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Evaluation of the Project “From Novice Teacher to Teacher Mentor” - Teacher’s Work with the Chronically Ill Pupils

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Abstract

The current understanding of inclusion within the contemporary Czech education system confirms the existence of possibilities of appropriate ways of working with chronically ill pupils in class. Moreover, teachers are expected to be able to cope with such demands as it is considered to be one of their professional competences. In order to improve these competences, the Faculty of Humanities at Tomas Bata University in Zlín implemented a project titled From Novice Teacher to Teacher Mentor, a part of which was an instructional module “An analysis of teacher’s work with ill children”. The primary focus of this study is this very module and the basic theses are as follows: What knowledge of children’s chronic illnesses do novice teachers have? What does inclusion of the chronically ill child in a school environment look like? Did teacher participation in the instructional module “Analysis of teacher’s work with ill children” improve their professional competences? The aim of the study is to point out the possibilities of professional growth of pedagogical workers, especially novice teachers when it comes to working with the chronically ill child.

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1. Introduction

In their teaching practice, a teacher encounters a significant number of children each day. Some of those children are remembered more than others, for example due to their excellent academic performance, abilities, while some due to their inappropriate behaviour. From the professional point of view, one should treat all children equally, regardless of age, gender or ethnicity. However, there is one criterion on the basis of which a teacher should choose an individual

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approach to the child. This criterion is the child's state of health. Yet at the same time the teacher may feel a lack of knowledge or confidence to handle such situations (Nabors, Little, Akin-Little & Iobst, 2008; Clay 2004).

Teachers, as well as other educators and child minders, must acquire a basic overview of various types of diseases in order to be able to assess its severity, impact on the child's psyche, various somatic restrictions resulting from the condition and to make reasonable demands that the child is able to meet (without suffering any psychological damage from feeling inferior or excluded from the group). In case of acute exacerbation of its health status the teacher must be able to respond to the situation and provide the child with adequate care, in both academic and extracurricular environment.

2. The context of the inclusion process of a chronically ill child into the school environment (the theoretical background)

The phenomenon of inclusion is not new to the Czech school environment. Yet it may seem so. It was Comenius himself who emphasized the development of each individual as a specific individual (Hábl, 2011). The ideological basis of inclusion stems from diversity of individuals which is seen as an element of progression in a heterogeneous group, forming unity in diversity (Vrána, 2008). Currently, the process of inclusion of various individuals into the mainstream of the population does not pertain to the area of education only.

Most of the current research implicitly assumes that a vast majority of pupils attending school are healthy and able-bodied pupils. Also the textbooks of pedagogy focus on cases of healthy students. However, the population of children and adolescents shows an increasing number of individuals diagnosed with a chronic disease which in many cases will accompany these children throughout their life. Such disease does not prevent them from school work, but it may interfere with their learning. Joint education of children with chronic diseases and pupils without such a condition, whether it is termed integration or it is a truly inclusive education, is a pedagogical issue, or more specifically an issue of special-pedagogy.

The characteristic of a chronic condition depends on the extent of disease and functional disorders, and the degree of possible overloading of a sick child in the educational process due to their functional limitations. The following are further relevant: the effectiveness of medication necessary for the treatment of the disease and other therapies, possible side effects of its long-term use, essential and necessary adjustments to lifestyle, diet and fluid intake, dietary requirements, movement and physical activity limitations, the level of disruption of the educational process due to possible frequent absences or events of hospitalization. Finally, the attitude of the child's social environment - especially the family, teachers and classmates to the sick child itself - completes the overall characteristic of the child's condition.

As a result of the manifestations of a particular chronic disease special educational needs occur in the pupils during their educational process. According to the Czech legislation pupils with special educational needs have the right to education with the content, forms and methods corresponding to their educational needs and abilities. They have the right to conditions allowing for such education. Educating pupils with special educational needs entails the use of compensatory and support means, i.e., the use of educational or special-educational methods and procedures in order to meet one's educational needs, providing individual support in the classroom and in home preparation, individual study plan and services of an assistant teacher. Therefore, the educational process of pupils with severe disabilities should be based on medical diagnostics as well on special education diagnostics. The objective is to evaluate the condition of the individual so that the teacher is able to set adequate goals, and choose methods and procedures to achieve these goals and to facilitate education of a chronically ill child.

