LeHo

Learning at Home and in the Hospital

Outcomes of the LeHo training activities: Training Actions, Fieldwork Experiences and Webinars

Contents

Introduction

This report details the outcomes of the Training Actions and Fieldwork Experiences for the European LeHo project (Learning at Home and in the Hospital), funded by the European Commission within the framework of its Lifelong Learning Programme. The project aims to outline key factors in the education of pupils and students with medical needs, highlighting good practices dedicated to their education during their stay in hospital and their aftercare (at rehabilitation centres and at home). It explores ICT (information and communication technology)-based solutions for problems that arise with respect to this education, and provides hospital teachers and those who provide home tuition with information and tools to support them in their task. More extensive information about this project can be found at: http://www.lehoproject.eu/.

This data is correct as of December 2016, however, data from some partners is still awaited and will be added to the LeHo website once it is received.

The activity of this work package included **Training Actions, Fieldwork Experiences and Webinars**.

The target of the Training Actions (TAs) were mainly:

- **teachers** (those involved in the focus groups, plus others) of different levels and degrees of involvement in home and hospital education (HHE);

- **decision makers**: school directors, hospital head figures: this is because most of the decisions related to ICT solutions have to be taken accordingly to both school and hospital direction;

- **technicians**: especially in hospital, but also in schools, technicians are key figures for the activation of any ICT solution;

- **volunteers**: they represent a valuable resource for HHE and the 'free training' offered by LeHo could be an incentive for them to continue working in this field.

Following the training actions, some activities were put into practice by teachers in the Fieldwork Experiences (FEs) and integrated into their daily work to:

- collaborate with others involved in teaching children with medical needs,
- try out some of the new things learned with real cases
- personally evaluate the feasibility and the effectiveness of the ICT solutions on a real basis;
- disseminate this information peers and colleagues

It was intended that the FE would reach many more target groups and would result in a cascade effect through the support of the dissemination activities at a local and general levels.

Practically, the FEs were put into practice by one or more teachers in their own hospital classroom/section or in a home tuition cases, and included the others involved in the care of the ill child (i.e., parents, medical staff, volunteers…etc.). The LeHo project partners were tasked with bringing the ICT solutions approved by the Board of Experts to the attention of teachers and suggesting ways in which they could be adapted to suit their own situation. This was done by means of workshops and discussion groups, as well as presentations.

The FEs addressed many problems faced by children with medical needs, not limited to, but also including;

- maintaining synchronous and asynchronous communication (student/teacher and student/classmates) and sharing of documents and receiving feedback

- maintaining systemic communication and information sharing (relationships parents-doctors-teachers-children…)

- activating a particular form of individualised teaching and learning for the ill student

It was envisaged that each county would organise at least two FEs.

To further expand the target audience reached by the network and to receive input from other interested parties who were not directly involved in the project, a series of national and international webinars were also organized.

Training Actions

The Training Actions (TAs) were based on a set of Information Cards that were produced following a list of innovative practices (IPs) that had been drawn up by all of the LeHo partners. This is a collection (in google document spreadsheet form) of ideas that are innovative in terms of their use of ICT and their potential use in an HHE context. The list includes information on items such as hand-held devices, real-time distance education methods and mobile apps.

The Children's Hospital School (CHS), a partner in the project and responsible for co-ordinating these activities, analysed the list based on the Key Educational Factors (KEFs) that were the outcome of focus group discussions with medics and teachers involved in hospital school education. The KEFs are:

1. Relationships

2. Making sense and constructing knowledge

3. Assuming roles

4. Metacognition

5.   Individualities

6.   Inter-institutional communication

Based on the analysis, CHS identified 4 IPs that covered most of the KEFs and that were the best match for the needs of the school. Following this**, information cards/TA instructions were drawn up for these activities with a view that they could be used as a basis for anyone (teachers, hospital staff or parents) wishing to use them to carry out their own TAs at their own institution**.

The information cards also served as templates for all the LeHo partners to create their own, based on their chosen IPs from the collection.

The **Toolkit** which is hosted on the **LeHo online Hub,** is accessible to anyone and represents a collection of resources for HHE**,** now also contains **information cards and other useful items[1] for all the activities listed in Table 1 below.** They can either be downloaded individually, or as a Compendium containing all of the information for the ICTs shown in Table 1.

