Quebec. About 42% of nursing schools were located in the same provinces, accounting for 58% of the graduates, and 62% of all nurses employed in nursing in Canada. Enrolment of registered nursing students continued to increase. In 1987, 65% of students enrolled in R.N. certificate programs, and 2% in graduate programs (master's level). In diploma schools of nursing, faculty with a master's or doctorate degree increased 6% from 1986 to 1987.

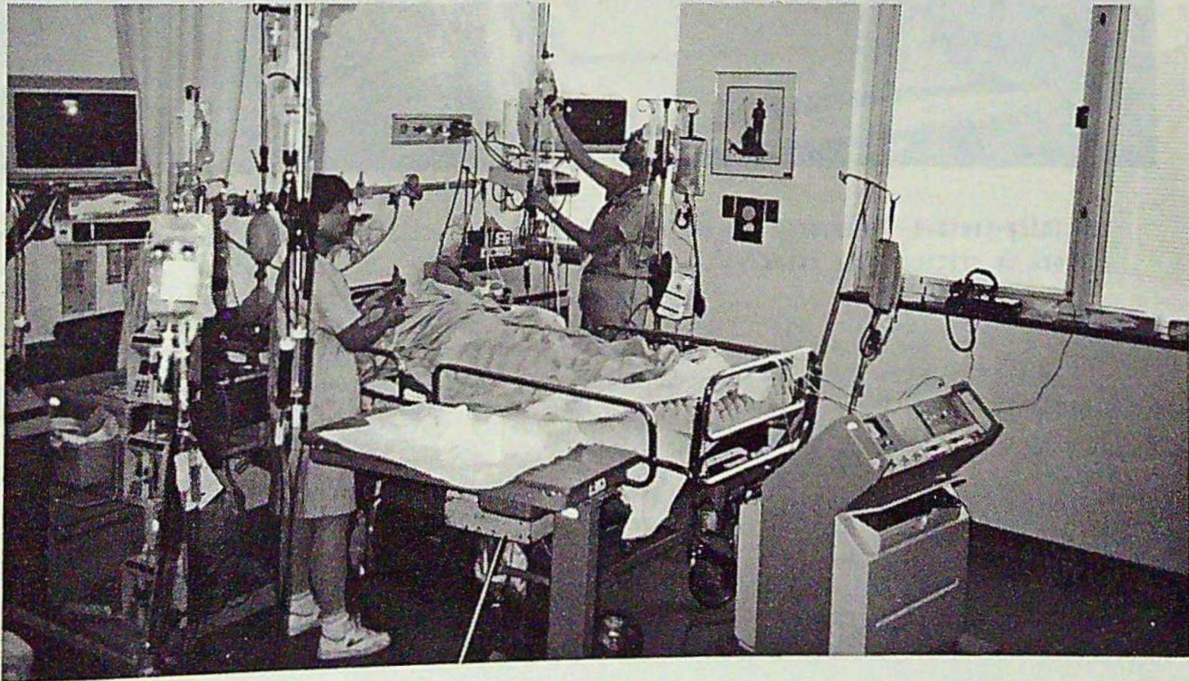
Whether or not continuing education becomes mandatory, nurses have shown the need for higher education. The constant exposure to changing technologies has given the nurse the image of a specialty-trained and certified practitioner. Doctors depend on the nurse-specialist to make sound judgements and ensure quality care.

Attitudes have changed. The modern nurse is no longer a subordinate, but a collaborator with the physician. Nurses use their expertise in critical-care areas, such as emergency, intensive-care, and operating room. Nurses are taking strong roles in the care of the patients and work as part of medical and nursing teams.

