

Educational practices and hospital pedagogue¹

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ABSTRACT

The rescue of the humanization process of hospitals is in line with the hospital pedagogy that underpins and continues the studies of those who need school attendance and who for some reason are in conditions of illness, who are temporarily prevented from resuming their normality. social, family and school life. In this sense, the present study seeks to understand the educational practices of the hospital educator / pedagogue to promote Education in hospital environments. For this, a qualitative research, of a theoretical nature, was used to discuss possible educational practices based on Hospital Pedagogy. It is thought that such educational practices in the hospital environment may favor social inclusion, clinical improvement of children and adolescents and resumption of studies that were interrupted at school, as well as emphasizing the production of research in the area.

KEYWORDS: Education; Humanization; Hospital pedagogy.

As práticas educativas e o pedagogo hospitalar

RESUMO

O resgate do processo de humanização dos hospitais vem ao encontro da pedagogia hospitalar que alicerça e dá continuidade aos estudos daqueles que necessitam de atendimento escolar e que por alguma

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razão encontram-se em condições de enfermidades, que estejam impedidos temporariamente de retomar a normalidade da sua vida social, familiar e escolar. Nesse sentido, o presente estudo busca compreender as práticas educativas do educador/pedagogo hospitalar para promoção da Educação em ambientes hospitalares. Para isso, utilizou-se de uma pesquisa qualitativa, de cunho teórico, para a discussão sobre possíveis práticas educativas com base na Pedagogia Hospitalar. Pensa-se que tais práticas educativas no ambiente hospitalar podem favorecer a inclusão social, melhoria clínica de crianças e adolescentes e retomada dos estudos que foram interrompidos na escola, bem como enfatizar a produção de pesquisas na área.

PALAVRAS-CHAVE: Educação. Humanização; Pedagogia hospitalar.

Prácticas educativas y Pedagogo Hospitalario

RESUMEN

El rescate del proceso de humanización de los hospitales está en línea con la pedagogía hospitalaria que subyace y prosigue los estudios de quienes necesitan asistencia escolar y que por alguna razón se encuentran en condiciones de enfermedad, quienes temporalmente se ven impedidos de retomar la normalidad de su vida social vida familiar y escolar. En este sentido, el presente estudio busca comprender las prácticas educativas del educador / pedagogo hospitalario para la promoción de la Educación en entornos hospitalarios. Para ello, se utilizó una investigación cualitativa, de carácter teórico, para discutir posibles prácticas educativas basadas en la Pedagogía Hospitalaria. Se piensa que dichas prácticas educativas en el ámbito hospitalario pueden favorecer la inclusión social, la mejora clínica de niños y adolescentes y la reanudación de estudios que fueron interrumpidos en la escuela, además de enfatizar la producción de investigación en el área.

PALABRAS CLAVE: Educacion; Humanización; Hospital de pedagogia.

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Introdução

Education, as an area of knowledge, promotes social changes, in search of a more just and egalitarian society. With the demands arising from vulnerabilities and social risks, as well as health problems and social demands, there are several changes in the school environment. One of the factors that can make it impossible for an adolescent child to carry out his studies is his health. When their trip to school is interrupted and the student starts to obtain long hospital care, either through the hospitalization of the home, Pedagogia Hospitalar promotes the guarantee of the right to Health and Education together.

Thus, over the years and, considering the demands that arose from society, the Pedagogy Course needed modifications, transformations. With the great demand of hospitalized children, adolescents and young people, there was a need to develop projects to meet the school demand within hospital centers. In this context, Hospital Pedagogy is an area of activity for education professionals, which aim to provide hospitalized children and adolescents with access to education, offering the insertion and re-insertion of these individuals in the school context.

