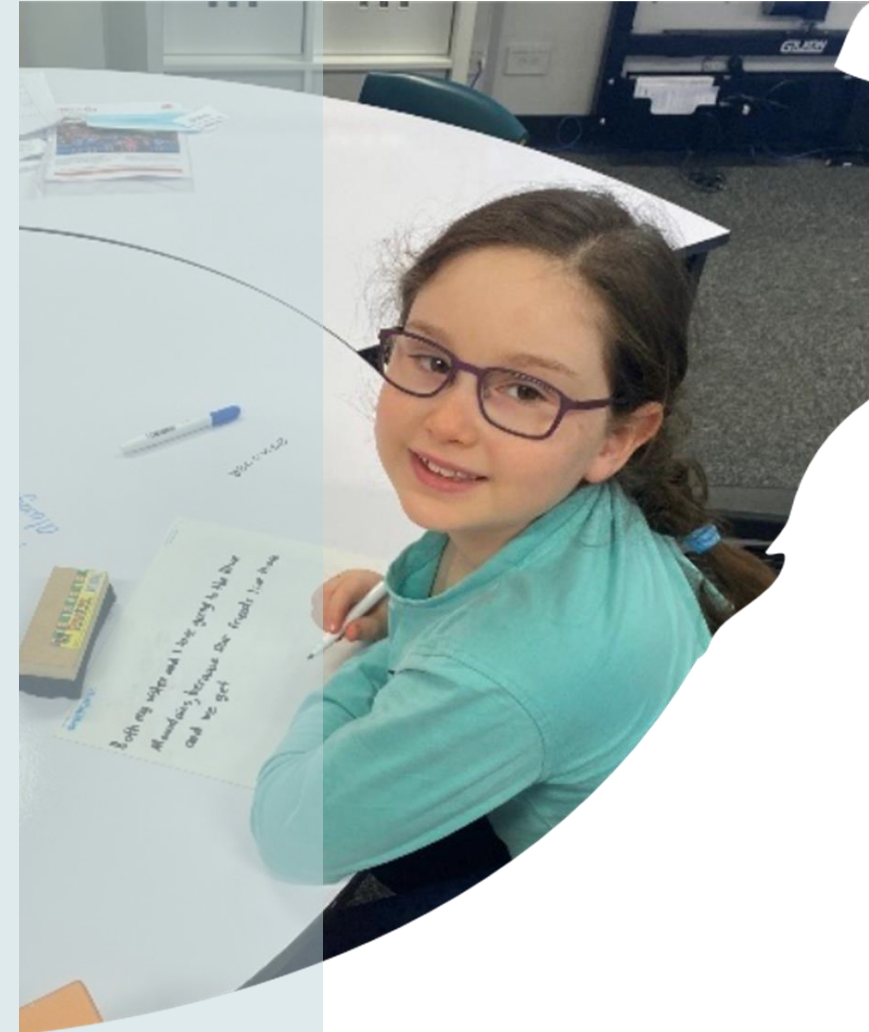
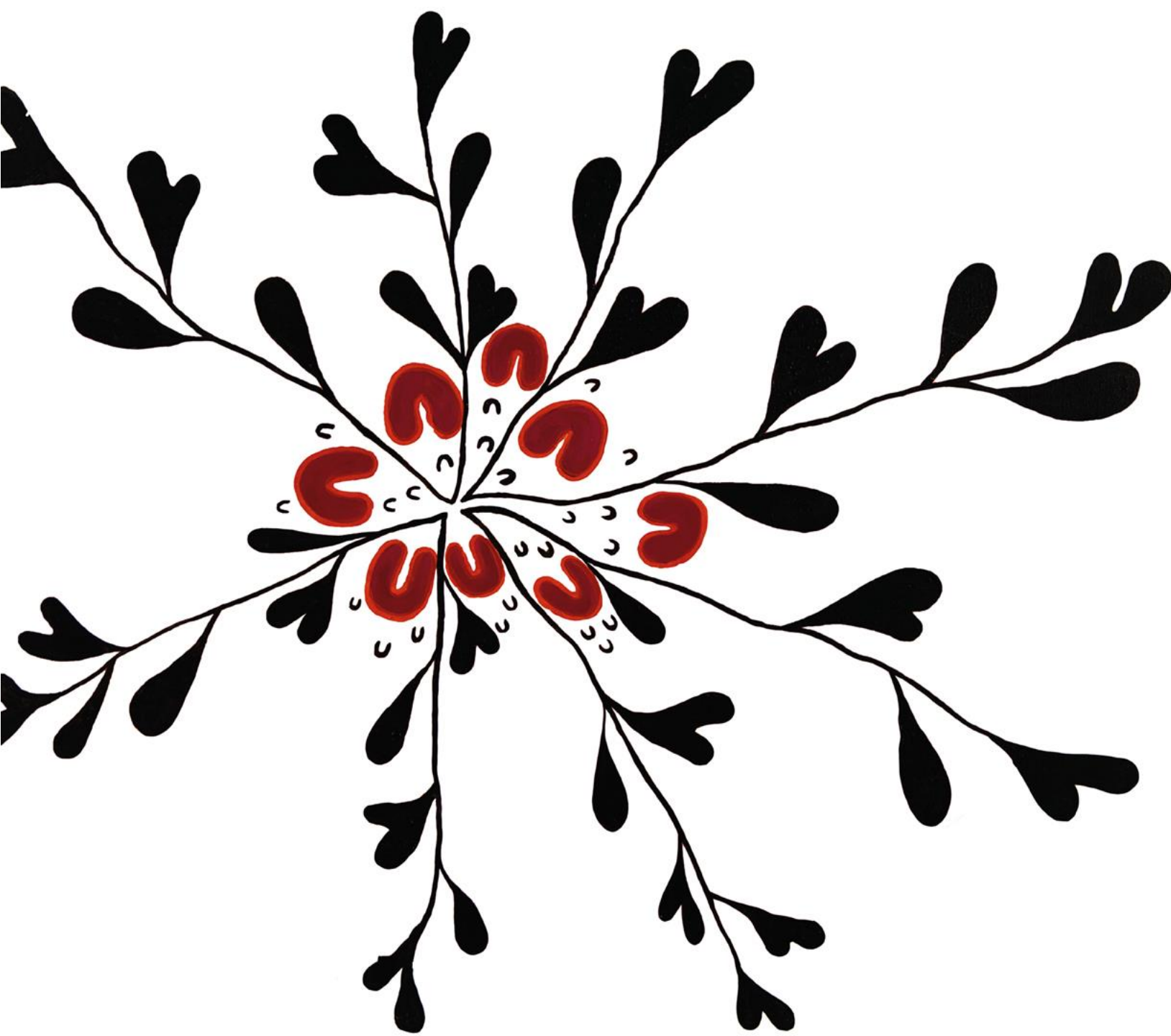