CONTINUING EDUCATION AT OSLER CAMPUS

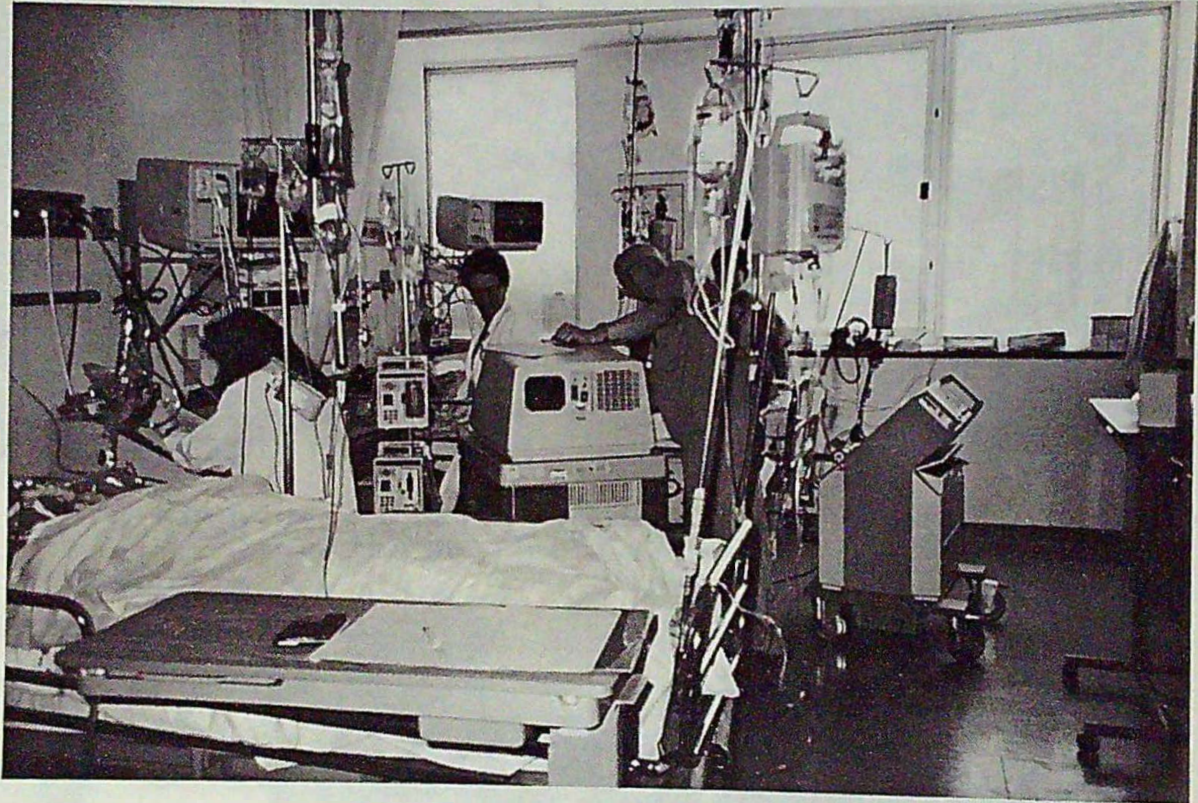


Graduate nurses who took post-diploma courses at Osler Campus are well prepared for work in Critical Care Units as doctors depend on the nurse to make sound judgements.



Registered Nurses work in reputable areas taking strong roles in quality care.

CONTINUING EDUCATION AT OSLER CAMPUS



Specialty-trained Registered Nurses and certified practitioners work in collaboration with Doctors in critical care areas.

PART FIVE

NURSING LITERATURE

CHAPTER ELEVEN

ADVENT OF NURSING LIBRARIES

Libraries specifically for nurses evolved with nursing education. At the turn of the century, such libraries had been non-existent; hospital Directors probably stored a few books in their offices. Some years later some larger hospitals, such as Toronto General Hospital, and university schools of nursing, provided nurses with library facilities. Nursing literature was scarce. Newsletters, such as the RNAO NEWS BULLETIN, were some of the few publications. Not until the new nursing schools were established in the 1950s and '60s did nursing literature and libraries begin to flourish.

The few libraries that hospitals did provide varied greatly. Some consisted of only a ward cupboard filled with donated and borrowed books. Medical libraries offered little access to nurses, although in a few hospitals integrated libraries were open to both doctors and nurses. Libraries specifically for nurses came into being only with regional schools and proved to be the most effective support for nursing education.

