



CHAPTER 5

Building a pedagogical practice: learning to learn with science teaching in the Semear Hospital Class

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ABSTRACT

With the implementation of its first Hospital Class in 2015, the state of Pernambuco took the first step towards the inclusion of children and adolescents towards ensuring schooling for students in a state of illness and hospitalized for health treatment. The thesis brought a qualitative research, of the case study type, associated with a theoretical-scientific survey in the hospital context, having carried out an analysis with the objectives of seeking to understand Hospital Pedagogy as a distinguished proposal in the construction of knowledge, through contexts of learning for teacher training, the inclusion and schooling of the student/patient inserted in the special education section of the Municipal Teaching Network of Recife. With the purpose of accessing this

environment through science teaching, we learned to learn with Semear by examining the collected material, using discursive textual analysis as an aid to understand the phenomena investigated in the Class. Backed by theoretical references, the work clarifies the development of this teaching modality in the Pernambuco State, the legal bases that guides it in Brazil, its discussion on special and inclusive education, and the character of specialized teacher training that should comprise this space of health and schooling as a space for interdisciplinary humanized care, bringing results where the role of science education is promising for the understanding of the world of students and their daily relationships, woven by behavioral attitudes towards the facts of life, made possible by the humanization characteristic of the Class, which enables the generation of meaningful learning for students/patients. In conclusion, the relevance of educational inclusion for children who need care should permeate education and health, a binomial of inclusion in the Hospital Class throughout the State of Pernambuco.

Keywords: hospital class, teacher training, pedagogy, sickness.

1 INTRODUCTION

In Brazil, the educational pedagogical service to students in health treatment is performed differently than in a regular class, and the pedagogue together with a multidisciplinary team, through hospital classes, performs the important task of teaching. To guarantee this service, there are several legal devices, such as the Federal Law no. 13.716, of 09/24/2018, one of the latest regulations that seek to guarantee the service.

The management of elementary school and child education is, in priority, responsibility of the Municipalities, according to our Federal Constitution, while the states are responsible, fundamentally, for high school and elementary school. The consolidation process of the Hospital Class has been occurring in a scenario where social movements are militating in favor of children's rights, through public policies created in the process of re-democratization of the country.

The first hospital class in Pernambuco, implemented in March 2015 by the Municipal Education Network of the Recife City Hall, in partnership with the Support Group for Children with Cancer - GAC/PE, at the Pediatric Onco-Hematology Center of the Oswaldo Cruz University Hospital - CEONHPE/HUOC, enables the continuity of schooling for patients undergoing cancer treatment. The first hospital class in Pernambuco, implemented in March 2015 by the Municipal Education Network of the Recife City Hall, in partnership with the Support Group for Children with Cancer - GAC/PE, at the Pediatric Onco-Hematology Center of the Oswaldo Cruz University Hospital - CEONHPE/HUOC, enables the continuity of schooling of patients under cancer treatment.

The History of Science as a field of study, Martins (2005) reveals to us, presents influences of two causal types: an internalist approach that concerns the concepts, theories, and facts that compete and reinforce each other, and an externalist approach that concerns the social, political, and economic aspects of the space-time to which science was and is exposed.

Science teaching, when adequately worked on in the school environment, provides students with the construction of answers to the several questions, leading them to the permanent reasoning exercise, when the question comes: why? Curious by nature, they are curious to know the origin of things and their causes, exploring what seems to be different and intriguing.

Teaching Science for Rodrigues (1987),

must demonstrate that science is one of the forms of production of human reality, because, by opposing natural and spontaneous knowledge, it developed This knowledge and this mastery opens the door to the construction of a new reality and a new world in the natural order. This reality is produced by the incorporation and transformation of nature, according to human needs (RODRIGUES, 1987, p. 106).

The hospital class teachers need to develop skills for their interaction with these children, being predisposed to affective exchanges, with sensitivity to the physical and emotional behaviors found in the environment. This special look may guarantee a better condition to actively articulate learning and overcoming relationships during the illness phase.

It is necessary to invest in teacher training, permanently seeking a progressive training for the educator, to which Paulo Freire referred to so much:

It is extremely important to deal with Hospital Pedagogy because of its relevance to school success. We point out that the hospital environment, by its nature, becomes more humanized when there is an eminent partnership among family, school, and professionals from the several areas involved, who aim at a single objective: to benefit the patient's (student's) well-being during the hospitalization period.

According to the policy of the Ministry of Education (MEC) of Brazil, the presence of teachers in hospitals is essential for the schooling of hospitalized children and youngsters, according to the patterns of regular school, contributing to reduce school failure and the high rates of dropout and repetition that affect them, "[...] Hospital Class is a hospital environment that enables the educational care of hospitalized

children and youngsters who need special education and who are under hospital treatment". (BRASIL, 1994, p. 20).

