

The hospital as a performance space for the pedagogue

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Abstract

The article presents results of a research aimed at investigating the practice of the pedagogue within the Hospital School Service. The Hospital School Service is an important pedagogical support, keeping the hospitalized child interconnected into their school activities and, at the same time, becoming a powerful field of professional activity for the pedagogue. The chosen research methodology was carried out in a hospital in the state of Santa Catarina, with several instruments for gathering data, such as observations, interviews, and reports in a field journal. Finally, results show that the pedagogue who works in a hospital assumes a humanizing role in his/her teaching practice, being responsible for articulating the entire team that cares for hospitalized children.

Keywords

Pedagogia; Hospital School Service; research with children.

O hospital como espaço de atuação para o pedagogo

Resumo

O artigo apresenta resultados de uma pesquisa que teve como objetivo investigar a prática do pedagogo inserido no Atendimento Escolar Hospitalar. O Atendimento Escolar Hospitalar constitui um importante apoio pedagógico, mantendo a criança hospitalizada interligadas às suas atividades escolares e, ao mesmo tempo, torna-se um campo potente de atuação profissional do pedagogo. A metodologia da pesquisa apoiou-se em uma pesquisa de campo realizada em um hospital do estado de Santa Catarina, com diversos instrumentos metodológicos de produção de dados, como observações, entrevistas e registros em diário de campo. Por fim, constatou-se que o pedagogo que atua no contexto hospitalar assume um papel de humanizador em sua prática docente, precisando estar articulado com toda a equipe de atendimento da criança hospitalizada.

Palavras-chave

Pedagogia; Atendimento Escolar Hospitalar; pesquisa com crianças.

El hospital como espacio de actuación del pedagogo

Resumen

El artículo presenta resultados de una investigación que tuvo como objetivo investigar la práctica del pedagogo inserto en la Asistencia Escolar Hospitalaria. El servicio Asistencia Escolar Hospitalaria constituye un importante apoyo pedagógico, manteniendo al niño hospitalizado interconectado en sus actividades escolares y, a la

vez, convirtiéndose en un potente campo de actividad profesional para el pedagogo. La metodología de investigación se basó en una investigación de campo realizada en un hospital del estado de Santa Catarina, con varios instrumentos metodológicos para la producción de datos, como observaciones, entrevistas y registros en diario de campo. Finalmente, se constató que el pedagogo que actúa en el contexto hospitalario asume un rol humanizador en su práctica docente, necesitando articularse con todo el equipo que atiende a los niños hospitalizados.

Palabras clave

Pedagogía; Asistencia Escolar Hospitalaria; investigación con niños.

1 Introduction

This article aims to investigate the practice of the pedagogue inserted in Hospital School Care since the Pedagogy course covers this institutional space as a workplace for the pedagogue. Therefore, this writing is based on some selected excerpts from the final paper in the Pedagogy course at the Universidade do Vale do Taquari (Univates), located in Lajeado, Rio Grande do Sul, Brazil. The central objective of the research was to investigate the roles of the pedagogue in the Hospital School Service Sector of the Pedagogy Sector of a Children's Hospital located in the state of Santa Catarina (SC), to understand the work of this professional in this space.

To develop this article, we organized the writing as follows: in the first section, we present a brief historical framework on the emergence of hospital pedagogy in Brazil, we seek to show the intersections between health and education/pedagogy and hospital space; in the second section, we discuss the performance of the pedagogue in the hospital space, as well as present initial reflections on the national reformulations involving the Pedagogy course, based on the latest Diretrizes Curriculares Nacionais for this course; in the third section, we approach aspects of the pedagogue's performance in Hospital School Service, presenting the methodology of this research; finally, we present the fourth and last section, in which we express some reflections and perceptions that emerged from the research and that allows us to assert the importance of inserting the pedagogue in spaces other than the classroom.

2 Brief intersections between the hospital space and Pedagogy in Brazil

In Brazil, around 1950, the first hospital to receive hospital classes was Hospital Menino Jesus, located in the city of Rio de Janeiro due to the concern with the education of hospitalized children. Over time, several other hospitals began to implement this new class, even though there was still no law establishing the obligation of this space within the hospital. Even if it is not our intention to discuss Hospital Pedagogy more extensively, it is important to mention that in 1935, Henri Sellier, in France, invested heavily in Hospital Pedagogy, as he founded a school to care for tubercular children because they went through long periods of hospitalization due to a treatment considered weak in the face of the situation.

