







Nº10 2025

- 13.00.00 Pedagogika fanlari
- 13.00.01 Pedagogika nazariyasi. Pedagogik ta'limotlar tarixi
- 13.00.02 Ta'lim va tarbiya nazariyasi va metodikasi (sohalar bo'yicha)
- 13.00.03 Maxsus pedagogika
- 13.00.04 Jismoniy tarbiya va sport mashgʻulotlari nazariyasi va metodikasi
- 13.00.05 Kasb-hunar ta'limi nazariyasi va metodikasi
- 13.00.06 Elektron ta'lim nazariyasi va metodikasi (ta'lim sohalari va bosqichlari bo'yicha)
- 13.00.07 Ta'limda menejment
- 13.00.08 Maktabgacha ta'lim va tarbiya nazariyasi va metodikasi
- 13.00.09 ljtimoiy pedagogika
- 07.00.00 Tarix fanlari
- 19.00.00 Psixologiya fanlari
- 01.00.00 Fizika-matematika fanlari
- 02.00.00 Kimyo fanlari
- 03.00.00 Biologiya fanlari
- 09.00.00 Falsafa fanlari
- 10.00.00 Filologiya fanlari
- 11.00.00 Geografiya fanlari



# AKTABGACHA VA AKTAB TA'LIMI

Pedagogika, psixologiya fanlariga ixtisoslashgan ilmiy jurnal





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Pedagogika fanlari boʻyicha: OAK Kengashi tavsiyasi (26.08.2024-y.,

№11-05-4381/01) asosida:

- Ekspert kengashi (29.10.2024-y., №10)
- Rayosat qarori (31.10.2024-y., №363/5)

Psixologiya fanlari boʻyicha: Toshkent davlat pedagogika universiteti murojaatiga asosan OAK tavsiyasi (24.04.2025-y., №11-05-2566/01):

- Ekspert kengashi (25.05.2025-y., №10)
- Rayosat garori (08.05.2025-y., №370/5)

"Maktabgacha va maktab ta'limi" jurnali

26.09.2023-yildan

Oʻzbekiston Respublikasi Prezidenti Administratsiyasi huzuridagi Axborot va ommaviy kommunikatsiyalar agentligi tomonidan №C-5669363 reyestr raqami tartibi boʻyicha roʻyxatdan oʻtkazilgan.

Litsenziya raqami: №136361



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# THE COMPLEXITY OF TRAINING TEACHING STAFF FOR WORK IN PUBLIC SCHOOLS ORGANIZED IN MEDICAL STATIONS IN UZBEKISTAN

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**Abstract:** The article presents the author's view on the problems of organizing teacher training for working in hospitals with children undergoing long-term treatment who cannot attend educational institutions for health reasons. It also explores the study of the academic discipline "Hospital Pedagogy" in the process of training specialists at pedagogical universities.

Key words: hospital school, hospital pedagogy, system of hospital schools, individual needs, modern technologies, specificity, medical-psychological-pedagogical correction, medical-psychological-pedagogical commission, student in need of long-term treatment.

Annotatsiya: Maqolada uzoq muddat davolanayotgan va sogʻligʻi sababli ta'lim muassasalariga bora olmaydigan bolalarning ta'limini tashkil etish hamda shifoxonalarda oʻquv muhiti va oʻquv jarayonini yoʻlga qoʻyish boʻyicha olib borilayotgan ishlar yoritilgan. Shuningdek, "Gospital pedagogika" fanining pedagogika oliy ta'lim muassasalariga kiritilishi, uning an'analari, xususiyatlari va dolzarb muammolari haqida fikr yuritilgan.

Kalit soʻzlar: kasalxona maktabi, kasalxona pedagogikasi, kasalxona maktablari tizimi, individual ehtiyojlar, zamonaviy texnologiyalar, oʻziga xos xususiyatlar, tibbiy-psixologik-pedagogik korreksiya, tibbiy-psixologik-pedagogik komissiya, uzoq muddatli davolanishga muhtoj talaba.

Аннотация: В статье раскрывается авторский взгляд на проблемы организации подготовки педагогических кадров для работы в стационарах с детьми, находящимися на длительном лечении и не имеющими возможности посещать образовательные учреждения по состоянию здоровья, а также на изучение учебной дисциплины "Госпитальная педагогика" при подготовке специалистов в педагогических вузах.

**Ключевые слова:** госпитальная школа, госпитальная педагогика, система госпитальных школ, индивидуальные потребности, современные технологии, специфика, медико-психолого-педагогическая коррекция, медико-психолого-педагогическая комиссия, студент, нуждающийся в длительном лечении.

