

School attendance at the University Hospital of the Federal University of Maranhão: between advances and limits in the pedagogue's initial formation¹

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ABSTRACT

This research aims to understand the advancement and limits of school attendance at the University Hospital of the Federal University of Maranhão through the project “*Estudar, uma ação saudável*” (Studying, a healthy action). The theoretical-methodological contribution used a bibliographical survey, based on authors such as Fonseca (1999; 2008), Taam (2004), among others and field research, whose locus was the extension project above-mentioned and the data collection techniques were the participant’s observation and semi-structured interviews with students of the Pedagogy Course, of this experience participant’s such as scholarship holders and volunteers. The results pointed out as one of the advancements, the effective participation of children in the activities promoted by school attendance in a hospital setting of this project, reconnecting them with daily school life ,whereas regarding the limits, there is an absence of discussions about education in a non-educational setting in the initial curricular formation of a pedagogue.

KEYWORDS: Hospital School Attendance. Educator. Initial Training.

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Atenção Escolar em Hospital Universitario de la Universidade Federal do Maranhão: avances y límites en la formación inicial del pedagogo

RESUMÉN

Esta investigación tiene por objetivo comprender los avances y los límites de la atención escolar en el Hospital Universitario de la Universidade Federal do Maranhão a través del proyecto “*Estudar, uma ação saudável*” (*Estudiar, una acción saludable*). La contribución teórica-metodológica se utilizó de la revisión bibliográfica, se basando en actores como Fonseca (1999; 2008), Taam (2004), y otros, además de la investigación del campo, cuyo *locus* fue el proyecto de extensión dicho y las técnicas de recolección de datos fueron la observación participante y la entrevista semiestructurada con alumnas del Curso de Pedagogía, participantes del proyecto como becarias y voluntarias. Los resultados apuntaron, como uno de los avances, la participación efectiva de los niños en las actividades promovidas por la atención escolar hospitalaria en la experiencia, acercándolas con la vida cotidiana escolar y, en relación a los límites, existe la ausencia de discusiones acerca de la educación en espacios no escolares en el currículo de la formación inicial del pedagogo.

PALABRAS-CLAVE: Atención Escolar Hospitalaria. Pedagogo. Formación Inicial.

Atendimento Escolar no Hospital Universitário da Universidade Federal do Maranhão: entre avanços e limites na formação inicial do pedagogo

RESUMO

Esta pesquisa visa compreender os avanços e os limites do atendimento escolar no Hospital Universitário da Universidade Federal do Maranhão através do Projeto *Estudar, uma ação saudável*. O aporte teórico-metodológico utilizou-se do levantamento bibliográfico, baseando-se em autores como, Fonseca (1999; 2008), Taam (2004), entre outros e da pesquisa de campo, cujo *lôcus* foi o Projeto de Extensão supracitado e as técnicas de coleta de dados foram a observação participante e a entrevista semi-estruturada com alunas do Curso de Pedagogia, participantes desta

experiência como bolsistas e voluntárias. Os resultados apontaram como um dos avanços, a participação efetiva das crianças nas atividades promovidas pelo atendimento escolar hospitalar no projeto reaproximando-as com o cotidiano escolar e quanto aos limites, tem-se a ausência de discussões sobre educação em espaços não escolares no currículo, da formação do pedagogo.

PALAVRAS-CHAVE: Atendimento Escolar Hospitalar. Pedagogo. Formação Inicial.

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*The teacher is important everywhere, even in the hospital.
A. R., 5 years old, child hospitalized at HUUFMA- 2017*

Introduction

The process of inclusion advances with the ideal of promoting equal access to education, technology, among others. It stands out for dealing with something contemporary and instigating that unleash structural changes in the social, political, and cultural ambit. The school is not far from this reality because it is responsible for educating people; however, when this space cannot be reached because of the diversity experienced by its students, it's necessary to demonstrate solutions so that the education process doesn't end.

