

AN INFLUENCE OF EDUCATIONAL PROCESS IN HOSPITAL PRIMARY SCHOOLS ON SICK CHILDREN'S QUALITY OF LIFE

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For sick or healthy weakened children and pupils in hospitals there are nurseries and primary schools at hospitals established (school law 561/04 Coll., Not. 62/07 Coll.). In these schools there can be health weakened or longititude sick pupils educated if it is enabled based on their health condition. Primary schools might provide consultation in common educational subjects even to pupils of high schools located in such institutions. An enlistment in hospital schools is based on an attending physician and an agreement of a pupil's legal representative. A range and organization of pupils education assigns a headmaster of school based on an agreement with attending physician (Coll. 73/05 Not., §4).

The educational process in hospital schools is based on a pupil's health condition that is affected by a state of disease in which a patient is in. Michalickova (1961) mentions three stages of a disease:

- *Acute stage* – beginning of disease, time during a surgery and immediately after it, etc. A child needs an absolute quiet in this stage. The more is disease difficult, the more significant is this requirement. A child is generally lying or sleeping, a child is not caring about people or things. So that any pedagogical intervention steps back.
- After an acute stage comes a stage when *a child is not fully recovered, but a first stadium of disease is successfully overcome*. Improvement of a health condition is basically shows in fall of temperature, increase in appetite, and interest in environment. At this time it is already possible to begin with the educational process, e.g. helping with tidying up a bad table, borrowing a book or a toy. It is still necessary to keep in view a fact that a child can be still quickly tired and needs a rest.
- With a withdrawal of a disease comes the third stage, *the last stage*, in which a child is again involved in the educational process, whereas a time and a range are based on a doctor's decision. A cooperation of a doctor and a pedagogue in hospital is more than desirable. A pedagogue's observation of a pupil behavior and his or her remarks might help to an appropriate diagnosis of a pupil.

Establishment of a contact with a sick child

An establishment of a personal contact with a sick child is a solution of every single pedagogical work in hospital children departments. By hospitalized children it is basically difficult to establish such connections because patients are situated in a new unknown environment. Here can appear the abnormal psychical reactions in a form of *hospitalism* that is slowing down a treatment process, even despite of all effort of hospital staff and other specialist pedagogues, game specialists, etc. There can be two outer variants of behavior in a child society and in an approach to work in school established: stay in an opposition – a child is not involving in work and express him or herself as a disturbing element or as an opposite extreme – ingrown state when a child is suffering alone. A fact when a pedagogue is able to gain a child interests or not is significantly affecting a child further stay in department.

Some children are surprised by a pedagogue presence in a hospital. From the beginning even disappointed (“I am ill so that I do not need to study”). Others are, on the other hand, kindly surprised when a suspected doctor turns into a pedagogue from whom there is no threat of any painful treatments. The pedagogue is for a child a person that is much more familiar than others and he or she can become a mediator between a child and hospital staff. If a pedagogue manage to established a close personal relation to a sick child, it is expressed not only in a pupil’s approach to the work, but it is also a child relation to the treatment significantly affected – a child is more patient, brave, better cooperating (Sasín, 1965).

Education and teaching as a part of a medical treatment

Education and teaching in hospital schools is not an independent and freelance process. Its specifications lies in a fact, that it is a part of a medical treatment. The education has to be under any circumstances realized in a way that it is appropriately affecting a child state, thereby contributing to a positive development of a health process. Several ground conditions is affected by a doctor (child enrolment in the education, canceling the education, a stress rate, creating groups possibilities, submission of the education in a day program, etc.).

The main meaning of hospitalization is a treatment. The main influence in a workplace has medical staff. Every single step of a school, no matter how it is affecting an established way of work, children’s regime or a workplace modification, has to be discussed with a hospital management in advance. That is way the school innervations can not be independent and direct, but they have to be subordinated to the treatment itself.

An air in the children departments is full of negative emotions: homesickness (if there are no parents with a child), a desire of returning into a former environment, an anxiety from medical treatments, and a fear of hospital. An intensive balancing of these emotions by diversity and optimism is a specialty of pedagogue’s work in a hospital. There are significant requirements posed on a pedagogue’s personality – his or her balance, relation to children of every age level – from children of pre school age to teenagers (Hiblbauer, 1963). A pedagogue in a hospital school is, from a very first meeting with a pupil, facing a problem how to currently observe and educate, diagnose and

measure. Therefore a good special pedagogue has to have not only a solid experience and knowledge, but even a fantasy and a pedagogical intuition. He or she has to be able not only a solid observation, but also a pedagogic improvisation, have an ability to feel what is desirable at a certain moment (Sasin, 1970).