The public policies defined for social and school inclusion of citizens with special needs in Brazil arise to correct a situation still present in society, the segregation that curtails rights and hinders the full development of the educatee, since, until the beginning of the century, the Brazilian educational system provided a regular school and another special school.

In Brazil, as early as 1961, with the promulgation of the Law of Directives and Bases for National Education nº 4.024/61, which in general terms condemned or fought against any unequal treatment, whether for philosophical, political, or religious convictions, as well as any class or race prejudice, it indicated the need for Special Education services, stating in the Article 88 that "the education of the exceptional must, as much as possible, fit into the general education system, in order to integrate them into the community".

The educational system that recognizes and values their processes and differences have inclusive education projects:

A school is distinguished by a quality education, capable of forming people in the standards required by a more evolved and humanitarian society, when it is able to: bring students closer to each other; treat subjects as means to get to know the world and the people around us better; and have families and the community as partners in the elaboration and fulfillment of the school project (Mantoan, p. 34, 2003).

With the restructuring of the State Department of Education as of 1971, the Department of Special Education was created, giving priority to administrative and pedagogical issues, directed to activities such as prevention, identification, screening, evaluation, and educational assistance, with the function of regulating, coordinating, promoting, and disseminating specialized education as a consequence of law no. 5.692/71 (BRASIL, 1971).

In this meantime, it is verified that the exceptionality, in the condition in which the education of people with disabilities does not fit into the general system, should constitute a specialized one, becoming a subsystem at the edges, indicating a space to be occupied, for Mantoan (2003) it implies a conception of partial insertion, when the system foresees the integration of educational services.

The integration process occurs in an educational structure that offers the student the opportunity to move within the school system - from regular class to specialized education - in all its forms of attendance: specialized schools, specialized classes in regular schools, itinerant education, resource rooms, hospital classes, home schooling, and more (Mantoan, p. 18, 2003).

The Statute of the Child and Adolescent, Brazil (1990), better known as ECA, recognizes the importance of the right to education. We highlight the creation of the Statute of Hospitalized Children and Adolescents, Brazil (1995), through Resolution no. 41 of October 1995, referenced by the Brazilian Society of Pediatrics (SBP) and by the National Council of Children and Adolescents (CONANDA), containing twenty subjects aiming to guarantee the Rights of hospitalized children and adolescents, among them the

right to education, highlighting (our emphasis) the monitoring of the school curriculum during their hospital permanency:

1. The right to the protection of life and health, with absolute priority and without any form discrimination.
2. The right to be hospitalized for treatment when it is necessary, without distinction of social class, economic condition, race or religious belief.
3. The right to not be or remain unnecessarily hospitalized for any reasons other than the best treatment of his illness.
4. The right to be accompanied by the mother, father or guardian during the entire period of the hospitalization, as well as to receive visitors.
5. The right to not be separated from the mother at birth.
6. Right to receive breastfeeding without restrictions.
7. Right to do not feel pain, when there are means to avoid it.
8. The right to have proper knowledge of their illness, of the therapeutic and diagnostic care to be used, of the prognosis, respecting their cognitive phase, as well as to receive psychological support, when necessary.
9. **Right to enjoy some form of recreation, health educational programs, monitoring of school curriculum, during their hospital stay.**
10. The right for parents or guardians to actively participate in the prognosis, treatment, and prognosis, receiving information on the procedures that will undergo.
11. Right to receive spiritual and religious support as practiced by your family.
12. The right not to be subjected to clinical trials, diagnostic and therapeutic tests, without the informed consent of the parents or guardians and of their own, when they have the discernment to do so.
13. Right to receive all available therapeutic resources for cure, rehabilitation, and/or secondary and tertiary prevention.
14. The right of protection against any form of discrimination, neglect or mistreatment.
15. The right to be respected for their physical, psychological, and moral integrity.
16. Right to the preservation of their image, identity, autonomy of values, personal space and objects.
17. The right not to be used by the media, without the expressed will of their parents or guardians, or their personal will, in an ethical manner.
18. The right to confidentiality of their clinical data, as well as the right to be informed of the data stored in the institution for the period of time stipulated by law.
19. The right to have their constitutional rights and those contained in the Statute of the Child and Adolescent fully respected by hospitals.
20. The right to a dignifying death, along with their relatives, when all available therapeutic resources have been exhausted. (BRAZIL, 1995).

The Brazilian educational system is regulated by the Federal Constitution of 1988, with the Constitutional Amendment no. 14, of 1996, and the Law of Directives and Bases of National Education (LDB), established by law no. 9394, of 1996.

According to LDB 9394/96, Brazilian education is composed by two levels: basic education and higher education.

