

Distance Learning in Hospital School in Ljubljana

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Abstract

The Hospital School Ledina is a primary school set at the University Children's Hospital in Ljubljana. Every year it is visited by approximately 3,000 students, who despite their illnesses continue schooling. About 2,500 of them are primary school students, while about 500 visit different secondary schools. The majority of lessons are done with students at the departments of child and adolescent psychiatry, at the department of nephrology, at the oncology department and at the rehabilitation institute. The key learning objectives for ill students are to enable continuity in learning and avoid disruptions of school activities; to strengthen and preserve life perspectives; and to identify strengths and weaknesses in learning. Because the learning process is dependent upon the nature of each student's illness, the hospital school has developed various customized teaching models to work successfully with ill students. One of those is distance learning and the use of VOX web conference, which enables very simple and user-friendly videoconferencing communication. A teacher and (a) student(s) enter an online classroom at the same time and participate in the lesson, exchanging live images and sound, sharing screens, displaying computer desktops, using chat rooms, recording, etc. Due to the changes in treatment of children and adolescents, the time of hospitalization itself is getting shorter, while the time when students need to stay at home after hospital treatment is prolonging. Teachers in hospital school offer to help with distance learning when a home school cannot support a long-term ill student, either because he/she has not received a decision about adjustments in the class yet, the school cannot provide home education, the health situation of the student, or the student's home is too far from his/her school.

Keywords: Hospital school, long-term ill students, ICT, distance learning, VOX web conference.

1. Introduction

The Hospital School Ledina covers educational, advisory and research work. Students can take part in lessons once the professional teams (usually consisting of a doctor, a medical technician, a psychologist/a social worker and a teacher/special pedagogue) of individual departments decide so: "When a student falls ill and becomes a long-term ill student, it is necessary to talk with parents about how to start our school work, taking into account the illness and the treatment plan. Planning and implementing assistance should start as soon as possible. This means a lot to the parents and the child - that we did not forget them and did not write the child off "[1]. The scope of the educational work is carried out within the prescribed curriculum and depends on the difficulty of an illness, methods of treatment and, above all, on the extent a student can be involved in the lesson. Lessons are mostly individual or in small groups and so differentiated and individualized to the maximum.

The student's school denotes a coordinator, who takes on the task of arranging the important things with parents, while the hospital school takes care of continuous work during hospitalization. Disease is often accompanied by fatigue, pain, bad physical or psychological well-being and numerous examinations. Due to all these factors, an individualized program is required for the student, which is the basic document for the adapted educational work.

Our students are mostly long-term ill or chronically ill. Long-term (chronic) illness is persistent or otherwise long-lasting in its effects. The term chronic is often applied when the course of the disease lasts for more than three months [2]. In the hospital school, we also teach students who are not chronic patients, but are hospitalized for a longer period of time and also need help in the educational work and reintegration into the primary/secondary school.

If students are included in the educational work for a certain amount of time, they can also be assessed. Primary school students have oral and written assessments performed by hospital school teachers, while for secondary school students we receive tests from their home schools. They write tests under the supervision of a professional worker at the department. All special needs of a student (prolonged writing time, tests divided into several parts, pauses during writing, etc.) are taken into account, and the written test is then sent to the assessment at the secondary school. Oral assessment is done by prior arrangement in a hospital, at a student's home or at his/her school. Upon prior

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arrangement with the State Examination Centre students may also take part in the Matura examination (the final examination at the end of secondary school) at the hospital school.

There are several ways teachers can carry out the lessons: at hospital during hospitalization, at hospital when a student is at home and cannot go to his/her home school, at the student's home (performed by home school or hospital school), distance education, other combined forms of individual teaching assistance (a combination of the teaching of the primary school and the hospital school).

New ways in treatment of children and adolescents at the University Children's Hospital in Ljubljana have greatly reduced the duration of hospitalization. Thus, children and adolescents stay at home for a long time to recuperate and are not able/allowed to attend school. During that time we use VOX web conference as a distance learning tool, which helps to bridge the gaps.

