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HOW DO PRESCHOOL CHILDREN LEARN ENGLISH THROUGH A FOLK TALE DURING THEIR HOSPITAL CLASSROOM PERIOD?

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Abstract

This investigation has its main objective in discovering the use of strategies in the oral introduction of an English folk tale during preschool hospital classroom time. This was followed by a practical part, which consists of reading an English folk tale that will encourage children to learn different vocabulary. After the implementation, three interviews have been done: one of them with the hospital classroom teacher, another one with the sister of a hospital classroom kid, and the last one with a student in the hospital classroom. The results have been extracted and contrasted with the theory to draw conclusions about whether storytelling is a methodology that helps students, between 2 and 5 years, learning English during their hospital period.

Key words: hospital classroom, storytelling, English as a foreign language, traditional folk tale.

Resum

Aquesta recerca té com a objectiu principal el desenvolupament d'una estratègia en la introducció oral de la llengua anglesa durant el període d'estança a l'aula hospitalària. Això va seguit d'una part pràctica, que consisteix en la lectura d'un conte tradicional anglès que animarà els nens i nenes a aprendre diferent vocabulari. A continuació, s'han realitzat tres entrevistes: una d'aquestes és a la professora de l'aula hospitalària, una altra a la germana d'un infant de l'aula hospitalària, i l'última amb un alumne de l'aula hospitalària. Els resultats s'han extret i contrastat amb la teoria de diferents autors per extreure conclusions sobre si la narració de contes és una metodologia que ajuda els estudiants d'entre 2 i 5 anys a aprendre anglès durant el seu període hospitalari.

Paraules clau: hospital de dia, narració, l'anglès com una llengua estrangera, contes tradicionals.

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1 Introduction

Over the last years, schools' interest in introducing the English language has increased. For this reason, teachers have started focusing on how to introduce it from the second year old onwards, considering different methodologies and materials. The Education Department considers this introduction of a second language at schools, but nobody thinks about how teachers should introduce English in hospital classrooms.

This project consists of investigating the effectiveness of English folk tales during the introduction of English in a hospital classroom. The researcher chooses to firstly introduce the folk tale through the reading of the book and, secondly, with mini sketches. To begin with, the theoretical research gives an overview of four parts: between infancy and kindergarten, how preschool children learn English, folk tales, and storytelling, and, finally, the hospital classroom.

The following study's research question "How do preschool children learn English with a folk tale during their hospital classroom time?" arose. To solve this question, different objectives are set: To create a didactic sequence related to the narration of an English folk tale (*Loch Ness Monster*), to observe the functionality of the materials created during the narration to learn English, and to assess the learning of children. To achieve those objectives, four different tools are created. The first one is based on the narration of the *Loch Ness Monster* book. Secondly, the mini sketch methodology, where different puppets will be created. Thirdly, the observation grid to check if the research question is fulfilled. Finally, the creation of three different interviews to complete the project.

To achieve the objectives, answer the research question, and develop the topic, different tools and the support of different authors are used to respond the study.

2 Theoretical framework

2.1 Between infancy and kindergarten: preschool time

Preschool time goes from two to five years old. McClelland and Morrison (2003), agree that it is important to consider social behavior in school. Most researchers focus on early childhood social behavior and academic achievement, without specifying aspects of the social behavior that are particularly important to academic achievement. The authors highlight the importance of pre-schoolers social and emotional skills for a successful transition to kindergarten. Some of the terms used include executive function skills, self-regulation, control skills, and interpersonal skills. Although these terms come from different perspectives, they reflect similar skills related to attention, self-regulation, independence, organization, and collaboration. McClelland and Morrison point out the importance of children's learning-related social skills for early academic success and academic adjustment. For this reason, children's classroom participation in kindergarten and their ability to cooperate and be independent are important predictors of an early academic performance.

Too often, reform proposals are based on narrow educational models. Those ignore the importance of emotions, values, and attitudes. Ayers (1989) explains that, if education is understood only as a method of reproducing existing social relationships, then education for self-discovery and self-determination is lost, and there is no idea of empowering them for the present, so their future leaves abandoned irrevocably.

Different concerns about preschool effectiveness have led to some changes in its policy and practice. Hall-Kenyon, Bullough, MacKay, and Marshall (2014) argue that these changes are focused on increasing educational requirements for teachers and their increased compensation.

“Early childhood services are widely presented as failing to meet the needs of children and families and therefore the rationale for regulation is legitimated and a regulatory gaze deemed expedient and necessary. In this climate early years practitioners increasingly must wrestle with demands for accountability, performativity, and standardised approaches to their practice, all of which mark a pronounced movement towards centralised control, and prescription, which poses a potential threat to professional autonomy and morale.” (Osgood, 2006, as cited as Hall-Kenyon, Bullough, MacKay, and Marshall, 2014, p. 1).

Teachers are the ones in charge of seeing the real school world. McClelland, and Morrison (2003) explain that teacher reports suggest that children come to school with different social skills that are essential to early school success, for this reason, they must accompany them in their development. Hall-Kenyon, Bullough, MacKay, and Marshall (2014) add that teachers should make efforts to improve early childhood education, but they also must emphasize what they do when they teach, also considering who they are and how it affects them.

2.2 How preschool children learn English

Setiyadi (2020) argues that during the second half of the twentieth-century different language teaching methods were created: Audio-Lingual Method (ALM), the Silent Way, the Community Language Learning (CLL), the Total Physical Response (TPR), Suggestopedia, Communicative Language Teaching (CLT), and some others. Before the nineteenth century, people studied Greek by inviting Greek tutors or having Greek-speaking servants in the household. Finally, people in Europe began to learn another foreign language and think about language teaching methods. Up to the last quarter of the eighteenth century, the usual practice in schools was to translate from the second language into the first.

Culture is an integral part of foreign language teaching, for this reason, it must be given the importance it deserves. As Prishvina, Ilyushina, Fedotova, and Belogurov (2018) agree, teachers must deal with different challenges, those who become more complicated than others, for this reason, the dialogue with students is so important. There are two general approaches to cultural education that need to be studied: the cross-cultural approach and the traditional approach. Students must be able to recognize the differences between foreign and familiar cultures, so they must be able to develop strategies to understand the characteristics of another culture to prevent misunderstandings. Educators must, not only communicate foreign language codes; they also must contextualize them according to the context. The key to cultural mediation is to have experience, compare, analyze, reflect, and collaborate with others. Teachers need to be equipped with innovative techniques and several work styles to ease the learning process: for example, working through project work, storytelling, role play, simulation, drama, poetry, creative writing, ethnographic assignments, and the use of a film, among others. All methods and techniques must be adapted to students' level of knowledge, professional and personal interests, and of course motivations.

Citing Canonici (1995), “culture is, in fact, the product of the history of a population, which has peculiarly contributed to the formation of the images on which a people's self-appreciation is based. It is thus the representation of the very essence of a nation. By acquiring this culture, the young person will be able to return renewed, strengthened, powerful.” (Canonici, 1995, as cited as Canonici, 1995, p. 6).

There are plenty of ways of teaching English as a foreign language. Lenox (2000) explains that exposing children to stories from a culture that is not their own, is a way of creating a community of learners who will accept and value people from different backgrounds. The early exposure idea is created to allow children to have a broad view. These types of stories are a powerful tool for setting children on a future route opened to the world, accepting differences as a familiar way of being in the world.

Reading stories, listening, and interacting with a storyteller is essential to the social experience for children. McGrath, Taylor, and Kame (2004) confirm that children's oral vocabulary is more advanced if they are regularly exposed to a variety of different stories. Storytelling is a great tool to make children obtain ideas for creating a more orderly worldview. In addition, to receptive language development in reading and listening, it encourages expressive language development in speech.

Furthermore, folktales are a great tool to introduce a foreign language. Wright (2009) agrees that stories should be a central part of all teachers' work, whether they teach a native or foreign language. Children are experts at listening and reading in their language, but they need time to develop these foreign language skills. Stories help them to understand the general emotion that the story articulates, also the peculiar sounds of the foreign language.

2.3 The significance of folktales and storytelling

Literature in education is a very important branch for the child's future. As Bottigheimer (2018) explains, storytelling is a type of book that relies on a relationship with a specific audience: children. The definition of children's literature as it bases on connecting with the child reading audience, for this reason, the characteristics of those books are similar, exposing children to the wonderful complexities of life. The author makes clear that "family" and "childhood" are concepts that need to involve in children's literature, mainly because they serve as vehicles for changing social, moral, and ethical values.

A story is a description of a series of real or imaginary events that people read for enjoyment. Lenox (2000) argues that storytelling is a fun way to spark learning while children increase their awareness and understanding of today's diverse world. Storytelling prepares children for life and for living in harmony with other people that not necessarily belong to their culture. The idea of giving children the opportunity of dealing with storytelling from an early age will allow them to have an open view of the world.

Citing Lenox "telling a story is giving a gift... storytelling brings to the listeners heightened awareness—a sense of wonder, of mystery, of reverence for life". (Baker and Greene, 1977, as cited as Lenox, 2000, p. 1).

Storytelling promotes expressive language development in speech. McGrath, Taylor, and Kame (2004) agree that children who earlier get involved in storytelling have more positive behaviors associated with increased literacy rates than the ones that are not. So active participation in storytelling can improve young children's language skills, mainly because it becomes a core cognitive skill in intellectual development. Storytelling with young children supports early literacy skills. Through the narration of stories, it is introduced several grammatical aspects, are transferred to later reading, and writing exercises.

Different authors define "folk tales" as tales or legends that originated among several people and typically become part of an oral tradition, for this reason, oral literature cannot be considered private literature. Canonici (1995) says that folk tales have different aims, but the most common one is to teach social values and serious philosophical concepts.

Bottigheimer (2018) explains that the term "folk tale" embraces several minor genres, for example, nonsense stories, aetiologist, hoaxes, burlesque, animal stories, and never-ending stories. Some folk tales appear in the Indian Panchatantra or the Bible, other stories come from classic collections such as Aesop's Tales, and many burlesques and jokes appear in the margins of texts or medieval manuscripts.

Stories help children to understand the world, so it helps them to know how to share it with others. Wright (2009) argues that stories are a way of inspiring children. It also allows infants to learn words, due to language being very rich, so they can extend their knowledge and communicate with others. For those and other reasons, youngsters have a constant need of listening to and reading several stories.

Folk tales educate children in different ways, but mostly on accepting intercultural values. Magos (2009) says folk tales help children to know other cultures and their characteristics, discover the cultural diversity around them, and explore different ways that the story can be told. Through stories, authors prepare children for the changes they will face in their lives, by providing them with tools to deal with conflicts.

In Bettelheim's words, "through their content, folk tales are one of the paths which gradually lead children to adulthood" (Bettelheim, 1976, as cited as Magos, 2009, p. 1).

Storytelling and folktales are activities that create a great environment in different educational settings, such as in hospital rooms. Andrade and Devlin (2015) agree that positive distractions, such as listening or reading stories, help children to focus on positive aspects, not on anxiety. McCabe and Shaw (2007) explain that children with chronic illnesses experience different emotional difficulties due to illness, which prolongs their absence from school. Through literature, they can continue achieving different characteristics outside school to become a good world citizen.

2.4 Hospital classroom

A hospital is a place where sick or injured people go to be treated by doctors and nurses. They offer the possibility of accompanying children in hospital classrooms: a space where under-age children who stay in the hospital for a long time, can continue their classes outside their schools.

In Sen, Deshpande, Gadgil, and Singhal's (2018) words, "education is a fundamental right of all children including those in a hospital". (Sen, Deshpande, Gadgil, and Singhal's, 2018, as cited as Sen, Deshpande, Gadgil, and Singhal's, 2018, p. 1).

