

NURSING EDUCATION DEPARTMENT

Edited for the National League of Nursing Education by Claribel A. Wheeler, R.N.

Nursing Schools and National Defense

*Some principles and policies for guidance in the basic
preparation of nurses*

MANY REQUESTS have come for a short, concrete statement of principles and policies that would help to guide nursing schools in this time of national emergency. The following statements were drawn up at the request of the Nursing Council on National Defense by its Committee on Educational Policies and Resources, which includes Stella Goostray, President, National League of Nursing Education; Sister M. Olivia Gowan, President, Association of Collegiate Schools of Nursing; Nellie X. Hawkins; Sally Johnson; Pearl McIver; Effie J. Taylor; Elizabeth C. Burgess; Claribel A. Wheeler; and the chairman, Isabel M. Stewart. The first draft was then sent out to more than one hundred representative nurses in different sections of the country for evaluation and suggestions. Their replies were compiled and summarized in this report which goes out to state boards of nurse examiners, state leagues of nursing education, and other groups that have a direct responsibility for the preparation of nurses.

Because of the urgency of the situation, individuals are asked not only to study and evaluate the recommendations but to have state and local groups

unite in discussing ways and means for making them effective in individual schools and in local and state areas. Differences of opinion are expected, but it is believed that there will be little difficulty in agreeing on the main principles and lines of action. Excellent suggestions will undoubtedly come out of such discussions that should be shared with other groups. The committee would be glad if you would send in such suggestions and comments as well as questions and problems on which you think it could be helpful. Communications should be addressed to the chairman of the committee, Isabel M. Stewart, or to Mrs. Elmira B. Wickenden, Secretary, Nursing Council on National Defense, 1790 Broadway, New York, New York.

I. GENERAL PRINCIPLES AND POLICIES

1. *Nursing schools, like all other educational and health institutions, should assist and promote in every possible way the general program for national defense.*

There is general agreement with this statement. Comments bring out the point that nursing schools have a special obligation because of the nation's great need for nurses. It is noted that this obli-

gation takes many forms besides the production of more nurses; for example, helping to care for the civilian sick; participating in plans for civilian defense; maintaining high morale among students staff, patients, et cetera.

2. *Schools of nursing should be interested in the nursing needs of the country as a whole as well as in the needs of their own institutions and local communities.*

This principle is generally accepted. Comments indicate that some are inclined to put the needs of the national government for military and other services first, while others think the needs of the civilian population, especially in strategic areas, should receive primary consideration. It seems to be agreed, however, that every section of the country should take its share in helping to supply the extra nurses needed to meet the emergency and that every school should prepare its graduates to serve in military, Red Cross, or other branches of national service as well as in community nursing services.

3. *Nursing schools in general should accept their share of responsibility for increasing the supply of nurses, but they should also join other responsible groups in urging the fullest possible use of nurses already prepared (supplemented by non-professional auxiliaries), thus providing more quickly for the immediate need and helping to avoid a possible oversupply of nurses after the war.*

While the principle seems to be generally approved, opinions differ on the question of how many inactive graduate nurses can be brought back into service, and how far it is safe to go in using non-professional workers. The dangers of overexpanding and weakening existing educational facilities are noted, as well as probabilities of unemployment; also evidence that the nursing field is still expanding and that postwar reconstruction will call for the services of many nurses. One commentator urges nurses to re-

member that students beginning in 1941 do not graduate until 1944, and that in the meantime "refreshed" graduate nurses must be used to the limit, as well as non-professional aides, paid and unpaid.

4. *There should be a definite increase in the total number of student nurses enrolled in nursing schools during the present school year (September 1941 to August 1942), current estimates ranging from 15 per cent to 30 per cent advance over the preceding year.*

Everyone seems to agree on the need for increased production, some believing that we do not need more than 15 per cent now if we use all available reserves, and others thinking this too low. One suggestion is that a more gradual expansion might be safer, starting with 15 per cent in 1941-1942 and increasing this by 5 per cent or more in 1942-1943. Comments stress the lack of available educational facilities and the danger of schools taking more students than they can care for properly. Some evidences are cited of poor schools increasing their enrolments and also of schools with good facilities that could accommodate larger classes if they were willing to make the effort. One statement is, "We have never had too many high-caliber nurses."

