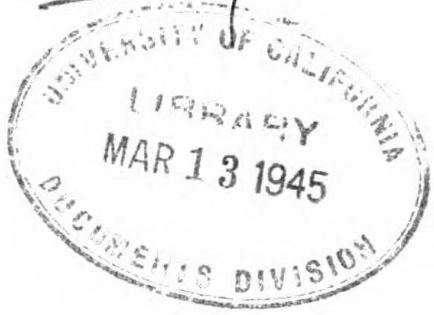
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WAR DEPARTMENT TECHNICAL MANUAL

U.S. Dept. of Army



EDUCATIONAL RECONDITIONING

WAR DEPARTMENT • DECEMBER 1944

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WAR DEPARTMENT
WASHINGTON 25, D. C., 14 December 1944

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

[AG 300.7 (16 Oct 44)]

BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL
Chief of Staff

OFFICIAL:

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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.

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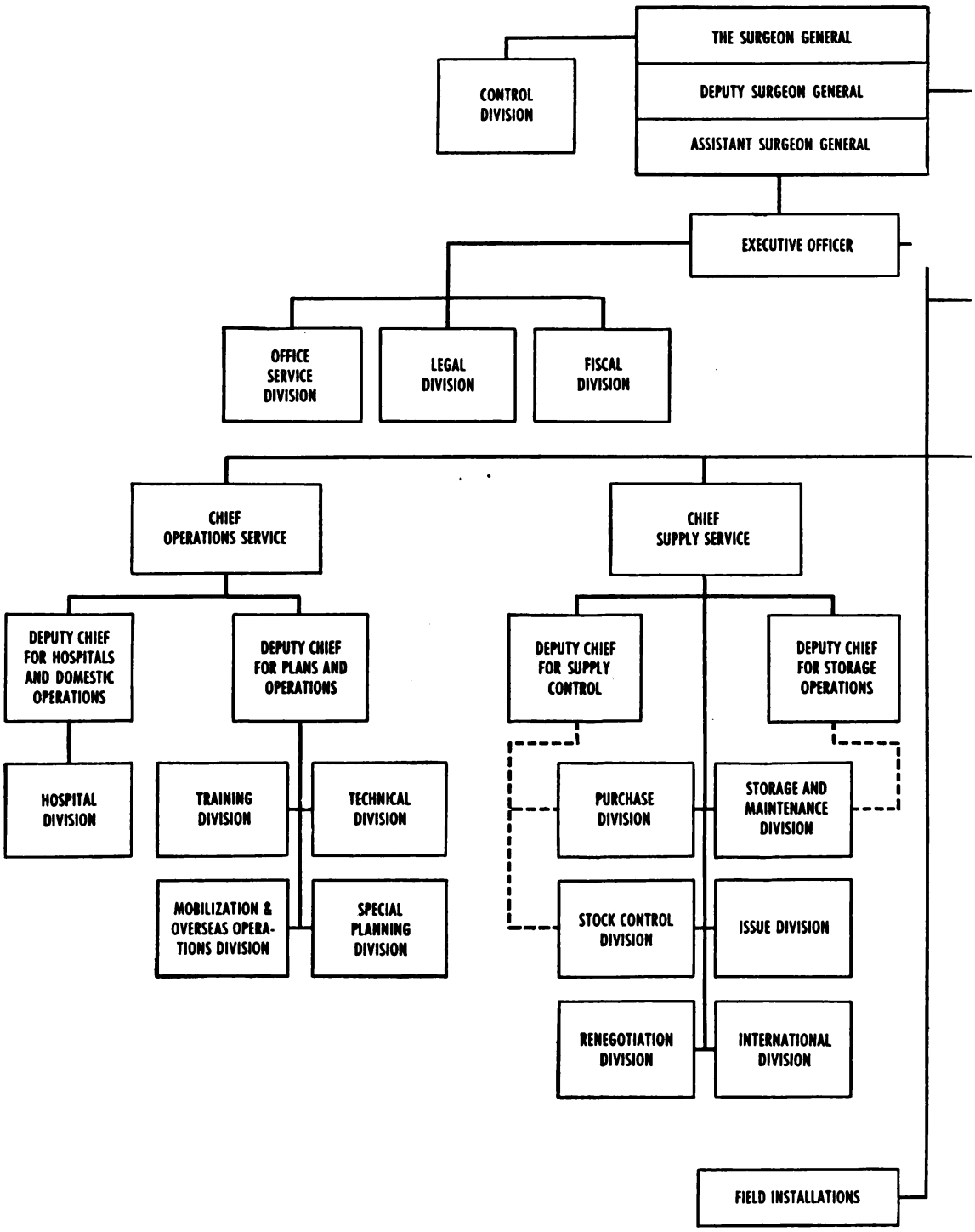
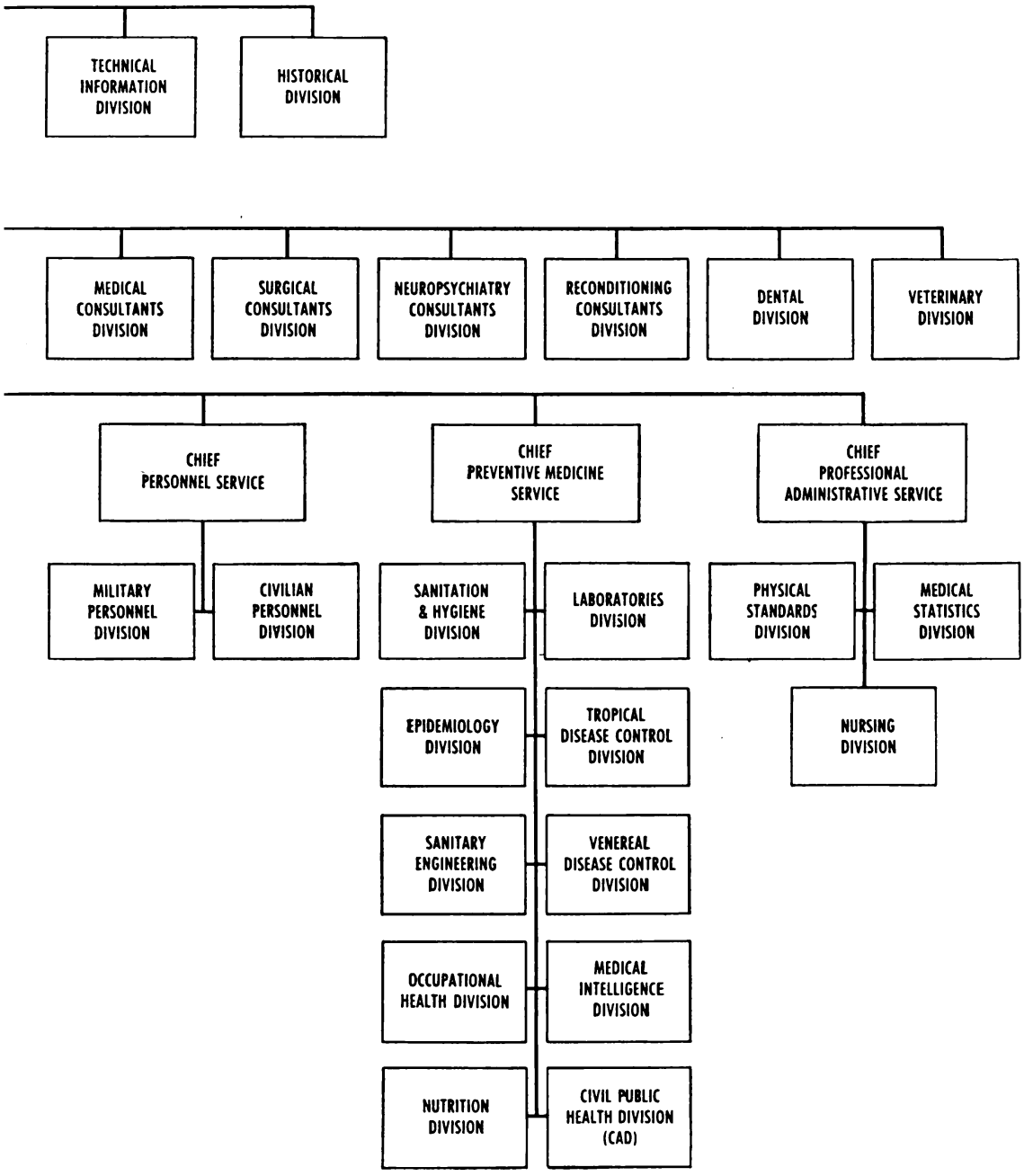