Afterward, the Federal Constitution of 1988 established the right to education, equal access, and educational continuation. However, it was only from 1990 onwards that new laws on education were passed, determining that every child unable to attend a regular school, even if it was within a non-school space, should receive other educational support. From these laws, others emerged, such as Resolution No. 41, published in 1995 by the Brazilian Society of Pediatrics, which lists 20 rights of hospitalized children and adolescents. These rights are reaffirmed and amended in Law No. 9,394, of December 20, 1996 (Lei de Diretrizes e Bases da Educação Nacional), as can be seen in Law No. 13,716, of September 24, 2018, in its Article 4-A, which states that “[...] educational assistance is ensured, during the period of hospitalization, to the education of the student hospitalized for health care in a hospital or at home for a long time [...]”.

However, we highlight the importance of every hospitalized child having their rights guaranteed, as established by the Statute of the Child and Adolescent, Law No. 8069, of July 13, 1990, Resolution No. 41, of October 13, 1995, of the National Rights of Children and Adolescents, and the Declaration of the Rights of Children and Adolescents, which emphasizes that hospitalized children have the right to be accompanied by their guardians or their mothers during their hospitalization. We intend to emphasize that hospitals will be able to assist children through the hospital class when there is a pedagogue responsible for finding resources and school activities so that children can continue their studies, without disrupting the schooling.

It is also important to highlight that, in addition to children having access to school continuity, they will also be able to enjoy the recreation room and toy library, with the supervision and presence of people responsible for this sector. Everyone must know that we must respect the limits of each child, as well as their needs and interests.

Fonseca (2008, p. 12) points out that Brazilian legislation recognizes “[...] the right to continuity of schooling for those children and adolescents who are hospitalized. This type of care is called *hospital class* [...]”. The excerpt highlighted in the citation shows that the pedagogue, within the hospital, can act as a professional capable of making a connection between the school content and what the hospitalized child is able to learn.

Therefore, it is emphasized here the importance of the pedagogue in carrying out different proposals that seek to rescue the experiences of hospitalized children and lead them to acquire new experiences through socialization, so that, in one way or another, they continue in this educational process, i.e., the pedagogue manages the time of activities with flexible planning, according to the interest and willingness of their student-patients. It is clear, therefore, that hospital education in this perspective is necessary since children will attribute a new meaning to the hospital, perceiving it not only as a place where sick people stay but as a space where everyone has the opportunity to continue learning.

Regarding the importance of the pedagogue, Matos (2009, p. 47) corroborates by stating that: “The role of education in the hospital and, with it, that of the teacher, is to provide the child with knowledge and understanding of that space, re-signifying not only them, their illness and their relationships in this new life situation”. Therefore, educators must be aware that a hospital, in addition to being a space dedicated to healthcare, is also indispensable as an educational space. Next, we will analyze how the Curriculum Guidelines for the Pedagogy Course allow (or do not allow) the opening for the pedagogue to act beyond the formal spaces of education, usually recognized as the school and the classroom. This intersection between the hospital space and the knowledge of the field of Pedagogy, which constitutes such fundamental approaches to the lives of hospitalized children, is also a political field of forces and interventions. Let's see in the next section of this article.

3 National Guidelines and Pedagogy in the hospital space

Over a long period, the Pedagogy course underwent several reformulations based on legal determinations, gradually they were modified and expanded the spaces for the pedagogue to act. We can verify that according to the Parecer do Conselho Nacional de Educação e Conselho Pleno (CNE/CP) nº 2, of July 1, 2015, in article 3, it is stated that “[...] the initial formation and the continuing education are intended, respectively, for the preparation and development of professionals for teaching functions in basic education in its stages [...]”.

It is possible to infer that the legislation points to other ways for the pedagogue to act beyond the classroom. We know that this was not always the case, as the Pedagogy course had its first regulation created by Decreto-Lei nº 1.190, on April 4, 1939, which provided for the formation of a bachelor's degree in Pedagogy, known as "technician in education". Subsequently, Resolution CNE/CP nº 1, of May 15, 2006, which establishes the National Curriculum Guidelines for the Undergraduate Course in Pedagogy, given Pareceres CNE/CP nº 5/2005 and 3/2006, in turn, established that:

Art. 4th The degree course in Pedagogy is aimed at training teachers to exercise teaching functions in Early Childhood Education and the early years of Elementary Education, in Secondary Education courses, in the Normal modality, of Professional Education in the area of services and school support and in other areas in which pedagogical knowledge is expected. (BRAZIL, 2006, p. 2).

