

РУССКАЯ АССОЦИАЦИЯ ЧТЕНИЯ

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# ЧЕЛОВЕК ЧИТАЮЩИЙ

## Номo legens – 8

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Пути формирования читающего поколения**

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В статьях научного сборника отражены актуальные теоретические и практические аспекты чтения и грамотности. Публикуются доклады, представленные на III Конференции стран Балтийского моря – XVII Конференции по чтению скандинавских стран (14–16 августа 2016 года, Турку, Финляндия).

Материалы сборника адресованы широкому кругу специалистов, занимающихся проблемами изучения и продвижения чтения и грамотности, профессиональным сообществам педагогов, библиотекарей, книгоиздателей и книгораспространителей.

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**Развитие и поддержка чтения и письменной культуры  
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N.M. KURIKALOVA, S.B. SHARIKOV

## **Educational environment for hospitalized children undergoing long-term medical treatment**

*Summary:* The problem of educational services for Russian children (aged 0–18 years old) undergoing long-term treatment in medical institutions is of exceptional significance today. A new type of school was opened in two medical institutions located in Moscow. The “hospital school” presents an innovative model in its organization, administration and methodology. To achieve positive educational outcomes and improve literacy-reading skills reading and writing programmes are integrated into classroom activities across school curriculum and into extra curriculum activities.

*Keywords:* education, integrated educational environment, long-term treatment in medical institutions, adaptive educational programmes, literacy skills, reading modules, strategic approach.

Н.М. КУРИКАЛОВА, С.В. ШАРИКОВ

## **Образовательная среда для детей, находящихся на длительном лечении в медицинских учреждениях**

*Аннотация:* Рассматриваются вопросы реализации конституционного права на получение образования детьми от 0 до 18 лет, страдающими различными недугами и находящимися на лечении в медицинских учреждениях. Раскрывается первый опыт Проекта «УчимЗнаем», работающего на базе ГБОУ г. Москвы «Школа № 109», и аспекты программ, нацеленных на формирование ребёнка как «стратегического читателя», улучшение качества его обязательного и свободного чтения и обучения.

*Ключевые слова:* образование, школьное обучение, интегрированная образовательная среда, стационар, адаптивные образовательные программы, грамотность, программы чтения, стратегический подход.

The problem of educational services for Russian children (aged 0–18 years old) undergoing long-term treatment in medical institutions is of **exceptional significance** although it is far from new. The annual number of young in-patients who stay in hospitals 21 days and longer has grown to more than 120.000–140.000 children per year. The

Russian legislation provides the following three educational options for them: 1) local schools, 2) home-schooling education and 3) hospitalbased education. All three options are difficult to implement to the level required by the Federal State Educational Standards not only due to in-patients' health conditions but mostly because the problem of educational services for long-stay patients has been underestimated [3].

The launch of the **innovative platform** «Creation and implementation of an educational environment for schoolchildren who undergo long-term treatment in hospitals» is aimed at changing the situation to improve children's life style. The Project team «UchimZnaem» – «We Teach We Learn» and the innovative platform it is implementing is about 2 years old. The Project has set the task to create a completely new type of full-fledged school in hospitals («hospital school for long-stay patients») as an innovative model in its **structure, organization, administration and methodology**.

During this time the Project team with its leaders: Tatiana Vasilieva (Moscow Department of Education), Evgeniy Yamburg (Secondary School Headmaster) and Sergei Sharikov (Education expert) in collaboration with Head doctors of Federal medical centers: Academician A.G. Rumyantsev and Professor N. Vaganov have managed to attract public attention to the problem and get support from high officials.

In April 2015 a joint meeting of the Federal and regional Ministries of Education and Healthcare and key stakeholders concerned with the problem was held in Moscow. It helped to proceed to practical actions and take primary measures:

- to specify regulations on the terms and conditions necessary for the realization of the educational study plan (curriculum) for schoolchildren undergoing long-term treatment in hospital called «hospital schools»;

- to reshuffle competences between health professionals and educators;

- to define the status of students on long-term treatment in hospitals. Children who come for treatment to Federal hospitals from different regions of Russia formally remain enrolled in their home schools in the places of their permanent residence;

- to ensure sources of funding without transfer of funds allotted per student from home schools to a «hospital school».

Along with this, the project managers built up a partnership social network which includes more than 20 organizations; the project's technical partner is the company SAMSUNG, which provides modern equipment.

