

HOSPITAL CLASSES: ORGANIZATION, FUNCTIONING AND TEACHER TRAINING IN THE INTERIOR OF THE STATE OF SÃO PAULO

CLASSES HOSPITALARES: ORGANIZAÇÃO, FUNCIONAMENTO E FORMAÇÃO DOCENTE NO INTERIOR DO ESTADO DE SÃO PAULO

CLASES HOSPITALARIAS: ORGANIZACIÓN, FUNCIONAMIENTO Y FORMACIÓN DOCENTE EN EL INTERIOR DEL ESTADO DE SÃO PAULO



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ABSTRACT: This article stems from a master's research that aimed to understand the organization and functioning of hospital classes as well as the initial and continuing education of teachers in a public hospital in the state of São Paulo. Three teachers from hospital classes participated in the study. Semi-structured interviews were used as a data collection procedure. The data indicated that the initial training of the teachers was not sufficient to meet the knowledge required to work in the hospital environment, exposing the relevance of continuing education. The physical and material conditions of the hospital classes of the same hospital are different, creating inequalities in the education offered. During the COVID-19 pandemic, the service was suspended, and hospitalized students were not guaranteed their right to education. It is concluded that hospital school care still needs more specific legislation regarding hospital teaching regarding the organization, functioning, initial and continuing education of teachers.

KEYWORDS: Hospital Classes. Special Education. Teacher training.

RESUMO: *O presente artigo decorre de uma pesquisa de mestrado que objetivou compreender a organização e o funcionamento de classes hospitalares, bem como a formação inicial e continuada de professores em um hospital público do estado de São Paulo. Participaram do estudo três professoras de classes hospitalares. Foram utilizadas entrevistas semiestruturadas como procedimento de coleta dos dados. Os dados indicaram que a formação inicial das professoras não foi suficiente para suprir os conhecimentos exigidos para a atuação no ambiente hospitalar, expondo a relevância da formação continuada. As condições físicas e materiais das classes hospitalares do mesmo hospital são díspares, criando desigualdades na educação ofertada. Durante a pandemia da COVID-19, o serviço foi suspenso, e os estudantes hospitalizados não tiveram garantido seu direito à educação. Conclui-se que o atendimento escolar hospitalar ainda necessita de mais legislações específicas quanto ao ensino hospitalar no que tange à organização, ao funcionamento, à formação inicial e continuada de professores.*

PALAVRAS-CHAVE: *Classes Hospitalares. Educação Especial. Formação de professores.*

RESUMEN: *Este artículo es el resultado de una investigación de maestría que tuvo como objetivo comprender la organización y el funcionamiento de las clases hospitalarias, así como la formación inicial y continua de los profesores de un hospital público del estado de São Paulo. En el estudio participaron tres profesores de clases hospitalarias. Se utilizaron entrevistas semiestructuradas como procedimiento de recolección de datos. Los datos indicaron que la formación inicial de los docentes no fue suficiente para cumplir con los conocimientos requeridos para trabajar en el ambiente hospitalario, exponiendo la relevancia de la educación continua. Las condiciones físicas y materiales de las clases hospitalarias de un mismo hospital son diferentes, creando desigualdades en la educación ofrecida. Durante la pandemia de COVID-19, el servicio se suspendió y no se garantizó el derecho a la educación de los estudiantes hospitalizados. Se concluye que la atención hospitalaria escolar aún necesita una legislación más específica en materia de enseñanza hospitalaria en cuanto a la organización, funcionamiento, formación inicial y continua del profesorado.*

PALABRAS CLAVE: *Clases Hospitalarias. Educación Especial. Formación del profesorado.*

Introduction

This study is based on the understanding that hospital classes are a fundamental educational service to guarantee the right to education of hospitalized students. It also starts from the recognition that education is a right for everyone and a duty of the State (BRASIL, 1988; 1996; CURY, 2008). In this sense, it is understood that the hospital class is a legal means that implements the right to education and has particularities that benefit hospitalized students (GOMES; RUBIO, 2012).