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Real-time distance education (e.g. Benet)	Powtoon
Creating an educational film	The Pupil Passport
Drawing Together	Radio K2
Edmodo	Smartschool
Educational Robotics	Storytelling, plays and games
Electronic Bags	Video Conferencing
eTwinning	Web-based learning
Facebook, WhatsApp and MSN	Webchair
Panda in my Seat	Ziezon
Portale Scuola in Ospedale (PSO)	

Table 1. ICT practices for which information cards are available in the Toolkit.

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[1] This document is also included itself in the Toolkit.

The training actions sessions were organised by LeHo partners in each partner country for teachers and others involved with children with medical needs. These sessions usually took the form of a brief introductory session to LeHo, followed by a more in-depth discussion of one or more ICTs from the list of innovative practices and then the session was split into groups for group work and brainstorming sessions. This was then followed by a plan of action for their own institution on how to introduce the ICT(s) in question. The teachers would then trail the ICT with their school and children (this was the fieldwork experiences) and then provide feedback via a Survey Monkey questionnaire.

The Survey Monkey feedback was received and analysed by the CHS.

Table 2 shows the Training Action events held by the LeHo partners and shows the number of people reached through these TAs.

LeHo Partner	Training Action Events Held (No.)	Attendees (No.)
Children's Hospital School (UK)	5	195
MMB (Germany)	1	7
Bednet (Belgium)	1	20
UniPg (Italy)	1	20
57553 Children's Cancer Hospital (Egypt)	1	5
KIM (Spain)	1	4
SKM (Germany)	0	0
TOTAL	**9**	**251**

Table 2. Training actions carried out by the LeHo partners.
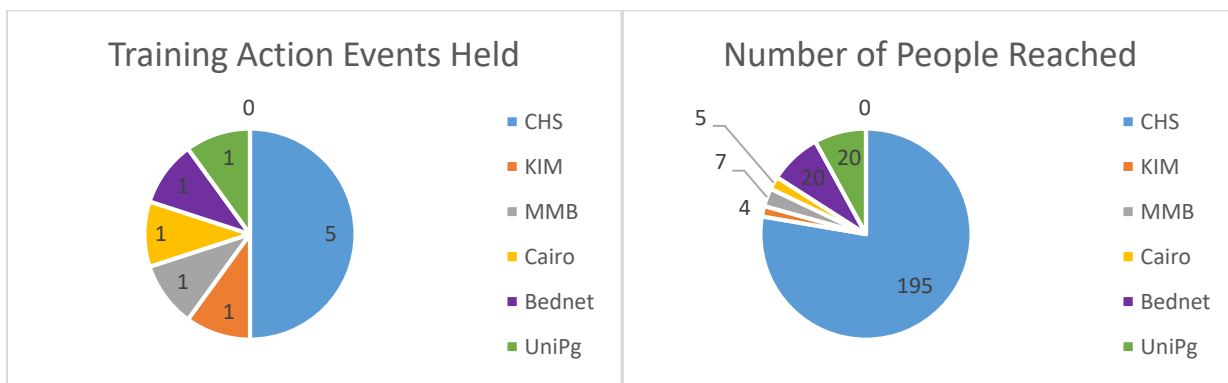

Figure 1. Pie charts showing LeHo partners input into the Training Actions and how many teachers they reached through these events.

From this information it can clearly be seen that the more events you hold, the more people you reach.

No training action events were reported by SKM in Germany.

Fieldwork Experience

As mentioned above, the **FE followed on from the TAs and this was the period of time when teachers and others involved in the education of the ill child tried out one or more new ICT-based solutions in their own setting**.

Therefore, based on the Information Cards, each of the LeHo partners was tasked with ensuring that at least two FEs were carried out in their countries and it was hoped that this would have a cascade effect and reach more people involved in teaching ill children.

Table 3 shows the breakdown of LeHo partners and the number of teachers they were able to actively involve in carrying out the FE.

LeHo Partner	FE – Teachers actively involved (No.)
Children's Hospital School (UK)	14*
MMB (Germany)	2
Bednet (Belgium)	16#
UniPg (Italy)	5
57553 Children's Cancer Hospital (Egypt)	5
KIM (Spain)	0
SKM (Germany)	2
TOTAL	**44**