Among the search for solutions, there is the school attendance in several spaces, of which the hospital environment is one of them, and from there a new work proposal arises. In this perspective, the professional who acts in the school attendance with hospitalized children and teenagers, that is, those who are in the initial series of Elementary School, is the pedagogue, whose legislation that bases such practice is in the National Curricular Directives for the Pedagogy Course, in its 5th article, item IV (BRASIL, 2006).

This assertive points to discussions about the process of social inclusion, and furthermore, educational policies regarding the training of this professional should be concerned with the principle of equal rights, ensuring access to education and also the permanence of these individuals to develop as intellectual and social subjects.

It is regarding the pedagogue's initial formation that this debate raises university extension actions that aim to minimize the distance between the hospitalized child and the school and to open new work fronts for this professional. In this study, the experience of the extension project "Estudar, uma ação saudável" developed by the Pedagogy Course at the Federal University of Maranhão is pointed out.

This article aims to understand the advances and limits of the hospital school care in the University Hospital of the Federal University of Maranhão-HUFMA, perception apprehended in the initial training of the pedagogue, for that it is based on the qualitative approach of research, because it is to investigate a cut of reality. The study was based on legal documents such as Resolution No. 41 of CONANDA (BRAZIL, 1995), and authors such as Rabelo (2014), Fonseca (1999, 2008), Ceccim (1999), Taam (2004) among others. Data collection involved participant observation and seeking to obtain as much information about the object of research, we used the semi-structured interview (YIN, 2010), with the Pedagogy course students, who were scholarship holders and volunteers.

Teaching in the hospital: Training and practice

Educational inclusion should reach any subject, including those who are in non-school spaces, somehow prevented from entering the regular school, whether in prisons or hospitals. In this sense, the regular school becomes a different way to achieve the right to education. For Rabelo (2014), emphasis is given to a new school model, one in which access and permanence is possible for all students, and where "the

selection and discrimination mechanisms used until then are replaced by processes of identification and removal of barriers to learning" (GLAT, 2007, p.16). In this way, the hospitalized children and adolescents become provoked to break barriers and to enter in another space: the school, materialized by pedagogical actions, which take to these boys and girls the socially valued knowledge and the rescue of being a student hindered by the hospitalization.

To achieve such action, the formation of the pedagogue cannot be distant from this fact, therefore, it's necessary to evidence in their curriculum, discussions that make this practice effective, once they are based on the National Curricular Directives for this course, when they point out:

Article 4 - The degree course in Pedagogy is intended for the education of teachers to exercise teaching functions in Early Childhood Education and in the initial years of Elementary School, in Secondary Education courses, in the Normal modality, of Professional Education in the area of services and school support, and in other areas in which pedagogical knowledge is required.

Sole paragraph. Teaching activities also include participation in the organization and management of educational systems and institutions, encompassing:

II- planning, execution, coordination, monitoring, and evaluation of projects and **non-school educational experiences**.

Article 5 - The graduate from the Pedagogy course must be able to

IV - **work, in school and non-school spaces**, in the promotion of the learning of subjects in different stages of human development, in several levels and modalities of the educational process (BRASIL, 2006, p. 02, our emphasis).

This legislation marks the challenges of contemporaneity in the pedagogue's work, reaching beyond the school spaces, and why not mention the children who are out of school, many times marginalized and even hospitalized.

It is observed then, that the referenced course can provide opportunities for pedagogical practices in different environments,

transcending the walls of the regular school. Instituted and legally subsidized the exercise of teaching in non-school spaces, it starts its development from the rupture with the ideology that the pedagogue's space is only in the school (LIMA; SILVA; SANTOS, 2014).

Regarding the role of the educator in society, one should have a holistic view, that is, it is understood that education "covers all processes of formation of individuals, so that every exchange of knowledge is constituted as an educational practice and can develop in various social environments" (GOMES; SILVA; SILVA, 2011, p. 1).

In order to follow this movement, the Pedagogy Course and the pedagogue must transmute, remodel themselves, to adapt to the social model, structuring themselves according to the social environments, either in school or non-school spaces.