At the normative level, pedagogical and educational practices that are designed for children / adolescents / young people are recognized by the Special Education modality, in which this modality regulates educational practices (BRASIL, 1996). In accordance with CNE / CP Resolution No. 1, of May 15, 2006, teaching activities should involve participation in the management and organization of educational systems and institutions, encompassing the planning, execution, coordination, monitoring and evaluation of tasks specific to the Education sector; the planning, execution, coordination, monitoring and evaluation of non-school educational projects and experiences, as well as the production and diffusion of scientific and technological knowledge in the educational field, in school and non-school contexts. With this, Pedagogia Hospitalar has been opening spaces for study

and reflection for educators and pedagogues who have the initiative to work with different clients outside the educational environment (BRASIL, 2006).

The Universal Declaration of the Rights of the Child presents this concern with hospital education since 1959, as well as other normative parameters such as the Brazilian Federal Constitution of 1988, the Statute of the Child and Adolescent (1990), the National Council for the Rights of the Child and the Adolescent (1991) and the National Education Council. The Law of Directives and Bases of Education (Law No. 9394 of December 20, 1996), in its article 4A, guarantees free school education, as well as educational assistance during the period of hospitalization for the student inserted in Basic Education (for the hospital or home health care).

Through the knowledge of these laws, it can be understood that the Hospital Pedagogue will have the effective involvement with the patient to modify the hospital environment, creating intervention programs adapted for the continuous development of the hospitalized child in partnership with the school that the child studies. Educational practice in the hospital, in addition to being possible, is extremely important to ease the painful process that is routine for a patient. (SILVA; CARDOSO; SANTOS, 2012, p. 48).

Thinking about the legislation and the trajectory of Brazilian education is also to observe that until recently the action of the pedagogue was limited to the school space and, over the years, the need for new attributions and spaces for action - social, business and hospital. The practice of the hospital pedagogue has become necessary so that children / adolescents / young people can be cared for in the hospital and / or home environment. In this way, Hospital Pedagogy is an alternative process of Education, on a continuous basis, which allows children, adolescents and hospitalized adults to receive school education, so that they can promote opportunities for social relationship, as well as non-failure and dropping out of school. Inserted in a welcoming and humanized environment, the hospital educator can be the bridge

between the student and the outside environment (encouraging social relationships and strengthening family ties) (MATOS, 1998).

It is a Pedagogy of the present that involves knowledge of and for life. It aims at the global attendance of the hospitalized student, allowing the hospital team, the family and the school to work together, interacting in order to accelerate their recovery process and to get closer to the school reality: “the hospital school teacher is, before everything, a mediator of the child's interactions with the hospital environment ”(FONSECA, 2003, p. 25).

The Pedagogue - acting as a mediator, as well as the educator - helps in socializing the child with other people in the environment, whether they are other hospitalized children, professionals in the hospital's work team and even within the school. They emphasize that the Pedagogue's work allows the student's daily life to become less stressful and their recovery to be faster (REIS; COSTA, 2015; MATOS; MUGIATTI, 2009).

In addition, hospital teachers and Pedagogues to be able to exercise their role and to obtain better results in their work together with hospitalized students, need continuous training and specialization, so that this individualized service is respected and adapted according to each case. It is necessary theoretical and practical knowledge in relation to the daily life of the hospitalized, in which the professional needs to know the specifics of the patient, of his illness, so that the adaptation in the hospital environment occurs with greater autonomy, transmitting security to the child \ adolescent and their family members (REIS; COSTA, 2015; MATOS; MUGIATTI, 2009).

Teacher training courses that do not reach this breadth of understanding, will hardly be able to contribute to the training of future teachers committed to social transformation, but will be limited to training them under the bias of reproduction-maintenance of society as it stands. meets (RIBEIRO, 2016, p. 530).

Due to the importance of hospital education, the role of the pedagogue with regard to the care of children / adolescents / young people can become

comprehensive and of paramount importance, in which one of their duties involves mediation between the medical team, family and school.

(...) there is a lot for a hospital to learn from school education to transpose clinical practice in the institution of organized relationships for the child, learning to operate with the recognition of the particular social situation, linked, at the same time, to the condition of a child and to a determined social environment, preserving the child's spontaneity and originality. (CECCIM, 1999, p. 32).

