

A History of the Yarmouth Regional Hospital School of Nursing

By

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Introduction

Various authors have written about the former Yarmouth Regional Hospital School of Nursing. Of particular interest to me were Amirault (1991) (2011), Keddy (2016, 2018) and Pothier (1986). However, after reading what each of these authors had previously written, I decided that my approach would be to provide the reader with a condensed or summary version of selected content from each author. As the time frame between both the actual opening of the Yarmouth Hospital and their School of Nursing was relatively short, I will also include a discussion on the early evolution of Yarmouth hospital. Although my review of these earlier works by Amirault, Keddy and Pothier does not provide the reader with any new information related to the history of both the hospital and school of nursing, I hope it captures the essence of their writings and that readers will be encouraged to explore the original sources of my reference material for a more detailed account.

In her unpublished master's thesis "The historical evolution of nursing education in a small diploma school: 1918 – 1958", Amirault (1991) takes the reader on a detailed and comprehensive journey that describes the evolution of this school of nursing in southwestern Nova Scotia from its humble beginnings in a small eight bed cottage hospital in 1913. The depth and quality of her research was impressive and as the central characters and political forces begin to emerge one is left with a better understanding of how these early pioneers in nursing education were challenged by both internal and external forces. Unfortunately, not all challenges cease with the passage of time, the players and central characters may but some of what these early nurse educators encountered continues to exist and frame the working lives of nurses today. And although some of these early challenges had positive outcomes, others did not. However, Amirault (1991) was undaunted by what she found and the reader is provided with a well balanced historical account of this time in nursing education.

And from “The way we were: student nurses in a small town hospital 1956 – 1959”, history becomes a lived experience as Keddy (2016) allows us to enter the world of a student nurse. It is a poignant account of the triumphs and challenges that she and her classmates encountered both at the school and during their various affiliations at other Nova Scotia hospitals. These lived experiences are richly described from those initial days of uncertainty to competent and skilled nurses upon graduation. And although graduation was a triumph and a day to celebrate, it had also been a difficult and demanding journey for these students. “We had survived exploitation, abuse, physical exhaustion and had paid a heavy price for the three years. But, in this hour of joy we had temporarily forgotten most of it” (Keddy, 2016, p. 48).

In her second book, “The lamp was heavy: Nova Scotia nurses – in – training in the 1950’s, Keddy (2018) expands on her earlier research and now describes the experiences of student nurses from other Nova Scotia Schools of Nursing. Although these descriptions were shared with her in a variety of formats, all were from primary sources, namely former students of the respective schools. And while there are similarities in some of their experiences, there are also differences and it is this weaving together of content that makes this book a joy to read.

The final reference to be used in my discussion will be Pothier’s (1986) booklet “Mary Ann Watson and the Yarmouth Hospital” which chronicles Watson’s life from her birth in Scotch Colony (NB, 1874) until her death in 1949. In the preface to her book, Pothier (1986) makes the following statement, “I’m sorry I could not write more about the private person, Mary Ann. We only found bits and pieces of her private life.” Regardless of the limitations that Pothier (1986) experienced in researching and writing this booklet she is to be commended for providing us with a window into the life and career of this remarkable nurse, someone who became the first superintendent of the Yarmouth Hospital and founder of their school of nursing.

The Beginning

Town records suggest there was general interest as early as 1897 to establish a community hospital in Yarmouth. However, it was not until 1912 that a decision was finally made to purchase the Owen property on the corner of Sycamore and Church Streets for \$5000 and open an 8 bed cottage hospital (Amirault, 1991). Although the Owen property would be the first community hospital, it was not the “first hospital” in Yarmouth according to Pothier (1986).

She describes an earlier “hospital”, one established by the federal government under the Sick Mariners Service. The facility was located on Bunkers Island in Yarmouth harbor and provided care to mariners with communicable diseases. In addition to medical care by a local doctor, there were also onsite “caretakers”. Unfortunately, Pothier (1986) did not elaborate on the skill level of these “caretakers” and perhaps more importantly, whether they had any special qualifications to care for communicable diseases. Although the actual dates of when this “hospital” was in operation are not stated, it is reasonable to conclude that it had to be in existence before the opening of the Yarmouth cottage hospital in 1912.