5. *If the student nurse group is to be enlarged as proposed, a considerable expansion of existing educational facilities and probably some adjustments in educational machinery will be necessary in order to get nurses ready at the earliest possible moment.*

While there is general approval of this proposition, the dangers of cutting down or weakening standards are noted in many comments, as well as the risks of too great speeding up of the training process. Pressure from high school and college advisers for short courses is reported, as well as some suggestions for combining general and professional courses and securing the approval of local examining boards for any changes

that would affect the length or standards of preparation.

6. *All those concerned with nursing schools, including boards of examiners, should be ready to co-operate in working out such adjustments while at the same time maintaining essential educational standards.*

This principle is generally endorsed. Comments indicate that state boards should not only co-operate but guide and stimulate thinking along these lines and help schools to make needed adjustments. It is noted, however, that such boards are dependent on law. One suggestion is that if major adjustments are to be made in nursing courses there should be a general agreement throughout the country on such adjustments.

7. *Experience shows that better results can be secured by strengthening and enlarging schools already well established and functioning successfully, rather than by attempting to develop new schools, especially if the facilities needed to maintain acceptable standards are lacking.*

There is general approval of this principle. Comments show that a real danger of mushroom developments exists at this time. Examples are cited of schools closed because of inadequate facilities, that have used the emergency as justification for reopening, and of colleges making plans to develop nursing programs with little or no consideration of the clinical facilities needed or the employment of a properly qualified professional faculty. This statement (7) is not intended to discourage new developments that are soundly planned and financed especially if they tend to increase educational facilities substantially in sections of the country not now well supplied, or to provide more adequately for special groups of applicants whose needs are not now satisfactorily met.

8. *Schools that have difficulty in meeting minimum standards should be discouraged from taking additional students.*

This is unanimously approved. Some comments suggest that more positive action is needed to prevent weak schools from overstraining their already inadequate resources. A more effective use of public opinion as well as of legal and professional controls is suggested.

9. *Because it is possible to prepare student nurses more economically in moderately large than in small groups, co-operative arrangements between schools should be worked out wherever this can be done satisfactorily.*

While the majority approve, some do this with reservations. They note the dangers of mass education and the lack of thoroughness which is sometimes associated with large classes. Some feel that co-operative arrangements are more successful in preclinical than in clinical instruction and practice. Others point out, however, that co-operative plans would help to economize instructional staffs and to make possible a more frequent repetition of classes, thus providing for better integration of theory and practice. While some are inclined to question the wisdom of starting new plans at this time, others think it vitally important to use every practicable suggestion of this kind for saving time, effort, and personnel.

10. *The resources of colleges and universities that offer suitable facilities, as well as those of hospitals and service agencies, should be utilized wherever possible in building up strong nursing education centers that can be readily expanded in case of need.*

The great majority are in accord with this statement. However, some note that a sound organization cannot be improvised in a hurry; that a good many colleges and universities, as well as hospitals, are without standing in accrediting agencies and have little to offer nursing schools; that there is danger of too much control of nursing education by academic institutions which have no experience or qualifications in this field; that academic

connections may weaken and disorganize rather than strengthen nursing schools, especially if responsibility is not clearly defined. There are also several positive statements urging such arrangements, especially where there is some promise of permanency in the plan as well as assurance of backing by responsible nursing groups.

11. *It is desirable that at least one such center should be developed in each section of the country where the demand for well-prepared nurses is likely to be heavy, and where existing facilities are not now adequate. While the schools co-operating in such a central plan need not lose their identity, the possibility of consolidation on a permanent basis should be given careful consideration.*

General but qualified approval of this suggestion is indicated in the replies. It is suggested that such developments should be recommended as a result of an overall study of the entire country and that locations should be selected where the general set-up is favorable and where it is possible to build such centers with good co-operation from the institutions concerned and without financial waste. The possibility of developing two or three such centers on an experimental basis is suggested. Comparing this plan with the Army School of Nursing which had various branches, located in corps areas, one person points out that difficulties, though great, are not insuperable, and that some organization on a national basis might be necessary to get such regional centers into operation.

12. *In working out new combinations and relationships, competent nursing leadership is essential and close contacts must be maintained between nursing and non-nursing groups that share in administering and conducting educational programs in nursing.*

There seems to be little difference of opinion on this statement. Comments show that nursing leadership is not as

strong and as competent as needed in many situations and that efforts must be made to stimulate such leadership through local and state as well as national nursing organizations, and through faculty groups. It is pointed out that the instruction of nursing students in co-operative programs should not be left entirely in the hands of academic instructors. It is also observed that special preparation and experience is required if such relationships are to be worked out satisfactorily.

