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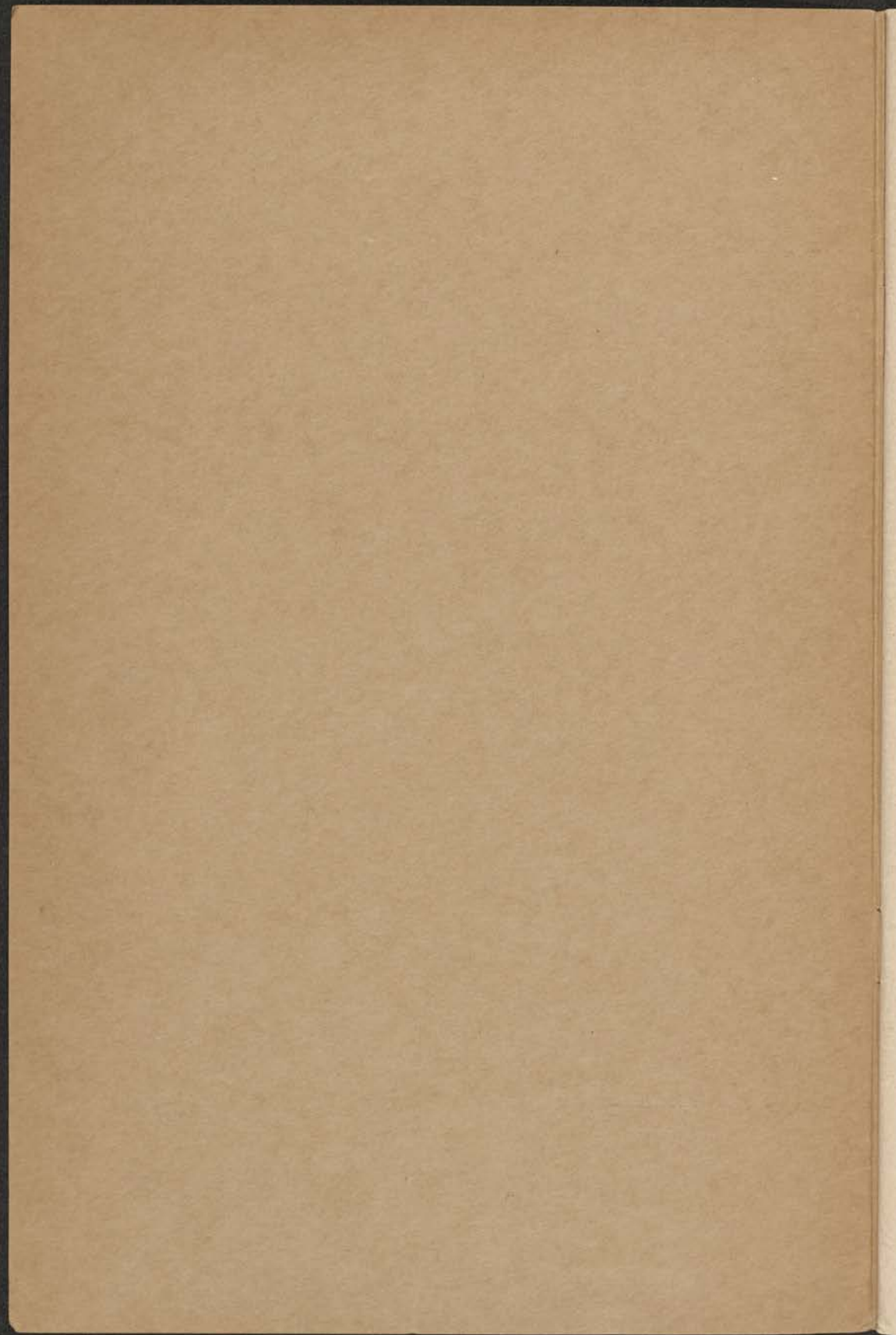
WAR DEPARTMENT TECHNICAL MANUAL

NON-CIRCULATING

EDUCATIONAL
RECONDITIONING

WAR DEPARTMENT • DECEMBER 1944

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WAR DEPARTMENT TECHNICAL MANUAL

TM 8-290

EDUCATIONAL RECONDITIONING



WAR DEPARTMENT • DECEMBER 1944

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TM 8-290, Educational Reconditioning, is published for the information and guidance of all concerned.

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BY ORDER OF THE SECRETARY OF WAR

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Chief of Staff

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The Adjutant General

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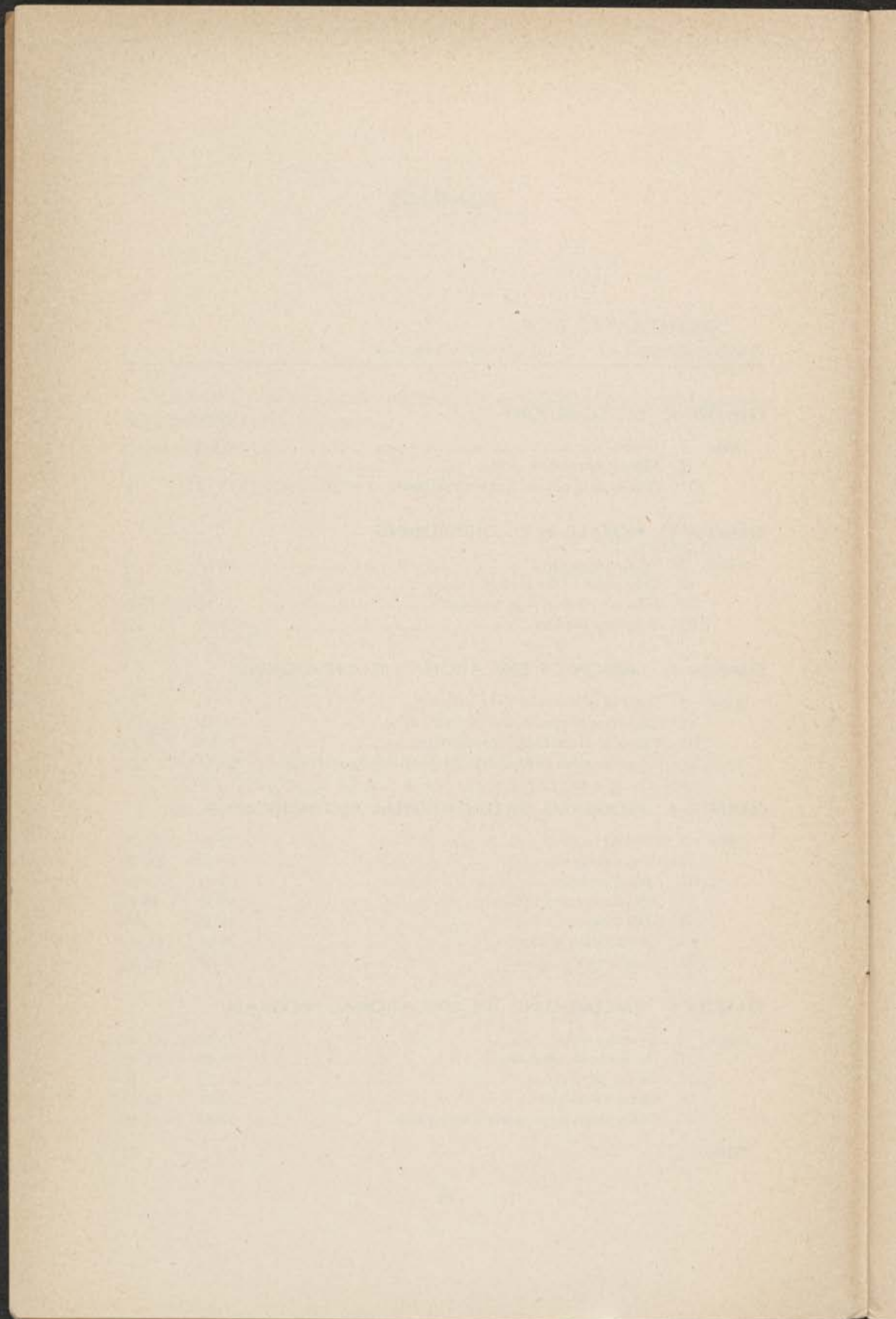
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CHAPTER 1

INTRODUCTION

Section I. GENERAL

1. When a man enters the Army, the military training program prepares him physically and mentally for his duties as a soldier. Military drill, marches, and physical training develop strength and stamina. Special courses and field problems provide information and knowledge that enable him to perform successfully as a soldier. When his training is completed he should be in excellent physical condition and should possess the mental attitudes necessary to the effective soldier.

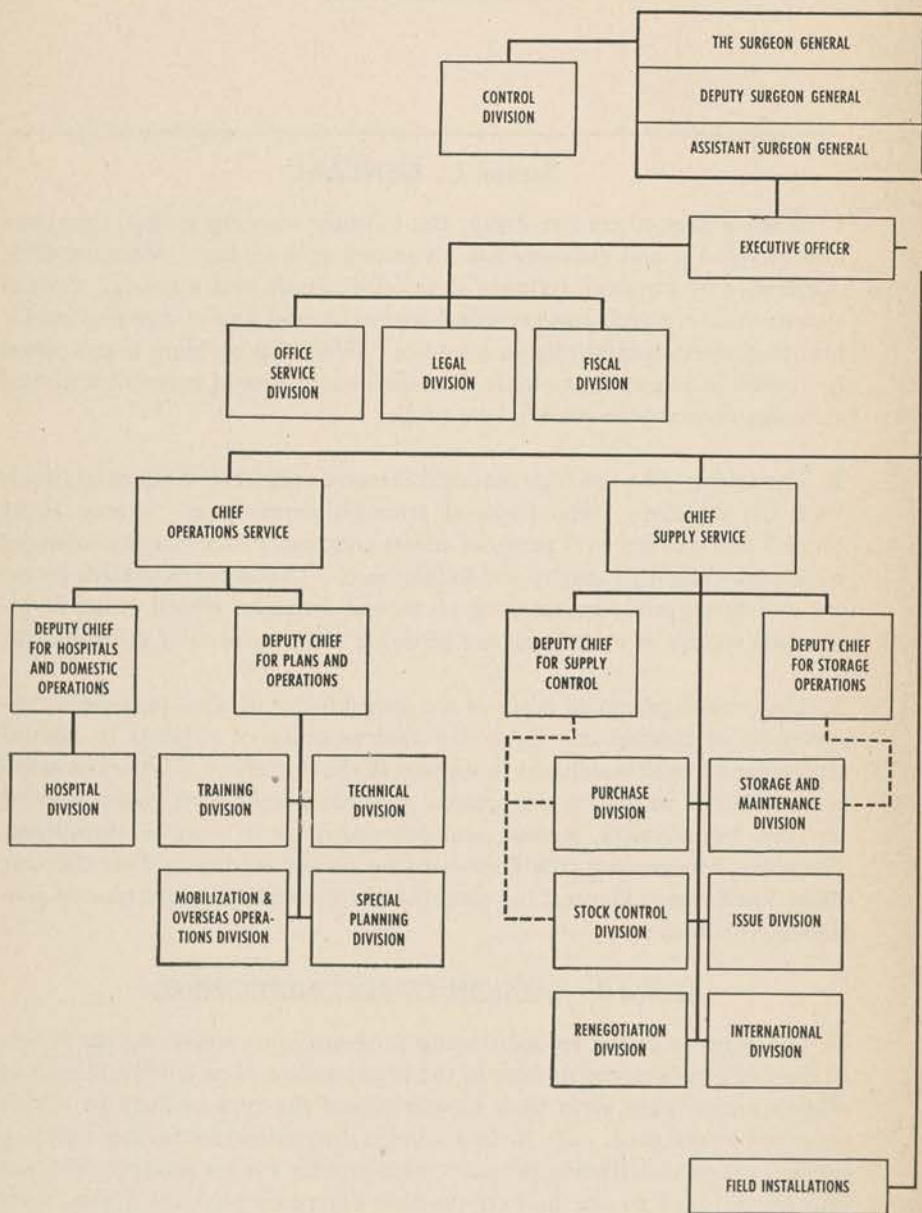
2. The soldier who has been rendered inactive because of wounds or illness loses his efficiency. His physical strength deteriorates. Worry about himself and concern over personal affairs contribute to a loss of confidence which may result in apathy and indifference. This actually retards recovery and often produces unfortunate mental attitudes which result in ineffectual service or maladjustment to either military or civil environment.

3. The critical personnel needs of the armed forces demand maximum conservation of manpower. Each day that recovery of patients is delayed represents a loss of man hours in support of the war effort. If the convalescent soldier is to realize the greatest possible benefit from Army medical services, his physical, mental, and emotional needs must be considered. Therefore, recognizing this responsibility to the soldier and to the war effort The Surgeon General has established reconditioning as a part of professional medical care.