ADVENT OF NURSING LIBRARIES

Before 1950, few nursing texts had been published. When the regional schools opened, courses multiplied, and new nursing literature was needed. The only people qualified to write such books were nurses. The 1950s and '60s saw a publishing explosion, as many nurses shared their skills and needs through writing. Key texts appeared, and association newsletters grew into full-blown magazines. The CANADIAN NURSE had been published since 1905, by 1944, its paid Canadian circulation numbered 4,916. In 1958, subscriptions skyrocketed to over 40,000. A survey showed that nurses relied on magazines in their clinical work because they offered up-to-date information, while books took longer to publish. The technical articles, written especially for nurses, provided information lacking in texts.

Librarians played a vital role in supporting the nursing curriculum. They organized and controlled the influx of publications, constantly adjusting to changes in the Health Sciences and to the needs of specialty areas. It was necessary to have trained personnel to guide instructors and students through the maze of new information and retrieval systems.

However, in 1966 there were few Health Science library personnel. On May 17th, 23 nursing-school librarians from Ontario met to consider their resources. Most were not trained in librarianship. At the Registered Nurses' Association of Ontario, Miss Margaret L. Parkin, from the Canadian Nurses Association library, served as guest speaker. She discussed government documents, reference tools, and bibliography compilation. From two other schools of nursing, Miss Mabel

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Brown, Ottawa Civic Hospital, and Miss Marilynne Seguin, St. Michael's Hospital, Toronto, talked about library orientation and audiovisual aids. These workshops held by the CNA and RNAO helped to develop nursing-school libraries.

In the meantime, while Osler School of Nursing was in the process of getting established, Eleanor Cameron set up a modest library of 26 books at 202 Church Street. An expanding program forced the school and library to move to a larger space at 206 Church Street. As enrolment increased, and the library grew, it was necessary to move again, this time to much larger quarters in the nurses' residence at the Toronto Hospital. Finally in January 1970, the new building at 5 Queenslea Avenue was ready. The library had by this time swelled to about 600 books and 24 journal titles. Some films, slides, and filmstrips used by instructors were added, enlarging and diversifying the collection.

Eleanor Cameron, originally Nurse-Librarian for the Registered Nurses' Association of Ontario, believed that a library was more than a collection of books; it was a source of information. She combined her knowledge of nursing with years of library experience to start and develop the Osler School of Nursing library. A graduate of Toronto General Hospital, Head Nurse at Northwestern Hospital, and a graduate of the University of Toronto School of Library Science, Mrs. Cameron brought a wealth of experience to a new organization. Her expertise helped both instructors and students succeed in a new environment with a new curriculum. Mrs. Cameron remained at Osler Campus until her

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In 1970 Eleanor Cameron could finally establish a permanent library in the new Osler School of Nursing, 5 Queenslea Ave.

