

**INTERVENTIONS IN LANGUAGE ACQUISITION AND LANGUAGE
COMPETENCES IN SPANISH-SPEAKING CHILDREN WITH A LONG HOSPITAL
STAY FOCUSED ON ENGLISH LANGUAGE. A SCOPING REVIEW.**

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MODERN LANGUAGES

BOGOTA, D.C.

2021

Acknowledgments

We would like to thank all the people who were part of this dream.

To our family,

"You have always pushed us to be better every day, guiding and accompanying our path; this achievement is dedicated to you as one more goal conquered on this road."

To our external tutor Carlos Javier Avendaño,

Without you and your virtues, your patience, and your perseverance, this work would not have been possible. Your advice was always valuable to finish what we have achieved today.

Thanks to all of you.

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1. Research problem

1.1 Problem description

According to the Ministry of Health and Social Protection of the Colombian government, during the period between 2009 and 2017 in the child population from 5 to 10 years old “non-communicable diseases were the first cause of healthcare during the period, generating 53.32% of hospital care for a rate of 4 attendances per child, followed by communicable and nutritional conditions with 24.47% of the attendances, for a rate of 2.49 attendances per person (Ministerio de salud y protección social, 2018).

In addition, in Colombia, the causes of school non-attendance are multi-causal.

It has been established that 26.2% of the cases are due to lack of interest in studying, 21% too high educational costs or lack of money, 16.9% to family responsibilities or work needs, 9.9% to lack of places or educational centers, and finally, 7.1% of the children who do not study or are absent from the training process are due to illness or special education requirements (Ministerio de Salud y Protección Social., 2014).

Under this context, it is estimated that hospital stays may affect the educational levels and skills of the child population, causing, among others, anxiety levels (Serradas. Marian, Ortiz. María del Carmen, 2002) and delay in their educational process, as it is considered that hospitalized children "live under an educational apartheid", withdrawn "physically, socially and academically from their healthy peers”, limiting the possibilities of out-of-school educational

interventions and therefore the learning of children with chronic disease. (Nickels & Cullen, 2017).

” En este panorama, los prestadores de salud plantean estrategias educativas basadas en el proceso salud-enfermedad a través de modelos transversales de comunicación que tienen como objetivo asegurar el entendimiento de las medidas de cuidado intra o extra hospitalario, o a lo sumo, propuestas de intervención basadas en las limitaciones del lenguaje por discapacidad, enfermedad o ” comprensión del idioma (Azize et al., 2011).

That being the educational panorama in children with chronic diseases in Colombia, there are almost no reports of interventions in hospitalized children of educational processes that maintain their educational level during the disease care process in favorable conditions, in any area of knowledge and even less concerning the learning of a second language. That is vitally important because “language acquisition describes a basic linguistic competence for socialization activities within a context and works as an indicator of social interaction and cognitive variability, which plays an important role in the interpersonal and psychological process that facilitates learning and cultural knowledge, which allows children to play an active role as a person in society and to acquire a second language deeply.” (Azize et al., 2011).

1.2 Problem formulation

Which are the language competencies developed in Spanish-speaking children with a long hospital stay focused on a second language?

2. Research Objectives

2.1 General Objective

To describe language acquisition interventions focused on second language learning in Spanish-speaking children with long hospital stays.

2.2 Specific objectives

To identify communicative competences, developed in the English language in Spanish-speaking children with long hospital stays.

To define the scope of interventions in English language acquisition in Spanish-speaking children with long hospital stays.

3. Justification and delimitation of the research

3.1 Justification

Children with a prolonged hospital stay experience different changes on a personal, mental and educational level, as school life has a vital role in training, development, and socialization. Hospitalization processes generate absence from the school environment and therefore a rupture in the educational training process.” The temporary suspension of educational activities due to hospital admission implies an alteration in the learning rhythm, which can have short and long term consequences and an impact on learning abilities.”(Serradas. Marian, Ortiz. María del Carmen, 2002).

According to Serradas. Marian, Ortiz. María del Carmen (2002), has promoted the generation of programs and initiatives for training and education in hospital settings to maintain the learning and inclusion of children and thus create environments where patients can express their creativity and individuality and generate a reaction of adjustment. However, in Colombia, health and education policies have been slow to recognize the need to establish support programs that allow for the maintenance of learning in children with long hospital stays.