Vetere, Green, Nisselle, Thu Dang, Zazryn, and Peng Deng (2012) agree that for many children, being hospitalized is a huge barrier to their continued education and socialization, stopping their learning. As it was said, the distant classmates increase this anxiety. Nowadays, technologies are an important tool for children to interact with their classmates as if the child was in class.

The Hospital Organisation of Pedagogues in Europe's aim is to establish the right for hospitalized children to education according to their individual needs. They enable teachers to work together on common themes and improve the educational provision

for the sick children of Europe. As the Hospital Organisation of Pedagogues in Europe (s.d.) explains, there are ten rights of sick children and adolescents.

1. Every sick child and adolescent have the right to tuition, within the hospital or at home, also while being treated in a country other than their own.
2. The aim of tuition for sick children and adolescents is the sequel to education, enabling them to maintain their pupil-role.
3. The hospital school creates a community of children and adolescents and normalizes everyday life. Hospital education shall be organized as a class, group, or individual teaching and at the bedside.
4. Hospital and home tuition must be adapted to the needs and abilities of the child or adolescent in cooperation with the home school.
5. The learning environment and facilities must be adapted to the needs of sick children and adolescents, and communication technologies shall also be used to prevent isolation.
6. A variety of teaching methods and resources shall be used. The content encompasses more than formal curriculum learning. It includes subjects related to special needs arising from illness and hospitalization.
7. The hospital and home tuition teachers must be fully qualified and receive further training.
8. The teachers of sick children and adolescents are full members of the multi-disciplinary caring team and are the link between the hospitalized child or adolescent and the home school.
9. Parents must be informed about the right to schooling and the educational program for their sick child or adolescent. They shall be recognized as active and responsible partners.
10. The integrity of the child or adolescent shall be respected, including medical confidentiality and private convictions.

Professionals involving children in hospitals have different challenges. McCabe and Shaw (2007) agree that they must develop and implement a school-to-hospital transition plan to continue with the learning process of the student, considering the medical conditions that the patient has. This implementation will improve the functional impact of chronic disease. It is also important to carefully consider a hospital-to-school transition, which includes medical and school staff, the child's parents, and the child's specific educational needs. In this last transition, the hospital gives clear instructions to the school to follow the medical treatment that the student has. The student may be

required several medical evaluations to adjust medications or to change treatment plans.

The Hospital School Program has different purposes. Caggiano, Brunetti, Ho, Piovani, and Quaranta (2021) argue that this program must ensure the education of chronically ill children and young adults. The main goal of the hospital school program is to reduce physical and psychological damage to hospitalized patients and their families, even though they must consider that some of their patients are children, so they must create a child-friendly environment. The hospital provides its child residents with the same opportunities as their peers have at school, maintaining and continuing their academic needs until they return to school.

As enshrined in Article 14 of the Charter of Fundamental Rights of the European Union: “Every child has the right to education, whatever his condition”. (Charter of Fundamental Rights of the European Union, 2000, as cited as Caggiano, Brunetti, Ho, Piovani, and Quaranta, 2021, p. 3).

Hospital staff needs to be aware of the children's needs. Kelo, M. Eriksson, and Eriksson (2013) explain that patients need emotional support, which can be provided in different ways, such as maintaining close contact with hospital staff when their families are resting or giving them the information that they ask, among others. Sen, Deshpande, Gadgil, and Singhal (2018) argue that pediatricians are responsible for ensuring that all children receive an appropriate education, even while in hospital. Apart from being hospitalized, children need therapy, so the school can provide a familiar and reassuring routine.

The tough part for children in a hospital room time is being separated from their colleagues. As Br Med (1959) confirms, it is recognized that the admission of a young child to the hospital, involves several difficulties, such as being separated from home, from some part of their families, and their school peers. For this reason, each children's bed must be gathered with a pediatrician in charge of the department. They also must consider families, so accommodation should be available for families, preferably with the mother sleeping in the same room as her child. As Andrade, and Devlin (2015) explain, the American Institute of Architects recommends single-room-occupancy, mainly because it increases patient privacy and control over personal information, also giving opportunities to rest and meet their needs, family, friends, and colleagues.

An unfamiliar hospital environment might be harmful to the children, which would cause stress and anxiety. Andrade and Devlin (2015) agree that the stress of hospitalized patients should be minimized. Hospitals can deal with this challenge by providing positive resources related to control, distraction, and social interaction so that environmental stress can be reduced or even prevented. Patients often do not decide what to eat, when to eat, and when to have visitors; they have little opportunity to leave the inpatient area, their range of movement is restricted, and they have no control over their physical environment.

A child's first day in a hospital classroom follows some instructions to show the boy or girl that it is not as different as the school. Wolinsky and Baker (1968) argue that children should be provided with some material during their first day in the hospital classroom. A notebook with their name, a pencil, or a set of crayons are certain things that give the child the feeling of not being so different from school. Thanks to this sort of material, the child feels part of a progressive and stable entity. After the breakfast break, teachers can introduce another set of materials. It is interesting to introduce different activities, for example, several relaxing exercises that help children relax before lunch. In the afternoon, classes are often dedicated to a variety of projects. It is very important to consider the medical child's needs, contemplating whether the child should leave the classroom to take medicine or to have tests. During the hospitalization period of a child, the teacher is a huge support for them, mainly because she or he is the bridge between the world outside and inside the hospital. Educators should have in mind that children may already have good work skills and the ability to cooperate well with their peers, while others may not be able to work independently or in groups. For this reason, they must consider each child's need.

Caggiano, Brunetti, Ho, Piovani, and Quaranta (2021), state that "Teachers play a significant role within the context of such difficulties. They need to understand patients' emotions and act as a bridge between the small inpatient room of the child and the outside world." (Caggiano, Brunetti, Ho, Piovani, and Quaranta, 2021, as cited as Caggiano, Brunetti, Ho, Piovani, and Quaranta, 2021, p. 1).

As was expressed before, teachers are one of the most important figures during a child's hospital room time. As Caggiano, Brunetti, Ho, Piovani, and Quaranta (2021) explain, educators are the ones who stimulate child's interest. When students want to know something, they forget their illness, and they pay all their attention to learning

what they want to know, giving the student and their families a sense of continuity in their regular lives.

Teachers need to use a variety of teaching methods, mainly because they will have a huge variety of students. Kelo and Eriksson (2013) agree that there is no official excellent teaching, but it is proved that teachers' skills and their abilities are the main characteristics to create an exceptional way of teaching. Good teachers are inspiring, polite, respectful, and organized, and have a positive attitude and a good sense of humour. Educators in their hospital classrooms can both teach a four and a sixteen-year-old student, and therefore they must have different ways of teaching. Teachers must consider the oral advice, contemplating the written activities, where students can express their creativity and abilities.

Teachers' effort during the hospital classroom time creates a huge link with children. McCabe and Shaw (2007) explain that thanks to the involvement of the teacher, many students end their hospital classroom time with a valuable relationship with the teacher, even though some children reported some differences in teachers' responses, mainly because some teachers were more empathetic than others.

While the child is in the hospital room, the school must move on, but the child's peers should know where their classmate is. Van Roosmalen (2021) gives some notes about what to do as a teacher when your class kids have an illness but he or she does not have to go to the hospital yet. Sick students cannot go to school every day, thus a student's connection with his or her classmates and teachers is of great importance. This will allow the hospitalized children to get involved with their colleagues, making it easier when the child returns to school. Younger students don't always fully understand what it means for them not to get better, so it can be confusing for them to receive medication and be away from their peers. In these situations, professionals and teachers must work together to help the student understand what is going on. On the other hand, and in the worst-case scenario, when the student's condition worsens, teachers must focus on introducing the student's loss.

After considering what to do before the hospitalization, teachers must know what to do when the kid comes back to school. McLoone, Wakefield, and Cohn (2013) agree that returning to school after being hospitalized symbolizes the beginning of new hope for the child's future. When children return to school, in some cases, the child's academic performance has declined, and it becomes a hardback to school routine. Apart from the

academic issues, children must probably face social problems, which include the way teachers and pupils look at the child, and what affects the student. Active participation in school life can encourage peer socialization, personal success, independence building, opportunities for self-control, and building self-esteem, which cannot be easily achieved at home or in the hospital. Without considering the child's education level, families need to encourage them to continue socializing, regardless of whether they are in or out of the hospital. When children come back to school, some skills improve socialization. Sitting in a circle, and taking scheduled assignments, among others, are some activities that can help avoid difficulties that the child can face when he or she returns to school.

Through this theoretical framework, it has been observed the different sections that this study contains. During the first part of the study, the researcher had some information about preschool time, and what takes part between infancy and kindergarten. The second part involves the English language and how is taught from year three to year five. There is plenty of information about how to teach English as a foreign language, but we must add how to read and explain folktales, using storytelling. The folktale that is presented in this study is *Nessie the Loch Ness Monster*, by Richard Brassey. Finally, the researcher needs to know where this project will be implemented. The last section explains what a hospital classroom is, due to the practical part of this study will take part at Hospital Taulí's hospital classroom, in Sabadell.

3 Practical application of the study

3.1 Contextualization of the hospital

Considering what Riu, A. (2021) explains, the Parc Taulí Hospital Consortium was created on 13 October 1986 under the support of the Department of Health of the Generalitat de Catalunya, Sabadell City Council, and the entities that own the Sabadell clinics: the Caja de Ahorros de Sabadell, Sabadell Mutual, the Sabadell Hospital and the Charity Foundation of Sabadell, which joined in an unprecedented decision in which the Autonomous University of Barcelona played a key role.

As Bayó, L. (2019) argues, the hospital's mission is to respond to the reference population with health and social care, quality, decisive, comprehensive, promoting equity and satisfaction in a framework of sustainability, integrating teaching, research, and innovation.

As Escola Taulí makes it clear, its general objective is to give continuity and support to the teaching-learning process of children or young people, who are sick and hospitalized, enrolled in any of the educational stages of infant, primary or secondary, from three to sixteen years of age. To achieve all the hospital's objectives, they must work with the schools, Education Inspectorate, Teachers of Home Education (AED), Educational Services (EAP, CRP, among others), paediatrics staff, Toy Library volunteering, Communication, IT, Customer Service, and Environmental Management, among others. They have a large and bright workspace, with different learning environments. If children are unable to access the hospital classroom, teachers also offer educational care in the rooms. To offer a good teaching-learning process, communication with schools is essential to follow the same dynamics.

3.2 Participants

3.2.1 First session participants

The participants that took part in both sessions were different ones, mainly because some children in the first session were discharged from the hospital.

During this first activity, there were two children. The first one was a five-year-old child that stayed the first part of the morning in his room, and then, he went to the hospital room. He was a bit tired, so the story was told in his room. When he discovered the title of the book (*The Loch Ness Monster*), he said that he knew the story, and he went to

the monster's house, the Banyoles Lake. He was engaged during the whole session, and we can see in the video that he was comfortable, mainly because that when the tale began, he was lying face upwards, and during the session, he started to lie on his side.

The second child was four years old. He was more tired than the first one, so the story was told in his room. He didn't know the story, so he kept paying attention during the whole session. It is important to highlight that he was so tired that he couldn't speak, so he just moved his head.

3.2.2 Second session participants

During this second session of the project, there were also two children. They both came to the classroom where the story was told.

The first child was a four-year-old. He also was during the first session, but he was so tired that the tale was told in their room. For this second activity, he was able to come to the classroom, so he wasn't as tired as the first day. He saw the situation and asked if the story would be the same. He made it clear that he liked the first-day tale. He was happy when he discovered that it would be the same story but told in a different way.

The second child was a three-year-old. It was his second day in the hospital room, so she was a bit misplaced. She was a little self-conscious, but when the story started, her face changed. She seemed so happy to be listening to the story that she pointed out at the characters that appear during the narration.