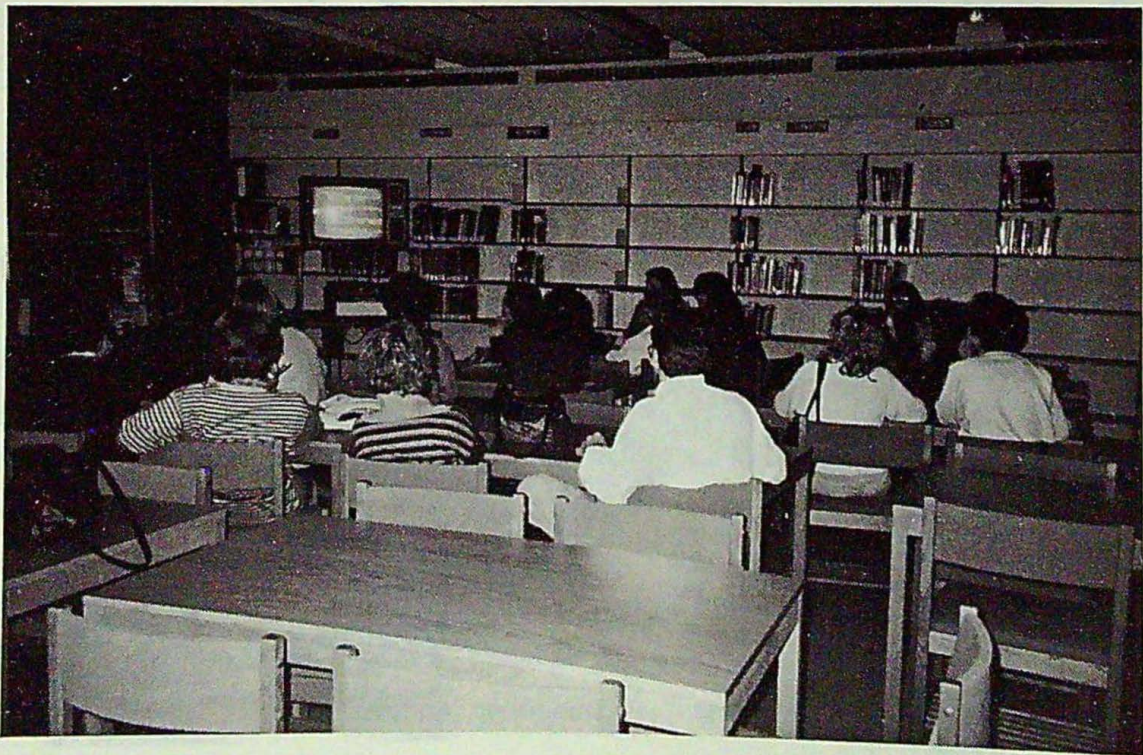


Osler library maintained collections for both basic nursing and post-diploma courses.

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In the 80's there were more than one hundred periodical titles. The collection included nursing and medical journal titles suitable for basic, post-diploma and critical care courses.



After the transfer of basic nursing books to the main library, Osler library continued library orientation classes for post-diploma students.

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retirement in 1980.

Libraries became a vital part of nursing education. Librarians were indispensable for research, helping instructors retrieve items for classes, and guiding students through assignments. However, one drawback of the literature explosion was a lack of indexing. Osler School of Nursing library, like other regional-school libraries, adopted a card-index system geared to the nursing curriculum. At the time, most periodicals were excluded from national indexes. In addition to a card catalogue for books, the librarians created a medical subject-heading card catalogue indexed for periodicals, providing a quick source of reference. As a special library, with the student in mind, Osler could select and arrange material in information files to match the curriculum.

Lack of indexing continued to be a problem. Material poured in from the United States and more from Canada. As early as 1944, the AMERICAN JOURNAL OF NURSING had printed an article by Geraldine Mink, a school librarian, on the need for indexing as a key to nursing literature. She likened this need to the encounter between Alice and the White Queen in THROUGH THE LOOKING GLASS: "After running and running, faster and faster, Alice discovered that she had made no progress at all and was still standing in the same place. In reply to Alice's complaint, the White Queen told her that she would have to run at least twice as fast if she were to get anywhere else." Ms. Mink emphasized the urgency for indexing as there was more of everything: students, teachers, nurses, research personnel, and

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many more nurse-authors.

To search individual indexes was time consuming. Librarians like Eleanor Cameron filled the gap by setting up in-house indexes and catalogues to serve particular patrons. Nursing literature seldom found its way into published references such as INDEX MEDICUS. Indexes containing medical and nursing subject headings began with CUMULATIVE INDEXING TO NURSING LITERATURE 1956-1960 for a selected group of English-language periodicals. The INTERNATIONAL NURSING INDEX, started in 1966, included periodicals of many languages.

Regional nursing school libraries continued to use medical subject headings and cataloguing as the most logical form of classification. This form included books, periodical indexes, and ephemera. Osler followed the same system where much of the original cataloguing was done by the nursing school librarian.

By the end of the 1970s, and especially through the 1980s, there were many more post-diploma nursing courses on campus. Much of the library collection shifted to specialized areas, and content grew in-depth. Critical Care courses demanded advanced material, only just beginning to be published. Collections in these special areas had to develop rapidly to cope with the demand for a variety of new programs.

When regional schools of nursing were absorbed into community colleges, Osler's nursing literature duplicated that of the North Campus library. Osler used medical cataloguing, while

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the North Campus followed Library of Congress general cataloguing. Incompatible, the two systems could not be centralized and computerized in the same facility. As technology moved Humber College libraries in this direction, the Osler collection had to be reclassified. By this time, it had grown to approximately eight thousand titles. The books needed to be rearranged and new spine labels applied. This huge undertaking was successfully carried out with help from the North Campus library staff.