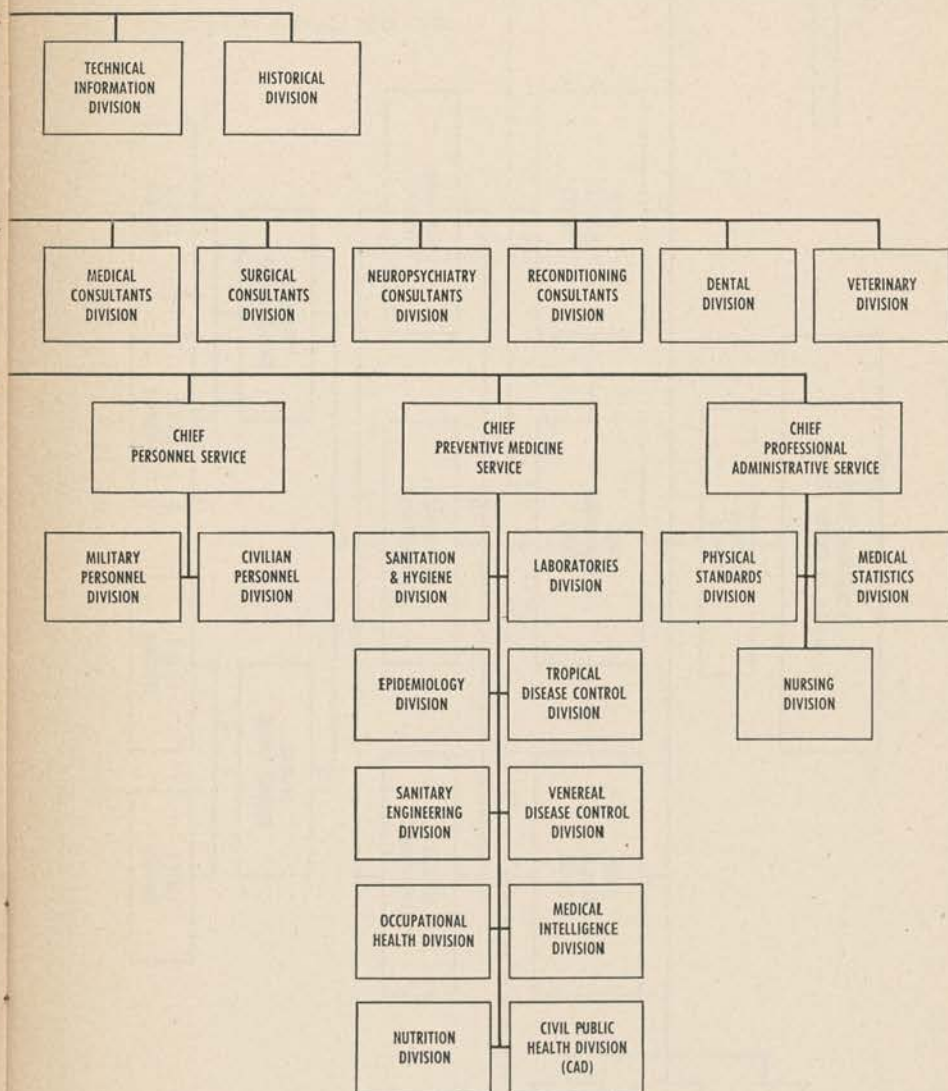
Section II. MISSION OF RECONDITIONING

4. The purpose of the reconditioning program is to accelerate the return to duty of convalescent soldiers in the highest state of physical and mental efficiency consistent with their capacities and the type of duty to which they will be assigned. Or, if the soldier is disqualified for further military service, the reconditioning program must provide for his return to civilian life, conditioned to the highest possible degree of physical fitness, well oriented in the responsibilities of citizenship, and prepared to adjust successfully to social and vocational pursuits. The mission is accomplished by a coordinated program of Educational reconditioning, Physical reconditioning and Occupational Therapy.

S



SURGEON GENERAL



Office of The Surgeon General.

HOSPITAL RECONDITIONING ORGANIZATION

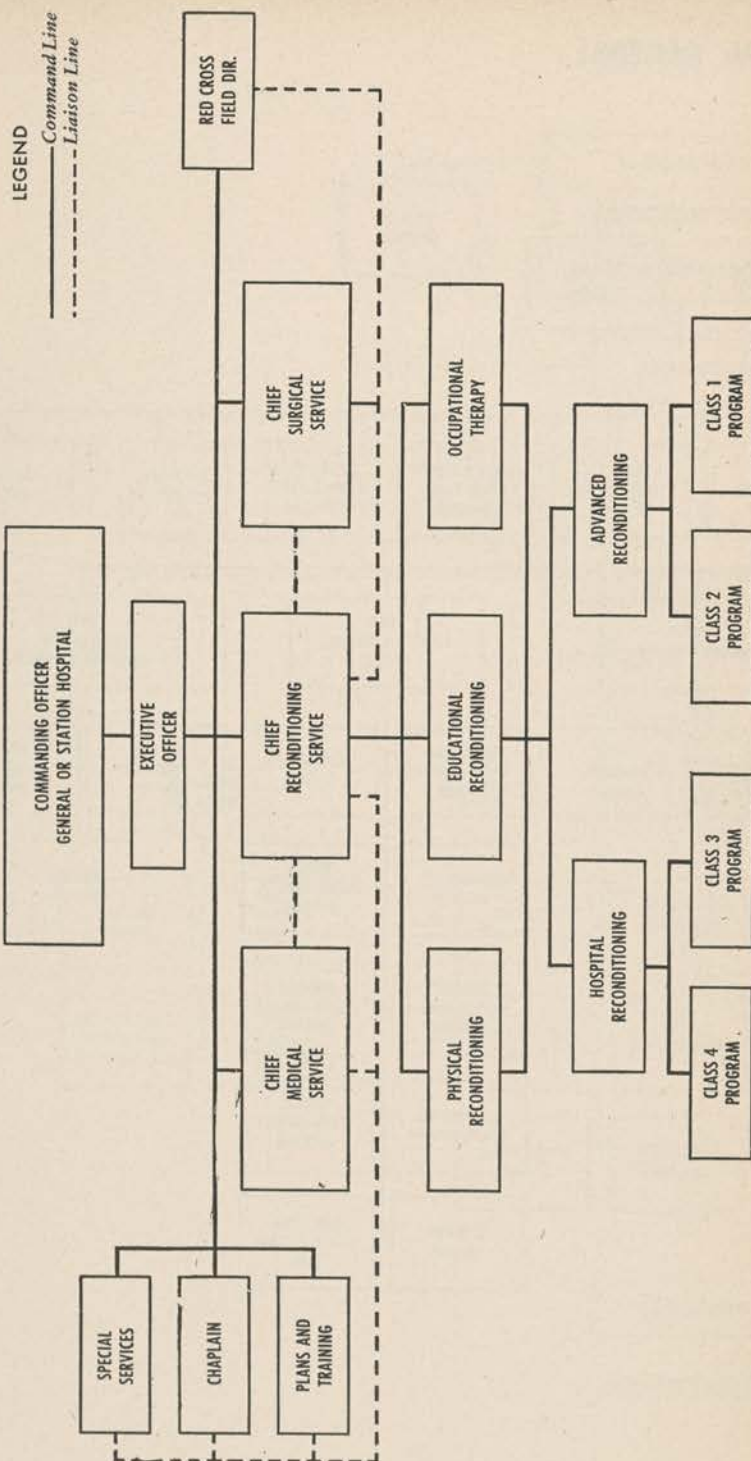


Figure 2. Organization chart, hospital reconditioning program.

Section III. DEFINITION OF EDUCATIONAL RECONDITIONING

5. Educational reconditioning is the process of exciting, stimulating and activating the minds of convalescent patients through education, orientation and information, thereby encouraging mental attitudes conducive to health and normal activity.



Figure 3. INFORMAL MUSIC.—Local entertainers provide informal programs. Patients request their favorite numbers and frequently join in impromptu singing.



Figure 4. It's A HIT!—Popular among patients are quiz programs. Subjects vary from world problems to the current batting leaders of the major leagues.

CHAPTER 2

MORALE IN RECONDITIONING

Section I. FACTORS OF MORALE

6. The preservation of high morale is a function of command. The educational reconditioning officer, however, must be alert to these problems and every aspect of the program, continually studying and evaluating the patient's reactions. It is his responsibility to advise the reconditioning officer and commanding officer of morale problems and submit recommendations which will result generally in improved morale.

7. Every phase of a patient's day is a factor in the building of his morale. The progress of his recovery, the medical attention he receives, the attitude of duty personnel, the quality of food, the nature and content of study courses, and the quality of instruction and recreational facilities affect the attitudes of the patient.

8. Almost every convalescent soldier is anxious or fearful concerning the injury or illness which has caused his hospitalization. This anxiety may be intensified by homesickness, fear of the future and of being a burden, if handicapped. Family problems may cause brooding and unhappiness that result in lowered morale and often uncooperative behavior. Personal guidance or counseling services will help put the patient's mind at ease. Each man should be given an opportunity to discuss his problems with some emotionally mature person who is sufficiently informed to answer his questions. This individual guidance is a responsibility of the educational reconditioning officer and must be performed by qualified and experienced personnel. The Red Cross social welfare staff, the chaplain, Separation and Classification personnel, AGD and Personal Affairs Officers can successfully contribute to this counseling service.

9. Inactivity on the part of hospitalized soldiers may breed tension and demoralization. Such attitudes can be prevented or overcome by keeping the patient occupied with challenging and stimulating activities. Periodic news reviews relating the progress of the war afford an opportunity for soldiers to gain information and discuss current issues.

10. Some patients, because of depression and anxiety, may see no hope for the future. Consideration of the political, social, and economic aspects



Figure 5. LIBRARY.—The Army Service library of the hospital is widely used. Patients enjoy browsing among latest books.

of the Nation's history and of trials which have been weathered successfully in the past, may prove comforting and provide better understanding. A patient's faith in the future and his respect for the principles upon which this Nation is founded can be renewed by pointing out to him the possibilities of greater opportunities in the post war world and assuring him that his hardships are for a cause which will change the world for the better.

Section II. ORIENTATION OF THE PATIENT

11. Early orientation of the patient to the program of reconditioning policies, regulations, and procedures regarding furloughs, passes, pay, and countless other details in his everyday life is of primary importance. This interpretation should be meaningful and practical. Because a soldier is hospitalized does not mean that his desires, interests, and emotional reactions are different from those of any other soldier. But the experiences, suffering and confinement he has endured, and the fact that he is unable to respond to desires in a normal manner, often magnify his problems in his own mind.



Figure 6. INITIAL ORIENTATION OF PATIENT.—An early conference with the newly admitted patient offers an opportunity to learn his needs.

Figure 7. ON THE SPOT.—Patients enjoy lively informal discussions that follow a lecture on a topic of current interest by a guest speaker.



Section III. INDOCTRINATION OF DUTY PERSONNEL

12. There must be interest, enthusiasm, and an understanding and appreciation of the program by officers, enlisted and civilian personnel who have any part in its administration. Nothing will influence convalescents more than the sincerity of purpose, interest, and understanding displayed by those responsible for reconditioning.

Section IV. AUXILIARY AGENCIES

13. Many civilian organizations are interested in helping to bring comfort, contentment, and various special services to soldiers convalescing in Army hospitals. Civic groups, societies, service clubs, local schools and colleges, trade organizations and industrial firms should be encouraged to aid in developing projects that will offer expanded opportunities to patients. The American Red Cross is the accepted channel for contacting and organizing local volunteer aid.

14. It is well to provide a short period of indoctrination for volunteers who assist in reconditioning activities. They should be informed of policies and procedures concerning Army hospitals so as to develop proper attitudes in meeting and working with the sick and wounded. Volunteers selected should be emotionally mature persons with well adjusted personalities.

CHAPTER 3

MISSION OF EDUCATIONAL RECONDITIONING

Section I. SCOPE OF EDUCATIONAL RECONDITIONING

15. a. Education is most effective when it builds upon the experience of the learner; the richer the background of experience, the greater are the educational possibilities. Millions of Americans in the Armed Forces, through intensive Army training, have learned to perform skills necessary to produce an effective fighting unit and to live successfully as soldiers. Every soldier who has served and fought with others from all parts of America, mingled with soldiers of the Allied Nations, and traveled to many countries of the globe, has had experience which can be capitalized educationally. These widened interests make necessary a much broader educational program than would otherwise be required.

b. The men and women of our Armed Services will understand the importance of being informed about domestic and foreign affairs, and their interest in such matters will be easily aroused and sustained. Therefore, the educational program should include consideration of current conditions at home and abroad, reviews of the progress of the war, its unfolding strategy, success, and job yet to be done. Such currents of events, trends, and problems as they affect the scene at home should be related to the personal interest of the citizen, the veteran, and the soldier, to his living standards, jobs, industrial opportunities, length of Army service, advancement, and to the peace.

c. Refresher military training will be useful in maintaining military skills and knowledge and in keeping alive the desire to participate actively in winning the war. There is need to consider matters of specific importance to veterans and soldiers affecting their personal welfare and that of their families. Many patients will desire to improve their education through study and training. For them courses of instruction should be organized, correspondence courses made available, and individual study encouraged.

d. Thus the scope of educational reconditioning embraces general informational and cultural education, and specific training and study. Educational opportunities should be selected for their practical value to the individual and their contribution to the war effort or post war adjustment. Such a program is based on the interests and needs of patients and geared to their abilities and backgrounds. Educational endeavor should create in the hospital, through every possible means, occasions and an atmosphere where learning is inescapable.

Section II. OBJECTIVES OF EDUCATIONAL RECONDITIONING

16. To meet the needs of soldiers convalescing in Army hospitals, the program of reconditioning must serve two groups:

a. Those who will return to duty, many of whom will find new assignments commensurate with physical limitations.

b. Patients unlikely to return to military service because of disability, who will be separated from the service.

17. The patients who will serve again should be given refresher courses in military subjects, exploratory experiences in new military occupations, and counseling and information concerning opportunities within the Army.