As a result, in the process of merger of two school units in two medical institutions a new type of school – «hospital school» – was opened. These medical institutions are located in Moscow. They are the Federal Research Center of Pediatric Hematology, Oncology and Immunology named after Dima Rogachev and Russian Children's Clinical Hospital. This new school became a subdivision of Moscow secondary School № 109 with Professor E.A. Yamburg at the head. A New financial mechanism to finance the hospital school was developed as funding through the Social Accountability Contract for state work performed by School № 109 to provide General Education for children undergoing long-term treatment in hospitals.

The innovative model was created with due consideration of the following peculiarities:

- 1) children's stay in hospital is 21 days or longer;
- 2) young in-patients get both medical treatment and school training outside the region of their permanent residence;
- 3) while in hospital young in-patients stay out of contact with their home schools;
- 4) young in-patients need special conditions for schooling;
- 5) the specific living conditions in hospital depend on the disease children have and their individual medical treatment plan;
- 6) the presence or absence of child's parents in hospital;
- 7) the possibility for in-patients to study together with their healthy siblings who do not require any special conditions for schooling;
- 8) the number of children of different age who study at the same time in a hospital school is more than 80 people;
- 9) most in-patients show poor school performance, have no progress in their study or/and fall behind.

**An Integrated educational environment** for children with disabilities is being formed as a means for the realization of unlimited possibilities for individual personal development and full medical and social rehabilitation of in-patients with due support of their families.

This environment is being made of the environment of **direct** learning (when a teacher has direct personal contacts with a young in-patient) and the environment of **indirect learning** and **social activity** (technology of social network training, including centers for the exchange of knowledge and interests and Mobile distant school).

This **Integrated educational environment** has its own distinctive features:

1. Environment takes into account the nature of the disease, its course and duration, medical treatment schemes, which in turn define different educational approaches.

2. Environment takes into account the psycho-physiological state of the child to decide on the most suitable conditions for child's development.

3. Environment helps a child to counteract his/her disease and creates stimuli for recovery.

4. A Thought-provoking and content-rich environment for communication and interaction contributes to successful socialization of young in-patients.

### **Who is the educational environment formed by?**

Children's relatives together with medical specialists and teachers constitute the **educational environment**. Family members' and legal representatives' participation in the learning process proves to be an effective factor of young patients' recovery comparable in effectiveness to medical treatment. To help children's relatives to better take care of their children and participate in the learning process adults are engaged into professional training programmes by Moscow City Teachers' Training University. After they finish the course they gain the qualification of a «Tutor».

The hospital school broadens the **target audience**. There are three groups of pupils: (1) all hospitalized pupils who are able to attend hospital school and (2) those who cannot leave wards or cubicles and (3) pupils' siblings who have access to a broad and balanced curriculum at a level appropriate to them alongside with in-patients.

A group of teachers and medical staff work with pupils. **Teaching staff** consists of teachers, tutors, teachers-organizers, psychologists and speech therapists. They work in special classrooms of the hospital school either individually or in small groups, but more often individually in hospital wards and cubicles. The use of video conferencing system allows pupils from wards take part in lessons conducted in hospital school together with other pupils. In some of the lessons hospitalized pupils participate in collaborative work with pupils from partner schools. Such lessons help in-patients feel better among healthy peers and forget about their diseases, for a while at least.

The school offers **personalized approach to learning and individualized timetabling of the lessons**. In hospital school the tuition is defined by Medical Protocol. Any lesson/lessons can be cancelled or



postponed or its place and form can be changed (it can be conducted either in a classroom or in a ward – with a teacher or using distance learning devices and programmes) if a child feels unwell.

Individual educational program for a child undergoing long-term treatment in hospital can involve:

- traditional teacher-pupil training or «dialogue training»;
- blended learning;
- learning in a mixed-age group;
- the so-called «panoramic training» which is based on the use of integrated didactic units.

Teaching forms and methods have to meet the requirements and needs of children undergoing long-term treatment in hospitals. They don't have to do any harm to the children's treatment but to favour their social resilience and rehabilitation.

Specific conditions of the learning process are reflected in **adapted educational study-plans (curriculum)** which include individual learning plans based on treatment schemes, medical recommendations and individual rehabilitation programmes. In this context the role of distance learning technologies which compensate limited forms of personal "teacher-pupil" classroom interaction has grown dramatically. One of the most effective of them is «Mobile Electronic School».

