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Karla A. Sanabria Matos  
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AN EXPLORATION OF THE PEDSACADEMY INTERNSHIP'S INFLUENCE ON  
ASPIRING EDUCATORS' PREPARATION TO TEACH CHILDREN WITH CHRONIC  
ILLNESSES

by

KARLA SANABRIA MATOS

A Thesis submitted in partial fulfillment of the requirements for the Honors in the Major  
Program in Elementary Education in the College of Community Innovation and Education and in  
the Burnett Honors College at the University of Central Florida Orlando, Florida

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Thesis Chair: Michelle J. Kelley, Ed.D

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## **ABSTRACT**

The increased emergence of childhood chronic illnesses in the United States of America has created a need for educational support in this unique student population. Research trends have showcased how the child's emotional health and vacancies in legislation are some of the affecting factors when discussing the level of academic aid these children receive from the state. Some other factors that come into play when ensuring children with chronic illnesses are not excluded from receiving quality education are their learning environment, school reintegration process, and evaluating pre-existing hospital-school programs which are all themes covered in this narrative. Teacher preparation programs are the best way to tackle this issue early on. By providing aspiring educators training on how to help these students, they will ensure a successful school reintegration for the child once they return to the traditional schooling setting. Hence, why this research focuses on the PedsAcademy, a pioneer Florida hospital-school program, and the aspiring educators' perceptions of their academic and socio-emotional impact on the students. The research questions are synthesized into three main topics: social-emotional impact, influence on aspiring educators, and state regulations. Each of these themes encompass further descriptive terms based on the survey and interview results, which include: meaningful academic and socio-emotional student progress, flexible teaching, unique opportunity, life-changing experience, and knowledge of state regulations. Through the data collection of survey and interview responses, this thesis records the research findings and establishes concrete recommendations that contribute to the preexisting materials on the educational support available for children with chronic illnesses.

## DEDICATIONS

to

*Families and children with chronic illnesses*

You are not alone. You are seen. You are heard. You will always find an ally in me.

*Mami y papi*

A mis maestros de la vida. Quienes siempre me han apoyado en cada una de mis travesías académicas y personales. Gracias por siempre estar a mi lado y brindarme el apoyo necesario para llegar a las estrellas, se les quiere infinitamente.

## ACKNOWLEDGMENTS

None of this would have been possible without **Dr. Kelley, Dr. Grysko, Dr. Bai, or Dr. Tucker.**

Thank you for your mentorship and guidance throughout this whole process. With your motivation I am able to produce a passion project that I am proud to present as my first research publication. Thank you for believing in me.

To **all educators and advocates for education**, we have the privilege and responsibility to provide our students a mindful and holistic academic experience. Here's to extending the boundaries of education and supporting the equitable access to quality education. Thank you for your commitment to becoming life-long learners.

I would also like to thank **Patricia Calderón** who gave me the opportunity to volunteer in my first children's hospital. Fuiste quien me expuso a la noble e importante profesión de servicio hacia niños con condiciones crónicas. Gracias por llevarle la luz y alegría a tantas familias puertorriqueñas. Me ayudaste a encontrar mi pasión y por eso te lo debo todo.

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## **SECTION 1: INTRODUCTION**

Childhood is a time of many memorable firsts in one's life. First time making a friend, first time going to school, first time exploring a sport or a hobby. Yet, what if all of those rudimentary events cannot occur in the conventional sense we tend to associate them? For millions of children in the United States of America, this is the case. The emergence of chronic illnesses during childhood is increasing (Newacheck & Stoddard, 1994), thus altering these childhood experiences for many. Children with chronic illnesses come to know a hospital room better than a classroom; their peers become the nurses and doctors they see routinely. Failing a test or not making the volleyball team is nowhere near the top of their list of worries. These adverse childhood experiences define a part of their lives forever. Therefore, what can we, as a society, do to ease their hardships?

Providing these children with positive educational experiences allows them the quality education they deserve, as well as preparing them to reintegrate into the schooling setting. Hospitalized children experience educational adversities, putting a damper on their academic performance and socio-emotional skills (Shiu, 2004). Hence, why in-hospital educational programs are the best way to tackle these distressing limitations. However, surprisingly enough, limited research on hospital-school programs exists (Steinke, Elam, Irwin, Sexton, & McGraw, 2016). As an aspiring educator who is privileged enough to be an advocate and ally for children and families in this position, performing a qualitative study on the impact a Central Florida hospital-school initiative has on chronically ill children is a great place to start.

By conducting a literature review on others' perceptions of educating children with chronic illnesses and the educational support provided to this population, a deeper understanding of this subject is obtained. As for the methodology aspect, a study surveying past University of Central Florida, PedsAcademy interns is completed (Nemours, n.d.). This program is the first of its kind and it offers aspiring educator interns the experience and knowledge needed to teach hospitalized children successfully. This research is primarily being executed to motivate the origination of similar collaborative programs between local hospitals and universities for these students to benefit and enjoy within the paradigms of academic socio-emotional learning.

### **Statement of Problem**

In 2014, I had my first experience working with children with chronic illnesses at San Jorge Children's Hospital in Puerto Rico. Working as a volunteer, I made bonds with the patients and their families, changing my life for the better. Coming from a bloodline of passionate and empowering educators, I would view in awe the little study room designated for tutors to teach the children and could not help but think that was the ideal job for a person with interests similar to mine. The years passed, and life took me through many unexpected twists and turns. I began nursing school, yet quickly recognized that this astounding and noble profession was not the one I was destined to follow. Being that my admiration for education has been a constant factor throughout my life, I realized teaching was my calling and decided to pursue it with the hope of one day becoming a teacher for children with chronic illnesses in hospitals. Little did I know that my dream profession was not a reality and that these children often are not required nor given a formal education. I instantly began thinking of ways I could change this. Children with chronic

illnesses and their families go through enough hardships early in life, educational gaps should be the least of their worries. A positive educational experience provides children a sense of “normalcy” and belonging to their lives, not to mention the sense of community they develop by interacting with children their age (Chin & Tsuei, 2014). That being said, the limited research that exists on hospital- school programming for children with chronic illnesses is not only worrying at a personal level but an indication of a much more significant gap in the field of education and hospital management (Steinke, Elam, Irwin, Sexton, & McGraw, 2016).

### **Purpose of the Study**

This study’s primary purpose is to explore the PedsAcademy hospital-school model in Florida and its impact on aspiring educators teaching chronically ill children. To adequately examine hospital’s educational support, this study reviews pre-existing projects through a literature review on international initiatives that provide children with chronic illnesses educational support. However, the majority of the legal contents collected in the analysis of educational support for children with chronic illnesses are those found under Florida legislation, given that Florida is the state the study is being conducted.

Moreover, this study has the supplemental purpose of examining how prospective teachers perceive the PedsAcademy internship’s influence on their teacher preparation and hospitalized patients’ educational growth and emotional well-being. This study uses qualitative data and descriptive statistics collected through a process of surveying and interviewing past interns from the University of Central Florida’s PedsAcademy program based on their student teaching experiences. The analysis of the collected data helps identify whether the PedsAcademy

has positively impacted the interns' teacher preparation and students' academic and socio-emotional needs. The research also answers the following research questions:

- What are aspiring educators' perceptions of their emotional and academic impact on children with chronic illnesses?
- How does the PedsAcademy internship influence aspiring educators' teacher preparation, in regards to teaching children with chronic illnesses?
- What are pre-service teachers' knowledge of state regulations regarding home and hospital-bound instruction?

### **Significance of the Study**

The importance of this study is to bring awareness of the consequences children with chronic illnesses face when they lack academic instruction told from aspiring educators' points of view based on their student teaching internship experience. This study also calls attention to the significance of teacher preparation programs including instructional practices for children with chronic illnesses. Moreover, this study contributes to the existing literature on educating children with chronic illnesses. By making the research findings and recommendations available to those in the hospital management and education fields, they hold the power to curtail this dilemma by turning this narrative into actionable items within the near future. Given that if nothing is changed, these children will go through additional struggles when reintegrating into the school setting. Thus, by performing this qualitative study, the benefits of academic initiatives in pediatric hospitals are highlighted, contributing to the possible establishment of more

educational programs to serve hospitalized children and children with chronic illnesses across the United States of America.

## **SECTION 2: LITERATURE REVIEW**

Exploring existing educational resources on teaching children with chronic illnesses provides an insight as to what exists and what needs to be refined or developed to better serve this student population. Researchers have studied the impact of projects that educate children with chronic illnesses through investigating ways of reintegration, teacher preparation, the child's mental health, and other pertinent subjects. This literature review not only describes previously peer-reviewed articles, but also communicates the importance of educational support for children with chronic illnesses. Six major themes are addressed throughout this section: unconscious barriers, learning environment characteristics, vacancies in legislations, the school reintegration process, factors that affect the educational support children with chronic illnesses receive, and teacher preparation through the PedsAcademy internship.

### **Hidden Barriers**

When beginning to address how to better serve students in hospital settings, it is essential to note the unseen barriers these children face. These hidden barriers are the psychological factors that affect the student's ability to learn effectively. Although all hospital patients tend to be affected psychologically by their chronic illnesses, adolescents are prone to being the group that needs the most care when we talk about mental health. Adolescents require emotional support to reduce their social isolation and ameliorate their well-being during their hospitalization or treatment (Maor & Mitchem, 2020). It is vital to accentuate the significance of providing additional support for our adolescent patients. Because they already belong to a vulnerable population, battling a chronic illness only perpetuates to the commonly exhibited

teenage low self-esteem, stress, and anxiety (Silva, Silva, Ronca, Gonçalves, Dutra, & Carvalho, 2020). Given that children who undergo repeated hospitalizations are often left emotionally traumatized (Hopkins, Moss, Green, & Strong, 2014), it is salient to provide a positive educational experience that contributes to the improvement of their mental health status.