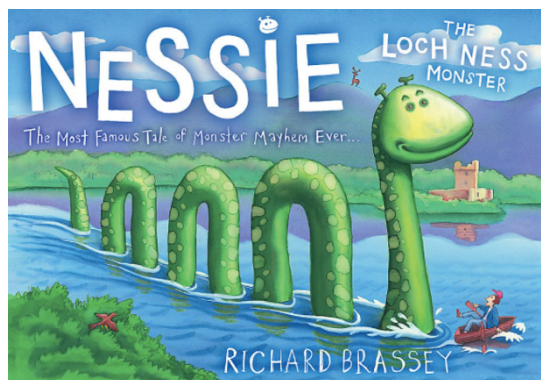
3.3 Methodology and tools

Different tools will be used in this study: reading books, mini sketches, observation grid, and interviews. Those instruments will follow the following general objectives:

- To create a didactic sequence related to the narration of an English folk tale: Loch Ness Monster.
- To observe the functionality of the materials created during the narration to learn English.
- To assess the learning of children.

3.3.1 Reading books

The first tool that will be used in this research is an English folk tale lecture. This story will be read through a book. In this first session, and during the second one, the narrative will be the same. Firstly, the tale will be told through a book, and secondly, through puppets. The book is *Nessie the Loch Ness Monster* by Richard Brassey.



Brassey, R. (2010). *Nessie The Loch Ness Monster: The Most Famous Tale of Monster Mayhem Ever...* (17^o ed.). Orion Children's Books.

Nessie the Loch Ness Monster is a book that narrates the story of the Scottish monster. Through this book, we can see different people's versions during those years. With that, they can decide if the Loch Ness Monster is real or just a story.

Citing Tella, A., & Akande, S. O. (2007) "reading is recognized as an art capable of transforming man's life and his entire society". Reading makes way for a better understanding of one's own experiences, and it can be an exciting voyage to self-discovery.

Quoting Jalongo, M. R. (2007), "children's listening habits and skills are a good predictor of oral language proficiency, reading and writing skills, and later school success". Good listening skills do not simply develop naturally, they must be taught and practiced, using clear language and real-life examples.

There are some specific objectives involving this first session:

- To present the book to the pupils.
- To start learning some English vocabulary.
- To start learning some characteristics of English culture.
- To make predictions.

3.3.2 Mini sketches

The second tool that will be used in this study is the creation of a mini sketch. Citing Johnson, J. K., & Reynolds, S. J. (2005), "to promote active learning and increase student involvement in their own knowledge construction, we have implemented the use of concept sketches, which are simplified sketches that are concisely annotated with processes, concepts, and interrelationships, in addition to labels of features".

This methodology consists in creating mini sketches through puppets where the language is easy and repetitive, characteristics that help children to learn a new language and to get involved with a story. The main objective of this mini sketch is to see if, through storytelling, children between three and five years old can learn English and its culture. The story is going to be represented through different puppets: cardboard and clothing.

There are some specific objectives involving this first session:

- To work deeper into the story.
- To reinforce English vocabulary.
- To reinforce characteristics of English culture.
- To know what happens during the story and follow it.

3.3.3 Observation grid

The second tool that is going to be used during this study is the observation grid. Through direct observation I can recollect information by monitoring children during their hospital classroom time. This information is going to be represented in an observation grid. This grid will provide us information relating to the efficiency of reading the book and mini sketches during the children English learning process.

Due to that during both sessions are going to be used different materials, there are two different observation grids. The observation won't be individually, but it will consider every child experience.

In each session is going to do an observation of six different aspects that are related to the objectives. These objectives were mentioned above.

The items that will be observed in the first session are:

- Are they engaged with the story? (They seem motivated and interested with it).

- Do they recognize the story or some elements? (Recognize thanks that family read the story at home, at school...).
- Do they produce the main vocabulary of the story? (Monster, Loch Ness...).
- Are they able to anticipate what is going to happen?
- Do they correctly answer some indirect questions about the story?

During this first session where the main tool is the book, we can find those aspects that are going to be observed. During the storytelling time, the most important tool is motivation, so it is essential to engage children on the story.

On one hand, this engagement will improve the acquisition of new vocabulary and the anticipation aspect. If children are interested in the story, they will be motivated, so they can anticipate everything that they believe that will happen.

On the other hand, the relation of the vocabulary with the pictures will be the focus. The story should be explained in an interesting way, so children can make a quick relation and don't forget the new words that were exposed during the story.

Finally, during the story time, children will be asked different questions. With the answers of those, we can observe if children are following the story or not. Those questions are not an exam, there are just an oral quiz to realize if some parts of the story must be reviewed or not.

The items that will be observed in the second session are:

- Are they engaged with the story? (They seem motivated and interested with it).
- Do they recognize the story or some elements? (Recognize thanks to last session).
- Do they produce the main vocabulary of the story? (Monster, Loch Ness...).
- Are they able to remember the story and anticipate what is going to happen?
- Do they correctly answer some indirect questions about the story?

During the second session, and as in the previous session, motivation is a key fact. Children have already known the story, for this reason, I present it differently, also to create more motivation.

Firstly, the engagement for this new session will give opportunities to children to recognize the story, also anticipate what is going to happen in the story.

Secondly, children should produce the main vocabulary, as we work on the previous session. They can repeat the vocabulary, or if they remember it, so they say it.

Finally, and as in the previous session, children must answer some indirect questions during the story. Those questions will be the same ones as in the last session with the book, so they can realize that the book and the puppets are the same stories.

3.3.4 Interviews

The third tool that is going to be used during this study is the interview. As the U.S. Department of Health and Human Services (2018) agrees: "An interview is a method of asking quantitative or qualitative questions orally of key participants". There are two different types of interviews, quantitative and qualitative. The first are those with concrete answers. Qualitative interviews, on the other hand, are open-ended and allow respondents to answer in their own words. In this study, qualitative interviews received the most attention, mainly because there was more than one right answer to the questions asked.

The first interview is going to be with a hospital classroom teacher. The main objective of this interview is to know his or her job in the hospital and the organization that he or she has during class time. The questions are the following ones:

- 1) Which is your job in the hospital classroom?
- 2) Which do you think is the main difficulty in a hospital classroom?
- 3) Why do you decide to be a teacher in a hospital classroom?
- 4) Did you work in a regular school?
- 5) If the previous question is affirmative, which main differences do you think are between a hospital classroom and a regular school?
- 6) How do you work English in a hospital classroom?
- 7) Do you think that telling an English traditional tale is a good resource for early childhood children during their hospitalization period?

The second interview is going to be done with a student family member. The main objective is to know the judgment of a student family member about the hospital classroom period. The questions are the following ones:

- 1) How long has your child been hospitalized?
- 2) Are you happy with the hospital classroom? Why?
- 3) Is the English language present?

- 4) Would you like to modify anything in the educational field?

Finally, the third interview is going to be done with a hospitalized child. The main objective is the same as the previous one, but now with the child's perspective.

- 1) How long have you been hospitalized?
- 2) Do you like the hospital classroom?
- 3) Is the English language present during the hospital classroom? Do you like it?
- 4) Is there any difference between the English in the hospital classroom and your school?
- 5) Which are the main differences between your school and the hospital classroom?

4 Results

4.1 Reading a book, mini sketches, and observation grid

Two different observation grids were used to obtain the results of reading the book and the mini sketches. Once in the hospital room, some observations were taken. The results of the monitoring will be explained below. Those results will all be qualitative outcomes.

The first observation was done on March 21st of 2022, at 11:30 of the morning, with two pupils. This first monitoring provided information relating to the efficiency of reading the book during the children's English learning process. During this first session where the main tool was the book, the most important tool is motivation, so this is shown through the observation grid.

The observation grid contains the results of the two children. The first child was expected to know more than what they already knew about the story. As a qualitative result, the child was engaged because it wasn't the first time that he heard about Nessie, he recognized the tale because he went to Banyoles Lake, so he wanted to know more about the monster. The boy didn't produce any vocabulary during the story, because for him it was a resting time before going to the hospital classroom. For the same reason, he didn't anticipate anything about the tale. He correctly answered some indirect questions during the story, for example, *which monster do you think stays in the loch?* He answered: Nessie. *Do you think that the monster was sad when people shouted at her to go back to her house?* He answered: yes. *Do you think that the monster likes to play hide and seek?* He answered: yes.

The second child was differently engaged. His facial expression showed that he liked the story, mainly because he was smiling during the tale narration. He didn't recognize the story, but he was motivated to know about it. The boy didn't produce any vocabulary before, during, or after the story. He was exhausted from the intervention that he had the previous day, so the story was, as for the other child, a resting and disconnecting moment. For the same reason, he didn't anticipate anything about the tale. He also correctly answered, with facial expression, some indirect questions during the story, for example, *which monster do you think stays in the loch?* He didn't answer. The question was changed, *do you think that it was Nessie who stays in the loch?* He nodded his head confirming it. *Do you think that the monster was sad when people*

shouted at her to go back to her house? He nodded his head confirming it. *Do you think that the monster likes to play hide and seek?* He nodded his head confirming it.

The second observation was done on March 25th of 2022, at 10:25 of the morning, with two pupils. One of those pupils was different from the first session, so he didn't hear the book reading. This second monitoring provided information relating to the efficiency of mini sketches during the children's English learning process. During this first session where the main tool was the mini sketch, the most important tools were puppets, also the easy and repetitive language.

As it was explained before, this second results also contains the results of the two children. The first child wasn't in the first session. She was disorientated during the first part of the session because it was her first day in the hospital classroom. As a qualitative result, during the narration of the tale and when she gets used to the puppets and the story, the child was happier and more engaged. She didn't recognize the story, nor produce any vocabulary. For her, it was a resting and disconnecting moment. He smiled shyly, and she answered some of the indirect questions. *Which monster do you think stays in the loch?* She answered: Nessie. *Do you think that the monster was sad when people shouted at her to go back to her house?* She nodded her head confirming it. *Do you think that the monster likes to play hide and seek?* She nodded her head confirming it.

The second child was during the first session. He was also engaged, mainly because he explained that he liked the story. As a qualitative result, he was motivated to see how it will change the narration of the tale. He recognized the story because he heard it in the previous session. He just produces one word: Nessie, the name of the monster. He said the word at the beginning of the story, not during it. He answered aloud some indirect questions, not like the previous session. *Which monster do you think stays in the loch?* He answered: Nessie! *Do you think that the monster was sad when people shouted at her to go back to her house?* He answered: yes. *Do you think that the monster likes to play hide and seek?* He answered: yes. He was more motivated than in the previous session. He felt better, so he was more engaged than with the book.

4.2 Interview

Three different interviews were conducted during this study.

The first one was an interview with the hospital classroom teacher. This conversation has the aim to know her job in the hospital and the organization that he or she has during class time.

Firstly, there were some questions about her job at the hospital. She explained that her goal as a teacher is to give educational care to children in the hospital. She argued that the dynamics in a hospital room are different. Nowadays, there aren't any oncologic students, they are at Vall d'Hebron or Sant Joan de Déu. They lost many kids, so the main difficulty was to learn how to work knowing that those things could happen. During her studies, anyone taught her how to deal with that situation, so she had to learn through experiences. Nowadays, the main difficulty is to learn how to care for very different children. She explained that diversity is the main word in a hospital room: diversity about backgrounds, levels, schools, and ways of doing, among others.

Secondly, she explains her upbringing to get here. She was therapeutic, although she worked so many years from P3 until the baccalaureate. She always has clear that working with vulnerable children will be her future, for this reason, one day, she thought that it was the moment to accept the challenge of being a teacher in a hospital classroom. She always said, "I cannot ignore the disease, but for me, the important point is the child behind the disease". As a teacher, it's important to work with the child in the spotlight.

Thirdly, the teacher described some differences between the ordinary school and the hospital classroom. At the hospital, the personalized support is higher than at school. The group is very different, for the main reason that there are different years in the same group. She explains that, is very interesting the disorientation children feel when they enter the classroom, arguing that sometimes what brings the disease to the pupil is a new opportunity to grow as a person. There are also constant interruptions as a huge point to highlight, due to medication or others: always before the classroom, goes health.

