**Creating meaningful learning for children with a medical condition: Key Educational Factors and related ICT solutions**

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# LeHo

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**Learning at Home and in The Hospital**

# Focus Groups: the process

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**Key Educational Factors**

researches    guidelines    litera...

**1st FG** — **KEF** and the illness
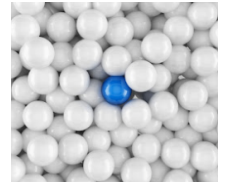
**2nd FG** — from ICT to **KEF**

**ICT** solutions for
a better education of
Children with a Medical Condition

# Key Educational Factors

**Relationships**

**Individualities**

**Key Educational Factors**

**Metacognition**

**Assuming roles in front of others**

**Making sense and constructing knowledge**

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# The Focus Groups

**Countries:** Belgium, Egypt, Germany, Italy, Spain, England.

**People:** Teachers (Home Education and Hospital); Medical staff (doctors, nurses, psychologists, social workers).

**aim:** see how Key Educational Factors relate to the education of children with a medical condition.

**Method:** a general guide for the FG has been shared among the partners of the project;
Partners from each country have conducted their own focus group and reported them on a preset report matrix. Results were analyzed inductively by 2 independent coders (α = .88).

# THe report Matrix

## A. Relationships

| Key Educational factors | Practices / activities in place that allow following these factors in hospital / at Home | What problems do you have following these factors in the hospital / school? | What problems do you have following these factors in the home? | Are there (have you used) any ICT tools which can help to fulfil this key educational factors? |
|---|---|---|---|---|
| Authentic learning always takes place within a system of interactions with others and with cultural artefacts. Shared cultural and relationships mediators can facilitate educational processes at all levels and in any context. | Books and notes go from class to pupil and back again.<br><br>Provide tips for the class teacher on how to involve the pupil at home in class activities. An example: the class writes messages on a pillowcase. | It takes a certain amount of time before each child has made a drawing or written a text message.<br><br>This form of interaction is not every pupil's cup of tea. | It takes time for the result to reach the ill pupil. | A more direct interaction is to send an e-mail to the pupil at home. |