Given that Yarmouth was a busy port town, an island would have been an ideal location for infected individuals as they could more easily be isolated from the general population. With the Owen property secured, a more pressing problem for the Board of Directors was the task of hiring both a superintendent and any additional staff required for their new hospital. They were most fortunate to obtain the services of Mary Ann Watson, someone with a vision for not only the present but also the future, first the hospital and eventually a school of nursing.

The Watson Years 1912 - 1928

Watson certainly had the credentials for the position of superintendent at the Yarmouth Hospital. After graduating from the Rhode Island Hospital School of Nursing (Providence, RI) in 1901 she accepted a position at the Roosevelt Hospital (now Mount Sinai West) in New York City, eventually becoming a head nurse in

their operating rooms. The Roosevelt had opened in 1871 and by 1898 was part of a health care network serving a city of 3.4 million people. It provided a wide range of services to the general public, regardless of their ability to pay, and Watson would most likely have been familiar with some of their programs during her employment or at the least been aware of these services. Watson was not the only family member to nurse at the Roosevelt, her sister Elsie was also a head nurse in the operating rooms. However in 1912 Elsie returned to New Brunswick and Watson soon followed (Pothier, 1986). Watson's previous nursing experience at this large city hospital would serve her well as the first superintendent of both the Yarmouth Hospital and the Yarmouth School of Nursing.

If the hospital was to open as soon as possible, Watson knew her most pressing concern was to hire additional staff. Her request to the Board of Directors was approved and she was now able to open the hospital with the assistance of a maid and two nurses, one of whom would need to be an experienced nurse and the other a graduate. Their salaries were not overly generous, for Watson it was \$30 a month while the other two nurses earned \$20 and \$25 respectively (Amirault, 1986). If we take into account the rate of inflation since 1912, Watson's salary would equate to approximately \$950 a month in 2023. Although Watson was superintendent of the hospital she was not exempt from assisting with patient care. At first glance one might conclude that a staff of 4 could easily manage the nursing care of 8 patients. However, numbers can sometimes be misleading, especially if the expectation is that a hospital remain open and provide care on a 24 hour continuum. When we consider that requirement, their staffing complement does not seem realistic, as no one can be expected to work continuously without a specified period of "off duty time".

And within 6 months of assuming her role as superintendent, Watson would be appealing to the Board to hire an extra night nurse "because the other nurses [meaning Miss Thurston and Miss Churchill] are not willing to be on duty day and night. She also requested her monthly salary be increased to \$40 and both requests were granted" (Amirault, 1991, p.24). Unfortunately, these changes did not resolve all Watson's concerns and she once again appealed to the Board for larger accommodations to ease overcrowding in their current facilities. She also

requested that the Board consider taking pupils to assist with the increased care requirements within the hospital. Her request for larger accommodations would be deferred but that of accepting pupils was not and on January 23, 1913, Miss Alma Hopkins would be the first student admitted to the newly formed Yarmouth School of Nursing. Hopkins would soon be followed by three additional students that year, Miss Violet Dorothy Smith on July 2 and Mrs. Anna Ellis and Miss Trefry on November 1. Their course of studies would last two years and each would graduate at different intervals during 1915 based on their enrollment dates (Amirault, 1986).

Yarmouth was not alone in establishing a School of Nursing and by 1913 there were 8 hospital diploma schools throughout the province. Although these schools provided students with an education, there was always a strong service component attached to their education and students were often required to work long hours throughout the hospital to ease ongoing staffing issues, a practice that continued until the late 1960's. University based programs were not the norm for educating nurses in Nova Scotia and it was not until 1926 that the first school opened at St. Francis Xavier University in Antigonish. Even as late as 1995 when all remaining diploma schools of nursing were being closed in Nova Scotia, the majority of provincial nurses were still being educated in diploma schools of nursing. However, with their closure, nursing education would now shift to universities, making entry to practice the baccalaureate nursing degree, the era of the hospital diploma schools of nursing had finally come to an end (CRNNS, 2023).

Watson was now superintendent of both the hospital and school of nursing. Student nurses would be a welcomed addition to easing the hospital's ongoing staffing issues. However, this new role also meant that Watson had increased her personal responsibilities and workload. Their education may have been rudimentary by today's standards and mostly provided at the bedside but the students were still entitled to an education. Watson "taught them the Principles and Practice of Nursing, Hygiene and Surgical Nursing Techniques while Dr. Gullison taught Anatomy and Physiology and the druggist Mr. Gardner taught Chemistry and Materia Medica" (Pothier, 1986, p.35)

Watson also arranged for students to “affiliate for 4 months at the Rhode Island Hospital (R.I.) to gain experience in communicable diseases and by 1917 they were spending four months at Boston’s Lying – In Hospital for experience in obstetrical nursing. Additional affiliations in 1922 included two months with the local branch of the Victorian Order of Nurses and by 1925 they began to affiliate with the St. John County Hospital in New Brunswick to gain experience in tuberculosis nursing” (Amirault, 1991, p.32). Affiliations were accepted practice with most diploma schools of nursing, allowing students the opportunity to gain knowledge and expertise in caring for a wider range of medical conditions, especially when those services were not normally provided in their own hospitals.