Fourthly, there were some questions about how the teachers contact the school. The teacher describes those questions as "the other big problem", for the main reason that some schools don't answer their mails. When a student starts in the classroom, the teachers contact the school, asking to be contacted by the class tutor. When the tutor sends them the activities that the children need to do, they can start working. If the tutor doesn't answer, are the hospital classroom teachers who create some activities

for the pupil. The English subject works the same way. She explains: "last week, one student needed to do an English test, and the school sent us the tape for the listening and the complete exam". When some children have an exam, and he said that he doesn't know anything about it, due to that he was at home for the disease, we sit down with the pupil, and we start working on the unit.

Finally, the teacher clarifies that mini sketches are always a great activity for children. Pupils love to play with it: creating their own stories or representing some tales that they already know.

The second interview was conducted with the sister of one student from the hospital classroom. The main objective is to know the judgment of a student's family member about the hospital classroom period.

To begin with, some questions subdue the student's state of mind. The sister explains that her brother has a mix of emotions. Sometimes he wants to go home, but then he thought about the hospital classroom, and he becomes happier. She confirmed that having this classroom near the patients helps them greatly. When they are there, they were distracted, and time goes faster. It also helps families to rest.

To continue, the student's sister explained that her brother likes English, and the English language is present during the hospital classroom. They do some vocabulary activities, or they watch different videos.

Finally, there was a question that involves some modifications to the hospital classroom. The child's sister explains that she doesn't know how it works, but she will give the student freer time to play or paint, but they must continue working with school activities.

The last interview was with one student from the hospital classroom. During this interview, the teacher intervenes to clarify some children's answers. The main objective is to know the judgment of a hospital classroom student about the hospital classroom period.

Firstly, there were some questions about when he started in the hospital classroom. He was disorientated, so the teacher helped them answer. He begins in the class two weeks ago, although he entered the hospital before. For his disease, he cannot start in the hospital classroom before.

Secondly, he explained his routine in the class. First, he checks the email to see if there are some new activities to do in class, then he does the homework. He makes clear that he does English through an online program. The boy likes to do listening and writing activities, also watching movies.

Finally, there were some questions about the differences that he can appreciate about English between his school and the hospital classroom. He explained that he used a different online program to learn English. He also describes some differences without considering the English language: "here the classroom is small, so the teacher keeps more attention on you".

5 Discussion

The main aim of this project is to see how preschool children learn English with a folk tale during their hospital classroom time. To carry out this research, theoretical studies were executed. Various tools were developed to examine whether folktales were a useful way to learn English during hospital teaching.

Firstly, Ayers (1989) talks about preschool time. He explains that education is understood only as a method of reproducing existing social relationships, then education for self-discovery and self-determination is lost, and there is no idea of empowering youth to transcend the present and create their future is abandoned. As the hospital teacher expresses about the socialization during the hospitalized period, children have had other children that they see as a leader in a conventional classroom, but in the hospital, the child is misplaced, mainly because anyone follows him because they don't know him, they don't have a previous history of him, or they are older, or smaller, among others. This dislocation is what allows a child to start again, and that's what the teacher sometimes says, "illness gives me a chance". The key aspect observed in a hospital classroom is the inter-age group. The class group can be from a three-year-old child to an eighteen-year-old teen, there are very different ages, but this makes the group nicer.

Alternatively, Hall-Kenyon, Bullough, MacKay, and Marshall (2014) agree that early childhood services are widely described as failing to meet the needs of children and families, which is why the rationale for regulation is legitimate and, a regulatory perspective is considered appropriate and necessary. As the hospital teacher explains, one of the biggest challenges is the families. Here you have different origins, different levels, different schools, and different family backgrounds, and it is difficult to work with such a huge diversity. On the contrary, families have established a lot of links with the school also because of the Covid issue, and there are the families themselves who explain that they had already spoken with the tutor and he or she has told us that he should do this or that. When children start in the hospital classroom, families want to explain plenty of things about the children, but teachers ask them for only minimal information.

Secondly, Lenox (2000) introduces the way of learning English during preschool time. He explains that exposing children to stories from different cultural perspectives through storytelling and helping them embrace differences can also be a way to create

a community of learners who accept and value each other and people from different backgrounds. The idea of early exposure to other cultures allows children to broaden their horizons rather than living and thinking in isolation. The hospital teacher agrees that explaining a story with puppets is always a great idea, mainly because children are especially attracted to the story, so they actively listen to the English narration. While they are listening, they are acquiring new vocabulary and introducing themselves to another culture.

Moreover, Wright (2009) explains that stories should be a central part of all teachers' work, whether they teach a native or foreign language. Children are experts at listening and reading in their language, but they need time and encouragement to develop these foreign language skills and attitudes. Stories help children understand the general "feel" and sounds of a foreign language. During the hospitalized period children learn English in ways other than by reading stories. Sometimes, they have exams in which the child says: "I've been at home for a fortnight, and I haven't done this subject". Then the teacher must explain all the items that the child need, whether in the room or the classroom. One student in the hospital classroom explains that the main difference between learning English at school or the hospital is that the learning program is different, also that at the hospital they receive more attention from teachers than at school.

Thirdly, Lenox (2000) describes folktales and storytelling. He argues that storytelling is a fun way to spark learning while increasing awareness and understanding of today's diverse environment. Lenox (2000) suggests that "storytelling is a gift...storytelling brings a heightened awareness to the listener—a sense of wonder, mystery, and awe of life". Storytelling becomes a platform to prepare children for life and living in harmony with others in this dynamic world. It would be ideal if children were gifted with the gift of storytelling from an early age. As the hospital teacher explains, people must understand, first, that hospital teachers must take care of very different children. Diversity is the keyword in this work. She always talks about keywords, and diversity for her is one of them.

The first tool used in this study was the narration of a folk tale through a book. It aimed to see if with narration and book accompaniment children properly acquire different English vocabulary. After carrying out this study, some results were extracted according to the ideas of the theoretical part. Talking about the narration of a book, Citing Tella, A., & Akande, S. O. (2007) explain that reading makes way for a better

understanding of one's own experiences, and it can be an exciting voyage to self-discovery. Also, Jalongo, M. R. (2007) agrees good listening skills do not simply develop naturally, they must be taught and practiced, using clear language and real-life examples. To complement these clarifications, one of the points of the practical research was to observe how children were motivated by the narration of the book, also if they learn any new vocabulary. After doing the observation it was determined that they felt comfortable during the narration, mainly because one child settled in to listen to the story.

The second tool used in this study was the mini sketches. Using puppets during storytelling is always a great activity. Some children are especially attracted to it. We have a theatre and two boxes of puppets, and we see that the children like it. Immediately they put themselves with the characters, they distribute themselves with what they like... some children like to tell the story, others who like more to be a spectator and some children prefer to be more narrators, to be part of the cast. Following the benefits of a folk tale, a mini sketch of the folk tale was presented to children. Quoting Johnson, J. K., & Reynolds, S. J. (2005), "to promote active learning and increase student involvement in their knowledge construction, we have implemented the use of concept sketches, which are simplified sketches that are concisely annotated with processes, concepts, and interrelationships, in addition to labels of features". In consonance with this, through the observation was determined that using mini sketches children were much more engaged than with the book. Puppetry is something that is associated with children, but older children also like it. I think it is a tool and a resource that works everywhere. In the hospital classroom, it works a lot to be with the children, listen to them, observe them, look at them, and be attentive to everything that happens at that moment and what the child wants to say to you. The bond of closeness and trust is generated, and what the child means to you changes a lot as the days go by.

Fourthly, McCabe and Shaw (2007) emphasize the hospital classroom time. They agree that there must be developed and implemented hospital-to-school transition plans to accommodate students with a variety of medical conditions in the changing environment of the healthcare and education systems. Developing and implementing an effective hospital-to-school transition plan can improve the functional impact of chronic disease. Since the hospital teachers already have some standard email templates, they send the schools an email. Then, in this email, there is already a paragraph where it says, "we would be grateful if you could notify the corresponding

tutor to continue with the child's educational care". It is a standard, just the details of the child and the year they are in, that's all. From that email, there is a response from the schools or not. So, the tutor may write to you on a Friday at 8 pm and you already have the activities for Monday. These possibilities make it possible to be more agile.

Moreover, Sen, Deshpande, Gadgil, and Singhal (2018) argue that as paediatricians, we are responsible for ensuring that all children receive an appropriate education, even while in hospital. For children in therapy, the school can provide a familiar and reassuring routine as well as a sense of being in sync with outside peers. As the hospital teacher describe, the objective of a teacher in a hospital classroom is to provide educational care and to support and accompany all children sick for the duration of their hospitalization, for this reason, there aren't monitors, volunteers, or pedagogues, but they must be teachers. They take care of them from the first moment they are admitted.

In addition, Andrade, and Devlin (2015) agree that the stress of hospitalized patients should be minimized. By providing positive resources related to control, distraction, and social interaction, stress can be reduced, promoting patient health. Patients often do not decide what to eat, when to eat, and when to have visitors; they have little opportunity to leave the inpatient area, their range of movement is restricted, and they have no control over their physical environment. As a hospital teacher, they must work with the child at the center of everything, however, of course, things happen to that child, and they must take all these things into account because maybe he is not feeling well, but does not want to go to the room, not to get ahead of myself. They have had trainees that said, "the child says he doesn't want to do any more of this, shall I walk him to the room?" no, just because he doesn't want to do any more of that doesn't mean he wants to leave. We stop what he was doing and change the activity. They must be very attentive to what the children want to say, because those who want to say it already say it, but others already have the same families who go ahead.

What is more, Wolinsky and Baker (1968) explain the first day of hospitalizing the child. Each youth should be provided with a notebook with their name on it, a pencil, a set of crayons, and any materials from the lesson. Dealing with formal reading material on the first day of school shows the child that this school is not very different from the one he has attended before. With his or her notebook, pencils, crayons, CD case, and reader, the child feels part of a progressive and stable entity. The first day in the hospital classroom in Hospital Taulí is a bit different. They didn't start in the classroom until they

feel well. When they enter, they must create a portrait of their selves and write their name on it, mainly because at the end of the course, the teachers create an exhibition about all the portraits. After that, children contact the tutor, to let them know about the situation and to ask if they must do any activity from school. While the teacher does not answer, the child can play several games with the other kids: puzzles, chess, or cards, among others.

To sum up, comparing the theoretical research with the practical one, it can be said that a folktale is useful to introduce English to preschool children in a hospital classroom. Reading a book and creating a mini sketch are effective activities that are introduced dynamically to children to learn English vocabulary and its culture.

6 Conclusions

To conclude this study, it should be considered that if we look at the objectives of the project it is observed that the materials that were presented during the interventions were suitable to introduce English to children. Through the Loch Ness Monster book, it was presented the story and the vocabulary. During this session, children felt relaxed, and for them, it was a rest time where they listened to a story. The next session was focused on the same story, but this was explained through a mini sketch. The main objective was to reinforce the vocabulary that was presented in the previous session. This activity was more dynamic, so children paid different attention to the story, mainly because they were expecting which was the new material and observing if the story has changed. The reinforcement of the vocabulary was clear because many children remembered the monster's name and the story. Through the results written on the observation grids, it can be said that all the objectives have been fulfilled.

Through the theoretical framework, the interviews, and the discussion section, it can be observed that the authors' position exposed in the first part of this study, is the same as the results obtained with this project. Socialization during the hospital period time is very important, as much as taking into consideration each child's needs and each family's demand. It's important to don't forget English while children are hospitalized, so they must keep working. If they do not have enough strength to do any activity, teachers work English through the narration of a book, where children can feel relaxed, or through mini sketches, where they will participate and intervene during the play.