18. For soldiers unfit for further Army service there is an obligation to provide the information and guidance that will aid them in adjusting successfully to civilian life. Before a soldier is discharged from the Army hospital he should be thoroughly informed of the rights and benefits to which he is entitled as a veteran. Such instruction should begin early in his convalescence and cover a succession of topics selected from the provisions of the GI Bill of Rights, from publications of the Veterans Administration, the Office of Vocational Rehabilitation of the Federal Security Agency, the United States Employment Service, and those of various state and local agencies. The services of all agencies working on the readjustment of the hospitalized soldier should be coordinated. This can best be done by means of a planned program of instruction involving each such agency working in the hospital.

Section III. PHASES OF EDUCATIONAL RECONDITIONING

19. Educational reconditioning services must recognize four distinct phases in the program of activities to be developed. Each phase relates to specific needs and must follow a careful study of individual problems and local conditions. Diversional and learning activities must be progressively graded and developed differently in each instance. The four phases are:

- a. Personal problems
- b. Orientation and information
- c. Classification
- d. Education

20. The personal affairs and problems of the hospitalized soldier following injury or acute illness are of primary concern. During the early period of convalescence, his thoughts relate chiefly to physical comfort, and the emotional and mental tension he experiences. Diversion and reassurance are of paramount importance at this time. Wise and understanding coun-

EDUCATIONAL RECONDITIONING

FIRST PHASE — Early contact following admission. Three or four days for attention to personal problem and individual adjustment.

PERSONAL ADJUSTMENT

Financial aid.
Pay, allowances, claims.
Dispell anxiety and fear.
Information concerning hospital regulations, and procedures.
Consideration of family and home problems.
Restoration of self confidence.
Combat bitterness and resentment.

Chaplain
Ward Officer
Personal Affairs Officer
Red Cross

SECOND PHASE — Presentation and discussion of news and current problems will be continuous.

ORIENTATION

Information concerning the current phase of the war.
Discussion of current problems.
Establish feeling of solidarity with group.
Restoration of pride, faith and respect for the Nation.

Information and Education Div.
Orientation Br.
Guest Speakers

THIRD PHASE — Begins at the earliest possible time and to continue in accordance with individual need throughout convalescence.

COUNSELING AND CLASSIFICATION

Testing and screening.
Military classification.
Occupational counseling.
Educational counseling.
Military assignment.
Civilian job placement.
Vocational rehabilitation.
Pensions, claims, benefits.

Separation and Classification Officer Agd.
Veterans Adm.
Fed. Security Agency
Selective Service
U. S. Employment Serv.

FOURTH PHASE — To develop on an individual basis in accordance with interest, needs and capacity.

EDUCATION

Military education.
General education.
Services to veterans. (G.I. Bill of Rights).
Relation of army experience and training to civilian occupations.
Occupational information.
Exploratory shop and industrial arts experience.

Army Off Duty Educational Program
Local Schools
Colleges and Universities
Industrial and Trade Associations

Figure 8. Four phases of educational reconditioning.

selling by an experienced person may help to relieve conditions that contribute to anxiety, insecurity, and discomfort. Soundness of approach and the techniques of successful counseling must be known to those responsible for educational reconditioning. The services of Red Cross, Personal Affairs Officer, Separation and Classification Officer, and other agencies concerned with the general welfare of hospital patients may be effectively coordinated through educational reconditioning.

21. Orientation and information develop desirable attitudes and build mental stamina. Understanding is fundamental to high morale. This phase of the program is aimed to:

a. Furnish information and create understanding of hospital practices and policies of the Army Medical Corps by providing each patient with the maximum benefits of surgical and medical care.

b. Develop interest in the progress of the war; restore faith in and respect for the principles for which this war is being waged; and build pride in the Army and the Nation each has served.

c. Prepare the returned soldier for a broader appreciation of the contributions of others to the war effort. Loyalty and pride to his unit must

Figure 9. PERSONALIZED SERVICES BY GREY LADIES.—Red Cross offers many personalized services to the hospitalized soldier. Grey ladies distribute recreational reading to the bed patient.



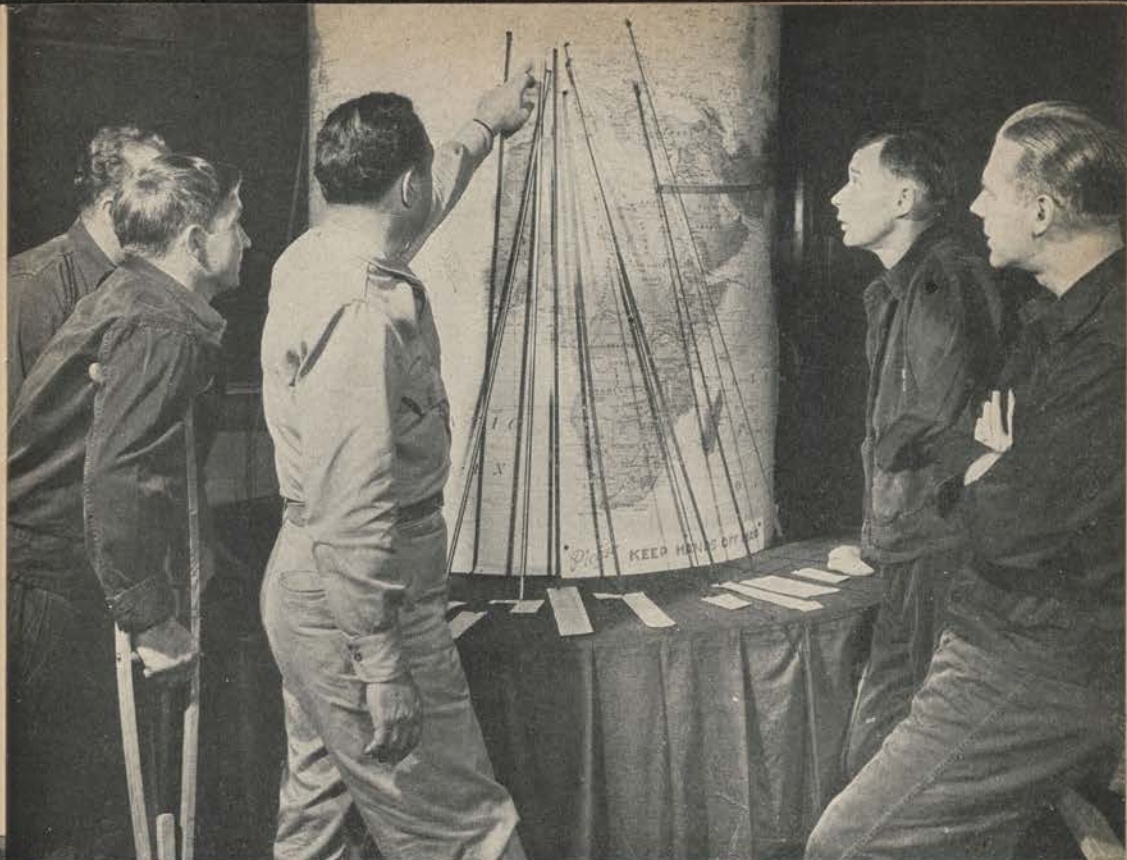


Figure 10. ORIENTATION CENTER.—The program progress of the war is graphically illustrated by an up-to-date orientation center.

be redirected and the individual motivated toward the resumption of civilian living. Understanding and recognition of the services rendered by all branches of the service, the achievement of industry and labor, and the voluntary cooperative efforts of American people will encourage improved attitudes and better citizenship.

d. Enable each man to recognize the challenge in securing lasting peace and the responsibilities that citizens of a democratic state must accept, if its privileges and benefits are to be realized.

22. Early classification of patients is essential if effective reconditioning is to follow. Skillful screening of patients as to physical condition, interests, aptitudes, and experience must be accomplished if the educational programs offered are to aid in effecting adjustment to the Army or civilian life. By close coordination with the ward medical officer, the educational reconditioning officer can determine the probable disposition of the patients and plan a program to best serve the individual in preparation for his probable assignment. The educational program will be successful only in proportion to the degree that counseling, classification, and placement services are effectively administered.



Figure 11. INDIVIDUAL COUNSELING.—Sound counseling by an experienced and well informed individual is essential to a successful program in educational reconditioning.

23. To aid in achieving the mission of reconditioning, education must be purposeful and practical, and should be directed toward the specific interests and ambitions of the individual patients. The program must be broad in scope, and based upon the individual's capacities and limitations. Academic classes and routine review of basic military subjects will not constitute an adequate program of educational reconditioning activities. To stimulate the interests of men and hold their attention requires that activities be developed to meet the problems foremost in their thoughts. These problems relate primarily to future Army assignments or job opportunities upon separation from service. Research reports show that the questions most frequently asked by hospitalized soldiers concern opportunities for the future and assurances of employment. A large percentage desire advice and information about jobs and personal affairs. These facts must be recognized if the educational program is to make any appreciable contribution to the reconditioning of hospitalized soldiers. The restoration of self-confidence, development of understanding, and the self-realization of the individual's worth are primary considerations, upon which the success of the reconditioning program depends.

ACADEMIC INTERESTS

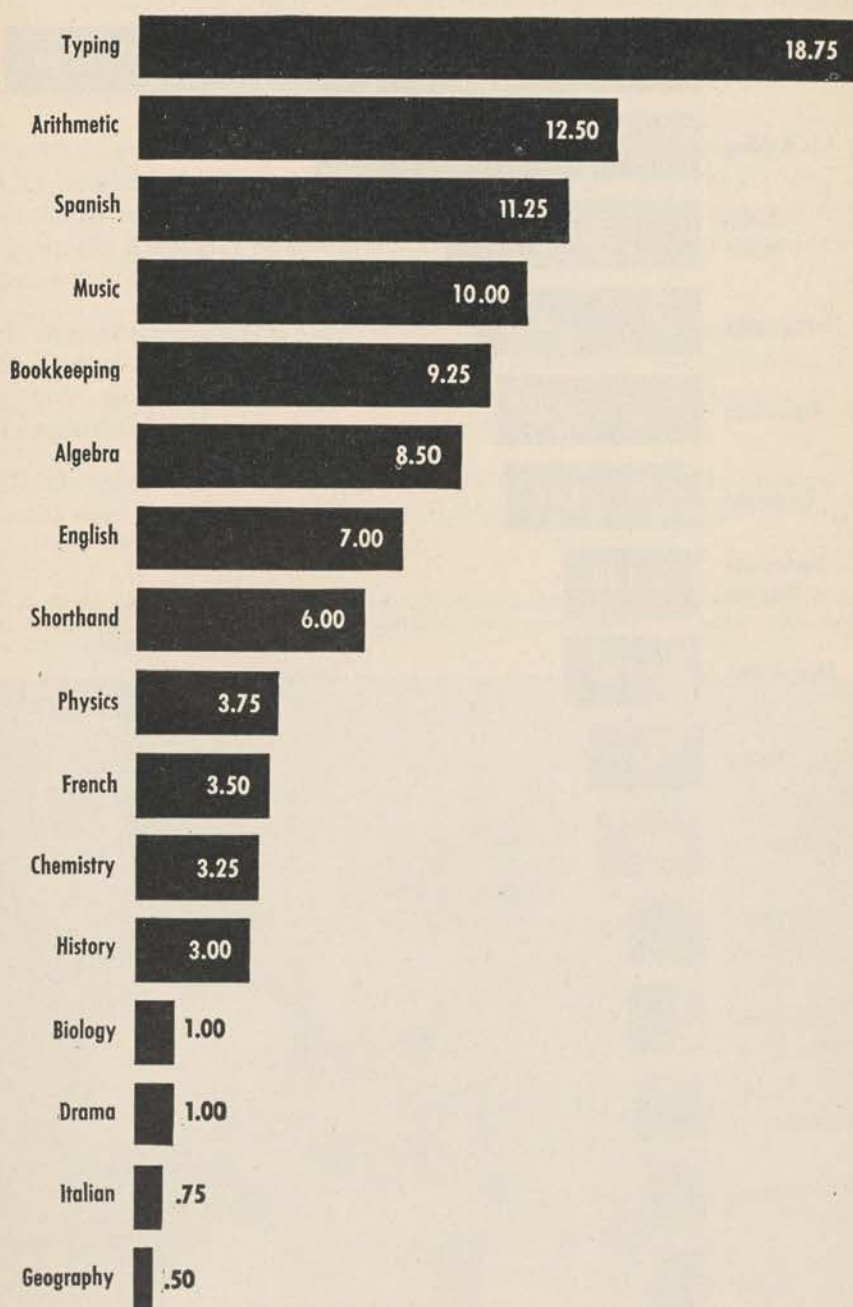


Figure 12. Academic interests.