According to Assis (2009), Brasil (2002), Covic and Oliveira (2011) and Fonseca (2008), classes in the hospital environment guarantee hospitalized students the continuity of the schooling process, facilitating the return to regular school after the period of hospitalization. Therefore, it is a service that allows, through organization and specific pedagogical practices, the continuity of the teaching-learning process and the development of hospitalized students (FONSECA, 2020). Furthermore, it can promote the interaction of students during the hospitalization period with the space outside the hospital, including their schools. To this end, school services through hospital classes present particularities in their organization and functioning compared to regular classes.

Therefore, hospital school services must take place in specific spaces in the hospital (class) or “[...] in the ward, in the bed or in the isolation room” (BRASIL, 2002, p. 16, our translation), it will even be necessary establish routines, schedules and planning of pedagogical practices according to the student's health reality (FONSECA, 2008).

Considering the Hospital Class as a different learning space from regular schools, training is necessary that includes, in addition to knowledge about the school reality, specific knowledge related to hospital care (ASSIS, 2009; BRASIL, 2002; FONSECA, 2008). Thus, the guiding document *Hospital Class and home pedagogical care: strategies and guidelines* indicates that

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

In this context, it is observed that teacher training courses, especially the Pedagogy course, would need to provide teachers with knowledge to work in hospital classes, as well as supervised internships, consolidating the effective relationship between theory and practice.

Furthermore, for the educational service to favor the teaching-learning process of the

hospitalized subject, teachers must be trained and open to work according to the student's singularities (BARROS, 2007). Furthermore, according to Tinós and Mazer -Gonçalves (2017), the training of hospital classroom teachers goes beyond initial training, also including continued training. However, in Brazil, continuing education courses in the area of hospital classes are scarce, making it difficult for these teachers to improve their professional skills.

It is important to highlight that the knowledge for working in the hospital class is complex and covers the areas of education and health. Adding to this complexity, there is a need for the teacher to act from a reflective perspective, and not as a merely technical professional, with mechanical and homogenized work that does not take into account the student's specificities. Teaching activities in hospital classes also require constant attention to the needs of students to adapt pedagogical practices; It is a challenging task that requires continuous learning to improve the educational lives of sick students (ASSIS, 2009).

Considering the hospital class as an important service for the realization of the right to education for sick students and a space for teachers to work, the general objective of this study is to understand the organization and functioning of hospital classes in a state public hospital in the state of São Paulo. Paulo and the initial and continuing training of teachers.

Methodological path

This is a qualitative research study (LUDKE; ANDRÉ, 1986). The study was carried out at the Faculty of Philosophy, Sciences and Letters of Ribeirão Preto at the University of São Paulo (FFCLRP/USP) with the support of interaction applications.

Three teachers who work in hospital classes participated in the research. It is worth clarifying that five teachers responsible for hospital classes at a state public hospital were initially invited to participate in the study. However, only three teachers accepted the invitation.

In compliance with ethical principles, the project was initially included in Plataforma Brasil for consideration by the Research Ethics Committee – CEP, obtaining a favorable opinion, under number 4,342,249. It was later forwarded to the research ethics committee of the hospital where the teachers worked in hospital classes, being approved under number 4,345,850. Furthermore, in view of the teachers' connection to the state education network, the project was also forwarded and assessed by the Education Board responsible for the schools linking the hospital classes.

With the approval of the Education Board and CEP opinions, invitations were sent to the teachers, and three accepted. The Free and Informed Consent Form – ICF was sent to them

for reading and agreement. The interviews were scheduled, two of which were carried out remotely, using the *Google Meet* application, due to preventive measures against COVID-19, and one in person, at the request of the participant and in compliance with safety protocols. All interviews were audio recorded and transcribed in full.

Semi-structured interviews were therefore used as a collection procedure, as according to Ludke and André (1986) they are “[...] one of the basic instruments for data collection” (p. 33, our translation). Furthermore, interviews enable interaction between the researcher and study participants, enabling the participant to respond freely to the researcher's questions. They also allow the interviewer/researcher to collect not only the information he seeks, but also new knowledge and reflections regarding what is being researched (MANZINI, 2020; SZYMANSKI, 2011). In short, according to Manzini (2020), the interview is a moment of social interaction, which ensures the observation and analysis of verbal and non-verbal aspects.