Educational and didactic work is effective only then if a pedagogue is able to understand to personal problems of a child, if he or she can promptly adopt age differences, and if he or she is successful in an establishing of relations process. This presumes a good knowledge of sick children psychology (Hiblbauer, 1963). Important roles play sensitive individual approach with a solid amount of tolerance and understanding of every single issue of a sick child. To teach children not only a new knowledge and stabilize gained knowledge, but to teach them a mutual tolerance, help to each other. This leads to good relations between the younger and the older, between the boys and the girls, etc. Relaxation and pleasant atmosphere of relationships is the best that can be added to pills and injections (Čížková, 1978).

The education is, without any doubt, one of the best forms of activity for a sick child. It helps to return to a common way of living, it brings a feel of joy, self-confidence, and will to pull oneself together. The education divers, in a good way, a child thinking about a disease, focuses a child thoughts to working tasks, keep a child fresh and in a working activity. It also benefits to a fact that a child, in a hospital environment, meets a similar regime like a former one (learning in the morning, homework and entertainment in the afternoon – reading, games, TV, visits, etc. (Kalendová, 1985).

Hospitalized pupils are educated only in the mornings, but often hospital schools are not limited to only the morning education. It is connected with afternoon activities in a public nursery that is a part of the whole day educational-medical system. An effort of schoolmistresses working in a public nursery is establishing such an environment that is the most similar to a family environment. Children can do, to a certain extent, activities according to their hobbies and ways of interest. They have their favorite toys from home, on several departments some instruments – if they do not want to miss music lessons. In the most children departments there are libraries available with a child literature, lots of social games, TVs, and DVD players in a common room or directly in the rooms of small patients, and various materials for working and art education.

Cooperation of a hospital school pedagogue with a home school of a pupil

A pedagogue in a hospital school might be significantly supported by a pedagogue from a child home school. If a pupil is hospitalized for a several days, it is sufficient to get information about studying matter from the pupil or from parents. If the pupil is hospitalized for a longer period, a hospital school pedagogue contacts a home institution and asks for sending of the studying matter (e.g. by fax or by email). If a class master or mistress is familiarized in advance with a fact that his or her pupil is ahead of hospitalization (no matter if for several days or weeks), it is good to provide a pupil with all needed materials. Also a good contribution is seen in sending in a studying

matter roster that would be suitable to cover during a hospitalization. A hospital school pedagogue is then speared an investigation what a pupil knows and what not, and what is expecting form him or her after returning into a school. Some hospital schools (Pardubice, Ústí nad Orlicí, Hradec Králové) arrange for children from public nurseries and from lower levels of primary schools projects focusing on prevention of fear from a hospital environment, i.e. from a hospitalization - „Come and have a look how nicely might ailment be at our place”. Pedagogues with children may visit a hospital where are the environment and conditions presented. Children have a chance to peep into hospital rooms, to have a chat with sick friends, to find out a little bit about their experiences from a hospital environment, and on revenge, they can draw nice pictures with a kind greeting to their friends back in the hospital.

Organization of hospital school education

Teaching of school aged children takes place in a study room or directly in a hospital room of a concrete pupil. The advantages of teaching in **class rooms** are among others that school aged children are presented. If there are in a same department pupils of the same year hospitalized, a group teaching is suitable and a closed class room is at least partly clear of a hospital rush (Plevová, 1997).

Not an every department can provide a separate room for teaching of hospitalized pupils using for only this purpose in the morning. If there is such a room available, generally pedagogues with pupils are sharing such a place with secondary doctors that are using these rooms for meetings. A more frequent variant is either teaching in a game room or directly in hospital rooms. Pupils are generally working by a table; they can help each other, which is usually a positive motivation.

Teaching in hospital rooms is taking place by a dinning table or by a hospitalized pupil's bed. Expect for unique cases, it is an individual teaching in a time range of 20 minutes. For administrative needs of the hospital school, only pupils with longer period of hospitalization than 3 weeks are registered, nevertheless pedagogues' interest is focusing even on children that are staying in a hospital for a shorter period.

Often, especially by older school aged pupils, when a pedagogue is working with a one pupil, the others are unobtrusively watching from their beds and they often join the solution process of an educational issue. Even if it is, for example, a studying matter from lower classes, such a form is a benefit for a pupil, but even for a roommate that is watching the teaching. This leads a pupil to an activation that serves not only for a repetition of former studying matter, but within focusing on a task or help to a friend with a studying difficulties, it serves to free oneself from thoughts on a diseases and on a time of a possible ending of hospitalization. A cooperation of older pupils with the younger or with pupils thought according to General educational program (RVP) for a basic teaching, modified for a pupils with a light mental disability, has a priceless pedagogic effect and it is a concrete realization of the education in praxes. By a high school aged pupils a request for a consultation is generally initiate by a pupil him or herself. His or her questions are addressing to studying matters that are not fully clear and that are related to profile or graduation's subjects.