VOCATIONAL INTERESTS

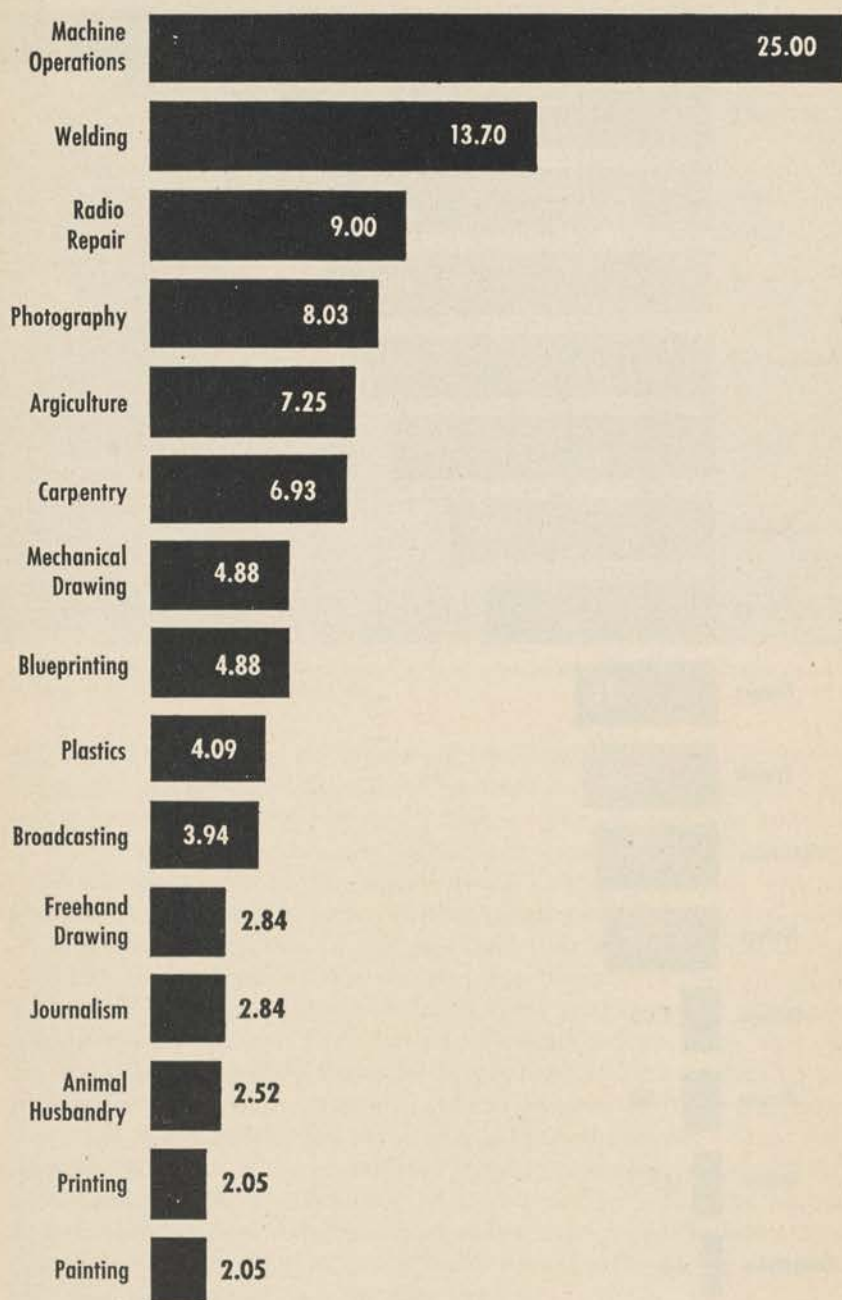


Figure 13. Occupational interests.

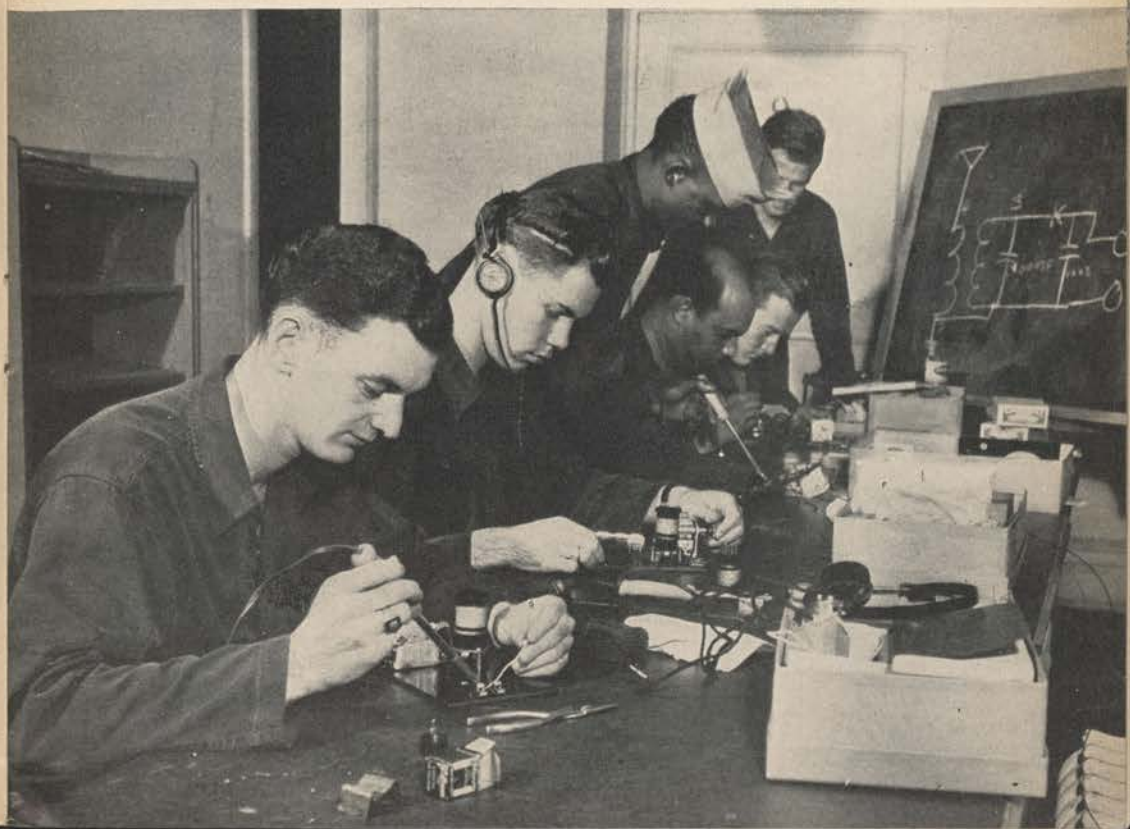
24. Educational reconditioning should not be confused with vocational rehabilitation. The latter is outside the responsibility of the armed forces, having been specifically delegated to the Veterans Administration. But it is not intended that a man should drift into lethargic and indolent habits as a result of the months of hospitalization. The earlier his thoughts are directed to useful pursuits the more readily will he reclaim occupational usefulness and reestablish faith in himself.

25. The scope of the Army training program is broad. Knowledge and skills necessary to the performance of Army occupations are basic; they are similar to the requirements of civilian pursuits. Training and experience in the Army may be interpreted to the individual soldier in terms of their values to related civilian occupations.

26. Specific job training is not to be offered in the hospital for those returning to duty or those to be separated from the service. Reconditioning, however, should prepare the patient returning to duty to be receptive to the specialized training opportunities of ASF training centers.

27. The soldier who is to be separated from the service should be prepared to seek the training and education provided by the Veterans Administration, state and local rehabilitation services.

Figure 14.—RADIO CONSTRUCTION CLASS.—Purposeful educational activities should be correlated closely with the occupational therapy program. Many skills may be developed that will be equally useful to the soldier whether he returns to military duty or directly to civilian life.



Section IV. ADMINISTRATION OF EDUCATIONAL RECONDITIONING ACTIVITIES

28. A thoughtfully planned and firmly administered program will result in desirable attitudes on the part of patients. Thorough understanding of the mission, a carefully prepared plan of action, sound leadership, and well trained personnel will contribute to successful reconditioning. Exacting, yet reasonable, standards of performance must be demanded.

29. Enlisted men respect strong, sound leadership and will respond in a satisfactory manner to a well planned and effective program. To insure maximum cooperation and to achieve best results, the patient must have complete understanding of the reconditioning program and its relation to his personal needs. This may be accomplished through personal conference or by group counseling.

30. Coordination of all services is essential to an effective program of reconditioning. A well-planned schedule of activities from which there will be few, if any, deviations should emphasize regularity and indicate that administration and staff know their mission, have a plan, and are agreed on procedure. Each patient must be informed in a regular manner of his schedule each day, and adequate checks must be established to insure that the program operates as scheduled. A reconditioning council within a hospital will promote understanding and cooperation between hospital services concerned with reconditioning and will result in a balanced and effective program and insure maximum benefits and services for every patient.

31. The interest, understanding, and attitude of officer, enlisted, and civilian personnel working with the hospitalized soldier are important factors in shaping the outlook of the patient. There is no greater stimulation than an active program operating with dispatch and success. Officers, nurses, and enlisted men sincerely dedicated to their mission and undertaking each task with zest will insure friendliness and improved morale among patients.

32. The content of educational courses and military instruction and the use of visual and auditory aids are continually to be appraised in terms of interest of the patients, so as to keep the program vital and stimulating.

CHAPTER 4

PROGRAMS OF EDUCATIONAL RECONDITIONING

Section I. GUIDING FACTORS

33. Educational reconditioning stimulates the minds of convalescent patients and, through information and a broad program of activities, creates interest in new horizons of military, occupational and social adventure. Specifically the program will offer opportunities:

a. To divert the patient's mind, relieve monotony and restore self-confidence;

b. To offer counseling and guidance services to the patient, thus aiding in educational and occupational planning;

c. To provide programs of information, including news reviews, lectures and films that will enable each currently to follow the progress of the war;

d. To present occupational information concerning military and civilian pursuits;

e. To correlate the programs of education and occupational therapy and thus to provide opportunity for exploratory training in developing new skills;

f. To promote a community of purpose and spirit through group activities and discussion of current problems designed to restore faith and confidence in the American way of life.

34. Before a program of educational reconditioning activities may be launched, certain determining factors must be recognized as a sound guide to the planning. The needs and interests of patients, available instructor personnel, facilities and local resources must be carefully appraised. Considerable resourcefulness should be displayed by those responsible for educational reconditioning to insure maximum use of available resources. A detailed pattern is not intended for each installation. Within the policies and doctrine established for reconditioning, local officers must plan, organize, and administer the most effective program possible to meet local needs.

35. The initial step, where there are a large number of patients with varying backgrounds, is to conduct a patient survey to determine individual military training, experience, education, abilities, and aims for the future. This may be done by questionnaires and personalized informal interviews, and by conferences with ward officers, nurses, chaplains, and Red Cross

EDUCATION BACKGROUND

Grade
Completed

NONE 0.6% DID NOT ATTEND SCHOOL

1ST 0.0%

2ND 0.2%

3RD 1.4%

4TH 1.6%

5TH 3.2%

6TH 4.2%

7TH 8.8%

8TH 19.6% (Completed Grammar School)

9TH 6.2%

9.662—AVERAGE MAN WENT THIS FAR

10TH 11.0%

11TH 7.0%

(Completed High School)

12TH 28.0%

13TH 3.2%

14TH 1.8%

15TH 1.2%

16TH 2.0% (Completed College)

TOTAL 100%. AVERAGE GRADE LEVEL 9.662

Figure 15. Educational background.

OCCUPATIONAL BACKGROUND OF PATIENTS

Manual work requiring little intelligence

49.4

Skilled manual trades

19.4

Manual work requiring fair intelligence

8.5

Sales and clerical

8.3

Professions

5.3

Miscellaneous

5.1

Students

4.0

Figure 16. Occupational background.

staff workers. A sample questionnaire may be found in the manual, "Off-Duty Education for Soldiers," which should be furnished each educational reconditioning officer. A listing of subjects and activities such as those contained in the United States Armed Forces Institute catalogs and in War Department Pamphlet 20-4, with local sources of educational activities, may be included in surveys to determine educational interests. Through these surveys the educational reconditioning officer may also discover the patients who can be secured as assistants. The survey readily indicates the scope of activities demanded.

36. Before the scheduling of activities can be arranged, a study must be made of available space, lighting, and heating arrangements and other factors likely to condition the program. A centrally controlled radio makes possible a much wider range of activities. An inventory should be made of community resources of material and instructor personnel.

37. The activities of the educational reconditioning program may be grouped as follows:

a. The formal program, including classes in military subjects, courses in academic and general educational subjects, correspondence and self-instructional materials;

b. The information and orientation program, designed to bolster morale, create broader perspective and reorient the convalescent patient to make the transition from the narrow life of his former unit or of his former battle sector into a larger world of which he is again to become a part.

38. The interests, experiences, and abilities of convalescent soldiers will vary widely. The following grouping is typical:

a. A few patients, approximately 5 percent, will be found to be interested in serious study and will do well if opportunities are made available. This group is a rich source for the selection of instructors and educational assistants.

b. Five to 10 percent will undertake serious study if properly encouraged.

c. Twenty to 30 percent will read and display interest in current events but will not pursue any sustained intellectual effort on their own initiative. For these, instructional materials and methods must be developed continually to motivate interest. Courses must be interpreted in terms of practical values. They may do very well in classes where their interests are reinforced by the interests of their fellows.

d. The remaining 50 to 60 percent must be continually stimulated and challenged to develop interests that will encourage participation in learning activities. For this group the program of educational reconditioning may be approached in two ways:

(1) By requiring certain courses and activities which may be justified as "duty." These would include orientation and refresher or introductory military education, designed to develop a better informed and more efficient soldier.

(2) Through individualized instruction and learning opportunities appealing to specific interests. Handicraft, work projects, and various shop experiences are examples of activities that may stimulate these interests. Visual presentations, and demonstrations with dramatic appeal should be employed, since the attention span of this group is short. The lecture method should be used sparingly, when necessary; presentations must be brief, lively, contain some humor, and arouse curiosity. Work units that can be completed in a short time are likely to bring best results.