Absences due to hospitalizations or medical appointments are disruptive to the child's education. In the United States of America, more than one million school-aged children are hospitalized annually, making this barrier a concern we have previously seen (Elixhauser, 2008). When children are sick, their education takes a backseat while their health and well-being are rightfully prioritized. Yet, it is the educational system's exigency that the child receives the instructional resources required for them to transition and re-integrate into the school setting comfortably. Assisting the child throughout their absence with modified distance learning lessons that are academically challenging and engaging is key in achieving this smooth transition. Medical and pedagogic entities must collaborate to prevent children who are facing this issue from falling behind academically (Eaton, 2012).

Further barriers impeding hospital instruction are the student's lack of motivation and engagement. The child's motivation plays a critical role in their academic progress, hence why educators should focus on modeling and promoting a positive attitude towards education through games and interactive lessons that meet the child's expectations (Chin & Tsuei, 2014). Keeping children motivated is a challenging task; however, when the child has hindrances that limit the activities they can perform, creative solutions have to come into play. Children with chronic illnesses habitually miss school, with 10% of them missing more than 25% of the academic year



(Thies, 1999), putting a damper on their academic performance. Consequently, their academic engagement is below average and should be something educators accommodate for when lesson planning in order to allow these students to thrive within their environment.

### **Learning Environment**

Educators have been challenged with moving to a remote instruction setting during this COVID-19 era, therefore, distance learning has become a mainstream form of schooling in 2020. However, many educators have commented on the difficulties faced due to inequities within their student population, some of these being lack of access to technology or not having a designated space to focus on their school work. Thus, why the student's learning environment has to be carefully crafted regardless of the conditions.

For children who are hospitalized with chronic illnesses, the decrease in social exposure affects the child's confidence and relatability to others (Boles, Winsor, Mandrell, Gattuso, West, Leigh, & Grissom, 2017). The educational practice of peer activities or group work is no longer achievable under normal circumstances, altering the child's perceptions of a learning environment they are accustomed to and comfortable with. Because maintaining social connections with their peers is an arduous task for children with chronic illnesses, their feelings of loneliness and social isolation increase (Lightfoot, Wright, & Sloper, 1999). Thus, a significant theme in relieving feelings of loneliness and isolation is creating virtual learning communities for patients to socialize among each other. For instance, the Zora system is a multi-used online environment for patients to communicate and share their experiences (Bers, 2001). Another solution to this conflict is the utilization of platforms that allow educators to implement

technology-mediated lessons to keep the child connected to the school environment digitally. The incorporation of similar digital tools improves the social connections between children with chronic illnesses and their peers in the classroom (Fiore, Joriseen, Van Reeth, Lombaert, Valcke, Vansichem, Veevaete, & Hautekeete, 2008).

Given that hospitalizations can be disruptive to the child's education regardless of the severity of the situation, providing an engaging lesson is necessary to improve their motivation and spark their interest (Eaton, 2012). Attending school in an environment other than the traditional classroom is confusing and odd for children; hence, why hospital instruction should incorporate academically challenging and socially interactive curriculums (Boles, Winsor, Mandrell, Gattuso, West, Leigh, & Grissom, 2017). Integrating fun lessons that engage the children while keeping in mind any physical limitations they may have allows them to excel academically. Additionally, being flexible to sudden changes in treatment schedules or possible medical emergencies is the best way to prepare when creating a learning environment specific to the child's needs.

### **Florida Legislations**

Some countries, such as Taiwan, require all children with chronic illnesses to accept weekly bedside instruction while they are absent from school (Chin & Tsuei, 2014). However, the United States of America does not have a similar requirement for all fifty states nor U.S.A. territories. Lack of legislation requiring bedside instruction in state legislations is a significant hurdle when providing accessible education for children with chronic illnesses (Legislative Alliance for Students with Health Conditions, 2017). In a 2015 Legislative Alliance for Students

with Health Conditions (LASHC) survey, over 60% of the respondents recognized home instruction as the form of youth instruction that needs the most reform (Legislative Alliance for Students with Health Conditions, 2017). Although children may be released from the hospital, when suffering from chronic conditions, they may be unable to attend school, ergo why home instruction is vital for this population.

Since the research study location is the state of Florida, this section evaluates related legislation on hospitalized or homebound students' eligibility for supplemental instruction in this specific state. A student must meet a number of criteria in Florida prior to receiving instructional aid. For instance, a licensed physician must diagnose them as either hospitalized or homebound, meaning that they are confined to stay either at the hospital or at home (Florida Department of Education, 2017). Further requirements include the child being enrolled in a public school and in a non-endangering health state to themselves or others. One of the most overlooked requirements for this legislation is that the child must be absent for fifteen consecutive school days. Putting fifteen subsequent school days into perspective means that the child must be absent from school for three weeks in order to qualify for educational instruction under state rule 6A-6.03020 (Florida Department of Education, 2017).

What is wrong with requiring children with chronic illnesses to be absent for fifteen consecutive school days before qualifying for educational services? The problem with this stipulation is that most children with chronic illnesses are exempt from receiving educational support because they do not meet the fifteen-school day mark due to unique treatment plans. An example of this is pediatric oncology patients who do not meet the criteria in present-day

educational laws for existing programs (Hay, Nabors, Sullivan, & Zygmund, 2015). Although these children suffer from chronic conditions, their treatments may fluctuate from every two weeks to requiring them to take some at home rest. Hence the reason this requirement results in children being excluded due to poorly constructed legislation that does not reflect the reality for children with chronic illnesses. Some proposed solutions are demanding state-level laws to fill these gaps and make more inclusive legislations. Advocating is a course of action individuals can take to push for the guarantee of educational equity for this student population often forgotten by policymakers.

### **School Reintegration**

School reintegration is a pivotal point for any child that has undergone hospitalization. School re-entry or reintegration is the period where a child transitions back to the standard schooling environment (Harris, 2009). For children who have been out of the school setting for weeks, months, or even years, ensuring they are well-prepared is vital. Their attitudes and perceptions on education may have shifted during hospitalization; the expectation of social interaction and academic rigor may be a shock at first. Some children may be eager to jump back into the educational setting, while others may be unenthusiastic about returning. Whatever the case may be, schools need to be prepared to support these students and their families throughout their transitions.

Addressing the child's educational beliefs is a proactive measure teachers can take to promote a positive and mindful integration process. Promoting a positive school culture during hospital instruction allows the child to have high expectations when returning to school. Open

conversations with the child as to what is expected during daily school instruction gives them a clear mindset of how to be mentally prepared for the traditional school setting. Positively managing any new challenges that are posed to the child's daily schedule during re-entry is a team effort between the students, educator, and the child's at-home support system. New routines, cognitive demands, relationship building skills, and adjustments to their physical conditions are all difficulties that the child might face during this reintegration stage (Gorin & McAuliffe, 2008).

Although the child needs to put in a tremendous effort to reintegrate in an academically competitive manner, teachers must provide the necessary support for the child to succeed. Being aware of the students' needs is critical in ensuring they feel comfortable and able to participate in class activities; hence, why communication with the child's guardians must become a norm. Additional workshops to train and educate teachers and aspiring educators on the exceptional circumstances they might face when reaching remissioned children with chronic illnesses are substantial proactive measures schools can take (Baskin, Saylor, Furey, Finch, & Carek, 1983). This course of action guarantees that teachers are better equipped to plan and anticipate the likelihood any of these particular occurrences arising (Baskin, Saylor, Furey, Finch, & Carek, 1983). Ensuring all parties involved do their part in allowing the student to reintegrate into the standard schooling setting successfully, meaningfully reduces psychiatric relapses while increasing the student's chances for academic and behavioral triumph (Savina, Simon, & Lester, 2014).

## **Educational Support**

Having addressed some critical elements in the evaluation of hospital-school programming and existing educational support for children with chronic illnesses, focusing on the next steps is vital. Few advancements can be achieved without proper funding, which tends to be the influencing factor surrounding many educational inequities. In order for the hospital-school program to have the necessary supplies, staff, storage, and a designated space for instruction and stationary tasks, they need to be adequately funded (Steinke, Elam, Irwin, Sexton, & McGraw, 2016). Those are elements necessary to begin developing successful academic programming in hospital settings. Having enough staff members to support all chronically ill school-aged patients is one of the greatest funding difficulties (Steinke, Elam, Irwin, Sexton, & McGraw, 2016). Guaranteeing that these educators receive fair treatment as professionals is important in preventing teacher “burnout”, given that the current reality for hospital-school teachers is serving 2,706 students among two teachers in the U.S.A. during one school year (Steinke, Elam, Irwin, Sexton, & McGraw, 2016).

Creating an innovative program where technology is used for the child’s benefit is highly encouraged in the educational field. Studies have proven how the use of digital-based learning (DGBL) is an effective and practical strategy to service hospitalized children (Chin & Tsuei, 2014). DGLB may facilitate a fun, engaging, and academically challenging curriculum for the student. Although schooling is a difficult task during treatment, giving the child positive reinforcement about their academic performance is indispensable (Boles, Winsor, Mandrell, Gattuso, West, Leigh, & Grissom, 2017).

Reflecting on who is providing the educational support for children with chronic illnesses is a key aspect to consider when addressing the topic of hospital instruction. Teacher preparation programs are encouraged to incorporate training on assisting children with chronic illnesses in the classroom setting. Information in these suggested teacher trainings is pertinent, not just for hospital teachers but for classroom teachers to be prepared when the child reintegrates into the regular classroom setting (Legislative Alliance for Students with Health Conditions, 2017). Soliciting experienced and certified educators is a norm among employers seeking hospital teachers (Steinke, Elam, Irwin, Sexton, & McGraw, 2016). Experienced education professionals collaborate with hospital care providers involving the patient's medical and psychosocial care rounds when deemed appropriate to create a dynamic environment with a strong academic influence on the child (Steinke, Elam, Irwin, Sexton, & McGraw, 2016).