13. *The recommendations outlined in A Curriculum Guide for Schools of Nursing should be accepted as a general basis for the preparation of nurses during this period, the understanding being that minor adjustments should be made as necessary, without weakening fundamental standards.*

This statement is generally approved. Some comments indicate that most schools will not be able to set admission standards beyond high school at present, while others suggest that it is now possible to attract students with higher educational qualifications because of the increased interest in nursing. The fact is pointed out that war and postwar demands on nurses will be exceptionally heavy, emphasizing the need for keeping up the level of preparation while focusing on present-day problems and situations. Condensation is suggested wherever possible without sacrificing essentials; also more flexibility in programs, especially for mature students with a rich educational background and leadership potentialities. Statement 13 is not intended to interfere with variations in philosophy, et cetera, due to differences in religious faith.

14. *Because of the difficulty of providing adequate experience in psychiatric nursing, communicable disease nursing, and other essential fields, a special effort should be made to develop such facilities and make them available to student nurses, thus*

strengthening their preparation and making it possible in many cases for schools to increase their total enrolment.

There seems to be general agreement as to the desirability of including such experience in the student's preparation. Opinions differ as to whether this is the time to push forward with such plans. It is pointed out that affiliations do not necessarily allow for an increase in the student body since other clinical facilities may be limited. The need for funds to develop such clinical fields is also noted. Tuberculosis nursing affiliations are suggested as a substitute for those in general communicable disease nursing, where the latter are not available. Co-operative effort seems to be clearly indicated in planning for affiliations in pediatrics as well as in the clinical branches mentioned.

15. *The urgent need to get more nurses ready to assume responsibility as soon as possible makes it especially important at this time to select candidates who are fairly mature, above average in intelligence, and otherwise qualified to go ahead at a little more than the average pace, during their preparation and later.*

The need for better-qualified applicants is generally accepted. There seems to be some doubt as to whether it is safe or possible to push superior students ahead in a shorter time and still develop the judgment, skill, and sense of security that all nurses need. It is suggested that some time (usually not more than six months) can be saved during the school period in the case of exceptionally well-qualified students. Evidence is cited to show that nurses who are more mature intellectually and emotionally when they start to practice—especially those with a sound general education—are likely to be fitted sooner for positions of leadership and responsibility. Even though young high school graduates are exceptionally able, they take longer to "grow up" professionally. It is pointed out that every effort must be made to avoid the loss of

good applicants and to conserve their health and morale by providing proper housing, recreational facilities, and the like, and by treating them as students and as adults.

16. *To attract such applicants and to make the most of their abilities and preparation, an effort should be made to increase the number of nursing schools whose programs are definitely arranged for students with a background of from two to four years of college work or equivalent.*

The majority accept this as a general policy. Some individuals question whether it is possible to do much upgrading at the present time. While some think that there are already enough schools on the upper level to take all who qualify, others point out that the recruitment campaign is likely to bring in a much larger proportion of junior and senior college graduates (or those with equivalent preparation) and that such applicants are asking to be directed into schools where they will receive recognition for previous education and go forward with students of approximately their own age and educational level.

17. *Efforts should be made to bring legislative requirements in the different states into greater harmony and to secure interpretations of existing requirements which will facilitate the earliest possible graduation and entrance into practice of qualified nurses, without in any way weakening preparation for registration and practice.*

While the majority recognize the need for certain adjustments, several doubt the advisability of changing state nursing laws at this time. Comments show that many favor the elimination of red tape which tends to delay registration and to limit the distribution of nurses. They also favor more flexibility in the interpretation and administration of laws without lowering the actual standards of nursing preparation and practice. One suggestion is that some states could liberalize their high school entrance requirements to

allow for more unrestricted electives. Another is that special provisions should be made to allow limited exemption to college graduates who have had sound preparation in the basic sciences before admission to nursing schools. The use of machine-scored examinations is also suggested as one way of simplifying and speeding up registration machinery.