Having said this, the research question "How do preschool children learn English through a folk tale during their hospital classroom period?" has been answered. All children during their hospitalized period have their own needs. One child may feel better than the other one, so the first one can do plenty of activities that the school sends to the hospital. The second one may feel tired, so he better prefer that the teacher read him or her a book. Children will learn English through folk tales in different ways. On one hand, reading a book is a good tool for those who feel exhausted or cannot leave the room. On the other hand, doing a mini sketch is a good tool for those children who have more energy and want to participate in the narration of the story.

Last but not least, the study successfully achieved its goal. The researcher is grateful to have the opportunity to work with Hospital Taulí and all the children that take part in this study.

6.1 Limitations

They faced many difficulties in conducting this study. Without mentioning COVID-19, the main difficulty was finding a hospital that want to participate in this project and the hospitalized children's uncertainty. Firstly, the researcher contacted different hospitals to introduce the study and to ask if the practical part can be done in the hospital. Different centres directly denied it, mainly because of the COVID-19 situation, others because they have a policy of not accepting student work. Hospital Taulí accepted the project, but the teachers could not be sure if there would be 3 to 6 years old pupils, and they would know when the day came.

Another complication that the researcher faced during the project was the different children that were in the hospital classroom. Before classes go children's health, so when they get better, they go home. Each child's diagnosis is different, sometimes one kid spends five days in the hospital, and other ones can spend a whole month. This was difficult to manage, mainly because before the project the researcher didn't know how many kids will be hospitalized, nor didn't know if children will stay in both sessions.

6.2 Future considerations

This study must not end here, mainly because it will be interesting to apply this project with primary students to see the different ways of learning English through a folk tale. Firstly, it is significant to consider that children of different ages are together in the hospital classroom. For this reason, it will be fascinating to see how they all respond to the story.

Secondly, and thanks to the hospital teacher, adding another way to introduce the story to children will help them to learn the vocabulary. This third way would be explaining the story face to face, with little material to allow students to follow the narration.

To conclude, the study will have a continuation considering those considerations, mainly to develop the project and to consider all pupils during this project.

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8 Appendices

8.1 Appendix 1: interviews

8.1.1 Interview to a hospital teacher

- Teacher: Hospital classroom teacher.

Primer de tot moltes gràcies per deixar-me entrar a l'aula hospitalària del Taulí.

Teacher: De res. Ja sabem que entrar en algunes aules és molt difícil.

Vinc sense tenir gaire idea sobre què és una aula hospitalària real. Llavors, la teva feina aquí dins, quina és?

Teacher: Bàsicament l'objectiu com a docent i com a aula hospitalària, que per això hi ha mestres i no monitores, ni voluntaris, ni pedagogues, sinó que han de ser docents, és donar atenció educativa, i fer el suport i l'acompanyament des de la perspectiva educativa a tots els nens, nenes, nois i noies ingressats, malalts el temps que duri la seva hospitalització. Nosaltres els atenem des del seu primer moment d'ingrés.

Per exemple ara, la noia que ha vingut ara a l'aula per primer cop, i al cap de cinc minuts li han donat l'alta, ha sigut el primer dia i també l'últim?

Teacher: No, el seu primer dia va ser el dijous. La van operar a les 9 del matí just quan començàvem a fer la ronda i vam actualitzar llistes, mirant si hi havia algun pacient nou o si algun centre ha enviat activitats pels alumnes. Llavors quan comencem a fer la ronda, sobretot per conèixer els pacients nous, els alumnes que seran per nosaltres, aquesta nena ja estava a quiròfan. L'endemà va ser el dia de lliure disposició i quan vam arribar al migdia ella acabava d'arribar de quiròfan, i no era el moment per proposar-li anar a l'aula. Si hagués sigut una setmana normal, l'haguérem conegut el divendres. Ha sigut com conèixer, començar i acabar, tot i que tampoc és el més habitual.

Quina creus que és la dificultat més gran de fer de mestra en una aula hospitalària?

Teacher: Primer que les dinàmiques són molt diferents. Si ara aquesta pregunta me la fessis deu anys enrere, que teníem pacients oncològics, i que molts els perdíem pel camí, una de les dificultats més grans era aprendre a treballar sabent que poden

passar coses que són irreversibles. Llavors com que per això no et formen, perquè tu vas a parar a una escola, i evidentment a una escola, a un institut o a un centre educatiu ordinari et poden passar coses als alumnes, i no als alumnes sinó també als professors, coses que d'un dia per l'altre canviïn perquè la vida és així, però aquí és cada dia. Avui dia, aquesta irreversibilitat amb pacients que no són de tanta vulnerabilitat o que la malaltia no té tanta gravetat, ja no és el problema. Com a mestre d'aula hospitalària has d'entendre, primer que has d'atendre a nens molt diferents. La diversitat és la paraula clau que està al voltant de la teva feina. Jo sempre parlo de paraules clau, i diversitat per mi n'és una. Si tu treballes de tutora en un quart de primària, a l'aula pots tenir nens amb diverses capacitats, de diverses procedències, però aquests nens estan en un curs i una escola concreta. Aquí tens, diverses procedències, diversos nivells, diverses escoles, diverses maneres de fer, diversos cursos, diversa procedència familiar... que si tu fas feina en un centre d'un barri més "degradat", per exemple aquí a Sabadell saps que hi ha un tipus de família en general, però passa que aquí tens aquests nens, no obstant això, pot ser que al costat d'aquest nen amb unes dificultats socioeconòmiques brutals tinguis a un nen, una nena o un alumne de la Farga, per dir alguna cosa. Que no es coneixerien mai. A més a més, la diversitat encara li podríem anar posant, com les lletres aquelles dels escriptors del bloc, que vas posant idees i va creixent, ja que podríem anotar la diversitat de malaltia. Tot això en conjunt, no ho tens en una aula ordinària.

Abans també has comentat que no teníeu tants alumnes oncològics. Per què? Estan en un altre lloc a l'hospital?

Teacher: No, ja no en tenim. Va haver-hi una reubicació de tota l'oncologia en l'àmbit estatal i llavors Catalunya, Taulí era un hospital pediàtric amb oncologia pediàtrica, tenia escola, tenia hospital de dia d'oncologia i pediàtrica, tenia tots els recursos. A la reunificació es van endur l'oncologia de Can Ruti, de Taulí i altres, i només es va quedar l'oncologia a Catalunya a la Vall d'Hebron i Sant Joan de Déu. Llavors això ens va treure una manera de treballar diferent tant amb famílies com nens. No ha sigut perquè volguéssim treure aquesta part de l'hospital. De fet, la primera alumna que va venir de la UVic va conèixer una part dels alumnes d'oncologia.

Per continuar, per què vas decidir entrar en una aula hospitalària i no continuar a una escola ordinària?

Teacher: Doncs fa vint anys que sóc aquí. Jo de formació sóc de terapèutica, tot i que he treballat en molts cursos. Llavors, treballar a prop del nen vulnerable per motius diferents, sigui perquè té un síndrome, o una situació familiar complicada, ha sigut sempre una cosa que m'ha atret. Nens amb necessitats especials per definició, o amb necessitats educatives específiques, llavors com que això ja ho coneixia, quan estava a Nen Jesús a una altra ubicació, i vaig dir "em ve de gust fer un canvi". Feia catorze anys que exercia com a mestre en diferents entorns, primària, secundària, terapeuta a secundària, educació especial a primària, tutories... i vaig pensar que és un moment personal en el qual crec que puc aportar com a professional, però també que ho puc entomar prou bé, i tinc encara un bon recorregut per aprendre.

Clar, perquè venir aquí és un repte. És un repte molt gran entrar a una aula hospitalària i ser mestre. Abans estava més centrat en la part d'oncologia, potser sí que era molt més difícil. Era dur pensar com entraràs i sortiràs de l'aula.

Teacher: Bé, et prepares, n'aprens i et formes. No n'aprens només amb l'experiència. Si l'acompanyament és real i no està basat només en falses expectatives, si no està basat, per una banda, en les informacions que et donen els metges. Això són dades que nosaltres tenim, llavors hem d'acompanyar sabent aquestes dades, però sense que aquestes facin de barrera. Jo sempre dic que no puc obviar la malaltia o allò que li passi al nen, però per mi el punt important és el nen que hi ha rere la malaltia. La malaltia no em pot tapar a aquella criatura. Jo com a docent, he de treballar amb el nen com a centre de tot, no obstant això, clar que a aquest nen li passen coses, i totes aquestes coses les he de tenir en compte, per detectar que no es troba bé i preguntar-li, no avançar-me, perquè potser no es troba bé o té una punxada, tanmateix, no vol marxar a l'habitació, no avançar-me. Hem tingut estudiants de pràctiques que deien, "diu el nen que no vol fer més això, l'acompanyo a l'habitació?" no, que no vulgui fer més d'això no vol dir que vulgui marxar. Parem de fer el que estava fent i, si l'infant ha vist que un altre està jugant perquè acaba d'arribar i l'hem d'atrapar d'alguna manera, doncs que jugui. S'ha d'estar molt atent a allò que els infants et volen dir, perquè qui ho vol dir ja ho diu, però n'hi ha d'altres que ja tenen a les mateixes famílies que s'avancen, quan per exemple li demanem a un infant quants anys té i és la mare qui respon, com si els nens no sàpiguen quants anys tenen.

M'has explicat que si has treballat a una escola, diguem, convencional.

Teacher: Sí, des que vaig acabar. Primer com a interina, i després he fet de tutora, de mestre d'educació especial, de mestre de secundària durant cinc anys... vull dir que tinc experiència.

Des d'infantil fins a secundària?

Teacher: Sí. A infantil bàsicament entrava a les aules bàsicament per nens que tinguessin un síndrome molt clar, doncs millor treure'l de l'aula. Entenia que el suport que havien de fer les mestres de suport especial era més de suport dins de l'aula i ajudar a l'infant. Després aquesta feina la feien les vetlladores. Era una feina molt diferent. Clar jo era mestra, i no només havia d'ajudar-lo de manera funcional, com ho pot fer una vetlladora, com ajudar a l'infant que va amb crosses, ajudar-lo a seure, a aixecar-se, si no pots fer alguna cosa amb les mans, doncs nosaltres fer de mans... Era més un acompanyament d'aquest tipus a P3 o P4. De fet, quan jo vaig començar a treballar encara no hi havia P3, imaginat el temps que fa.

Veus alguna diferència des de l'aprenentatge a una escola i aquí, a una aula hospitalària? Per exemple, aquí és un acompanyament més personalitzat.

Teacher: Aquesta és una de les grans diferències. Si sabem com treballa l'escola, així és com intentem treballar. Si l'escola actua per projectes, intentem seguir el mateix fil. Nosaltres contactem amb l'escola i que aquesta ens expliqui el seu funcionament. Si són més grans, això sí que ha entrat des de la Covid, si un alumne té Classroom, ClickEdu, o Moodles preparats per penjar activitats o altres, això sí que ha afavorit molt la feina de l'aula hospitalària amb els nens, que això és el que demanàvem fa anys, i alguna escola o institut sobretot, això sí que ho tenien preparat, però molt pocs. Llavors bàsicament és això, que el treball és més personalitzat. Tot i que intentem que ells mateixos es facin al grup. És un grup inter-edats, d'edats molt diferents, però molt maco. També un altre aspecte a destacar és que has de treballar de companya amb la interrupció. En una aula tu entens que tens la teva hora per fer català, i els alumnes ho entenen així, i el professor entra, fa català i marxa. Poden haver-hi interrupcions externes puntuals, però aquí són interrupcions constants, sigui per la medicació o per altres coses. Llavors diguéssim que aquest element no hi és gaire ni a primària, ni tampoc a la secundària.

Clar, aquí és adaptar-te completament a tot.

