Perceptions of the Hospital School Experience: Implications for Pedagogy and the use of Technology

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**Abstract:** Whilst many transitions in a child’s life are expected – such as that from primary to high school for example – the transition from regular (and presumably a normal school situation) to a hospital school is likely to be unexpected and potentially difficult. Students are often dislocated from their regular schools for extended periods of time, causing serious interruptions to their education. Engaging with four hospital schools in Australia and New Zealand, this research explores pedagogical and technological implications for these hospital school-located students and their teachers. Focusing on the perspective of various stakeholders including selected students, parents/carers and teachers (n=72), findings revealed issues relating to effective collaboration and transition, teacher professional development, as well as the role of technology in connecting educators and students, and reducing student isolation. Future research needs to accommodate the challenges and strengths as experienced by each hospital school, whilst also identifying common issues reported by all stakeholders. We recommend further exploration of the nature and facilitation of stakeholder relationships, professional development of hospital teachers and the fostering of opportunities for the sharing of practice-based stories. Further research addressing the ways in which technology can be used to overcome the hospital student’s perceived social isolation is also recommended.

Keywords: hospital schooling, technology, pedagogy, learning spaces, transition

Introduction

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here has been minimal research conducted into exploring the key issues arising from the experiences of children and their families when hospital schooling becomes necessary. This transition to the hospital school environment – in most cases from a mainstream school – is likely to be different for each child, and is complicated by the physical and emotional circumstances relating to the necessity for hospitalisation. The research reported in this paper was framed within a consideration on pedagogical and technological implications for learning within a hospital school setting. More specifically, it focused on stakeholder perception of transition, a consideration of academic and social spaces for learning and engagement, and the role that technology can play in supporting students, their families and educators. The aim was to add voice to a much-needed conversation and assist in defining future research priorities and policy direction in the area. A holistic approach was adopted to help gain the perspective of various stakeholders including families, children and teachers.

Over a million children and young people aged from birth to twenty-four years are admitted to hospital in Australia each year (AWCH, 2005). Despite this, less than 20% of hospitals with school-aged patients have school facilities available (AWCH, 2005). Whether admitted for short or long-term care, it is important that any child is able to maintain appropriate levels of academic and social connection (Baird & Ashcroft, 1984). Australian education policy such as the Melbourne Declaration on Educational Goals for Young Australians (Ministerial Council of Education Employment Training and Youth Affairs, 2008) reinforces this belief, clearly indicating the responsibility of all Australian governments and schools sectors to “…provide all students with access to high-quality schooling that is free from discrimination based on gender, language, sexual orientation, pregnancy, culture, ethnicity, religion, health or disability, socioeconomic background or geographic location” (p7).

While ‘Continuity of Care’ (RACGP, 2010) has been advocated for many decades within the medical fraternity as proving advantageous towards the health outcomes of young people, ‘Continuity of education’ for this special group is a relatively under-researched area. The numbers, complicated nature and scattered location of stakeholders may have contributed to the segmented and disjointed literature available.

Hospital schools are complex educational settings that vary from both state to state, and throughout Australasia. The language used to describe them also differs: they are referred to in Australia as Hospital Schools and in New Zealand as Health Schools. Located predominantly within hospitals, yet administered by State education departments, they offer unique opportunities and challenges to providing effective learning experiences for students. For the purposes of this paper, the term ‘Hospital School’ will be used. This term will encompass schools located within hospitals as well as ‘Health Schools’ in New Zealand and extend to the activities of educators supporting students both in hospital and those who are recovering in their homes. The term ‘regular school’ is used to refer to the education institutions students attended prior to their admission to hospital.

The face that there has been such minimal research into students’ experiences is problematical, from an equity point of view, and there is an urgent imperative to better understand current contexts. The need for a system of advocacy for young people with chronic illness and their families has been advocated generally (Yates et al, 2010) as well as specifically in reference to hospital schooling (Murphy & Ashman, 1995). This need for advocacy extends across both health and education sectors; where both systems play a role and must be brought together more effectively in hospital schools.