Didactics aspects of sick children education

In the nineties, a survey shielded by Amsterdam hospital school was realized in European hospital schools. In the survey, through a questionnaire, 19 European countries were addressed including the Czech Republic. The survey oriented on pedagogical and didactical aspects in the sick children education issue, i.a. questions and answers in which ways is the education different in hospital schools from a regular teaching in common schools. A continuity of educational process was observed; prevention and elimination of learning issues, prevention of isolation feelings from the hospitalization, perspective in the future, and an assistant to children with their returning in home institutions.

The survey results pointed out that a minimalization of isolation feelings and returning of a child into a home school are among priorities (see figure 1). Other objectives are seen by respondents nearly with the same priority; the lowest priorities get the offer of future perspective and the elimination of learning issues (these are evidently seen by respondents among other articles).

<i>Educational objectives</i>	<i>Number of answers</i>
Learning issues prevention	69
Assisting in returning process into home institutions	75
Educational process continuity	73
Learning issues elimination	65
Future perspective offer	67
Isolation feelings minimalization	74

Figure num. 1. Identification of educational objectives in hospitals (*Knol, Courlaner, 1993*)

In the Czech Republic, according to Plevova (1997), there is implicitly seen the educational objectives, i.e. objectives mentioned in the table in the first four rows (Learning issues prevention, assisting in returning process into home institutions, educational process continuity, learning issues elimination). No less important objectives are seen in a so called psychotherapeutics category, i.e. sustenance of a good psychological condition, overcoming of a critical period during a hospitalization, sustenance of a psychic development level, and returning back home and back into a home institution.

The principle of **the education of hospitalized child theory** is consisted of a selection and a modification of the educational content with regard to educational objectives. By hospitalized pupils, modification of studying matter content is necessary with regard to a pupil health condition and with regard to an allowed time for learning by an attending doctor. The front place in an educational plan takes a Czech language education, including language and literature parts, mathematics, and foreigner languages. A ground education is seen as an assisting subject in the first level, later on a homeland study and general science; in the second level there are social subjects seen in the same way such as civics, history, and general science's subjects – chemistry, physics, natural science, and geography. Working, graphic education, and partly musi-

cal education take place in the afternoon activities (in a conformity with the school reform and with the school law 561/2004 Coll). From a school year 2007/2008 all the hospital schools educate their pupils according to their own educational programs (ŠVP) that had been created a year before.

In ŠVP schools generally do not fulfill a time dotation, not even a minimal time dotation for single educational sections in RVP. The length of a teaching hour and number of teaching hours in a day and in week are determinate after a discussion with an attending doctor in a relationship with a day regime actual for single children departments.

In interaction with educational plans that were created based on Educational programs of primary schools schema, in educational programs of hospital schools according to an actual RVP for a basic education and ŠVP of single schools, there are not all educational sections submitted, but an education of other sections is intensified. The main stress is upon an education in a language section, mathematics and its application, whereas there are not some of their parts included based on an environment, material equipment, and above all on a health condition of a pupil. There is also no second foreigner language included in the educational program. A choice of sectional themes into hospital schools schemas is based on concrete conditions and time possibilities of a particular school.

In a case of a hospitalization of pupils with disabilities, specific learning alienations, behavioral alienations, and with an autism diagnosis, a pedagogue is closely cooperating with the hospital staff, with parents that are, in many cases, hospitalized with their children, and with a home school. A health and a mental condition of a child are carefully observed. An educational program of such a pupil is strictly individual based on an agreement with a home school and with parents. Based on this cooperation it is possible to educate pupil in subjects from a different year or help a pupil to confirm gained knowledge, or eventually to catch up on missed studying matter.

A specific pedagogical care is targeting even genius pupils. Even here it is necessary to ensure a close cooperation with parents and with a home school pedagogue. A pedagogue can proceed faster in teaching, set more complicated homework, puzzles, quizzes, etc. A pupil's work might be sending into various regional or whole republic competitions. Even these pupils are lead towards an adequate approach to less talented friends, to tolerance, and to a willingness to help younger, eventually disabled friends.

With regard to a fact that it is all about the education of hospitalized pupils, it is adequate to dedicate more interest to an educational section – Human and Health, and to its section – Health education. The education deals about prevention, protection and responsibility for own health, fixation of hygienic, catering, and working habits, injuries prevention, and foreseen of risk situations.

Into the educational section – Human and health – it is adequate to integrate **an explanation of children disease fundamentals, medical treatments and procedures** that a child is meeting during the hospitalization. This explanation generally goes trough parents - hospital staff explains to the parents, whose know the child the best, what is ahead of their child and it is upon them how they explain it to the child. Some of hospital departments employ game specialists. Their job description is to fulfill a leisure time of sick children, but first of all preparation of a child on procedures, explanation what is

ahead of a child in a hospital, and an attendance at treatments. If a department has a game specialist and a pedagogue, a school is fully focusing on primary objectives, i.e. ensuring a continuity of the education and teaching of children and enable smooth return to a home institution. Pedagogues are still one of a solid support and confidants of small patients and parents. The explanation of medical treatments is then upon game specialist. If a department has no game specialists, an integral parts of a pedagogue's job description are even activities including a psychotherapeutic child preparation for medical treatments. The aim of these activities is to free a child from a fear of medical treatments.