Thus, it is evident that the professional, to work in these areas mentioned above, needs specific training in a teaching degree - a Pedagogy course -, as well as seeking training in courses aimed at this field since its main objective is human development. Still, according to the National Curriculum Resolutions and Guidelines, it is imperative to highlight that Resolution CNE/CP nº 1/2006, of May 16, 2006, presents, in Section 1, in its article 5, the following text:

Graduates of the Pedagogy course should be able to: [...] IV – work, in school and non-school spaces, in promoting learning for subjects in different stages of human development, at different levels and modalities of the educational process. (BRAZIL, 2006, p. 2).

Currently, we have been following the insertion of the pedagogue in companies, non-governmental organizations (NGOs), museums, and hospitals,

provided that the professionals meet the National Curriculum Guidelines. Added to this, we realize that Resolution CNE/CP No. 2, of December 20, 2019, which determines the National Curriculum Guidelines for Initial Teacher Training for Basic Education and constitutes the National Common Base for Initial Teacher Training of Basic Education (BNC-Training), in its 6th article, it emphasizes the need for a teacher training policy for Basic Education, in line with the regulatory frameworks, in particular with the National Common Curricular Base (BNCC). The most relevant principle pointed out in this official document is the following:

I - teacher training for all stages and modalities of Basic Education as a State commitment, which ensures the right of children, young people, and adults to quality education, through the equalization of opportunities that considers the needs of each and every one of students. (BRAZIL, 2019, p. 3).

That is, it is possible to highlight that the pedagogue is qualified to work in both school and non-school spaces, with the hospital being an example of this second case. We also know that it is the right of the child to receive a quality education offer, respecting their differences, regardless of the situation in which they find themselves. For this to happen, it is extremely important that educators are prepared and that they seek to position themselves in these new spaces that today are beyond the classroom.

It is also important to mention that in 2019 we saw a setback in the National Curriculum Guidelines, as the official documents do not mention a specific opening of the pedagogue's role in other social spaces. Thus, it is reiterated that teaching knowledge is technical and utilitarian, focused solely on the school, more specifically on the classroom. This is in line with our difficulty in locating hospitals with pedagogues in their multidisciplinary teams.

Because of these resolutions, it is concluded that the hospital is also a teaching space, in which the presence of a pedagogue is of paramount importance for the humanization process of student-patients, so it will be possible to provide the continuity of the school process, to that, when returning to the school of origin, they can continue their studies as well as other students, thus avoiding a delay and/or school failure.

4 Methodology

4.1 *The performance of the pedagogue in the hospital space: notes from the field research*

When thematizing the performance of the pedagogue in the school space, it is necessary to present more details about how this research took place, which is the result of a final paper in the Pedagogy course, as already mentioned at the beginning of this article. When the research interest was defined, we contacted some hospitals via email, as well as visited the official websites. In all, we contacted nine hospitals, intending to carry out a possible observation and/or interviews with these pedagogues. Of these, only three had children hospitalized for a long period or frequent hospitalizations due to their illness. Only one hospital offered educational assistance with pedagogues, and the other two only offered a toy library because there were neither pedagogues nor space for the educational division. As a result, we chose the hospital that offered School Educational Care, as it is consistent with the research. We emphasize that the criterion for this choice was whether the hospital had children hospitalized for a short and/or long period and whether there were professionals, such as pedagogues, working in this space.

Thus, the field research was developed in the Hospital School Service Division of the Pedagogy Sector of a Children's Hospital located in Santa Catarina. For five consecutive days, we followed the pedagogue in the Pedagogy Sector. With a qualitative approach, the research methodology included different methodological instruments, such as observations and semi-structured interviews with the two pedagogues and the pedagogical coordinator who works in the same sector. These interviews were recorded, transcribed, and analyzed later. In addition, records were made in a field diary for later analysis.

Research carried out with adults is different from that carried out with children, as it requires a different posture from the researcher. The researcher, according to Corsaro (1997), becomes a "strange" adult or a friend capable of creating conditions to decode how the child interprets the world. Therefore, research with children should be playful, so that they can participate with enthusiasm. In this investigation, the children

were considered as research subjects, since the intention was to investigate the practice of the pedagogue inserted in Hospital School Assistance. In total, ten children – between 4 and 10 years old – participated in the investigation.