The purpose of hospital schools has changed over time. The importance of schooling as ensuring adequate educational provision has been advocated internationally, formally since the 1960s and in Australia since the early 1970s (Murphy & Ashman, 1995). Thus the emphasis was originally on ensuring that students with long-term illness kept up with their schoolwork. However, with the growing appreciation of schools as social environments, the focus has now expanded to reinforce the crucial role of hospital school educators in supporting the social and play needs of children and youth in their care (AWCH, 2005; Baird & Ashcroft, 1984; Murphy & Ashman, 1995). While the critical role of the family and hospital teacher has always been acknowledged (AWCH, 2005; Farrell & Harris, 2003; Murphy & Ashman, 1995), changing environments in health and education over the past forty years has resulted in the need to clarify responsibilities and further support these two stakeholder groups (Baird & Ashcroft, 1984; Maher, Perry, Currie & Johnston, 2011). Recent research has attempted to focus on identifying ways hospital students (or ‘patients’) may maintain access to social support and maintain social connections outside of hospital and with the student’s regular school (called ‘home’ school in New Zealand) (Baird & Ashcroft, 1984; Maher et al; 2011; Yates et al; 2010).

Technology has been suggested as one means of fostering such communication (Bers, 2009; Kars, 2008; Maher et al, 2011). The inclusion of technology hardware such as interactive orbs and laptops as well as online spaces to facilitate communication has been found to enhance general levels of social engagement (Bers, 2009; Green, Vetere, Nisselle, Xuan, & Peng, 2010; Kars, 2008; Potas, 2005; Potas & Jones, 2006; Wilkie & Jones, 2009). However, despite some success in engaging students dislocated from their regular schools evident through the use of technology, the need for further consideration of purposeful and appropriate use of technology is still required. Additionally, the implications of teacher efficacy, confidence and skill with the relevant technology are associated issues that should be explored (Jones & McDougall, 2008; Wilkie & Jones, 2010).

A number of questions shaped the study. The initial vision was guided by a desire to explore whether the use of the internet as a communication device supported students’ educational and social needs during visits in hospital. The smaller pilot study reported on in this paper addressed a subset of this: What are the main issues experienced by the students enrolled in Hospital school programs regarding transition, social space of interaction and available technology? The next section describes the method used to access the data.

Method

This small-scale pilot study utilised a mixed-method multi-site case study (Merriam & Simpson, 2000; Stake, 1995) to explore the perceptions of the hospital school student experience. It was considered critical to forefront the voices of key stakeholders, in particular students, families and teachers. Advocacy for the inclusion of student voice in research has been well supported (Fielding, 2011; Groundwater-Smith & Mockler, 2009; Thomson, 2010; Yates, 2010); however as outlined by Fielding (2011), this inclusion is still not being utilised effectively. For students in non-conventional or marginalised settings, the ability to draw on personal experiences has incredible power in revealing aspects of learning and context in ways not possible as ‘outsiders’ (Groundwater-Smith & Mockler, 2009).

This research differs from recent research into young people living with chronic illness (Yates et al, 2010) through its focus specifically on hospital schooling, for short-term and injury cases as well as chronic illness. It enlarges perspectives through its expansion of participant age to include any child or young person accessing education while dislocated from their regular school environment. The pilot stage of this research involved all stakeholders in survey responses and collated data on three key areas: transition, social spaces for interaction and available technology.

Participants

One Health and three Hospital schools across Australasia took part in the study. Of the three Australian Hospital Schools, one came from New South Wales, one from Western Australia and one from Queensland; the fourth, a Health school, was situated in Auckland, New Zealand. A total of seventy-two students, families and teachers participated with the rate for each hospital school as shown in Table 1. There was a fairly even gender spread with 52% (N=15) of the twenty-nine students being male and 48% (N=14) female.

Table 1.

Participant Numbers by Type and State of Hospital School Attendance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hospital school | Students | Parents/ Carers | Teachers | TOTAL(n=) |
| New South Wales | 8 | 3 | 5 | 16 |
| Western Australia | 12 | 12 | 5 | 29 |
| Queensland | 4 | 4 | 6 | 14 |
| New Zealand | 5 | 5 | 3 | 13 |
| Total | 29 | 24 | 19 | 72 |

Owing to the attendance in each school at the time of data collection, all student participants were enrolled in Year 3 or above (eight years and over) at a participating Hospital School. Numbers and ages of participants were based on actual enrolments at the time, resulting in an uneven balance across states. The highest concentration of students was in Years 3-6 at 38% (N=11) with 31% in Years 7-9 (N=9) and 28% in Years 10-12 (N=8). There was one student working at Tertiary level, completing studies whilst a patient, through the support and involvement of hospital schooling. The duration of hospital stay for each student varied. It must be noted that this data includes information on students in the New Zealand Health School who are not always ‘physically’ located within the hospital setting, but accessing education through educators located in the hospital through which they are receiving treatment. As demonstrated in Figure 1 below, the largest group of students included those staying in hospital for longer than four weeks, with the second unsure when their stay would be complete. Any data ‘undetermined’ meant that the participant decided not to respond to that question.