Figure 1. Organization chart,

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SURGEON GENERAL



Office of The Surgeon General.

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HOSPITAL RECONDITIONING ORGANIZATION

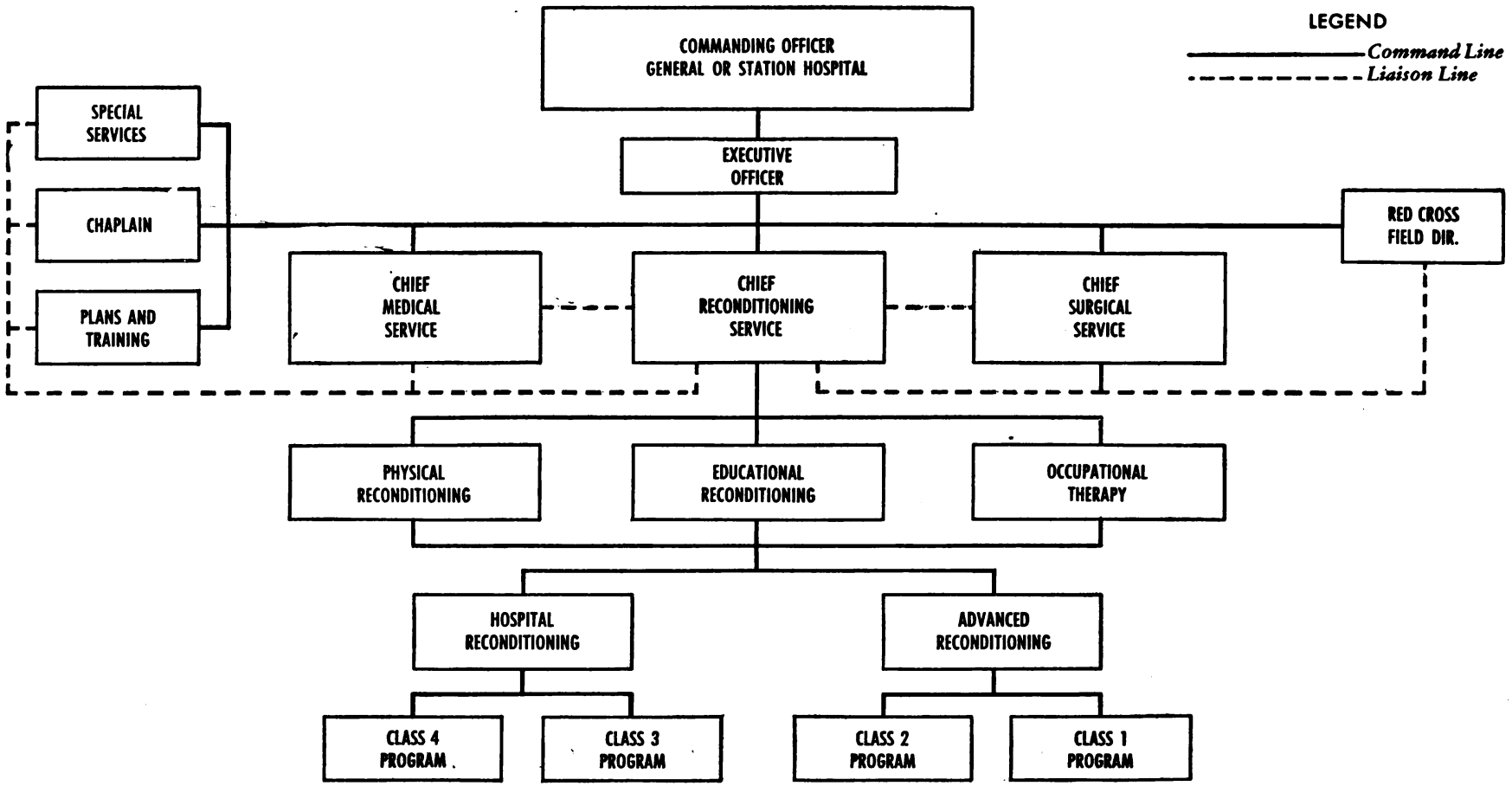


Figure 2. Organization chart, hospital reconditioning program.

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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.

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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.*

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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 itensified 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

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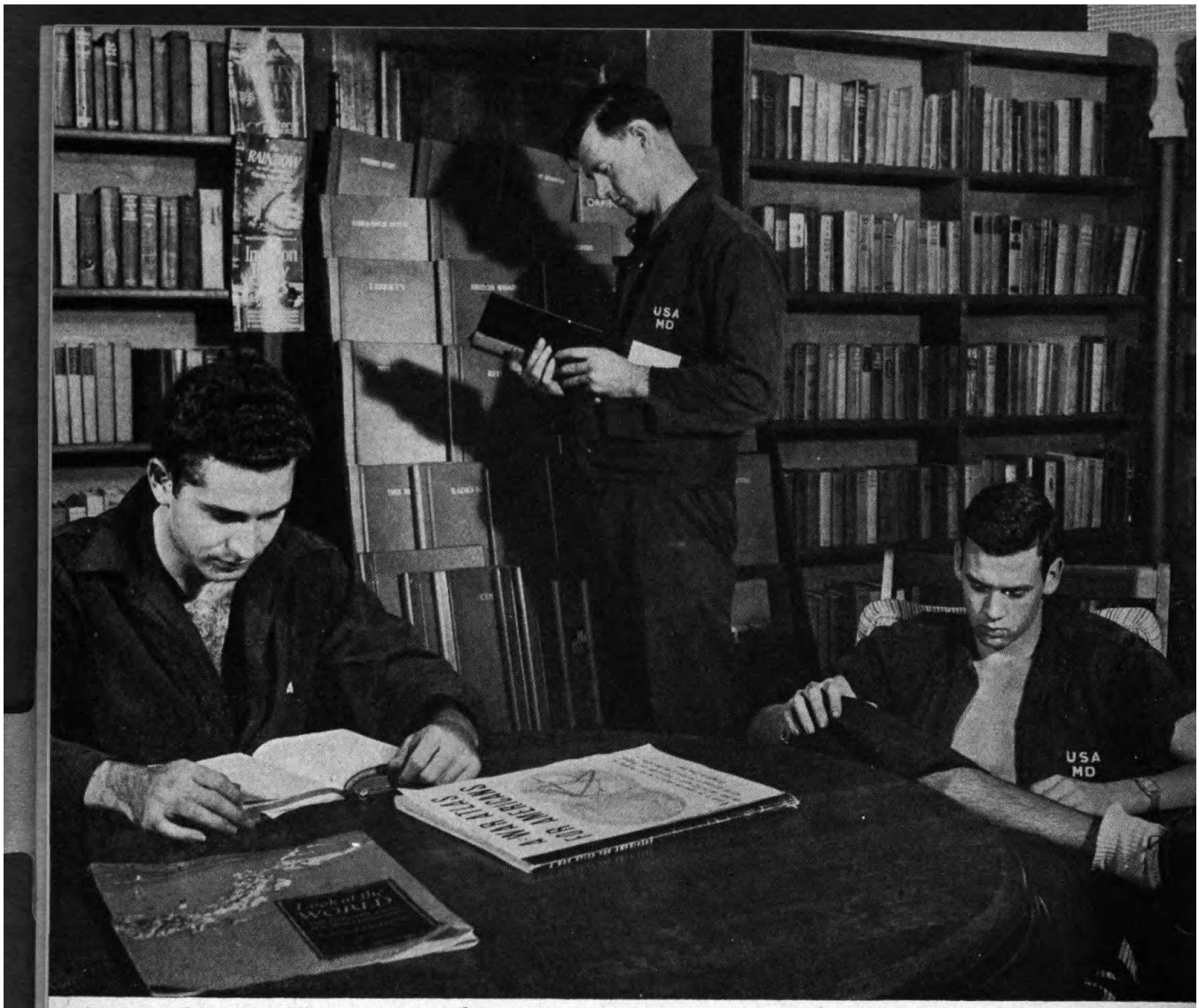


Figure 5. LIBRARY.—*The Army Service library of the hospital is widely used. Patients enjoy browsing among latest books.*

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.