The process of continuous inclusion of a chronically ill pupil may be complicated by a variety of circumstances. Besides socio-economic, physical and other barriers, there may be barriers to inclusion on the side of the teachers, more specifically in connection with their lack of knowledge of this issue and their inexperience. Teacher's skills and attitudes may present a major limitation to inclusive education. As stated by Chrastina et al. (2015) teachers are often "uncompromising" regarding compliance with the principles and rules of the educational process. However, it should be noted that it is sometimes quite impossible to follow a demanding therapeutic regime. Therefore, a teacher should be more tolerant in this respect.

A novice teacher undoubtedly has a great theoretical knowledge and creative approach, although Veenman (1984) points out that a university graduate encounters a number of problems associated with the primarily focus of university

education on theoretical knowledge. He also claims that the beginning of teaching is greatly demanding and it is the most difficult stage of one's teaching career. With presence of a pupil with chronic disease in the class the adaptation of a novice teacher becomes even more difficult.

Recently, an increasing number of teachers improve their knowledge of the first aid. On the other hand, many teachers lack such skills, as first aid is not a part of any compulsory teacher education. It solely depends on each teacher whether or not they consider it important to be able to provide the first aid and whether they have the time and inclination to acquire these vital skills. Everyone needs to have a minimum basal knowledge of what to do in possible life-threatening situations.

3. The Project "From Novice Teacher to Teacher Mentor" - Module "An analysis of teacher's work with an ill child"

Within the scope of improving professional competencies a project "From Novice Teacher to Teacher Mentor" was implemented at TBU in Zlín, Faculty of Humanities in the period from October to December 2015. One of its many modules, entitled "An Analysis of teacher's work with an ill child", was designed for educators (both novice and experienced teachers) but also for child minders. It focused on working with a child with a severe medical condition. The module, with the total of 90 hours of direct interaction, was divided into 15 thematic units and focused on the most common serious chronic diseases and health conditions in children in the Czech Republic; conditions which may have a greater or lesser impact on the somatic and mental aspect of the child's personality and in doing so adversely affect its academic performance. Another 30 hours of work constituted individual work of module participants.

In addition to its educational content the goal of this module was to detect, analyses and assess the issue of inclusion of chronically ill pupils in the school environment from the perspective of the module participants. As one the tools to meet the above mentioned objectives a methodological approach of unfinished sentences was used. The data were collected during a multiphase implementation. 32 individuals - participants in the module "An Analysis of teacher's work with an ill child" consensually took part in the survey. The test battery consisted of three parts: the introductory part, unfinished sentences and evaluation questions regarding the module itself. The method of unfinished sentences is based on the principle of completing incomplete utterances in accordance with the participants' own view of the situation. It allows a high degree of freedom of choice.

Due to the fact that such a module has been implemented once so far, it is possible to present partial results only. However, the responses obtained by the analysis of the first 32 participants in the module can be considered relevant in relation to the objectives set.

4. Research findings

The results of the first analysis are presented below. Because of their considerable amount, it was not distinguished between novice teachers and experienced teachers at this stage of the survey. Also in order to simplify, the results are presented in table 1. Only valid and complete information with a significant value toward saturation of the selected goals are listed below.

Table 1. Unfinished sentences

Incomplete sentence	at the beginning of the module	at the end of the module
Inclusion...	"- I do not know what it is."	"is important and useful."
	"is a good idea."	"is not quite so difficult."
	"is unknown to me."	"is not easy, but it works."
	"is the worst idea in the world, the one who came with it must have no experience with integration."	"is necessary."
	"will not work."	"is burdensome for teachers, but it is beneficial for the child."

