

Challenges for teaching practice in the hospital environment: initial training in context^{1 2}

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ABSTRACT

It is a research carried out on pedagogical assistant at the University Hospital of Campo Grande/MS, on the quality of the professional action of those who work in this environment. We question whether the Pedagogy course is sufficient to work in the Hospital Environment and whether the professionals are qualified to develop pedagogical activities. The objective was to reflect on the role, pedagogical practices and challenges of the teacher to carry out the pedagogical assistance in the Hospital Environment and contribute to the expansion of reflections on the activity in the Hospital Class. The methodology was supported by the theoretical contributions of Ceccim (1999), Fonseca (1999 and 2015), Matos (2014), among others, in the observations and semi-structured interviews with professionals working in the area. Teaching work in the hospital context is fundamental for hospitalized children, giving them the opportunity to continue schooling. We concluded that the initial training is insufficient to work in the hospital class, leading professionals to seek training and specialization courses.

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KEYWORDS: Pedagogical Assistance. Hospital Environment. Initial Formation. Pedagogical Practices.

Desafíos para la práctica docente en el ambiente hospitalario: la formación inicial en el contexto

RESUMEN

Se trata de una investigación realizada sobre la asistencia pedagógica en el Hospital Universitario de Campo Grande/MS, sobre la calidad de la actuación profesional de quienes laboran en este entorno. Nos preguntamos si el curso de Pedagogía es suficiente para trabajar en el Ambiente Hospitalario y si los profesionales están capacitados para desarrollar actividades pedagógicas. El objetivo fue reflexionar sobre el rol, prácticas pedagógicas y desafíos del docente para llevar a cabo la asistencia pedagógica en el Ambiente Hospitalario y contribuir a la expansión de reflexiones sobre la actividad en la Clase Hospitalaria. La metodología se apoyó en los aportes teóricos de Ceccim (1999), Fonseca (1999 y 2015), Matos (2014), entre otros, en las observaciones y entrevistas semiestructuradas con profesionales que trabajan en el área. La labor docente en el contexto hospitalario es fundamental para los niños hospitalizados, dándoles la oportunidad de seguir escolarizados. Concluimos que la formación inicial es insuficiente para trabajar en la clase hospitalaria, lo que lleva a los profesionales a buscar cursos de formación y especialización.

PALABRAS CLAVE: Servicio Pedagógico. Entorno hospitalario. Formación inicial. Prácticas pedagógicas.

Desafios para a prática docente no ambiente hospitalar: formação inicial em contexto

RESUMO

Trata-se de pesquisa realizada sobre atendimento pedagógico em Hospital Universitário de Campo Grande/MS, a qualidade da ação profissional dos que trabalhar nesse ambiente. Questionamos se o curso de Pedagogia é suficiente para a atuação no Ambiente Hospitalar e se os profissionais estão qualificados para desenvolver atividades pedagógicas. Objetivou-se

refletir sobre o papel, as práticas pedagógicas e os desafios do professor para realizar o atendimento pedagógico no Ambiente Hospitalar e contribuir para a ampliação de reflexões sobre a atividade na Classe Hospitalar. A metodologia sustentou-se nas contribuições teóricas de Ceccim (1999), Fonseca (1999 e 2015), Matos (2014), entre outros, nas observações e entrevista semiestruturada com profissionais que atuam na área. O trabalho docente no contexto hospitalar é fundamental para as crianças hospitalizadas, oportunizando-lhes a continuidade da escolarização. Concluímos que a formação inicial é insuficiente para a atuação na classe hospitalar, levando os profissionais a buscarem cursos de capacitação e especializações.

PALAVRAS-CHAVE: Atendimento Pedagógico. Ambiente Hospitalar. Formação inicial. Práticas Pedagógicas.

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Introduction

The school is no longer the only space for the development of teaching work, companies, welfare associations, hospitals, among others, are places that increasingly demand spaces for teaching. Thus, the diversity of these environments require pedagogical practices that take into account the needs and specificities of the public found them.

The educational care in hospitals, the object of this research, occurs in hospital classes and, depending on the physical conditions of the student / patient, may also occur in the beds.