The change to Library of Congress classification brought Osler library into line with the main libraries. Unfortunately, one drawback was that the Library of Congress lacked sufficient medical subject headings. However, the last decade has seen a big improvement. The demand for nursing publications remains high, with books enough for the Library of Congress to include needed subject headings. Periodical indexes have also added more titles and some medical journals. Using high technology, literature research has steadily improved, and libraries have integrated well into the academic system.

With the integration of the Humber College Libraries, Humber College became one of five Ontario Community Colleges to use the main frame software system, DOBIS, Dartmund Biblioteque system. DOBIS is an online integrated library management system, linking five Community Colleges with a central bibliographic database for cataloguing, acquisitions and circulation. All Community Colleges in Ontario and Ryerson Polytechnical Institute Library have their catalogued holdings listed on DOBIS.

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Over the years DOBIS improved and incorporated more functions as the system expanded and demands increased. Library catalogues are still produced in microfiche format, but in addition OPAC, Online Public Access Catalogue, at the North Campus, provides search access for students and staff. Library Staff can purchase books through the Bibliocentre data base by placing the order online. Electronic mail provides Province-wide communication with anyone who has access to DOBIS. Online circulation system shows holdings of Ontario Community Colleges and Ryerson, facilitating interlibrary loans.

Until computerization in 1980, Osler Campus library remained independent of the other Humber College libraries, as part of the Health Science Department. However, centralization was essential. By avoiding duplication and maximizing inter-campus loans, it ensured the success of the Humber College library system. Integration into a general academic facility has helped the nursing collection too. It continues to grow and upgrade, as students reach higher levels of nursing education.

CHAPTER TWENTY

PART SIX

TRANSITION TO
COMMUNITY COLLEGES

The purpose of this chapter is to provide for the transition of students from secondary schools to community colleges. It is the policy of the State to encourage and support the development of community colleges as a means of providing a more comprehensive and flexible system of higher education. This chapter shall apply to all community colleges established or approved by the State Board of Education.

Section 1. The State Board of Education shall have the authority to establish and maintain a system of community colleges. The Board shall determine the number, location, and type of community colleges to be established in the State. The Board shall also determine the standards for the admission of students to community colleges and the standards for the accreditation of community colleges.

Section 2. The State Board of Education shall have the authority to establish and maintain a system of community colleges. The Board shall determine the number, location, and type of community colleges to be established in the State. The Board shall also determine the standards for the admission of students to community colleges and the standards for the accreditation of community colleges.

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Section 8. The State Board of Education shall have the authority to establish and maintain a system of community colleges. The Board shall determine the number, location, and type of community colleges to be established in the State. The Board shall also determine the standards for the admission of students to community colleges and the standards for the accreditation of community colleges.

Section 9. The State Board of Education shall have the authority to establish and maintain a system of community colleges. The Board shall determine the number, location, and type of community colleges to be established in the State. The Board shall also determine the standards for the admission of students to community colleges and the standards for the accreditation of community colleges.

Section 10. The State Board of Education shall have the authority to establish and maintain a system of community colleges. The Board shall determine the number, location, and type of community colleges to be established in the State. The Board shall also determine the standards for the admission of students to community colleges and the standards for the accreditation of community colleges.

CHAPTER TWELVE

HUMBER COLLEGE ABSORBS OSLER AND QUO VADIS

In just eight years, nursing education evolved from hospital schools, to regional schools, to community colleges. New philosophies led to alternative methods of education and enhanced the image of the nurse. Sex and age stereotyping dissolved, as different schools of thought found common ground. Expansion led to Critical Care continuing education courses and post-diploma Operating Room courses for nursing assistants.

As early as 1932, the Canadian Nurses Association and the Registered Nurses' Association of Ontario had discussed transferring training to post-secondary general-education facilities. In 1964, the proposal was drafted and presented to the Royal Commission on Health Services. It was also included in reports to the Ontario Council of Health in 1969, the Committee of Healing Arts in 1970, and the Commission on Post-Secondary Education in 1972-73. Dr. Helen Mussallem, Executive Director of the Canadian Nurses Association, acknowledged that there had been good hospital nursing schools. Now college life offered a challenge to student nurses. An expanded education would attract

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better personnel to the profession.