18. *Nursing schools that are expanding their student group substantially should also expand and strengthen their faculties, using all possible resources within and without their own institutions for this purpose.*

There is general agreement on this statement. Several comments indicate that it is very difficult to apply, especially at the present time when well-qualified head nurses, teachers, supervisors, and directors are very scarce. One person notes that the greatest lacks are in teachers and supervisors of the nursing arts and clinical subjects. It is suggested that nursing schools make special efforts to retain educational personnel at all costs and to bring back into nursing schools educational specialists who may be inactive or may have gone into other fields where their special qualifications are not so essential. Another suggestion is that such nurses should not be drawn into Red Cross or military defense work. The need for providing adequate assistance and reasonable conditions of work and remuneration for such workers is noted, also the need for more active staff education programs and other educational opportunities for those now engaged as members of hospital staffs and nursing school faculties.

19. *Because of the present serious shortage of well-prepared teachers and supervisors in nursing schools and public health nursing agencies, promising students or graduate nurses who are able to qualify for such specialties should be urged to do so and assisted as far as possible.*

This statement is generally approved. Suggestions include more adequate schol-

arships and other financial aid, especially for promising young graduates who have not yet had a chance to save the necessary funds. Wider publicity on this subject is recommended. It is suggested that a message from responsible councils and committees concerned with national defense would help especially at this time to support the idea that "they also serve who go to school and study." Further suggestions are that carefully planned electives for well-selected third-year students in nursing schools might be considered as one way of helping to prepare head nurses and assistant teachers, also that suitable collegiate courses for part-time graduate nurse students should be more widely available and that legislation should be modified where state barriers interfere with transfers from one state to another.

20. *While available personnel, money, time, and other resources should not be spent in experiments that do not promise fairly certain and immediate results, it is highly important in a time of emergency to keep an open-minded and experimental attitude toward new ideas and methods and to be ready to adjust to new situations as they arise.*

There seems to be little question about this general principle, although one person states, "This is no time for experiments. All our efforts should be placed on winning this war." Others indicate that the war will not be won unless all of us are ready to modify our ideas and methods and experiment with new measures when old ones fail. One commentator advises that a record be kept of adjustments made and wherever possible an evaluation of the results; also that where personnel and funds are available, studies and research should continue even under stress and strain. Attention is called to the lack of adequate funds and other resources for nursing schools and to the need for more school endowments as well as special funds for defense programs.

21. *In the allocation and use of available funds for the education of nurses—whether these come from public or private sources—priority should be given to those plans and projects that give the greatest promise of future improvements in nursing schools as well as present increase in the number and quality of nurses produced.*

General approval is indicated. One person qualifies her approval by saying, "The present is the first consideration; let the future take care of itself." Another comment is that in the allocation and use of available funds greater effort should be made to help good schools, already in existence, to improve their standards rather than to help establish new schools. It is suggested that many schools could be brought up to a desirable standard with financial aid and good leadership.

II. SUGGESTIONS FOR THE USE AND EXPANSION OF FACILITIES FOR THE BASIC PREPARATION OF NURSES

A number of suggested methods were submitted to the collaborators in this project and they were asked to evaluate these and add others. The results are summarized below.

- A. Living accommodations
 1. Rent additional houses.
 2. Let graduate staff nurses live outside and use rooms for students.
 3. Allow certain students to live in their own homes if in the vicinity.
 4. Allow new buildings in areas where houses are not available for renting.
 5. Use portable houses.

Of these, 2 seems to be considered the most satisfactory plan; 1 and 3 have considerable support, and the others are evidently regarded as less desirable. The difficulty of securing suitable houses in the proper environment is noted. This applies to graduates as well as students. Getting adequate living allowances for graduates is also a problem. Some comments indicate that the arrangement suggested in 3 should apply only to carefully selected students for short periods, and

that it is more practicable during the preclinical period than later. Others say that the plan of having married students live in their own homes during the entire period has been satisfactory.

- B. Facilities for preclinical period, including staffs, classrooms and laboratories, et cetera
 1. Admit two classes a year.
 2. Admit classes each quarter, including summer, if emergency demands.
 3. Combine preclinical groups in two or more schools.
 4. Provide for teaching of sciences and possibly other preclinical subjects in university or college in vicinity, under the guidance of a nurse co-ordinator.
 5. Employ non-nurse science instructors when there are no qualified nurses available.
 6. Use visiting teachers.