The data was analyzed according to the Content Analysis perspective (BARDIN, 2016). According to the author, the objective of Content Analysis is to reveal what is hidden in the analyzed material, extracting meanings and meanings. In view of this, a set of methodological tools was considered that can be used in diverse documents/discourses. In this sense, the technique was used in this study due to its descriptive nature, which helps the analysis and understanding of data relating to the organization and functioning of hospital classes. In line with the purpose of the semi-structured interview, Content Analysis recognizes research participants as active subjects, with experienced leadership roles.

Analysis and discussions

The data compilation detected two categories of analysis: teacher training and identity and organization and functioning of educational activities. They will be discussed in later subsections.

Teacher training and identity

The teachers participating in the study (P1, P2 and P3) are part of the teaching staff of the state education network in the state of São Paulo and work in hospital classes in a city in the interior of the state. The participants' ages range from 39 to 60 years old, and they have worked at the hospital for 5 to 23 years. Furthermore, teachers work in different sectors in the hospital and hospital unit. P1 works in the central hospital unit (emergency care), in the

pediatrics, neurology, burns and infectious diseases sectors, and P2 and P3 work in orthopedics and pediatrics, respectively, within the university campus.

When analyzing the academic profile of the teachers, it was found that the three have a degree in Pedagogy and have a *Lato Sensu* postgraduate degree in Hospital Pedagogy, as indicated by Resolution No. 71, (SÃO PAULO, 2016), which regulates hospital care in the state education network of São Paulo. The three teachers studied Pedagogy in private institutions. Studies by Gatti and Barreto (2009), Pedroso *et al.* (2019) and Pimenta *et al.* (2017) have problematized the training process of pedagogues and Pedagogy courses, regarding the effects of the National Curriculum Guidelines on the Undergraduate Course in Pedagogy (BRASIL, 2006) on the training of these professionals.

Specifically, Pimenta *et al.* (2017) show that pedagogue training in the state of São Paulo is dispersed and fragmented. They also show that a large proportion of pedagogy courses are offered by private institutions (around 86%), with minimal commitment to critical training and no commitment to research. In a similar way, Pedroso *et al.* (2019, p. 25, our translation) point out that “[...] the training of pedagogues in the State of São Paulo appears to be mostly fragile, superficial, generalizing, without a focus on teacher training, fragmented and dispersive”. In this sense, the teachers stated that during their undergraduate studies they did not have access to information and knowledge in this area in which they work. And they commented on whether the Pedagogy course they had taken covered hospital pedagogy (our translation):

Not specific, right? [...] in pedagogy, which at least I did, there was inclusive education, right, but it didn't talk about hospital pedagogy, so much so that I got to know hospital pedagogy after I graduated (P1).

Did not offer (P2).

No, at that time there wasn't, right? I graduated there in 1984 (P3).

The teachers' statements revealed that the Pedagogy courses they took did not specifically encompass the knowledge and particularities of hospital classes. In view of this, when considering the knowledge related to teaching work in special education, especially in hospitals, Pedroso (2016) argues that Pedagogy courses give little space in the curriculum to provide graduates of this course with knowledge and reflections focused on Special Education. This reality makes educators interested in this area look for other courses within the scope of continuing education in the hospital class. Faced with the question: “Do you believe that specific training in the Pedagogy course or at postgraduate level (specialization, master's and/or doctorate) is necessary to work in hospital classes?”, the participants expressed themselves as follows (our translation):

[...] you have to continue the course in a postgraduate course, because there is a lot of content only in the degree in pedagogy (P1).

I think you have to have at least a postgraduate degree in the area of hospital pedagogy. I think the right thing to do would be to look at pedagogy, really. [...] to publicize that it exists and actually have postgraduate studies, which have more in-depth content, [...] in postgraduate studies, it will be a more open range (P2).