Figure 1. Duration of student’s stay in hospital

Materials and Procedure

Confidential, written questionnaires were used to gain qualitative information and feedback on the perceptions of participants regarding hospital-school transition issues, preferred academic and social spaces for interaction during the hospital stay, as well as available and preferred technology. Taking into consideration the health needs of the student participants, a tailored version of the questionnaire was designed to contain only seven short questions for this group. The Hospital school Principals and staff managed the distribution and collection of the questionnaire and consent forms, allowing them to approach families with care and appropriate understanding of any personal circumstances.

 A mixed methodology approach was used for this study with thematic analysis guiding the development of the main focus areas that emerged from the data. The thematic trends were then analysed in three ways; (a) for each individual participant (student, teacher, parent/carer), (b) for each individual school and (c) for all schools collectively. Quantitative survey data were analysed using descriptive statistics (Coffey & Atkinson, 1996). Any key trends were identified and compared with the qualitative data.

Findings and Discussion

The main subthemes that emerged from the data concerned i) schooling as teaching and learning (pedagogical implications) and ii) use of technology. Family perceptions of academic progress/success, issues of collaboration, transition as well as the role of professional learning were considered within the first subtheme. The second subtheme focused on the role of technology in supporting preferred academic and social learning spaces, in reducing isolation along with issues of access, monitoring and security.

Pedagogical Implications

Pedagogy is seen as taking place in both classrooms and other educational settings and embodies the inseparable relationship in the learning process between how and what is taught (NSW Department of Education & Training, 2003). The NSW Department of Education and Training (2003) report on quality teaching reinforces the importance of quality of pedagogy as being the factor that “…most directly and most powerfully affects the quality of learning outcomes that students demonstrate…” (p. 4). We must ensure hospital school students are, for equity purposes, exposed to ‘quality pedagogies’ and these systems need to be sustained organisationally by schools. Essentially, if the student has gaps in their schooling, or if it’s somehow very scant or lacking any quality, this will affect their learning outcomes. It is this perspective of pedagogy as embedded within the teaching and learning process and across locations that underpins this study.

Family perception of academic progress or success.

The first theme to emerge under the broader area of pedagogy related to the perception of families regarding academic progress and success. In general, students and their parents/carers felt they were keeping ‘up to date’ with school work although this was in balance with perception of success in relation to their circumstances. As stated by one student:

I am doing my best under the circumstances, with what I can receive from my school (which have been very supportive). However, I do feel I am behind, although it has been difficult being away from school (most of the time not spent in hospital). I am not working on all subjects, I was putting my energy and concentration (leftover that I have from physio) on Maths and English, plus the novel (series) I am currently reading. (Student N6)

This perception of success reflected the satisfactory level of perceived contact made between hospital and regular schools on behalf of the student, and the perceived contribution of the regular or hospital schooling providing sufficient educational material and content. Academic ability in relation to a student’s peer group was not investigated explicitly as part of this study.

A student’s social connectedness to school, satisfaction with school, and the relationships maintained in the school environment, have been shown to have some correlation with academic outcomes (Friedli, 2009; Keleher & Armstrong, 2005; Samdal, Nutbean, Wold & Kannas, 1998; Wright & Robertson, 2007). Following students on their return transition to school would provide for an important study into whether students’ and parent/carer perceptions matched those of their teachers after the student returns to their regular school environment. Additionally it would engage in findings from Yates et al; (2010) where parents/carers expressed concern at lower than anticipated academic results.

Collaboration and transition issues.