As a full-fledged school the hospital school makes it possible for children to pass Final State Exams and finish school, obtain General Education Certificates permitting school-leavers entry to universities. Before the launch of the Project it was impossible for most of the children to pass exams as they were prohibited to leave hospital by the Medical Protocol. But now as an exception the Russian Federal Service for Supervision in Education and Science allowed to open Exam Arranging Points in the hospital school. Thanks to this crucial decision, hospital pupils have got an opportunity to pass Final State Exams and continue their education.

### **Who are the students undergoing long-term treatment in hospitals?**

Psychological status. According to the psychological monitoring held at the beginning of a school year some children who were absent from home schools for 1 year and more are afraid of going to school, lose interest to any kind of school activity, feel shy or reluctant to restart learning in hospital school. Children's emotional instability caused by the disease, new living conditions, prescribed medicines

make teachers together with psychologists think of a balanced flexible individual approach.

**Academic achievements.** Interrupted schooling and reduced contact with social network of peers caused by long absence from school result in decline in academic achievements and unstable emotional status. It is clear that as soon as children are diagnosed with serious diseases they stop schooling. Academic gap between in-patients and their healthy peers is often 1–3 years. To make matters worse some surgical treatment and medicines and their side effects impair children's cognitive functions (abilities to think, concentrate, memorize, word knowledge, etc.), eyesight and hearing.

Under these circumstances it is important to prepare teaching staff to work with children suffering from different diseases, to learn the peculiarities of the diseases, their course and influence on children's psycho-physiological functions. With this knowledge the teacher is able to choose proper teaching techniques responsive to children's state of health and emotional status.

To achieve positive educational outcomes and improve literacy skills reading and writing modules for pupils are being integrated into classroom activities across school curriculum and into extra curriculum activities. To achieve this goal primarily it is necessary to provide teachers with professional development plan on reading and literacy issues which are the key to reading proficiency and academic achievements to the level required by the Federal State Educational Standards.

One of such training programmes for teachers was devoted to a variety of reading strategies for reading different types of texts in different school subjects in all grades. Aimed at developing "a strategic reader" (the term – N.N. Smetannikova) – a reader who knows well why, what kind of text, what for and how he/she is going to read, these strategies are supposed to help struggling readers to improve their reading and writing skills and school performance [2].

But the problem is that traditional scaffolding practices are difficult to apply in hospital school. There are several reasons for it:

1) some children are unwilling to be engaged in any kind of intellectual work because they either had got «tired» of such work long before they got ill or now they are tired both of being ill and of living in hospital;

2) most children are not used to reading books in their free time, instead of reading and learning they get used to while the time with electronic gadgets in hands playing games, watching TV;

3) some parents are of no help as they haven't become good readers; they neither read books for pleasure themselves nor read books to their children in hospital wards ignoring books as a source of relaxation and optimism (biblio-therapeutic effect);

4) because of sanitary and epidemiologic requirements paper books are strictly prohibited in hospital wards. They can be substituted by e-books but a lot of children are deprived of necessary electronic devices to use them. (Some of them have got an access to iPads and computers for the first time in hospital).

The above mentioned facts explain why the Project team has been searching for more suitable forms and methods of engaging in-patients into reading and helping them to become more effective readers and learners.

**Remedial reading** in class based on text-companions is being implemented. Remedial reading as an out-of-class activity includes reading **fiction** and **non-fiction** in groups and individually. Reading sessions are being embedded into all scenarios of entertaining events for children. Play-based reading activities have become popular. Combining education with excitement and fun they develop the ideas of edutainment technologies which are of benefit for schoolchildren undergoing long-term treatment in hospitals [4, p. 264; 1].

To boost family reading «**A Family Reading Club**» was organized. Its aim is to form family reading environment. The meetings of the Club are held under the mottoes: «Let's read together with... mum or dad», «Let's read together with ... writers» and «Let's read together with ... actors<sup>2</sup>. Read-Aloud is still the mainstay in reading instruction.

The pupils (mostly adolescents) who show good academic performance are encouraged to undertake project and research tasks.

The Project showcases an innovative model of hospital school that has been rolled out to other regions of Russia. New members outside Moscow joined the Project. New hospital schools have been opened in Khabarovsk, Krasnoyarsk, Kaliningrad, Ekaterinburg.

Conclusion. According to Professor N. Vaganov and Academician Rumyantsev's point of view an educational institution in hospital contributes substantially not only to the education of children but their medical treatment, recovery and rehabilitation. It enhances the quality of children's life, their psychosomatic state especially in incurable cases. As Head doctors say, «Doctor gives health, but it is a teacher who revives a child and gives him life».

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