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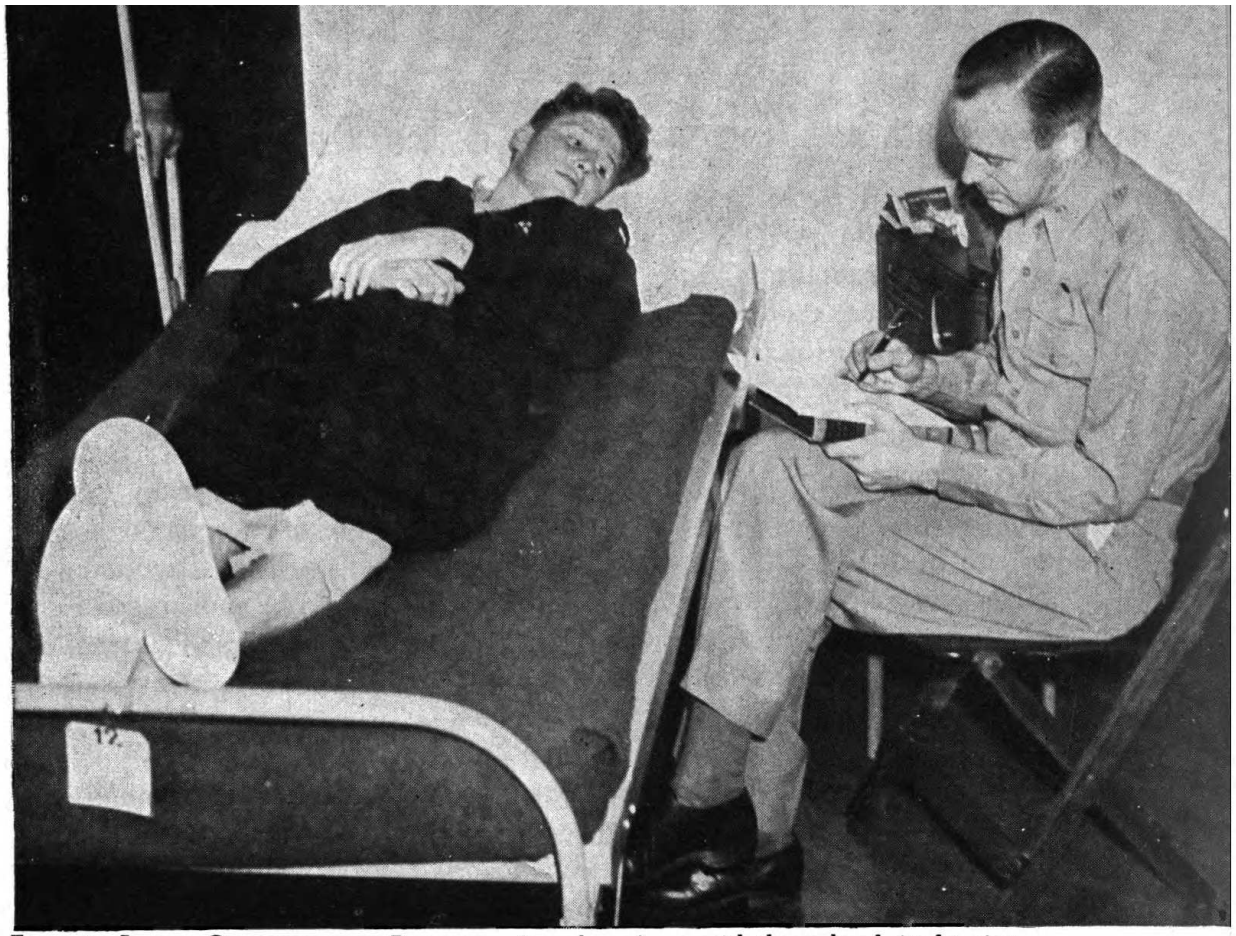


Figure 6. INITIAL ORIENTATION OF PATIENT.—*An early conference with the newly admitted patient offers an opportunity to learn his needs.*

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



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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.

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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.

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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-

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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.

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seling 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.*