SUPPORTING QUALITY TEACHING IN HOSPITAL SCHOOL SETTINGS

Elizabeth Papayiannis, Sydney Children's Hospital
Leanne Fray, University of Newcastle





ACKNOWLEDGEMENT

Country is the land, water, sky and all the living things that occupy those spaces. It also refers to the spiritual connections that exist between all of those things.

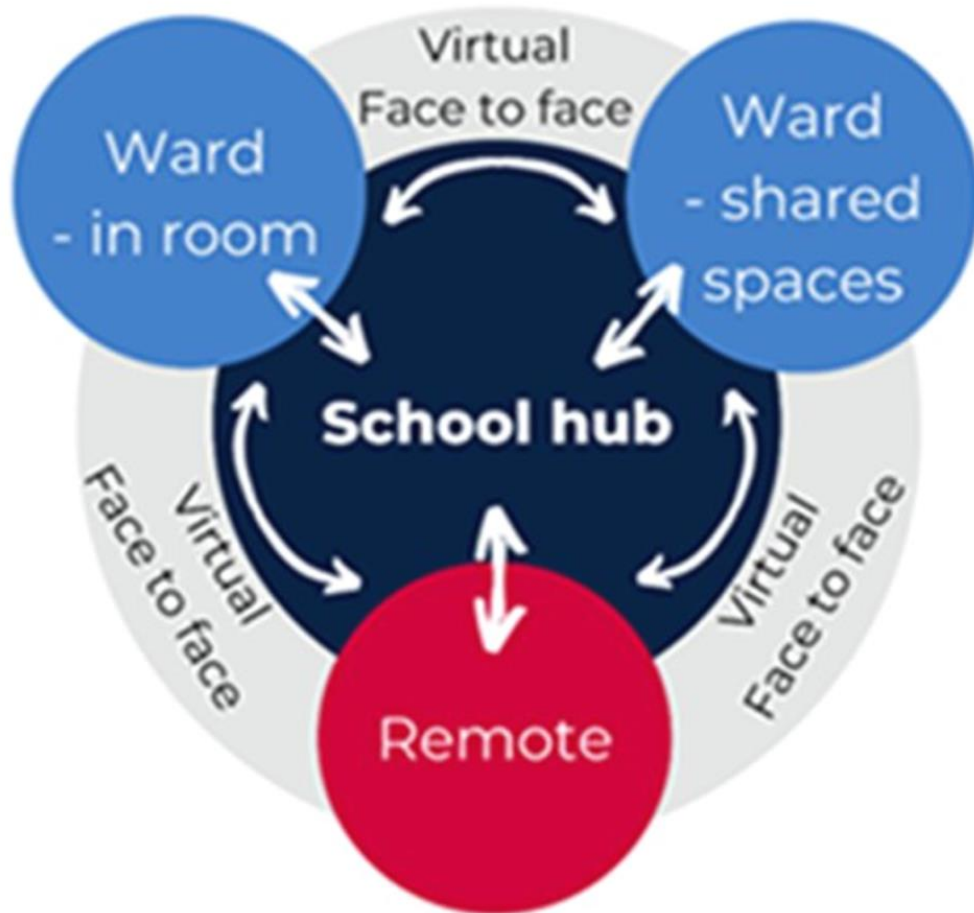
For us Country is our mother. We are Country. It is inseparable from our spirit and the spirit of our ancestors.

We acknowledge Country to pay respect - to the wisdom of our Elders past and present.

We acknowledge the traditional custodians of the lands on which our students and staff live, have come from and are educated on.

The University of Newcastle has a presence on the lands of the Awabakal, Darkinjung, Biripai, Worimi, Wonnarua, and Eora Nations.

Sydney Childrens Hospital, Randwick



- Sydney Childrens Hospital School is a K-12 school operating within the Sydney Children's Hospital Network.
- Collaboration with families, census schools and multidisciplinary teams enhance educational, health and attendance outcomes for students.
- Teachers with SLSOs, deliver educational programs for students remotely, in hospital wards and in three multistage classrooms.
- At SCHS students move between the following delivery methods; in each space, their learning is a seamless combination of learning that is face to face and virtual:
 - School hub
 - Ward- in room
 - Ward-in shared space
 - Remote- private accommodation e.g. RMH or the student's home.

Sydney Children's Hospital, Randwick

The student population is diverse with student enrolments from both government and non-government school settings across Australia and internationally. Students accessing a Hospital School may be:

- **Inpatients:** students who are residing in the hospital for 3 days or more.
- **Outpatients:** students who require treatment at the hospital, though do not require an overnight bed.
- **Siblings:** students who do not require hospital care but cannot attend their census school due to the treatment of a sibling.
- The vastly different needs of students, based on their health needs and enrolment patterns, require differentiated methods of education delivery



Sydney Children's Hospital, Randwick



Student journey

Chronic and Acute

In medical terms, **'acute'** refers to sudden onset disease/illness which lasts for short duration and severe in nature,

whereas,

'chronic' illness lasts for months, usually, more than three months. Chronic illness can be a continuation of an acute illness, when an acute illness was not resolved.