This service is characterized as a teaching modality that aims at the continuity of the learning process of every child and adolescent who is in the schooling phase and who, due to illness, is hospitalized or undergoing health treatment, thus moving away from school routine.

Brazilian legislation supports and legitimizes the right to education for all children and adolescents, including those who are hospitalized or hospitalized. Among them, the following stand out:

- In article 205 of the 1988 Federal Constitution;
- Law no. 8.069 / 1990 (Statute of the Child and Adolescent);
- Resolution no. 41/1995 (National Council for the Defense of the Rights of Children and Adolescents);
- Law no. 9.394 / 1996 (Education Guidelines and Bases);
- Resolution n.02 / 2001 - *CNE/CEB* (National Guidelines for Special Education in Basic Education); and
- Document entitled “Hospital class and home pedagogical care: strategies and guidelines”, edited by *MEC* (Ministry of Education), in 2002.

All these laws guarantee hospitalized children and adolescents the right to continue their schooling and especially the interaction with education, guaranteeing them hospitalization in a more humane place, with games, studies and bonds of affection, making this space diverse, supportive and conducive to learning also.

Pedagogical Assistance in Hospital Environment is understood as a special education modality, as it assists children and adolescents with special educational needs in specific health conditions and limitations (BRASIL, 2002), which, as a result of hospitalizations and / or medical treatments, are temporarily prevented from attending regular school. Therefore, at this time it is considered a child or adolescent with special educational needs.

According to Melo and Lima (2015), one of the challenges that stands out in Hospital Pedagogy is the lack of qualified professionals to work in the Hospital Class. Because, according to the Ministry of Education (BRAZIL, 2002), the teacher who works in this area must be trained to work with human diversity, with different experiences, to propose didactic-pedagogical procedures and alternative practices necessary to the teaching and learning process of hospitalized students and to plan and develop structured and flexible activities, respecting the student's personal rhythm and clinical status.

In this sense, when attending a hospitalized child or adolescent, the pedagogical practice must differ from the school routine, and for that, it is necessary that there are trained and prepared professionals to work in this field. Thus, as a methodological approach, some questions were raised: Is the initial training course sufficient for the training of the professional who works in Pedagogical Care in a Hospital Environment? Are there really qualified and prepared professionals to develop pedagogical activities in this environment?

In view of this, a study that seeks to investigate these professionals is essential, in order to reflect on the role and challenges of teachers to develop a quality teaching practice in the Hospital Class; as well as contributing to this issue to be expanded, considering that there are academics and education professionals who are still unaware of the Pedagogical Service in the Hospital Environment.

For this, we investigated the formation and pedagogical practices of teachers who work in the Hospital of the University Hospital Class Maria Aparecida Pedrossian - HUMAP, the city of Campo Grande, Mato Grosso do Sul.

Pedagogical Assistance in Hospital Environment: A Pedagogical right

Faced with the need to provide continuity of schooling for children and teenagers hospitalized and/or for some reason of illness, they were removed from the formal scope of the school, the Pedagogical Service in the Hospital Environment appears.

The creation of school classes in hospitals is the result of the formal recognition that hospitalized children, regardless of the period of stay in the institution or any other factor, have educational needs and citizenship rights, which includes schooling (AMARAL, 2015, p. 70).

Thus, the Hospital Classroom was created in order to ensure the continuity of regular teaching contents for hospitalized children and

adolescents enabling a return to school after discharge, without jeopardizing their school education and thus seeking to recover the student's socialization through an inclusion process, giving continuity to their learning.

In this way, Pedagogical Care in Hospital Environment has the function of developing a unique pedagogical attention to children and school adolescents who are in hospital care, presenting alternatives that contribute to their learning and well-being, as it is evident the importance of continuing their schooling, so that there is no damage in their learning process and in their school formation.

According to Fonseca (1999), the first Hospital Class in Brazil appeared in 1950, at Hospital Municipal Jesus, in the city of Rio de Janeiro, it functioned without support and no link with the State and with the Department of Education and was considered nationally as the milestone of hospital pedagogy. However, in this period, students who went through illnesses that forced them to leave school, were submitted to the continuity of learning without the minimum conditions and opportunity, often resulting in failure, dropping out, or even sometimes in approvals without the necessary knowledge, which would be required in the next school year, thus significantly impairing the student's learning process.