Existing curriculums that poorly meet the needs of children with chronic illnesses call for modification. Experts parallel the curriculum development for children with chronic illnesses to that of English Language Learners (ELLs) since they require similar evidence-based practices such as scaffolding, promotion of literacy, and instructional accommodations (Legislative Alliance for Students with Health Conditions, 2017).

Besides curriculum development, a sorrowful yet unique challenge faced in this field of hospital education is when students pass away. Qualitative findings reported this is the most frequent challenge hospital educators meet. Hence, why these professionals must receive the proper support to ensure the prioritization of their self-care when coping with these events (Steinke, Elam, Irwin, Sexton, & McGraw, 2016).

## **PedsAcademy**

In preparation for the research study focusing on aspiring educators' perceptions during their student-teaching experiences, an investigation of the program they participate in is completed. The target population is interns from the PedsAcademy program in Central Florida. The PedsAcademy is a relatively new school- program partnership between Nemours Children's Hospital and the University of Central Florida (UCF). All school-aged children in the hospital are automatically eligible to participate in this program, whether they are patients or patients' siblings ("School Program", n.d.). This internship experience is considered a pioneer program given that it is the first of its kind in the world. Its unique factors include the affiliation to a teacher preparation program, research-based interactive STEM opportunities, and engaging curriculums catered to the patients' particular needs ("School Program", n.d.).

A 2018 study reported teachers having little exposure supporting children with chronic illnesses, suggesting the development of curriculums surrounding this topic be implemented in teacher preparation programs (Irwin, Elam, Merianos, Nabors, & Murphy, 2018). Although many educators are benevolent when faced with a chronically ill student, their responses tend to be sending out last-minute plans and worksheets, which unintentionally create educational gaps and inequity (Irwin & Elam, 2011). Furthermore, why undergraduate and graduate educational programs should give its candidates the necessary skills and information to better serve the needs of this student population (Irwin, Elam, Merianos, Nabors, & Murphy, 2018). Having prepared professionals that can anticipate the students' needs is a positive measure to guarantee children with chronic illnesses' educational growth by enhancing their academic performance (Thies,



1999). Recommendations for feasible solutions to address this issue encompass the establishment of proactive systems that include early intervention, which is a betterment from the outdated approaches currently being utilized (Irwin and Elam, 2011).

Educators highlight the value of teacher preparation programs including training on educating children with chronic illnesses, being a holistically prepared educator boosted teacher confidence and abilities to meet their students' needs (Irwin, Elam, Merianos, Nabors, & Murphy, 2018). Therefore, researchers could agree that the partnership between a children's hospital and local university is a step in the right direction. The student-teacher interns of the PedsAcademy serve as tools that help achieve the program's goal of providing the patients a meaningful and rich educational experience (Smith & Williams, 2018). Instruction usually takes place at the patient's bedside for up to three hours per day, with about 60 patients a day receiving instruction from the PedsAcademy interns under the supervision of an experienced faculty member (Smith & Williams, 2018). The program allows pre-service teachers to not only complete their graduation requirements of having completed an internship; furthermore, it allows them the unique opportunity to gain experience and knowledge on educating children with chronic illnesses.

### **SECTION 3: METHODOLOGY**

This section outlines the study that is being conducted as part of the Honors in the Major Thesis. The objective of this study is to identify, through qualitative and descriptive data collection, aspiring educators' perceptions of the impact the PedsAcademy internship has had on their teacher preparation and children with chronic illness' academic and socio-emotional progress. Research participants are interviewed and/or surveyed with a series of statements and questions regarding their experiences and overall thoughts on hospital-school programs. Consequently, to ensure the validity of the research findings, results are collected through the data triangulation method. Contents included in the methodology section encompass a description of the study design, instrumentation, hypothesis, study limitations, and data collection.

#### **Study Design**

For this thesis, an exploratory research method is conducted to generate an in-depth understanding of the PedsAcademy interns' experiences with their hospitalized students, to contribute to the existing literature on hospital-school programming. To achieve this, the researcher is the main instrument in content distribution and data collection. Thus, why the researcher must be a knowledgeable yet unbiased party that simply guides the discussion and clarifies participants' general research doubts. Disclosing the purpose of the research is a vital step in obtaining the participants' consent. The researcher also maintains the participants' privacy throughout the research process, as all personal data collected appears anonymously on the published thesis.

The research setting is online, due to the restrictions performing a study during the COVID-19 era has brought. The online survey platform utilized to gather and analyze the data is Qualtrics, 10 statements measured from strongly agree to strongly disagree are displayed. For the virtual one-on-one interviews, five qualitative questions are presented. The whole survey and interview procedures take an approximate of 15 minutes to complete. Prior to participating, an email is sent to the participants briefly explaining the research and their involvement in the study. Disclosure as to how their answers are used is included in the recruitment email found in Appendix B.

A target population of past PedsAcademy interns is sought after as participants for this study, their participation is subject to the completion of the survey which is completely voluntary. Moreover, all volunteer participants answered the survey, however, only a fragment of them were purposefully selected for the added interview process. Participants were over the age of 18 and previous PedsAcademy interns.

### **Instrumentation**

The questions in the interview and the statements of the survey included qualitative methods and descriptive statistics. Since the interview process has fewer participants, five mostly open-ended questions are utilized during a one-on-one session. The interview questions are found in Appendix D. However, for the survey portion of the study, more participants are involved and ten qualitative statements are presented. Each survey statement provided the participants with five options to choose from as their answer: strongly agree, agree, neither agree

nor disagree, disagree, or strongly disagree. An official survey sample is found in Appendix C along with additional research study materials.

Interview questions:

1. Describe the PedsAcademy internship's influence on your teacher preparation journey.
2. What made you decide to intern in the PedsAcademy program?
3. How would you describe your time during the PedsAcademy program?
4. What is your knowledge of state regulations regarding home and hospital-bound instruction?
5. Describe how you perceive the impact of the PedsAcademy had on the patients' academic performance and socio-emotional wellbeing.

Survey statements:

1. The PedsAcademy program prepared me to become a better educator.
2. I believe all teacher preparation programs should include a course or training on educating children with chronic illnesses.
3. The internship experience better prepared me as an educator and I feel comfortable teaching children with chronic illnesses in the future.
4. I am knowledgeable about Florida legislation regarding hospital and homebound instruction.
5. The interactions I had with the patients seem to have bettered their overall socio-emotional wellbeing.

6. As a result of the PedsAcademy internship, I am knowledgeable about educating children with chronic illnesses.
7. The knowledge I have on educating children with chronic illnesses was obtained through my UCF teacher preparation courses.
8. I know about hospital-school programs other than the PedsAcademy.
9. The instruction and educational activities I provided in the PedsAcademy contributed to the overall quality of the patients' stay at the hospital.
10. I would endorse the emergence of other hospital-school programs such as the PedsAcademy.

Each of the questions and statements are carefully designed to undertake the inquiries mentioned in the introduction's statement of purpose section. Tables 1 and 2 below showcase what question or statement purposefully targets each research question the study aims to answer to ensure all interrogations are adequately addressed.

*Table 1 | Interview/Research Questions Relationship*

<b>INTERVIEW PORTION OF STUDY</b>				
<b>Interview Questions</b>	<b>Research Questions</b>			
	What are aspiring educators' perceptions on their emotional and academic impact on children with	How does the PedsAcademy internship influence aspiring educators' teacher preparation, in regards to teaching children	What are pre-service teachers' knowledge of state regulations regarding home and hospital-	General Research Data

	chronic illnesses?	with chronic illnesses?	bound instruction?	
Describe the PedsAcademy internship's influence on your teacher preparation journey.		<b>X</b>		
What made you decide to intern in the PedsAcademy program?				<b>X</b>
How would you describe your time during the PedsAcademy program?	<b>X</b>			
What is your knowledge on state regulations regarding home and hospital-bound instruction?			<b>X</b>	
Describe how you perceive the impact of the PedsAcademy had on the patients' academic performance and socio-emotional wellbeing.		<b>X</b>		

Table 2 / Survey Statements/ Research Questions Relationship

SURVEYING PORTION OF STUDY				
Survey Statements	Research Questions			
	What are aspiring educators' perceptions on their emotional and academic impact on children with chronic illnesses?	How does the PedsAcademy internship influence aspiring educators' teacher preparation, in regards to teaching children with chronic illnesses?	What are pre-service teachers' knowledge of state regulations regarding home and hospital-bound instruction?	General Research Data
The PedsAcademy program prepared me to become a better educator.				<b>X</b>
I believe all teacher preparation programs should include a course or training on educating children with chronic illnesses.				<b>X</b>
The internship experience better prepared me as an educator and I feel comfortable teaching children with chronic illnesses in the future.		<b>X</b>		
I am knowledgeable about Florida			<b>X</b>	

legislation regarding hospital and homebound instruction.				
The interactions I had with the patients seems to have bettered their overall socio-emotional wellbeing.	<b>X</b>			
I was experienced or knowledgeable about educating children with chronic conditions.			<b>X</b>	
The knowledge I have on educating children with chronic illnesses was obtained through my UCF teacher preparation courses.	<b>X</b>			
I know about hospital-school programs other than the PedsAcademy.				<b>X</b>
The instruction and educational activities I provided contributed to the overall quality of the patients' stay at the hospital.		<b>X</b>		
I would endorse the emergence of other hospital-school programs such as the PedsAcademy.				<b>X</b>



## **Study Limitations**

This research is limited in scope and solely focused on PedsAcademy interns' perceptions of their knowledge on hospital-school programming and their educational impact on children with chronic illnesses. By asking aspiring educators to describe the program's impact on the patients; the limitation of them lacking teaching experience exists, thus affecting the identification of certain student behaviors that a more experienced educator may better detect. Additionally, the PedsAcademy internship is a somewhat new program that lacks a large population of past interns to choose from to take part in this study. Although the researcher acknowledges there are more factors than academic performance in educating children with chronic illnesses, this is the primary theme explored given that the target audience are those in the education field who can advocate for this student population from within the system. Furthermore, the study focused on Florida policy rather than national, limiting the legislation explored.