Finally, after many pleas from Watson for a larger facility the new hospital finally opened on June 1, 1916. And by November Watson reported, “an increase of 100 [referring to patients] over and above any previous year. She expressed herself as very pleased over her present new and more convenient quarters” (Amirault, 1991, p.27) Watson continued to expand both the hospital and school of nursing, gone were the days of the 8 bed cottage hospital that she founded.

As part of her research, Amirault (1991) was given full access to early minutes and other records related to both the hospital and school of nursing. Her account of what would soon happen to Watson is detailed and I am only providing the reader with a brief summary. It was not until the end of 1925 that the first recorded complaint or criticism against Watson was brought forward by two physicians. The Board did review their complaint and concluded that “there were no reasonable grounds for censure of the Hospital Superintendent’s actions” (p.67). The next recorded incident was on “April 8, 1926 when the Board met to receive complaints from our pupil nurses in regard to their treatment” (p.67). Rather than discussing their concerns with Watson, the students went directly to the Board of Directors. And like the 1925 incident, Watson explained the rationale for her actions. However, the outcome this time was less positive for Watson and the Board agreed with some of the student’s concerns and made appropriate changes. And it is at this stage in her tenure at the hospital that we can see the early signs of her authority shifting to other individuals. Unfortunately this was not the end of her problems and on “May 21, 1928, the Board minutes recorded

that the hospital was served with a notice in Captain McLean's suit against Miss Watson, seeking to call the hospital as a defendant. The trial was set for June 26, 1928 and Watson resigned on October 26, 1928" (p.73 – 74).

The Watson Era had come to an end following the incidents of 1925 – 1928. Although these events were an unfortunate part of her time in Yarmouth, they should in no way diminish or define Watson's rich legacy of achievements. She was a remarkable nurse, someone with a clear vision for not only nursing but also how to transform a small 8 bed cottage hospital and a school of nursing into a facility that was now providing a wide range of health care services. Hopefully, Watson did not leave feeling dejected or disappointed with how her career in Yarmouth was ending. Instead, I hope the first superintendent of the Yarmouth Hospital and School of Nursing left with a sense of pride and accomplishment. The town may have provided the house but it was Watson's vision, leadership and determination that transformed a small cottage hospital into the expanded health care facility that existed at the time of her departure.

After a short stay in New Brunswick, Watson once again returned to the United States where she accepted a position in the Admitting Department at the Rhode Island Hospital. For Watson, it must have seemed like she was coming home, this was where she began her journey so many years earlier as a student nurse. And it would also be where she decided to retire from nursing in 1940. It had been a remarkable career for a nurse who grew up in rural New Brunswick. Watson would eventually return to New Brunswick where she lived quietly until her death in 1949 at the age of 75 (Pothier, 1986).

With Watson's departure from Yarmouth, the Board promptly made changes to hospital administration and nursing would no longer exercise the power that had once been afforded Watson.

Moving Forward 1928 - 1995

"At the December 2, 1928 meeting of the Board it was decided that hospital administration be divided into two parts, the Superintendent and the Business

Manager. And although the minutes do not detail the division of responsibilities, it is obvious that the female superintendent was in control of the daily operations of the hospital [and school of nursing] and her male counterpart was responsible for finances” (Amirault, 1991, p.88). In other words, the Business Manager would control the purse strings.

Hospitals did not operate according to a nonprofit model of care, funding was limited and the expectation was for them to generate a profit or at least not show a deficit. And until Canada enacted universal health care, this model of care would continue. The expectation, regardless of whether you were admitted as a private or public patient, was that everyone was required to pay for their care. The only difference in the fee structure was an additional premium charged to those requesting private admission. Whether private patients received better care was not discussed by the various authors. However, with students already performing much of the care in the hospital already, it seems unlikely that nursing care for private or public patients would be significantly different. Operating costs are always important to administrators and not having to reimburse students for the care they provided was incentive enough for most hospitals not to close their schools of nursing.