I think so. I think that, the more you can have knowledge, and you have an increasingly effective base, [...], that you will acquire more knowledge, that you will prepare yourself to be a better professional, I think it is more important, see. I think it shouldn't just be in the post-graduate period. I think it should require a master's degree, something beyond that, see (P3).

From the excerpts, it is clear that the teachers highlight the importance of postgraduate studies for working within the hospital to be adequate. As a result, Assis (2009) highlights that “[...] the initial and continuing training of teachers have become essential for the development and improvement of educational systems” (p. 97, our translation), this includes hospital classes service. Therefore, Tinós and Mazer-Gonçalves (2017) believe that teacher training permeates their entire lives, as undergraduate and postgraduate courses provide pedagogical and specific knowledge, which takes into account everyday relationships and experiences.

Furthermore, when asked: “Does the state network (Directorate of Education) offer moments of continuing education? If so, how and when do they happen?”, the teachers reported that state networks offered few training opportunities. Participants P1 and P2 report that (our translation)

[...] there is the congress, but, therefore, no specific course for the Hospital Class”. (P1).

"No no. It was just the postgraduate course, really, and the experience inside the hospital. [...]. No. It's like what it has for us in the hospital class. I don't know if this will fit your question, but every year there is a conference that we go to on the hospital class (P2).

Thus, it is observed that practically the state network does not offer courses or spaces for continuing education. However, the teachers value participation in a congress on hospital education held annually in the city of São Paulo, to which they are encouraged to participate. Furthermore, P3 shows that (our translation)

[...] there at the Specialized Pedagogical Support Center of the State Department of Education of São Paulo – CAPE, when we were taking courses, it was very good, because it is already a specific team in the area, [...] (P3).

In other words, before the other teachers (P1 and P2) joined the state network, there were already continuing education courses on hospital school services and related topics. In reference to the reports, it is clear that the teachers considered that such courses were crucial to the continuing education process and brought specific knowledge to the field of activity – hospital education. In this context, its importance is clear, as it can provide new knowledge to hospital education teachers in the state of São Paulo.

From the above, it is possible to conclude that training to work in hospital classes does not have a specific *locus*. The initial and continuing training of teachers to work in hospital classes needs to be considered, in order to guarantee the pedagogical and specific knowledge related to this specialty (ASSIS, 2009; NASCIMENTO; FLORÃO; LOZZA, 2018). Such knowledge is essential to support teachers in teaching planning, taking into account the particularities of each sick student.

Organization and functioning of pedagogical work

Regarding the organization and functioning of the hospital classes studied, participants P1, P2 and P3 explained that before providing hospital school services, they establish a dialogue with the student and companions, as well as reading the medical records. After this first contact, they carry out a diagnostic assessment. These procedures are basic for beginning pedagogical work, as they provide data on the student's academic career at school and within the hospital environment (FONSECA, 2008; VENÂNCIO; PETERS, 2018). Based on these data collected, pedagogical activities are developed in line with the characteristics and needs of each student and/or activities and studies carried out by the regular school are carried out.

In view of this, thinking about the school curriculum, services initially take place based on the Paulista Curriculum, that is, the reference curriculum in the state of São Paulo – the network to which the teachers are linked. Thus, Assis (2009) and Fontes (2005a; 2005b) argue that pedagogical care within the hospital aims to continue the schooling process according to the student's school of origin, so that educational content and activities must link to the regular school reference curriculum. However, teachers P1, P2 and P3 indicated that contact with the school of origin is only mandatory if the student is hospitalized for more than 15 days and is recommended by state regulations (SÃO PAULO, 2016).

This contact aims to collect information about the reference curriculum developed at the school and about the contents and activities to be developed. However, not all school institutions send this data, and many sick students do not remain hospitalized for 15 days or

more, thus preventing contact. Furthermore, some students already have a hospitalization routine due to the clinical condition they present, so they go to hospitalization with the activities as taught at regular school. Regarding the organization of teaching and teaching practices, the teachers gave the following statements (our translation):

[...] more in the concrete, playful, right, in technology. [...] these are educational games [...] (P1).