*Table 3 – Active FE teachers during the LeHo project. * This includes 12 delegates who attended the HOPE congress in Vienna (May 2016) who felt that they would be very likely to return to their schools and carry out some of the activities. # These teachers were using the Bednet software system as they were all Bednet employees.*
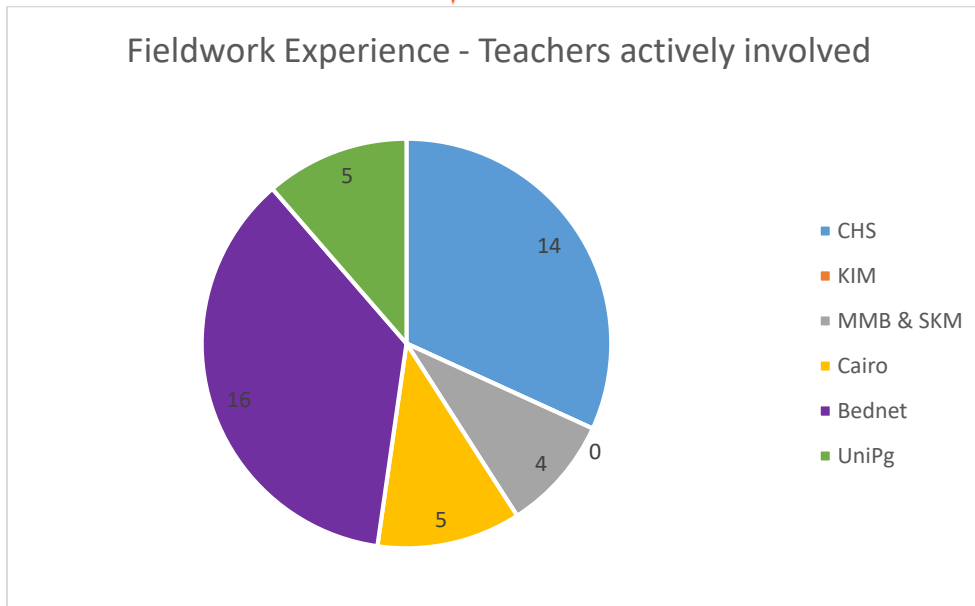
Fieldwork Experience - Teachers actively involved

Figure 2. Pie chart showing the number of teachers actively involved in trialling some of the ICT solutions in their own schools.

KIM has yet to conduct the FE and report back on the outcomes. The delay is due to the change in company that took over the project during the final year.

From the results it is clear to see that those partners with direct access to ill students, either because they are a school, or work in direct contact with ill children, they were much more able to carry out the FEs. Universities and other partner organisations struggled more to access teachers and those directly involved in the care of ill children.

Data from the fieldwork experience was collected directly via Survey Monkey – and these were created in all the partner languages to make it as easy as possible for teachers to respond.

Most of the data came from Bednet staff trialling the Bednet system in mainstream schools. This was followed by the replies received from the Training Actions in Vienna. The figure below shows this data.
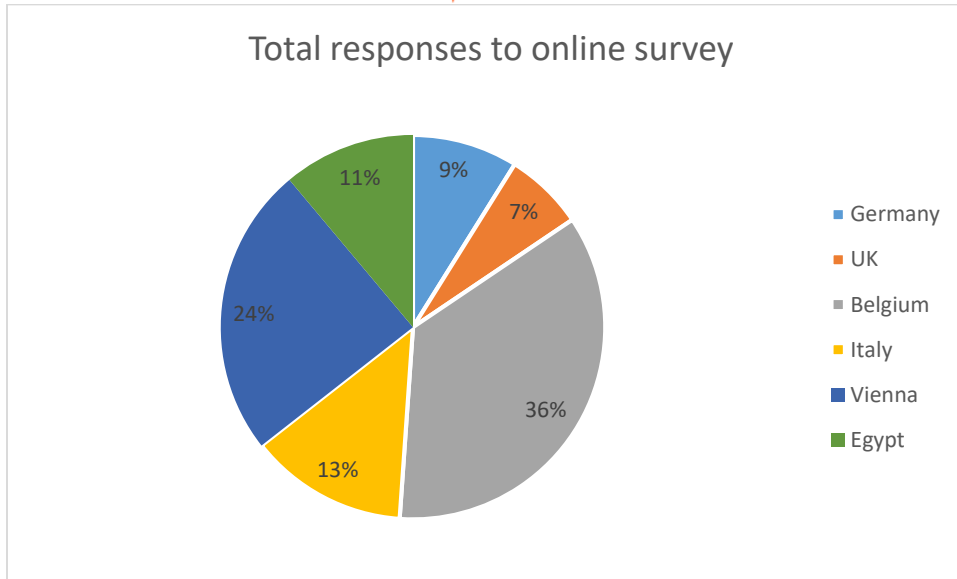
Total responses to online survey

Legend	
Germany	9%
UK	7%
Belgium	36%
Italy	13%
Vienna	24%
Egypt	11%

Figure 3. Survey Monkey responses

The Survey Monkey results showed that the schools that mostly trialled ICT solutions were hospital schools, closely followed by mainstream schools and then special schools. The teachers involved taught across the ages, but most were involved in teaching children at primary, middle and secondary schools. The survey respondents mostly had an average or advanced knowledge of ICT use, and this was ascertained to detect whether familiarity with ICT would prevent staff from engaging with any of the LeHo ICT information cards.