SCHS Student journey

Archetypal student experiences:

Inpatients:

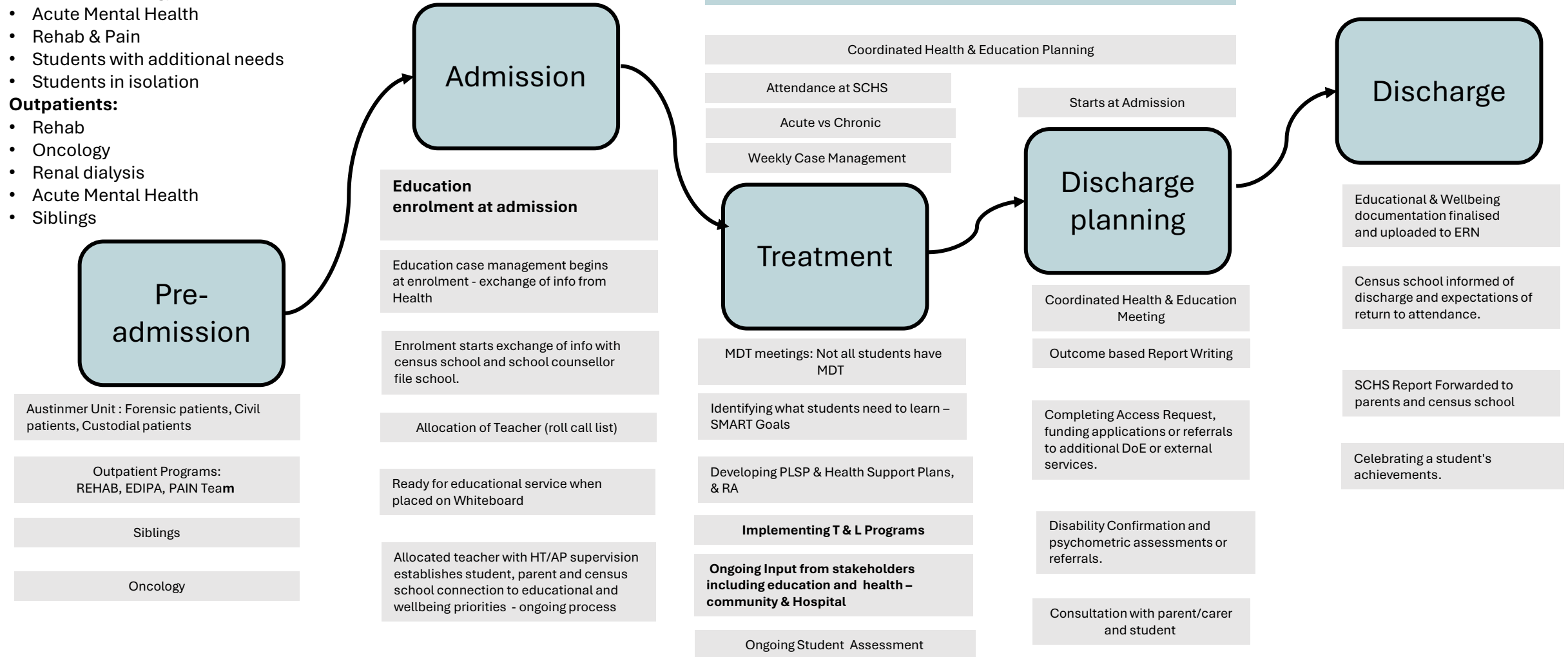
- Oncology
- Students with lifelong treatment plans - Cystic fibrosis
- Gastroenterology
- Acute Mental Health
- Rehab & Pain
- Students with additional needs
- Students in isolation

Outpatients:

- Rehab
- Oncology
- Renal dialysis
- Acute Mental Health
- Siblings

Enrolled students may be receiving treatment at:

- SCH
- POW – Adult Wards
- Forensic Hospital Malabar.