Basic education, defined in Article no. 21, is presented in three stages. Its purpose, according to Article no. 22, is the development of the student, ensuring the indispensable education required for the exercise of citizenship, and providing the means to succeed at work and in further studies:

Early Childhood Education - kindergartens (0 to 3 years old) and preschools (4 and 5 years old) - Free, but not compulsory. It is the competence of the municipalities.

Early Childhood Education - daycare centers (0 to 3 years old) and pre-schools (4 and 5 years old) - Free, but not compulsory. It is under the jurisdiction of the municipalities.

Elementary School - early years (1st to 5th grade) and final years (6th to 9th grade) - Compulsory and free of any charge. The LDB establishes that, gradually, municipalities will be responsible for all elementary education. In practice, the municipalities are responsible for the early years and the States for the final years.

High School - The former secondary school (from 1st to 3rd grade). It is under the responsibility of the States. It can be a vocational technical course, or not.

Brazilian education also has some educational modalities, which permeate all levels of national education; among these is Special Education, which attends to students with special needs, preferably in the regular education system.

The method of Hospital Class teaching is part of the Special Education group coverage, regulated by specific legislation. The Law of Curricular Directives and Bases of National Education 9.394/96, in its Article 4-A brings: it is assured educational services, during the hospitalization period, to the basic education student hospitalized for health treatment in a hospital or home care regimen for a prolonged time, as provided by the Public Power in regulation, in the extent of its federative competence (Included by Law no. 13.716/18).

When referring to special educational needs, it is clear that there is a broad perspective of public care to be contemplated by the policy; among these are the students who are unable to attend school due to illness or convalescence.

Such policies go through several stages, where according to Saraiva (2006, p. 33), "the actors, the coalitions, the processes and emphases are different". These stages meet the peculiarities of the students, emphasizing that their development does not occur in a successive and linear manner, but in several different ways that shape their development.

The National Guidelines for Special Education in Basic Education, established by Resolution No. 2, of September 11, 2001, in Article 3, has defined the special education as a modality of school education, as an educational process:

defined by a pedagogical proposal that ensures special educational resources and services, institutionally organized to support, to complement, to supplement and, in some cases, to replace common educational services, in order to guarantee the school education and to promote the development of the students potential with special educational needs, in all of the stages and forms of basic education (BRAZIL, 2001).

The broad dimension of the special educational needs proposed in the special education policy is reinforced by the contribution of the Resolution CNE/CEB nº 02/2001, which in its article 13, proposes the principle of intersectoriality with guarantees of access to education for the hospitalized student:

The educational systems, through integrated actions with the health systems, must organize specialized educational services for students who are unable to attend classes due to health treatment that requires hospitalization, ambulatory care, or long-term permanence at home (BRASIL, 2001).

In this document, the concepts of hospital classrooms and home care are used for the first time, in paragraph 1 of 13, summarizing their functions and objectives:

The hospital classes and home care services must provide continuity to the development process and the learning process of students enrolled in basic education schools, contributing

to their return and reintegration into the school group, and develop a flexible curriculum with children, young people, and adults who are not enrolled in the local educational system, thereby enabling their subsequent access to the regular school (BRAZIL, 2001).

In this way, the Resolution defines the legal bases that support the institutionalization, in the public sphere, of hospital classes. The document entitled *HOSPITAL CLASSES AND PEDAGOGICAL HOME CARE - STRATEGIES AND GUIDELINES* of the Ministry of Education - Secretary of Special Education, 2002, is now mandatory, and establishes political actions for organizing the educational care system in hospital and home environments, in order to ensure basic education access and attention to special educational needs, due to the health problem that makes it impossible for the student to attend school or to be in special homes, support homes, nursing homes, or other structures of society.

Considering the particularities of pedagogical work in hospital classes, the teacher who will work in the hospital classes must be qualified:

to work with human diversity and different cultural experiences, identifying the special educational needs of students unable to attend school, defining and implementing strategies for curricular flexibility and adaptation. It must also propose didactic-pedagogical procedures and alternative practices needed for the teaching-learning process of the students, as well as being available for team work and advice to schools, regarding the inclusion of students who are away from the educational system, whether in their return or for their entrance. (BRAZIL, 2002, p. 22).

The challenge of this teaching modality is to make the intercession between the two rights: education and health, considering what is specific in each area, to develop a work in a perspective of integrated actions, and mutual contributions.

Becoming ill is a transitory event, but it can leave scars, since the legislations that guide this matter are new. In Pernambuco, with the implementation of the Decree No. 29.914/06 and in the city of Recife, with the Decree No. 28.622/15, new perspectives emerge regarding public policies for the interaction between education and health.

The Hospital Class presents itself as one of the alternatives to make a scientific connection between teaching, caring, and learning, combining interests, allowing education, care, and health to go beyond technicism, creating interactions that originate from this context, enabling the insertion of the hospital class for an inclusive education.

