



## **Different models of delivery of distance learning, using technology, for students in hospital**

### **The context for the use of ICT for Inclusion**

TeleAula provides a means for hospitalised children to maintain contact with their classmates and schoolwork.

We currently work with four hospitals in the Lisbon area.

The key partners are the Ministry of Education and Science, which assigns teachers to hospital schools; the hospitals' administrative bodies (Centro de Medicina de Reabilitação de Alcoitão, Instituto Português de Oncologia Francisco Gentil, Hospital de Dona Estefânia and Hospital de Santa Maria), which provide minimum working conditions to the teachers; the Evaluation Centre for New Information and Communication Technologies (CANTIC)/Amadora CRTIC, which provide technological and pedagogical support; and the Foundation for National Scientific Computation (FCCN), which provides web-conferencing rooms.

This project arose out of the need to support the school needs of a student who was frequently hospitalised. Having gained knowledge of the reality of the children in hospitals and the lack of school support for most of them, we wanted to extend the first, highly successful, experience to other hospitals. The ever-changing nature of the hospital service and the various challenges that TeleAula experiences mean we must constantly strive for innovation and better solutions.

### **The policy context**

School provision for all children with special needs is supported by Portugal's national legislation, namely Decree-Law no. 3/2008 (Specialised Support to Students with Special Needs) and Law no. 71/2009 (Protection of Children with Oncological Disease).

### **The use of ICT**

TeleAula is a set of technological resources for distance communication, namely computers, mobile internet connections and video-conferencing rooms, supported by human and pedagogical resources adapted to the children's situation and contexts.

We have three distinct working models: the classroom-centred model (the hospital school is connected to a classroom in a mainstream school outside the hospital, following that school's curriculum and doing the assigned homework); the school dynamics-centred model (the hospital is connected to one or various groups in one or more schools outside the hospital and the contents of each session are defined previously); and the mixed model (the children can interact with the school of origin, but also with the hospital school – if they are in isolation for medical reasons – and may also do the homework assigned by the teachers in the school of origin).

While these models demand very different skills from teachers in pedagogical terms, in technological terms they are not very different, although they require different resources.

The schooling must follow the hospital's needs and schedules and value the students' needs and feelings.

The main model used in each hospital depends on these constraints. The actual work with every child depends on the length of their stay, the nature of their illness (isolation, mood, etc.), and so on.



When a child needs special adaptations, the teachers in the hospital contact CANTIC/Amadora CRTIC in order to arrange a visit for assessment of assistive technology.

### **Key outcomes and benefits**

Key benefits:

- Students maintain contact with school activities while hospitalised.
- Students maintain contact with fellow students and (during longer stays) with their friends and classmates.
- Students outside the hospital (in mainstream schools) work with and visit their hospitalised classmates – besides the curriculum, they acquire technology and social skills.
- Hospital teachers share experiences within the context of a community that faces identical challenges.
- Hospital and mainstream school teachers, constrained by the limitations of video-conferencing, work together to create visual content, games and activities that are fun, engaging and pedagogically relevant and reliable.
- Mainstream school teachers change their classes and their way of teaching in order to accommodate TeleAula.

Evaluation:

- Annual evaluation – activities completed, students (number, age, school level, etc.) reached, etc. – and planning for the next year. Each hospital compiles a report every year, which is presented to the other colleagues and sent to the Regional Directorate.

Further developments:

- Trying to secure funding to maintain our current level of response is a priority.
- Creating new activities for hospital schools is also a priority and every year we work on a project that will help to further improve the quality of the schools: last year, we followed two photographers' journey across the American continent ([www.olhandopelomundo.com](http://www.olhandopelomundo.com)). On previous occasions we have worked with the Rotary Club, etc.
- We are working with selected schools and entities in order to provide new contacts and activities for the hospital schools – we have participated in Internet Security Week, broadcast activities from a school and planned the participation of two Science Centres in the broadcasting of activities they carry out regularly.

### **Main challenges and obstacles**

At the moment, we are not experiencing any problems with attitudes regarding the use of ICT.

All hospitals meet with CANTIC/Amadora CRTIC once or twice a year to carry out planning and evaluation. Training is provided by CANTIC/Amadora CRTIC as needs are reported by the hospital school teachers and as time permits.

We use a Moodle platform to communicate and share knowledge and experiences among all hospitals.



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One of the big issues is funding. We have been able to buy netbooks and mobile internet connections due to funding from external entities and charitable donations. Nonetheless, last year we only secured half of the EUR 2,000 required. Clearly, this jeopardises the possibility of reaching more isolated students.

**Additional information**

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