So, depending on the moment, depending on the child, I use games, [...] also, I go according to the child (P2).

Well, yeah... These are expository classes, right? We use audiovisual resources, we often take the child to the computer so they can research that subject, so they can interact better... We mainly take elementary school and high school students. We work with them a lot on the computer, okay? We have a lot of storybooks, magazines, too, clippings we use a lot - newspaper, working with newspaper and all the materials. Crayons, we work a lot on art with them, we ask them a lot to interpret the paintings (P3).

According to Assis (2009) and Mazer-Gonçalves (2013), and in accordance with the teachers' reports, the diversity of strategies and playful activities are relevant to continue the schooling of student-patients, as well as to create a more diverse and richer in experiences, close to the work normally carried out in regular classes in common schools.

Regarding the location of care, the time and materials used, disparities were identified, that is, a significant variation between the hospital classes studied. Participant P1 mentioned that care was provided in bed, in a cafeteria or in the hospital's solarium; On the other hand, teachers P2 and P3 had their own room for school assistance. According to the document "Hospital Class and Home Pedagogical Care: strategies and guidelines" (BRASIL, 2002) and Assis (2009), the educational service must take place in specific and structured rooms, but when necessary, it can take place in the bed or in another hospital environment, especially when the student is unable to move around. Therefore, there are inequalities in the provision and guarantee of the right to education in the hospital classes studied.

Furthermore, services can take place in groups or individually; and according to the reports, the teachers tried to group the students according to the school grade they were in, but multigrade classes could also occur. The teachers also said that the duration of hospital school visits varies from student to student, for example, between twenty minutes and four hours. However, participant P2 reported that consultations lasted an average of fifty minutes.

According to the teacher, there are guidelines on the issue of time, from the State Education Board or the linking school. In this matter, the teachers generally demonstrated that

there is a dynamic nature of time, according to the needs and availability of each student, the hospital routine, the specificities due to treatments, for example. Venâncio and Peters (2018), for example, suggest that it is essential to have “[...] flexibility in schedules and class time” (p. 120, our translation), since each student has specificities and different hospital demands.

Furthermore, some teaching, pedagogical and technical materials are necessary to provide educational services. The teachers mentioned that there is inequality in relation to material resources. With this in mind, teacher P1 explains that the school materials for the class in which she works are provided by the linking school, but the classes of teachers P2 and P3 acquire the materials through the Patient Assistance League (civil, non-profit entity that supports hospital actions), more diversified materials and in greater quantity.

However, teaching materials, such as books and technological resources, are offered by the state education network for all hospital classes. From this angle, the guiding document Hospital Class and Home Pedagogical Care: strategies and guidelines (BRASIL, 2002) establishes that the supply of pedagogical and technological materials is the responsibility of the Departments of Education, in this case, the State Department of Education of São Paulo. Also, financial resources must be guaranteed to meet any material needs, in order to provide greater equality in the provision of this service.

According to the data, the points still to be analyzed are the registration of activities and the sending of the certificate of participation. Regarding records of care provided, Brasil (2002) highlights that these are necessary, mandatory and the responsibility of teachers working in hospital classes, to ensure that a history of these care is created. Additionally, Fonseca (2008) states that activity records are important for teachers and students, because they help to improve future activities, daily monitoring of the student, as well as making the content worked during hospitalization accessible to teachers at the school of origin., contributing to the conditions for returning to the classroom.

Given what has been established so far, disparities are once again observed between classes. In a similar way, teachers P2 and P3 mention that they fill out a student data/information notebook every day, where they record the content and activities worked on in school services, as well as other issues considered relevant. Teacher P1 makes her records in documents called attachments. It is understood that the similarities between teachers P2 and P3 are due to the fact that they are linked to the same school in the State Education Network, and also because they are allocated to the same hospital unit, which does not occur with P1 (linked to the other school and working in the central unit).