SIP: Strategic Direction 2 - Effective Teaching through Collaborative Practice

Initiatives

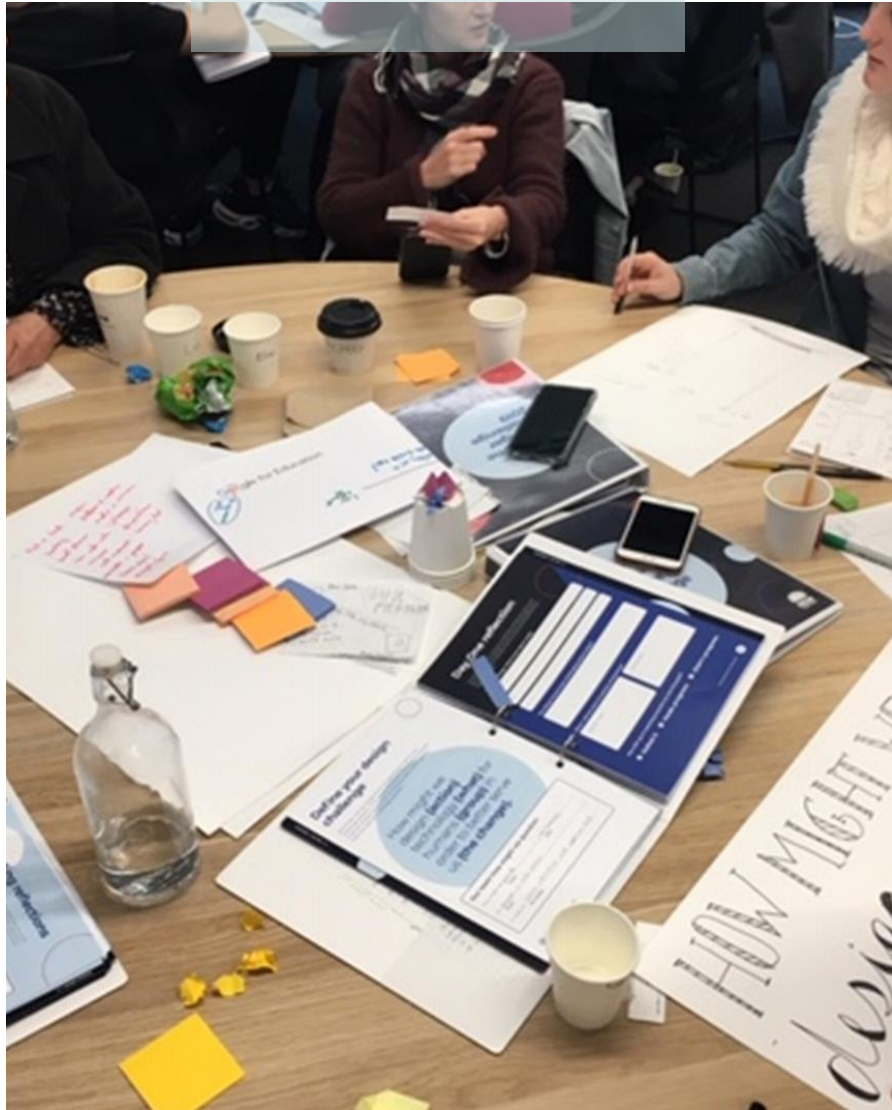
1. **Co-teaching Cycle**
2. **Quality Teaching Rounds** is a high-impact approach to professional development and implementation of the Quality Teaching Model (QTM) that produces a shared vision of quality teaching and learning. Teachers engage in collaborative professional learning focusing on pedagogy.

Success criteria for this strategic direction- Achieve by year: 2026

The school uses QTR as an embedded and explicit system to facilitate professional dialogue, collaboration, classroom observation and the modelling of effective practice.

Strong collaboration within the school is enhanced by structuring Professional Learning Communities(PLCs) within and across stages with a focus on HIPL processes.

Teachers ensure the most effective evidence-based teaching methods optimise learning progress for all students.



Research Background

- Research into pedagogy in hospital schools is primarily descriptive in nature
- Studies generally focus on the emotional aspects of teachers' work or challenges to teaching.
- Few studies focus on the quality of teaching in hospital school settings

Study design

Benchmarking review

- Pedagogical audit. Observation and coding of one lesson per teacher, using the Quality Teaching model
- Interviews and surveys with teaching staff and school executive

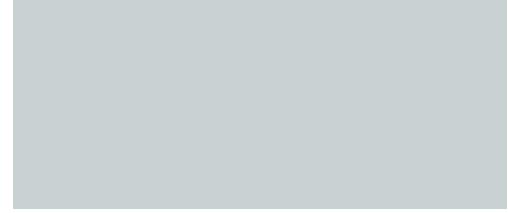
Action Plan

- Participation in Quality Teaching Rounds workshop
- Implementation support for the conduct of Quality Teaching Rounds