On account of COVID-19, an exceptional limitation is completing and participating in a study during a pandemic. A research accommodation due to the pandemic is moving all interactions virtually which may be beneficial for some but an impediment for others. However, the researcher is transparent and unbiased at all times to guarantee an ethical research is conducted. In order to ensure this, the researcher went through an Institutional Review Board (IRB) training to complete the required forms and certification (Appendix A).

## **Data Collection**

The data collection is divided into two main methods: interviews and surveys. Mainly qualitative data is collected during 10 to 15-minute-long one-on-one interviews, as many of the questions being posed are open-ended, relative, and yield no right or wrong responses. The data analysis strategy for the interviews are interpretations and evaluations of the participants' responses in relation to the research questions. The interview protocol included manual coding of data and secured participant anonymity when exposing the information collected. The surveys are distributed to the participants to complete electronically, the survey takes about 5 minutes to respond. The statements included in the survey are all qualitative, yet the survey analysis uses quantitative statistics to better showcase the data collected. The main purpose of the interviews and surveys are to identify patterns and connections among participants' answers. The online survey platform that is utilized is the Qualtrics platform. Participants can access the survey on their phones, tablets or computers using the provided link. Data is viewed through the Qualtrics website, but the researcher also interprets data collected individually.

## **SECTION 4: RESULTS**

In this section the research results are analyzed and shared under the following categories: data analysis and interpretation of findings. The survey has 11 participants who answered 10 statements and selected the option of agreeance they feel is the most appropriate based on their experiences during the PedsAcademy internship. The survey took less than 5 minutes to answer and the options available for the participants to choose from when completing the survey were: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree. From the survey participants, there are three individuals who followed up on their expressed interest in being interviewed. The interviews were conducted in less than 15 minutes and held with COVID-19 social distancing protocols in mind, via virtual meeting arrangements. The research study data has been collected and visually presented into three categories: general survey responses, expected positive responses, and expected negative responses. There are duplicates for each graph, one version for color-blind individuals and the other for non-color-blind individuals. This decision is made in order to make the data as accessible as possible for this narrative's audience and their diverse needs.

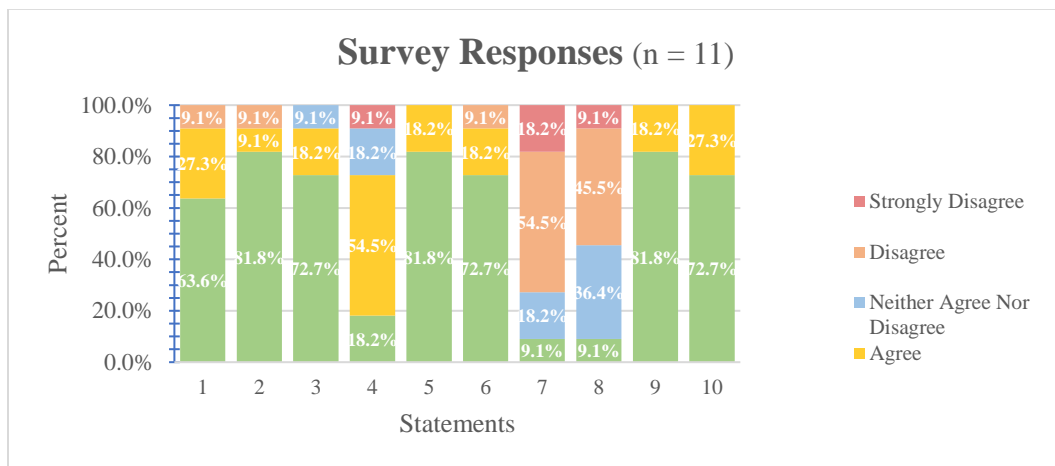
### **Data Analysis**

#### **Quantitative study results: Descriptive statistics**

The survey instrument allows the researcher to collect descriptive statistics that illuminates the level of agreeance the participants have in regards to the statements being posed. A total of 11 participants took the survey, yet the participants' amount is represented as

percentages in Tables 3.1- 5.2 to better interpret the recorded results. From the data that is collected in the survey, a clearer picture in regards to the need of hospital-school programs is painted. Tables 3.1-5.2 below better visually represent the survey results as they pertain to each specific statement. Tables 3.1-3.2 showcase the general survey results for all survey statements, Tables 4.1-5.2 present the expected positive and negative results breakdown for certain statements.