Upon discharge from hospital, the student must take a certificate of participation in the hospital class to their home school. The purpose of this document is to justify the student's absences and provide information regarding the content covered and the perceptions of the hospital class teacher. P1, P2 and P3 participants explain that the document is issued by the linking school and sent along with the activities carried out at the school by the companions (in the case of P1 and P2), or sent via SEDEX directly to the student's school of origin (in the case of P3).

Finally, regarding the organization and functioning of the hospital classes studied, it is clear that there are similarities and dissimilarities between the three situations studied, indicating the need for greater effort to ensure equality in the conditions of supply and quality of hospital school services.

Due to the start of the COVID-19 pandemic, in March 2020, and the decision to close schools, hospital classes were suspended. The suspension of the educational service occurred due to the need for social isolation to prevent and reduce the spread of the virus (DANTAS, 2020) and because the hospital units studied were considered references for the care and treatment of serious cases of coronavirus disease.

Thus, the public health context experienced by the municipality and other locations in Brazil and around the world required the suspension of face-to-face hospital school services and the readjustment of pedagogical practices. In this scenario, the most recommended adaptation used by education networks was the offering of remote teaching, via video classes, synchronous classes or printed activities. However, according to participants P1, P2 and P3, the remote teaching model adopted by the state network and the conditions of exceptionality and health crisis experienced by hospitals and schools made it impossible to continue providing services to hospital classes.

In this sense, the teachers reported that services did not occur during the pandemic period when remote teaching was adopted. The participants presented the following explanations (our translation):

No, because there is no way. We can't have someone inside the hospital to pass on the children's data, so there was no way to continue (P1).

No, [...] in terms of hospital class, there is no way (P2).

No, there wasn't. [...] We stopped even before classroom teachers because of COVID, [...] there is a very high turnover of children there. There are children who leave, new children who arrive, and, for you to keep in touch with these children online, [...] you had to have information about these students and there was no one to pass it on to us (P3).

According to the statements, it is noted that the main factor in the suspension of care was the lack of a professional within the hospital to safely mediate the interaction between the hospital, students and the regular school. In view of this, it is observed that the presence of a mediator in the hospital is crucial to support the effectiveness of educational care. Due to the social isolation of teachers in hospital classes, services were interrupted.

However, educational listening is extremely important for contact between teacher and student at all moments of interaction (ASSIS, 2009; FONTES, 2005a, 2005b, 2008; GOMES; RUBIO, 2012; VENÂNCIO; PETERS, 2018). It is clear that mediation cannot be carried out by “any” professional, but rather by a teacher. According to Lima (2021, p. 2, our translation) the “[...] hospital class teacher mediates this learning process and even the interpersonal relationships between others [...]”. In this sense, he plans and carries out pedagogical activities with students, seeking to motivate them and stimulate their interest in continuing the teaching-learning process.

In fact, teachers lack technical support and specialist professionals. Venâncio, Peters and Costa (2020, p. 5, our translation) state that the “[...] technological resource, previously used in a punctual manner, has given rise to new possibilities, both in the teaching and learning process”. It is evident that the pandemic brought with it technological resources, a tool for educational continuity. However, with the lack of it, it is not possible to continue school services.

Given the above and the unfeasibility of continuing the work of teachers in hospital classes, there was a reconfiguration of their work, as demonstrated in the excerpts below (our translation):

Well, my job was to help some teachers with their classroom, being an assistant teacher, and, because I have a specialization in Special Education, I also worked with children who have difficulty learning in the regular classroom at the linked school (P1).

[...] we are working together with the linking school [...]. It's just that a note came, all right from the teaching board, that we were supposed to help teachers and children with disabilities, you know, with learning disorders [...] (P2).

Linking school. Not only special children, but also those with learning difficulties, "ok". [...]. We ended our services with them yesterday [...]. Then, we put together a booklet, the mother went to school to pick it up and we worked online with the child, together with the mother (P3).

It is observed that the state education network in the state of São Paulo reconfigured the teachers' work, directing them to work with the linking school. The action was based on work with the target audience of Special Education students and students with learning difficulties

through the remote model. In addition, printed pedagogical activities taken from the school were made available, as well as virtual meetings for guidance.