# INTRODUCTION

The health status of school-age children in Uzbekistan is deteriorating every year. According to the Institute of Developmental Physiology, about 60% of secondary school students have varying degrees of health impairment.

A certain number of children suffer from serious illnesses that require long-term inpatient treatment in medical institutions (hospitals, clinics, etc.). An educational school at a hospital that teaches sick children is called a "hospital school," and the corresponding academic discipline is referred to as "hospital pedagogy." Such schools provide an opportunity for a child undergoing long-term treatment to keep up with peers in the school curriculum. Moreover, studying at a hospital school facilitates the rehabilitation and adaptation of sick children. This type of education gives a sick child greater confidence in the future, helps organize their time during hospital treatment, and distracts them from unnecessary worries about their illness [7].

Children exhibit different attitudes toward learning within hospital settings; not all of them are willing to study. The parents of such children also may be reluctant to support their child's education, often feeling pity for the sick child. In this context, the teacher plays a crucial role in finding the right approach to both the child and the parents, explaining the value and importance of continuing education. The ability to establish an appropriate pedagogical approach toward sick children and their parents must be developed and taught to future teachers

of hospital schools in pedagogical universities. Both primary school teachers and subject teachers should possess these skills. In addition to loving their profession, they must have deep subject knowledge and be capable of effectively working within a hospital environment. Thus, after analyzing the current situation, we can conclude that there is an urgent need for teaching staff with a sufficiently high level of professional competence to work with sick children in hospital settings. Today, the main drawback lies in the insufficient professional training of future teachers for educational activities in hospitals, as well as the absence of relevant academic disciplines and didactic tools in university curricula. Many young teachers refuse to work in hospital schools, citing inadequate university preparation. Higher education institutions must meet the existing needs of modern society by preparing specialists with a high level of professional culture who are capable of effective work in their field under difficult and specific conditions, including rehabilitation centers and sanatorium-type medical institutions [2].

# LITERATURE REVIEW

Today, concepts such as "hospital pedagogy", "system of hospital schools", "hospital school", and "hospital teacher" are being introduced into pedagogical practice, with individual attempts being made to define these terms more precisely.

The introduction of the subject Hospital Pedagogy in pedagogical universities significantly complicates the work of teachers. This field of pedagogy is associated with organizing education for children who are undergoing long-term treatment and cannot attend educational institutions for health reasons. As a branch of pedagogy, hospital pedagogy focuses on a specific category of students – children in need of long-term treatment.

The complexity of implementing and developing this pedagogical direction arises from its interdepartmental nature, involving education, health care, and social protection. A student undergoing long-term treatment in a hospital is, first and foremost, a patient, and only secondarily a schoolchild. Combining medical and pedagogical technologies in the process of treating a child ensures comprehensive rehabilitation. Teachers and educators who work with such children and are responsible for their health and safety must possess first-aid skills – one of the key indicators of social civilization. Examining the main events that preceded the emergence of the modern model of hospital schools reveals key developmental stages, the current state, and various areas of activity, including research issues in the field of hospital pedagogy.

First of all, it is worth noting that hospital pedagogy has a long history and strong traditions. According to researchers (A. G. Rumyantsev, S. V. Sharikov), its origins date back to 1802, when the world's first children's hospital was established in Paris, France, followed by the rapid development of pediatrics in the second half of the 19th century [6]. The first hospital schools appeared in Ireland and Britain – for instance, the Duke Children's Hospital School, founded in 1959 within the Durham Public School system. In global practice, by the 2000s, hospital schools began to appear at major medical research centers. Most often, hospital schools were established on the basis of local public schools, which implemented educational programs identical to those of regular schools. This approach enabled children with long-term illnesses to meet academic goals and reintegrate into their regular social and educational environments after treatment. It should be noted that hospital schools serving students with health conditions should [1]:

- focus on the child and his or her individual educational needs;
- be flexible and available for organization both at home and in hospitals or other public spaces;
- establish effective communication channels between doctors, teachers, students, and parents;
- provide adequate academic support to students;
- offer opportunities for social and emotional support;
- be managed by a teacher or educational specialist who acts as a bridge between education and healthcare systems, rather than by the student's parents;
- utilize modern technologies to ensure that the student remains engaged in learning and maintains contact with peers.

# RESEARCH METHODOLOGY

In our country, the problem of hospital training has not received due attention. Comprehensive schools existed at large children's hospitals in central cities and in some children's sanatoriums. Given the small number of such schools, pedagogical universities did not train specialists for hospital schools. Teachers from regular secondary schools came there and taught sick children without following the principles of hospital pedagogy.