Ceccim (1999) shows that school education can and must be present in all environments, especially in hospitals and that the conditions and the moment that the child / adolescent / young person is living must be respected. The role of the hospital educator in the educational environment is extremely important, as it has the purpose of monitoring, planning, socializing and, mainly, mediating all issues that concern children / adolescents / young people in the hospital, family and school environment (MATOS, 1998).

When the educator bridges the gap between these segments, he has the opportunity to improve the quality of teaching, in welcoming this student, making it possible that, even though he is far from his school environment, he still feels like a participant (MATOS, 1998). This Hospital Pedagogue, the educator who works at the hospital, comes from Education in non-school spaces, even when it comes to school teaching. Its profile is different, as well as that of the Corporate or Social Pedagogue, in which the performance is with and for the subjects and their social inclusion. With the understanding of the new needs to promote Education in non-school spaces, the educator in the hospital space also becomes an essential professional.

The educator is a professional who seeks qualification to work not only in Early Childhood Education, but also in other spaces that involve several educational fields, and this performance can be formal, non-formal and informal. Thus, he stops acting only on school (formal) issues, conquering a much broader (extra-school) space. (PARREIRA; JOSÉ FILHO, 2010, p. 252).

Getting to know the educator is also getting to know his area of expertise. In Hospital Pedagogy, the educator and pedagogue contribute to a new way of facing clinical challenges, bringing the external context of the student closer to the one who is living. One can contribute not only to the treatment or cure of diseases, but to serve as a great mediator between the student and the school. The objective is to offer students hospitalized or undergoing long-term treatment, the fulfillment of their rights, such as Health and Education, valuing them as human beings and as participants in society. In this perspective, Pedagogy Hospital develops educational projects and actions with pedagogues, psychologists, social workers, the family and the entire technical team of the hospital, in order to coherently and participatively complement the patient's approach to education (MATOS; MUGIATTI, 2009).

In addition to Hospital Pedagogy promoting well-being to patients, it also promotes educators. According to Dutra (2009, p.16), “in addition to the benefits for the care of hospitalized children and adolescents, the proposal to insert the Pedagogue in Hospitals opened new doors for the field of professional practice.” Thus, the pedagogue and the educators have the opportunity to experience new environments that are not just that of the school, that do not develop only a work aimed at teaching within the classroom.

In this perspective, the educator and pedagogue who leave the school environment and go to the hospital space, have the opportunity to experience new expectations and experiences, offering their work in a more dynamic and playful way, and learning to live with other types of different professionals. of its area of activity, then building new alternatives for action within the hospital, new worldviews and new methods of group interaction.

This theme brings up some specificities that are not observed in schools and even in the academy (in initial and continuing education courses). Another assumption is that there are still difficulties for the hospital educator and pedagogue to understand their functions and, mainly, to recognize their professional identity. And this theme involving Hospital Pedagogy and the

practices of the educator and pedagogue in this area reinforce the need for research that broadens the discussion about the student and his process of hospital treatment, as well as the relationship of living with his family, friends and the school environment. This theme may provide opportunities for further studies, research to improve care in hospital classes and on the role of mediator of hospital educator and pedagogue.

This study becomes important for society because it is necessary to have another look at hospitalized students, that the people involved in this process participate more, both the family, hospital and school professionals. May awareness be raised by society as a whole, as this is also a social issue. Thus thinking about the contributions of Pedagogy Hospital to the promotion of teaching and interaction in non-school spaces, whether in the hospital or in home care of students who need health action, the present study has as a guiding question “which practices of the educator / pedagogue favor teaching in the hospital context? ”. To answer this question, the objective is to understand the educational practices of the hospital educator / pedagogue for the promotion of Education in hospital environments. For this, a qualitative research, of a theoretical nature, was used to discuss possible educational practices based on Hospital Pedagogy.

Necessary actions and attitudes of the hospital educator and pedagogue

Hospital Pedagogy makes it possible to continue the studies of students who are in a hospital or undergoing treatment, with the aim of meeting learning difficulties and providing new knowledge and information. Cognitive and psychic needs are also developed through play and interaction, bridging the educational and health systems (FONSECA, 2003).