According to Matos (2014), the second Hospital Class emerged in 1960, also in the city of Rio de Janeiro, but, like the first Hospital Class, this one also had no support and no link with the State and with the Department of Education. The health professionals observed the cognitive need that hospitalized children had for a long time and then began to carry out educational actions on their own, with the support of the hospital's management and staff.

Since then, the pedagogical assistance that occurs in favor of the right to education of hospitalized children and adolescents. From 1988 it became part of a process of redemocratization expressed in the Federal

Constitution, which considers education as a right for all (BRAZIL, 1988). But even so, it took many years for the authorities constituted for the exercise of education were compelled to accept and standardize the Hospital Class.

Only in the 1990s, in Brazil, specific laws were created for the Hospital Class, among them the Child and Adolescent Statute, in particular, article nine, which deals with the right to education: “Right to enjoy in some way recreation, **health education program**” (*emphasis added*) (BRASIL, 1990).

In 1995, the Law on the Rights of Hospitalized Children and Adolescents was passed, through Resolution no. 41 of CONANDA - National Council for the Rights of Children and Adolescents and, thus, hospital educational action gains more strength and visibility, appearing on the national scene with the status of legislation, stipulating that the hospitalized student must receive psychological support, when necessary, and he must enjoy some form of recreation, health education programs and monitoring the school curriculum, according to the cognitive phase, during his hospitalization (BRASIL, 1995).

In 1996, the hospital class was inserted in the (Law of Guidelines and Bases of National Education (*LDB*) through law n. 9.394/1996 as special education, in a vision of inclusive education, as a modality of School Education, with specific resources and procedures for the teaching and learning process available to students with special needs, with respect for their differences, so that they have access to the curriculum and, consequently, achieve their social integration. Thus, in Article 58, paragraph 2: “Educational assistance will be provided in classes, schools or specialized services, whenever, due to the specific conditions of the students, it is not possible to integrate them into the regular classes of regular education” (BRASIL, 1996).

In 2001, the National Council of Education (*CNE*), dealt with the mandatory provision of Hospital Classes, in article 13 of Resolution no. 02,

indicating that the education systems, through an integrated action with the health systems, should organize specialized educational assistance to students unable to attend classes, due to health treatment, which implies hospitalization or outpatient care (BRASIL, 2001).

In 2002, the Ministry of Education (*MEC*) published a document with the title Hospital Class and Pedagogical Home Care: strategies and guidelines. In this document, the principles, objectives and forms of organization and administrative and pedagogical functioning of the hospital classes and home pedagogical care are found (BRASIL, 2002). This document aims to encourage the creation of hospital and home pedagogical care, guaranteeing education for regular school students who are hospitalized as follows:

Hospital classes and home pedagogical care must develop strategies and guidelines to enable the pedagogical-educational monitoring of the process of development and construction of the knowledge of children, young people and adults enrolled or not in regular education systems, within the scope of basic education and that are unable to attend school, temporarily or permanently, and guarantee the maintenance of the link with schools through a flexible and / or adapted curriculum, favoring their entry, return or adequate integration with their corresponding school group, as part of the right to comprehensive care (BRASIL, 2002, p. 13).

It is understood, therefore, that the hospital class as the educational pedagogical assistance in health treatment environments for children and adolescents of school age who are hospitalized, hospitalized or not and who are unable to attend school. In this sense, the Hospital Class goes far beyond a simple classroom space inserted in the hospital environment. It is a type of service that is part of Special Education, as it deals with a differentiated pedagogical service, in which the role of the educator must both meet the educational needs of the child or adolescent as well as respect the personal rhythm and the clinical status of the same.

A survey carried out by the authors Ohara, Borba and Carneiro (2008), points out in a survey carried out, in 2005, on the functioning of hospital classes in Brazil, recorded that 99 hospitals had installed hospital classes, distributed as follows by region: Northern Region = 7; Northeast Region = 10; Center-west Region = 18; Southeast Region = 47 and South Region = 17.