Older children may use "working pages" – cards, where are detail descriptions of medical treatments. Pedagogues and game specialist, after a discussion with the hospital staff, are taking a part in cards production process.

The main methods using for the explanation of diseases to a small patients are game activities and demonstrations – a child is explained a procedure on a doll of a boy or a girl (adequate to a child age, mental level, and psychic state), which parts of the body are involved in the injury or in the disease and what methods will be used for a full recovery. By means of manipulation a child can all alone try what is going to happen with a child's body and the fear from an unknown procedure might be "lived" in advance. Except the dolls, there are even puppets used for the demonstrations. Mistress teacher can borrow real instruments from doctors, e.g. phonendoscope, ORL mirror, injections etc. By older children there can be educational method used – a discussion by an opened anatomy book, photo documentation, video projection of a treatment etc.

A pedagogue hast to act carefully and sensitively. Every single child is the individuality. Not every child is able to absorb some information about treatments form psychological point of view. There should be even a shame taken in an account, especially by older children. Therefore, the one (a pedagogue or a game specialist) that is discussing a medical treatment with a child has to choose a strictly individual approach with a preservation of privacy and discreteness. There are some parents that from a religious or others reasons do not want to a child to be informed (by whom a presentation of a treatment might have a contra productive effect). All the factors have to be considered carefully in advance.

An evaluation of an issue understanding and a managing of a treatment has to be form a psychology point of view only positive - a compliment for a child effort and bravery (even in the cases when a child did not cope with the situation). The positive reaction of a pedagogue brings an assurance that even a child gave in the pain and the fear, a pedagogue do not damn a child; a pedagogue keeps a trust in him or her and that there is still hope and will to cope with the situation. Training of such an approach that teach a child to not give up, even despite of a self failure to be able to set the teeth, and believe that a child relatives do not damn him or her, is for a child a priceless device in to the future; not only for a school work, but above all for a live itself - for future relationships, professional realizations and for a role of parents.

The theory of hospitalized pupils education deals about what methods, forms, and tools seem to be the most adequate for the education of hospitalized pupils; in a period when a child becomes a pupil in a hospital school, or from a moment, when an attending doctor allows a child to participate in the education until the time, when a patient is returning back home.

A pedagogue makes sure him or herself about a state of pupil's knowledge through a repetition of studying matter and based on a health condition he or she can move on. During the teaching a pedagogue explains a new matter and enters homework. The homework is solved out independently. During the teaching a pedagogue is checking the work; if some troubles appear a teacher will recheck the work and practice it again (Vítková, 2006).

An every day question, that pedagogues of sick pupils ask him or herself, is what should be chosen as the most effective approach in the educational process to meet the educational and teaching objectives; i.e. balance in an adequate way a choice of the most effective methods in a relation to the objectives and to a content, with regard to the pupil's abilities and skills (Janiš, 2006). For needs of educational process in hospital schools it is necessary to take in account an actual health condition of pupils, their psychic conditions, actual knowledge, hobbies etc. We result from a procedural aspect or from a summary of educational methods from Mojžíšek (1988):

Motivational methods

An education in hospital schools is specific in fact that a vision of teaching is motivation on its own. The school education is a variegation of a monotonous hospital regime; an opportunity to focus on other thoughts than on diseases and homesickness; a touch of a "normal" reality in an adverse environment that a pupil is in during a hospitalization. The pupils, especially from a first level of primary school, are keen to show off their knowledge to a pedagogue and they make an effort to continue in teaching. Pupils from higher years are often afraid of a possibility of missing the studying matter and they welcome a school work with a hope that "it will not be so bad after returning back to a home institution." The pedagogues are of course taking in account changes in a health condition, based on which they put adequate requirements on their pupils.

Thanks to an individual approach the pupils are often achieving better results than in their home institutions.

It is managed to hold a pupil interest with a little footsteps, free her or his thoughts from the pain and fear, and return a hunger for learning and gathering new information. Pupils of an older age are often choosing a studying matter on their own, which they missed or did not understand properly in their home institutions. A self confidence of a child is often returning back even after a long time missing cooperation between a home institution's pedagogue and parents; the motivation and a positive approach to the education is again developed. If the reactions of the children on a school work are positive and integration into educational activities is spontaneous - it reflects that the methods are effective and adequate.

An individual work with an every pupil is subsequently enchanted and extended by work in a group; where is a varied age-class distribution, pupils from different schools and different domiciles are meeting with each other. Thanks to the cooperation, support and motivation there are more easily accepting new knowledge; they are behaving in more open way and they are more tolerant, they learning how to respect others and how to be respected (http://skola-uohospital.hostuju.cz/o_nas.html).