In this perspective, it is understood that in this relationship, “the main effect of the Health Education meeting for a hospitalized child is the protection of their development and the protection of the cognitive and

affective processes of learning construction” (CECCIM; FONSECA, 1999, p. 44). In other words, with the link between Health and Education, there is complementarity, the provision of well-being, disposition and quality of life, while the other promotes the opportunity to get in touch with new information and knowledge, making the interaction between individuals and consequently, opening new spaces for discussion and critical reflection. It is to stop following traditional, Cartesian behaviors, and rethink the practice for humanizing, stimulating and sensitizing actions. The condition of learning, in a situation that differs from the daily life of a formal school, requires a broader view of the professional, demanding pedagogical practices that surpass current processes.

The construction of the pedagogical practice, to work in a hospital environment, cannot come up against the boundaries of the traditional. Difficulties often persist because the opportunity for differentiated action cannot be seen in them, as the values and perceptions of behaviors and actions are still very much rooted in reductionist formations. This practice, therefore, must overcome the barriers of the traditional and the difficulties of the Cartesian view. The pedagogical action, in a different environment and conditions, such as the hospital, represents a universe of possibilities for the development and expansion of the ability of the educator / educator. Developing such skills requires a view opposite to that contemplated by reductivism, that is, it must, indeed, contemplate the whole. (MATOS, 2010, p. 51).

The educator, assisted by the pedagogue, must perform “[...] the bridge between the official discourse, which is that of the doctor and the discourse of common sense, that of the parents or guardians of the child” (FONTES, 2005, p. 12). Thus, your role, in addition to mediating teaching, should be to assist in the relationship between parents and children, reassuring them about the disease situation, and possibly contributing to treatment. Thus, in addition to acting as a mediator, he expands his relationship networks within the hospital environment, promoting not only benefits for hospitalized children and young people, but also for their families and the hospital's own technical team (FONTES, 2005).

It is noteworthy that the educator, the hospital educator needs to develop some skills such as adaptation in the spaces in which he finds himself, both in relation to the frequency of students, when they stay in hospital care, observe the space for performing recreational activities , playful and pedagogical; the layout of the beds; the routine faced; the survey of the social situation of the patients' families and the knowledge of each student, for example, their daily lives and their potential (CECCIM; FONSECA, 1999; MATOS; MUGIATTI, 2009).

It is necessary to consider the perception of other humanizing measures, as well as playrooms, workshops, recreational workers, volunteers, presence of family members and the hospital's technical staff, with the aim of integrating them into the activities carried out in their daily lives (CECCIM; FONSECA, 1999 ; MATOS; MUGIATTI, 2009). The use of sensitivity in suggesting different spaces in the hospital for carrying out creative and functional activities are also important, since the exploration of other places makes it possible to break the routine, providing students with an environment full of dynamics and interactions.

Educators must also have the ability to adapt teaching and learning activities, not interfering with therapeutic practices but helping them to develop them. Thus, effective and careful work must be carried out, which should not confuse educational service with health care. It is necessary to consider that professionals assume a role of human and educational enrichment through activities and playful games, in order to provide students with the best path to learning. The medical team in general must provide support in their health treatment and in their interaction with the patient, with teamwork (MATOS; MUGIATTI, 2009).

Educators must still have the ability to propose alternative materials and ways of making games and games, so that, in addition to stimulating the students' own production, their productions are valued and the awareness of care with different materials is made. There is also the suggestion of ways of school monitoring, contemplating him in

his human condition through his needs, social, physical, psychological, gender, among others (BARROS, 2007).

Knowing the situation in which students are in, Ceccim (1999) reinforces that it is necessary to carry out activities that stimulate creativity, motor coordination, logical reasoning, sensitivity, and the stimulation of other senses through games and games, the exhibition of films, readings and interpretations of history and activities involving art.