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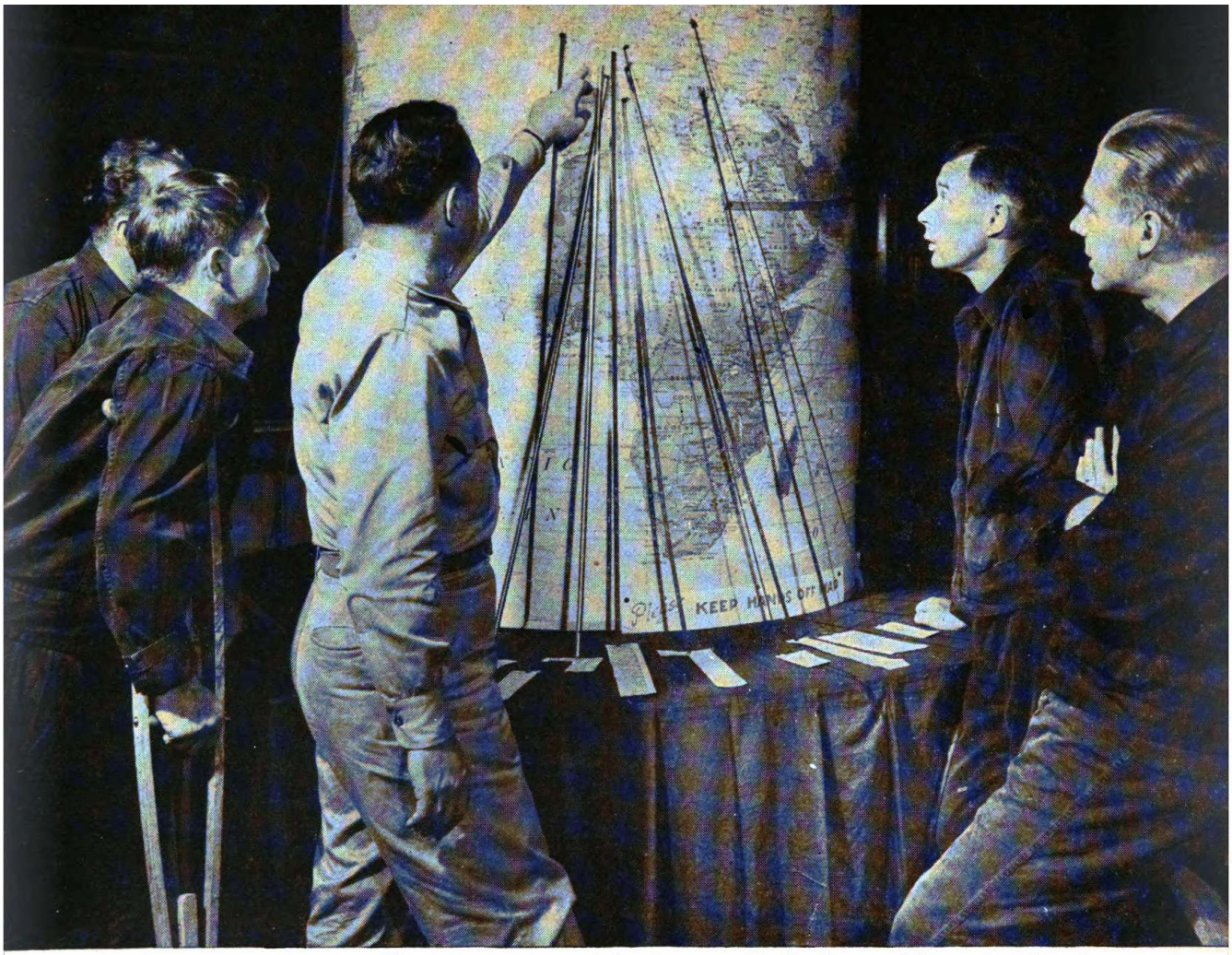


Figure 10. ORIENTATION CENTER.—*The program progress of the war is graphically illustrated by an up-to-date orientation center.*

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.

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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 reconditoning program depends.

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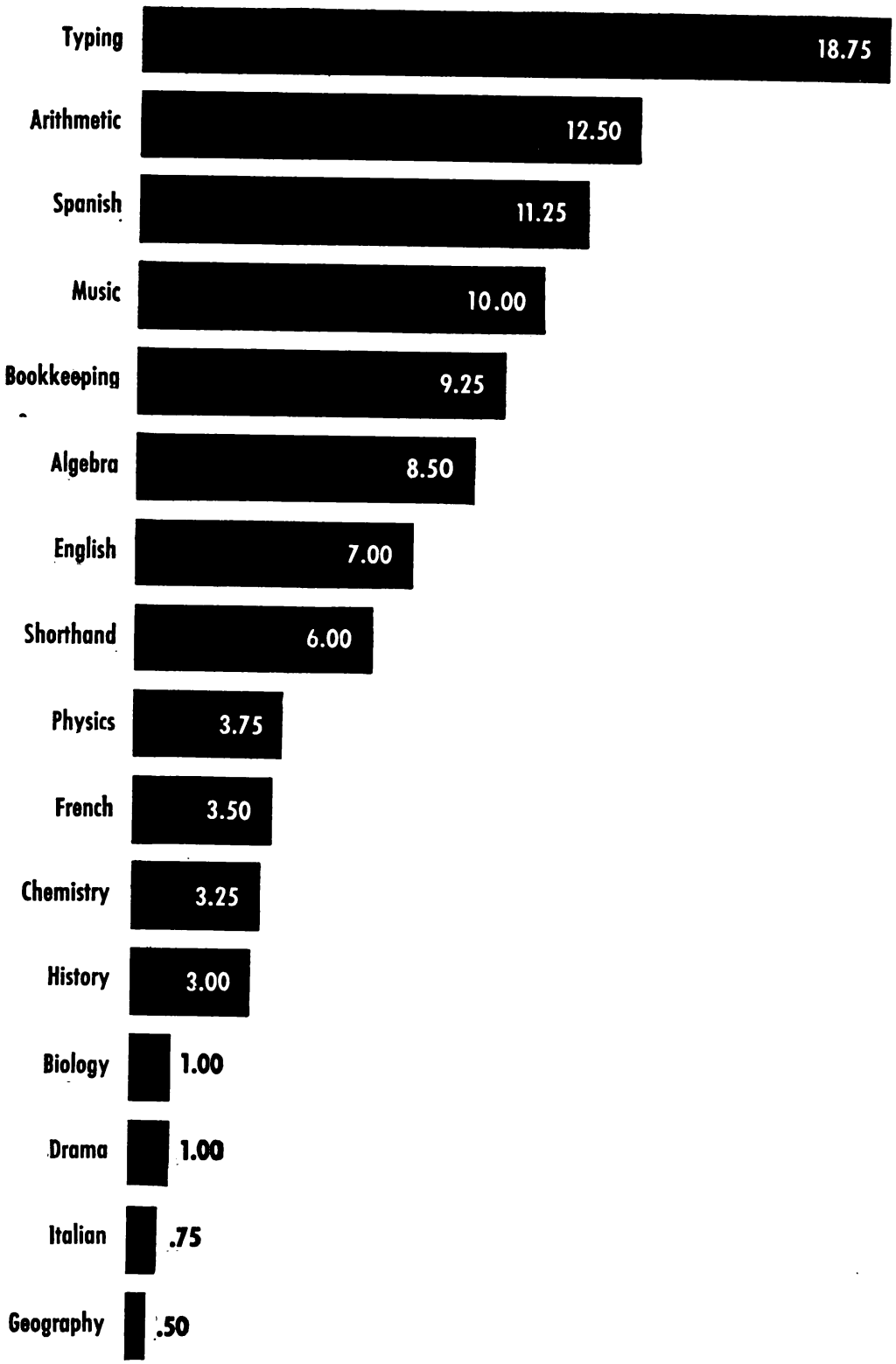


Figure 12. Academic interests.