2. Distance learning with VOX videoconferencing system

Working with long-term ill students varies from one year to another. Teachers of the Hospital School quickly saw the benefits of using ICT for hospital teachers and long-term ill students. With the help of the VOX web conference, we can help long-term students acquire knowledge even when they are not in the hospital. The use of ICT in distance learning prevents time separation by allowing synchronous communication between pupils and teachers. Teachers of the hospital school offer help in cases when their home school cannot offer support to the long-term ill students: the child/adolescent is without a decision on adjustments in the class, the school does not want to/cannot carry out lessons at home, the student's home is too far from the place of education (especially for secondary school students), poor health status of the child, etc.

The Academic and Research Network of Slovenia (ARNES) is a public institute that provides network services to research, educational and cultural organizations, and enables them to establish connections and cooperation with each other and with related organizations abroad [5]. ARNES' VOX web conferences are aimed at organisations that do not have videoconferencing equipment and that have lesser audio/video requirements. Web conferences take place entirely within a web page via ARNES' web server, which is one of the main reasons we chose this type of system as no additional software is needed for it to function. Web conferences enable very simple and user-friendly videoconferencing communication with multiple simultaneous users using average computers with speakers and a web browser. If you want to speak, you also need a microphone, while to send your own video, you also need a cheap web camera (which usually have built-in microphones). No other equipment is needed. ARNES' web conferencing system enables exchange of live images (video) and sound (audio) from one or more users at a time, display of your own computer desktop and applications to other web conference participants, remote operation of applications and desktops, chatrooms (text), option to record, file exchange, display of any document that can be displayed on the user's computer, display of presentations, videos or applications in full-screen mode, recording of the whole web conference event, and viewing of recordings. To the teacher it is important that it enables the use of the already prepared e-materials and the board to write on. With the option "share screen" the teacher can easily get an overview over the student's screen, which is extremely useful when the student solves his tasks independently. Also, the teacher can easily pass from e-materials to writing with the help of a graphic tablet. Furthermore, VOX online conference also allows the student to have a good look at the teacher's screen, as there is an option of a sufficiently large and thus distinct record. All this contributes to the quality of learning.

For every student a teacher needs to open his/her own online classroom and sends him/her a link, which allows him/her to enter it. Once he/she is in, the lessons are carried out similarly to live face-to-face teaching due to all the functions that the system offers. We always introduce the VOX web conference to students while they are still at the hospital, so that there is no discomfort with the use when they are at home. At the beginning we had some problems with writing, especially of mathematical, physical and chemistry symbols. Our teacher used a mouse and a board, but the writing was awkward and time-consuming. To improve it, we decided to buy a graphic tablet, which makes the writing easier and more legible.

3. Conclusion

Distance education is often the only possible solution for continuous teaching and learning. The exact continuity of education is often disrupted in long-term ill children and adolescents. Due to illness, the students' abilities to concentrate are also very often reduced, which means they might have difficulties following the regular work, let alone compensate for the delay. Therefore, hospital teachers are striving for students to do as much as possible during the illness (the amount depends on each individual and his state of health). It has been shown again and again that ill students should not be



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left alone to learn, whether it be from notes, books, or e-materials. The explanation of the teacher contributes to a great extent to the fact that students acquire as much knowledge as possible in the shortest possible time, and this is often of vital importance to them. Hospital teachers in cooperation with the health team, therefore follow the current abilities of the student; when he/she feels bad, there is less or no school, an when he/she feels better, the number of hours of lessons increases, and with them the number of subjects we teach. The time when students are at home after hospitalization gaining strength for full school work, is ideal for the learning of what had been missed. With the use of distance learning hospital teachers could be very helpful at this time, enabling the students to integrate into regular school activities when the time is appropriate.

Our online conferences have so far been designed to teach one student, but you can also invite a larger group if a need arises. It is right that we are acquainted and we use the new ICT, because in extreme situations we are prepared for a "different" lesson. Such an extreme situation is, for example, the time when there is pandemic influenza, and many chronically ill children have to stay at home for longer periods of time because the infection with this virus could be fatal for them. When that happened in Ljubljana, we were not sufficiently prepared for such use of ICT, as well as the families of the long-term ill children had not yet been aware of this possibility, so many were taught more or less successfully by the parents themselves. In the future, with some organization, work could be continued for these students with the help of ICT. Distance education could be carried out either by hospital teachers or by regular primary school teachers. To conclude, there is a variety of options for this type of teaching, the students find it familiar and the teachers also have at their disposal enough opportunities to acquire the necessary knowledge.

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