Barros (2007), in this perspective, highlights that, after detecting the needs of students, educators and / or pedagogues should motivate ways of research and investigation of knowledge, such as, for example, the study of patients' cases and the quality of information. activities, in order to verify through research the comparison of similar realities and the quality of projects and pedagogical practices. With the readings and interpretations of stories, access to written information is encouraged, individually or in groups, through materials such as newspapers, magazines, short stories, stories, comic books, biographies, poetry, among other resources with the aim of distracting children and young people and also encourage reading and writing.

Arts activities can contribute to the development of creative work, which stimulate free expression using artistic techniques and materials such as drawing, paintings, the construction of toys with recyclable materials, decorations for celebrations, theater plays, among other activities that can assist in the protagonism and participation of students, thus providing a space for a lot of relaxation, joy, interaction and knowledge. In addition to written practices, reading and body expression, digital inclusion can be done through technology, promoting a space for interaction, relaxation, information, exchanges and the addition of new knowledge with the computer and the internet. .

Such experiences can only be possible on a theoretical basis. The hospital educator and pedagogue need initial training (through the Pedagogy Course) and continuing education, so that they can act with the

adversities that the day-to-day hospital express. In addition to pedagogical knowledge, it is necessary to obtain knowledge about pathologies, causes, since it will be immersed in a hospital environment, in partnership with the multidisciplinary team (TAVARES, 2011).

The planning of actions and classes need flexibility, because, different from the classroom, in the hospital, the activities and studies proposed have to be in the time of the student (TAVARES, 2011). Humanization is the key in the work of the pedagogue and the hospital educator. Humanizing actions in care require every care: spaces need to be thought out, care for families is important to make them feel welcomed and, to know that even if the student is sick, there will be no losses during this hospitalization period. In this humanization process, integrating Education and Health,

It is observed that the continuity of studies, parallel to hospitalization, brings greater vitality to the vital forces of the hospitalized child (or adolescent), as a motivational stimulus, inducing him to become more participative and productive, with a view to an effective recovery. This fact, in addition to generating an integration of active participation that excites the hospitalized student, due to the effective continuity of the external reality, also contributes, in a subconscious way, to the trigger of the urgent need for a cure, that is, a predisposition is born that it facilitates its cure and shortens its return to the environment to which it was integrated. (MATOS; MUGIATTI, 2009, p. 72).

They are professionals who need pedagogical structuring that can offer them a basis to stimulate skills in order to perform their functions in integrated environments, where multidisciplinary relationships need to be strengthened. Such a condition requires doing and acting that should not be linked to limited, inflexible processes, leaving the educator free to develop their work in a reflexive and transforming way of the reality that involves the child / adolescent seen in the hospital context (SANTOS, 2011).

It is essential that professionals who act as hospital educators and educators build a profile that glimpses the needs of students, performing a differentiated and progressive approach. They must not neglect the

treatment they are receiving, nor leave it unattended in the school environment. The primary role of the hospital educator / pedagogue is to transform these two realities in which it is inserted. On this, Cardoso (1995, p. 48) highlights:

Educating means using pedagogical practices that simultaneously develop reason, sensation, feeling and intuition and that stimulate intercultural integration and the planetary vision of things, in the name of peace and the unity of the world. Thus, education - in addition to transmitting and constructing systematized knowledge - assumes a therapeutic sense by awakening in the student a new awareness that transcends the individual self to the transpersonal self.

The educator's vision is an integrative one, with a pedagogical practice that comprehends the total scope of Education, that allows the full development of the human being. For a Hospital Pedagogy, therefore, the educator “what creates, that takes care of education”, according to the Larousse Dictionary of culture (LOVISOLO, 1992, p.386), must also have a contextual view, because in it the true sense of interdisciplinarity. Interacting in a hospital environment in a multidisciplinary way requires a more comprehensive, open understanding, in order to flow the understanding of reality.

The intention is to develop the capacity for personal transformation in both students and educators, a fundamental aspect for social transformation. Due to its own experimental nature, the path and results of holopraxis can hardly be translated into words. It is a knowledge incorporated by sensitivity and intuition and not simply apprehended by the intellect. (CARDOSO, 1995, p. 89).