The methodological instruments of the research with the children were semi-structured interviews and drawings. For the drawings, A4 sheets and colored pencils were provided so that they could express what they were feeling concerning the hospital and the School Service. In this sense, Gobbi (2002, p. 71) points out that “[...] drawing and orality are understood as revealing views and conceptions of children about their social, historical and cultural context, thought and lived, desired”. All data produced from the field research were analyzed in detail and subsequently organized into categories for further analysis.

From the analysis of the drawings made by the children, we emphasize the pertinence of this methodological tool, because, according to Oliveira (apud MARTINS FILHO, 2001, p. 18), “[...] drawing is considered a cultural production of children [...]” that reveals their representations of the world. So, drawing can be understood as an activity of creation and expression of feelings, because, as highlighted (apud MARTINS FILHO, 2001, p. 18), “[...] drawing contains senses and feelings built by children from what they experience in their uniqueness and in the society”.

We emphasize that the adults involved in this research signed the Informed Consent Form, as well as the children's parents. The children were informed and signed the Term of Assent for minors. It should also be noted that, since this research involves subjects and is intertwined with the healthcare field, not just education, this research project was submitted and approved by the Univates Ethics Committee and the National Ethics Committee via Plataforma Brasil.

To situate the investigated space, we present brief descriptions of how the sector was organized, but first, it is worth mentioning the questions that guided this research: “How is this space destined for Hospital Pedagogy?”; “A space characterized as formal education, because it follows the Educational Guidelines of the Department of Education of the state of Santa Catarina?”; “And who is this pedagogue who can work in this sector?”; “What is the function and attributions of this pedagogue?”. The greatest curiosity was to know what the pedagogue could do within a hospital with hospitalized children, for short or long periods, when they lacked educational follow-up.

In the Pedagogy Sector of this reference children's hospital in Santa Catarina, there are two activity rooms, which are intended for school-age children from the 1st to the 9th grade, regardless of the length of stay, provided that they are authorized by the medical and /or nursing team. If there are cases of children who cannot move, the pedagogue goes to the patient's bedside, after the end of the sessions in the activity room.

It is extremely important to highlight that the rooms are structured with specific furniture for the student-patient. As support material, the place has television sets, DVDs, computers, games, pillows, IV support, a wheelchair, toys, textbooks, and children's books, among others.

We emphasize that, from the third day of hospitalization of each child, the pedagogue contacts the school of origin to find out about the contents or difficulties that the child has, so that she can help in this learning process, alleviating possible difficulties. If there is no return from school, the pedagogue continues with the project prepared per the guidelines of the Department of Education.

Every day in the morning shift, visits are made to the patients to invite the children to participate in the class in the afternoon. It is also at this time that the pedagogue goes over possible doubts, and difficulties or performs the activities they would like to do in the classroom. It is worth highlighting that the humanization process, through an attentive look and active listening, is present in the pedagogue in front of the children. It is also noticed that this moment is very awaited by the children, as they can leave their beds to go to the activity room. It is noticeable that the moment has another meaning for them, as they express feelings of joy and hope, which can help in the recovery process.

Faced with the previously established question about the function and attributions of the pedagogue in a hospital environment, it can be said that the professional have initial training in a degree in Pedagogy and that, according to one of the pedagogues interviewed, their function is given in the same way than of any pedagogue in the school space: guidance and transmission of knowledge. Considering this, the pedagogue will always act as a mediator, a representative of the knowledge.

Still, according to one of the pedagogues interviewed, it is possible to understand that the pedagogue has an important role in the children's lives. This role is

still that of a teacher who works in a classroom in a so-called “formal” school, as one of their attributions is to support children to continue to develop cognitively and socially until their reintegration at school.

In accordance with the Santa Catarina State Department of Education, we present some of the functions/attributions of the pedagogue in the hospital: fulfill the workload in the hospital, previously defined for this service; follow the school calendar organized by the school the child goes to, fill out the registration form for each student who attended the Hospital Educational Service; fill in and register daily, in each form, the contents worked, the activities developed and the student's performance.