Teacher: Hi ha interrupcions que formen part de la medicació, i, per tant, com per davant va la salut i després anem nosaltres, si s'ha de canviar una medicació, toca allò. Si a les 11 hi ha un nen amb diabetis i s'ha d'anar a punxar a l'habitació i fer el control i mirar si està alt o baix o si ha d'esmorzar... llavors és sempre prioritari tot això. Això són com les dues grans diferències. Després, l'altre és una cosa positiva. A mi m'agrada molt la desubicació que se'ls hi crea als infants. Hem tingut infants que els veiem i pensàvem "aquest nen serà un líder a una aula convencional" però aquí està desubicat perquè no li segueix ningú perquè no el coneixen, no tenen una història prèvia d'ell, o són més grans, o més petits... per tant, aquesta descol·locació és el que permet a una criatura tornar a començar de zero, i és el que vegades dic que passa "la malaltia em dona una oportunitat". De vegades les famílies ens volen dir moltes coses dels nens, però nosaltres els hi demanem només una mínima informació. Quan diuen moltes coses davant del nen, el que fan és justificar el perquè no vindrà a l'escola, el que no voldrà fer... No cal que ens expliquin tantes coses. Nosaltres només parlant amb ells ja anirem per on volem.

Llavors, com funciona? Us poseu en contacte amb l'escola i aquesta us diu què ha de fer aquest infant?

Teacher: Bé, aquest és l'altre gran problema. De vegades tenim nens que els hi donen l'alta i l'escola no ha respirat. Per exemple, avui, de tots els infants que hem conegut nous, durant el matí ens posem en contacte amb l'escola. Com que ja tenim unes plantilles de correus electrònics estàndards, els hi enviem un correu adreçat a la direcció del centre, perquè tenim els correus de tots els centres, però no dels tutors. Llavors, en aquest correu ja n'hi ha un paràgraf on diu "agraïrem que notifiqueu al tutor o tutora corresponent per tal de continuar amb l'atenció educativa del nen". És un estàndard complint amb les dades del nen i el curs que fa, res més. A partir d'aquest correu electrònic, hi ha resposta de les escoles o no. De vegades respon el director o directora dient "d'acord, ho remeto al tutor", llavors el tutor potser t'escriu un divendres a les 8 del vespre i tu ja tens les activitats pel dilluns. Aquestes possibilitats et permeten ser més àgil. Hi ha algunes escoles que continuen sent molt lentes i altres que és com si no existissin. I després hi ha una altra part que està passant molt que és que les famílies han establert molt lligam amb l'escola també per tema Covid, han canviat molt les coses després de la Covid, i són les mateixes famílies les que diuen "ja hem parlat amb el tutor i ens ha dit que ha de fer això, això i això" i nosaltres diem "d'acord, doncs parleu amb el tutor tot el tema de la malaltia, però tota la qüestió acadèmica que vingui directament a nosaltres". La família pot gestionar totes les feines

que estiguin fora de l'horari de l'aula hospitalària, però dins de l'horari, millor que ho gestionem nosaltres, que per alguna cosa estem aquí.

I per exemple, en el cas que sigui una escola on el tutor us ha enviat la feina i tot. En el moment de la llengua anglesa, com ho gestioneu? Per exemple, us remeten un reading i seieu amb el nen i el feu?

Teacher: Mira per exemple la setmana passada un nen de tercer de l'ESO va fer l'examen d'anglès de la segona avaluació aquí, i el tutor ens va enviar el tall d'àudio i tot per fer el listening.

És a dir, us envien la feina de l'infant i aquest l'ha de fer. No és com una classe a l'escola on diuen "avui us explicaré el Present Simple".

Teacher: Sí, també, però depèn del moment. Ara per exemple hem acabat la segona avaluació. Els nois que han arribat amb feines molt concretes, molts eren controls o presentacions de treballs. Les escoles sempre et diuen "que es millori, i si vol anar treballant, pot fer això, això i això". Primer és que l'infant es millori, però no és que per fer-li fer feina no es pugui millorar. Llavors, això és el prioritari, després les feines que ens remeten, en funció si són exàmens o no, doncs anem organitzant. De vegades, hi ha exàmens on ens diu el nen "portava ja quinze dies a casa meva i aquest tema no l'he fet". Llavors ens posem a explicar el que toqui, i si toca començar de zero doncs hi comencem. Si està a l'habitació, doncs s'explica a l'habitació, i si està a l'aula, s'explica a l'aula. La flexibilitat és l'altra paraula. Interrupció, diversitat, flexibilitat, respecte i treball en equip, perquè nosaltres a les infermeres les necessitem per temes funcionals, però és molt important que hi hagi molt feedback, i que aquest sigui bo. Al matí, quan preguntes pels nens, cal que hi hagi una mínima explicació que et pugui ajudar, i de vegades elles prefereixen visitar als infants aquí i no a l'habitació, perquè aquí és un altre ambient on els poden veure.

I aquí a l'aula, entra la família?

Teacher: Ara no, post-Covid no. Des de l'hospital van donar aquesta consigna. Els nens entren amb mascareta i la família es queda fora. Habitualment ja era així, però abans moltes famílies entraven i seien.

[Un doctor ha entrat a buscar a un nen].

Veus, interrupcions. Però això no t'hi ha de generar cap inquietud. Pares de fer això i quan torni ja t'hi tornaràs a posar. Els vénen a buscar quan toca.

Doncs per finalitzar l'entrevista, et voldria preguntar si creus que la narració d'un conte tradicional a partir de titelles, com per exemple The Loch Ness Monster, és una bona activitat de cara als infants ingressats a l'hospital i que estiguin a una aula hospitalària?

Teacher: Ho diria més general. Jo crec que sempre és una activitat maca a utilitzar titelles. Hi ha nens que els hi atreuen especialment. Nosaltres tenim un teatrí i dues capses de titelles veiem que als infants els hi agrada. De seguida es posen amb els personatges, es distribueixen amb el que els hi agrada... hi ha nens que els hi agrada explicar el conte, altres que els hi agrada més ser espectador i n'hi ha nen que prefereix ser més narrador, formar part del repartiment. També hi ha nens per exemple que volen que hi siguis tu, ja que alguns entenen que sortirà millor si tu estàs allà amb ells. Sobretot penso en una nena que volia si o sí que jo estigués allà, perquè si no no sortia bé el conte. Aquesta por a fer-ho malament. Hi ha vegades que s'han inventat ells mateixos els contes i s'han inventat els personatges. Aquest recurs és bo per tothom, no només a l'aula hospitalària, perquè hi ha gent que té molta habilitat per narrar contes i ja només amb la veu, amb com ho narra, com mou els braços i com posa l'expressió de la cara, ja té guanyat al públic. Els titelles és una cosa que està associat a petits, però als grans també els hi agrada. Trobo que és una eina i un recurs que funciona a tot arreu. A l'aula hospitalària funciona molt estar amb els infants, escoltar-los, observar-los, mirar-los i estant atenta a tot el que passa en aquell moment i a allò que el nen et vol dir. Es va generant el vincle de proximitat i confiança, i allò que el nen et vol dir canvia molt a mesura que passen els dies.

Doncs moltes gràcies per aquesta entrevista i per l'oportunitat que m'heu donat.

Teacher: Moltes gràcies a tu, ha estat un plaer.

8.1.2 Interview to a sister of a hospitalized children

- Sister: A sister of one student from the hospital classroom.

Primer de tot moltes gràcies per deixar-me fer-te l'entrevista.

Sister: Gràcies a tu per fer aquest treball.

Estàs aquí perquè el teu germà està ingressat, no?

Sister: Sí.

Quant fa que esteu aquí?

Sister: Portem aquí dues setmanes.

I ell, anímicament, com està?

Sister: Doncs té dies que està una miqueta baixet, dient que se'n vol anar cap a casa. Però en aquests moments recorda que ha d'anar a l'escola d'aquí l'hospital i es posa una mica més content.

El fet de tenir a prop l'aula hospitalària, també és una ajuda per ell?

Sister: Sí. Aquest matí s'ha despertat i ja acabat d'esmorzar m'ha dit "doncs jo marxo que he d'anar al *cole*". Quan a casa això no ho fa, però aquí sí.

Llavors tu, com a germana, estàs contenta que tingui l'aula hospitalària aquí al costat?

Sister: Molt, perquè crec que això també ajuda moltíssim als nens petits, com també per les famílies, perquè pensem "doncs ara que marxa a l'escola, tinc una estona per descansar". És un moment de calma per nosaltres. Però sí, estic molt contenta.

Tu has entrat a l'aula?

Sister: Més o menys l'he vist des de fora.

I segons el que t'explica el teu germà, hi ha presència de la llengua anglesa a l'aula hospitalària?

Sister: Sí, molta.

Abans he parlat amb ell i m'ha comentat que li agrada molt l'anglès.

Sister: Sí, li agrada moltíssim l'anglès. Està molt content.

I quines activitats fa sobre la llengua anglesa? T'ha explicat alguna cosa?

Sister: No, no m'ha explicat gaires coses. Només m'ha dit que fan exercicis de vocabulari, veuen vídeos... però no m'ha dit res més.

Però ell està content amb el que hi ha de llengua anglesa?

Sister: Sí, perquè de tot el que pot escollir d'activitats, sempre escull la llengua anglesa.

Llavors, faries alguna modificació en l'àmbit educatiu de l'aula hospitalària? Com per exemple introduir més llibres, mirar pel·lícules...

Sister: És que tampoc sé ben bé com funciona...

Doncs bàsicament és que les mestres de l'hospital contacten amb l'escola, i aquesta els hi envia activitats que els alumnes han de fer.

Sister: Crec que potser haurien de tenir una mica més de temps lliure per jugar i pintar, no només fent deures que l'escola ha enviat. Però sempre s'han de tenir en compte les activitats que envia l'escola, perquè jo conec al meu germà i sé que de vegades necessita suport en algunes feines, i si es despenja estant aquí li costarà molt tornar. De vegades es pensa que estant aquí ingressat és com si l'escola desaparegués, i no vol fer res de deures. Però també crec que necessiten socialitzar-se amb els altres infants, i després fer feina de l'escola. Tot i això, el meu germà està molt content, mai havia vist que tingués tantes ganes d'anar a l'escola.

Sí, pel que he vist el teu germà està molt content i té ganes de fer coses.

Sister: Sí, la veritat és que està molt bé. Sort que en aquest hospital tenen aula hospitalària.

Doncs moltes gràcies per l'entrevista. Espero que sortiu ben aviat de l'hospital.

Sister: Moltes gràcies a tu.

8.1.3 Interview to a student of a hospital classroom

- Student: One student from the hospital classroom.
- Teacher: Hospital classroom teacher who intervenes during the interview with the pupil.

Primer de tot, moltes gràcies per deixar-me fer-te l'entrevista. Són preguntes molt curtes, d'acord? Doncs... quant portes aquí a l'hospital?

Student: Porto dues setmanes quasi tres. Tres setmanes diria jo.

[Va intervenir la mestra de l'aula hospitalària].

Teacher: Crec que no portes tantes, deus portar dues setmanes aquí al Taulí.

D'acord. I des del primer dia que vas entrar a l'hospital, ja vas venir a l'aula hospitalària?

Student: No... el cap de setmana no vaig venir, i crec que dilluns tampoc.

[Va intervenir la mestra de l'aula hospitalària].

Teacher: Explica-l'hi bé. Nosaltres sí que el vam veure el primer dia, però a ell els primers dies que va entrar li feia tant mal la cara i es trobava tan malament que no aixecava el cap del coixí.

Student: Sí, no venia. Dormia molt. Em trobava molt malament. Em feia mal l'ull i el cap.

Teacher: Vaig interrompent perquè ell no se'n recorda d'aquells dies del malament que es trobava, però nosaltres anàvem passant per la seva habitació i veiem a la seva germana i era ella qui ens explicava que l'AS havia passat mala nit, li feia molt mal el cap...