In 1966, Dr. Matthew Dymond, Ontario Minister of Health, legislated regional schools of nursing into existence to graduate the 5,000 nurses a year needed by 1971. In Ontario, 23 schools were established. All were financially independent of sponsoring hospitals, while using them for the clinical part of the nursing program. Nursing education changed from three years in a hospital school to two years in the regional school of nursing, plus one year hospital internship. The program was called "two-plus-one".

The transition from regional nursing schools to community colleges took place over seven months. Ontario Minister of Health, Dr. Bette Stephenson was receptive to the idea of college education for nurses. In 1973, legislation was introduced to integrate 56 diploma schools of nursing into 22 community colleges by September of the same year. The 56 diploma schools of nursing included regional, hospital and independent schools of nursing; now all nursing education would be in community colleges, but still sponsored by hospitals for the clinical component of the program. The 9,500 nursing students who enrolled annually would become part of the general student body of fast growing technical colleges. The announcement of the change on January 12, 1973 startled everyone.

The move to community colleges was inevitable. Regional schools and community colleges were both educating diploma nurses. Humber College had launched its first nursing class in

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September 1969, accepting students aged 18 to 55. Osler School of Nursing took students 18 to 25 years of age; older students were considered on an individual basis. Quo Vadis prepared the mature student, 30 to 50 years old. Although Humber College absorbed both nursing schools, the locations of all three programs did not change, and their hospital affiliations for the practical part of the curriculum stayed the same.

The sudden transfer of 56 nursing schools to 22 Colleges of Applied Arts and Science presented a dilemma. Students in regional schools of nursing enjoyed free tuition and board. The graduating class of 1974 suddenly faced higher fees: \$1,200 for residence, \$500 for tuition, \$90 for uniforms, \$130 for books, and \$125 for graduation and examination fees, totalling \$2,045 over a two-year period. This amount excluded meals. Students were upset with such drastic changes in the middle of their training, especially with only the summer of 1973 to find tuition fees for their college education.

Also affected by the sudden transfer to community colleges were 1,500 administrative, faculty, and support personnel in Ontario. Local advisory groups were set up to oversee the transfer, and no staff member was expected to suffer financially. The change had dissolved diploma schools of nursing. The transfer made their instructors community college teachers.

Humber College nursing students could live out, or remain in Osler Residence, most chose to live off campus. Since the residence was only one-third full, it took in some women students

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from other programs in Humber College as the North Campus did not get its own on-site residence until an exchange of property in 1989, when Rampart Developments acquired Osler Campus. The closure of the residence was planned for May 1990, and the new residence would accomodate both men and women.

The move to community colleges gave nursing students a broader education and full involvement. Joan Macdonald, Director, College of Nurses of Ontario, emphasized that the curriculum would remain a minimum of 750 hours of theory and 1,400 hours of practical work. However, the Ministry of Colleges and Universities instructed colleges to lengthen nursing diploma programs from four semesters to five. Generally, content stayed the same. The four-semester term had ended in June and restarted in September. With five semesters, the term ended instead in April, giving the students more time in between to earn tuition fees. The new five-semester program began in September 1981.