This professional's duties are also: to define, with the coordinator responsible for Hospital Educational Service of the Coordination/Regional Education Supervision, the work methodology to be developed and plan the activities following the guidelines of the coordination; develop differentiated didactic materials, respecting the student's health conditions, so that they can perform their best; and get in touch with the student's school of origin when they have been hospitalized for three days, to communicate their attendance at the Hospital Educational Service and ask the teacher for pertinent information, as well as the contents being worked on in the grade in which the student is enrolled.

After the student is discharged, the professional must also organize a descriptive report of the contents and activities developed, as well as the child's performance (which will be sent by mail, after stamping and signing by the management of the origin school); participate in meetings, and continuing education courses offered by the Department of Education, Regional Education Coordination/Supervision, anchor school and/or other educational institutions.

It is extremely important to point out that this proposal of a “class in the hospital” does not replace the role of the school, which becomes more evident when the coordinator of the Pedagogy Sector states that there is a “[...] sharing between healthcare and education with programs focused on educational issues”. In all the educational work offered by the pedagogues within this hospital, it is observed that the main objective is to solve the questions and learning difficulties of the children through a process of humanization, when the child expresses their school difficulties to the

pedagogue, and they offer activities related to their doubts, so the professionals are able to better explain the content for a better understanding.

To have a clear idea of the importance of children having access to this Hospital School program during their hospitalization, we used a statement from the pedagogue Caroline, who emphasizes that:

It is noticeable that this space is motivating, the desire for the child to continue enjoying it or often enjoying studying even more than they already liked. They already come to us with that twinkle in their eyes and we are very happy. I believe that this is the role of the teacher for the hospitalized child, it is to make a difference in their lives. (Interview with the pedagogue in 2016).

We would like to share a situation that touched us a lot and that refers to the ideas mentioned above: the child, even if they are sick, can continue learning as long as they are stimulated to do so. On the first day with the pedagogues at the hospital, after we had been to the session in the activity room, which lasts until 3 pm daily, we went to the bedrooms, but we were only able to carry out one session, as a child who was recovering from surgery was indisposed.

In this session, the child produced a written composition, given that he had informed the pedagogue that he was having difficulties in writing. We were very happy to see the disposition of this child, who was sitting comfortably on his mother's lap watching a DVD when the child heard teacher Caroline say: "I brought what you asked of me. Do you want to write today or will we leave it for tomorrow?", promptly and with a beautiful smile on his face, he replied: "I want to write the text, the movie can wait" (record made by us afterward).

After listening to this child's speech, we reflected on the importance of the pedagogue being present at this moment of fragility for the child. We were particularly thinking that child would answer: "Let's do it tomorrow", but he wanted to get out of that comfort zone in which he found herself carrying out a pedagogical activity that he had requested in the morning to do in the afternoon.

It is clear, therefore, the importance of this interaction between pedagogue and student, since, if it were not for the child's desire to carry out the activity, his concentration on the film would not be broken and the pedagogue could have left the room. It is noted, therefore, that the child was waiting for the activity and that he would do it as soon as he could.

The pedagogue waited for the child to finish the activity before expressing her opinion. It should be emphasized that the child's time is respected, given that, in the hospital, the pedagogues are fully aware that children are more fragile because they have undergone surgery or chemotherapy. This makes these children need more time to carry out the proposed activity. In this sense, Fontes (2005, p. 135 apud CASTRO, 2009, p. 47) states that:

Pedagogical listening thus emerges as an educational methodology specific to what we call hospital pedagogy. Its objective is to accept the anxiety and doubts of hospitalized children, create collective situations for reflection on them, and build new knowledge that contributes to a new understanding of their existence, enabling the improvement of their clinical condition.

It is possible to state that education must be combined with healthcare through the humanization process, since both seek solutions to strengthen the child, presenting a daily improvement in both health and learning. Thus, it is emphasized that the role of the pedagogue in this hospital class is not just to keep the children busy with activities, but to make them continue with their educational process, and cognitive and social development. This is evident when the pedagogue answers us in the interview that her function “[...] is to bring continuity from the school to the hospital” and that she intends to “[...] support this child during this period that they are hospitalized, thinking about the insertion of this child, how they will return to the classroom when they are back to school”.

It is also noticed that, in a hospital, the presence of a pedagogue who provides activities related to school teaching contributes to the health professionals, because they unify their efforts, to improve the quality of services offered in a hospital environment.