*Table 3.1 / Survey Responses, Non-colorblind Individuals*



*Table 3.2 / Survey Responses, Colorblind Individuals*

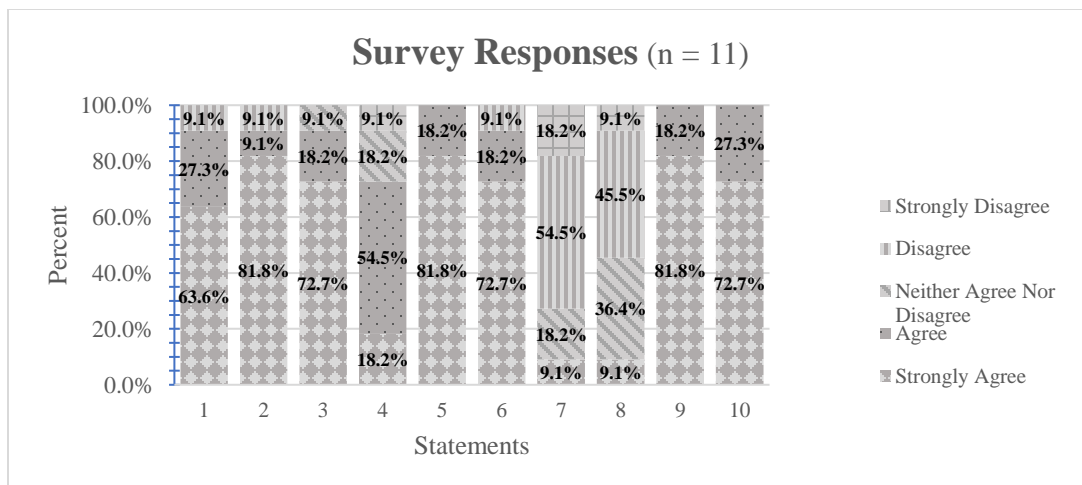


Table 4.1 | Expected Positive Responses, Non-colorblind Individuals

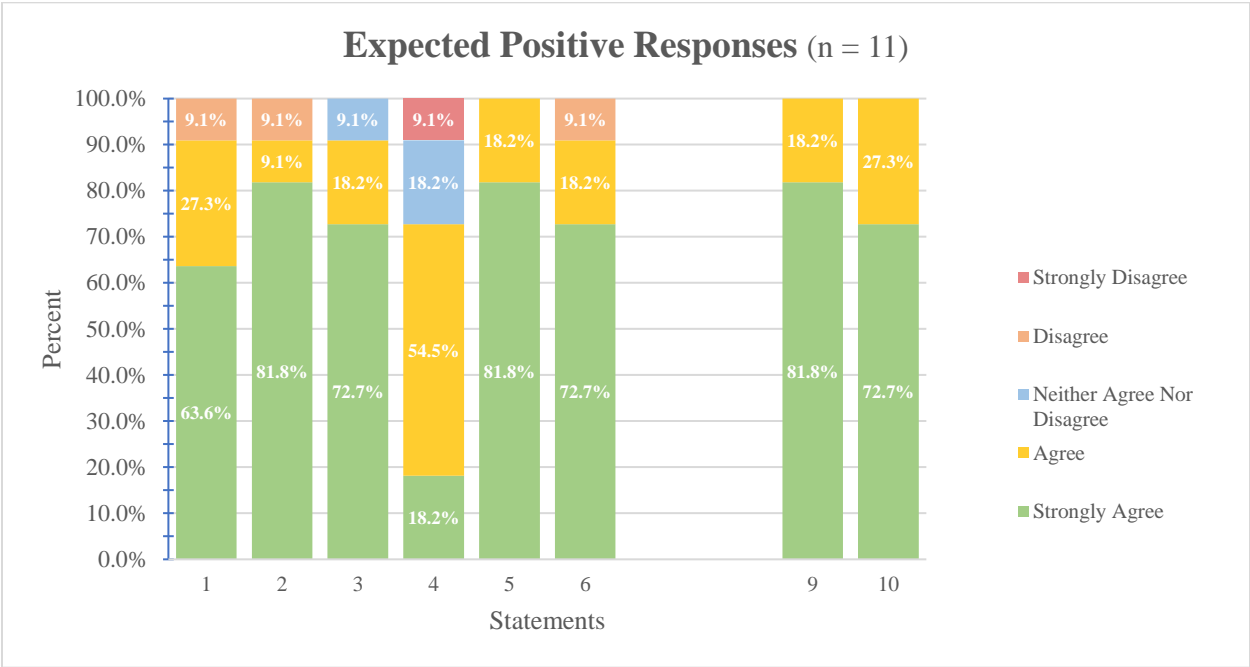


Table 4.2 | Expected Positive Responses, Colorblind Individuals

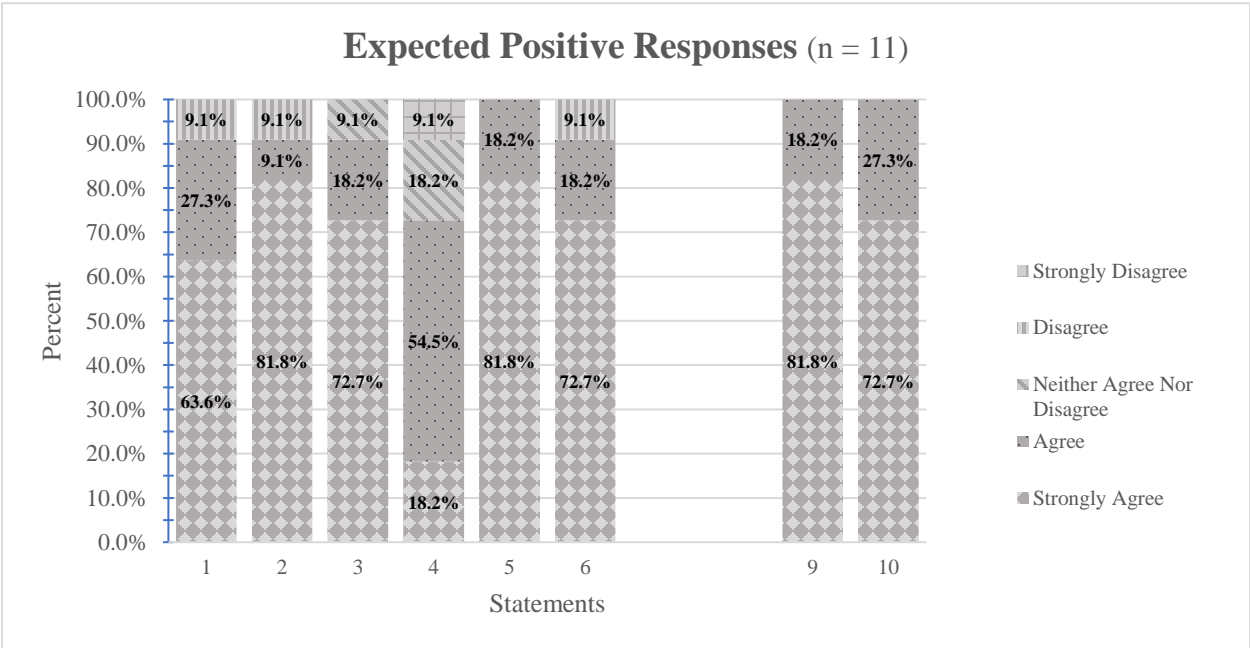


Table 5.1 | Expected Negative Responses, Non-colorblind Individuals

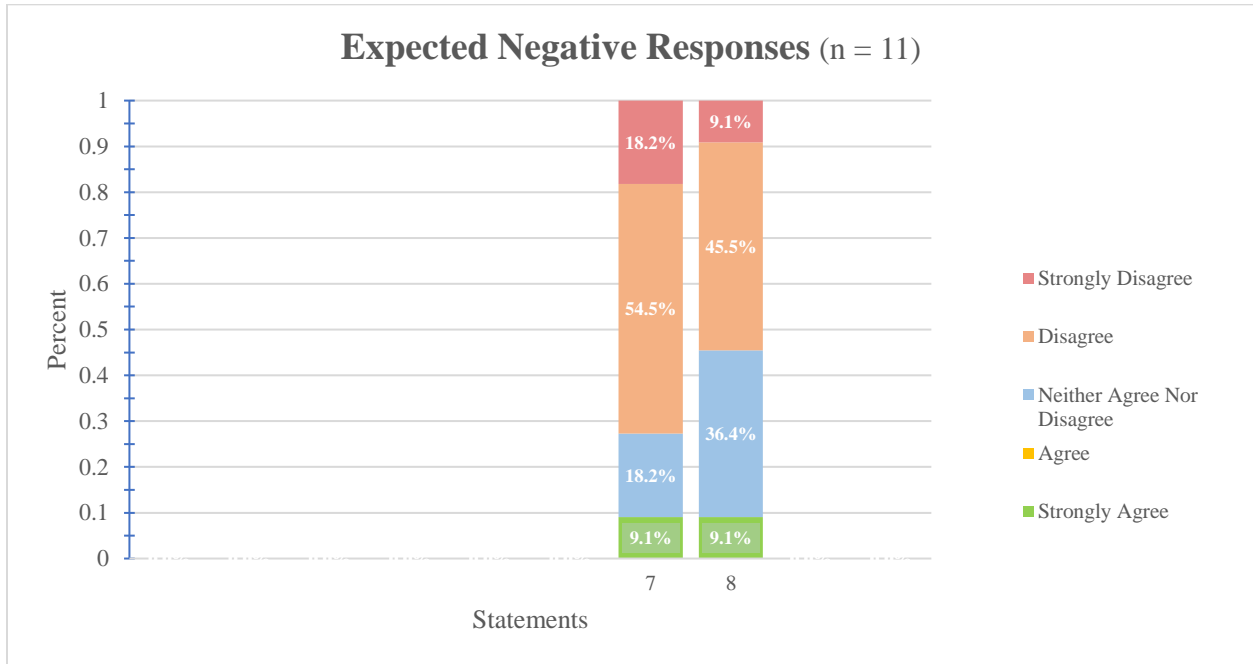
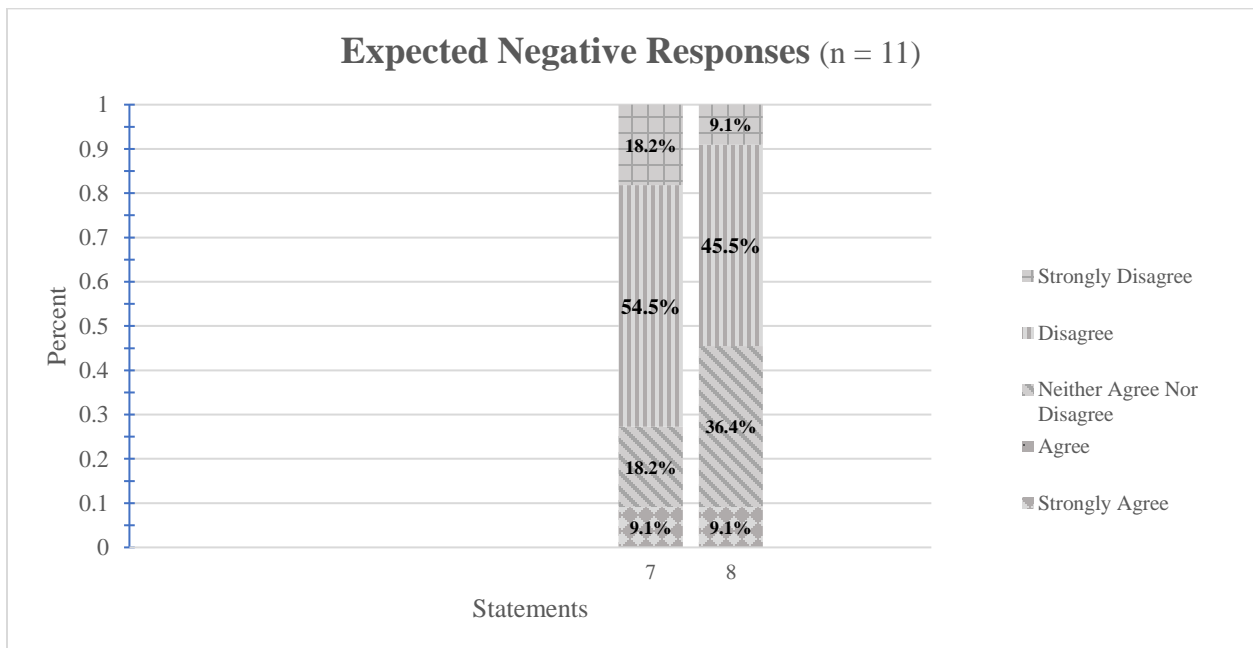


Table 5.2 | Expected Negative Responses, Colorblind Individuals



### **Qualitative study results: Interview themes**

As for the interviewing stage, proper protocol was taken to ensure each participant's comfort and confidentiality. Permission to record the interviews was granted prior to interviewing each of the participants. Once the interview transcriptions are completed, common results are grouped into categories. All three participants shared similar themes in the qualitative study interviews. For the five questions posed, the following themes are identified: flexible teaching, unique opportunity, life-changing experience, knowledge on state regulations, and meaningful academic and socio-emotional student progress.

### **Interpretation of Findings**

Following the methodology, in this portion the research findings are presented as they relate to specific research questions. The research questions are synthesized into three overarching topics: social-emotional impact, influence on aspiring educators, and state regulations. Within each of the research question themes, further descriptive terms are included based on the survey and interview results. These subcategories found in their appropriately classified research groups include: meaningful academic and socio-emotional student progress, flexible teaching, unique opportunity, life-changing experience, and knowledge of state regulations.

Although these themes are emphasized base on their relevance to the research study portion, many of these are recurring topics throughout the thesis. Moreover, common interview themes are grouped into categories that are consequently supported by survey results. Both

quantitative and qualitative findings are categorized according to their appropriate research topic.

A general consensus regarding the PedsAcademy's positive impact on the interns and students is determined based on the survey responses. When asked if the PedsAcademy program prepared them to become better educators, 63.7% of the participants strongly agree and 27.3% agree that the program did better prepare them as future educators. Similar answers are obtained in two of the other survey statements, where the same scores of 72.7% of the participants strongly agree and 18.2% agree with the statements being posed. In these survey statements the interns were asked if the PedsAcademy internship made them more comfortable teaching children with chronic illnesses in the future and if they are knowledgeable about educating children with chronic illnesses. All but one participant agreed to these statements. Consequently, when participants were asked if before the PedsAcademy experience their teacher preparation program prepared them to work with children with chronic illnesses 54.5% of the participants disagree and 18.2% strongly disagree with this statement. This is an expected answer that supports the need for teacher preparation programs and instructional curriculum to address educating children with chronic illnesses.