Not surprisingly, the Bednet software was the most frequently trialled ICT. However, following this, the use of online learning materials proved very popular with staff. The figure below shows which ICTs were trialled.
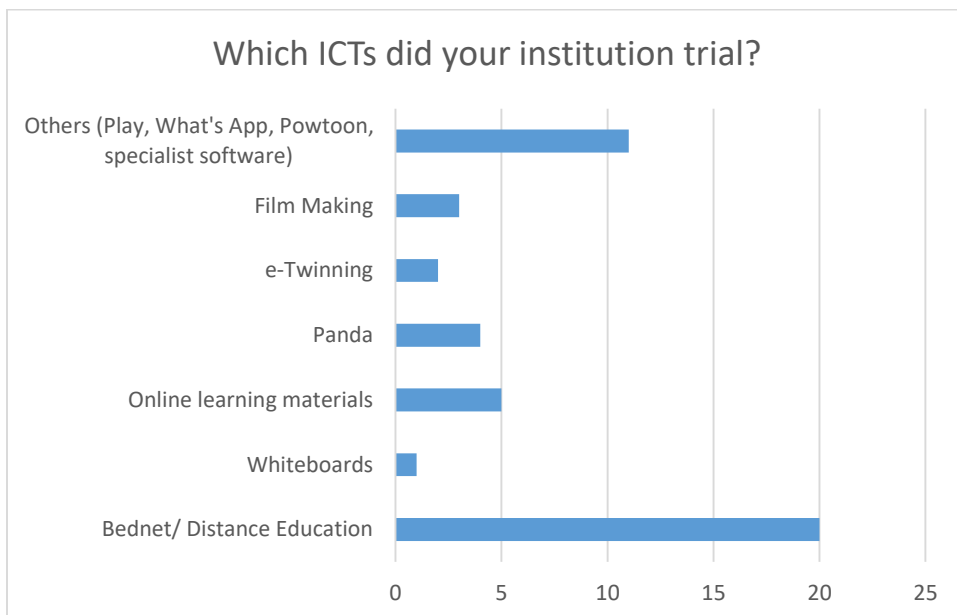

Which ICTs did your institution trial?

Figure 4. The numbers shown are the number of people responding the Survey Monkey questionnaire.

Finally, most of those who undertook the FEs felt that they were valuable and that they would continue to use the solutions trialled. However, what was interesting to note, was **the high number of barriers that some teachers felt were in place at their institutions that would prevent them from being able to fully trial and use new approaches**. These barriers ranged from having to adhere tightly to course requirements, and hence they had no flexibility to introduce new approaches, to financial barriers that would prevent them from being able to trial new software and/or hardware, and also to not having enough time to try out new things due to having an already full workload.
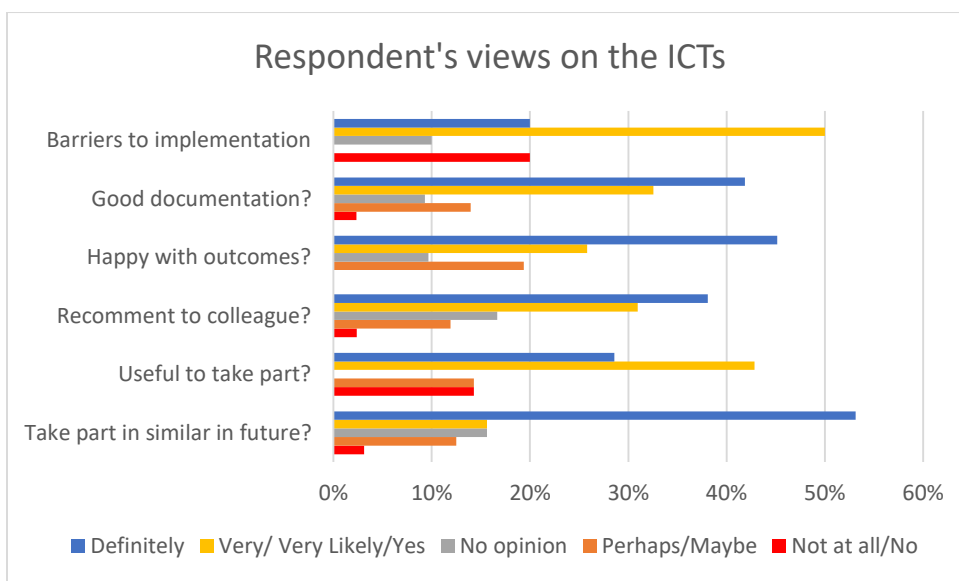