Collaboration and its interrelatedness to transition within the hospital schooling context was the second key subtheme arising from the study. Participants discussed collaboration primarily in relation to interactions between adult stakeholders rather than in relation to student learning engagement with teachers or peer learning experiences. Transition was addressed more in relation to the mechanics of communication required as opposed to collaboration around learning experiences.

The role of effective transition has been highlighted in the past (Farrell & Harris, 2003; King, Baldwin, Currie & Evans, 2006) with this study adding to the limited body of literature in the field and reinforcing the importance of planning transition based on, and respectful of, the unique circumstances of the various students, their families and schools. The findings from the study reinforced the belief that issues of transition and collaboration are not just an issue for the start and end of a student’s time in hospital, but an ongoing process. Recommendations such as those made by Farrell and Harris (2003) encourage ongoing “mainstream ownership” (p. 8) and require the pupil’s regular school to retain a high profile while students are receiving their education in a alternative setting such as hospitals.

Issues with ensuring such mainstream ownership were experienced by participants in this study. Of all parents/carers surveyed, 75% (N=18) reported contact with the hospital school staff during their child’s stay in hospital, however only just over 50% (N=14) reported contact with their regular school. The higher degree of contact with hospital schools was also reflected in whom provided the bulk of work to students, with hospital schools instrumental for 55% (N=16) of students surveyed. Of that cohort 37% (N=6) also received some work from their regular school. Given that parental/carer focus is at the hospital, it follows that they would have more regular interaction with the Hospital school educators during their child’s stay, however this does not diminish the importance of formal policy to be in place to ensure increased mainstream ownership and minimise the burden on families at often difficult times in their lives.

Data revealed that collaboration between hospital and regular school teachers occurred in most cases, with all but a few hospital school teachers stating that they usually had some contact with a student’s regular school. Parents/Carers were aware of these collaborations with more than half reporting that they believed the hospital and regular schools were ‘working together’ to support student learning. In a couple of cases this collaboration was facilitated by a parent/carer where they became the conduit for work to be passed between the two schooling environments. Responses from a majority of teachers reinforced the parental/carer perception indicating they were having some level of contact with classroom teachers; however procedures for removing the parent/carer from such an intermediary role should be further investigated.

The number of interactions varied and appeared to be based on each individual child’s circumstances, as well as that of his/her regular school. The role of the regular school location was not mapped against this data, but if considered in future research, may raise important issues regarding collaboration for regular schools located in metropolitan versus rural settings and/or those located in more affluent or lower socio-economic communities. The time period lapsing between episodes of communication varied for each individual, but was approximately every fortnight or longer.

Collaboration as a means of supporting effective transition for students to and from their time in Hospital was considered in the data. The return transition of the student to the regular school was the key issue arising in this area so far with there being varied processes and degrees of support between states. Not all teachers identified had contact with regular schools regarding transition. For those who did, they were largely informal interactions involving various stakeholders and responsive to individual needs. The key focus of these interactions was on practical implications of return including dates, times and duration. A minimal number of teachers acknowledged conversations regarding learning outcomes and engagement with social/emotional issues. The need for further work in this area was reinforced by parental/carer comments with one parent seeing the benefit of technology in aiding policies and processes. Roles and responsibilities were not clear for parents/carers with one stating that, “The biggest barrier seems to be accountability…. Leaving parents with the burden at a time when they are emotionally drained and trying to focus on the medical/emotional needs of the chronically ill child”(Parent N2).

Due to the style and focus of questionnaires, the voices of students were not clearly heard in relation to their perception of effective collaboration with their educators. It is important for teachers and students to share responsibility for designing and engaging in the learning process (Keppell, Au, Ma & Chan, 2006; Webb, 2010). While teachers acknowledged students as partners in the learning journey within this study, future research focusing on the role of the student in this unique collaborative relationship would be beneficial.

Peer learning as a means of collaboration between students was not raised in the study, but its role in hospital settings should be further investigated for what it can offer students as a way of enhancing effective learning opportunities and reducing experience social isolation. A consideration of the role of technology in facilitating such peer learning would also be a valuable area for future research. The benefits of peer learning are recognised across all schooling years (Boud, Cohen & Sampson, 2001; Graetz, 2006; Ingleton, Doube & Rogers, 2004; Prensky, 2011) with the collaborative learning process viewed as offering a way of learning *“…*with and from each other without the immediate intervention of a teacher*…”* (Boud, Cohen & Sampson, 1999 p. 413) and allowing students to understand a topic and/or process within a group which members of the group could not achieve alone (Ingleton, Doube & Rogers, 2004).