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VOCATIONAL INTERESTS

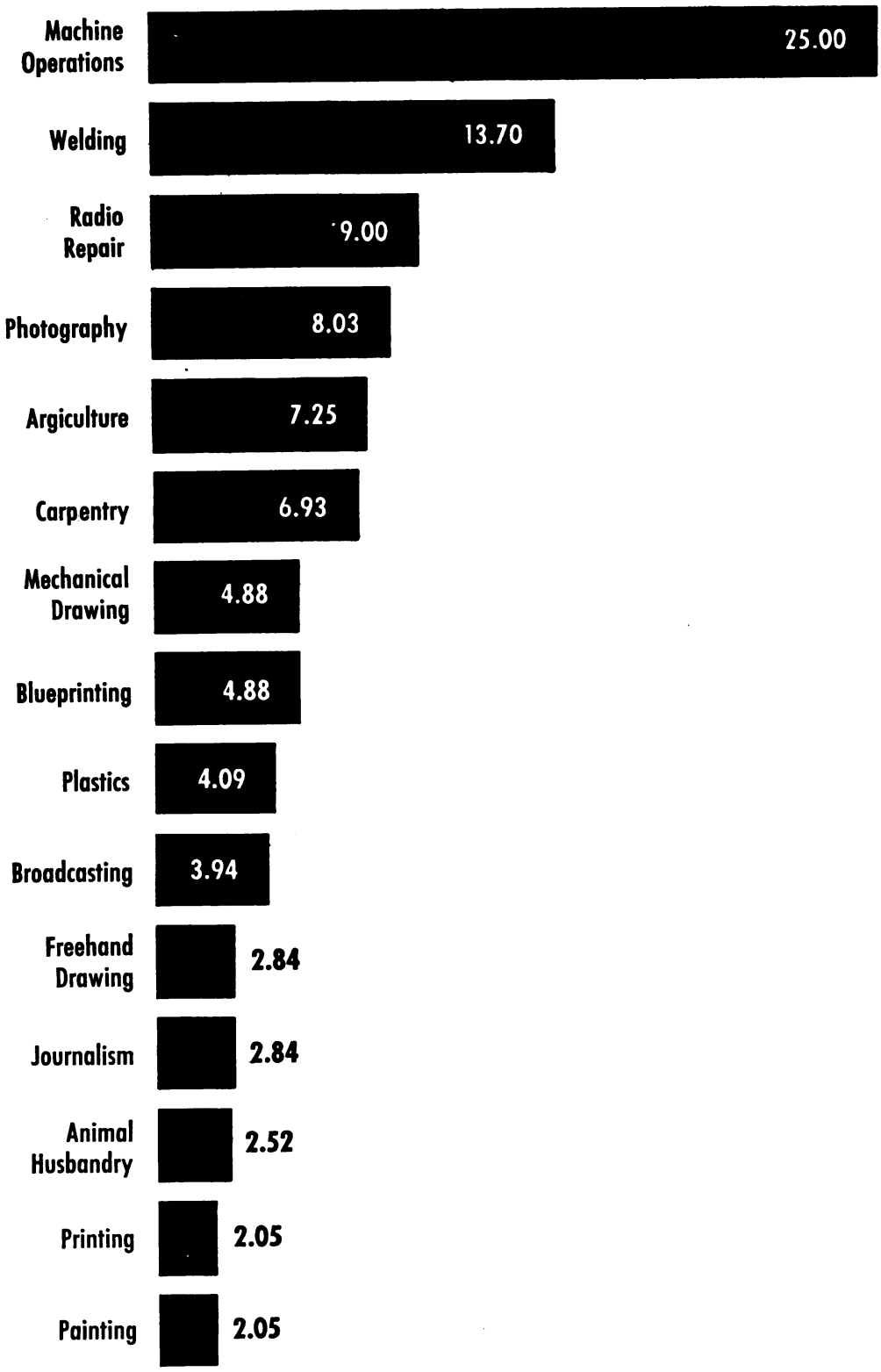


Figure 13. Occupational interests.

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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.*



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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 civlian 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.

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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