Evaluation plan

- Interviews with staff following participation in Quality Teaching Rounds
- Follow-up lesson observations for all teachers
- Staff survey (once per term)





Sample

	Pre-intervention	Post-Intervention	Total
Lesson observations	12	4	16
Teacher surveys	9	27*	36
Interviews	14	7	21

*Note: Surveys completed across four time points in 2023

TIMELINE



The learning environment

Our Primary room it looks exactly like any other classroom, you wouldn't think that you're in a hospital. We have a playground outside with a handball court and a basketball hoop. It's seriously just like a normal school. It's probably slightly smaller than a mainstream classroom, but we have less students. We've got our interactive whiteboard and we've got all our desks laid out. We've got our reading corner and our quiet corner, and we hang all the children's artwork up. So, you really don't know you're in a hospital while you are here, it's cool.

(Zara, Teacher, Sydney Children's Hospital School)





The learning environment

It only differs in a sense that it's more tailored for more students. Here, if the student has a medical condition which means they have real barriers towards learning things, well then you have to tailor it more often. **More often than not, things have to be tailored, that's the difference.** And the other difference is the number of students with mental health issues. So that's the main issue, usually maybe 5% of your class having mental health issues that's stopped them from being able to do things normally. But here, **most of the class has mental health issues.**

(Adam, Teacher, Sydney Children's Hospital School)