In this sense, Fonseca (1999, pg. 33), reflects that hospitalization may repress the social interactive relationships of the student, which are fundamental to make learning possible, and in this perspective, the absence of learning relationships mediated by the teacher may lead hospitalized children and adolescents to the loss of educational opportunities.

As we go through the educational moment by Science Teaching, we come across the motto "School for All", a school that must recognize and respect the differences of students, that is, that understands that everyone can learn, thus becoming inclusive. And in this perspective, using Krasilchick's reflection (2004,

p. 89): "students begin to study scientific content relevant to their lives, in order to identify problems and seek solutions to them.

The formal space is only one of the places where teaching, languages, and explanations are reflected. The student, the subject of his learning, brings his own referential, as well as that of the social group to which he belongs, through languages, concepts, and explanations. And from this perspective, it is necessary that the teacher builds a close relationship with the student/patient before the pedagogical work, thus gaining the student's trust and performing a dialogical journey that seeks to establish affective bonds and generate safety in the coexistence.

In this way, supported by trust and understanding, the educator establishes the teaching and learning process, a fact that makes the educator not only a teacher, but also a friend, a comrade, and a partner in this educational process.

It is worth remembering that the education of the ill child is not an exclusive responsibility of the hospital, it is, rather, a task that is done in partnerships. The hospital establishes the construction of dialogic spaces between the family and the school; exercising, with a mediator posture, the recognition of the outstanding role of each link of this articulation to accomplish the attendance to the child's needs (ORTIZ; FREITAS, 2005, p. 59).

Supported by the concern to offer advances in the area of special education, Brazil (2020), in the National Plan for Special Education, emphasized that:

Basic education students enrolled in the education system (public or private) who are unable to attend school due to (public or private) health treatment have the right to educational care in hospital classes or in home care (including support homes), whether or not they are part of the target audience for special education.

These students should receive from each school system, public or private, specific learning support services, according to their singularities and demands, through teachers and multiprofessional teams, according to the assumptions of equitable and inclusive education, based on the text of Law No. 13.716, 2018, which amends Law No. 9.394, 1996, (Law of Directives and Bases of National Education), to ensure educational care to basic education students hospitalized for health treatment in a hospital or home regime for an extended period of time. (BRASIL, 2020, p. 80).

This Law No. 13.716, changed the text of the LDB to article 4-A, Brazil (2018), bringing the following statement:

It is ensured educational care, during the period of hospitalization, to the student of basic education hospitalized for health treatment in a hospital or home regime for an extended period of time, as provided by the Public Power in regulation, in the sphere of its federative competence. (BRASIL, 2018).

As a result, if a basic education student is hospitalized for health treatment, he or she is guaranteed the right to educational care, it is worth mentioning that the specialized service that characterizes special education, is taken to the student in the hospital class, when dealing with a child affected by retinoblastoma of the eye, a disease that is more common in childhood, that can lead to blindness, for example, also requiring specialized care.

Such linkages have brought a dubious character of special education into the education system, that although it indicates the specific service that takes into account the differences and needs of the students, there are no references in these instruments to the specifics of the education to be provided to students with disabilities, and there is no determination regarding its mandatory nature.

Learning to learn, in Masetto's (2000) reflection, is supported in the sense of learning that makes us, or makes us capable of building and transforming information into knowledge, into life, everything you learn, apprehend and do, totally modifying life perspectives previously unknown and now present, where for the author:

The concept of teaching is more directly linked to a subject (which is the teacher) who, through his actions, transmits knowledge and experiences to the student who is obliged to receive, absorb and reproduce the information received. The concept of learning is more directly linked to the subject (which is the learner) who, through his actions, involving himself, other colleagues and the teacher, seeks and acquires information, gives meaning to knowledge, produces reflections and knowledge of his own, researches, dialogues, debates, develops personal and professional skills, ethical attitudes, political attitudes, changes behavior, transfers learning, integrates theoretical concepts with practical realities, relates and contextualizes experiences, giving meaning to the different practices of everyday life, develops critical thinking and the ability to consider and look at facts and phenomena from different perspectives, compares positions and theories, solves problems. In a word, the learner grows and develops. And where does the teacher stand in this process? Does he or she disappear? Absolutely. He has the opportunity to fulfill his true role: that of mediator between the student and his learning, the facilitator, the motivator of this learning (MASETTO, 2000, p. 139-140).