### **Research Question 1: Social-Emotional Impact**

#### **Meaningful Academic and Socio-Emotional Student Progress**

From the survey, 81.8% of the participants strongly agree and 18.2% agree that the interactions they had with the patients seemed to have bettered the children with chronic illness'



overall socio-emotional well-being. Data that backs up this finding is that 81.8% of the survey participants strongly agree and 18.2% agree that the instruction and educational activities they provided during the PedsAcademy internship contributed to the overall quality of the patients' stay at the hospital. All which is critical data in showing how the PedsAcademy is not solely beneficial for aspiring educators' teacher preparation, but it seems to have improved the children with chronic illness' academic and socio-emotional progress, this is also a common theme from the interview responses. A moment that stood out during one of the interviews was when a participant shared the following comment; "... sometimes we wouldn't even walk in [to the hospital room], we would walk past it and they would be watching us interns or they would be hopeful that we would come in to see them" (Appendix E). That statement showcases the quality of the emotional bonds made by the PedsAcademy interns with children with chronic illnesses that go beyond their academic progress and branch into the incredibly valuable student-teacher relationships that are the foundation for any educational setting. In addition, it is worth noting how emotional this experience is for the aspiring educators who are just now being exposed to the student population of children with chronic illnesses. One of the interviewees said it best, "It was at times very emotional, it definitely pulled at your heartstrings just as much if not more than being in a regular school. Like the situations I've come across in regular public schools have been emotional as well, but seeing the patients in the hospital, it really brings things into perspective" (Appendix E).

## **Research Question 2: Influence on Aspiring Educators**

### **Flexible Teaching**

From the survey, 81.8% of the participants strongly agree that all teacher preparation programs should include a course or training on educating children with chronic illnesses. This data validates how the educational field should pay more attention to instructional preparation courses on educating this student population, given that it is not only beneficial for the students but also for the aspiring educators entering the profession. An important piece of information obtained from the interviews that support this data is from the first interview question where interns mentioned how the PedsAcademy program taught them how to be flexible, team players, and how to provide students with on-the-spot accommodations. For instance, an interviewee commented, “The biggest thing, probably, is all of those on spot accommodations I made for my kids at Peds has helped me be constantly on my toes in my job. When I was able to make those on spot accommodations since I’ve had so much practice from Peds that it just made it so much easier.” (Appendix E). This data indicates how the PedsAcademy program’s impact has transcended the practicum experience into the profession itself.

### **Unique Opportunity**

During the interviewing process when asked about the reasons they chose to intern at the PedsAcademy, all three participants mentioned how it was a unique experience. One participant said, “I was very curious and I wanted to see how an educational program would help students who are going through a chronic illness. I was very excited just to see how that would all fall into

place in a hospital setting” (Appendix E). The survey data validated that the PedsAcademy internship truly was a special experience. When the participants were asked if they knew about hospital-school programs other than the PedsAcademy, 45.5% of the participants disagree, 9.1% strongly disagree, and 36.4% neither agree nor disagree with the statement. These survey responses verified how hospital school-programs are a rarity within the educational field and the opportunity to participate in similar programs do not often happen, yet are valued when they arise.

### **Life-changing Experience**

When asked to describe the PedsAcademy internship, interviewees shared how this experience is an incredible life-changing one. An interviewee said, “Life transformative would probably be the word that I would use. PedsAcademy makes you so much more empathetic and gives you so much more of a broad world-view. It opened my eyes to a lot of things I’ve never seen and that exposure made me a better educator” (Appendix E). Another interviewee shared, “It pushed you, it made you creative, it made you flexible, it was a phenomenal experience” (Appendix E). Another of the interns interviewed commented on the impact the PedsAcademy professors had on them and the outstanding mentorship they received throughout the experience. The intern added, “I would also say that in my time there I was mentored beyond what I could ask for. The professors that are involved in that program are very one-on-one with their students as well because they have school and cohorts” (Appendix E). Through the opportunities provided during the PedsAcademy internship, interns are able to obtain exposure to the field of hospital-school instruction and respond to the needs of this student population. The mentorship provided

through this experience is one of kind as well, one of the participants noted, “I would say that I received over the top mentoring plus an eye-opening experience plus empathy all in one sort of balloon” (Appendix E). Subsequently, through this life-changing experience, in the last survey statement regarding the interns’ endorsement of the emergence of other hospital-school programs such as the PedsAcademy, 72.7% of the participants strongly agree and 27.3% agree with the statement supporting the qualitative data collected from the interviews.

### **Research Question 3: State Regulations**

#### **Knowledge of State Regulations**

Survey answers for the statement referencing the participants' knowledge about Florida legislation regarding hospital and homebound instruction are as follows: 54.5% agree, 18.2% strongly agree, 18.2% neither agree nor disagree, and 9.1% strongly disagree. This data may cause some confusion when interpreting it at first, however, it is important to note that this statement is posed in present tense for past PedsAcademy interns. Therefore, the information gathered is consistent with that collected from the interviews where participants all agreed to have had little to no background knowledge regarding Florida legislation on hospital and homebound instruction prior to the PedsAcademy program. However, after the PedsAcademy internship, the interviewees all shared that they learned about this topic due to their exposure of the subject during the program. An interviewee brought attention to the current inefficiency of homebound instruction when they commented the following, “What I’ve learned is that it is kind of a poor system and that PedsAcademy and that model of putting it in the hospital, some hospitals have already done it not to the level that we have. But some do, putting multiple

teachers in the hospital helps that educational continuum. I would say that it's made me more appreciative of PedsAcademy and I've also gotten kind of an idea of how poorly organized the hospital and homebound instruction can really be." (Appendix E). This response demonstrates the relationship between the quantitative data collection holding true in comparison to the qualitative data gathered during the interviews.

## **SECTION 5: CONCLUSION**

An examination of the conclusions drawn from this research study through the analysis of past PedsAcademy interns' perceptions of educating children with chronic illnesses is described in this section. This portion outlines a brief summary of the research findings collected in the previous section. Furthermore, research findings are referenced as they pertain to the original research questions included in section one. Consequently, an analysis of the study limitations, finding implications, and recommendations moving forward are included for those seeking to perform their own variations of this study and for those looking to take concrete actions from these findings.

### **Research Summary**

After the thorough examination of each survey and interview response, the magnitude of the PedsAcademy internship's impact on the students and interns is quite evident. Overall, many expected results are obtained from this study that highlight the need for more hospital-school programs to emerge in the United States of America, particularly in the state Florida since it is the location for the research study. Results that showcase the social-emotional impact of the interns on the children with chronic illnesses were consistent with 100% of the participants being in some level of agreeance that the patients bettered their overall social-emotional well-being because of their interactions with the interns. As for the PedsAcademy internship's influence on aspiring educators, 81.8% of the participants strongly agree that all teacher preparation programs should include instructional guidance on educating children with chronic illnesses. This data lets us know that aspiring educators value the importance of providing children with chronic illnesses

a quality education and they simply seek the guidance needed for them to better service this student population. Lastly, this issue lies in the hands of policy makers that have the responsibility to respond to the public's claim of providing children with chronic illnesses equitable education from the legislative standpoint. Having mentioned that, 72.7% of the participants responded to some level of agreeance of them being knowledgeable about Florida legislation regarding hospital and homebound instruction. However, this question is formulated present tense and may cause some confusion when interpreting it. Therefore, connecting the survey responses to those of the interviews, all interviewees shared that they became knowledgeable on these legal topics due to their exposure during the PedsAcademy internship.

### **Study Limitations**

Despite the efforts taken to make this research a feasible and representative one, there is a restricted population that chose to participate making this research limited in scope. The lack of participation could be attributed to many factors; however, it is speculated that the lack of in-person communication may have been the main reason. Given that this research is held in the middle of a pandemic the lack of human interaction proved to be a challenge during the promotion and recruitment phases. Since the researcher was unable to promote the research study in person due to COVID-19, it was difficult to get interns interested in supporting research from a person they have never even interacted with. However, it is important to reiterate that this is an exclusive and relatively new program; therefore, the selection of interns is also quite small in comparison to other internship experiences. It is also worth noting how the findings obtained from this study are not generalizable to a larger population. In addition, this thesis sought out to

explore solely the PedsAcademy program's impact on aspiring educators and hospital patients. Therefore, the study is not just limited in scope but in the type of participants as well. Although the literature review included the analysis of other hospital-school initiatives, the research portion is restricted to Florida. Moreover, participants' demographics are omitted from the study. This information may have provided a better sense of the participants' background which could have been a deciding factor in how they perceived their internship experience. Additionally, since the study focuses on aspiring educators, they lack the experience veteran teachers have, thus altering their perceptions of the interactions had with the children. Another limitation that might have been significant in regards to re-creating this study is the way certain interview questions were formulated. Although the first three interview questions are open-ended, the last two are more specific and could have been restated to follow the model of the questions prior, specifically the fourth question in regards to knowledge on state-regulations. The way these questions were crafted may have led the direction of the answer provided by the participants, therefore it is something to keep in mind as a modifiable factor for future research purposes.