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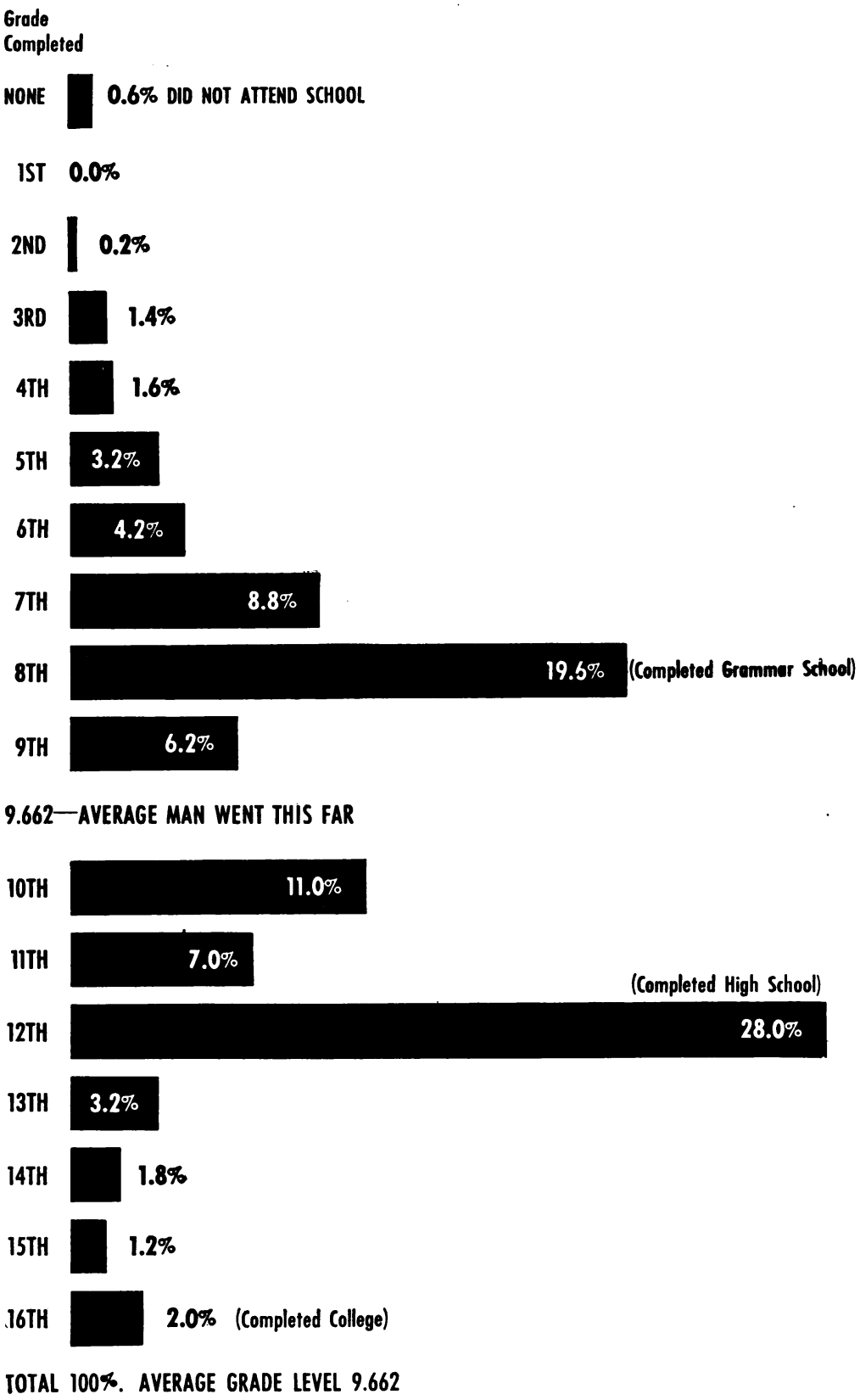


Figure 15. Educational background.

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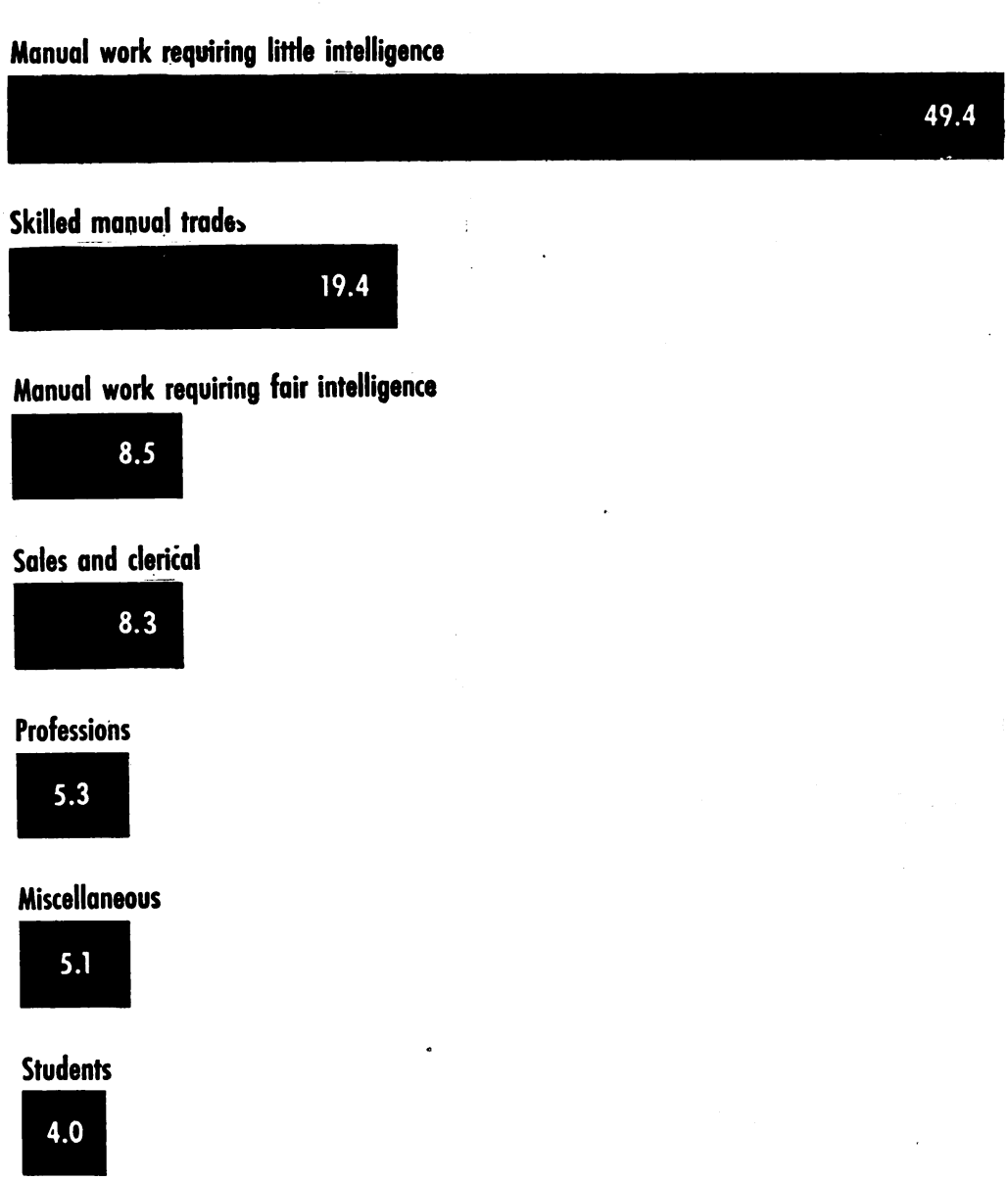