# The Focus Groups

**535 statements by FG participants were entered and then later categorized into one of 38 categories.**
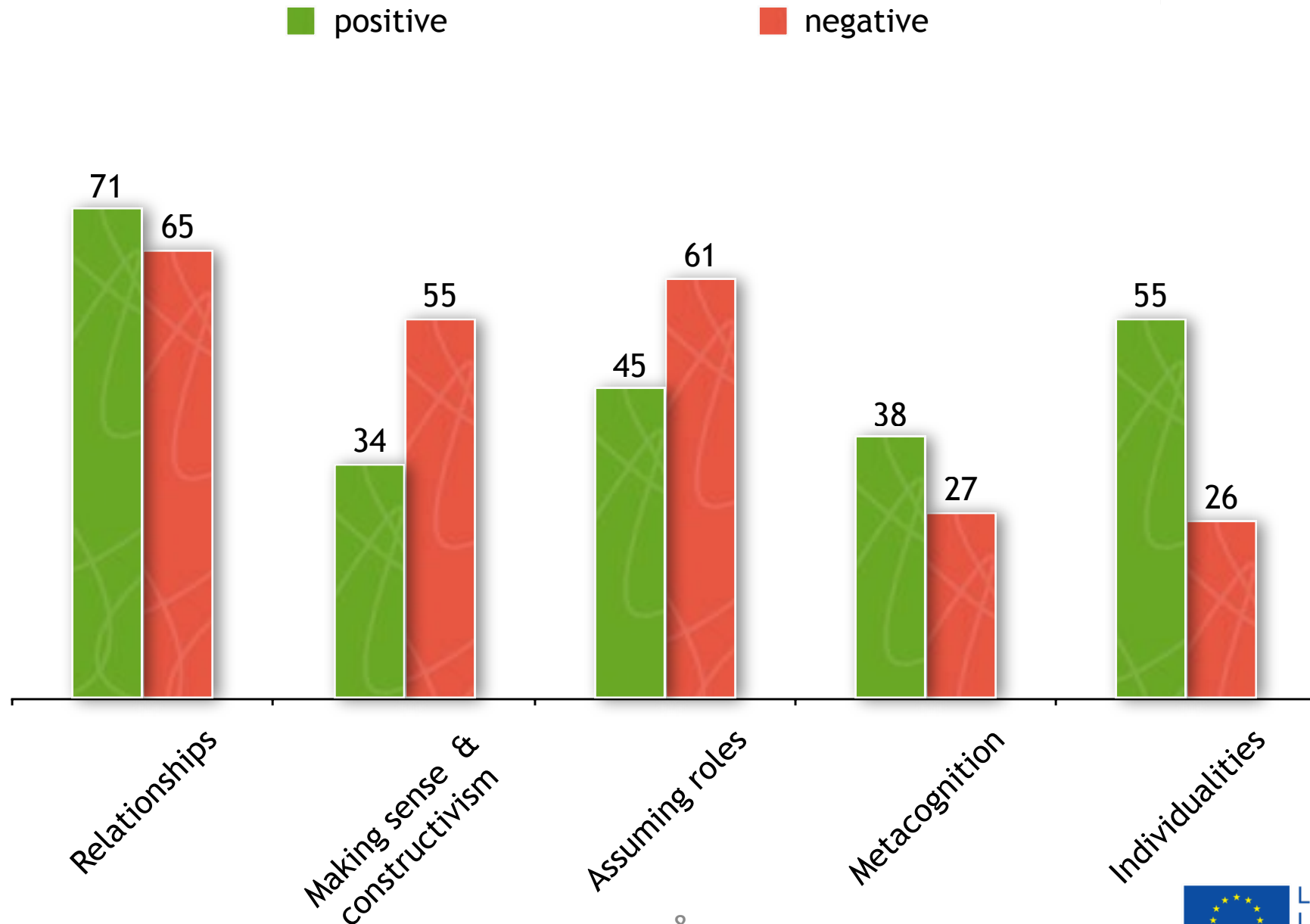
**101 doctors and teachers participated in the focus groups (25 Health care professionals - i.e., HCP) and 76 teachers). The average age for focus group participants was 44.**

# Results

Warning: the results showed here are provisional and incomplete because at time of the conference the final data-analysis was still unfinished.

# Positive and negative statements for each KEF



Legend: ■ positive ■ negative

| KEF | positive | negative |
|-----|----------|----------|
| Relationships | 71 | 65 |
| Making sense & constructivism | 34 | 55 |
| Assuming roles | 45 | 61 |
| Metacognition | 38 | 27 |
| Individualities | 55 | 26 |

# Overall results

*Percentage distribution of answers per Key Educational Factor per issue.*

| KEY EDUCATIONAL FACTORS | N | ISSUES % | | | | | |
|---|---|---|---|---|---|---|---|
| | | Practices | | ICT | | Hosp | Hom |
| | | - | + | - | + | - | - |
| Relationships | 158 | 0 | 33.5 | .6 | 11.4 | 32 | 7.6 |
| Making sense & constructing knowledge | 100 | 14 | 19 | 1 | 15 | 30 | 10 |
| Assuming roles | 114 | 13.6 | 30.7 | 3.5 | 8.7 | 24.5 | 12 |
| Metacognition | 75 | 0 | 40 | 0 | 10.6 | 30 | 5.3 |
| Individualities | 88 | 0 | 52.7 | 0 | 4.5 | 26.1 | 3.4 |

# Overall Results:

Answers were well distributed among the five issues, except for Home tuition.

The less managed KEFs with educational practices (and also the most problematic) appears to be *Making sense and Constructing reality*, followed by *assuming active roles for the children*.

*Individualities* seems to be well covered by appropriate educational practices (given that most of the educational activities within HHE are individualized).

ICTs: perceived as a tool of choice in *Making sense and Constructing knowledge* (which is the KEF less covered with other educational practices).