### **Implication of Findings**

The research study confirmed the preface of this thesis as it refers to the need for hospital-school programs for children with chronic illnesses. Although the implications of these findings are robust, some main ideas are selected for this discussion. An evident need for hospital-school programs is the topic found to have the most importance. The emergence of other initiatives similar to that of the PedsAcademy is vital for aspiring educators' professional growth and providing the children with chronic illnesses the emotional and academic support they



deserve. PedsAcademy interns shared how their internship experience better prepared them for the profession by making them more prepared to educate children with chronic illnesses and helped them be more informed on hospital and home-bound instruction legislations. Creating initiatives that integrate teacher preparation curriculum into children's hospitals educational programs is a feasible way to obtain the impact desired for both parties involved. Having higher education institutions form these collaborative efforts with local children's hospitals will foster community while tending to this often-neglected student population.

Viewing it solely to evaluate the aspiring educators' preparation, the PedsAcademy internship's impact is not only emotionally fulfilling for the interns but it pushed them beyond their comfort zone. The aspiring educators all commented during the interviews on the internship being vital in allowing them to becoming flexible educators who learned how to make on-the-spot accommodations for the students. Consequently, it is also critical to make the distinction that it is an emotional experience given that you are working with chronically ill children. As an educator, you will encounter an emotional experience with a student at some point of your career, yet being in a hospital setting these instances might be heightened.

### **Recommendations**

From this research, a list of primary recommendations has been compiled for those looking to convert the research findings into actionable items and those seeking to replicate this study. The first research recommendation for those seeking to replicate this study is in regards to the formulation of research study inquiries. Ensuring the interview questions and survey statements are carefully crafted will be essential in interpreting the findings. For specific

interview questions, creating them in an open-ended format allows participants to share their answers however they interpret the question without leading them unintentionally towards an expected answer which was a limitation mentioned for the current study.

The second recommendation is a state regulation reform. The regulations in place in the state of Florida do not serve the intended purpose of providing children with chronic illnesses an equitable access to quality education. Modifying the current 15 school day absence benchmark to 10 days of missed school will be a feasible and effective place to start. By addressing this legislative change, more students who are chronically ill will qualify for state-funded home-bound instruction.

Following this reform is the recommendation to strengthen the hospital teaching profession by making it more inviting and accessible to educators. By fortifying this profession with dignifying job opportunities and holistic professional development training, educators will be better prepared when serving children with chronic illnesses. The future is being developed today and hospital-school programs will hopefully become mainstream in the next few years. Getting ahead of the curve and seeking to strengthen this profession by supporting aspiring educators who want to get into this field as well as the veteran teachers already in it is a step in the right direction.

The implementation of college courses for aspiring educators on teaching children with chronic illnesses and programs similar to PedsAcademy nationally is the final recommendation. Providing the necessary preparation for future teachers is a critical step in ensuring hospital-school programs are successful at its core with the educators that will be employed to serve this

unique student population. The best way to achieve this is by offering internships similar to that of the PedsAcademy to aspiring educators in their teacher preparation programs. Advocating for the emergence of initiatives such as the PedsAcademy will not only introduce student teachers to this field of teaching children with chronic illnesses, but it will also teach them to become flexible, empathetic, and well-rounded professionals regardless of the educational sector they choose to pursue a career in.

## **APPENDIX A: IRB APPROVAL FORM**



UNIVERSITY OF CENTRAL FLORIDA

**Institutional Review Board**

FWA00000351 IRB00001138,

IRB00012110

Office of Research

12201 Research Parkway

Orlando, FL 32826-3246

EXEMPTION DETERMINATION

September 15, 2020

Dear Michelle Kelley:

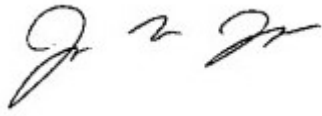
On 9/15/2020, the IRB determined the following submission to be human subjects research that is exempt from regulation:

Type of Review:	Initial Study, Category 2
Title:	An exploration of the PedsAcademy internship's influence on aspiring educators' preparation to teach children with chronic illnesses
Investigator:	Michelle Kelley
IRB ID:	STUDY00002195
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"><li>• HRP-254-FORM Explanation of Research Sanabria.pdf, Category: Consent Form;</li><li>• HRP-255-FORM 2 - Sanabria.docx, Category: IRB Protocol;</li><li>• PedsAcademy Intern Interview Questions.docx, Category: Interview / Focus Questions;</li><li>• PedsAcademy Intern Survey.docx, Category: Survey / Questionnaire;</li><li>• Recruitment E-mail Sanabria 2.docx, Category: Recruitment Materials;</li></ul>

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made, and there are questions about whether these changes affect the exempt status of the human research, please submit a modification request to the IRB. Guidance on submitting Modifications and Administrative Check-in are detailed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

If you have any questions, please contact the UCF IRB at 407-823-2901 or [irb@ucf.edu](mailto:irb@ucf.edu). Please include your project title and IRB number in all correspondence with this office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Racine Jacques'.

Racine Jacques, Ph.D. Designated  
Reviewer

## **APPENDIX B: RECRUITMENT EMAIL**

Dear Former UCF PedsAcademy Intern,

You are being invited to take part in a research study. Whether you decide to participate is completely up to you. The purpose of this research is to explore the impact the PedsAcademy internship had during your student teaching experience in regards to educating children with chronic illnesses. You must be 18 years of age or older to take part in this research study.

You will be asked to complete a 10-prompt survey that should take an approximate 5-10 minutes to complete. The survey will pose statements of your PedsAcademy experience and general statements related to educational supports for chronically ill children. If at any time you chose to stop participating in the study, you may do so.

Additionally, there will be an optional prompt asking if you are willing to be contacted for a quick 15 minute interview. The only identifiable information will be collected in this optional survey prompt and will be properly deleted after the study is published. Only the research team will have access to this information during the data collection process.

Your participation in this study is voluntary. You are free to withdraw your consent and discontinue participation in this study at any time without prejudice or penalty. Your decision to participate or not participate in this study will in no way affect your relationship with UCF, including continued enrollment, grades, employment or your relationship with the individuals who may have an interest in this study.

**Click on the link below to take the survey:**

[https://ucf.qualtrics.com/jfe/form/SV\\_50zROqNjFOBxyrr](https://ucf.qualtrics.com/jfe/form/SV_50zROqNjFOBxyrr)

If you have any comments, questions, concerns, or complaints feel free to contact: *Karla Sanabria, Honors in the Major Student Researcher, karlasanabria1@knights.ucf.edu* or *Dr. Michelle Kelley, Ed.D., Faculty Advisor, michelle.kelley@ucf.edu*.

If you have questions about your rights as a research participant, or have concerns about the conduct of this study, please contact Institutional Review Board (IRB), University of Central Florida, Office of Research, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901, or email [irb@ucf.edu](mailto:irb@ucf.edu).

Best,  
Karla Sanabria  
UCF Honors in the Major Student



## **APPENDIX C: SURVEY**

## **PedsAcademy Intern Survey Access Link**

Link: [https://ucf.qualtrics.com/jfe/form/SV\\_50zROqNjFOBxyrr](https://ucf.qualtrics.com/jfe/form/SV_50zROqNjFOBxyrr)

## **Survey Statements**

1. The PedsAcademy program prepared me to become a better educator.
2. I believe all teacher preparation programs should include a course or training on educating children with chronic illnesses.
3. The internship experience better prepared me as an educator and I feel comfortable teaching children with chronic illnesses in the future.
4. I am knowledgeable about Florida legislation regarding hospital and homebound instruction.
5. The interactions I had with the patients seems to have bettered their overall socio-emotional wellbeing.
6. As a result of the PedsAcademy internship, I am knowledgeable about educating children with chronic illnesses.
7. The knowledge I have on educating children with chronic illnesses was obtained through my UCF teacher preparation courses.
8. I know about hospital-school programs other than the PedsAcademy.
9. The instruction and educational activities I provided in the PedsAcademy contributed to the overall quality of the patients' stay at the hospital.
10. I would endorse the emergence of other hospital-school programs such as the PedsAcademy.

## **APPENDIX D: INTERVIEW QUESTIONS**

### **INTERN INTERVIEW QUESTIONS**

1. Describe the PedsAcademy internship's influence on your teacher preparation journey.
2. What made you decide to intern in the PedsAcademy program?
3. How would you describe your time during the PedsAcademy program?
4. What is your knowledge of state regulations regarding home and hospital-bound instruction?
5. Describe how you perceive the impact of the PedsAcademy had on the patients' academic performance and socio-emotional wellbeing.

## **APPENDIX E: INTERVIEW TRANSCRIPTIONS**

## INTERN INTERVIEW #1

Interviewer:

Describe the PedsAcademy internship's influence on your teacher preparation journey.

Participant:

I got to work with a lot of different kids: ESOL kids, students who had been diagnosed as ESE. I actually have a child in my internship now, who is in ESE for being other health impaired so I got to learn a little bit about his medical background just from a parent-teacher conference and what he's told me. I've been able to understand what he's going through because of what I've seen in the hospital. The biggest thing, probably, is all of those on spot accommodations I made for my kids at Peds has helped me be constantly on my toes in my job. When I was able to make those on spot accommodations since I've had so much practice from Peds that it just made it so much easier.

Interviewer:

What made you decide to intern in the PedsAcademy program?

Participant:

When I was completing my A.A. Degree I didn't have school on Fridays and I volunteered and did a lot of work with gifted children and did a lot of ESOL students. All different kinds of kids I was exposed to and was able to work with, but I've never been able to work with children in the hospital setting. I've never been able to teach kids who have chronic illnesses, that has never been an option for me so just having a brand-new option like that was intriguing. I was very curious and I wanted to see how an educational program would help students who are going through a chronic illness. I was very excited just to see how that would all fall into place in a hospital setting.

Interviewer:

How would you describe your time during the PedsAcademy program?