Figure 16. Occupational background.

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.

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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.

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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.*



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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

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(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

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CLASS 4 PATIENTS

Activities	Source of Services	Developing a Program
Individual Instruction 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.
Group or Class Instruction 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.

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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 unnecesary. 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.	
Orientation and Information 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.

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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.

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Class 4 (Continued)

Activities	Source of Services	Developing a Program
Motion Pictures 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.
Diversional Activities 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.	

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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.

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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 Republice 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 Eeucation 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.

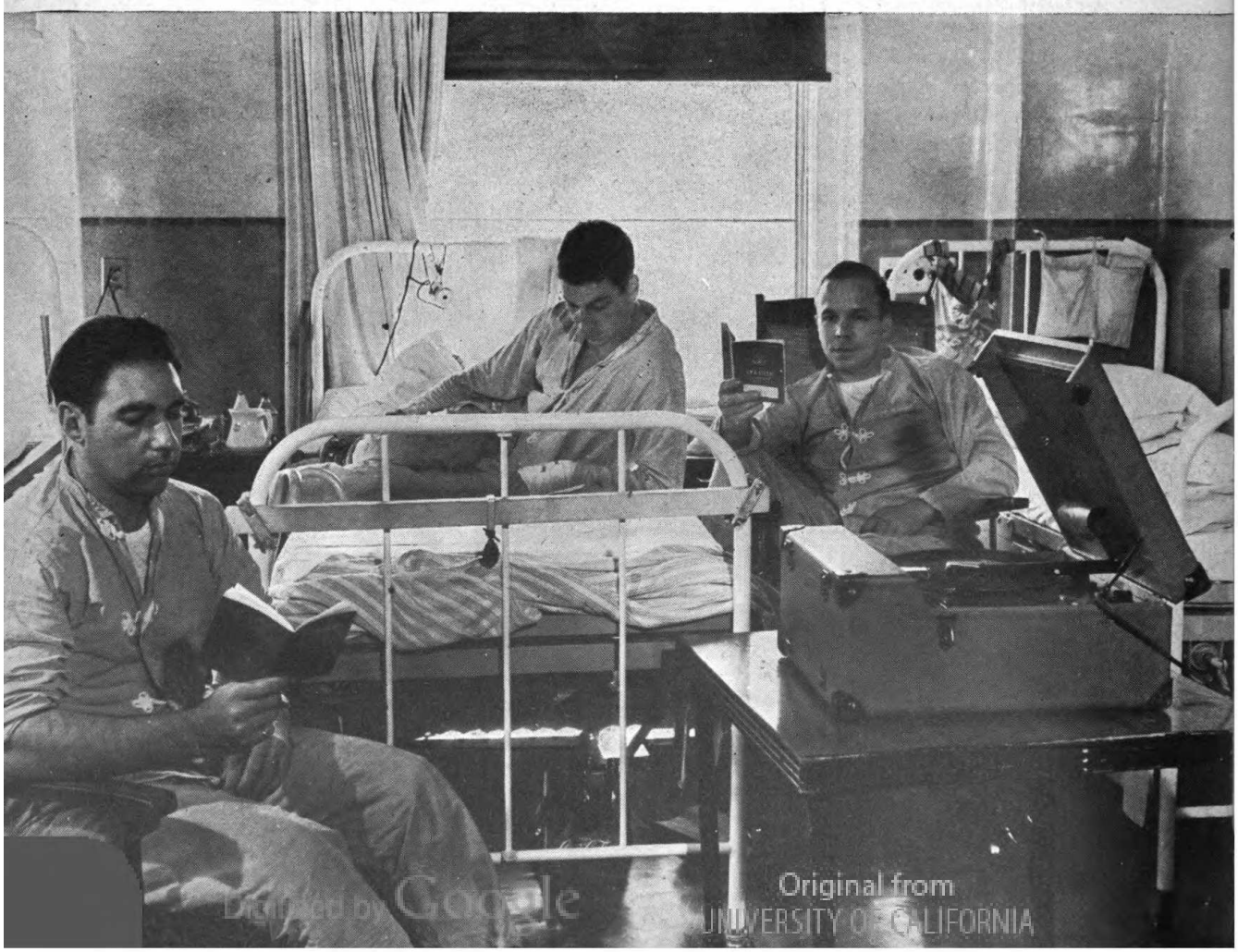
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Section III. CLASS 3 PROGRAM

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.*



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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.*



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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
Orientation and Information 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.

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