The debate about the teaching action in these spaces was located in the understanding of formal, non-formal, and informal education, in which such concepts for Gohn (2006, p. 29), are constituted in:

In formal education, among other objectives are those related to teaching and learning historically systematized contents, regulated by laws, [...]. Informal education socializes individuals, develops habits, attitudes, behavior, ways of thinking and of expressing oneself in the use of language, [...]. It is the process of socialization of individuals. Non-formal education enables individuals to become citizens of the world, in the world. Its purpose is to open windows of knowledge about the world that surrounds individuals and their social relationships. [...].

In the overcoming of this debate, Moura and Zucchetti (2010, p.632), state that non-school education is evidenced in processes and procedures that rely on the presence of the teacher, defined methodology, internal and external evaluation mechanism, situations that sometimes even aim to give them an official character, so the need to move forward in this discussion, not to focus primarily on delimiting the field of what is formal and non-formal and seem that its concept is based only on the

space that characterizes it. Ghanem and Trilla (2008) also infer, that non-school education overcomes the understanding of "place", and the focus is on permanent education, in which people can always educate themselves. This cannot be marked by the school or non-school ambit, because the idea of permanent education requires the availability of many other educational resources besides school ones, and involves situations of continuing education, adult education, lifelong education.

Therefore, school attendance in the hospital space refers to an education aimed at citizenship and reveals the intrinsic connection with the school, whose educational practice involves school contents for people "excluded" from the formal teaching system: hospitalized children, adolescents, youngsters and adults, which demands the search for social inclusion and with differentiated practice, because:

The pedagogical work in the non-school space is directly related to activities involving teamwork, planning, personal training, orientation, and coordination, and the main objective of this work is aimed at transforming the subjects involved in the pedagogical practice (NASCIMENTO, et al, 2010, p 63).

Thus, the education of the pedagogue to work in non-school spaces such as companies, prisons, hospitals, museums, among others, requires the existence of knowledge and theoretical foundations that enable critical immersion and reflexive analysis about the profile of the environment and the individuals in it.

In the curricular structure of the Pedagogy course, the formation of this professional must contemplate a study core, in which knowledge and specific knowledge aim at the learning in non-schooling spaces, as it refers to their peculiarities, different from those of regular teaching institutions, since it is already legitimized in the National Curricular Directives for the Pedagogy Course, pointed out in this text.

Consequently, the educator in formation should have access to a vision of non-school spaces, focusing on the role of the educator in them,

aiming to offer this professional a look at the diverse possibilities existing in the exercise of his/her function.

Thus, a new pedagogical profile is present to act in the most varied spaces of society, and one of them is the hospital, which can provide an opportunity for hospitalized children and adolescents to have school activities, establishing connections with the school world. Therefore, school attendance in this environment presents itself as a differentiated strategy, that is, to change the day-to-day of the internment of these subjects and provide a greater humanization and social interaction, as well as to give continuity to the learning of school contents forbidden with the internment, since during childhood and adolescence, both are building and rebuilding knowledge in the school space, because according to Matos and Mugiatti (2007, p. 28):

[...] the child and the adolescent, in this phase, are in the middle of a learning period, which they are eager for novelties, these operated by observation, experience and communication, constitutive elements of learning in permanent conditions.

Undoubtedly, the disruption of the school routine produces discomfort and may harm the students in their return to school and perhaps even motivate their definitive removal from it. For this reason, the pedagogue's interventions in the pedagogical activities carried out in the hospital can promote well-being and prevent obstacles to the intellectual development of the sick children, also leading to the possibility of their return to regular classrooms.

There is, therefore, a legal need for the insertion of school classes in hospital spaces as a way to ensure the right to education, this is already provided for in the amendment of the Law of Directives and Bases of National Education (LDBEN), by Law 13.786 of September 24, 2018, which states:

Article 4 - It is ensured educational care, during the period of hospitalization, to the student of basic education hospitalized for health treatment in hospital or home regime for a prolonged

time, as provided by the Public Power in regulation, in the sphere of its federative competence (BRASIL, 2018, p.1).

