Hospital School Practices

Introduction

Chronic illness affects up to 20% of school-aged children. While their illnesses may keep them from attending a mainstream public school, these students still need educational instruction to keep from falling behind in their studies. Under the Individuals with Disabilities Act (IDEA) in the United States, children with chronic illness must be provided with free public education. Hospital schools are one way of providing these services. Hospital schools provide educational instruction for children with chronic illnesses, as well as for children with physical rehabilitation needs, psychiatric disorders, behavioral disorders, and brain injuries. Although hospital schools treat a diverse population of students, most of the research available on hospital schools focuses on children with chronic illness.

Hospital schools are usually run by a local educational agency (LEA) or the hospital itself. Some research has been done to inform best practices in a hospital school setting, but there is currently very little within the literature specific to educational outcomes for these students. Implementation of services and program design vary from school to school. Although the research is limited, effective practice recommendations have all highlighted the importance of collaboration and communication between the traditional school, hospital school employees, parents, and students. Some obvious areas of concern for students with chronic illnesses are school attendance, school performance, and traditional school reentry.
Academic outcomes for children who receive educational services in a hospital setting are difficult to measure due to the individualized education plans necessary for each student. In order to inform the development of a best practice model for hospital schools more information on current practices, programming, and organizational structure is necessary to provide a foundation for additional research. The current study attempted to address the general lack of information about the practices of hospital schools as well as provide hospital school practitioners with greater understanding of how hospital schools are offering services and what barriers they face.

Survey

This study surveyed hospital school principals/administrators to better understand current practices in hospital schools. The web-based survey developed using checkbox software included 24 questions within three broad categories including organizational structure, programming, and enrollment (Table 1). Of the twenty-four questions on the survey, ten items required participants to select an answer. Not all participants answered all twenty-four questions, as some questions were included for clarification if a participant selected a particular response. Some questions required participants to select only one answer, while others allowed participants to check all that apply. The survey also included some open-ended, short answer questions for purposes of soliciting greater clarification and to allow for unanticipated areas of importance to emerge.

Sample and Data Collection

The survey was sent to forty-five hospital school administrators via email. Hospital schools that received the survey were chosen based on availability of contact information and membership in one of two organizations – Association for the Education of Children with
Medical Needs (AECMN) and Association of Pediatric Hematology and Oncology Educational Specialists (APHOES). A short description of the survey project and a link to the survey were included in the email sent to participants. Of the forty-five administrators contacted, twenty of them completed the survey, yielding a 44% response rate.

Results

Of the respondents, almost 90% of them belong to the Association for the Education of Children with Medical Needs (AECMN). For the majority (67%) educational services are supported by local educational agencies, with most teachers and staff (60%) being employed by local educational agencies as well.

Of the services provided, inpatient and/or outpatient services are provided by most (83%) respondents (Figure 3). Almost all (88%) of the respondents offer transitional services, defined on the survey as services to help the student as they transition back into their home school. These services are primarily offered by bedside teachers, with some employing school intervention coordinators or other specialists. Identified challenges to offering transitional services included travel and limited staff as the main challenges. Other challenges noted by the respondents included limited time to provide appropriate transitional services, scheduling conflicts, and the often lengthy transition process. Half of the respondents offer services to preschoolers, including bedside and classroom activities.

About 60% of the hospital administrator respondents have assessed parental satisfaction via survey (Figure 1). Slightly over half respondents reported an average annual enrollment of more than 250 students, and almost all of the respondents offer services to out-of-state students.
Although there was consensus on many items, there are many variations involving transitional services and their implementation, preschool services, parent satisfaction assessments, and enrollment numbers.

**Discussion**

The findings of this study can inform hospital school administrators about existing organizational structures and programming offered at hospital schools around the country and may serve as a foundation for the development of best practices models and standards for providing educational services to this special needs population.

There are some recommendations for best practices in place, yet there is no set of common standards to inform the field. Harris & Farrell (2004) were able to identify five key aspects of effective practice for hospital schools. Key aspects of effective practice were identified as mainstream ownership, partnership and collaboration, flexibility, responsiveness, and clarity. Some of the recommended practices such as parent communication and offering transitional services are in being utilized by most of the respondents.

The study yielded a 44% response rate with forty-five administrators contacted to participate. Only the schools for which contact information was known were included which is a significant limitation of the study in light of the fact that there are almost three-hundred children’s hospitals in the country. Therefore, the total number of possible administrators that could have been included in the survey administration is unknown. Despite the small sample size, the data provides an important first step in the development of a more comprehensive research agenda in this field.

