

IMPORTANCE OF PSYCHOPEDAGOGICAL APPROACH TO SICK CHILDREN.

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Abstract: Special attention is required for children who are frequently, long-term and seriously ill, who are sick four or more times a year and are being treated in the hospital for more than a month. hence the concept of hospital pedagogy. The main task of hospital pedagogy is to rehabilitate sick children and adapt them to school.

Key words: Hospital pedagogy, rehabilitation, motivation, medical pedagogy, social assistance, psychological, medical and pedagogical correction;

This science should have its own methodological and didactic techniques in its arsenal. Psychological, medical and pedagogical rehabilitation of a sick child includes the following: 1. treatment of a child in a hospital or at home; 2. train him in a hospital school; 3. psychological, medical and pedagogical correction; 4. parental support; 5. social assistance; 6. educating the child at home; 7. adapting it to high school.

The problem of psychological, medical and pedagogical rehabilitation requires the cooperation of many specialists. Many countries have been dealing with this problem for several decades. Since 1919, the Association of Hospital Pedagogy (HOPE) has been established in Europe, uniting more than 15 countries. In these countries, the system of education and rehabilitation of sick children is well developed.

In our country, the problem of children who are often, long-term and seriously ill is still not given due attention. In Russia, only some large clinics have schools. But mostly teachers come from ordinary schools and teach children without following the principles of hospital pedagogy. Therefore, children who return to school after a long illness do not have time to recover and fall behind in their studies. The recovery process is delayed: increased fatigue, instability of attention, increased distraction, etc.

Who should help the student recover? And not only for children who are being treated in the hospital, but also for children who missed classes due to illness. Of course, teachers, psychologists, school doctors, hospital doctors.

Where to start teaching sick children? First of all, the teacher should know the diagnosis of the disease, its specific features, the presence of the doctor's instructions and recommendations, rehabilitation periods, the regime and organizational features

of school and home lessons. This will help him choose the right methodology and tactics of work, determine the intensity and duration of training.

The teacher must take into account the individual characteristics of children with health problems. Children with cancer especially need an individual approach. Positive motivation to learn is undeniable. This is confirmed by foreign experience. For example, there is a school in the oncology clinic in Essen (Germany), where there are three pedagogues and science teachers: chemistry-biology, physics-mathematics, mother tongue and foreign language, literature. Only three teachers. Educators and teachers conduct training in the afternoon in classrooms or in the patient's bedroom. Teachers create psychological conditions in which sick children want to learn, need knowledge, as well as motivation: study is life! knowledge will help me overcome my illness! I will have an education! I'm going back to my school, my class!

A motive is an incentive to perform a certain activity. The general socio-psychological structure applied to any activity can be shown according to the following scheme: goal - motive - method - result. Teachers should organize learning in such a way that the need for knowledge has a healing effect. As a result, the child knows about his health, has his own opinion and understanding about the disease, and also has a positive attitude to knowledge about medicine and education.

Principles of Hospital Pedagogy:

1. Individual approach to each sick child.
2. Taking into account the psychological characteristics of the person.
3. Provide comprehensive assistance in the process of teaching a sick child.
4. Carrying out medical-psychological and pedagogical correction for the purpose of effective rehabilitation.

Training of teachers to work with sick children should be organized in advanced courses or pedagogical universities, where it will be possible to get information about the characteristics of various diseases. The teachers working in the hospital school should be kind, kind and caring. They should help the sick child to believe in recovery, acquire knowledge and skills that will help to restore health.

Special training is required for teachers to work in oncology clinics. The psychological climate created by the teacher during the learning process stimulates the healing process. The teacher instills confidence in students in the need to strive for life and get education. The essence of the student's work should be the integral connection of the mind with emotions and will. A student learns well only those things that touch him and arouse his feelings. While in the oncology clinic, the patient child shows a special interest in reading subjects, the study of which can find answers to the questions that interest him. When his will is affected and he awakens, teaching becomes a personal matter.

In this regard, before the Ministries of Education and Health, the issue of supporting the development of a project related to the search for ways to solve the problems of teaching children who are often, long and seriously ill must be raised. GP is available in almost all countries, and although it is implemented in different ways, three methods are recognized: bedside teaching, classroom teaching within or adjacent to a medical center, and home teaching. Trends in the study of teaching in hospital pedagogy. The selected studies show clear trends in what aspects of GP training are studied and how. These trends can be analyzed separately as two subcategories.

A rights approach does not preclude an inclusion approach. Shows teachers as a bridge for students between the hospital world and everyday life, helping to include children and young people who are excluded from society because of their condition. This idea is also explored in statements that the teacher should create a normalizing space for the child or adolescent. Although inclusivity is a recurring theme, only one study focuses on the teacher's inclusive pedagogical practices aimed at promoting learning in this context.

Research on teaching in GP mainly focuses on revealing and/or analyzing the multiple dimensions of teachers' work, functions and tasks in this context and describing their personal and professional characteristics and competences. Although such information is not clearly stated in all articles, it can be concluded that teachers work in different ways. Teachers are expected to manage times of emotional instability in students and respond to the psychosocial support needs of students and their families. In addition, teachers express their work with strong, intense, vibrating and extreme emotions and express a sense of pride and commitment to their work

This relationship with teachers is recognized and attributed to GP by teachers, students and student carers. Regarding the teaching functions related to the dimension of the teaching process, the lesson is the main tool used to facilitate the teaching act. Lessons have their own characteristics: they are dynamic, changeable and short-term, depending on the health of the student and the psychological and emotional state of the student. The main purpose of this measure is to tailor the curriculum, including content, activities, materials, and assessments, to the student's situation.

When working in a student's home, the resources and spaces the teacher uses depend on the family's resources.

When it comes to school material, teachers need to do more than adapt it; they should develop their own material for each lesson based on the student's health - preferably in the form of a game. suffering and available resources and spaces These tasks

explain why flexibility in work is usually a characteristic of hospital teachers. It also explains the professional competence that contributes to the profile of a hospital teacher: attention to the different needs of each student, etc. In addition, specific tasks are recognized in oncology student/patient education, for which teachers plan and implement lessons and assess during the time with the student, avoiding procrastination and long-term planning; In fact, the work takes place in the present. When a student enters the hospital classroom, the hospital teacher contacts the student's teacher at the school of origin to learn about the student's curriculum so that the hospital teacher can continue the student's educational trajectory. This communication between teachers is done through reports with guardians as intermediaries, or through conversations between teachers over the phone or digital channels. In addition, at this stage, educators participate in the search for pedagogical solutions for the child's behavior and learning. This is one explanation for the close and close relationship between teachers and guardians. The second dimension is specifically in two areas: relations with teachers and structural conditions (public policy and teacher training).

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