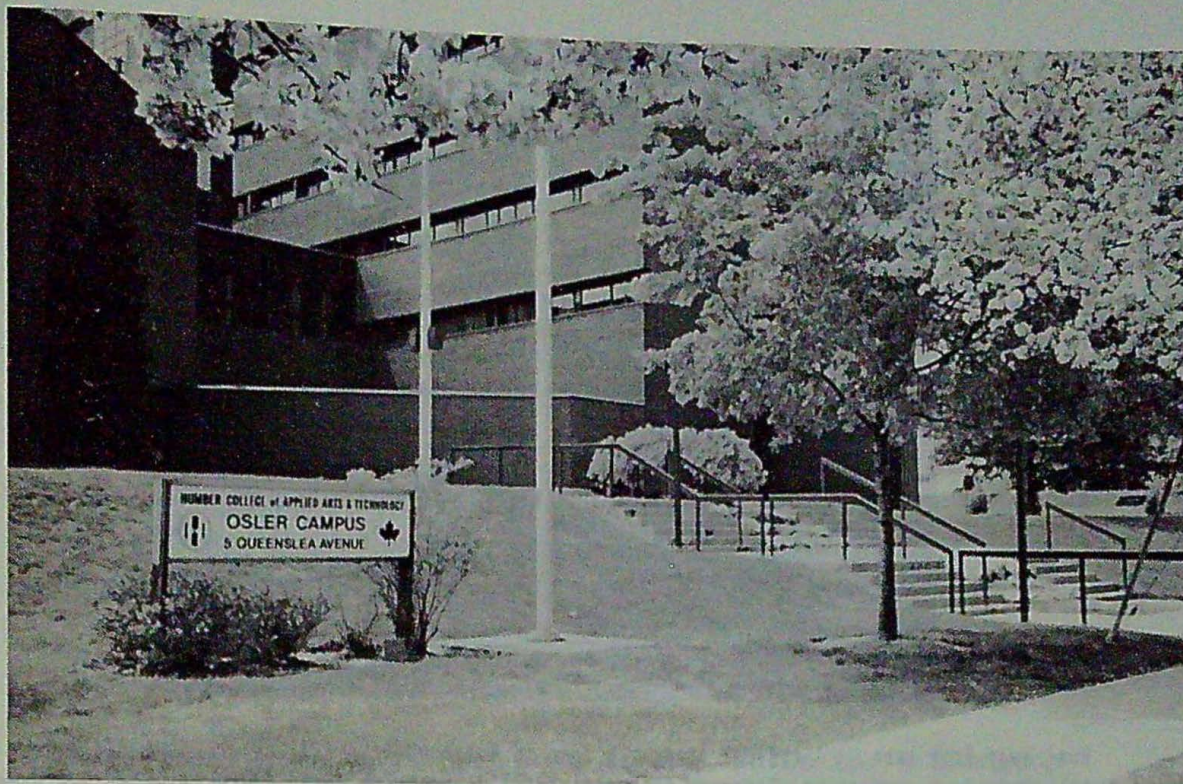
The only body opposing nurses' integration with community colleges was the Ontario Hospital Association. On January 20, 1973, the TORONTO STAR reported that OHA President Charles Boyd had contacted ministers of Health and of Colleges and Universities to discuss the situation. He feared that integration would harm "the quality of nursing care that hospitals will be able to provide." He continued: "We believe strongly that existing schools should be able to retain effective control over such matters as the manner in which their courses are presented and taught, the selection of students and faculty, and the disposition of their own budgets." Peter Wood, OHA

HUMBER COLLEGE ABSORBS OSLER AND QUO VADIS

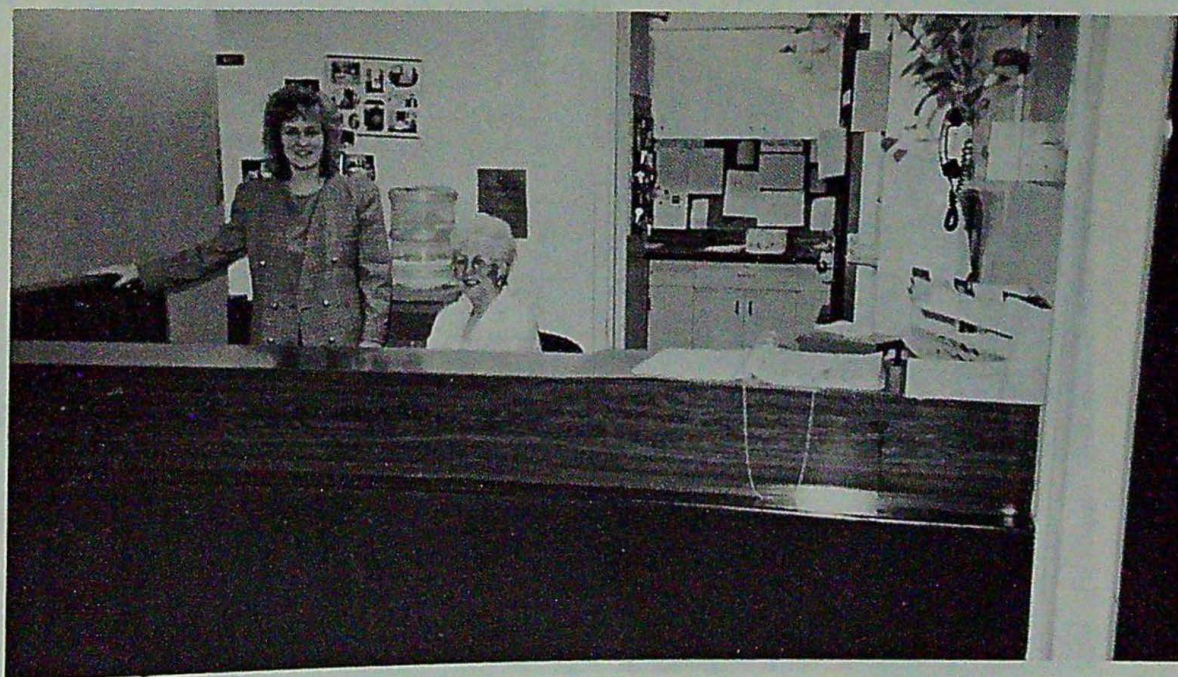
Assistant Executive Director, said: "Telegrams were sent to Ontario's 56 nursing schools Thursday night seeking reaction to the government's proposal. More than 20 early responses indicated that a clear consensus favoured affiliation over integration.... Nurses might come out of an integrated system better educated, but we're afraid they might not perform as well in a hospital."