This device had already been determined since the year 1995, by Resolution No. 41 of the National Council for the Rights of Children and Adolescents (CONANDA), in item 9, which states that the hospitalized child has the "Right to enjoy some form of recreation, health education programs, monitoring of the school curriculum during their hospital stay" (BRAZIL, 1995, p.1). In this context, the Ministry of Education created in 2002, the document that deals with the Hospital Class and Home Care, determining a teaching profile to exercise the position in this environment, in which:

The teacher must have pedagogical training, preferably in Special Education or Pedagogy courses or licentiate degrees, have notions about the illnesses and psychosocial conditions experienced by the students and the characteristics resulting from them, whether from a clinical or affective point of view (BRASIL, 2002, p. 22).

This professional must have specific knowledge of the reality and condition of hospitalized children and adolescents, necessary for the development of his function because he or she may face challenges and situations that will require clinical concepts about diseases, routine and techniques used in the hospital, that is why the importance of this debate is included in the pedagogue's initial training.

Some authors, such as Fonseca (1999) and Ceccim (1999), state that the teacher must have "dexterity", that is, know and understand the reality of the student and, from this point on, start intervention, relating pedagogical knowledge, focusing on the development and learning of the child, respecting his/her condition, which denotes a challenging practice.

This challenge is notorious, since the teaching intervention is the prelude to the development and learning of students, which contributes to the formation of individuals, in addition to causing transformation in the relationships and behaviors of the members of society. Therefore, to provide pedagogical care in the hospital is not to transplant the school to

the hospital, but to develop models of pedagogical intervention that take into account the characteristics of the hospital environment and the existential position of the real child (TAAM, 2004).

The pedagogical activities in the hospital should be thought considering its target audience, that is, the sick children who attend the hospital class and who mostly differ in age, grade and school year. Thus, there is a challenge for this space, in which it is understood that the curriculum adopted in this space must be flexible, thus meeting all children and adolescents, allowing them to be included in the teaching-learning process.

It must be taken into account in the pedagogue's planning, the interests and knowledge that children have, thus, the performance of this professional in the hospital class has as focus not,

[...] just keep the children busy. The children are growing and developing, whether they are in the hospital or not. The teacher is there only to stimulate them through the use of his knowledge of the curricular needs of each child (WILLES, 1987, p. 23, apud SOUZA, 2011, p. 261).

The relationships established inside the hospital between the teacher and the children/adolescents make it possible to understand their difficulties and limits, thus making it easier for the teacher to make decisions regarding the content to be worked on, the methodological approach, and the materials to be used.

In addition to establishing a relationship with the child, he/she should also relate to the professionals who assist the child and the accompanying person, exchanging information and perceptions that provide a better adaptation to this reality that has been placed, minimizing fears, traumas and stress, thus allowing the child to express his/her feelings and seek his/her well-being. Therefore, the pedagogue's performance in the hospital environment is primarily concerned with the learning and development of the child, taking into consideration his/her physical limitations and difficulties that may appear (FONSECA, 2008).

In this way, hospital classes focus on the enhancement of abilities and skills of hospitalized subjects, always seeking to value their schooling as a subject with the right to education. The teacher in this environment is a mediator, who through his/her strategies allows children and adolescents, young people or adults to feel good in this space and willing to participate in activities and interact with others, then the practice must enable them to have the will to participate in the hospital class and be able to learn, always respecting the conditions and limits of each one (FRANCO; SELAU, 2011).

When it comes to hospitalized children and/or adolescents, it should be remembered that they are in a special condition, because they are ill and taking care of their health, undergoing treatments, taking medication, exams, among other procedures, so they may have difficulty concentrating in class and in the development of activities. With this in mind, Souza (2011, p. 261) points out that:

The role of the pedagogue/educator, [...], is to provide the child with opportunities for diversified situations and spaces, oriented to promote significant learning that will contribute to ensure the continuity of the child's development and learning process, and at the same time create ways to deal with time and situations in a more enjoyable, or less painful way.