By nature of the environment, the teaching and learning process for many hospitalised students, especially those remaining in their wards, rather than the rooms of the hospital school, is a solo one which involves one-to-one instruction and guidance followed by periods of independent work. While in regular circumstances, one-to-one instruction is recognised as beneficial for tailoring student learning (Prensky, 2011), its resulting social isolation in hospital settings should not be ignored. The nature of their illness also impacts on the style and frequency of engagement in learning sessions as well as influencing a Hospital School teacher’s pedagogical choices. To support learning and assist in overcoming isolation issues, a consideration of the role of technology-mediated academic and social learning spaces to foster peer learning, social connection, shape design of future learning tasks and support transition for students is crucial.

The lack of common guidelines for collaboration and transition, as reported by the hospital schools in the study, reinforces findings from other recent projects on Hospital School education as well as supporting students with chronic health issues (Baird & Ashcroft, 1984; Farrell & Harris, 2003; Yates et al; 2010). While recognising that in a hospital school context one size does not fit all, effective procedures to ensure all students are provided with appropriate support to ensure continuity in educational programming is essential (Baird & Ashcroft, 1984; Farrell & Harris, 2003). In further support of the need for clear guidelines that can fit within individual circumstances, Yates et al. (2010) argue that future planning for students with chronic illness is required when a student is identified as having a hospital-related health condition, but that:

…at a policy level too, ways of getting better communication and review both across institutions and over time in schools in relation to an individual are needed, so that all the responsibility does not fall to the family to manage.(P 89)

The findings of our study supported the notion that effective communication and collaboration on the child’s education was desired by all stakeholders throughout the student’s stay in hospital and transition back to school.

Professional learning.

Additional findings emerged from the questionnaires suggesting a need for the provision of effective professional learning to support teachers operating in these unique hospital school environments. Respecting the needs of each individual school context, beliefs and experiences of the associated teachers is important in the planning of any effective professional development and collegial engagement (Perry, 2006; 2012). To support change, a focus on site-based support providing ‘on the job’ development is considered critical (Somekh, 2010). Hospital schools are environments that require their teachers to adapt standard curriculum and respond to extreme individual and changing needs and are usually fairly small schools with minimal staff numbers. Future research to explore the formation of effective state and nationally based networks may work towards supporting these teachers and allowing a national sharing of stories and experiences.

Technological implications for learning

The implications of technology, as a means of supporting student learning and social engagement, were the second area that shaped the study's focus. Data revealed three key areas of interest including its role as a medium in facilitating engagement and developing appropriate academic and social spaces, the role of technology and these spaces in reducing isolation of hospital school students, as well as the logistical and technical implications of access to the technology itself.

Academic and social spaces.

Overall the responses from parents/carers and teachers were positive regarding the provision of online access to connect students academically and socially to their regular school, friends and teachers, as well as assisting in the return transition. A focus on academic and social spaces for learning to take place is a concern for all providers of education in Australia and New Zealand at both state and territory levels (Department of Education and Training Qld, 2010; Department of Education Western Australia, 2010; New Zealand Ministry of Education, 2008; NSW Department of Education and Training, 2010). It is also of national concern (Department of Education Employment and Workpace Relations, 2011) with the Melbourne Declaration on Educational Goals for Young Australians (Ministerial Council of Education Employment Training and Youth Affairs, 2008) clearly stating that “Schools play a vital role in promoting the intellectual, physical, social, emotional, moral, spiritual and aesthetic development and wellbeing of young Australians”(p. 4).

Teachers in this study reported that an online interactive and social networking space could potentially address issues of ‘social isolation’ experienced by some students while in hospital and provide “…safe contact with their peers so they can keep the social contact going. This is really important for adolescents” (Teacher Q2). The provision of public (Facebook, My Space) or private (email, MSN) media for connection were both considered.