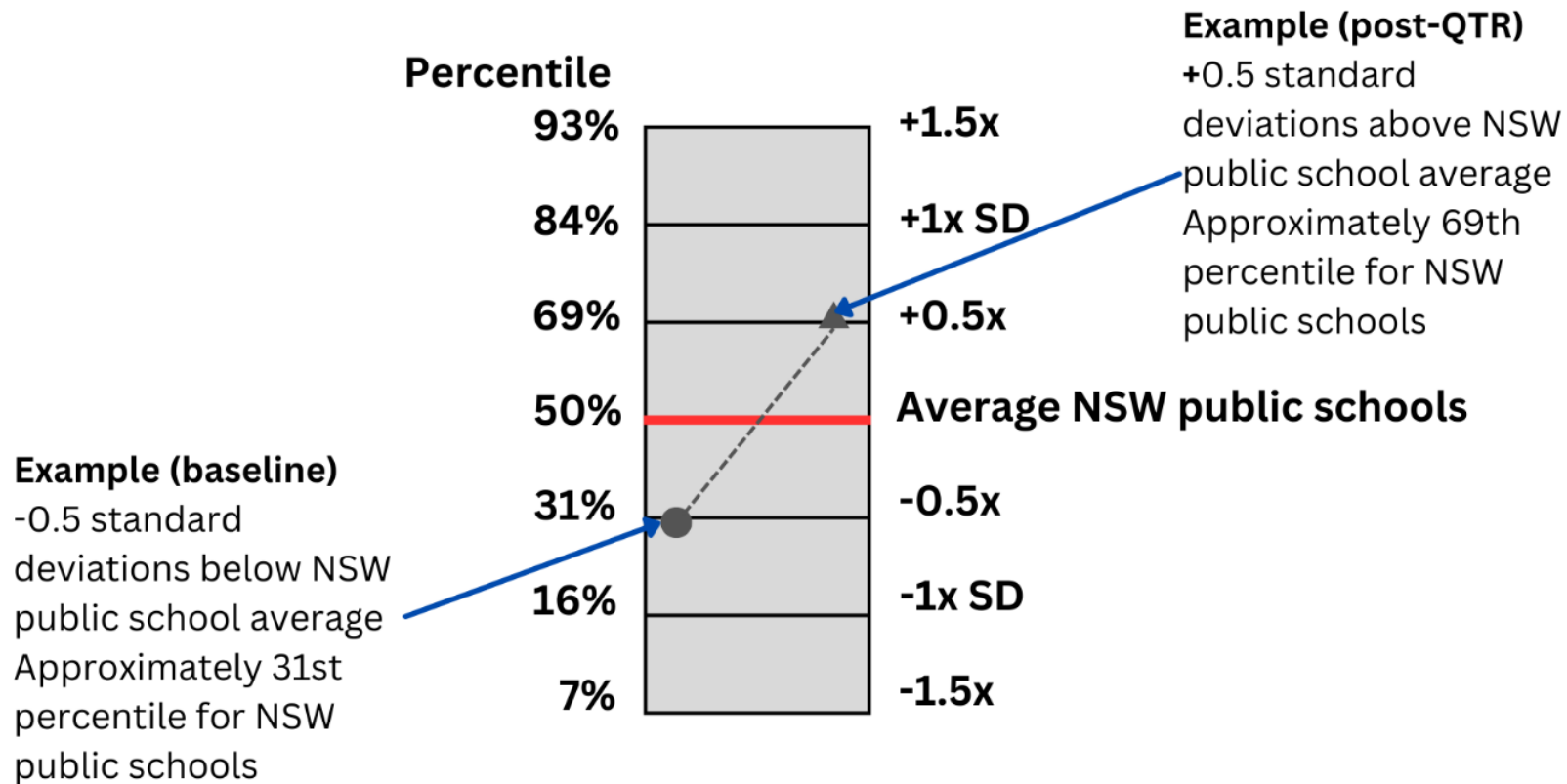
Pedagogy in hospital schools

I don't think [good pedagogy is] really that different at all [to mainstream], to be honest with you. I think the underlying pedagogy is the same. ... Whether it's in the mainstream classroom or on the wards or remotely, I think the pedagogy is