Finally, it is up to us to state that field research involving human beings, engaged in the areas of Education and Health, leads us to the idea that we must, first of all, reflect on ethics in research. As researchers, we have an ethical responsibility toward the subjects involved, since this is a hospital space. In this context, as this research involves human beings in a hospital situation, it was necessary to provide the participants with an Informed Consent Form. We also emphasize that in these terms the explanation of the research theme, the objectives, the justification, and the

methodological procedures that would be used were clear so the participants know what would be done, as well as what they were volunteering for.

5 Final considerations: behind that door, there is the power of life and new possibilities

We understand that, in a hospital, the pedagogue, at the beginning of each morning, puts on their colorful lab coat, with a smile on their face and an attentive look, bring a spreadsheet under their arms with their beautifully decorated pen, and go from bed to bed. They offer appointments in the afternoon, asking about the main doubts/school difficulties or even offering help for the child to learn more about things they enjoy. A pedagogue who provides activities related to the teaching that the school of origin proposed to work with also contributes to the other healthcare professionals, because they unify efforts, to improve the quality of the services offered in a hospital environment, to demystify the idea that this is an environment surrounded by strange, cold people, with rooms that convey melancholy because of the white walls and clothes.

At this moment, we feel very proud to be able to share what we live, feel, and experience at the Children's Hospital of reference in Santa Catarina. Today we have no words to describe how important this hospital is for the lives of children who spend days, weeks, and even months away from their families, their daily routine, school, their friends, and their freedom as children.

Thus, we believe that to be able to work in a hospital, not only do we need a degree in Pedagogy, but we also need to have degrees in empathy, sensitivity, patience, understanding, affection, commitment, respect, and ethics, especially the last two, to being able to accompany patients and their families. Therefore, education must be allied to healthcare, since both seek solutions to strengthen the child to react better to their treatment.

We observed that the idea of teaching classes inside the hospital goes far beyond educating and teaching. We affirm this because we have experienced, during the five consecutive days, that the children going to the Activities Room contributes to the recovery of their self-esteem. We also noticed a very strong bond between the

pedagogues and the children, which is because the humanization process is being developed daily.

In this way, we establish a connection with the idea of Matos and Mugiatti (2008) in their work *A humanização integrando educação e saúde*, when they state that, from the moment we notice the need for the existence of pedagogical practice within hospitals, we will be recognizing the pedagogue in this space, as many can only see a pedagogue when they are in a classroom, and not outside it.

Ceccim and Carvalho (1997) highlight the importance of having a multidisciplinary team in health and education, since, according to the authors, when a hospitalized child receives adequate pedagogical mentoring, they can face the events of their life with more enthusiasm. In other words, even though they are sick, they can learn, create, recreate, and play, as well as interact socially, showing daily improvements in their treatment.

In this sense, it is believed that, just as the school needs an active pedagogue, the hospital also needs to have this professional. From our perspective, through this process of professional training, the role of the pedagogue will always be the same, whether in formal or non-formal institutions, as they will always work with the training of subjects, at any stage of human development or the various levels and modalities of the educational process. It is up to us, pedagogues, to go in search of these differentiated and promising learning spaces. Otherwise, the pedagogue will always be seen only inside a classroom in a school. We need to challenge ourselves, and open new horizons for our area of expertise. This movement also shows other sectors and areas the potential of Pedagogy.

We can see that hospitalized child faces several ruptures concerning their school continuity, as well as in their social life, which, in most cases, causes great damage in the affective, cognitive, and social aspects. Therefore, we emphasize the importance of the pedagogue in the hospital so that they can carry out different works that seek to rescue the experiences of these children so that they can acquire new experiences through socialization and continue in their educational process. The pedagogue must conquer the child, managing the time of their activities with flexible planning according to the disposition of their student-patients.

Last but not least, we emphasize that it is of fundamental importance for the pedagogue to conquer other educational spaces in which teaching and learning processes take place beyond the classroom, such as hospitals, companies, and incarceration institutions. Therefore, it is up to the pedagogue to try to appropriate these different spaces and make a difference in the life of the people who cross their paths.

We believe that the hospital, as a space for the pedagogue, together with the entire multidisciplinary team of doctors and nurses, becomes a training space because a new concept is created at all times. It is a space where senses are produced because when we step into the Activity Room destined for the 1st to 5th grade, we produce connections by leaving a little of ourselves and taking a thousand things from others. The learning that takes place in this space is very significant for those who are experiencing it, whether in their daily lives or in a survey like this.

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