2 MATERIALS AND METHODS

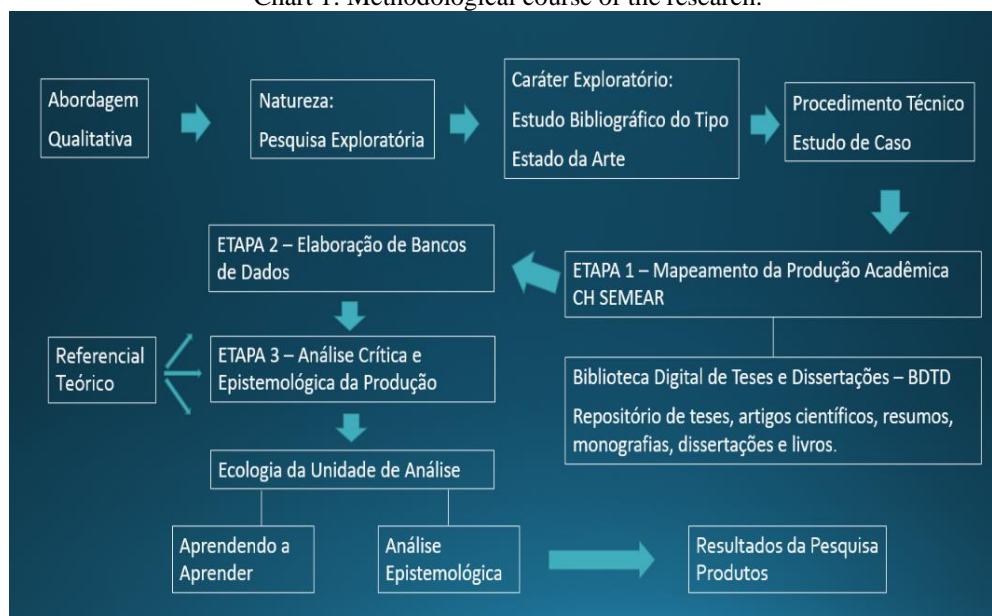
The main objective of this research was to analyze, based on science teaching, the contributions of different pedagogical practices to the inclusion and education of students/patients, and the consequent teacher qualification, in the Semear Hospital Class, which was implemented by the Recife City Hall, at CEONHPE/HUOC.

In chart 1, we present the methodological path through which we have built our investigation: the choices, the definition of the research object, the main concepts and utilized categories, attempting to dialogue with the theoretical perspectives that have guided the analysis that we aim to accomplish in this work.

The first challenge was to understand methodology as a dynamic relationship between the real world and the subject, with its identity and potentialities, with an inseparable link between the objective world and subjectivity, which often can not be expressed in numbers (MINAYO, 2007).

We based our methodology on the qualitative research approach, believing in a greater theoretical and methodological freedom, associated with the theoretical and scientific survey of information about qualification, the pedagogical practice of the hospital class, the guarantee of schooling, humanization, and inclusion.

Chart 1: Methodological course of the research.



Source: Elaborated by the Author, 2021.

- QUALITATIVE APPROACH (ABORDAGEM QUALITATIVA)
- NATURE: EXPLORATORY RESEARCH (NATUREZA: PESQUISA EXPLORATÓRIA)
- EXPLORATORY CHARACTER: STATE OF THE ART BIBLIOGRAPHICAL STUDY (CARÁTER EXPLORATÓRIO: ESTUDO BIBLIOGRÁFICO DO TIPO ESTADO DA ARTE)
- TECHNICAL PROCEDURE (PROCEDIMENTO TÉCNICO) CASE STUDY (ESTUDO DE CASO)
- STEP 1 – MAPPING OF THE CH SEMEAR ACADEMIC PRODUCTION (ETAPA 1 – MAPEAMENTO DA PRODUÇÃO ACADÊMICA CH SEMEAR)
- DIGITAL LIBRARY OF THESES AND DISSERTATIONS – BDTD THESES REPOSITORY, CIENTIFICAL ARTICLES, RESUMES, MONOGRAPHS, DISSERTATIONS AND BOOKS (BIBLIOTECA DIGITAL DE TESES E DISSERTAÇÕES - BDTD REPOSITÓRIO DE RESES, ARTIGOS CIENTÍFICOS, RESUMOS, MONOGRAFIAS, DISSERTAÇÕES E LIVROS)
- STEP 2 – DATABASE ELABORATION (ELABORAÇÃO DO BANCO DE DADOS)
- STEP 3 - CRITICAL AND EPISTEMIOLOGICAL ANALYSIS OF THE PRODUCTION (ANÁLISE CRÍTICA E EPISTEMIOLÓGICA DA PRODUÇÃO)
- THEORETICAL REFERENCE (REFERENCIAL TEÓRICO)
- ECOLOGY OF THE ANALYSIS UNIT (ECOLOGIA DA UNIDADE DE ANÁLISES)
- LEARNING TO LEARN (APRENDENDO A APRENDER)
- EPISTEMOLOGICAL ANALYSIS (ANÁLISE EPISTEMIOLÓGICA)
- RESEARCH RESULTS (RESULTADOS DA PESQUISA) PRODUCTS (PRODUTOS)

We analyzed the research produced in the Semear Hospital Classroom starting in 2015, year of its creation, seeking subsidies for further study, concomitant to the subjects studied in the national scenario, once that in the local scenario there is little information related to this service. The choice of this locus was previously explained and justified in this project. We highlight the fact that it is the only one in the state of Pernambuco.