From other motivation methods seems as a suitable *the “protracted” motivation* – in the ending of a lesson of an exposure type, a pedagogue is using some attractive items to evoke an interest about next studying matter in a next lesson. A pupil is looking forward to a next lesson and in a free time he or she can find some information about the subject thanks the internet in advance.

Information of a didactic aim as a motivation is generally advised in the education of older pupils, but here it has its foundation by all age-classes, of course information adequate to a mental and age level of a pupil. Pedagogues are often listening from their pupils if it is necessary to study in a hospital, for how long, what subjects, and why. An explanation what studying matter will be discussed and presentation of an approximate pupil’s schedule bring a light into these questions and might be motivating into a school work.

In the motivation methods there can be even examples from praxes included. In the hospital environment these examples might be implicated to a day regime and to situations that a child is usually found in and that a child is usually solving.

For example – during a mathematic lesson, during teaching percentage and fractions, a discussion might be touching a snack; how to split an apple, a cake or ice-cream cake for two, three or more friends in a room, in the way that all of them will have the same piece. What piece will eat a child in a room where are four children? And what if some impolite child will eat a piece belonging to his friend? Etc.

A thankful motivation factor, especially by young children, is a ritual. It brings a certain feeling of security in an unknown environment that is connected with a lot of pain, stress, and anxiety. The ritual might be a concreted signal whit that a pedagogue is knocking on the room doors of their pupils and he or she is in such a way announcing an arrival. It might be a greeting that is used between a pedagogue and pupils as a mutual welcome in the beginning. Next ritual might be a song or a poem that is entering or ending a lesson.

Not only by preschool aged children, but even by first school level pupils, it seems very effective a usage of thematic “leitmotivs”; topics, that are fading into all subjects in certain time intervals, most common in a week or in a fortnight. These topics are generally planed in the beginning of the year in a skeleton plan. It deals about the year seasons usage and related changes in the nature, traditions, public holidays, anniversaries, etc. The education in such a section is then fulfill with e.g. the fore spring theme, spring flowers, etc.; the sections might be also vitalized with nontraditional activities – mask production, balls organization, etc. These activities have to be consulted with an attending doctor, in some departures, e.g. immovable patients; these activities are not suitable at all.

A motivation for participation in the education and for a smooth communication with a pedagogue is an emotional support of children – expression of a frank interest of a pedagogue about a child’s problems and his or her school results, smiles, caresses, cheers, a promise of a small material prize. This might a candy – of course based on a child’s health condition, furthermore a picture, stickers, puzzles, sudoku; it is based on a child age, gender, and hobbies.

Exposure methods

The most frequent exposure methods used in hospital schools are *verbal* methods, whether monological or dialogical.

Especially by younger school aged children a method of *narration* it is suitable. Besides a fact that the method is effecting as a motivator, it strikes children with its emotional elements and it has ability to establish a close social interaction a pedagogue – a pupil. This method might be suitable supported by pictures demonstration, by photos or didactics tools.

Demonstrative methods are especially pleasant, because they clearly show a principle of an issue or a studying matter. A good assistant during the explanation of studying matter and during a further practicing is adequately chosen *teaching tools*. However they have to be suitable for specific conditions of work in hospital schools. It is advisable to have same or similar teaching tools, which are the pupils using in home institutions.

The tools variegating the education have to meet following criteria. Above all the have to be suitable form a hygienic point of view – the most suitable are some tools in transparent washable covers made of plastics, pictures, graphs, tables, surveys etc. If a pedagogue is preparing some tools, the most common are some papers or cards from paper; it is suitable to laminate them, namely not only because of hygiene, but even because of durability. A next criterion during a preparation of the tools is their size. In contrast to a teaching in a common class it is necessary to use tools of smaller size, especially by lying pupils. The tools should be also light, easily portable; it is also necessary to take a notice of a child safeness, so that a child will not be harmed by a manipulation with them (Kalendová, 1985).

During the teaching in hospital rooms there is no possibility to use blackboards. It is advisable to use, for a better clearness of a teaching subject, mentioned graphs, tables, etc. (especially by older pupils) – for a longer durability again laminated in a transparent cover. A good tool for a work with a bedridden pupil is a washable writing table with markers.