According to the Weir Report (1932) between 1913 and 1930 there had been a sevenfold increase in the number of hospital based diploma schools of nursing in Canada. Nova Scotia was not immune to this proliferation of nursing schools and by 1930 there were 16 at various hospitals throughout the province. The report also concluded that many of these schools did not provide the quality of education necessary for highly competent nurses. Instead, they produced a disciplined work force largely used to make hospitals attractive for patients. The money charged the patients was not paid to the student nurses for their labor but reinvested and used for expansion of the hospital. The report also noted that the schools were mostly primitive and cramped. A further recommendation was that all hospital schools be closed with a patient census less than 75.

Whether this report was the stimulus for “the superintendent of the school of nursing and the Yarmouth hospital business manager to be directed to study the

feasibility of the Hospital closing its training school” (Amirault, 1991, p.100) is unclear. However, at the February 20, 1933 Board Meeting it became exceedingly clear where the hospital priorities were, “it was conceded that the cost of maintaining a graduate nursing staff would be greater than a training school.” (p. 100). Obviously, a cheaper unpaid work force comprised of students had the potential to generate more income and improve the hospital’s overall financial outlook. The school would not be closed.

Initially students entered the school of nursing and unless there were unforeseen circumstances would graduate in two years. However, the course of study was later increased to three years which was in keeping with other provincial diploma schools of nursing.

The number of students graduating during those first few years remained relatively low and in total there were only 38 recorded from 1915 – 1924. In subsequent years these numbers would increase, although not substantially until the early 1970’s when more students were being admitted into the program (Meeting of the First Alumni Reunion of Yarmouth Nursing School 1968).

The Weir Report (1932) addressed issues related to the quality of nursing student’s education. Amirault (1991) does not describe in detail what if any qualifications those early nurse educators had to actually teach students, other than they were graduate nurses. However, later she does refer to Adelaide Munro becoming the first nurse with any university training to be employed at the Yarmouth hospital. Munro does not appear in hospital records until the 1940’s. She was a former graduate of the Normal College for teachers in Truro, and taught for a number of years before entering a three year nursing program at Winnipeg General Hospital. After graduation she completed a “graduate” course in teaching from the hospital and later would complete a one year course in teaching and supervision from McGill University. Unfortunately, she only worked as a nursing instructor for a year. However, she did return to Yarmouth again in the 1960’s to become Director of Nursing Education.

And in some respects, the life of a student nurse had not really changed all that much since 1913. They were still working an exhausting schedule of 12 hour shifts

under challenging hospital conditions. And according to Amirault (1991,p.145) “ it was not until the mid 1950’s before any student nurse in Nova Scotia would get one full day off per week”. Unfortunately, hospitals did not think it inhumane for students to routinely work such long hours.

As a former student and graduate of the Yarmouth School of Nursing, Keddy’s (2016) account of her student days from 1956 – 1959 are insightful and we are given a rare opportunity to experience student life from those early “probie” beginnings until she and her classmates graduated. Fortunately their residence was a separate building from the hospital and students were no longer required to live in the same building as their patients, something that occurred much earlier with students during Watson’s time in Yarmouth. These shared, Spartan like rooms would now become their home for the next three years.

In charge of both their classroom and hospital education was a recent graduate from the previous year with no prior teaching experience. Regardless of this lack of experience she was still expected to teach a wide range of content: Chemistry, Drugs and Solutions, History of Nursing, Bandaging, Hygiene, Professional Adjustments and Psychology (Keddy, 2016). This type of teaching contrasts sharply from current methods where educators tend to focus more on specific content, rather than be responsible for such a wide range of subjects. What is even more disturbing is that within 24hrs of their arrival, students would be in the hospital. To say they were prepared for this experience would be an understatement, they were not. Their three year journey to becoming a nurse had begun. Keddy (2016) also describes unusual student placements that included the laboratory, diet kitchen and x-ray department. Although these do seem unusual we must remember that Yarmouth was not a large teaching hospital. Even today, there are times, when a nurse’s role may temporarily expand into that of another discipline, especially during nights and weekends when regular personnel may not be on site. The hospital continued with its expansion, with care now being provided to medical, surgical, pediatric and maternity patients.