The character emphasized by the author is the pleasure in detriment of suffering, considering that daily, the child/adolescent is sometimes susceptible to situations of vulnerability, fragility, suffering, and insecurity. The work developed by the pedagogue in hospital school attendance needs then, to present itself as an educative and stimulating practice, providing access to historically accumulated knowledge. Therefore, it must be detached from the connotation referring to the promotion of assistance or care, because this action of teaching transcends these boundaries (OLIVEIRA; LIMA, 2014) because the objective is to favor to the child the access to education during the period in which he/she is hospitalized, facilitating his/her adaptation in the

school when he/she later returns to his/her activities (FONSECA, 2008) and to give continuity to his/her schooling process.

It is possible to see the complexity of school attendance in the hospital, since it takes into account all the elements already mentioned in the text, which is why it is important to implement practices in this context during initial training so that, following the example of the pedagogue, this professional can experience situations that are different from the regular educational context and move on to new work fronts.

School hospital care: conceptions of female students/teachers

As already announced, teacher training needs to pay attention to the demands of the educational inclusion process in non-school spaces. This study brings the debate of the hospital school attendance in the context of the pedagogue's initial formation, therefore it is based on a qualitative approach perspective because it pays attention to a reality and allows it:

[...] the understanding of everyday life as possibilities of unique experiences, impregnated with meaning, enhancing the intersubjective sphere, interaction, communication and proclaiming it as a space where changes can be sensed and announced (GHEDIN; FRANCO, 2011, p.61).

In this comprehension, the contact with reality is fundamental and the analysis falls on the extension project "Estudar, uma ação saudável" (Studying, a healthy action), developed at the University Hospital of the Federal University of Maranhão, linked to the Pedagogy course at this university and is classified as a case study, since, according to Yin (2010), it is inserted in a focus of interest and needs to be a contemporary phenomenon occurring in a real life situation.

Because it is a phenomenon that is occurring, the data were generated by the technique of Participant Observation and Semi-structured Interview, as this induces the researcher that "[...] being a good listener means being able to assimilate large amounts of new information impartially" (YIN, 2010,

p. 96). As a good listener, in this technique, one cannot lose sight of the focus of the study and the type of information that is sought.

The research subjects were three students from the Pedagogy Course, participants of the mentioned extension project, acting as scholarship students and volunteers, who will be referred to in this text as B1, B2 and V1.

The teaching action in the hospital is complex even for an educator who has already completed his/her undergraduate studies, let alone for those who are in the process of initial formation. The challenges of this action need to be visualized by the students/teachers, for that it was necessary to know what they think about this type of attendance, whose answers demonstrated as a "new space of performance" (B1), "the deepening on the subject was given in the meetings of studies of the project" (B2) and the "experience of the action served for the formation, because the curriculum of the course does not provide any subject that attends this demand" (V1).

The students/teachers are aware of the need for a debate on the theme in the initial formation, because they recognize that the pedagogue's field of action is expanded and the act of teaching in the hospital has different peculiarities from the regular school context, in addition, teaching should be problematized, since it is not neutral, it is not restricted only to the content, it is intentionalized in the relationship with a student subject, therefore it is "[. ...] didactic-pedagogical and, above all, understanding of the educational policy in which such practice is inserted" (LIMA, 2001, p.143).

Taking on the task of teaching in the hospital demands responsibility with training and, when it comes to non-school education, it is necessary to break some barriers, especially the ties of education as an eminently school practice. With that, it is possible to explore other scenarios that envision the possibility of education being constituted as a link between the subject and the world. In view of this, the importance of university extension in the initial academic training of educators stands out, by the possibility that these experiences offer for the promotion and expansion of the performance of this professional (RABELO, 2014).