I et va agradar començar a venir a l'aula a fer coses?

Student: Sí.

I que fas quan vens aquí?

Student: Primer obrim l'ordinador i mirem si el meu professor m'ha dit alguna cosa o ens ha enviat algun missatge.

I fas anglès aquí a l'aula?

Student: Sí, faig anglès per un programa a l'ordinador.

Perquè abans m'has dit que t'agrada l'anglès, oi?

Student: Sí.

I què és el que t'agrada més?

Student: M'agrada escoltar i escriure.

I t'agrada mirar pel·lícules en anglès?

Student: No... *bueno*... una mica. Depèn.

I creus que hi ha alguna diferència entre l'anglès d'aquí l'aula i l'anglès de l'escola?

Student: Sí. Per exemple aquí faig un programa a l'ordinador diferent.

I a l'escola com ho feu?

Student: Amb un altre programa.

I quin és l'anglès que t'agrada més, el de l'escola o el d'aquí l'aula?

Student: El de l'escola.

I per què?

Student: Perquè hi ha una professora d'anglès que m'ensenya millor.

I de manera general, sense parlar de l'anglès, quina creus que són les diferències entre venir aquí a l'aula i a l'aula de l'escola.

Student: A veure, jo porto aquí una mica de temps, però jo crec que si em quedo aquí i aprenc una mica més d'anglès, podria igualar el nivell de la classe.

I sense tenir en compte l'anglès, quina és la diferència de venir a l'aula i anar a la teva classe normal?

Student: Doncs aquí hi ha més atenció. Per exemple, a l'escola hi ha més nens i els professors han d'estar més pendents de tots. Aquí com és una aula petita, i hi ha dues professores, hi ha més atenció.

T'ajuden més si necessites alguna cosa, no?

Student: Sí.

I, a part de fer activitats de l'escola, també jugues a jocs i llegeixes contes?

Student: Sí.

Què és el que més t'agrada fer?

Student: Doncs la veritat no jugo molt, no tinc molt temps.

I a què t'agradaria jugar si tinguessis temps?

Student: Una partida de les dames.

[Va intervenir la mestra de l'aula hospitalària].

Teacher: Després jugarem, va. És que l'han fet treballar molt...

Student: Sí...

Doncs ja està, moltes gràcies.

8.2 Appendix 2: observation grid

8.2.1 First session observation grid

<p>Day: 21/03</p> <p>Time: 11:15 h</p> <p>Number of pupils: 2</p>	
<p>Are they engaged with the story? (They seem motivated and interested with it)</p>	<p>During the story, they seemed so motivated. In one case, before the story began, one kid seemed bored. When the story started, he was motivated to see what will happen during the tale. In another case, the boy was motivated before, during, and after the tale.</p>
<p>Do they recognize the story or some elements? (Recognize thanks that family read the story at home, at school...)</p>	<p>One boy recognizes the story. He went with his mum to Loch Ness in Banyoles. Some people are said to have seen the monster in the lake, so he was engaged to read another different story about Nessie.</p>
<p>Do they produce the main vocabulary of the story? (Monster, loch ness...)</p>	<p>They didn't use to produce any vocabulary. The first child was so tired to not even say a word, he just nodded. For the other one was better. He wasn't much tired as it was the first one, so he repeated the name of the monster, or other words: for example, car, red, and green, among others.</p>
<p>Are they able to anticipate what is going to happen?</p>	<p>Both children were tired, so it was just a listening activity with very few interruptions, just some words such as Nessie, car, and red, among others.</p>
<p>Do they correctly answer some indirect questions about the story?</p>	<p>During the story, there were indirect questions such as: <i>which monster do you think stays in the loch?</i> The boy that was exhausted didn't answer, he just confirmed with a nod that was Nessie the one that stayed there.</p>

8.2.2 Second session observation grid

<p>Day: 25/03</p> <p>Time: 10:25</p> <p>Number of pupils: 2</p>	
<p>Are they engaged with the story? (They seem motivated and interested with it)</p>	<p>During the story, they seemed very engaged. They were waiting to see what would happen next. We could hear their laughs when a puppet appeared on the stage.</p>
<p>Do they recognize the story or some elements? (Recognize thanks to last session)</p>	<p>The ones that stayed on the previous session, all recognize the story. The new children that came to listen for the first time the story, didn't recognize it.</p>
<p>Do they produce the main vocabulary of the story? (Monster, loch ness...).</p>	<p>They just said the name of the monster. They were too engaged with the sketch that they didn't interrupt, not even to say any word.</p>
<p>Are they able to remember the story and anticipate what is going to happen?</p>	<p>The ones that were during the first session, were able to remember the story, but they told me at the end of the tale. They didn't interrupt the sketch.</p>
<p>Do they correctly answer some indirect questions about the story?</p>	<p>The questions were the same ones that were during the first session: <i>which monster do you think stays in the loch?</i> They answered correctly.</p>

8.3 Appendix 3: participant information sheet

8.3.1 Introduction information sheet

FULL D'INFORMACIÓ ALS PARTICIPANTS

Salutacions,

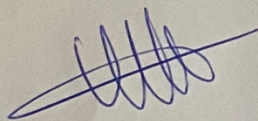
Sóc l'Alba Llamas Lucero, estudiant de quart del Doble Grau en Educació Infantil i Primària (menció en llengua anglesa) de la Universitat de Vic – Universitat Central de Catalunya. Actualment, estic realitzant el meu treball de final de grau. Aquest està relacionat amb el procés d'introducció de la literatura anglesa als infants d'entre tres i cinc anys d'una aula hospitalària.

Per tal de conèixer al màxim com és aquest procés, estic realitzant entrevistes a professionals, familiars i residents, és per aquest motiu que us demano l'autorització per participar en la recerca.

D'avançat us informo que les respostes seran anònimes, confidencials, registrades amb gravació d'àudio i vídeo i utilitzades exclusivament per la realització d'aquest treball.

Gràcies per la seva atenció.

Signatura de l'estudiant (investigadora):



21 de març de 2022.

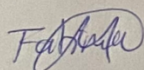
8.3.2 First signature

AUTORITZACIÓ CONSENTIMENT INFORMAT

En/Na Fatima Izerrual amb DNI X93.543.594, tutor o tutora legal de Achraf Izerrual, autoritzo que Alba Llamas Lucero, estudiant de quart del Doble Grau en Educació Infantil i Primària (menció en llengua anglesa) de la Universitat de Vic – Universitat Central de Catalunya, pugui utilitzar les dades extretes de l'entrevista amb la finalitat exclusiva de realitzar el seu Treball Final de Grau.

Per la seva part, l'estudiant es compromet a: "respectar els drets fonamentals de les persones, siguin infants o persones adultes; demanar el consentiment de les persones que col·laborin o participin en el treball; respectar l'esfera privada de totes les persones, grups o institucions que participin o estiguin relacionades amb el treball; utilitzar la informació obtinguda només amb finalitats científiques i donat compte dels resultats del treball a les persones, grups o institucions col·laboradores".

Perquè així consti, signo l'autorització:



21 de març de 2022.

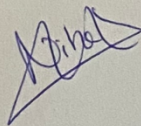
8.3.3 Second signature

AUTORITZACIÓ CONSENTIMENT INFORMAT

En/Na amb DNI
autoritzo que Alba Llamas Lucero, estudiant de quart del Doble Grau en
Educació Infantil i Primària (menció en llengua anglesa) de la Universitat de Vic
– Universitat Central de Catalunya, pugui utilitzar les dades extretes de
l'entrevista amb la finalitat exclusiva de realitzar el seu Treball Final de Grau.

Per la seva part, l'estudiant es compromet a: "respectar els drets fonamentals de
les persones, siguin infants o persones adultes; demanar el consentiment de les
persones que col·laborin o participin en el treball; respectar l'esfera privada de
totes les persones, grups o institucions que participin o estiguin relacionades
amb el treball; utilitzar la informació obtinguda només amb finalitats científiques
i donat compte dels resultats del treball a les persones, grups o institucions
col·laboradores".

Perquè així consti, signo l'autorització:



___ de març de 2022.

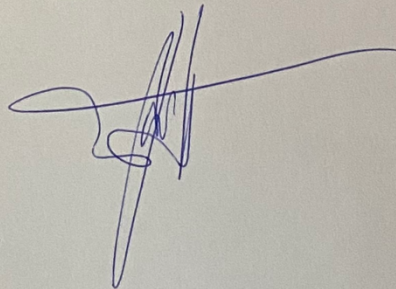
8.3.4 Third signature

AUTORITZACIÓ CONSENTIMENT INFORMAT

En/Na ÁURORA FERNÁNDEZ..... amb DNI 39330954B...
autorizo que Alba Llamas Lucero, estudiant de quart del Doble Grau en
Educació Infantil i Primària (menció en llengua anglesa) de la Universitat de Vic
– Universitat Central de Catalunya, pugui utilitzar les dades extretes de
l'entrevista amb la finalitat exclusiva de realitzar el seu Treball Final de Grau.

Per la seva part, l'estudiant es compromet a: “respectar els drets fonamentals de
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i donat compte dels resultats del treball a les persones, grups o institucions
col·laboradores”.

Perquè així consti, signo l'autorització:



21 de març de 2022.

8.3.5 Fourth signature

AUTORITZACIÓ CONSENTIMENT INFORMAT

En/Na amb DNI
autoritzo que Alba Llamas Lucero, estudiant de quart del Doble Grau en
Educació Infantil i Primària (menció en llengua anglesa) de la Universitat de Vic
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i donat compte dels resultats del treball a les persones, grups o institucions
col·laboradores".

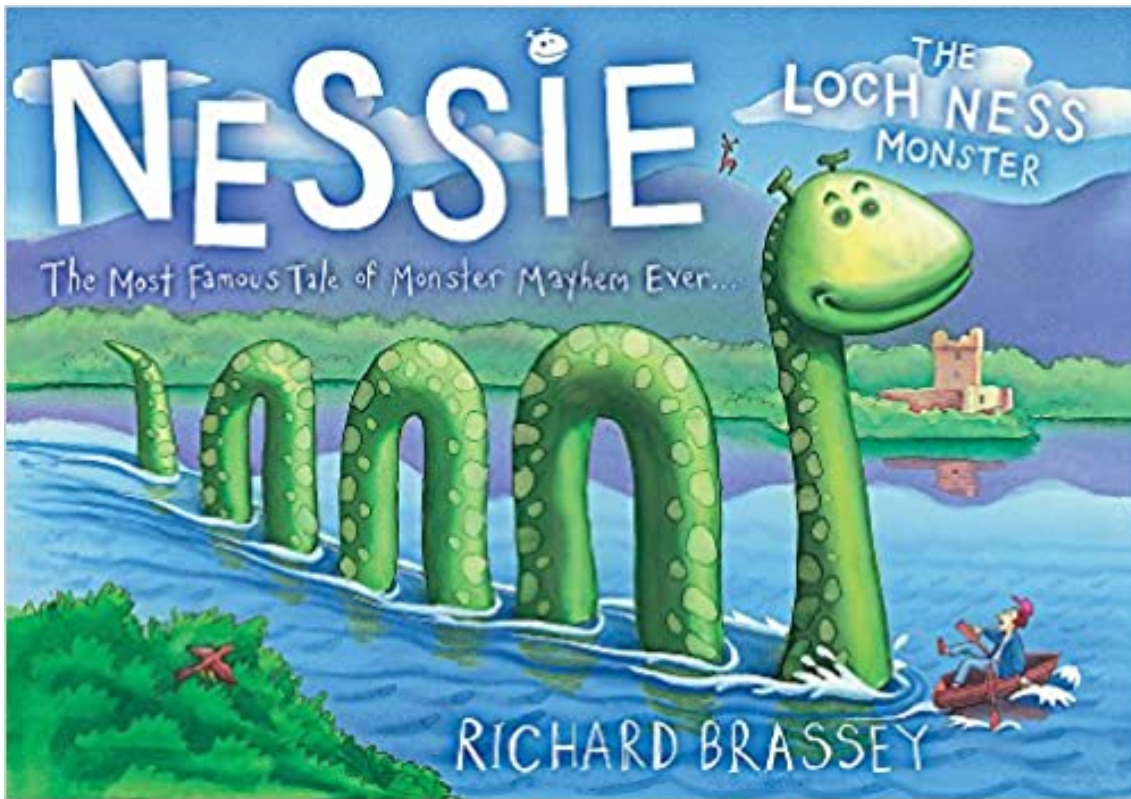
Perquè així consti, signo l'autorització: *Fatima Izerrual*

Fatima Izerrual

21 de març de 2022.