It is in this context of multidisciplinary, of viewing the integral concept of Education, that it is important to highlight mediation practices between hospital and school, not to restrict hospital professionals to information regarding the hospitalized child. Therefore, in order to understand this multisectoral role, there is a need for action by educators

and educators who can integrate their pedagogical actions with the interaction with the other professionals in which they work, as well as the school and families (PARANÁ, 2010). It is worth emphasizing the importance of supporting academic training, so that in social terms, they have the opportunity to learn to develop practices that envisage the adaptation of learning conditions that are installed in hospital contexts, which are different from classroom standards.

Teacher training, in this vein, is always committed to some societal project. Conservation projects or social transformation, whether for one or the other, training is a key point in the construction of this process and is an element in constant dispute. (RIBEIRO, 2016, p. 527).

In building the relationship between the pedagogue and the hospital educator, it is essential to offer the minimum working conditions, both on the part of educational institutions and professional training, in order to prepare them pedagogically and emotionally. Such demand emerges from specificities that, in many cases, requires assistance that reconciles the time when the student feels more comfortable to study for those in whom he is recovering from an invasive procedure or, even, in the period when he will be returning to the hospital. school. And in relation to these specific times, in which he is willing, the educator has sensitivity, creativity and attention to subsidize content in playful ways, so that he learns and develops cognitively in a pleasant way (SANTOS, 2011).

For assistance in hospitals, the pedagogue and the hospital educator need to be in constant contact with the reference school, so that they have a pedagogical school support, being helped with school curriculum and ways to develop the work. It is in this process, too, that the exchange of information and evaluation of the student's development takes place. With this mutual relationship between school and hospital educator, there will be greater monitoring of the educational and clinical process, making it safer for their return in the school environment. It is important to note that the

schooling phase in the hospital represents an emergency and transitory situation. It needs a preparation regarding its return to normality, in the sense that there is a guarantee of continuity both in the social identity of the student and in his learning process (PARANÁ, 2010).

And on this path, it is what justifies the need for, during the hospitalization phase, to permanently stimulate relations with the school of origin, through the exchange of information and the maintenance of interests. Relevant to the hospital, relationships often present a challenge, in the sense of unblocking and promoting the progress of all those involved, that is, bringing family members, the school and the hospital educator closer to inspire safety, and that the students have conditions to progress more harmoniously, while growing and evolving in this difficult phase of your life (PARANÁ, 2010). It is important to promote, in addition to the well-being of the student, a process of interaction between family members and the hospital's technical team, helping in the process of rehabilitation, healing and human development.

Final considerations

Education becomes more and more relevant in the lives of all people and, in view of this, there is a great need for the development of educational practices in the most diverse spaces, as the act of teaching does not happen only within schools. The hospital is one of the environments where education can take place, a space that the pedagogue or teacher can act as collaborators in the development of the educational process to continue the schooling of children and adolescents. The purpose of these pedagogical assistance is to stimulate the learning capacity, work with emotional ties and interaction with others in the teaching and learning processes.

It is evident that the hospital environment can be a favorable space for education and new learning. It is a place that has been shown to be an environment where the pedagogue or hospital teacher is widely active and

that provides educational and educational support to children and adolescents undergoing health treatment. This monitoring process is complex, since the pedagogue or teacher needs to deal with the assisted student who has suffered emotional and psychological changes, due to the hospital situation, during the process. Therefore, the pedagogical practices in the hospital demand from the education professionals involved greater flexibility, dedication, planning for each specificity, according to the individual and his difficulties.

Hospital Pedagogy is still a topic that needs to be discussed more deeply in relation to the way in which the multidisciplinary hospital team articulates with the school of origin of the student being served. Since this articulation aims to guarantee the continuity of the patients' cognitive and educational development during the hospitalization period. In addition, it enables the curricular monitoring of the contents that have already been and that have not yet been addressed in the school of origin, maintaining the school bond, strengthens the work of the school educator when the student returns to the classroom. And yet, this work together, favors and helps the return to regular education because in many cases, because they have been absent for a long time, they prefer to leave these spaces or find it difficult to feel belonging again.

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