Section II. CLASS 4 PROGRAM

39. The development of activities and a broad program to meet the needs of bed patients is the most difficult problem that faces the educational reconditioning officer. The capacities of the convalescent soldiers comprising this group may vary widely. In general, the needs of these men relate primarily to the first phase of educational reconditioning (par. 20, sec. III, ch. 3). Instruction must of necessity be individualized. Centrally controlled public address systems may be used to good advantage to present

Figure 17. PURPOSEFUL WORK PROJECTS.—Practical work projects offer diversion and purposeful activity to the patient unable to leave his bed.



specially prepared programs of information and recreation with educational value. Personal conferences and individual counseling should be developed to the maximum extent possible. The services of Red Cross, the Grey Ladies, volunteer educators, or persons possessing particular skill or talent, may be coordinated to develop activity projects to satisfy interests and needs of these patients.

40. It is important that initial orientation be given at the earliest possible time after a patient's admission to the hospital. The program may be interpreted to the convalescent soldier through personal conferences, mimeographed bulletins and the use of the public address system.

41. A study of each individual patient is essential. Through coordinated services of ward officer, nurses, ward master, Red Cross and chaplain, much may be learned of each soldier's individual case, problems, nature of disability, and probable disposition. Courses and activities must be related to the interests and objectives each patient feels to be important.

42. The following suggested program for Class 4 patients should be observed only as a pattern. The types of activities included can be developed and will have wide appeal to the men. It will be noted that great dependence is placed upon use of visual materials and the centrally controlled public address system. Musical recordings, patient produced skits, and news commentary will add much to this program. The main objective should be to encourage participation by patients, rather than to develop programs with entertainment value only.

Suggested Program

CLASS 4 PATIENTS

- 0745-0800 News Review broadcast to entire hospital. It may be
- (a) Relay of commercial radio broadcast
 - (b) Locally produced newscast
 - (c) Distribution of prepared mimeographed news digest
 - (d) Daily posting of current news bulletins in orientation centers and on ward bulletin boards
- 0800-1000 Ward Rounds by Medical Officer
- 1000-1030 Ward Exercise
- 1030-1100 Ward Discussions of Current Topics
- (a) Review and discussion of current news
 - (b) Problems of the Home Front
 - (c) Know Your Allies
 - (d) Know the Enemy

- (e) Problems of Securing Peace
- (f) Problems of Reconversion
- (g) Educational opportunities for veterans
- (h) GI Bill of Rights
- 1100-1200 Noon Mess
 - (a) Broadcast of well balanced musical recordings
 - (b) Relay of commercial radio programs if popular and desirable ones are available
 - (c) Intersperse among musical numbers brief commentary concerning hospital events, personal items, review of daily activities
- 1200-1215 News Review Broadcast
- 1215-1315 Open Time (no broadcasting) Rest Period
- 1315-1400 Information and Educational Activities
 - (a) Vocational training films
 - Army training
 - Army occupations
 - (b) Selected military subjects
 - (c) Occupational Information
 - Job families, skills of civilian occupations related to Army training
 - (d) Individual guidance
 - Services of Veterans
 - Administration, USES, etc.
 - (e) Civilian occupational trends
- 1400-1445 Occupational Therapy
 - Arts and Skills
 - Hobby Work
- 1500-1545 Diversional Movies
 - (a) GI Films
 - (b) Film bulletins
 - (c) Restricted staff film reports
 - (d) Educational short subjects
 - (e) Sport shorts
- 1600-1630 Ward Exercise
- 1630-1700 Open Time
- 1700-1800 Evening Mess
- 1800-1815 News Review Broadcast
 - Announcement of evenings activities
- 1900-2030 Ward Entertainment
 - Movies
 - Visitors

CLASS 4 PATIENTS

Activities	Source of Services	Developing a Program
<i>Individual Instruction</i> Credit correspondence courses offered by colleges and universities cooperating with USAFI.	AR 350-3100	Wide publicity promotes interest and awakens desire on the part of individual patients to continue educational work while convalescing.
Correspondence courses on technical or high school level.	See USAFI catalog Education Branch, Information and Education Division, ASF.	
Self-teaching USAFI text books	The Red Cross social worker, Grey Ladies, chaplain, commanding officer, detachment of patients may be helpful in discovering men interested or in need of educational counseling.	An educational interest questionnaire will offer an opportunity for contact with interested men. Individual counseling is a recommending technique. Assist in preparing application and necessary correspondence. Follow up conferences to assist patient, check progress and give encouragement.
<i>Group or Class Instruction</i> Academic Subjects	USAFI self-teaching and standard text books. "The Off-Duty Education for Soldiers," available from Education Branch, Information and Education Division, ASF. Monograph, "Education," included in Orientation Kit No. 2. "It's Fun to Learn," available upon request from AGO Depots.	An educational survey will denote patients' educational experiences and present interests. Instructors should be selected from among patients, if possible. Experience and educational qualifications may be determined by: Questionnaire; WD, AGO Forms 20 and 66-1. Interview with chaplain, ward officer, librarian, and Red Cross staff. Red Cross staff and volunteer workers should be encouraged to contribute services.

Class 4 (Continued)

Activities	Sources of Services	Developing a Program
Foreign language basic radio kits.	Foreign language kits and basic radio kits are available from AG Depots upon request. Portable record players are available through medical supply.	Experience as a teacher of foreign language is unnecessary. Encourage various members of the class to assume leadership of the group.
Military subjects.	Army Field Manuals and Technical Manuals. Film strips, slides, and graphic training aids.	Select subjects that will not be a repetition of a soldier's training. Present in short units. Discussion by experienced combat soldiers concerning certain training areas is desirable. Basic medical subjects, mental hygiene, may well be offered in wards.
Courses arranged through local educational institutions.	The camp and hospital counsel is an effective channel to contact community resources.	
<i>Orientation and Information</i> Daily news summary.	Local newspapers and radio newscasts offer a source of latest news. Local newspapers may make available AP, INS, and UP wire service.	WD Pamphlet No. 20-3, "Guide to Use of Information Material." Prepare daily a one-page mimeographed news summary, reviewing current events. Write and prepare the copy with care to insure maximum attractiveness and encourage reading. The use of various colored papers will relieve sameness. On the reverse side an announcement of daily activities may be printed.
Broadcasts of news events, skits, and lectures (if central radio control system is installed).	Federal Radio Education Committee, U. S. Office of Education, publishes a bulletin and guide each month.	Prepare programs locally, encourage patient participation. Lectures, discussions, and other types of program given in auditorium or central broadcast to bed patients.

Class 4 (Continued)

Activities	Source of Services	Developing a Program
Lectures and discussions.	Information and Education Division Guide to the Use of Information Materials. Orientation Kits. War in Outline. What the Soldier Thinks. Discussion outlines: Time Magazine, Special Service Bureau. Fortnightly Discussion Outline. Monthly News question. Newsweek Magazine, outlines and questions. WD Pamphlet 20-4 "Guide for Discussion Leaders." Selected bibliographies prepared by the librarian.	Lectures must be given in a stimulating manner and with purposeful appeal. Thorough preparation of the lecturer or group leader is essential. Variety, some humor, and resourcefulness will stimulate and sustain interest. Effective use of visual aids should be encouraged. Follow the lecture or showing of a film with a question period and discussion. Encourage participation. The central radio or a portable PA system may be used to good advantage.
The hospital paper.	Camp Newspaper Service, 205 East 42nd Street, New York City, provides guidance and service for camp and hospital.	Encourage men with experience or interest in news writing to submit copy for the paper. Many men may be provided hours of engaging and constructive activity writing of their experiences or those of their friends. Feature a weekly news review written with interpretation, relating to issues, causes, and the righteousness of our cause. A quiz of names, places, and events in the news will prove of interest and provide informational purposes. Personal stories and experiences of patients are of general interest and may be selected and developed to promote pride in service, renew faith, and develop understanding of the causes for which we fight.

Class 4 (Continued)

Activities	Source of Services	Developing a Program
<i>Motion Pictures</i> Orientation Films. GI Movies. Army and Navy Screen Magazine.	Bookings may be scheduled thru Signal Corps Photographic Center, Film Circuit Section, Room 1611, 1250 Sixth Ave., New York, N. Y. Army Pictorial Service "Restricted Staff Reports," Automatic Circuit to general hospitals.	Portable screen and projectors bring films to the ward. Develop and maintain regular schedule to guarantee maximum use of equipment and films. Long term loans of GI Movies, having completed original circuit, may be procured.
Selected training films.	FM 21-7 lists training films, film strips, film bulletins available for distribution from service command film library.	Preview films and select those that will contribute to the purpose to be served. Whenever possible, plan a lecture or discussion to precede or follow the showing of film.
Educational films. People and countries. American tradition. Films related to USAFI.	Armed Forces Edition Film Catalog is available from USAFI. Film Service, Morale Services Division, 205 East 42nd Street, New York City.	Preview films to determine suitability. Avoid the showing of films for the purpose of filling an hour of the training day. Plan to correlate with educational classes, military subjects, or orientation program.
March of Time.	16-mm prints of March of Time may be secured thru Army Pictorial Service.	Excellent subjects are among the March of Time films. A weekly program may be correlated around many.
Miscellaneous educational films.	These may be secured from certain industries or advertising agencies.	Films should be previewed to determine that content meets reasonable standards.
<i>Diversional Activities</i> Relay of selected commercial programs over central broadcasting system.	Federal Radio Education Committee of U. S. Office of Education issues a monthly bulletin, useful as a guide.	

Class 4 (Continued)

Activities	Source of Services	Developing a Program
Music activities: Red Cross in cooperation with National Federation of Music. Clubs. Group singing. Class in small instruments: Ukelele Harmonica Tonette Ocarina Music appreciation classes. Instrumental instruction.	V-disks, Army Hit Kits, assistance and information concerning sources of small instruments are available from Special Services Division, Music Section, 25 West 43rd St., New York City. A library of records may be acquired thru: Special Services Purchases (hospital fund) Camp and hospital council. Gifts by local organizations. Armed Forces Radio Service, Information and Education Division, ASF. H-Unit transcriptions available to general hospitals.	Make use of central radio control of PA whenever possible. Avoid using inexperienced leaders of group singing or other music activity. Portable record players may be taken to wards. An occasional guest entertainer may stimulate the music program by encouraging and leading group activity. Vary programs. Do not overdo any one type. It is advisable to close a program when enthusiasm and interest are high. Seek to locate enlisted men with interest, talent, and if possible, experience as leaders in group musical activities.
Certain hobbies that may be interesting to bed patients: Scrapbooks Sketching Stamp Collecting	Correlate such interest with occupational therapy. Red Cross recreational workers.	Educational survey and personal interviews with patients may reveal interests and talent that should be directed.
Recreational reading.	Army service librarian will arrange for distribution of books and periodicals to wards. Red Cross will also provide recreational reading materials.	Publicize new books by announcement and possibly short reviews over the broadcasting system. The hospital paper is an effective means of directing attention to the reading resources available.

Class 4 (Continued)

Activities	Source of Services	Developing a Program
Entertainment.	USO Camp Shows, Inc., has established a hospital circuit. Bookings are arranged thru: Special Services Division, ASF, Entertainment Section, 25 West 43rd Street, N. Y. C. Entertainment booked thru local sources under direction of the Red Cross.	Performers have been selected and entertainment reviewed with interests and requirements of hospitalized soldiers as criteria. Unless from authorized or proven sources, performances should be previewed.
Educational Manuals: EM No. 1, "Guidance for Discussion Leaders." EM No. 2, "What is Propaganda?" EM No. 10, "What shall be done about Germany after the war?" EM No. 11, "What shall be done with war criminals?" EM No. 30, "Can war marriages be made to work?" EM No. 31, "Do you want your wife to work after the war?" EM No. 40, "Will the French Republic live again?" EM No. 41, "Our British Ally." EM No. 12, "Can we prevent future wars?" EM No. 20, "What has Alaska to offer post war pioneers?" EM No. 42, "Our Chinese Ally." EM No. 43, "Are the Balkans heading for Peace?" EM No. 44, "Australia Neighbor Down Under."	Information and Education Division, ASF.	Manuals developed to provide information relating to current problems and issues to be faced in securing peace. Each may be used to good advantage as a discussion guide or basis for the study of current problems.

Section III. CLASS 3 PROGRAM

43. Ambulatory patients of the hospital section will be assembled in the theatre, Red Cross building, individual classrooms or areas designated for specific activities. A more formal type than the Class 4 program will be introduced. During this period of convalescence, efforts should be directed and activities developed to promote community of purpose and spirit through encouraging patients to participate in group projects and cooperative ventures.

44. Many of the activities, such as discussion groups and newscasts, which are presented in the wards for the Class 4 patients may be designed to serve this ambulatory group. The educational program will offer a wider scope of activities for Class 3 patients. Classes in auto mechanics, radio, blueprint reading, drafting, arithmetic, and typing, will be established to meet the interests of patients in prepared classrooms or shops. Charts, models, and other visual materials and necessary equipment should be obtained to enable the course to be effectively conducted. Careful attention must be directed to the physical preparation of these areas used for class instruction. Light, heat, ventilation and conditions conducive to effective study should be considered, if the educational work is to prove successful.

Figure 18. FOREIGN LANGUAGE CLASS.—Many patients are interested in learning to speak a foreign language. Portable record players and the language kits are conveniently set up in the ward.





Figure 19.—You're ON THE AIR!—Hospitalized soldiers are given opportunity to display their talents at an all-patient radio show. Experienced technicians are in charge of these dramatic activities.