Each teacher conducted lessons based on their own qualifications and understanding of how to teach a sick child, and many teachers ended up in hospital schools "by accident." Experience in this type of work was gained independently–some performed better, others worse. For a long time, no one considered the problem of training specially prepared teachers, and there were no special schools for long-term ill children.

There are quite a lot of children in our country who are ill for a long period. It is very important to help such students regain their health as much as possible—not only those in hospitals but also those who, due to illness, stay at home and miss school for extended periods. Nowadays, it is possible to teach a sick child at home via the Internet, for example, through Skype. However, the child also needs "live" communication, and it is advisable for the teacher to conduct at least part of the lessons at the child's home or, if possible, involve the "home-based" child in several lessons at the nearest school. For this to happen, schools must have appropriate conditions for the sick child's stay in the classroom. Access to classrooms, convenient stairways or elevators, suitable school furniture, and other necessary facilities must be ensured.

After a long hospital stay, children returning to their secondary school often do not have time to fully recover and cannot cope with the workload that is normal for other students in the class. As a result, the child begins to lag behind in studies, which leads to negative emotions and delays the recovery process even further. Increased fatigue, unstable attention, distractibility, decreased performance, irritability, and sleep disturbances are frequently observed. Naturally, the teacher must be able to help the child in such a situation, which requires special pedagogical skills. This situation arises not only for children who have stayed long in hospitals but also for those who have missed classes due to home treatment.

## ANALYSIS AND RESULTS

Working as a teacher in a hospital differs significantly from working in a regular public school. Lessons with hospitalized children take into account medical procedures and the child's health condition. The lesson may be shorter than the allotted time because of the child's poor health, and classes can be divided into shorter sessions according to the treatment process. Teachers must be prepared for this type of work, and pedagogical universities are obliged to ensure such preparation.

The teacher must be familiar with the child's diagnosis, understand the specifics of the disease, follow the prescriptions and recommendations of the attending physician, and know the rehabilitation terms and regimen requirements. Only with this knowledge can the teacher properly organize school activities. Such awareness enables the teacher to select appropriate teaching methods and tactics and to determine the suitable intensity and duration of classes [3]. An important task facing hospital pedagogy is the teacher's assistance in the rehabilitation and adaptation of a sick child to school education in a comprehensive school setting. To achieve the assigned task, it is necessary to have in the teacher's arsenal specific methods of working in these conditions. To ensure the medical-psychological-pedagogical rehabilitation of a sick child, it is necessary to include the following components: educating the child in a hospital school or at home; carrying out medical-psychological-pedagogical correction; preparing parents to help their child learn; assisting with the provision of social support and ensuring the adaptation of the sick child to secondary school.

In order for a teacher to be able to fully work as part of a medical-psychological-pedagogical commission, he must possess certain medical knowledge. It is necessary to have an understanding of the diseases that the medical-psychological-pedagogical commission encounters in its work. In pedagogical universities, medical disciplines should be taught in a special, comprehensible form, with an emphasis on clinical, psychological, and pedagogical approaches. The teacher must be familiar with the peculiarities of the course of diseases observed in children, and it is especially important to know the child's capacity for learning. The very problem of medical-psychological-pedagogical rehabilitation requires the joint efforts and collaboration of different specialists.

In many countries, the problem of hospital pedagogy has been addressed for about 100 years. Considering the importance of continuing the education of a child who has been in a hospital for a long time, the Association of Hospital Pedagogy (HOPE) was created in Europe in 1919, initially including 15 countries. Today, in these countries, this system of hospital pedagogy has been fully developed, and sick children have access to education and rehabilitation. Teachers working in hospital schools are specially trained. In the Russian Federation, according to the Ministry of Health, every year about 200,000 school-age children undergo long-term treatment in children's hospitals for various diseases. These children must receive full education during treatment in order to keep up with their classmates.

Similarly, in Uzbekistan, according to departmental data as of January 1, 2023, the total number of children aged 0–14 years was 10,518,483, of whom 4,954,910 were boys and 4,730,654 were girls. In addition, the total number of young people aged 14–30 years reached 9,685,564. Many of these children are undergoing long-term treatment for various diseases. As medical science develops, the quality of treatment improves every year, and the duration of treatment decreases; however, the number of sick children remains



quite large. A significant number of children suffer from malignant diseases of various anatomical systems. Every year, about 300,000 children around the world are diagnosed with cancer. In developed countries, more than 80% of these cases are cured. A large number of school-age children with malignant blood diseases are treated at the Children's Hospital of Oncology and Hematology (Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology – "RSNPMCOiR" – of the Republic of Uzbekistan). Currently, one of the most important vectors in the development of modern educational practice and pedagogical science is hospital pedagogy. The declaration of equal rights to quality education for every child, without any exceptions or discrimination, has led to significant positive changes in solving the problems of education, upbringing, and development. The central concept of hospital pedagogy is the hospital school – an organization that conducts educational activities through basic and additional general education programs for children who need long-term treatment in a medical institution.