# Relationships (158 stmts, 71+, 65-, 22n)

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| *Positive* statements (71) | |
|---|---|
| ICT learning tools | 20 |
| integration and school re-integration | 17 |
| teamwork | 4 |

| *Negative* statements (65) | |
|---|---|
| Isolation | 11 |
| External psychological factors | 9 |
| Stigma | 5 |

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# KEF: Relationships

**Some questions emerge:**
Are the solutions adopted (ICT, integration) effective?
Why the above solutions are also associated with problems of isolation and difficulties related to the child's psychological issues?.

**Suggestions:**
Stigma needs to be addressed with human and social mediation (need of school re-entry and mainstream school Educational Programmes).

HHE needs to deal with psychological stressors, for instance with paths and awareness of building meaning in the eyes of the child, long term educational planning, etc.

# Making sense and constructing knowledge

| Positive statements (34) | |
|---|---|
| ICT learning tools | 10 |
| Adaptive | 4 |
| Virtual community | 3 |

| Negative statements (55) | |
|---|---|
| Isolation | 11 |
| External psychological factors | 6 |
| HHE not valued | 6 |
| setting | 4 |

# Making sense and constructing knowledge

ICT appears to be the elective choice when it comes to creating meaningful and constructivist activities with ill children, however isolation still remains the bigger burden.

It's ironic that a **communication technology** is not able to effectively solve problems of **isolation!**

**Suggestion**:
The management of the educational setting in hospital can not be sustained only by teachers. We need a coordinated policy in general among those who manage hospital wards and those who manage the educational process.

**Lack of communication at this level is probably the real problem to be addressed.**

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| Positive statements (45) | |
|---|---|
| teamwork | 7 |
| integration | 5 |
| ICT learning tools | 5 |
| Generic ICT use | 5 |

| Negative statements (61) | |
|---|---|
| intrapersonal psychological factors | 6 |
| External psychological factors | 6 |
| stigma | 6 |
| Awards | 5 |
| Isolation | 4 |

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# Assuming roles

Working in an integrated educational environment, through forms of cooperative learning seems to be the ideal choice to allow sick children to take active roles in front of their peers. ICT is indicated as an aid to these methodologies.

The presence of stigma and problems related to intrapersonal psychological factors indicate the need to properly prepare the educational level of recipients (including the class and the teachers in the school to which the ill child belongs).

# Metacognition

| *Positive* statements (38) | |
|---|---|
| experiential learning factors | 7 |
| ICT learning tool | 6 |
| adaptive | 5 |

| *Negative* statements (27) | |
|---|---|
| safety | 11 |
| cost factors | 6 |

# Metacognition

Metacognition appears to be **well connected with experiential learning tools and activities**, However the possibility to perform an effective metacognitive learning interacts with **contingent problems** related to the disease state (e.g., safety) or the **lack of economic resources**.

Suggestions:
2 pathways for ICT:
1. use of ICT **as a medium** for metacognitive processes.
2. ICT to facilitate the vicarious participation of the student with concrete classmate experiences.

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| *Positive* statements (55) | |
|---|---|
| communication | 9 |
| assessment | 8 |
| integration | 6 |

| *Negative* statements (26) | |
|---|---|
| assessment | 5 |
| time factors | 3 |
| re-integration | 4 |

# Individualities

The recognition of the individuality of each student seems adequately covered by appropriate pedagogical practices (adaptive teaching and guidance, communication, systems of self-evaluation and assessment, attention to integration).

The problems identified appear to relate to the sharing of practices and procedures with the school to which the children belong or are probably linked to the rigid use in the context of the hospital school of assessment procedures of the normal school.

# Future work of the LeHo Project

The same countries will run a second Focus group aimed at addressing key points and issues in the implementation and use of ICT relating to the key Educational Factors.

A list of ICT solution for each Key Education Factor will be published;

Related Training Actions will be developed and run in the participating countries.

Education and Culture
Lifelong Learning Programme

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