The most suitable tools are generally those, which based on manipulation lead to thinking, decision making process, acting, and to support an activity of a child. By younger pupils it is necessary to keep in view game and entertainment factors than information; that is why there should be more frequent those tools that are enabling “game occupation”. Among these tools might be various social games that a pedagogue is preparing on him or her own. Their usage is very broad; they will serve for an exposure of a new studying matter as well as during repetition and practicing of an older studying matter. A game might be played with a one pupil during an individual teaching as well as with more pupils by a table in a room or in a playroom or in a classroom. It might be made as a play ground where the players are moving their figures in certain boxes and they fulfill tasks prepared on cards. A topic and a way of elaboration is based on a pedagogue fantasy and on a didactic objective, i.e. what is a game meant for (exposure, fixation, concrete subject or concrete studying matter). Elaborating of such a tool takes a solid amount of a pedagogue time; if it is already elaborated it might be use for a long time period. After a certain time spends in a hos-

pital school a creative pedagogue has several pieces of these nontraditional teaching tools – so that he or she creates a special-interest portfolio. Expect of the games that are function on playing boxes, figures, playing dices bases; there are also often used games on pexeso, domino, and puzzle bases.

Elaboration of nontraditional activities and connected elaboration of tools and preparation for teaching put great demands not only on a pedagogue fantasy and creativity. A pedagogue do not need to be alone in these activities; ideas on elaboration of adequate tools and their realization might be entrusted to students (especial in faculties hospitals in cities) that are on pedagogical praxes or other specialist that are participation on leisure activities scheme of sick children (e.g. high schools students specialized in social work etc.). Pupils might also assist at elaboration of such a game during a leisure time or during a time spent in a pubic nursery. They might be drawing according to a model, cutting out cards, painting pictures, etc. Pupils of the older school age and high school students may come with valuable ideas how to improve and complete the pedagogue's own didactic games and tools.

A significant toll in education of hospitalized patients is a computer. Today, nearly every single children departure has some – in a playroom, or in a classroom, in a hall, or directly in a patient's room. Some hospital schools use notebooks in the work with bedridden patients. The work with a computer brings a broad spectrum of possibilities for educational work of a pedagogue.

If a computer is connected to the internet, there might be some information found relevant to a studying matter (e.g. for homework). A role of computers and the internet can not be overestimated, at time pupils are spending more time than is desirable using the internet – as a tool for a longitude fulfillment of a leisure time, this tool can not be recommended. In a hospital environment a computer has lot of positives. Thanks this tool children can find not only some information relevant to the educational process, but they might be in a contact with the outside world. They can email to friends from home and from a school, receive emails form parents, and chat with close persons.

Expect a classical demonstration, there can be also a *comparative demonstration* used. This method might be predominantly used with pupils that are educated in groups within various competitions. For example in art education – pupils are drawing pictures on a concrete motive, final works are collected, and they alone choose the bests that will be used for a decoration of halls or directly of patient's rooms.

A longitude observation method might be used occasionally in a hospital school environment, with regard to a fact that a time of pupils' hospitalization is shortened as much as possible. Its place is so that in children sanatoriums and in medical institutions, or in classes of day stationeries at faculty hospitals.

Fixation methods

An initiative to fill in gaps of pupils in a studying matter, catch up missing matter, and keep up with a home institution might take priority over an interpretation than over a recapitulation. A significant amount of time is anyway dedicated to fixation methods that are focusing on the repetition and the training, especially knowledge repetition methods. The most frequent are questions and answers methods – the form of question

during studying matter exposition and after it – in the end of a pedagogue interpretation and in the end of a class.

For the repetition serves also homework – in this case not “home”, but work set by a pedagogue to a pupil in the end of classes that should be prepared to a the next lesson. In a home environment supervision upon this process is in parent’s hands; a pupil is elaborating them under parent’s supervision, or parents just only confirm them with their signature that the pupil elaborated homework. In a hospital school this is not possible; children older than 6 years are not usually hospitalized with their parents, pupils are so that lead to an independent work.

There broad possibilities for an independent work of pupils in this type of schools. This fact comes from the educational conditions, especially from a chronicle absence of time for a direct pedagogic work. It takes only a fragment of time; it is followed with an individual work of children that is significant thanks highly productive peaces of the educational process. A pedagogue hast to very carefully think about the individual work of their pupils and there have to be a very good organization. A variance in a longitudinal lack of the direct educational time and in a potential excess of a pupil’s study time can not be solve out with extensive homework after an opening instruction. Children have no possibility to check the homework if they are right or not; a feedback is missing. The experience shows that pupils are losing their motivation and confidence during a continual work and a level of results has a decreasing tendency (Sasín, 1970).

The individual work has nothing in common with such a work when pupils are only occupied thanks activities, or remaining silence, or order in a departure is not disturbed. Individually pupils may work:

- during educational process itself,
- during elaboration of homework into next classes,
- during other activities that are under a supervision of a pedagogue, mistresses in a public nursery, but even of the hospital staff (Ochrymčuk, 1962).

Thanks to the individual work a pupil is stabilizing and deepening a new studying matter. A pupil is also trained in an individual thinking and he or she is learning how to use gained knowledge. This work has also a significant educational and educational-technique meaning – a pupil is learning how to study.