Early in 1957, when Keddy (2016) was barely 18 years old, she and two of her classmates were scheduled for night duty. The only other hospital staff present

would be a Registered Nurse (RN) and either an orderly or aid. The remaining 5 students in her class would be working days. Regardless of the shift a student might be working, attendance at afternoon classes was mandatory, which proved especially problematic for students working nights. They would need to shorten their sleep cycle, go to class and in a few hours return to the night duty at the hospital.

Although Yarmouth was no longer sending their students to the USA for affiliations, they did not abandon this practice which Watson began so many years earlier. Affiliations would now be confined to Nova Scotia and students would spend from 2 – 3 months at the Kentville Sanatorium for Tuberculosis; the Nova Scotia Hospital for Psychiatry; the Grace Maternity Hospital and the Children's Hospital. For Keddy (2016) at some of the placements she found "little instruction or supervision given to affiliate nursing students" (p.30). An additional negative aspect was the unfriendliness of staff and other students. However, there were also positive experiences but at the conclusion of her affiliation at the Grace Maternity Hospital this statement best describes how she felt, "I was so happy to leave, but yet it was another enriching nursing experience" (p.38). It would seem that perhaps this affiliation had not been the most positive. Regardless of the experience, Keddy did feel that, "They broadened our horizons, gave us the needed expertise from working in multi-specialized centers, exposed us to different cultures both in and out of hospital, and showed us a different way of looking at not only the world of nursing but life outside of a small town. In short, we became more sophisticated" (p.43).

And for Keddy (2016) and her classmates, student life had been governed by a strict set of rules and regulations, and enforced in a military like manner. Regardless of whether the event was real, misinterpreted or perceived, there would be consequences to their actions. She recalls an incident that happened when she was a senior student and close to graduation. "Tired once more from night duty I decided I would go to my parent's home in Yarmouth to sleep during the day as the residence was hot and airless. My mother answered the phone to hear the instructor ask if I was home. After telling her I was sleeping she said I was to get up and report to her immediately. My punishment was loss of my cap and

bib for two weeks. I was stripped of my seniority. Going on duty that evening at 7 p.m. was extremely difficult. I was dressed as a probie. Patients and doctors immediately assumed the worst” (p.45) .Her example illustrates just how much control the school of nursing exercised over their students, in other words, you will abide by our rules and regulations and if not, there will be consequences. Unfortunately, this rigid enforcement of rules and control would do little to improve any student’s self esteem or confidence.

Keddy’s student experiences were not unique to Yarmouth. In her book “The Lamp Was Heavy” she interviewed former students from other diploma schools of nursing, and many of their shared narratives were similar to hers, a combination of positive and negative experiences that were also governed by existing rules and regulations (Keddy, 2018).

For students attending a school of nursing aligned with a religious order, there were noticeable differences as retold by some of these former students. “Carol recalls that students were required to sign in each Sunday to say which church they had attended. Rita remembers that time off was granted for attending mass. Ann spoke of special cloths spread over the patient before a priest arrived. If a nurse was present when the priest arrived to give communion, the nurse, whatever her religious affiliation, was expected to kneel at the bedside. Betty recalls that at St. Joseph’s Hospital students were urged to attend mass every morning. Prayers were said in the classroom and after the shift report on the wards” (Keddy, 2018, p.71).

All nursing students will have memories, some will be recalled fondly and others less so. But as Keddy (2018) reflected on her student years she was reminded of something that was enduring and not lost but continued long after their graduation. “If there was one consistent appreciation for those three years, it was with regard to the companionship and camaraderie we enjoyed with our classmates. Therein lies a contradiction. We had often resented and had not forgotten the hard work, but we lived together with other young girls with whom we forged tight bonds that endured” (p. 108).

And according to Amirault (1991, p. 146) “The curriculum revisions for the Class of 1958, no longer resembled the complete apprenticeship style of education that was previously accepted. Students were no longer posted to the wards to care for patients on their first day in the nursing program. In addition, the theoretical component of their education was strengthened.” Similar changes would be enacted in other provincial schools of nursing. Unfortunately, it had taken many long and difficult years to reach this stage in the evolution of nursing education in Nova Scotia.

For Yarmouth, change would come with “the appointment of Dorothy Allan as Director of Nursing for the new Hospital, a position she would hold from 1961 – 1978. And through her leadership she brought about changes that would see nurses’ training move toward a more progressive and modern form of education”(Amirault (1991, p. 143, 144).