The issue of social isolation was viewed as separate to that of academic progress and raised as a significant concern by all participants mirroring that of participants with chronic health issues in the Yates et al. (2010) study. As stated by one parent in the study, “It’s critical that children in this situation maintain a sense of belonging to their normal school. Social isolation has been the most damaging part of my child’s experience” (Parent N2). Over 80% (N=15) of teachers and 85% (N=20) of parents/carers surveyed believed that online access is beneficial both socially and academically for reducing such isolation, but calls into question issues of internet access and program restrictions as raised in the next section of this paper.

It is positive to note that 75% (N=22) of children have had contact with friends since being in hospital with the most usual means of communication being self-initiated online engagement. Social media was an area identified by parents/carers and students as being utilised to support learning and for general social interaction with just over 50% (N=13) of parents/carers reporting their child using social media to support learning. Supporting the findings of Wilkie and Jones (2009), email was the predominant means of communication, with some using Facebook and to a lesser extent Skype. Data revealed, however, that from the parent/carer perspective, social media was being utilised for social purposes more than learning for almost three quarters of participants. When considering the student perspective on the use of social media, 59% (N=17) viewed it as a positive way to catch up with friends with only 20% (N=6) acknowledging its possibilities for interacting with regular school teachers. Further research into current use of social media as an educational portal for communication and online collaboration is recommended.

There was a clear relationship between the use of social media and the age of the child with some parents/carers feeling that their child was too young to be using Skype and/or Facebook. One of the most interesting findings from the perspective of regular school support related to the provision of online educational materials. Of the parents/carers surveyed, 42% (N=10) reported their child’s regular school provided educational material online and of that cohort, only 33% (N=3) showed knowledge of the content. This finding reengages with a need for more effective collaboration and through such collaboration a sharing of knowledge and processes with all stakeholders, including families.

Despite the existence of some use of technology and minimal electronic communication, it appears from the study that the Internet is not being utilised effectively for the provision of support in learning and spaces for interaction between regular school teachers and students. That 45% (N=13) of students were unsure whether their school has a portal and only 28% (N=8) stating that one was available further supports this finding. The rapidly changing technological environment points strongly to the viability for schools and teachers to respond to the ever emerging engagement possibilities offered to young people by new technologies and web-based spaces including those of social media.

Access to technology.

The use of technology to help support student learning in hospital schools was supported and welcomed, but concerns were raised regarding *access to technology*. Data illustrated that the main technological hardware currently used in the hospital school setting are iPads, laptops and interactive whiteboards. Any direct communication between student-student and student-teacher was facilitated predominantly through the use of email and Skype.

Teachers were generally satisfied with existing technology, but two key areas for improvement were identified. The first was the need for wireless access within the hospital in particular for students who were confined to their bed. The second suggestion was to increase the availability of networked laptops for students. Although a majority of teachers believe these areas would assist in the teaching and learning process, most expressed concern over monitoring and security with one teacher stating, “I would be concerned with what sort of ‘net nanny’ was operating. Certainly there are benefits if the students were connected to their home class for long term” (Teacher N2). Concern was raised particularly for students admitted to hospital for psychological or emotional issues with the findings reinforcing the importance of finding safe, but relaxed technology-driven social spaces for students to engage and interact separate to their academic work.

Conclusion

This study focused on perceptions of hospital schooling as viewed by key stakeholders – students, families and teachers with an emphasis on pedagogical and technological implications. Four key recommendations arose from the study.

First, emphasis must be given to the development of supportive policies for hospital-school transition as relevant to the needs of different stakeholder groups. The role of technology in facilitating communication should be considered along with the development of guidelines that can ensure effective support for all students tailored to their specific circumstances and needs.

Second, in-depth consideration of communication and collegial network building to assist in informing pedagogical practices and promote support for hospital school teachers is essential. A series of smaller, individualised and context based projects would assist in building case-based examples through which professional learning can be tailored for the hospital schooling system. Exploration of these cases will also assist in providing focus on any special education needs of the students while they are enrolled under the Hospital School.

Third, further exploration is required to identify the ways in which increased access to online interactive spaces may assist in improving opportunities for education and social connectedness and reduce experienced issues of social isolation. This of course necessitates due consideration of access to technology and provision of appropriate hardware, software and meaningful application.

Finally, while lessons learned can be considered and applied across contexts, in our experience it is recommended that future research involving hospital schools not only considers these environmental differences but also sensitively acknowledges the individual transitional situation of the student, their own health condition, families, teachers and hospitals involved.

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