The development of nursing education has been compared to a labyrinth. Artist Denis Cliff symbolically compared the mythic Theseus, who slew the minotaur at the labyrinth's centre and had to find his way back out, to nurses who have had to choose from a multitude of directions in the course of enhancing nursing education. Over the last two decades, they have been guided by their peers through the tensions of the educational process. We like to think that the modern nurse has discovered the thread leading through this intricate maze to educational freedom.

HUMBER COLLEGE ABSORBS OSLER AND QUO VADIS

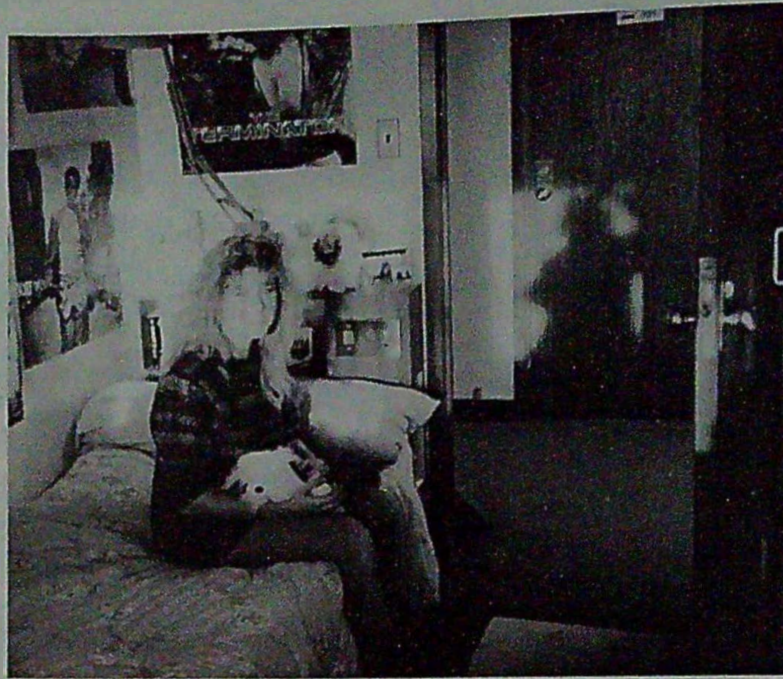


Humber College absorbed Osler and Quo Vadis Schools of Nursing, 1973. Osler School of Nursing became Osler Campus, Humber College of Applied Arts and Technology.



Osler Campus residence desk was manned 24 hours a day. Left, residence manager, Aina Saulite accompanied by part-time Desk Clerk, Rita Craig.

HUMBER COLLEGE ABSORBS OSLER AND QUO VADIS



Home away from home. A typical student's room in Osler Campus Residence. Kerry Russell, a Mohawk College student on placement program for Child and Youth Work, lived in Osler residence 1989, during her stay at Humber College.



Osler Campus, Humber College of Applied Arts and Technology, closed June 1990.

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