Writing this brief history of the Yarmouth School of Nursing has been a journey of discovery for me and I am not sure if I could have coped with what those early students endured. I do know that myself, and the rest of my classmates were certainly the recipients of the many changes in nursing education that occurred prior to our becoming first year students in 1973. The three year program had ended a few years earlier and now the course of study would be two years. Instead of one instructor being responsible for our education, there were now eight. The school was a modern brick building that contained administrative and faculty offices, a library, lounge area and an assortment of classrooms on the lower level. In addition, there were several upper floors for students who wished to live on site. Although I cannot recall the exact amount we paid for yearly tuition, it most likely was between \$500 – 700 with cafeteria privileges included.

Our classes began towards the end of August and by early October we were in clinical for the first time. Fortunately, we were never required to attend classes when in clinical as both content and clinical were separated into specific blocks. Medical surgical content was spread over many months and specialty subjects (obstetrics, pediatrics, psychiatry) were usually presented in a complete block and followed by a 2-3 week clinical rotation. As Yarmouth had its own obstetrical and

pediatric units the only clinical affiliation we did was at the Nova Scotia Hospital in Dartmouth. We were also provided short observational learning experiences in the Operating Room, Emergency and Out Patient Departments at the Yarmouth Hospital.

And although there were also rules governing our class in 1973, I never considered them punitive or felt that we were being used by the hospital. Instead, I feel the hospital valued the care we provided. There were periodic staffing issues at the Hospital and I recall after completing our first year the hospital would pay students a CNA/LPN hourly rate if we agreed to work weekend shifts. And I certainly took full advantage of their offer.

Yarmouth did not have a designated student uniform. Provided the garment was white and “professional in appearance”, it was acceptable and left to the discretion of the students. Fortunately for my female classmates, the days of the starched bibs and aprons, which many nurses described as uncomfortable and cumbersome when working, had ended a few years earlier.

As is the case today, men in nursing continue to be a minority. According to Amirault (1991, p. 129,130) “The first male to graduate was Vernon Ryder in 1948. Mr. Ryder’s permanent file indicated that his training differed significantly from that of his female peers. As part of his education, he spent several months at the Nova Scotia Hospital studying psychiatry. His evaluation summary suggested that his future in nursing may well have been one that mirrored the path taken by other male nurses, that is, administration. It was seven years later before training in psychiatry became a part of the nursing program at the Yarmouth Hospital.”

Amirault (1991) did not elaborate on these statements or provide the Hospital’s rationale for such a decision, nor did she offer any personal thoughts on the matter. Certainly the actions of the Hospital and changes to his education generate more questions for me than answers. Was Mr. Ryder allowed to attend classes on obstetrical or pediatric nursing but denied access to caring for either of these types of patients? Was Mr. Ryder’s education devoid of content related to obstetrics or pediatrics? Was Mr. Ryder not allowed to care for female patients in general, regardless of their conditions? I am pleased to say that none of the

questions I asked regarding Mr. Ryder were relevant to my education while in Yarmouth. Fortunately, things had changed and it seemed that throughout my two years I was mostly providing care to female patients.

Towards the end of our final year in Yarmouth we wrote two sets of exams, the first series from our school of nursing and another developed by the National League of Nursing (NLN) from the USA. I do not recall the school rationale for writing the NLN's, however a successful pass was required on both as a precursor to writing the Canadian Registered Nurse Exams later that year. Graduation was held in June at one of the local churches and it appeared as if we had reached the end of our two year journey. The ceremony was well attended by town dignitaries, faculty, hospital officials, family and friends. Sometimes, ceremonies are not exactly as they seem. And as we proudly marched down the church aisle at the conclusion of these ceremonies we were met by two of our instructors, one was collecting the coveted, black band and the other our hospital graduation pin. On Monday morning, we were all once again, back in clinical, the elusive black band and graduation pin would need to wait until late August when we were "officially" finished at the school of nursing.

"July of 1995 marked the final graduation ceremony of the Yarmouth Regional Hospital School of Nursing after 82 years and 1275 graduate nurses" (Amirault, 2011, p. 20). However, a year earlier in 1994, a contract was signed for the partnership between the Yarmouth Regional Hospital and Dalhousie University. Although the Hospital and Town of Yarmouth had lost their original school of nursing, a new chapter in nursing education would soon emerge with the creation of the Dalhousie University Yarmouth Campus which offers students a three year (Direct Entry) and two year (Advanced Standing) Bachelor of Science in Nursing (BScN).

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