More recently, in a study presented by Fonseca (2015), the author accounts for a total of 155 hospital classes in operation in Brazil, being distributed as follows: North Region = 10; Northeast Region = 26; Center-west Region = 26; Southeast Region = 64 and South Region = 29. As for enrollment in hospital environments, National Institute of Educational Studies and Research Anísio Teixeira (*INEP*) data reveal an evolution in the country between 2013 from 18% to 38.2% in 2017, being that of this total, 25.2% of enrollments were in Elementary School (Censo Escolar Mec, 2017).

From these surveys we saw that in our country there was a significant increase in the creation of Hospital Classes, but this number is still very small if we consider the immensity of the Brazilian territory. Pedagogical Assistance in Hospital Environments should exist in all hospitals that serve children and adolescents, because, according to the current legislation, it constitutes the right of every hospitalized student, prevented from attending regular school, and also, as previously mentioned, from the year 2001, the National Education Council (*CNE*) made it mandatory to offer Hospital Class in hospitals that attend school-age children and adolescents who are unable to attend school due to health treatment that implies hospitalization or outpatient care (BRASIL, 2001).

Both educational care in the hospital environment and home pedagogical care must be linked to education systems as a pedagogical work unit of the State Offices, Federal District and City Education Departments, as well as to the clinical directions of health systems and services in that are located (BRASIL, 2002). Articulated work for quality care that provides the hospitalized child/adolescent with the least possible damage to their learning

process, enabling equal conditions for access to knowledge, as well as access to school and permanence in it (BRASIL, 2002).

The performance of the teacher and his pedagogical practice in Pedagogical Assistance in the Hospital Environment

The performance of the teacher and his pedagogical practice is not restricted only to the school environment, but also in other environments, such as in hospitals. In this environment, the teacher works in the Hospital Class, with students temporarily away from the regular school, due to hospitalizations and / or medical treatments and who are in a weak state of health and with special educational needs.

The performance of this professional and the pedagogical mediations performed by him, especially in the pedagogical monitoring of children and adolescents in situations of hospitalization or health treatment, differs from the pedagogical practice performed at school. In this sense, Rodrigues (2012) warns us that in the hospital environment:

We cannot just use the same strategies used in the regular classroom, this is not possible due to its peculiarities, which requires the teacher to have a flexible work posture and to be able to deal with diversity on a daily basis, to be able to evaluate in a short term, if the student at that time (regardless of age) has physical and psychological conditions to participate in educational pedagogical activities promoted by the teacher, thus respecting the learning time of each individual (RODRIGUES, 2012, p. 88).

Therefore, the hospitalized student requires different treatment methods from regular education, making the Education professional who works with him take into account his hospitalization and act flexibly according to his needs and limitations.

According to Matos and Mugiatti (2009), educational assistance in the hospital environment requires, due to its specificity, qualified and

competent professionals, thus launching a real challenge to Pedagogy courses and other degrees, to base their curricular proposals based on research and multidisciplinary, interdisciplinary and transdisciplinary scientific practices in hospital contexts.

Silva (2015, p.51), points out that “reflecting on the role of educators in hospitals has been a very delicate issue in the recent past”, and to discuss it, is somewhat challenging and divergent, given the lack of a specific initial training for the professional to work in this area. In the perspective of Custódio (2017), for the Hospital Class service to continue to be carried out and consequently bring good results, it is necessary that, during the initial training, professionals have access to the knowledge inherent to educational care in the hospital environment and perceive it as a possible and necessary field of action.

The training in Hospital Pedagogy is, therefore, very necessary for the performance of this professional, as they are professionals who need to be prepared to perform functions in a different context from the school. In a study by Barros (2007), the author notes that the lack of training to prepare these professionals for entry into the hospital field is a negative issue for their permanence and/or satisfactory performance in this field.