In this respect, Martinelli (1999) points to the possibilities of seeking more than indexes, measurements, descriptions, but rather seeking interpretations, more than the gathering of information, seeking individuals and their stories.

Minayo (2016) complements the question when he states that this type of research seeks to answer particular questions, it works with the universe of meanings, motives, aspirations, beliefs, values, attitudes, which corresponds to a deeper space of relationships, processes and phenomena that cannot be reduced to the simple operationalization of variables.

In the attempt to better understand the elements used in the research, we treat data qualitatively, conducting a bibliographic research and a single case study, having as locus the Semear Hospital Class, of exploratory-descriptive character, characteristic of participant research in the search to know and act to find an action of change in benefit of the group studied.

After the first contacts with the scientific works about the theme in the universe of the hospital class, we went on to the next stage of the research cycle, characterized by the field work. According to Minayo (2007), the field is understood as the comprehensive space of research, where the work allowed the researcher to approach reality and consequent interaction with the object and its subjects.

We carried out our field observation exploring the hospital classroom and its common spaces, inserted in the hospital complex which comprises the Universitary Hospital Oswaldo Cruz/HUOC of the University of Pernambuco/UPE, the Center of Pediatrical Oncohematology/CEONHPE, the Support Group for Children in Need with Cancer in Pernambuco/GACPE and the Semear Hospital Class, implemented in this complex by the Recife City Hall.

Despite the choice for the qualitative analysis of the research, one must consider that the two modalities are not excluding the other, it is just that they only differ because they have specific functions, where in the specific case the researcher's goal was not the study of the sum of the narratives, not based on the numerical criterion, defining the total number of research subjects based on the saturation of the empirical content researched, based on the objectives listed at the time of proposing the research, considering the disagreements, differences and specificities represented in the statements of the various representations (MINAYO, 2007)

We made use of the field diary with the purpose of recording our actions to be developed, and contributions in this process of pedagogical care in the hospital, understanding that the field diary is an instrument of (in) formation, a tool that allows to consult recorded ideas. According to Oliveira (2014, p.13), "the field diary constitutes a place of research information and training for the research subject".

The field diary was written from our impressions extracted during the visits in the hospital class, in particular at the times of data collection through the surveys, when we will be closer to the research participants.

The Semear Hospital Class works with a multi-serial class, providing pedagogical care in the hospital bed and in the classroom, for students hospitalized in oncologic treatment, with ages ranging from

04 to 14 years old. The students who are not enrolled in their school of origin, but are at school age to attend the classes of Children's Education - Groups 4 and 5 and Elementary School - Early Years, also have this right guaranteed, and their parents and/or guardians are encouraged to have them registered in the class.

The class currently has 3 education professionals, teachers from the Recife Municipal Education Network, only one of whom is a specialist in this modality (Hospital Class) and 35 students/patients, and the multi-professional team will be made up of the professionals who will be attending these patients at CEONHPE.

For data collection, a semi-structured survey was used with the teaching staff, the guardians and the multiprofessional team inserted in the hospital context: social worker, psychologist, nutritionists, medical team, recording in the field diary our impressions during the time the survey was being conducted in order to identify the repercussion of this moment when we were closer to the environment.

As Minayo (2007) states, the interview is a source of information with the objective of providing primary and secondary data and it is through this interview that research based on life stories and their narratives is carried out, proving to be very effective for the achievement of the objectives proposed for our research.

From a qualitative approach, we present data captured in loco, with observation of the space destined to the pedagogical practice and its relations in the environment involving student x teacher, teacher x teacher, teacher x hospital staff, and other interaction with the family. This observation considers the teaching and learning process of the hospitalized children that interfere, in an important way, in the pedagogical practices of the hospital class teachers.

As for the technique of qualitative data analysis of the research, we will categorize the data obtained, from the reading and understanding of its analysis corpus from the interviews, surveys, field diary and other observations obtained in the process, transforming them into valid elements for decision making relevant to the modality.

The participants were divided into 04 (four) groups, being: teachers (03); students/patients (10); parents/guardians (10) and the multiprofessional team (07), the students/patients invited were those in a stable clinical condition and able to study in the classroom, on the 4th floor of CEONHPE, thus, the parents/guardians of these students/patients, therefore, were invited, and the survey was applied at different and subsequent times for these.