8.4 Appendix 4: material

8.4.1 First session



8.4.2 Second session



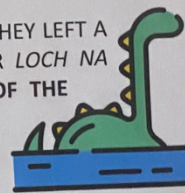
SCOTLAND

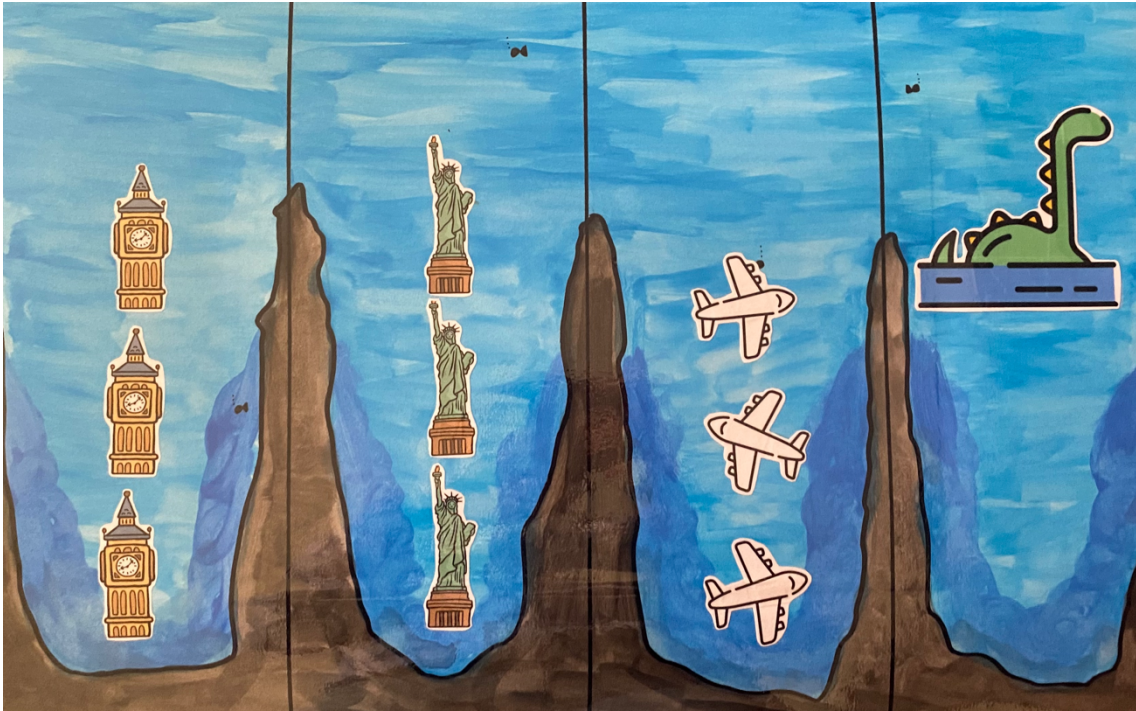


LONG MILLIONS OF YEARS AGO, THE NORTHERNMOST PART OF **SCOTLAND** WAS NOT PART OF SCOTLAND!

THE PREHISTORIC SEA-MONSTERS ALL RUSHED TO ESCAPE – EXCEPT, THE STORY GOES FOR ONE NAME **NESSIE**. SHE WAS ALWAYS A DREAMY SORT OF MONSTER.

LUCKILY, WHEN THE TWO PARTS COLLIDED, THEY LEFT A LARGE GAP. THIS IS CALLED LOCH NESS OR *LOCH NA BEISTE*, WHICH IS GAELIC FOR **THE LAKE OF THE MONSTER!**





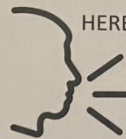
LOCH NESS IS SO DEEP THAT YOU COULD STAND THREE **BIG BENS** IN IT AND THEY WOULD STILL NOT REACH THE TOP!

THE **STATUE OF LIBERTY** COULD DIVE IN HAPPILY WITHOUT ANY CHANCE OF HER HEAD HITTING THE BOTTOM!



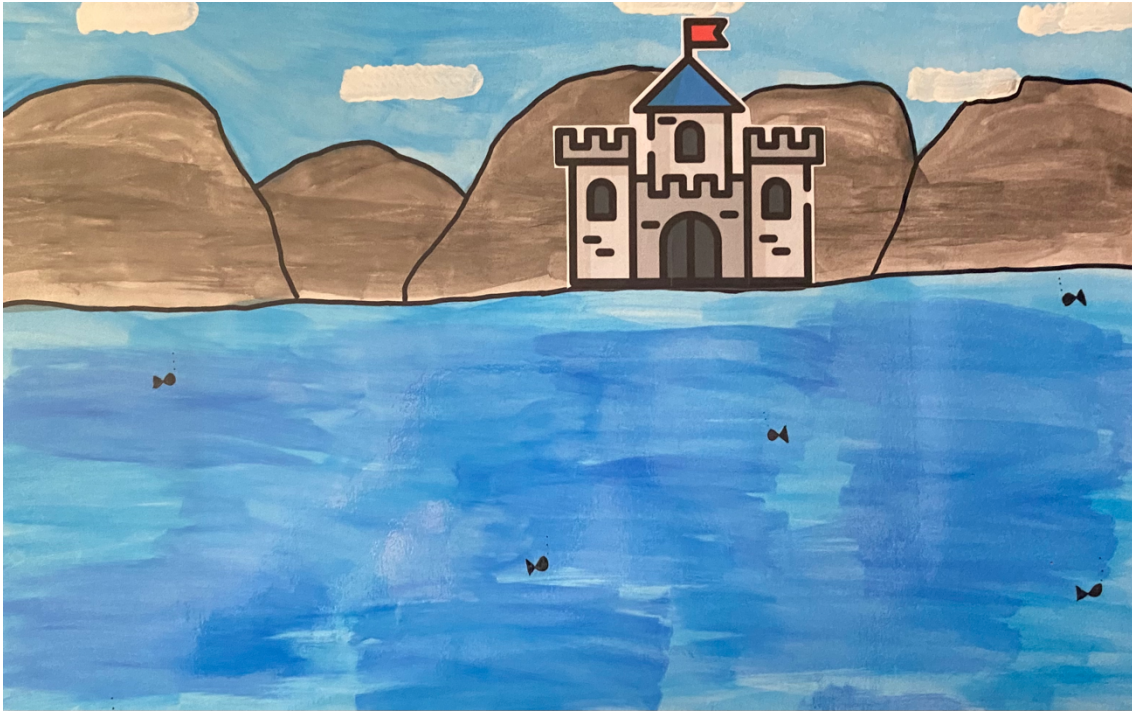
THREE **JUMBO JETS** COULD BE PLACED WINGTIP TO WINGTIP AND STILL HAVE ROOM TO LOOP THE LOOP!

PLENTY OF ROOM FOR A **MONSTER!!**



HERE NESSIE LIVED HAPPILY FOR A FEW MILLION YEARS UNTIL 565 AD WHEN A MAN CALLED ST. COLUMBA, SHOUTED "GET BACK!" FROM THE BANK.

NESSIE WAS SURPRISED BUT PAID NO ATTENTION.



FOR THOUSAND YEARS OR MORE, SHE WAS LEFT IN PEACE TO SWIM IN THE LOCH.



THE BEAUTIFUL **URQUHART CASTLE** WAS BUILT BESIDES THE LOCH, BUT THE PEOPLE WHO LIVED THERE WERE FAR TOO BUSY FIGHTING OFF ATTACKERS TO HAVE ANY TIME FOR MONSTERS.





BUT THEN IN 1933 DISASTER STRUCK!



A ROAD WAS BUILT ALONG THE EDGE OF THE LOCH. THE **NOISE** WAS FRIGHTFUL, WHAT WITH CRASHING AND BANGING AND ROCKS SPLASHING INTO THE WATER ALL DAY LONG.



EVERYWHERE NESSIE WENT THERE WERE **PEOPLE**...

AND THAT WAS THE END OF NESSIE'S PEACEFUL TIME. **NEWSPAPERS** ALL OVER THE WORLD WERE FULL OF THE STORY.



A FAMOUS CIRCUS RINGMASTER OFFERED £100,000 TO ANYBODY WHO COULD **CATCH THE MONSTER** FOR HIM.



PEOPLE Poured INTO THE SCOTTISH HIGHLANDS.
THE NEW ROAD BECAME EVEN **MORE CROWDED**.
EVERYBODY CLAIMED TO HAVE SEEN THE
MONSTER!



SOME OF THEM SAID IT HAD A HEAD LIKE A **SHEEP**.

OTHERS DESCRIBED A **SHAGGY MANE**.



MOST THOUGHT IT HAD A LONG NECK, BUT DID IT HAVE A
TAIL?

ONE OF THE NEWSPAPERS SENT A BIG GAME HUNTER TO TRACK
NESSIE.

THE HUNTER THOUGHT IT WOULD BE MORE FUN TO MAKE
HIS OWN **MONSTER TRACKS** WITH A STUFFED HIPPO LEG
WHICH HE USED AS AN UMBRELLA STAND.



ONE DAY A SURGEON WHO WAS DRIVING BY THE LOCH WAS
STARTLED TO SEE NESSIE. HE TOOK A **PHOTO**. IT DID NOT
COME OUT VERY CLEARLY. PERHAPS HIS HANDS WERE
SHAKING AT THE TIME. BUT IT IS STILL THE BEST PHOTO
OF NESSIE THAT ANYONE HAS YET TAKEN!



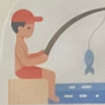


EVERYBODY WANTED TO FIND OUT HOW NESSIE CAME TO BE IN THE LOCH NESS AND WHY SHE LOOKED DIFFERENT TO EACH PERSON WHO SAW HER.

SOME PEOPLE SAID THAT SHE CAME AND WENT THROUGH MYSTERIOUS TUNNELS CONNECTING LOCH NESS TO THE SEA. THEY SAID THERE WERE **OTHER MONSTERS** TOO!



OTHER PEOPLE SAID THAT NESSIE WAS SIMPLY THE PROUD **MOTHER** OF A WHOLE FAMILY OF WEE MONSTERS.



ONE DAY TWO BOYS OUT FISHING NOTICED FOUR VERY QUEER LITTLE CREATURES SWIMMING BEHIND THEIR BOAT!

THEY TOLD THE MONKS OF ST. BENEDICT'S, WHO KNEW AT ONCE WHAT THEY HAD REALLY SEEN - **BABY MONSTERS!**





PEOPLE ARE STILL **TRYING TO FIND NESSIE.**

ONE MAN WENT **FISHING** FOR HER BY NIGHT. HIS BOAT WAS FOUND EMPTY THE NEXT MORNING.



ANOTHER MAN WAS NEARLY DROWNED AS HE TRIED TO TAKE A **PHOTO** WHEN NESSIE CAME UP UNDER HIS CANOE.

STILL ANOTHER DIVED IN A **MINI-SUBMARINE**, TAKING PHOTOGRAPHS UNDERWATER.



A GROUP OF **SCIENTISTS** TRIED BOATS FITTED WITH SONAR, WHICH IS WHAT BATS USE TO FIND INSECTS.