It is known that the hospital environment has its own characteristics and routine, and that the educator must adapt his/her practice to them. Aiming at understanding the development of pedagogical activities, we asked about the routine of the actions developed in the *Estudar, uma ação saudável* (Studying, a healthy action) project, the teachers described it this way:

After the children's snack we start the activities in the playroom, we call the children in their beds to participate in activities, these are focused on reading and writing, and we always try to reconcile such practices with what we observe in the daily lives of hospitalized children. (B1)

We start our activities after snack time, at 9:30. But before that we visit the beds to invite the new children, the ones who don't know the Playroom, to participate in the activities. And we motivate those who already know to keep going. Regarding the activities, we develop all possible activities in the several disciplines. Portuguese, Math, Geography, History, Art, etc. (B2) Rounds of conversation with the children, and listen to them whenever they want to talk, because it is from there, that we identify possible problems, and receive positive and negative feedback from our actions. Explanations and application of activities, with varied themes and adapted to the different age groups we receive, we always take more than one activity so that everyone can feel included and participate. (V1)

B1 and B2 emphasize that school care starts after the snack, first there is the moment of motivation that happens with visits to the beds, stimulating them to participate in the activities, in addition to identifying who was discharged and who is still hospitalized. It is crucial for the child's development that he/she is interested and feels safe in knowing and participating in the hospital school service, so that the relationship established between the school and the student happens, hampered by the act of hospitalization. This relationship must be based on trust and be based on dialogues, that is, knowing who that subject is and understanding his/her anxieties and anguishes.

According to the participant observation, it was noticed that daily medical visits, exams and other procedures happen mostly in the morning, so during this period, it is necessary to have a harmony between medical activities and hospital school care. After these procedures, the children are

fed and then they can go to the pedagogical space, which in the hospital researched, happens in the Hospital Playroom. For the teacher who acts in the hospital environment it is important "to have a good knowledge of the hospital routine facilitates the hospital school work as a whole and the planning of the teacher" (FONSECA, 2008, p. 45).

Aiming to provide, in the best way, favorable conditions for meaningful learning, the teacher should reflect on his practice, as B1 points out, stating that during the activities, he can analyze the development of each child in a critical way, observing the participation, the behavior of children/adolescents and also her interference as a student/teacher, in which, according to what was observed, she will modify her proposed activities.

From the observation of the practice of B1, B2 and V1, it can be seen that it is divided into moments as pointed out by them, when there is an invitation in the beds to participate in the activities. After this period, the students/teachers wait for the children in the classroom, where the class happens. The next moment is the conversation circle, which is characterized as "a space for sharing and confrontation of ideas, where the freedom of speech and expression provides the group as a whole, and each individual in particular, the growth 'in the understanding of their own conflicts'" [...] (ANGELO, 2006, p. 5, emphasis added).

The exchange of information, experiences, and feelings is crucial to the development of each child/adolescent, which, in addition to encouraging orality (verbalizing to others what they feel and think), enables them to allow themselves to participate in one of the pedagogical activities, perceiving themselves as active subjects in this learning process (SANTOS; FARAGO, 2015).

In this service there is also the development of activities in the various areas of knowledge, as B2 points out, focusing on the two skills described by B1, reading and writing. According to Rabelo (2014, p. 107), who developed a research on the project:

The focus of the extension project began with reading and writing because before starting the activities in the hospital a survey was done with the children through a profile sheet [...] that found a significant number of children with reading and writing difficulties.

Seeking to face the difficulties experienced by the children participating in the Project “Estudar, uma ação saudável” (Studying, a healthy action), a practice that intervened exactly in these competencies was thought of, focusing on overcoming this obstacle.

It is important to keep in mind that the hospital class focuses on the continuity of the learning process started in regular school, which in the early years covers the appropriation of the mother tongue, relating it to diversified subjects, that is, it promotes the development of the schooling process through interdisciplinarity.

Also by participant observation, the focus on reading and writing happens from activities that involve dialogues and storytelling (enhancing orality), artistic productions (exploring different techniques, such as mosaic, graffiti style, origami, developing motor coordination), among others that allow the child to appropriate knowledge in a playful way. V1 points out that there are children of different ages and development levels in the classroom, so the practice proposed by the student/teacher should enable the participation and interaction of all, therefore the use of diversified activities.

