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EDITORIAL

Advances in hospital pedagogy
Avances en pedagogía hospitalaria

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Hospital pedagogy (HP) is a field of formal education oriented toward the comprehensive development of hospitalized children. Despite their vulnerability [(1)], hospitalized children are whole human beings with emotional, social, and educational needs. Therefore, illness, even when severe, progressive, and with an irreversible prognosis, does not define the totality of a child's existence.

The vulnerability of the child has also drawn attention to the impact on the family. Learning that a child has a health condition requiring ongoing care and with a poor prognosis triggers a series of unforeseen events within the family [(2)]. However, this event, though transcendent for the family, does not invalidate the fact that the child is a human being and a subject of care, to whom the highest and most fundamental principle of education fully applies: "as long as there is a person capable of learning, it is necessary to accompany them in their learning." Thus, it is not about decorated classrooms, curricula, materials, or resources; rather, it is about a human educational action.

By its nature, HP can be carried out at the child's hospital bedside, in a hospital classroom, and within the family setting [(3)]. Indeed, it only requires educational policies and regulations that recognize the hospitalized child as a subject of educational care and ensure that declarations of education for all translate into concrete actions. In this work, a hospitalized child is defined as one whose health condition prevents them from remaining at home; transient hospitalizations are excluded, as these constitute a temporary interruption of school life, after which the child returns to school once treated.

In the hospital setting, HP is approached as a praxis. Due to its relative youth as a professional field, it remains situated between regular education, special education, and inclusive education. Theoretical discourse directed toward an ideal often far exceeds empirical activity. Educational practice for hospitalized children with reserved prognoses and long hospital stays does not allow for mass education, but rather individualized education tailored to their potential and health conditions. Practice reveals existing barriers to achieving the desired interdisciplinary work, since each professional involved during hospitalization has a specific role. Neurologists, oncologists, traumatologists, radiologists, psychologists, nurses, and other health professionals, as well as teachers, all have a mission with regard to the child; however, high levels of coordination and solid theoretical training are required for each to fulfill their role effectively. These barriers persist, and efforts are needed to bridge the gaps.

Those of us who have worked in HP know that points of convergence with healthcare personnel depend on strong interprofessional relationships and the sensitivity of administrative and clinical staff. The human

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dimension and the understanding that the child is a human being affected in health but not diminished in humanity constitute the starting point for providing specialized support in developmental areas.

Teachers engaged in HP must be specialists [4]; otherwise, they may become entangled in educational trends that prioritize play as a panacea, followed by psychomotor development and socioemotional growth (with critical thinking intentionally omitted here). Nevertheless, when hospitalized children present motor impairments (locomotor or speech-related), conditions associated with autism or deaf-muteness, or when, by virtue of hospitalization, they are unable to socialize with peers, following trends alone would render the teacher's work ineffective. Specialized training enables the design of learning outcomes aligned with the child's possibilities and the planning of educational activities in coordination with healthcare personnel, determining how far the child can be challenged in the learning process.

Education is a human act, and HP has the mission of providing accompaniment and meaning to the child's existence. Presence, embrace, affection, tolerance, and self-acceptance define the teacher's educational work [5]. At a secondary level of care, parents are also involved, for whom life acquires a different meaning; they require education and support to cope with their child's illness [6]. This invites reflection and underscores that assigning any teacher to this task is counterproductive; rather, it opens the opportunity to consider specialized training for hospital teachers. What is required is specialized formation, not merely short-term training.

It must be understood that hospitalized children undergo treatment for chronic illnesses, are prepared for high-risk surgical interventions, spend time in operating rooms, transition to absolute rest, then recovery, may experience relapses, require artificial respiration, use feeding tubes, and are continuously monitored by medical equipment. Under these circumstances, the presence of the hospital teacher is essential within the healthcare process.

Curricular programming should be understood as referential. Likewise, lesson implementation, grade recording, anecdotal records, rubrics, tangible products, or evidence of learning are equally referential and often impracticable when children are undergoing high-risk surgeries, are immobilized, or are sedated. Therefore, this educational field cannot be confined to either formal or special education; rather, it constitutes a new category requiring its own onto-epistemic positioning and placement within the taxonomy of education.

There are commendable programs that serve hospitalized children, representing initiatives of solidarity and generosity. Volunteer teams also accompany children and conduct highly valuable activities under various designations associated with hospital pedagogy; however, they do not belong to the formal system, as they lack direct connection with the education sector and their work is underreported. Nevertheless, the experience of these groups should be capitalized upon and their work recognized. Likewise, the government, through the education sector, must progressively incorporate institutionalized hospitalized children to ensure the sustainability of their reintegration into formal education.

The presence of a hospital teacher represents a therapeutic process that contributes to the child's recovery, with implications for mood and life perspective. The teacher helps families understand and accept the health condition and becomes a source of emotional support, helping to contain frustration and dispel feelings of guilt that arise upon receiving the diagnosis.

HP is, therefore, a practice centered on the hospitalized child, whose purpose is to accompany them in their educational process, especially during long-term hospitalization. It is an inescapable responsibility, where teacher and child meet and are shaped by proximity and care [7], within a shared humanized environment through which the child remains connected to the world beyond the hospital.

Finally, HP requires its own theoretical framework that addresses the specificity of the hospital context and the differentiated characteristics of its population, according to the origin of the health condition (genetic, congenital, or acquired) and prognosis. Thus, systematic theoretical construction is necessary, grounded in specific ontological, epistemological, methodological, axiological, and philosophical foundations. From this basis, specialized teacher training can be developed, including initial education, continuing education, and professional certification programs. Moreover, research lines must be opened to identify priority areas for fundamental, basic, applied, technological, and interdisciplinary research, given the complexity of the phenomenon. Therefore, this space calls upon the academic and scientific community to lead this process of disciplinary consolidation.

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