Figure 5. Survey Monkey respondents' views on ICTs trialled.

Webinars

The webinars were not intended to replicate the training Actions but would be much more focused on specific themes crossing the relationship between pedagogical, social and medical needs and ICT. As seminars, and not lectures, the themes are based on monographic topics that have a more informative nature.

The webinars were organised to facilitate networking actions and the sharing of experiences and ideas at an international level, often involving people outside of the partnership countries. Practically, a series of 12 national and international live webinars have been organised, that cover the findings and outcomes from the LeHo project. Some examples of the titles covered include:

- Relationships built using ICT
- Help with teaching in HHE environments

- Useful apps in HHE
- Which ICTs worked best in European hospital schools

The webinars are all recorded and are available to view from the LeHo website at the following address:

http://www.lehoproject.eu/en/events/webinars

Data to date about attendance figures for the webinars are shown in the table below.

Organising partner	Presenter(s)	Title	Language	Date	Number of participants
UNIPG	Michele Capurso John Dennis	Sei fattori chiave per l'educazione ospedaliera e domiciliare	Italian	28-Sep-16	24
MMB	Lutz Goertz, Sabrina Thom	Webinar "Mobile Apps, die Ihren Lehrerinnen und Lehrern den Alltag erleichtern"	German	31-May-16	15
MMB	Lutz Goertz, Julia Engelhardt	Mobile apps helping teachers in everyday life	English	19-Oct-16	0
CHS	Suzanne Lavelle, Nicola Anderson	Which ICT works best for HHE? Outcomes of fieldwork trials across Europe.	English	02-Nov-16	6
Bednet	Tania Dobbelaere	National webinar Belgium - Questions about students in HHE: a practical guide.	Flemish	16-Nov-16	5
Bednet	Maarten Vion	National webinar Belgium - Questions about students in HHE: a practical guide.	English	16-Nov-16	7
UNIPG	John Dennis	International webinar Italy - From ICT focus group analysis in HHE to a practical guide	English	11-Nov-16	7
KIM	Isaac Matamaros	Successful learning and KEFs	Spanish	25-Nov-16	5
57357 Childrens' Cancer Hospital	Nermin Sharabas	An overview about the LeHo project and the most important outcomes after 3 years of hard work in order to benefit others who are interested in integrating technology with the education process for sick children.	Arabic	1-Dec-16	NA
				TOTAL:	**69**

Table 4. Webinars held to date by the LeHo partners, showing the attendance figures for each webinar.

Conclusions

Overall, the outcomes from WP6 have been successful. All partners (even if faced with very different situations and results) were able to carry out the TAs, FEs and hold at least one webinar. **The types of people reached through these actions include not only teachers and those directly involved in the care of ill children, but also some policy makers (via the Vienna TAs and other members of the HOPE congress) and parents**.

It is hoped that the remaining webinars will be able to reach yet more professionals who are involved in teaching children with medical needs. Certainly, our non-EU partner in Cairo at the Children's Cancer Hospital has managed to involve many people other than teachers in trialling ICT use.

Ideally, more TAs should have been held in the partner countries, and although there were some difficulties to overcome, they should not have prevented all partners from carrying out the TAs.

For the future, this work package will leave behind the recordings of the webinars, which may be put together to create at the very least, a YouTube channel and hopefully a type of MOOC for teachers who find themselves having to teach children with medical needs.

It has also enabled the creation of a complete compendium of Information cards, which can be used as a basis for TAs or for teacher instruction cards on how to use a particular ICT in context. These are available in the toolkit and hopefully will provide a resource of useful information for teachers and parents alike.

WP6 LeHo Report (2016) by Suzanne P Lavelle, Children's Hospital school, Leicester, UK.