Figure 20. TYPING CLASS.—Typewriting is consistently a popular subject with convalescent patients. Developing skill in typing will be equally helpful to the soldier returning to duty or civilian life.





Figure 21. BLUE PRINT READING.—Blue print reading stimulates high interest among patients. Officer patients are carefully selected to assist as group instructors.

CLASS 3 PATIENTS

Activities	Source of Services	Developing a Program
<i>Orientation and Information</i> Daily War News Summary.	See suggestions for Class 4 patients.	Provide for posting as early as possible each day on bulletin boards, and distribute in library, recreation room and mess hall.
Bulletin boards.	See "Digest, Information and Education Division, ASF, Orientation Issue." February 1944 issue, "Building an Orientation Center." Distribution of orientation and information materials from Information and Education Division, ASF.	Establish and maintain currently, attractive bulletin boards in all day rooms, wards and recreation rooms. War newsmaps. Maps and materials from orientation kits. Other maps or significant materials.

Class 3 (Continued)

Activities	Source of Services	Developing a Program
	Additional sources of materials, maps and services are available from many civilian agencies. Among these are: Time Magazine Special Service Bureau Newsweek Magazine National Geographic Magazine Local newspapers Army Map Service. Information bureaus of respective United Nations will supply pamphlets, maps and other printed materials upon request.	Develop graphic displays, using color and attractive layout. Avoid cluttering the bulletin board. Two or three essential points well developed attracting attention, will be more effective than unorganized material seldom noticed. A graphic educational display may prove effective. A feature may be developed each week. Graphs, photographs and charts may vividly illustrate significant informational material. Examples of subjects: Britain, Our Ally. Our South American Allies. The Netherlands. Lend-Lease and Us. The Navy at War. The Man of the Year.
Discussion Groups.	Fact sheets and booklets contained in Orientation Kits, Information and Education Division, ASF. Time Magazine's fortnightly series available through Time, Special Service Bureau. Reprints of articles of interest appearing in current magazines. Public Affairs pamphlet. "What Are We Fighting For?" published by the St. Louis Post-Dispatch. USO publications, National Board, YWCA, 600 Lexington Ave., New York, N. Y.	Encourage the participation of patients. Issues, background and progress of the war, and current problems relating to the conduct of the war, will develop better understanding and an appreciation of the task ahead. Sample subjects may include: Divide and Conquer Lend-Lease The Pacific Campaign General Marshall's Report The Japanese Soldier The German Army Argentina

Class 3 (Continued)

Activities	Source of Services	Developing a Program
Discussion Groups (Continued)		A short lecture, film or panel may be used to introduce the subject. Challenging questions will provoke discussion. The use of skits or short dramatic presentations may prove useful. Groups of fifty men or less are recommended for discussion purposes. Moderators should be carefully prepared in the techniques of leadership.
Lectures.	Competent patient personnel to conduct lectures may be discovered through: Personal Interviews Educational Survey Questionnaire Inspection of WD, AGO Forms 20 and 66-1. Periodic conferences for inservice training to insure adequate preparation of lectures and study of desirable techniques. Contact local schools, universities, speaker bureaus, of the community, industrial firms, local clubs.	Enlist the services of returned oversea officer and enlisted patients. Their experiences may be brought to good advantage. Thorough preparation of duty or patient personnel is necessary. Make maximum use of movies, slides, graphs, and charts to illustrate the subject presented. A lecture not to exceed 30 minutes is recommended. The use of guest lecturers who are individuals of reputation will be stimulating to the program.
Library activities: Leisure reading Orientation Research Orientation Library	The Library officer and the Army service librarian will be helpful in developing this aspect of the program. Announce new books over broadcasting system and in hospital papers. Form reading club for exchange of information, book reviews.	Encourage the development of current literature and books on topics relating to the orientation subjects under discussion. Subjects relating to "Know Your Allies" and "Know Your Enemy" should be displayed and reading encouraged.

Class 3 (Continued)

Activities	Source of Services	Developing a Program
Library Activities (Continued)	A library committee of men whose reading records show interest in orientation subjects may be useful.	Develop indexed files of current clippings and articles concerning current problems. Short digests of materials with challenging questions will be found helpful to lecturers and discussion leaders.
<i>Educational program</i> Academic studies.	Educational questionnaire will determine ability, educational background, interests, and needs of men. Instructors may be found among the patients. Attempt to select those men likely to be hospitalized for a considerable period of time. Camp and hospital council, adult education councils, local school officials may assist in providing volunteer services in developing the educational reconditioning program.	Educational reconditioning officer must organize, direct and supervise the instructional program. Develop and locate suitable classroom facilities and equipment. Acquire or develop adequate teaching aids, models, exhibits, maps and charts. Use volunteer instructors from local schools or agencies, when available. Program should include a wide variety of courses based upon interests of men, the facilities and resources available.
Military subjects.	Field Manuals and Technical Manuals. Training Films, Film Strips, Film Bulletins. Graphic Training Aids.	Avoid presenting training subjects that are a repetition. Seek experienced men from combat zones to relate experiences under combat conditions as related to training subject.
Correspondence study.	Refer to Class 4 Program.	
Motion pictures.	Refer to Class 4 Program.	

Section IV. ADVANCED RECONDITIONING

45. The program for Classes 1 and 2 progressively increases the intensity of physical conditioning. Educational activities should be directed toward reconditioning the mind for resumption and performance of duty as a soldier. The most advanced stages of the convalescent reconditioning will approach the characteristic training program of a soldier. The fundamental objective is the reorientation of the soldier to military duty assignment.

46. Some men will return to military assignments vastly different from those for which they were originally trained. Specific training for such Army occupations is provided at ASF Training Centers. During convalescence the educational program should be directed toward providing information concerning the scope and the opportunities of the Army program.

47. Refresher military education is directed to the review of basic military

Figure 22. EDUCATIONAL TOUR.—Educational tours to industrial plants and near-by points of interest provide occupational information, purposeful experience and an appreciation of the contribution of the "Home Front."

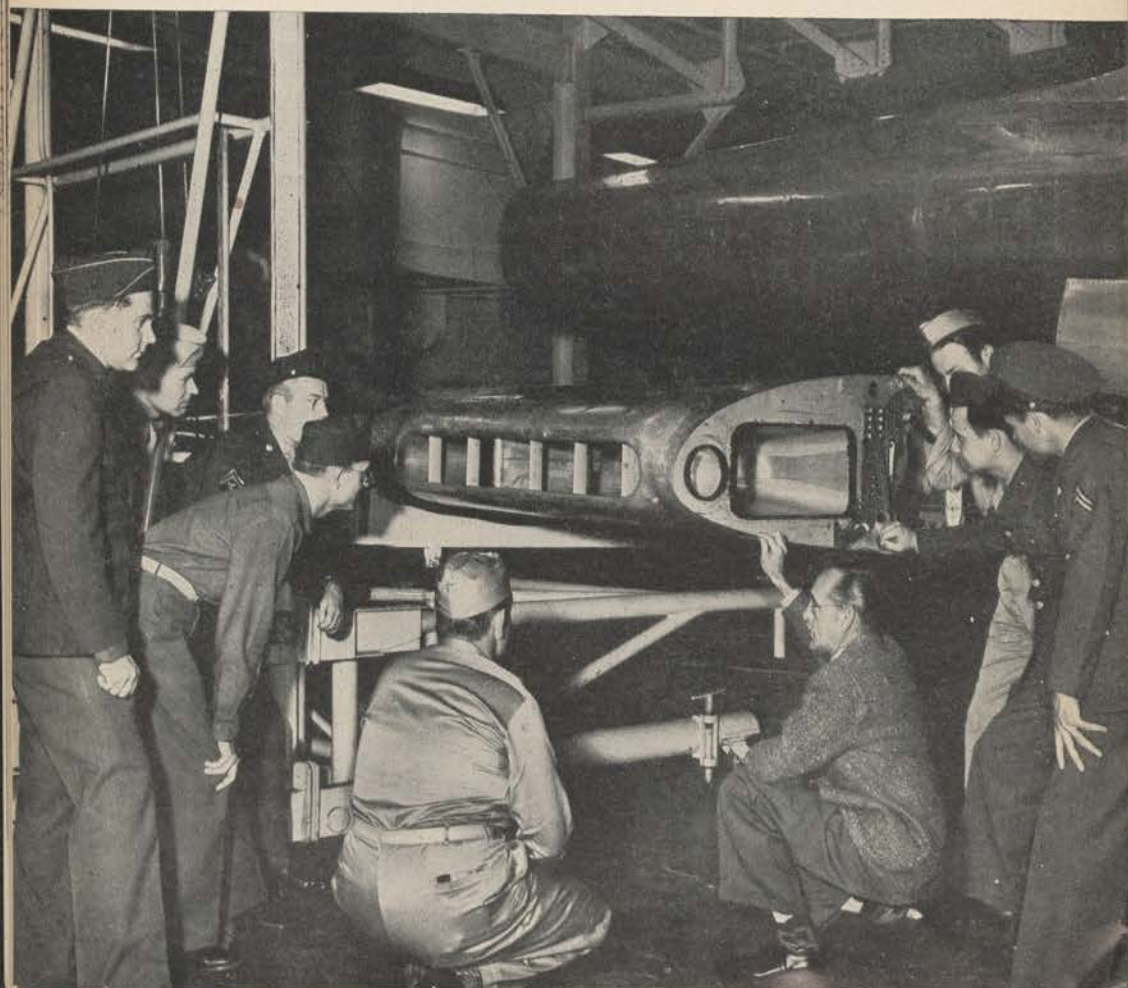




Figure 23. WARD DISCUSSION GROUP.—Informal discussions led by officer patients returned from combat zones stimulate interest in the progress of the war and consideration of current problems.

subjects common to soldiers of all branches of the service. Military courtesy, organization of the Army, map reading, first aid, and other subjects that train the soldier to live successfully in the field will be effectively reviewed.

48. In the review of military subjects care must be exercised to present material in a stimulating and original manner. Lecture subjects and training films which are not a repetition of former training should be selected. Activities can be justified only in the proportion that they contribute to improved attitudes and produce better soldiers.

49. Group meetings for the purpose of exchanging experience encourage participation of trainees and offer an opportunity to develop directed discussion concerning basic military topics. It should be emphasized that thorough knowledge and understanding of such subjects is essential.

50. When training films are used, they will be previewed by the instructor. Certain questions should be prepared, to be presented to trainees in advance of the showing of the film. If trainees cannot answer the questions, they will be interested in reviewing the film to discover the answers or to check their responses. Check tests following the showing of a film are a desirable technique and questions should be developed in a manner that will

encourage discussion. Most men are stimulated by an opportunity to test their powers of visual and auditory observation and recall.

51. Another valuable method of vitalizing classes of military education is to make use of capable officers and enlisted patients who have been in combat. If such men aid with the presentation of military information and subjects they should carefully review the content of the lesson in advance of the class to insure that the material is in line with approved doctrine.

Figure 24. PREPARING THE PATIENT ABOUT TO RETURN TO CIVILIAN LIFE.—Coordinating their services with educational reconditioning, Veterans Administration representatives assigned to general hospitals prepare the soldier for successful adjustment to civilian life.



52. Each installation will find it expedient to adjust the selection of military subjects and the scheduling of classes to insure maximum use of personnel and facilities at hand. A program must be developed that will contribute to the greatest extent possible to patients' welfare and conform to the general policies and objectives of reconditioning.

Section V. CDD PROGRAM

53. The Army recognizes its obligation to the men who have suffered disabilities and will be separated from the Army to return to civilian life. It is important that, as a part of reconditioning, the needs of these individuals be carefully considered. As early as possible during convalescence, efforts should be directed to screening patients on the basis of their probable disposition. To the extent possible, separate programs of activities should be developed to meet the individual needs of this group.

54. There are many services available to the soldier being discharged for physical disability (WD Pamphlet 21-4). These are:

- Personal Affairs
- Getting a job
- What to do about insurance
- Benefits provided by "GI Bill of Rights"
- Services of the Veterans Administration
- Opportunities for Education or Vocational Training
- Pensions
- Medical services

55. As a part of the educational reconditioning program, topics concerning the above subjects may profitably be presented by representatives of agencies responsible for the adjustment and general welfare of soldiers separated from the Army for medical reasons. Directed discussions by informed and competent leaders will contribute to building the understanding and confidence in patients that will relieve anxiety and uncertainty for the future.

Section VI. COORDINATION OF SERVICES

56. The possibilities of educational reconditioning are limitless. The mission of all personnel within an Army hospital is to render service that contributes to the patient's recovery and restoration of his normal functions. It is important that all concerned with the general welfare of patients develop effective team work that will result in maximum benefit to the individual soldier. The educational reconditioning officer must have the ability and qualities to enable him to work cooperatively with officers and civilian groups concerned with the reconditioning program. He should demonstrate qualities of leadership in promoting, developing, and coordinating educational activities. His work is primarily administrative.

57. Within the hospital there are officers and authorized civilian personnel who may contribute substantially to a well integrated educational program. Every effort should be made to avoid duplication of services.

a. The chaplain may lend valuable assistance in appraising individual needs, stimulating interest, and assisting in the administration of educational projects.

b. Separation and classification officers are qualified to perform effective counseling services and to provide occupational information and guidance.

c. Personal affairs officers are prepared to provide information and render advisory service on personal affairs to Army personnel and their dependents.

d. The Red Cross staff workers are trained and authorized to provide emergency financial aid, and to assist with personal and family problems of the hospitalized soldier.

e. Veterans Administration representatives will explain to patients who are to be separated from the service about veterans' benefits and will provide information and guidance concerning pensions, hospitalization, medical care, and insurance, and opportunities for education and vocational training.

f. United States Employment Service representatives provide information and guidance concerning job placement.