The Multi-professional Team (EM), a number of 07 professionals, is composed of physicians, nurses, psychologists, social workers, and nutritionists, and were chosen among those who were available on shift at CEONHPE, being any of the professionals from the "EM" who were on shift, which, in partnership with the teachers, could define the convenience of the presence of the researcher to conduct the interview, based on the clinical and psychological conditions of the student/patient.

The researcher carried out the interviews, with each group, through a survey about the daily routine in the hospital class, and was applied in the classroom, destined for the hospital class on the 4th floor of

CEONHPE, and that lasted an average of 15 to 30 minutes per participant, with a maximum of 04 (four) interviews per day, with a schedule in common agreement with the participants.

The researcher provided paper, colored pencils, and erasers for the children to use, with the purpose of drawing or writing during the activity to answer the survey, as well as pens for the other participants. To answer the questionnaire, we read the questions to everyone, clarifying any doubts that arose.

For the children, besides this reading, we tried to interact with playfulness, observing their understanding condition (alphabetized or not), respecting the limits for this activity (without suggesting them). Recognizing the importance of play, present in various stages of our lives, an extremely important factor for socialization, observation of behaviors and values.

3 RESULTS AND DISCUSSIONS

The University Hospital - HUOC, through the CEONHPE, receives children and adolescents in a state of illness, in various periods of schooling, when, due to the circumstances of the illness, they will be away from the classroom, from their school of origin, for a short or long period of time. To Costa (2008), this fact will lead to prejudice to their schooling development, bringing negative consequences to their psychological state, as well as to their social and family relationships, causing other series of possible illnesses, such as stress, which may harm their recovery.

As far as education is concerned, these children and adolescents may have difficulties in keeping up with the school subjects when they return to school, and if they return, the activities during the health treatment, which may keep them away from the classroom, possibly leading them to fail or to abandon their studies.

From our observations, transcribed in our field diary, it was possible to verify, within CH, that the teaching practice is based on the humanized look of its professionals (multidisciplinary team), in dealing with students/patients, in an environment where health and education converge.

In the diary, we tried to document everything we heard and saw, as well as what we felt and experienced during the field activity. Some notes were recorded in the research setting, others were "digested" on the way from the studied space to our home and/or destination of the day, when, a few hours after the activity, they were documented.

For the research, the field diary became an important tool to seek the success of the data collection process, keeping memories of the presentation of the information that researchers obtain along the way. For Meihy (2005, p. 205), "it should work as an intimate journal in which are recorded even the problems of acceptance of the interviewees' ideas, as well as any theoretical reflection arising from debates on aspects of the subject".

The production of knowledge comprises primarily the dialogicity between teachers and their students, the investigation, diagnosis and treatment of children or adolescents in a state of hospitalized illness, align in a logical and permanent way this dialogism between the health team and their patients, for

Matos and Mugiatti (2009, p. 85), "they do not overlap, because they have very different rules and characteristics according to their purposes and functions to which they are addressed, through each of the selective activities that are integrated in their respective professions".

In this context, we notice common elements involved in the different proposals, whether in the pedagogical action of teaching and learning for the student, or in the cure or recovery of patients, proposals that interact without being confused. Through this dialogical perspective, between both types of communication that present themselves in different ways, once their specificities, moments, and demands, transit with peculiar distinctions translated in the will or search for learning and/or healing of the body.

In the Semear Hospital Class, the pedagogical time is different because of the particularities of the students, according to one of the CH teachers. One hour is the period of permanence in the classroom. The pedagogical activities with the student in school start at 9am. However, before that, the teacher goes around the ambulatory to get information about the names of the students who will be able to attend class either in class or in bed. This is an important task that can change at any time if there are complications in the clinical condition of these students/patients.

When the care is performed in the bed of the infirmaries, the activities are more playful and involve painting and storytelling, always respecting the environment, but building an atmosphere of playfulness in order to captivate the attention for the promotion of teaching and learning. Huoc's pediatric oncology unit has 24 beds, occupying two floors.

In the perception of one of the doctors who assist these children, "The child's story does not end with the diagnosis. The class brings a huge gain in treatment. I'm not just talking about getting well. I'm talking about offering humanization. The ideal is to serve everyone, but we can't put the older ones in the class because there is no agreement with the state, which is responsible for high school."

Semear attends to students in a state of illness and hospitalized in HUOC, in the pediatric oncology sector who attend early childhood education (group 4 and 5) and elementary school years (first to fifth year), linked (enrolled) in the Municipal Education Network of Recife, in the Municipal School Citizen Herbert de Souza, being the Semear hospital class an extension of this School Unit.