The development of a directory of hospital school administrators across the nation and abroad would be a positive first step in building collaboration and fostering the types of
communication that could contribute to the development of a best practices model for hospital schools. Increased communication among and between hospital school administrators may prompt more collaboration and propel additional research efforts. Given that the majority of the respondents were members of AECMN (Figure 2), surveying administrators at annual or regional conferences held by the organization would likely yield a higher sample size and response rate. Additionally, interviews or focus groups of hospital school staff would provide greater insight into effective practices, but analyzing the data may be difficult because student needs and health outcomes are so varied.

Conclusion

In order to create a best practices framework for hospital schools, more research is needed on educational outcomes, as well as current practices in hospital schools. The most current research is medical in nature; therefore, bridging the gap between medical and educational research would better inform administrators.

Many schools surveyed are utilizing the same practices to best serve their population of diverse learners. Transition services, although difficult, are part of most (88%) schools’ programs and teachers serve several students on an individual basis. Also, 50% offer preschool services and 59% have assessed parent satisfaction. Although many schools have the same practices in place, more communication between administrators would strengthen the commonalities between schools. Sharing best practices within the field could lead toward a common standard in hospital schools.

The survey administered was a starting point in achieving greater understanding of the mechanisms employed by hospital schools, however, more in depth information would be required and a greater number of hospital schools would need to participate. Since many
administrators are members of the same organizations, there are opportunities for communication and collaboration among professionals in the field at annual conferences or other gatherings. Research on hospital schools is difficult due to the diverse population served, but information can be obtained through case studies and interviews. More research is necessary in reaching the goal of creating a best practices model to inform the field and ensure the best possible outcomes for this population of students.
Table 1. Survey Questions

**Organizational Structure**

1. What funding mechanisms are utilized to support educational services for the children you serve?
   a. Local Educational Agency
   b. Private/Foundation
   c. Hospital Funding
   d. Tuition

2. How many full time equivalent teachers do you employ?
   a. 1 to 3
   b. 4 to 6
   c. 7 to 10
   d. 11 to 14
   e. 15 or more

3. What is the average duration of a teacher’s employment?
   a. Less than 1 year
   b. 1 to 3 years
   c. 4 to 6 years
   d. 7 to 10 years
   e. More than 10 years

4. Who are your teachers and administrative staff employed by?
   a. Local Educational Agency
   b. Hospital or Medical Center
5. Please indicate the national associations to which you belong?
   a. Association for the Education of Children with Medical Needs (AECMN)
   b. Association of Pediatric Hematology and Oncology Educational Specialists (APHOES)
   c. Other

6. If other, please specify?

**Programming**

7. Please indicate the types of educational service that are offered to children.
   a. Inpatient
   b. Outpatient
   c. Other

8. If other, please specify?

9. Does your school offer transitional education services? E.g., services to help the student as they transition back into their home school
   a. Yes
   b. No

10. What transitional services are offered?
    a. Communication and planned development with base school staff
    b. Personal visit to base school
    c. Other

11. If other, please specify?

12. Who are the transitional services administered by?
    a. Bedside teachers
b. School intervention coordinators

c. Other

13. If other, please specify?

14. What are some challenges and barriers to offering transitional services?

15. Do you offer services to preschoolers?
   a. Yes
   b. No

16. Please describe the scope of these services?

17. Are you currently or have you previously assessed parent satisfaction with your educational programs?
   a. Yes
   b. No

18. What mechanisms have you employed to that end?
   a. Survey
   b. Interview

19. If other, please specify?

20. Do you offer services to out-of-state students?
   a. Yes
   b. No

21. Is the funding mechanism different for out-of-state students?
   a. Yes
   b. No

22. Please describe different funding mechanisms for out-of-state students.
Enrollment

23. What is your average annual enrollment?
   a. 1-50
   b. 51-100
   c. 101-150
   d. 151-200
   e. 201-250
   f. More than 250

24. How many students does one teacher typically serve?
   a. 1-2
   b. 3-4
   c. 5-6
   d. More than 6
Figure 1. How Parent Satisfaction is Assessed

Are you currently or have you previously assessed parent satisfaction with your educational programs? (27 Responses)

- Yes: 16 (59.26%)
- No: 11 (40.74%)

Figure 2. National Associations to which Hospital Schools Belong

Please indicate which national associations to which you belong? (28 Responses)

- Assoc. for the Education of Children with Medical Needs (AECMN): 25 (89.29%)
- Assoc. of Pediatric Hematology and Oncology Educational Specialists (APHOES): 12 (42.86%)
- Other: 7 (25.00%)
Figure 3. Types of Services Offered

Please indicate the type of educational services that are offered to children. (29 Responses)

- Inpatient: 24 (82.76%)
- Outpatient: 22 (75.86%)
- Other: 7 (24.14%)
References