The document entitled, "Hospital Class and home pedagogical care" (BRASIL, 2002) is an attempt to structure actions for organizing the educational care system outside the school context, proposing strategies and guidelines for pedagogical care and highlights that:

The teacher should have pedagogical training preferably in Special Education or in Pedagogy or undergraduate courses, be aware of the diseases and psychosocial conditions experienced by students and the characteristics arising from them, whether from a clinical point of view, or from an affective point of view. (BRASIL, 2002, p. 22).

Thus, to perform this role, the teacher must be able to deal with the constant changes in the plans, adapting them to each situation, and to each student, taking into account the affective, clinical and social moment

that the child or adolescent is in, before insisting on carrying out any task. To this end, it is necessary to have creativity and sensitivity to face difficulties and find the necessary means to overcome them.

Thus, the performance and practice of the teacher in Pedagogical Care in a Hospital Environment are related to a humanistic view, which thinks of the student / patient as an integral being, with physical, psychological and social needs, thus, the teacher must develop a humanized work that meets the difficulties of these children and adolescents, providing the opportunity to carry out the educational process and, above all, it is necessary that the teacher knows the reality of the student, observes their performance and proposes activities that are consistent with their knowledge, in addition to stimulating, thus providing a meaningful learning to the internal students.

In this sense, consequently, it is necessary that the teacher of Pedagogical Assistance in a Hospital Environment be subjected to an appropriate training and psychological preparation, to carry out an educational work appropriate to the peculiar conditions of a hospitalized student. Thus, it is necessary that he also have access to prior information in relation to the health status of this student, as such information is fundamental considerations that will serve as a basis in the preparation of the planning and in the performance of his attendance.

Pedagogical Assistance in the Hospital Environment of the University Hospital Maria Aparecida Pedrossian

The Maria Aparecida Pedrossian University Hospital in the city of Campo Grande, was the pioneer in Hospital Class care, in the state of Mato Grosso do Sul, starting this service around 1989. At first, informally, in order to ease the idleness and suffering of those who were hospitalized there.

In 1994, a Group of Psychologists and Psychopedagogists, linked to the State Department of Education - *SED/MS*, began to develop a school attendance project, in a targeted manner. The service was aimed at elementary school students from the Initial Years, 1st to 4th grades, with an emphasis on literacy and learning through integration for inclusion. In 1997, this same group of professionals was being complemented with the arrival of new teachers for attendance, who together started to attend the Elementary School Early Years and Final Years, 1st to 8th grades.

In 2005, again, the group was complemented, this time with the arrival of Chemistry, Physics and Biology teachers, to attend high school. Today, educational assistance in the hospital environment is still linked to the State Department of Education - *SED/MS*, its teachers are based in the Vespasiano Martins State School, and follows pedagogical guidelines from the State Center for Special Inclusive Education (*CEESPI*) and assists all children in school age admitted to any wing of the Hospital, be it child education, elementary school, high school or youth and adult education.

At the Maria Aparecida Pedrossian University Hospital, the care of the Hospital Class is not restricted only to students in the capital, but to everyone of school age, regardless of where they live or study, since in the hospital individuals from all municipalities in the state of Mato Grosso do Sul, including from neighboring countries.

Methodological aspects of the research

This work is the result of a research developed in the Group of Studies and Research on Education and Human Development (*GEPEdHI*), of the Federal University of Mato Grosso do Sul. It was developed through the qualitative methodology, based on the socio-historical approach. Bogdan and Biklen (1994, p. 11) claim that qualitative research emerged from a field initially dominated by measurement practices, the development of tests of

variable hypotheses etc., a field from which “[...] to contemplate an investigation methodology that emphasizes description, induction, grounded theory and the study of personal perceptions”.

Participants

Members of the *GEPEDHI* study and research group participated in the data collection work for this research, together with the guidance of the research coordinator. And, as subjects of the research, 3 teachers and 1 coordinator of the Hospital Class of the Hospital Universitário Maria Aparecida Pedrossian (*HUMAP*), from the city of Campo Grande, state of Mato Grosso do Sul, participated, with authorization from the Ethics Committee of *Plataforma Brasil* under *CAEE* n° 62205216.6.0000.0021, after signing the Informed Consent Form.