All these plans except 2 and 5 seem to be considered either excellent or good by the majority. Several seem to be against classes in the summer quarter, and non-nurse instructors for preclinical sciences do not seem to meet with general approval. Comments indicate, however, that success of the plan depends a good deal on the instructors, their interest, and their ability to relate courses to nursing and to know their students, also on the frequency of changes. An additional suggestion is that if nurse-instructors could be used for actual teaching, instead of relieving other nurses in offices and wards, et cetera, the shortage would not be so great.

- C. Facilities for the clinical period
 1. Affiliate with other schools or agencies which have suitable facilities.
 2. Co-operate with other schools in opening up new facilities that could be used for students from several schools.
 3. Secure part-time service of specialists (with educational preparation) from visiting nurse associations to help staff integrate social and health aspects of program.
 4. Make better use of the educational facilities of out-patient departments.
 5. Study the time elements in clinical services required for learning and mastery of essentials.

All these plans are considered excellent or good by the majority of those evaluating them. Some of the comments are noted. Each clinical unit should have a well-qualified instructor, especially if student enrolment is increased and graduate nurse service is decreased. The quality of clinical experience and instruction varies greatly and it should be evaluated in special as well as in general hospitals. Community resources should be used for recreational and extra-professional activities as well as for clinical programs. The type of service indicated in 3 might be centralized to make maximum use of trained personnel on a part-time basis. Patient study, rather than the days or weeks in a service, might be used as criteria, and students promoted as their learning ability and achievement level indicate. If the block system of theory and practice is in operation, groups of students who enter at different times can be better cared for.

D. Financial assistance to students in basic programs

1. Provide tuition scholarships and loan funds for qualified students who cannot meet expenses.
2. Make arrangements for N.Y.A. assistance for students who qualify—including pre-nursing college students.
3. Apply for federal funds to pay tuition and maintenance of students (in schools that qualify for such assistance).
4. Look into the possibility of state scholarships granted for college study to promising high school graduates.

The majority of those consulted considered all these suggestions excellent or good. There were a number of reservations concerning 2, some indicating that the plan works satisfactorily in pre-nursing programs but is not as well adapted to the clinical period in the hospital. Comments on scholarships seemed to indicate that too much reliance cannot be put on them since they help only a few students. One person thinks scholarships should be awarded

for achievement only. It is pointed out that loan funds as well as scholarship funds need to be well planned and administered. Several suggest that boards and alumnae be encouraged to raise or underwrite scholarships. Several indicate that the regulations governing the use of federal funds should be modified to make the plan more elastic and workable.

E. Strengthening faculty groups

1. Adapt suggestions under "D" above for financial aid to promising graduate nurses.
2. Set up co-operative plans for preparation of head nurses—giving theory in college and supervised experience in co-operating hospitals.

The rating of excellent or good is given to these suggestions by nearly all who gave their opinions. Points of special emphasis in comments are summarized as follows: Head nurses should be prepared in centers where public health is integrated in the program. Practical experience for the head nurse is of essential importance and this should be under supervision. Promising staff nurses should be urged to take courses in teaching and supervision in their off-duty time and promoted to assistant head nurse positions as vacancies occur. Promising senior students should be given more responsibility, also graduate staff nurses who show interest and ability. Co-operation with local and nearby colleges should be developed to provide for extension and home study courses for nurses on full-time employment who do not have time to travel far. More short, intensive seminars, workshops, and institutes are needed to give practical, effective, and up-to-date help to nurse administrators in solving their everyday service and educational problems.

III. SUGGESTIONS FOR CO-OPERATIVE PLANS OF ORGANIZATION

A few types or patterns of organization were submitted for evaluation and comparison. It is understood that the success

of any of these in any given location would depend on many factors, also that some of them may represent different stages of evolution in the same institution. About a quarter of those who gave an opinion on Sections I and II did not vote on III because they did not feel that they were familiar enough with the questions.

1. *A central or consolidated school composed of several clinical units built around a university center and operating under university control.*

Type I. Offering degree programs only.

Type II. Offering both degree and non-degree programs.

Both types are considered excellent or good by a large majority of those voting. Some comments indicate that Type II is less desirable because of the difficulty of combining two groups with different educational standards. One suggestion is that a school of either type be located in a medical teaching center.

2. *A group of two or more independent schools of nursing, each with its own admission requirements, faculty, program, et cetera, that unite for the purpose of carrying out certain parts of the educational program.*

Type I. Co-operating with a college or university which serves as a co-ordinating agency.