In the second semester of 2014, it was made possible by the municipal education network the assignment of the first CH teacher in the Cidadão Herbert School to contribute to the process of implementation of the hospital class, then coordinated by the Support Group for Needy Children with Cancer of Recife - GAC/PE.

The Hospitalization Schooling for Matos and Mugiatti (2012, p. 49), "pointed solutions, which represents the conciliation of interests of the public policies of health and education: bringing it, in its context, the sense of overcoming the contradictions that maintain the problem in evidence", being essential for the execution of the project the participation of the public power, in the guarantee of ensuring a pedagogical space in a room inside the hospital, guided by legal criteria instructed from the existing legislations for the effectiveness of the hospital class considering the possibilities for this teaching modality.

It is worth emphasizing the importance of assuring in the implementation of the hospital class all the administrative and pedagogical bureaucracy, official documentations for the school bond, strengthening the responsible relationship between education and health, each one contributing from its specificities that permeate this policy.

According to one of the CH teachers, each student has its own portfolio, with information about the activities performed and its cognitive development. "Based on this documentation and written tests, sent by the schools of origin, the students are evaluated. In addition, we fill out the online class diary, which is linked to the city hall."

The online Class Diary, is a tool that allows teachers to organize their annual projects, time grids separated by class, class records, among other resources that will facilitate the record of the activities of each professional.

Starting from the premise that the students/patients are in the CH to ensure their regular education before the educational right and the right to health, this will imply the incorporation, in this environment, of a proper ecology according to Fonseca (2008), of new knowledge and socio-educative practices, that transcend the formal dimension already established, converging health, family and social development issues.

In the Hospital Class the student/patient is not treated differently, the charges inherent to education are formalized and adjusted between the parts, such relationship between "educate" and "care" is related to the teacher's performance in the interface of the teaching action that will be given as a teacher's competence.

The relationship is personal, named, ethical, whether with students or with parents and/or guardians, treated with respect, sometimes individually, with specificity, in the classroom or in bed, without trauma or suffering for these students.

4 CONCLUSIONS

The life stories that are told in our daily experiences do not conclude with medical diagnoses; there is a space x time that mediates this relationship, this life process. Even more so when you are a child, and the child you are talking about is still affected by cancer. The students hospitalized in the Semear Hospital Class build their stories every day. We only have to look at their struggle to live, to learn, and to relate socially. This is the only way to understand the importance of a classroom inside a hospital, which although it is a right of every hospitalized child, Semear is the only hospital class in the state of Pernambuco.

The pedagogical listening in the planning of activities in the CH, presented itself as another factor that enables humanization in this environment, as it is a process that makes possible the change of conceptions and postures of the multidisciplinary team involved in the process and in this context of analysis, the understanding of the condition of the student/patient from the educational intervention, concomitant to the hospitalization process.

It is found that the teachers of the Semear Class, fulfill a role more than that of educator, but with the authority built in the relationship with the entire multidisciplinary team, they advise and guide the parents and/or guardians of these students/patients, in the teaching and learning process to which they are submitted, always very careful in the practices and medical recommendations for each student/patient, working together with the other employees who are part of the hospital team.

By analyzing the data presented, it is possible to notice that, to work in the hospital class, the teachers needed to seek a preparation not available in the initial training, and two of the three teachers of the class took the Improvement Course in Educational Service in Hospital and Home Environment, and the third is taking the Specialization Course in Hospital Pedagogy, in order to meet the peculiarities as to practices and methodologies linked to hospital care.

It is worth mentioning that the formation constitutes a favorable environment for the discussions and reflections as to the teacher's performance, moment in which they boost their growth from the practices and experiences acquired in the formation, in the particular case, in a pedagogical environment, especially when it comes to the hospital class.

Reflecting on the Common National Curricular Base/BNCC, we have several challenges for teaching in special education, but also the possibility of renewing their methods, building them in a more meaningful way for the student's life. From this perspective, teacher training will need to undergo a substantial transformation in the training proposals so that so many demands can be met and have an effect in today's society. We understand that even today, teacher formation does not enable teachers to meet all the requirements that the BNCC proposes.

The great discussion on the Hospital Class today tends to have a reflection on the contextual signs regarding its insertion in the modality of special or inclusive education, the fact is that in practice special education is organized to support the development of students, taking place in the opposite shift to the common class, in the school or specialized educational center. Inclusive education, on the other hand, differs from special education in that it is an educational and social process, at the same time, when, in fact, the Hospital Class takes place in environments in the circumstance of hospitalization, as traditionally known, or in the circumstance of outpatient care, during regular school hours.

The Hospital Class is an important concept in the current social context, in which teaching and health are joined, as a right, and as such, it must reflect the changes that society requires, understanding from the needs of curricular adjustments to the teachers' training that attend this teaching modality, according to the current historical moment that provokes and challenges our teachers.

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