Reference: WD Pamphlet, No. 21-4, "Going Back to Civilian Life."

Section VII. LAUNCHING A PROGRAM

58. Upon undertaking to establish a program, the Educational Reconditioning Officer must recognize the fact that he cannot conduct the program by himself. Seldom will there be personnel and facilities adequate to carry on the program he desires. It will always be necessary to improvise so that the development of a program with broad appeal will depend upon the resourcefulness of the educational reconditioning officer and his assistants. He must seek to stimulate interest and encourage the participation of patients in activities and to discover and utilize talents, skills and the qualities of leadership of convalescing soldiers.

59. Establishing a reconditioning council to include the chiefs of services, chaplains, special services officer, field director of Red Cross, separation and classification officer, Veterans Administration representative will provide coordination of efforts and maximum use of facilities. The scope of the educational program may be determined by following the policies, plans, and guidance provided by the council.

60. Care must be exercised that too ambitious plans are not undertaken at first. Consideration of activities with greatest appeal and most readily developed within the limits of existing resources should guide the Educational Reconditioning Officer in launching a program. Two alternatives appear possible:



Figure 25. COUNSELING BY HOSPITAL CHAPLAIN.—Sound advice concerning soldiers' adjustment as well as spiritual guidance is offered to the patient by the hospital chaplain.

(1) Developing certain activities for the entire hospital, for example, news broadcasts and publications of a daily news summary;

(2) Organizing and developing a desired educational program for one portion of the hospital. This may be a ward or section, or might be undertaken for one particular class of patients.

61. Patients should be encouraged to accept responsibility for planning and carrying out the educational program. As enthusiasm grows, new ideas will be introduced and projects developed which will become a part of the program. Abundant talent and skill will be found among the patients and this wealth of ability can be utilized if proper motivation is provided. Whatever is undertaken in starting the educational reconditioning program, must be conducted in accordance with the highest possible standards and according to a precise and well planned schedule. Unless an activity can be conducted by qualified personnel and will offer a fruitful learning experience, it is better to omit it from the program.

CHAPTER 5

IMPLEMENTING THE EDUCATIONAL PROGRAM

Section I. GENERAL CRITERIA

62. General guidance concerning desirable principles and methods of instruction will be found in FM 21-5, FM 21-6, FM 21-7, FM 21-250 and TM 1-1000, The Quartermaster Handbook, Methods of Teaching and the following visual aids: TF 7-295, FB 72, FS 7-75 and AFFS 1088.

63. Proper motivation is essential to stimulate purposeful participation by patients and to insure the success of any reconditioning activity. The following experiences are similar to the problems confronting educational reconditioning officers and warrant consideration when undertaking to develop a program. The experience of the CCC camps with nearly 500,000 young men between the ages of 18 and 25 indicates that enrollment in voluntary continuation educational courses varied from 15 to 50 percent of the total. Statistics reveal that 50 percent had only eighth grade education, 32 percent some high school training, while only 14 percent had completed high school. College graduates were rare. In the camps where the education program emphasized general and academic courses, enrollments were very low, sometimes representing only 15 percent of the total. Those camps that stressed adjustment and guidance and attempted to offer instruction in accord with the needs and purposes of individuals, showed enrollments from 50 percent to 90 percent of the total.

64. Successful reconditioning demands that desirable standards be maintained. Activities should be graded to meet the physical and mental capacities of the individual. If men cannot do what is expected of them, it is better to avoid the requirement than to condition them to an inferior standard of performance.

65. Interest is necessary to efficient performance in learning. In adults interest is more easily sustained if problems are considered and the individual has a part in planning and executing the solution. Adults must see a practical value in what they are being taught, which must be related to their pattern of interests.

66. Methods should be developed to reward individuals who perform meritoriously or complete satisfactorily educational projects or courses.

Recognition for a job well done is an effective means of motivation. Some hospitals award certificates to trainees; others prepare letters of commendation evaluating the trainees' cooperation and achievement in the convalescent reconditioning program.

67. Stimulating interest in current problems is a method of accelerating the mental reorientation of patients. Discussion groups are an effective means of directing attention of individuals to current events and stimulating their desire to seek more information. The success of discussion groups is dependent upon certain factors. Moderators should be well trained and thoroughly prepared and the groups should be small enough to insure informality. WD Educational Manual EM-1, "Guide for Discussion Leaders" is recommended for preparing leaders and developing techniques for discussion groups.

Section II. USING PATIENT ASSISTANTS

68. Adequate duty personnel to carry on a full and well balanced program of educational and diversional activities in reconditioning may be difficult to procure. Although valuable assistance is available from the Red Cross and community resources, the educational reconditioning officer should not overlook patients whose experiences, talents and skills qualify them for service and leadership in various activities.

69. The activity and interest of patients have a contagious effect upon others and will generate enthusiasm for the program. The discovery of talents and the use of those talents to the maximum extent possible may prove to be one of the strongest assets in reconditioning.

One hospital reports that a patient experienced as a commercial artist had been used to develop attractive and significant bulletin boards and orientation projects. Another tells of a former professional musician who, as a patient, provided the leadership and stimulation necessary for developing activities in music, including the preparation of entertainment programs. The responsibility for operating the central radio control system, planning and presenting programs, was assumed by another convalescent soldier who in civilian life had been a radio engineer. Home-made remedial gymnasium equipment has been designed and constructed at another hospital by a group of patients interested and experienced in mechanics. The design and writing of a pamphlet to promote the Army education program and interest the patients in the opportunities at hand in a local hospital was the project of another soldier who had been active in promotional and advertising work.

These actual experiences illustrate the opportunities before an educational reconditioning officer of a hospital for developing a broad program.

70. Providing the convalescent patient an opportunity to use the skills in which he is competent will help to restore his faith in himself and serve as an outlet for individual expression. Furthermore, a spirit of service is fostered when individual talents can be directed to benefit others, and a stronger program of reconditioning results. Sound practices of citizenship are encouraged and a firm basis for the reorientation of the sick or wounded soldier to further military service is established.

Section III. ON THE JOB TRAINING

71. The educational reconditioning officer will find the time and effort well directed if regular and periodic conferences are scheduled for the discussion of program techniques and problems with educational assistants. Duty personnel as well as patient assistants should be required to attend these critiques. A definite program should be planned for such meetings, the content guided by problems arising in reconditioning. To improve the quality of instruction and develop broad understanding of the scope of reconditioning, films, visual aids, new instructional materials and methods may be reviewed. Meetings should not be held often enough to become a burden. Probably one meeting a week will be sufficient when a program has been developed. Local needs, experience of assistants, and specific problems will determine the extent of such an in-service training program.

Section IV. USE OF VISUAL AIDS

72. Visual aids are models and factual graphic or pictorial interpretations presented to an individual for reception through his ocular mechanism, specifically used by an instructor to clarify and illustrate the spoken or written word.

73. The effectiveness of visual aids is based upon the fact that the only channels of communication between an individual and the world about him are his five senses. These senses seldom work independently, and therefore the knowledge which a man possesses is the result of a combination of impressions through sight, hearing, touch, smell and taste.

74. Visual aids include actual objects, models, sand table displays and exhibits, films, film strips, lantern slides, equipment, photographs, maps, charts, posters, cartoons and other illustrated material used in instruction. The use of visual aids is discussed in detail in the following reference sources:

FM 21-7—1944—War Department Films and Film Strips

FM 21-5—1943—Military Training

TM 21-250—1944—Army Instruction

75. A complete list of authorized War Department films can be found in FM 21-7, "War Department Training Films and Film Strips" and monthly



Figure 26. WARD MOVIES.—For the patients unable to leave the ward, G. I. films and educational subject stimulate the patients' interest in the world about him.

supplements thereto; and in Training Film Digest Binders deposited at all film libraries for reference purposes.

a. Training films. Sound motion pictures dealing with approved War Department doctrine and produced for use in military training. These cover specific topics and are intended for use at a definite time and place in the training program, available usually in both 16-mm and 35-mm sizes.*

b. Film bulletins. These are sound motion pictures dealing with new military developments not necessarily based on War Department doctrine, and are produced for information of officers and enlisted personnel.

c. Film strips. A series of still pictures dealing with approved War Department doctrine printed on strips of 35-mm film for use in conjunction with lectures, demonstrations and other instructional procedures. Like training films, they deal with specific topics and are intended for use at a

* All War Department films, with the exception of GI Movies (available only in 16-mm) and Army-Navy Screen Magazine (available only in 35-mm), are available in both 16-mm and 35-mm within continental United States. All standard distribution of WD films to overseas Film Exchanges is in 16-mm unless otherwise requested.

definite time and place in the training program. Film strips may be sound or silent. Both have captions and title explanations recorded on the film. However, sound film strips have the lecture recorded on the accompanying disk, thus eliminating a lecture or explanation on the part of the instructor.

d. Orientation films. A series of films designed to acquaint personnel of the Army with the background of the present war, the history of the war to date, the current progress of the war and information concerning our allies and enemies.

e. GI movies. Complete 45-minute programs including special short subjects, travelogs, song shorts, sport shorts, and newsreels procured through the cooperation of the motion picture industry, the Army-Navy Screen Magazine and other government productions.

f. Staff film reports. Restricted version of combat photography previously available only to staff officers of the War Department, service commands, and oversea theaters of operations. The purpose of the film is to show convalescent patients the continuing activities in the theater from which they have been returned, and also to keep them informed of the activities in all theaters of operations. These films will give the individual soldier an opportunity to see at first hand the progress of the war.

g. Reconditioning films. Films produced to aid reconditioning officers in carrying out their programs more effectively. The subject matter definitely pertains to certain phases or accomplishments in the fields of reconditioning or rehabilitation. These films are for use by instructor personnel and convalescent assistants.

76. All of the films referred to in the preceding paragraph together with the necessary projection equipment, can be obtained on a loan basis from the film library at service command headquarters.

77. **Films from other sources.** Numerous films suitable for reconditioning programs are available from sources other than service command film libraries. The only films deposited in service command central film libraries and sublibraries are those authorized by the War Department for purposes of training, orientation, morale, reconditioning, and entertainment. All requests for unauthorized films should be coordinated by the chief of reconditioning services at the local hospital. If the film and its desired use are approved, this request should then be forwarded to the visual aid coordinator in charge of the local library, who will make every effort to effect a local loan of this film subject from the correct sources. In this way, one authorized person at the hospital is responsible for dealing with representatives of film agencies. This insures the proper channeling of all requests for films, both authorized and non-authorized, and the completion of all loan requests. Sufficient time should be allotted for requesting the loan of films, especially those to be borrowed from sources other than service command film libraries, or local film sublibraries.



Figure 27. REAR PROJECTION.—Mobile projection unit and rear view feature developed at a local installation offers a convenient means of bringing movies to patients who are confined to bed.

78. a. Central film library. Service command libraries are stocked with sufficient 16-mm and 35-mm prints of all War Department films (except Army Air Force subjects) and sufficient projection equipment of all types (See TM 11-401), for the purpose of servicing the needs of training-orientation and reconditioning. Besides operating a local loan service, the Central Library maintains staff supervision over all other libraries within the command, furnishing them with replacement prints of films, replacement equipment, and offers advice in operation of efficient film libraries according to established standard operating procedures. (See "Get 'Em Into Action" on deposit at all film libraries.)

b. Sublibrary. Training film sublibraries are established at major troop concentrations to make immediately available to troops it serves the films and equipment for which there is a constant need. Other subjects for which there is an occasional need are obtained on a temporary loan basis from the central library. Visual aid coordinators in charge of film libraries act in a liaison capacity between the supply of and utilization of visual aids and equipment, and are in a position to recommend films and other aids for specific purposes. A complete explanation concerning the distri-

bution channels for all War Department film and projection from the office of the chief signal officer to service command central film libraries and sub-libraries can be found in sec. III, FM 21-7, "Training Films and Film Strips," dated 1 January 1944.

79. No lesson is complete without visual aids of some sort; they add interest and vitalize learning. The object or purpose of the lesson should be the major consideration in the selection of the aid. Each type has advantages and limitations and can serve some purposes better than others. Many of them should be used in combination. For specific instructions concerning the value and use of maps, charts, models, exhibits, and other visual aids for reconditioning programs, see chapter 8, TM 21-250, 19 April 1943.

80. Films are designed as aids to teaching and learning and are considered only as supplementary aids which do not take the place of the instructor. By themselves, films have only limited value. When used in accordance with sound principles of instruction by a resourceful instructor, they are invaluable training aids. (See "The Use of Training Films," available through normal film library channels from TAD, AAF, 1 Park Avenue, New York, N. Y.) When using film for instructional purposes, the instructor has to assume the responsibility of preparation, presentation, and application. Full detailed explanations on utilization of films are available in reference sources outlined in paragraph 79 and 80. The following criteria concerning film utilization may serve as a guide to all reconditioning instructors who plan to use films in their programs.