It is really hard for a pedagogue to prepare for the pupils’ individual work such tasks that would bring not only the new knowledge, but also that would entertain them and occupied them, and that would help them to overcome a boredom, homesickness, and unpleasant medical treatments and diseases. That is why is so necessary to choose different entertaining and various forms of the occupation for the pupils’ individual work. By older pupils a basement of the individual work is remaining in studying books, textbooks, or other text. A pupil must be well oriented in a textbook and a pupil must know how to use it.

The direct teaching is connected to the previous individual work of a child and it is again setting new tasks for the next individual work. Form the beginning a pedagogue is submitting easier tasks and subsequently the tasks are getting harder. But the individual tasks have to be chosen carefully (ask form pupils only the knowledge that they know and that they can manage elaborate).

During the direct teaching a pedagogue has to think of an adequate procedure for the individual work; lead a pupil towards an adequate work organization. These abilities and habits are valuable for the individual and active work and a pupil has to consequently master them. Abilities and habits of the individual work are conditional on volitional qualities of a pupil. The quality of the individual work affects predominantly: self-discipline, endurance, determination, discipline, as well as concentration of an attention (Kalendová, 1985).

Special pedagogical diagnostics in hospital schools

During pupil's knowledge verification process unsubstantial place occupies the criteria pedagogical diagnostics – a pedagogue is verifying what level of knowledge a pupil can manage (i.e. studying matter that had been though in a home institution before hospitalization). During educational process in a hospital school the criteria diagnostics is supplemented by an individual diagnostics. During this diagnostics a pedagogue is observing progresses of a pupil from the very first meeting. Results form the individual diagnostics serve for speed and quality diagnoses of knowledge adoption process during the pedagogical intervention (Zelinková, 2001). For pedagogues in hospital schools the individual diagnostics and the individual approach are significant. In the very first place stands a success of an individual and self confidence support of young patients. Children are able to risk more during the individual teaching even for a high price – a failure. They are often surprise thanks to theirs achievements and therefore they are becoming more self confident and independent (<http://www.sweb.cz/szs/>).

The individual diagnostics is also a good tool for an auto evaluation of a pedagogue – revision of an approach to a pupil, usage of a pedagogical and special-pedagogical methods, forms, and instruments. The individual diagnostics may serve for a support of a pupil's positive approach to the school – e.g. highlighting results that a pupil achieved during the stay in a hospital school. There might be found a collision between the criteria diagnostics and the individual diagnostics systems during a classification process.

Educational plans represent criteria that a child should be meeting and according to a level of fulfillment a child is classified. If a pedagogue for classification of a pupil (weakened by a longitudinal diseases and with a restricted time that can be devote to the school by treatments and examinations) is using only the criteria approach without an emphasis of the individual achievements, there might be expected a motivation lost, lack of interest, even some disciplinary issues might occurred or ingrown of a pupil in his or herself, and an invariability or a degradation of a child's health condition.

A pedagogue in a hospital school sees his or her pupil from a wider perspective. A child is not subjecting to the family and home institution influence; a pedagogue often sees a child in intimate situations, sees a child's relation and behavior to other patients, hospital staff, and to the school work. These observations enable a complex view on a pupil and the pupil is unwittingly unfolding his or her cause of failure and causes of conflicts in behavior (Dvořáková et al., 1975).

A sick pupil classification

A classification of a sick pupil is a responsible and difficult task. A pupil can not be classified insensitively without taking in account a health condition. On the other hand a pupil has to be classified objectively, so that a pupil will not abuse his or her health condition in classification process. Usually is classified mastered studying matters and as a bet form of classification is seen an oral formulation (Vítková., 2006).

After ending of a hospitalization, a hospital school is sending to a home institution a personal file of a pupil with an evaluation of behavior and relation to the education, the last studying matter, and a classification proposal (only if a health condition was at least for a month or longer on an adequate level). The record is elaborated by a responsible pedagogue and it is signed by a head of a school. In the case of a shorter hospitalization, a pupil is informed about the classification continuously, as same as in a case of a pupil hospitalized for a longer period; the meaning of classification is arranged with a pedagogue individually. The personal file of a pupil is established even in this case, but it does not contain the classification.

Legitimate representatives of pupils, if they are hospitalized with their children, are continuously informed about educational outcomes after an agreement with a pedagogue; in other cases information handover is made during visits in a hospital, by a phone, or by emails.