Participant:

The teaching part of it was amazing. If I could come up with a better word than just love, the love I have for this program, I would use it. It was life-changing, to be honest with you. You are so appreciated by the nurses, going into it I was kind of nervous, do they really want us there? I didn't really know what to expect from the medical staff, but they want you there and the kids want you there. It was just super cool and unlike anything I've ever seen before.

Interviewer:

What is your knowledge of state regulations regarding home and hospital-bound instruction?

Participant:

I know that every county has a hospital-home bound program where a teacher goes to the child's house to teach. Normally they aren't there for an entire school day so they are very limited with the amount of time they have with the teacher. I also know that at most hospitals, in regards specifically in a hospital setting, there's only one certified teacher that serves as a liaison between the hospital and the school. They are not truly getting any certified teacher time; they're getting time from a volunteer. Honestly, there's nothing like Peds when it comes to the amount of time a child gets with either a certified teacher or a teacher in training. I knew about the hospital-home bound through the legal course we take, but most of what I learned was from my experience in Peds.

Interviewer:

Describe how you perceive the impact the PedsAcademy had on the patients' academic performance and socio-emotional wellbeing.

Participant:

The socio-emotional part I think it helps having a visitor that is not there to evaluate you medically. Because when you are in a hospital that's all it is, you're constantly being evaluated for your medical status. That's what you're there for, you're there to be evaluated by medical professionals. For a kid that can be super overwhelming, what I got from it is that they are so happy to have someone in the hospital that is there to evaluate something else. We don't harshly evaluate them academically but we observe, find

their gaps, and then work to fill them in the time that we have them. So social-emotionally, I think that they enjoy having that social time with someone that is not there to check vitals or open their port to get chemo, it's just a different vibe that you get when you walk into a room. We talk to kids about what they do outside of the hospital and they enjoy being able to talk about that as well. Socially we talk about things they like just to get some background knowledge on them and then we tailor lessons to that so we are able to meet their social-emotional needs with their academic needs. Academically, in the time that we have with them, they can be there one day and be discharged the next day, you never know. In the time that we have with them, we have to help fill those misconceptions or gaps in a timely fashion so we need lessons that will us more bang for our buck. When we are able to do that, I think we really help fill some gaps or misconceptions that they may have had.

## INTERN INTERVIEW #2

Interviewer:

Describe the PedsAcademy internship's influence on your teacher preparation journey.

Participant:

I think the biggest influence it had was on my flexibility. Every day from patient to patient you would have a different experience, a whole different set of needs to tend to. Definitely a lot of teamwork also because you had a floor partner when you were at PedsAcademy so you had to coordinate with your floor partner, you had to coordinate with nurses to see who was available, you know you had to work around schedules. Also any other nursing staff like physical therapists we had to work around their schedules, we had to work a lot with Dr. Grysko who is in charge of PedsAcademy. The biggest things I would say are flexibility, teamwork, and definitely empathy. I feel like you have to have that as an educator, you have to be able to build a relationship with your students and I feel like this was a great opportunity to do that because you are one-on-one most of the time.

Interviewer:

What made you decide to intern in the PedsAcademy program?



Participant:

I saw the poster honestly; the poster was hung up in the bathroom and I saw it when I went to use the restroom one day in the Teaching Academy. I thought it was going to be just such a unique experience and I was absolutely right about that part. I've always loved children, I think everybody in this field does, and I think I saw it as an opportunity to use what I was learning and to provide the instruction to kids who would normally not get the same instruction as they would in a regular school. That was the biggest thing, just being able to share what I'm learning with them.

Interviewer:

How would you describe your time during the PedsAcademy program?

Participant:

It was at times very emotional, it definitely pulled at your heartstrings just as much if not more than being in a regular school. Like the situations I've come across in regular public schools have been emotional as well, but seeing the patients in the hospital, it really brings things into perspective. It was emotional, it was challenging, but it was mostly you just wanting to meet a certain expectation that you set for yourself because you want to give your absolute best to these kids every time you see them. It pushed you, it made you creative, it made you flexible, it was a phenomenal experience.

Interviewer:

What is your knowledge of state regulations regarding home and hospital-bound instruction?

Participant:

I did not have much knowledge about that before this internship, I got some of it while we were in the hospital mostly because we would learn "oh this student does have a home-bound tutor that they work with when they are not here at the hospital". Because the kids that have the

extended stays are the ones we try to coordinate with what there at home instruction would be. For hospital-bound instruction, I didn't really have knowledge about it at all because there is no such program like PedsAcademy elsewhere. Hospital-bound programs are just generally having people come in and volunteer but not necessarily trained educators. All of the learning on those home-bound and hospital-bound instruction was through PedsAcademy.

Interviewer:

Describe how you perceive the impact the PedsAcademy had on the patients' academic performance and socio-emotional wellbeing.

Participant:

To start with their academic performance there were some kids that performed very well, they just had to be shown a process once and they got it immediately. It was great to see how these kids just continued to excel and continued to be resilient no matter what their situations are. So I would say academic performance, for those kids that were long term we would build on what we did with the previous time with them. When we would see them every day we would say "alright this is what we did yesterday, we are going to move it on to the next step" and kinda step it up every day with them to keep them challenged. For their social-emotional wellbeing, I saw their faces light up every time we would walk into a room. Sometimes we wouldn't even walk in, we would walk past it and they would be watching us interns or they would be hopeful that we would come in to see them. I think that it was a time that they had their mind off of their current situation, their medications, their schedule, and they got time to learn and get books and play games and talk to people who weren't doctors. I think it was great for their academic performance, but I think it was even more of an impact on their wellbeing."

### INTERN INTERVIEW #3

Interviewer:

Describe the PedsAcademy internship's influence on your teacher preparation journey.

Participant:

PedsAcademy's influence on my teacher preparation journey is it showed me a side of teaching a population that is so often forgotten about. When we are in regular brick-and-mortar schools everyone always thinks of the child who is terminally ill but sometimes, they don't think about that child's educational needs and what happens to the education continuum as they go in treatment for six or seven months on and off. It really gave me an insight to some of the things kids really struggle with, sometimes we get so wrapped up in our adult life that we forget that they struggle with things too. As far as that, I am glad I got to serve that population of kids because I'll never get to be in that situation again. The second part of that influence is it allowed me to work with students with super diverse needs. Every student that you have, has some sort of diagnosis, IEP or 504 type of accommodation you have to make. Being really good at teaching on the fly and planning your instruction to meet those needs, so matching the kids up with what they need I think is where I improved the most in the PedsAcademy.

Interviewer:

What made you decide to intern in the PedsAcademy program?

Participant:

I think that goes back to it's unique, UCF is the only one that does a program like this where you go into a hospital and you know you are never going to serve that population again so that's what really attracted me to it. Then the other part that attracted me to it is the fact that you are really working always one-on-one with a child and often with a parent in the room. When you have all of the stakeholders in education, you have a teacher, a student, and a parent, all in the same room all watching learning happen. It's really cool to see how the parent interacts with the teacher because now we understand each other better. You also get to physically see the parent to student connection, so you have this big triangle of everybody trying to help this student succeed in one room.

Interviewer:

How would you describe your time during the PedsAcademy program?

Participant:

Life transformative would probably be the word that I would use. PedsAcademy makes you so much more empathetic and gives you so much more of a broad world-view. It opened my eyes to a lot of things I've never seen and that exposure made me a better educator. I would also say that in my time there I was mentored beyond what I could ask for. The professors that are involved in that program are very one-on-one with their students as well because they have school and cohorts. I would say that I received over the top mentoring plus an eye-opening experience plus empathy all in one sort of balloon.

Interviewer:

What is your knowledge of state regulations regarding home and hospital-bound instruction?

Participant:

Before I did PedsAcademy, absolutely zero and I live with and I'm almost married to a teacher and she doesn't even know really that much about hospital and home-bound instruction and how a child's educational continuum goes on beyond the classroom when they get sick or something like that. After PedsAcademy, I have a good idea and I was able to see the gaps and they are not really gaps, they are giant cannonball holes in the system. You have a hospital and homebound instruction but now in OCPs or Orange county in general, if that child needs to go to a specialized treatment to another county well now you bounce them to another county where you have to withdraw and re-register and things like that. What I've learned is that it is kind of a poor system and that PedsAcademy and that model of putting it in the hospital, some hospitals have already done it not to the level that we have. But some do, putting multiple teachers in the hospital helps that educational continuum. I would say that it's made me more appreciative of PedsAcademy and I've also gotten kind of

an idea of how poorly organized the hospital and homebound instruction can really be.

Interviewer:

Describe how you perceive the impact the PedsAcademy had on the patients' academic performance and socio-emotional wellbeing.

Participant:

I see every time we walk into a room in the PedsAcademy that they really love learning just naturally. Just keeping that going and in kids that we had that were long term stays we were able to measure data and see how they jumped leaps and bounds. We had one kid who in an hour and a half we covered three to four different multiplication standards a grade ahead of time, you know things like that. I think that one-to-one instruction really allows the kids to make transformative growth. Also, since it's a one-on-one situation they all get unique instruction catered to their unique needs every single time that allows the kids to grow as much as they do. As for socio-emotional wellbeing, in PedsAcademy we go in every single day and say "even if we don't teach the child anything today academically, at least we went in there and said hello and they saw a friendly face and they know we are here for them". There is another department at the hospital that they come, they drop toys off, probably toys that are not educational but they don't really stay with the child they don't really make that human connection. That human connection that you make with children in Peds just in one or two days allows the child to keep going through their treatment. I mean there's probably data that if we measured it over time, I'm sure that these children become more resilient due to the fact that we go in there on a regular basis and we smile at them between that and the nurses they feel like they are supported, not only just in their health goals but they are also supported in their educational goals and their heart as well. That's a huge part of making that change and getting better, is feeling good in their heart as well and I think we are a big part of that.

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