Material

The material used for the elaboration of this work was primarily bibliographic articles related to the research line: “Education, Health and Pedagogical Practices”, in the meetings of the Study and Research Group on Education and Human Development (*GEPEDHI*), which goes through the contributions of several authors, such as: Ceccim (1999), Fonseca (1999 and 2015), Matos (2014), among others; what according to Prodanov and Freitas (2013) served, as a first step, to know in what state is the problem to which we refer; and subsequently a field investigation that began in October 2017, carried out *in loco*, together with the guidance of the coordinating research professor and collaboration of members of the study and research group - *GEPEDHI*, where systematic observations were used as research material, semi-structured interviews constituted with questions to the professors who work there and records in “logbooks” (notebooks), which according to Bogdan and Biklen (1994, p. 150) serve

for “[...] written account of that that the researcher hears, sees, experiences and thinks in the course of collecting reflecting on the data of a qualitative study”.

Procedure

The field investigation, carried out *in loco*, was divided in two moments. The first moment was carried out by 3 members of the study and research group - *GEPEDHI*, from October to December 2017. And the second moment, by 3 other members of the same group, from April to November 2018. All data collected, both in the first moment, and in the second moment they collaborate for the execution of this work.

1st moment of the investigation

In the first moment of the investigation, we present the research proposal, the Free and Informed Consent Term (*ICF*) and the (semi-structured) interview script, prepared by Custódio (2017), member of the study and research group - *GEPEDHI*, which were understood and readily accepted by the teachers.

In this first moment, the intention was to obtain more precise information about the training and pedagogical practice of the teachers of Pedagogical Assistance in the Hospital environment of the Hospital Universitário Maria Aparecida Pedrossian (*HUMAP*). Teachers will be identified here as Professor A, Professor B and Professor C, to have their identification preserved.

From this interview, we observed that the three were graduated in Pedagogy, two of them have worked in the Hospital Class since 1995, around 23 years old and have a specialization course in Special Education. The other has been studying for just four months and is about to conclude the specialization course in Special Education, thus being in accordance with the guidelines that the MEC document (2002) presents, “the teacher should have

pedagogical training preferably in Education Special or in Pedagogy courses or undergraduate courses, to have notions about the diseases and psychosocial conditions experienced by students and the characteristics resulting from them, whether from a clinical point of view, or from an affective point of view”(BRASIL, 2002, p. 22).

We also observed that in addition to the specialization course in Special Education, the majority of teachers are looking for other specific courses in the area. Of the 3 teachers interviewed, 2 have a specialization course in Hospital Pedagogy. However, when we asked if during the graduation they had any theoretical or practical knowledge about Hospital Class, and if this knowledge was sufficient for their performance in this field, they all responded that at no time during their initial training, they had any information about Hospital Class.

These data called us a lot of attention, as they revealed that the teacher of Pedagogical Assistance in Hospital Environment takes on a great challenge when starting his work in this environment, since it is primarily with his practice that he assumes knowledge and experience to work in this field, since there was previously no theory that would have led him to understand his practice. Since, by appropriating theoretical foundations, we benefit from various points of view for decision making within a contextualized action, acquiring perspectives of judgment to understand and overcome the various challenges that arise in the daily life of this environment.

Based on these data, we analyze that the teachers appropriate theoretical and practical knowledge about Pedagogical Assistance in Hospital Environments, when they are already working in this field, based on their experiences and experiences in this environment, on continuing education, specializations and courses that bring discussions about the area.

When we asked the teachers if they had any multidisciplinary training to work in the Hospital Class, one of them replied: “Not at first, but then we

had courses and, currently we have a round of conversations with the multidisciplinary team” (Professor B). Still, according to the teachers, the SED / MS eventually offers training involving their area of expertise and the conversation circles they participate with the team contribute a lot to the development of their work.

In the interview script, it was also asked about the importance of the teacher's performance within the hospital, and when analyzing the responses we saw that the teachers consider that the existence of hospital classes is of fundamental importance, as they provide the hospitalized student with the continuity of their studies, thus avoiding losses to the development of their learning, consequently improving their self-esteem. According to one of the interviewees, her performance is important “for the continuation of the school development of the student who is hospitalized, helping him in whatever is necessary” (Teacher C).