In order to understand the challenges existing in the hospital space, we were asked about the difficulties and limitations experienced in the hospital routine. B1 highlights the need for a proposal that meets the child's momentary peculiarities, promoted by the hospitalization, i.e., "it is necessary to respect the patient's pathology," however, dealing with the child's diagnosis requires specific knowledge and that is overcome in the dialogue with health professionals, reports B2. A great challenge mentioned by V1 is the class time, because the activities must start and end on the same day, not to mention the separation with the

children/adolescents resulting from the discharge or loss, "I've already been through two losses, one of which shook me a lot, because I was close to the child, and I only knew that she died months later, that's sad.

The challenges pointed out by the student/teachers denounce a different practice of being a teacher, because the subject/student is in special conditions and the space is different from the school, however, it is worth remembering that this subject has rights and educational monitoring during hospitalization is a child's right, as stated in Resolution 41 (BRASIL, 1995), the reformulation of the LBDEN (BRASIL, 2018)) and the MEC document, Hospital Class and Home Care (BRASIL, 2002), and such legal provisions are not yet achieved in all hospitals, although there are sporadic activities developed in Hospital Playrooms with no educational purpose, only therapeutic, which minimizes the suffering reverberated by hospitalization. These activities are different from the project investigated here, which despite not having a connection with the schools of origin, develops school activities aimed at minimizing the learning difficulties evidenced in hospitalized children/adolescents.

It is reaffirmed that the discussions about school attendance in the hospital must be the focus of debates in the pedagogue's initial formation, because otherwise there will be voids and gaps in which will bring him/her limitations and difficulties in facing daily situations, when this professional may be faced in this function, finding himself/herself sometimes lost and confused, when acting in the hospital (FONSECA, 2008).

Another great challenge is the loss of children, especially in the case of death:

The death of hospitalized children and adolescents leaves not only the teacher fragile, but also affects the other students, because in addition to the loss of their colleagues, they will certainly be afraid that the same will happen to them. For the shocks to be softened, the professional of the hospital class should seek to work with and their students, issues that address the reality of death [...] (CARVALHO, 2011, p. 26).

So, there is a need for clarity and understanding of the context and situations that may occur in the hospital environment, so that, in the exercise of pedagogical practice, it is important to emphasize knowledge that clarify and provide an opportunity to understand the reality that hospitalized children and adolescents are subjected to.

In addition to the challenges imposed on the reality of the students/teachers in the hospital space, they also pointed out advances in this experience, such as "a new space to work" (B1), involving the children in school activities (B2), and enabling collective listening (V1).

It is noticed that they recognize themselves as future professionals who value new work fronts, in the participation of children/adolescents to promote learning, enabling social interaction, causing rupture of individuality caused by the bed and pathology, generating double learning both in the student/teacher and in the patient/student and such act "is a source of constant learning through listening to the child's life information, with its content of representation of the disease, treatment, hospitalization and health team. [...]" (FONSECA, 2008, p. 37). Then, the hospital school attendance is a rich space for learning and improvement of the teaching practice.

Conclusion

The hospital class ensures the maintenance of an action present in the "old routine" of children, the school activity. The establishment of the bond with knowledge is a strategy to face their illness, since there is a promotion of the feeling of well-being.

In relation to the initial formation for the performance of the teacher, the absence of knowledge about this theme stood out as a limit, since in the curriculum of the Pedagogy Course at UFMA, there is not a specific discipline for the theme; however, the investigated extension project enabled the contact with this space, as a work field, in order to contribute to the formative process

and establish knowledge exchanges and reflections regarding the experiences inside the hospital environment.

When analyzing the advances of the hospital school care, it was found that the Extension Project "Estudar, uma ação saudável" (Studying, a healthy action) contributes to guarantee the right to education, since it offers intentional and organized pedagogical activities, creating the relationship between school and hospital and promoting the learning and development of hospitalized children/adolescents. The hospital school care that happens in this project provides the opportunity for educational-pedagogical monitoring, building a favorable environment for them to significantly appropriate knowledge, favoring their cognitive and social development.

In this way, it can be seen that school care at the University Hospital of the Federal University of Maranhão reaches levels beyond the exercise of teaching that the students/teachers experience, because it establishes the link between education and health, a constant factor of debate in current days, and also embraces, in an incipient way, because there is no link with the school of origin of the hospitalized patient, the right to education.

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