	<p>“is not suitable - a child like this should have a special learning environment.”</p> <p>“is useless.”</p>	
Chronic illness	<p>“lasts a lifetime, nowadays a common thing.”</p> <p>“is permanent.”</p> <p>“Cystic fibrosis.”</p> <p>“burdens the individual all life.”</p> <p>“is a heavy burden for the teacher.”</p>	<p>“is a burden for the pupil, but they’ve probably learned to live with it.”</p> <p>“need not be an obstacle in school attendance.”</p> <p>“is difficult for life.”</p> <p>“is surrounded by many myths.”</p>
Chronically ill pupil in class....	<p>“is a big burden for the teachers.”</p> <p>“should not disrupt the classroom environment.”</p> <p>“needs an assistant.”</p> <p>“is a mental and physical strain.”</p> <p>“will be limited.”</p> <p>“often misses classes.”</p> <p>“should not be disadvantaged.”</p> <p>“is different.”</p>	<p>“needs an assistant.”</p> <p>“is a mental and physical burden for the teachers.”</p> <p>“can have a positive and negative effect on the climate in the classroom.”</p> <p>“is acceptable if teachers have information and education.”</p> <p>“should be specially approached by the teacher.”</p> <p>“should not be disadvantaged.”</p> <p>“requires specific preparation on the teacher’s side.”</p> <p>“may adapt just like a healthy student.”</p> <p>“should be respected.”</p> <p>“classmates should be aware of this situation.”</p>
Assessing a pupil with chronic illness	<p>“should be less strict.”</p> <p>“is certainly challenging.”</p> <p>“is the same.”</p> <p>“in a regular classroom, like all other pupils.”</p> <p>“should not be much different from the other school performance reviews.”</p> <p>“should be verbal or narrative-style.”</p>	<p>“should be specific.”</p> <p>“must be individualised.”</p> <p>“is difficult.”</p> <p>“should be done with regard to the pupil’s capabilities and state of health.”</p>
Teacher’s attitude to the chronically ill pupil	<p>“must be individualised.”</p> <p>“should be positive.”</p> <p>“is different.”</p> <p>“is the same as to healthy pupils.”</p>	<p>“must be professional.”</p> <p>“is individual.”</p> <p>“must be intensive.”</p> <p>“should be sensitive.”</p> <p>“is complicated.”</p>
Participating in this module ...		<p>“provided me with new insights on the issue.”</p> <p>“showed me what problems teachers may encounter.”</p> <p>“is stuck in my mind.”</p> <p>“brought a lot of experience.” “the best course I’ve been to.”</p> <p>“helped me navigate in this issue.”</p> <p>“helped alleviate fear.”</p> <p>“in the future will probably help a lot.”</p> <p>“made me worry that I will encounter such a pupil in the future, but now I know I can handle it.”</p> <p>“clarified some information.”</p>

The implemented qualitative interviews brought some valuable data which cannot be further analysed due to the limited extent of this paper.

In the dimension of knowledge/experience, only a minimum of participants reported some personal experience of working with children with chronic diseases at the beginning of the module implementation. Gradually, they came to realise that certain situations encountered during their previous teaching experience belong into this area - yet they did not perceive them as such. This fact confirms the original hypothesis that novice teachers do not have enough knowledge about chronic diseases in children and the impact of their condition on the educational process. As an argument the teachers mainly reported minimal and incomplete information about the child’s health status provided

by the parents. They claimed that parents should be informed by a paediatrician on the impact of the disease on schooling.

Focusing on how inclusion of a chronically ill child in the school environment is implemented we found that in some cases the chronically ill child is not regarded as a child necessary to integrate with special needs or requirements. However, it is essential that the teacher continuously monitors the health status of the child during classes, and thus registers the slightest change in its behavior or in health. The interviewees reported that there are fewer children in the class with an integrated chronically ill pupil and in some cases a teaching assistant is present, especially for those students who need medication administered during classes, etc. The module participants also considered it essential to inform and explain the nature and type of the disease clearly to the other pupils in the class and to prepare them for possible risks and deterioration of the individual's health condition. This fact was most often associated with epilepsy.

Teachers who reported having a previous personal experience with acute worsening of the health status of pupils with chronic disease during class reported that in the emergencies they recalled maximum concentration on the ill pupil but had a minimal control of other pupils in class.

None of the participants had their own experience with a diabetic pupil. After a detailed introduction to this issue they expressed concern about possible monitoring of blood glucose levels and insulin application.

Following the detected level of experience it can be said that systemic support of education of pupils with chronic illnesses in the natural settings of a standard school is not sufficient in our environment. We are aware that our findings cannot be generalized, but should we compare our findings with similar studies no significant discrepancies are detected.

Participants' satisfaction with the content, organization and supervision were monitored via evaluation questions. The vast majority of participants were satisfied. The results of the evaluation show that the topics of the implemented module indeed provided the participants with ample opportunities to improve their competences in working with chronically ill pupils in school.

Module visions and key objectives were fulfilled by the survey and the educational content of the training.

5. Conclusion

Each student is entitled to equal conditions for their learning. In case these conditions are significantly influenced by the state of their health the educational institution along with professionalism of the teachers should aim, within their capabilities and by applying the right approach, to achieve the best possible learning outcomes of the pupils and to enable following the child's treatment routine. The teacher educating chronically ill children is also increasingly more often exposed to emergency situations due to possible deterioration of the child's health condition, therefore, they need to be adequately prepared for such situations. This professional competence of the teacher will certainly contribute to their greater personal development and to greater socialization among pupils.

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