We also questioned how much the children's reaction to the teacher's presence and performance in the hospital. The teachers pointed out that they react enthusiastically, always wanting to participate in classes. One of the teachers pointed out that “the children's reactions are very good, as they can study even though they are undergoing medical treatment and most of them are excited and happy” (Teacher A).

Another issue that we pointed out was regarding the planning of activities. We asked teachers how it works and how they organize content, methodologies and assessments. According to the responses, the organization of planning takes place weekly, always following the current curriculum framework in the State Education Network. And according to the interviewees, the activities they propose are always flexible and adapted to the student's reality.

It is worth mentioning Calegari-Falco (2007), who argues that:

All care provided by the hospital class must be flexible, according to the child's condition and possibility, taking into account the length of hospital stay, psychological and

pathological status and ability to move, these should contribute so that, even when hospitalized, the child maintains the link with the world that was out of the hospital, in order to participate and learn, enjoying their basic right to full development, regardless of their difficulties, but directed to their potential, reducing the hospitalization time in order to rescue their self-esteem, easing the suffering caused by hospitalization (CALEGARI-FALCO, 2007, p. 4287).

We conclude, therefore, that the teachers' pedagogical practices are previously and carefully planned, in a way that they contribute efficiently to the student's learning process.

As for the methodological resources that teachers use and consider important for the teaching and learning process of children, according to the information we obtained from the questionnaire, in addition to flexible and adapted activities, pedagogical games, internet, textbooks and educational books are used, computers, videos, toys, magazines, printed activities, among others.

2nd moment of the investigation

In the second moment of the investigation, in the months of April and May 2018, it was possible to obtain more accurate information about the functioning of the Hospital Classes in Campo Grande/MS and specifically that of the Maria Aparecida Pedrossian University Hospital, because at this moment we had greater contact with the coordinator of the Nucleus of Hospital Class of Campo Grande/MS.

According to the information obtained from the Coordinator of the Hospital Class Nucleus of Campo Grande/MS through the directed conversations, there is only one Hospital Class nucleus in Campo Grande / MS. The team of this nucleus is composed of 19 professionals, all professors. Of these, currently, 6 work in the Pediatric Hospital Class of the Hospital Universitário Maria Aparecida Pedrossian, these being 3 educators and 3 teachers from different areas. The others work in other institutions that also offer Hospital Class care: Regional Hospital, Hospital

São Julião, Santa Casa and Association of Friends of Children with Cancer (AACC). However, according to the coordinator, if there is a greater demand for assistance in one of the institutions and in another, there is a reallocation or rotation of teachers for assistance. In each of these institutions, there is a professor responsible for the team who carries out a load of 40 hours a week, the rest mostly serving 20 hours a week.

According to the coordinator, the teacher who works in the Pedagogical Service in the Hospital Environment is provided by *SED/MS* and develops, together with the educational institution to which the student is enrolled, all curricular contents, in addition to artistic, recreational and cultural activities. And the resources for providing care, both for consumable materials, as well as permanent materials, are provided by *SED/MS* and Maria Aparecida Pedrossian University Hospital.

The opening hours of the Pediatric Hospital Class at the Maria Aparecida Pedrossian University Hospital take place in the morning from 7:30 am to 11:30 am. However, according to the coordinator, this does not mean that the student / patient should remain in the classroom for the entire duration of the study.

Still, according to the coordinator, the teacher of Pedagogical Care in a Hospital Environment has autonomy and responsibility to prepare activities for the student, the class does not have to have a record on paper, it can be oral, it can be through games, as long as it offers the content of the period that the student is in, and that seeks to remedy the difficulties that he presents.

In this phase of investigation, it was possible to witness some pedagogical assistance to children in the Hospital Class, and we observed that at all times the student's will is respected, he only studies if he is in conditions and if he has the will for it, however the teachers always guide and encourage them to participate. They always have an affective contact and a pleasant interaction with the students.