Taking into account the reconfiguration of teachers' work and the suspension of hospital classes, the right to education (CURY, 2002; 2008) was not guaranteed to sick students during the epidemic period in the hospital classes studied. Lima (2021, p. 3, our translation) reinforces the absence of this theme by observing that “These students, who were no longer included in the educational system, began to be isolated and excluded from the hospital class, due to the health crisis”, therefore, increasing the invisibility of these subjects and the lack of continuity in the schooling process. However, it is worth highlighting that, “The right to education is concerned with meeting the demand for patients’ education during health treatment” (DANTAS, 2020, p. 228, our translation), it is important for the hospitalized child/adolescent, providing continuity of schooling, as well as health recovery.

Finally, the COVID-19 pandemic, social isolation, school closures and the adoption of remote learning highlighted the complexity of hospital school services and their maintenance in adverse conditions. It also showed that the state network did not prioritize this service when it made teachers available to carry out other activities at the linking school, deactivating hospital classes during this period. It was also evident that it is still necessary to fight for the continuity of the schooling process of hospitalized students, for their right to education, and avoid the exclusion of hospitalized students (LIMA, 2021).

Final remarks

This study allows us to conclude that the educational service of hospital classes requires more specific legislation, as well as the inclusion of knowledge in this area in higher education courses, especially in Pedagogy and other degrees, as it was found that the challenges faced by teachers are associated with lack of training – initial and continuing to work in the hospital environment.

Thus, it was verified that the Pedagogy courses carried out by the teachers did not specifically include hospital classes as content. Therefore, it is clear that the courses are not offering knowledge with the depth necessary to work in the hospital context. In view of this, it is understood that initial training in pedagogy alone does not guarantee adequate training to face the daily challenges of hospital classes, thus signaling that continued training is a fundamental process for teacher qualification.

Even recognizing the lack of knowledge about hospital classes in Pedagogy courses, it is considered that the inclusion of isolated content, or just one subject, will not be sufficient to meet this training demand. In the understanding of this study, the discussion of this topic in the course should have a specific space in the curriculum, such as a discipline for example, as well as cross-sectional study across different disciplines, in addition to research, extension and supervised internship activities.

Continuing training, even indicated as relevant by teachers, proves to be insufficient. The courses offered by the São Paulo state education network are scarce and generic. The training carried out on the participants' own initiative, such as the *lato sensu* postgraduate course, is equally superficial and generic, thus not contributing to training – not guaranteeing specific knowledge about this area and the necessary depth.

Regarding the working space and materials available, unequal conditions were observed, as it was found in the participants' reports that one of the teachers does not have adequate physical space for hospital school services and also has a lack of basic materials. Thus, such dissimilarities generate inequalities among hospitalized students.

Regarding the organization of pre-pandemic pedagogical work, it was inferred that teachers use surveys as a tool for organizing services, considering the specificities of each student, thus developing activities that meet the level of learning and difficulties demonstrated by each student. Furthermore, there was diversity in the pedagogical strategies used by the teachers. Finally, the activities carried out by the students are recorded, allowing each one to take with them and deliver to the regular school what they worked on during the hospitalization period.

In relation to hospital school care during the COVID-19 pandemic, it is noted that care for hospitalized students was interrupted, as well as the state education network did not offer care remotely, due to several variables. In view of this, it is observed that the right to education of sick students was denied. Furthermore, the teachers from the hospital classes were reappointed, therefore, they worked professionally alongside the teachers from the linking school, helping the target audience of special education students with learning difficulties remotely.

In summary, it is considered that the study that supports this article collaborates with the area of Special Education, contributing with knowledge regarding the organization and functioning of the service in question, as well as the training of teachers in hospital classes located in a city from the interior of São Paulo and, in the same way, highlights the importance

of the Hospital Class for sick students. Finally, it is believed that there is still a lot to be studied and researched about hospital classes, with the aim of: giving visibility to the work carried out in hospital classes in different hospitals in Brazil, producing and giving a voice to users of this service (students-patients) and the professionals involved so that they can narrate their perceptions and contribute to improving the service and public policies.

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