- a. The instructor and not the film is the dominant influence in the lesson.
- b. A film is a teaching aid. It enables the instructor to present the lesson more effectively than he could otherwise.
- c. If the film lesson is skillfully prepared, the results will be highly successful.
- d. Plan the entire lesson carefully before showing the film.
- e. Always preview the film to make sure that the material or subject matter it contains will be pertinent and suitable for the specific objective of the lesson.
- f. Correlate the showing of film with the opportune time in the teaching process.
- g. Show only the film which pertains to the lesson. Extraneous material is more harmful than helpful.
- h. Introduce the film to the audience. Point out important points to look for and the purpose of the film showing.
- i. Keep the size of the audience to a minimum. Large audiences make the task of presentation and application difficult.
- j. Good showmanship usually insures the success of a film program; proper projection, ventilation, seating arrangements and lighting are beneficial.

k. Make practical reference to information contained in the film.

81. Suggested References.

- Training Film —7-295—Military Training.—Demonstrates the correct use of all Visual Aids for military purposes. Emphasis is on the use of visual aids in training situations; however, basic principle of instruction can readily be applied to reconditioning program. (R. T. _____ 58 _____ min.)
- Navy Film —Tips to Teachers.
- Film Bulletin 73—Use of Training Films. Explains the functions of training films and shows the basic technique that the instructor should employ to achieve more effective results from the use of films. Although these techniques are directed to the use of Training Films, basic principles can be applied to all film showings. (R. T. _____ 8 _____ min.)
- Film Strip 11-4 —Operation of Motion Picture Projector, Bell & Howell.
- FS 11-5 —Operation of Motion Picture Projector, Ampro.
- FS 11-6 —Operation of Motion Picture Projector, RCA.
- FS-11-50 —Operation of Film Strip Projector, (SVE).
- 21-1 —Use of Film Strips.
- Manuals—
- FM 21-7 —List of War Department Films.
- FM 21-5 —Military Training.
- TM 21-250 —Army Instruction.
- TM 1-1000 —Vocational Teaching.
- Booklets—
- How to Use Training Films } TAD, AAF, 1 Park Ave., N. Y. C.
- How to Use Film Strips }
- How to Use Visual Aids —Ordnance Training Unit, Aberdeen, Md.

Section V. RADIO PROGRAMS AS RECONDITIONING AIDS

82. Radio listening is a favorite form of recreation and a primary source of information and news to a large percentage of American soldiers. Listening habits acquired in peacetime are carried over into war time. Among the men in a hospital, the educational reconditioning officer will find an unusually favorable attitude already established toward radio listening. He can use radio as a vital supplementary tool in the reconditioning program. He must know how to use radio, what radio programs to use, and how to coordinate the use of radio effectively with the entire reconditioning program. The use of radio must be planned if it is to be a direct aid in reconditioning.



Figure 28. ON THE AIR.—A centrally controlled radio system offers broad opportunity

83. Probably the most important step in utilizing radio in the hospital reconditioning program is to secure interested and trained personnel. Study the records of the enlisted men assigned to the hospital detachment to discover if any have had experience in radio broadcasting, or in related occupations, such as music, the theatre or public speaking. Select at least one such qualified man from among the permanently assigned personnel of the hospital to make the use of radio in the reconditioning program his primary responsibility. A team of three men should be chosen for the job. If three men are not available from permanent personnel, attempt to secure one key man from this source, and then select qualified and interested patients to work with him.

84. When proper personnel have been selected, the educational reconditioning officer should direct a study of the particular problems of his hospital, such as the availability of equipment; the existing use of radio programs, phonograph records, and electrical transcriptions; use of the public address system for live talks, newscasts, and other radio type programs; and the over-all plan of the reconditioning program, particularly in relation to the types and numbers of patients in the hospital.

85. Although many hospitals are adequately equipped with good public address systems, including satisfactory microphones, other equipment is needed for an adequate use of radio and radio type broadcasting throughout the hospital. Twin turntables, capable of operation at either $33\frac{1}{3}$ or 78 r.p.m. are a necessity. A switchboard which will give control of broad-



in bringing recreational, diversional and educational activities to the class 4 patient.

casting ward by ward is desirable, because there will be occasions when material may be appropriate for only one or two wards, rather than for the hospital as a whole. Further control, which will permit sending a program either through the loudspeaker system, or through the headphone system is desirable. The existence of both headphones and loud speakers in each ward is an ideal situation.

86. The kind and quantity of program service must be coordinated with the entire reconditioning program. Because of the spontaneous interest in radio, which is almost always associated with entertainment, the use of radio in a hospital can become excessive and lose its value.

87. A music library is necessary as a basis on which to build many types of programs. A list of musical selections and radio programs mimeographed and distributed among patients with instructions to indicate their preferences might provide a good index of the programs desired. Required listening naturally would be determined by the educational reconditioning program itself. Certainly a must would be a good news broadcast (the men might be surveyed on their choice of commentators) in the morning, at noon, at supper, and before bedtime. Standard broadcast programs known to be desired (by survey) could be sent throughout the hospital off the air. Hospital-local live shows, as sings, novelties, acts, etc., by volunteer patients can be scheduled in the evenings. The community sing has proved successful in experiments. Radio plays could be presented, selected from standard anthologies of radio scripts, mimeographed, dis-

tributed to the cast, rehearsed and produced for the entire hospital. Different types of electrical transcriptions, especially produced for the Armed Forces, are available to general hospitals.

88. Each day's program should be carefully planned as to exact hour and duration. In short, the operation of the public address system in a hospital should be conducted exactly as if it were a broadcasting station. Schedules should be adhered to, so that men can get news at the same time every day—morning, afternoon, or night. A dependable schedule will develop listeners and give men a sense of order. Once such a program is planned, it should be publicized among the men. Mimeographed weekly program schedules should be distributed so that each soldier has his daily program listing for reference. Posters and bulletins should be given special announcement, on the public address system, on bulletin boards, in hand-outs. Use radio as an interesting and vitalizing aid. Programs may be planned to achieve a particular result in the entire reconditioning program.

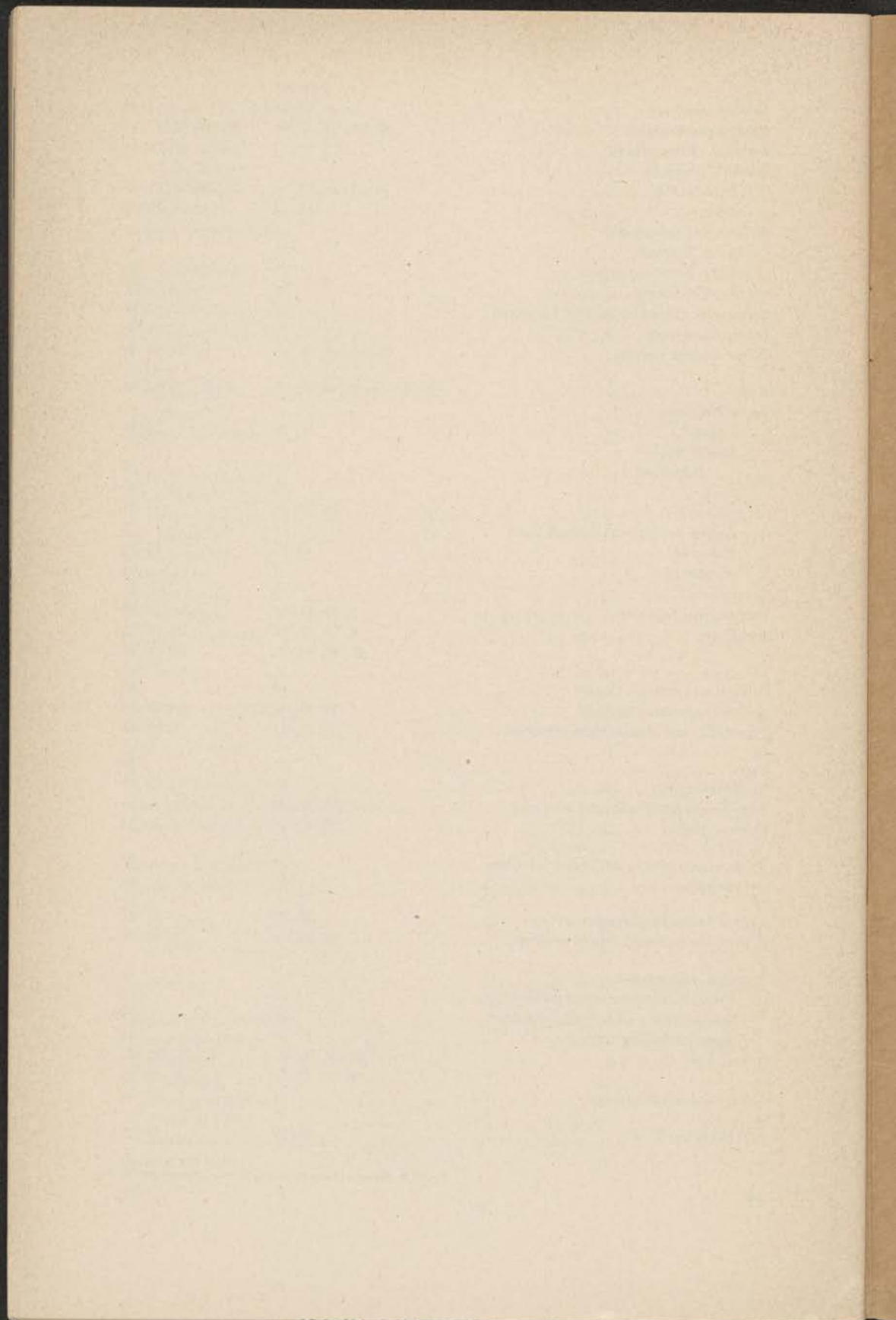
89. To the educational reconditioning officer and his assistants, the use of radio in the reconditioning program offers a challenge and an unusual opportunity to encourage sound thinking, foster understanding, and develop a sense of values in men returning to duty or to civilian life.

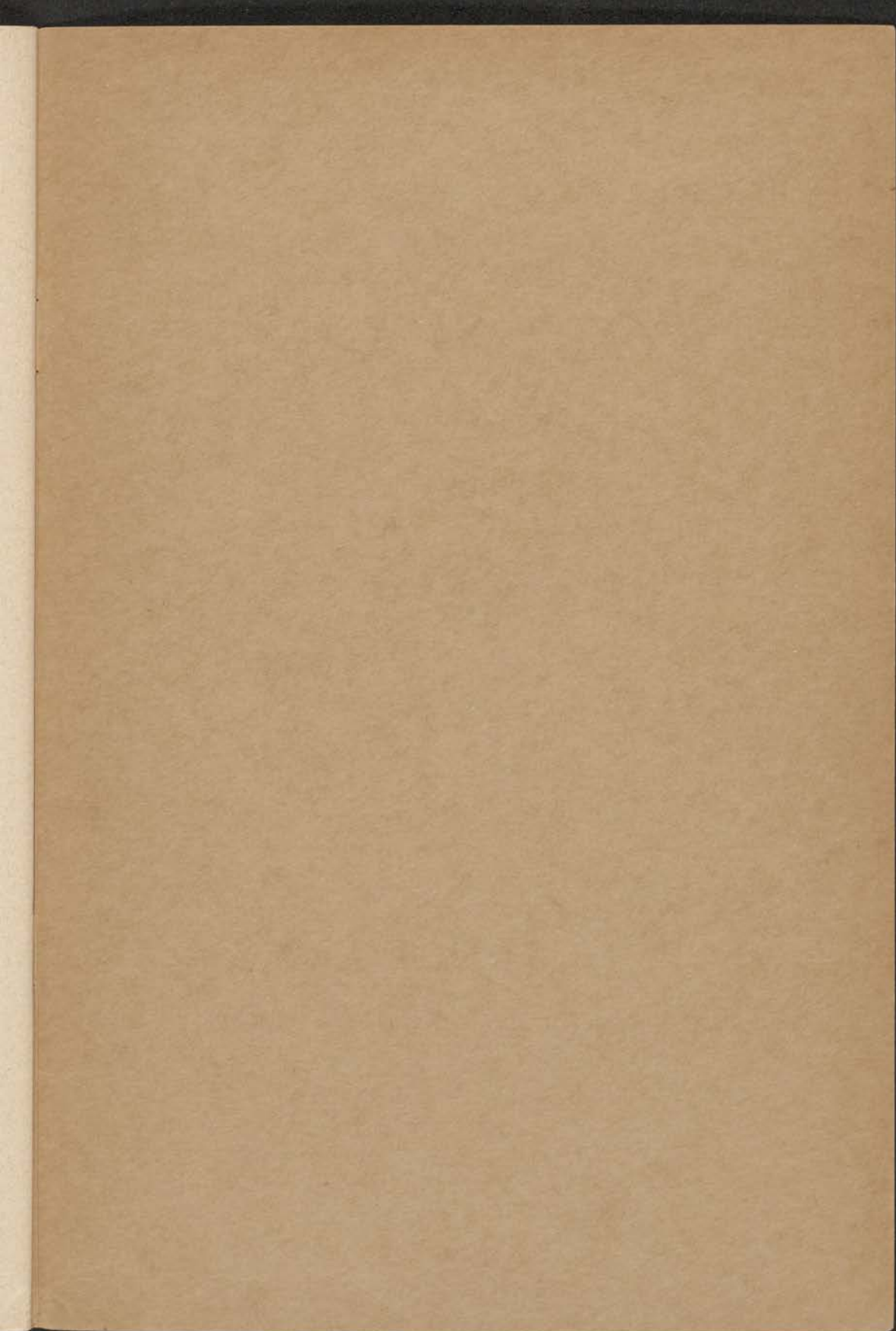
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