A part of a complex classification in hospital school is a **pupils' self classification**. It develops self-respect and self-confidence of pupils, if it is observed and revised by a pedagogue it helps to develop a pupil's personality; it brings to a pupil an overview on her or his achievements and usage of educational styles. It teaches a pupil how to cope with failures and mistakes that are occurring during a school work – to accept them as a natural part of the process. Pedagogues are discussing the mistakes with their pupils and the pupils might also correct some of their work. A pupil is led onwards to the state when he or she is able to discuss his or her performance and results, try to describe what is on sufficient level and what is not, and how to continue in the work. It is desirable to establish so called teaching diary – written remarks are not as passing as oral comments, they might be recalled. There might be some experience from a hospital mentioned in such a dictionary – experiences from a day to day routine in a department, from extraordinary activities – hospital jesters' visits, trips outside a hospital – zoo, etc. The dictionary might be filed in with some pictures or photos from these actions. After returning back home, this might serve as a memory; If a pupil is asked to present the stay in a hospital to classmates – experience and experiences, or classmates and friends are curious about the stay in hospital, the dictionary enables a better recollection and photos can underline the experiences.

For a class teacher of home institution the evaluation of pupil's work is the most valuable output (exercise books and work sheets) that enables a complex point of view on a state of studied matters in a hospital school.

Hospital schools pedagogues count with a variant that a pupil after hospitalization may remain home for a longer time period. Already during a pupil's stay in a hospital they are trying to prepare the pupil on this fact and explain subject matter in advance. Some hospitals schools are also offering a possibility of consultations, when a child

during a check up is coming to consult the subjects (http://www.skolaftn.cz/zakladni_skola.html).

Others are offering a professional assistance to home institutions pedagogues during teaching provision or during returning of a pupil in a home institution in the way that obligations from the school law about an attendance and about a teaching of a longitudinal sick child would be fulfilled. For example – The special primary school at the Child hospital on Černopolní 9 in Brno, elaborated a project “Home teacher” focusing on longitudinal sick children that are not able to attend classes during a whole year in a home institution and they have to usually interrupt studying because of a health condition; or after the returning they have to pass an exam from a half-year or whole-year’s subject matter. A home institution pedagogue is usually starting to attend a pupil after a half of the year absence.

To ensure the same conditions for these children as their contemporaries have, there is preparing a project called “Integrational home education”.

A home pedagogue is used the most by children with oncology diseases, cardiac, children with immunity disorders, and chronically sick children (<http://www.ahojškola.cz/docs/domaciucitel.pdf>). A care about bedridden pupils is usually shielded by a home institution.

It would be definitely desirable if a home institution, after a concrete time period from returning of a pupil from a hospital or from a home therapy, would send a report about a pupil’s re-integration in to an educational process; this is however happening very rarely. Children after moving off a hospital, with an exception in children that are hospitalized regularly, are literally “disappearing” and feedbacks that would certainly bring significant outcomes about pedagogical fruitfulness of pedagogues in hospital schools are lost.

Conclusion

The school education is without any doubt belonging between one of the best occupation of a sick child. It helps a child to return to a common life, it brings joy, self-confidence, and a will to recover. It indisposes a child attention from a disease, focuses child thoughts on homework, and keeps a child fresh and in a stable working activity. It also contributes to a fact that a child in a hospital environment, usually unknown environment, meets a regime similar to a former one (education in the morning, after the rest homework and entertainment in the afternoon – reading, games, TV, pleasant visits, etc.).

A pedagogue in a hospital school is facing an issue from a first meeting with a pupil – how to simultaneously observe and educate, do diagnostic and compare. A good special pedagogue has to have not only solid experience and knowledge, but he or she should be characterized by fantasy and pedagogical institution. In present days it is necessary to be not only a pedagogue but also a manager; with the regard to distribution of a financial support from grants on nontraditional activities, play rooms and class rooms’ equipments, purchase of didactical tools, etc., coordination of voluntary’s activities, cooperating with a game specialists (if a specialist works in a department).

A hospital school pedagogue occupation is specific thanks to a need of a careful consideration what didactics methods, forms, and tools should be used for a concrete department, a group of pupils, or for an individual work with a concrete pupil. During a pedagogical work with hospitalized pupils knowledge of special pedagogy didactics and its application during a teaching of sick children in a hospital environment is necessary; but also a solid sense for a pedagogical improvisation – an ability to react flexible on hectic changes consequent from a hospital environment – new patients incoming, unexpected leaving of pupils in the middle of teaching because of medical examinations and treatments – returning of a friend back home or transfer to an another department, spoiled visits, disappointments from not receiving a post, etc.

The presented text tried to discuss some spheres from the educational process in hospital schools' area and from hospitalized children didactics; that is only a small part from problematic spheres in somatopedy; or its part that is dealing with the educational and teaching issue of hospitalized children. This problem is closely connected to a sick children quality of life and its correct solution enables a faster process of recovery. There are lots of other tasks ahead of it, demanding further elaboration. Spheres dealing not only about the educational issue and teaching in a hospital school, but spheres discussing a fact, what part plays hospital teaching in a complex health care about children with regard to a today's technological advance in medicine, trend in shortening of hospitalization, and a newly occurring phenomenon focusing on a psychical support of children and on quality leisure time – voluntary activities, application of expressive forms of psychotherapy, hospital jesters, games specialist, etc.