the same. It's about the tools that you use to support the delivery of the pedagogy. And that's important too because you know, you can enhance your lesson delivery if you can use some good tools with the technology.

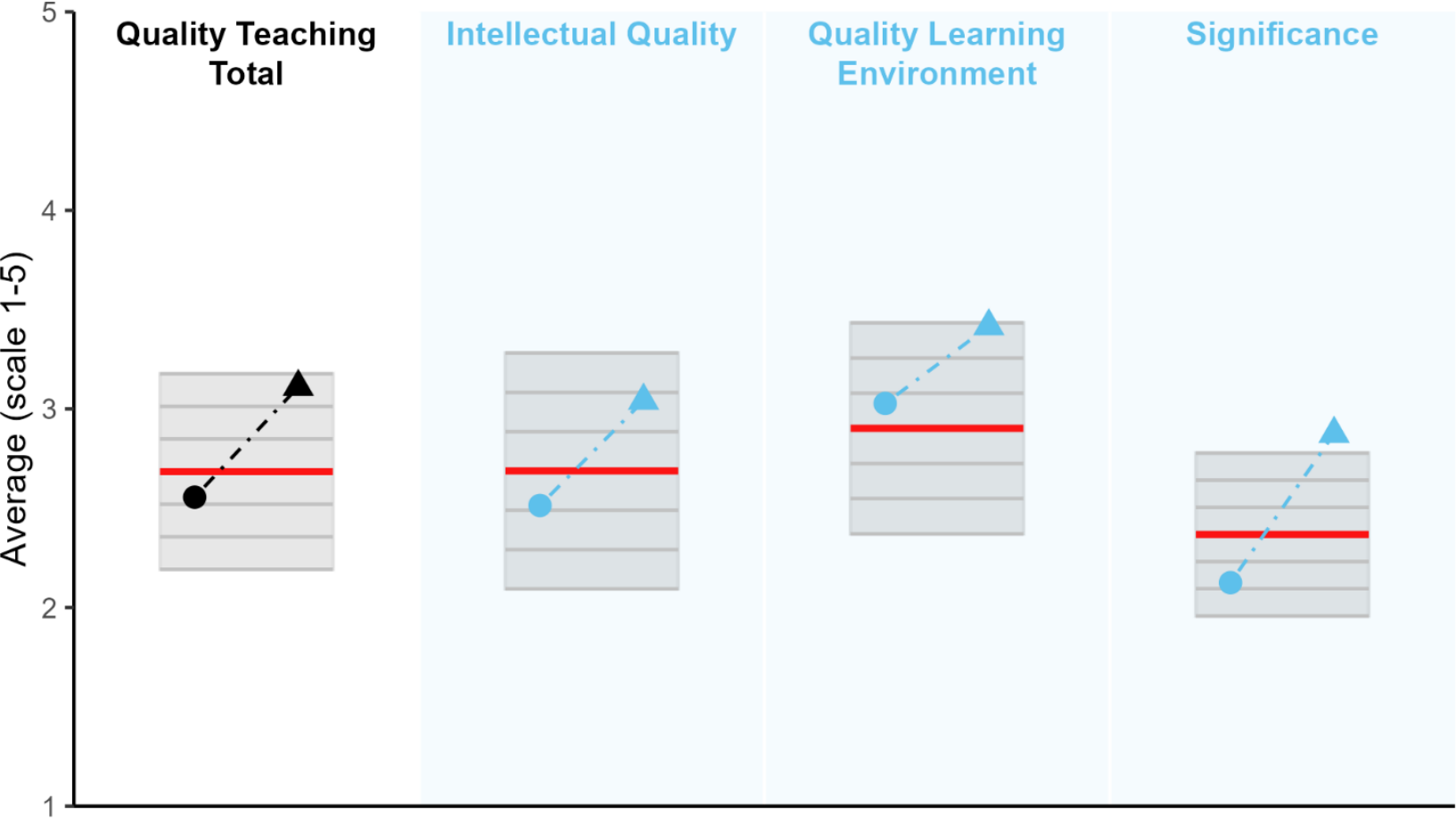
(Julia, Teacher, Sydney Children's Hospital School)