In some moments we had contact with children in hospital beds and it was possible to observe that they have records of their activities. One of the children we observed was a girl of preschool age; her companion informed us that she had been hospitalized for 17 days, and that she received school attendance there, which she considered very good and significant for the child in overcoming the sadness, pain and suffering caused by the disease, showed us an envelope with various activities carried out by the patient with the help of the teachers of Pedagogical Care in a Hospital Environment. While we were talking to the girl, she soon became involved and insisted on showing us activity by activity showing a lot of interest and enthusiasm in the development of the exercises.

This makes us reflect on what Ceccim (1999) says about the role of Pedagogical Assistance in the Hospital Environment:

[...] the function of the hospital class teacher is not only to “creatively occupy” the child's time so that he can “express and elaborate” the feelings brought about by illness and hospitalization, learning new emotional behaviors, as well as not it is just opening playful spaces with an emphasis on pedagogical knowledge so that the child “forgets for a few moments” that he is sick in a hospital. The teacher must be in the hospital to operate with affective cognitive processes to build cognitive learning and allow school acquisitions for children [...] (CECCIM, 1999, p. 03).

In this sense, the Hospital Class provides the patient with a hospitalization in a more humane, favorable and conducive to learning place. And the teacher is the main conductor of this space, responsible for the contact with the child and the adolescent, for the stimulation, affection, learning and consequently is also responsible for the improvement of the physical and emotional health of this student / patient, as their care pedagogic influences a lot in the health recovery of the hospitalized student.

Final considerations

This research made it possible to understand that teaching work in the hospital context is fundamental for the development of hospitalized children and adolescents, giving them the opportunity to continue their schooling, offering them a more human service and ensuring that the learning process, so important for our life, do not exclude yourself in the hospital context.

We saw that this work in hospital environments is a service that already has legal support, through legislation that legitimizes the right to education for all children and all adolescents, including those who are hospitalized.

The routine of a child or adolescent during a period of hospitalization certainly changes, and it is certainly not one of the most comfortable and pleasurable changes in the lives of these individuals, since there is a distance from their home, their family life, school, of friends. In this sense, the Pedagogical Service in a Hospital Environment has the function of filling a little of this need that affects them, and also directly benefiting the intellectual issue during hospitalization, providing the uninterrupted construction of their learning.

With the answers we obtained in the interview we conducted with the teachers, we concluded that only the initial training is not enough for the training of the professional who works in the hospital class, so much so that they seek training and specialization courses in the area, and one of the minimum requirements for them to work in the field is the specialization course in Special Education. That is, for quality care, teachers need to seek preparation that was not available in their initial training.

However, we note that there are qualified professionals prepared to work in Pedagogical Care in a Hospital Environment, proof of this are the Teachers of the Hospital Class of the Hospital Universitário Maria Aparecida Pedrossian, in Campo Grande/MS. We emphasize, however,

that these are qualified and prepared because they sought and continued to study after their initial training.

In this sense, this research contributed not only to understand the role of the Hospital Class teacher, but also to reflect on the importance of further studies and research on the Hospital Class in the curricular structures of universities, as this is one of the possible and important fields teaching performance. And, the teacher is a fundamental element in the pursuit of teaching quality. However, it is necessary to be a professional with qualified training and who critically understands his role in the educational context; This context, as this study showed us, can be inserted in diverse environments, including in hospital institutions.

One of the elements that strongly contributes to a quality practice is theoretical knowledge, because as stated earlier, when we take ownership of theoretical foundations, we benefit from various points of view for decision making within a contextualized action, acquiring perspectives of judgment for understand the different contexts of everyday life. Thus, it is necessary that future professionals of Pedagogical Care in a Hospital Environment have access to the theoretical foundations of the Hospital Class since their initial training, since the hospital context presupposes that professionals are trained and that they understand the peculiarities of this environment. In this sense, teacher training universities must prepare themselves to train professionals for a more comprehensive scenario, as the teacher's performance has not only occurred in the school context, it extends beyond the school.

Thus, this work allowed us to reflect on how the education professional, "trained", "able" to work in his training area "faces" working in the Hospital Class: As a challenge!

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