Hospital schools include:

- 1. Educational organizations operating on the basis of a medical institution;
- 2. Educational organizations for students mastering basic and additional general education programs and in need of long-term treatment (including sanatoriums);
- 3. Specialized structural educational units of medical institutions.

A student in need of long-term treatment is a learner mastering basic and additional general education programs who, according to a medical organization's conclusion, is undergoing treatment or medical rehabilitation lasting more than 21 days in medical institutions or at home, in accordance with the List of diseases granting the right to home-based education, or a child already homeschooled on other legal grounds [4]. Educational activities for children undergoing long-term treatment are carried out by a hospital teacher – a specialist with pedagogical education who has undergone special training in working with children in long-term treatment. In their work, hospital teachers use methods and tools that differ significantly from traditional ones used in regular schools. The main distinctive features of this approach are:

- 1. The need to take into account the individual educational needs of each child, developing personalized educational routes and programs;
- 2. A high demand for distance learning tools and methods, especially when educational activities are conducted for a child in aseptic isolation;
- 3. Work in small groups (including mixed-level and mixed-age groups) or individually with each child;
- 4. Active use of play-based and creative tasks aimed at maintaining learning motivation, restoring mental functioning, and developing communication and socialization skills.

Hospital teachers carefully follow doctors' recommendations regarding the child's current health status, rehabilitation potential, cognitive and other deficits caused by illness and treatment. They maintain daily contact with medical staff, parents, and the psychological support service that provides advisory and practical assistance [5]. Classes with long-term ill children are conducted either in the educational sector of a hospital school (within the medical institution) or directly in the hospital ward, at the child's bedside (if the student has limited mobility).

Turning to the history of education and pedagogical thought allows us to trace the dynamics of interaction between the state, school, and pedagogy at different stages of human development. Mastering this discipline provides students with a solid theoretical foundation and practical readiness for effective teaching activities, as well as comprehension of the fundamentals of pedagogical science, which they will further develop in their careers. Future specialists form a perception of the teacher as an active citizen, a bearer of culture, and a professional.

# CONCLUSION

In conclusion, it should be noted that the introduction of "Hospital Pedagogy" in Uzbekistan should not rely solely on foreign experience accumulated in European countries and Russia but also take into account the valuable experience of domestic defectology education. Defectological education in Uzbekistan has long been established and maintains high quality. In training specialists, along with pedagogical and psychological disciplines, medical disciplines should also occupy an essential niche. Medical disciplines should take their rightful place in the preparation of specialists (hospital teachers) for hospital schools. Knowledge about the diseases of children undergoing long-term treatment will help teachers find the right approach to both the child and their parents, giving them confidence in their professional activity. Of course, the medical disciplines studied should be accessible and comprehensible to students of pedagogical universities.



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13.00.00 Pedagogika fanlari 13.00.01 Pedagogika nazariyasi. Pedagogik ta'limotlar tarixi 13.00.02 Ta'lim va tarbiya nazariyasi va metodikasi (sohalar bo'yicha) 13.00.03 Maxsus pedagogika 13.00.04 Jismoniy tarbiya va sport mashgʻulotlari nazariyasi va metodikasi 13.00.05 Kasb-hunar ta'limi nazariyasi va metodikasi 13.00.06 Elektron ta'lim nazariyasi va metodikasi (ta'lim sohalari va bosqichlari bo'yicha) 13.00.07 Ta'limda menejment 13.00.08 Maktabgacha ta'lim va tarbiya nazariyasi va metodikasi 13.00.09 ljtimoiy pedagogika 07.00.00 Tarix fanlari 19.00.00 Psixologiya fanlari 01.00.00 Fizika-matematika fanlari 02.00.00 Kimyo fanlari 03.00.00 Biologiya fanlari

09.00.00

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Falsafa fanlari

Filologiya fanlari

Geografiya fanlari



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-2025. №10

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"Maktabgacha va maktab ta'limi" jurnali 26.09.2023-yildan Oʻzbekiston Respublikasi Prezidenti Adminstratsiyasi huzuridagi Axborot va ommaviy kommunikatsiyalar agentligi tomonidan №C–5669363 reyestr raqami tartibi boʻyicha roʻyxatdan oʻtkazilgan.

Litsenziya raqami: № 136361.

**Manzilimiz:** Toshkent shahar, Yunusobod tumani 19-mavze, 17-uy.