Impact on teaching



Impact on teaching



Impact on teaching

I think, you know, it takes a little bit of time with Quality Teaching Rounds for people to see that it actually does have an impact on your teaching. I think particularly the second and third round you start to find yourself and you go, **oh my God, this is quite amazing. And once you get over all of that anxiety about being judged**, I think people then get more passionate about it. I think it just takes a little bit of time and just got to push through some of those pain points with people. They're like, I don't like this criteria, this... you know, and you get past all of that, and they sort of just get on with it.

(Georgie, Teacher, Sydney Children's Hospital School)

Impact on teaching

I've realised I'm a better teacher than I thought I was, which is nice. I'm also someone that can take like the framework and then like fully - like when I'm in the QTR discussions I'm like a weapon in there, like I can like argue it to the cows come home like whether someone's demonstrated this or whether it was evident and how could, what would it look like. ...I like that **it's made me more aware of things.**

(Clara, Teacher, Sydney Children's Hospital School)

Impact on school culture

I think I came in when we first started Quality Teaching Rounds, so I really enjoyed implementing it. I really enjoyed leading it in the school and have just seen change ... **School culture doesn't just instantly change, but I think we've seen a real big shift.** And I think Quality Teaching Rounds has contributed to that...positive culture, which has been really good. And teachers are working from across primary and high school. They used to sort of be a little bit separate, whereas you see them now all sitting together, all chatting. So, there's that common link, I guess, between the two.

(Heather, teacher, Sydney Children's Hospital School)

QT in hospital school settings


I think that the **traditional teaching model doesn't fit in terms of the hospital school**. You have students that come in and out of the classroom at varying times, like some of them will rock up at 11:15, some of them will be there at the 10:45 when you're supposed to start, and so that kind of throws out any intro of a lesson and without that you have no idea where you're up to and you've missed the first quarter. But I think the **value of quality teaching rounds in this hospital school is being able to observe my colleagues and watch them teach in their subject area**. I like seeing the difference between high school and primary school and I like seeing the different ways that everyone is taught, which I think is the most value from QTR for me is just being able to watch my colleagues and you pick up some tips and think oh that was really good, I like the way that they did that, I'm going to try and incorporate that which I think is good.

(Oscar, teacher, Sydney Children's Hospital School)

Questions ??

THANK YOU

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 @leannefray



**TEACHERS
& TEACHING**
RESEARCH CENTRE