Type II. Without such a connection.

A substantial majority of those voting approve the general proposition. There is a definite preference for Type I, comments indicating that some consider II a much less desirable, though still a possible way of providing for the preclinical program especially. It is observed that such a plan is very difficult if admission requirements are not fairly uniform.

3. *An independent, detached preclinical science program given by a college or university and made available to schools that wish to purchase such service. (Adequate control from the standpoint of nursing assumed.)*

Type I. Admitting only students who can matriculate and receive credit toward a degree.

Type II. With no special academic requirements beyond graduation from high school, and no recognition in terms of credit.

All but a few of those giving opinions consider Type I excellent or good, and a very small minority approves Type II. Comments indicate that an arrangement like Type I may be a first step toward a closer relationship and may serve a useful purpose until more desirable plans can be developed. Some difficulties are recognized, especially the correlation of sciences and nursing subjects, and time lost in transportation if the classrooms and laboratories are at some distance from the hospital.

4. *A special section of the preclinical program offered in the summer term under the auspices of a college or university, students who complete this section to be admitted to a selected group of nursing schools that admit them for the completion of their professional preparation.*

Type I. Liberal arts colleges of an academic type that do not include professional schools.

Type II. Colleges or universities that have professional schools and might be prepared to develop collegiate nursing schools.

The great majority of those expressing an opinion consider Type II excellent or good, while more than half consider Type I fair or poor. The main advantages as stated in the comments are that such a program does something for the college itself, tends to place nursing on a higher level, attracts certain young women and, in certain situations (Type II), may lead to a permanent collegiate school. The disadvantages are that such a course is apt to be isolated, expensive, and ephemeral, that it can cover only part of the regular preclinical program, and that articulation with the courses that follow in the professional school is difficult to work out. Some believe it unwise to

encourage such courses if existing schools can do the work as well or better. It is suggested that such summer programs might be used to make up science deficiencies for students entering certain schools of nursing which credit the work toward the professional program.

5. *The development of nursing education units in selected military hospitals.*

Type I. A central school like the Army School of Nursing, with regional branches located in or near military hospitals.

Type II. Affiliations of civilian nursing schools with military hospitals to which they send selected students for part of their professional preparation.

Considerably more than half of those expressing an opinion consider these plans of organization either fair or poor, Type II being less favored than Type I. The general impression from the comments is that such plans should be developed only as a last resort, and only in situations where the experience has been carefully evaluated and planned. The disadvantages mentioned are that the military hospital disease picture, administration, personnel, et cetera are too specialized for students in the basic course, that an educational program for student nurses would impose too heavy a burden on a military center, and that the situation in such hospitals is too uncertain to be depended upon. It is suggested, however, that affiliations for psychiatric and communicable disease nursing might be worked out satisfactorily in military or veterans' hospitals if places and students are carefully selected and if experienced and competent nurse educators are put in charge. Such adjustments may be necessary if there is a shortage of nurses in military hospitals, or a shortage of clinical experience in certain areas.

IV. SOME ADDITIONAL SUGGESTIONS

1. Special orientation courses could be offered in summer terms to college stu-

dents as an aid to vocational planning, the course to include sufficient practice in the elements of nursing to enable students to judge their fitness for the vocation.

2. Arrangements could be made for college students to include prenursing science courses in their final year or to receive permission to enter an approved nursing school at the end of their third year, substituting their professional program for the fourth year of college and postponing the award of the bachelor's degree for one or more years. These and other methods of telescoping general and professional education are in current use in other professions and are receiving increasing attention at the present time.

3. More thought needs to be given to the preparation of Negro students.

4. State and local groups should work with national nursing organizations and with the Nursing Council on National Defense and the Subcommittee on Nursing in developing new plans and projects, and clear through these bodies in order that desirable activities may be co-ordinated and undesirable or unnecessary developments kept in check.

5. Funds should be secured for radio and newspaper publicity, for correspondence, speakers, and travel and for the employment of a public relations officer in nursing schools so that the public would know more about nursing and what nursing schools offer.

6. Some other things that nursing schools and nurses might do to organize for victory are: Taking (and teaching) first-aid courses, keeping informed and serving as centers of information, being enthusiastic about nursing and grateful to be able to give such all-important service, trying to understand and apply more fully the ideals and methods of democracy, helping as citizens and as nurses to prepare for peace and postwar reconstruction.