This research project aims to describe educational interventions in Spanish-speaking children with a long hospital stay focused on the English language to make visible their possible benefits in maintaining schooling and probably in the population’s health conditions under study.

Therefore, this study will provide new tools that can be used in patients with long hospital stays, as the importance of second language learning and the physical and emotional benefits it provides to the patient that has been overlooked in this area.

4. Reference framework

4.1 Theoretical framework

4.1.1 Long hospital stay.

An indicator of hospital efficiency is the length of hospital stay. A long stay is considered a period of hospitalization of more than nine days (Zonana-Nacach, Abraham, Baldenebro-Preciado, Rogelio, Felix-Muñoz, Gustavo, Gutiérrez, Pablo, 2011) Furthermore, patient length of stay has a strong relationship with administrative facts, social issues, and clinical diagnosis. According to Ceballos-Acevedo et al.(2014), the long hospital stay is a worldwide concern. It generates adverse effects on the healthcare system, including increased costs, poor accessibility to hospitalization services, overcrowding in the emergency department, and risks of adverse events.

The most common pathologies associated with prolonged hospital stays are cancer, the nervous system, eye diseases and appendages, mental and behavioral disorders, endocrine-nutritional, chronic orphan, and metabolic diseases. Therefore, in Latin American countries, the disproportion between the supply and demand of health services is a significant cause for concern. In the case of Colombia, the health system is going through a crisis due to the overwhelming demand for health services, which exceeds the hospitals' capacity to care for patients (Ceballos-Acevedo et al., 2014).

Likewise, concerning risk adjustment, it consists of controlling the variables that reflect the characteristics of the patients, which is necessary to attribute differences to care problems. Performing risk adjustment means considering comparisons of differences between patients regarding the risk of achieving a given outcome that does not depend on the quality or efficiency of the services provided (Ceballos-Acevedo et al., 2014).

In the healthcare sector, the most frequent applications of discrete event simulation (DES) have to do with care scheduling, capacity planning, productivity improvement, cycle time, cost reduction, throughput capacity, resource utilization, and the search for bottlenecks. The result of these applications is reflected in patient flows in hospital beds, bed occupancy, and length of stay.

In addition, prolonged hospital stays are also associated with pathologies that are difficult to manage therapeutically, which leads to a longer duration of treatment and, of hospitalization, for example: *Hospital malnutrition* has defined as an event associated with diseases, which can be complicated in hospitalized patients and is generally related to the underlying disease, which is aggravated during the hospital stay so that 75% of the patients lose weight during the stay. In addition, some hospital situations can contribute to the underreporting and severity of malnutrition, such as lack of recording of measurements such as weight and height, lack of intake control, prolonged fasting, inadequate nutritional indications, delay in starting nutritional support, and drug interaction that alters the absorption of nutrients (Varela & Delgado, 2015).

Nevertheless, ASTHMA is the most common chronic disease in the pediatric population and, depending on the country of origin. Its prevalence can vary from 1 to 18% (3), affecting more than 6.8 million children in the United States (9.3% of all children) (4) and more than 3.5 million present one or more exacerbations per year, resulting in approximately 600,000 emergency room

visits. Among these, children under four years of age have the highest rates of hospitalizations (Arredondo, 2018).

According to Arredondo (2018), in the face of the disproportion between supply and demand of health services, which leads to the saturation of services, efficiency is an essential condition because resources are limited. The average hospital stay of patients is used as an indicator of efficiency because it summarizes the bed utilization and the agility of the services provided in hospitals. Thus, a hospitalization service with prolonged patient stays can be considered an indicator of patient flow efficiency and increased care costs, the risk of adverse events, and mortality.

Cancer, metabolic, neurological, and degenerative diseases of the central nervous system lead to patients requiring prolonged hospitalizations, increasing the probability of suffering an adverse event, especially contracting nosocomial infections, leading to death. Likewise, the fact that a patient suffers an adverse event can increase the hospital stay (Ceballos-Acevedo et al., 2014).

4.1.2 Hospital Classrooms

Hospital Classrooms are school units created within the hospital, with the primary objective of providing schooling for hospitalized children while at the same time helping to prevent and avoid the possible marginalization that hospitalized children may suffer as a result of illness. In this way, they can continue with the educational process with total normality, within the abnormality their family, school, and social environment imply.

According to Polaino-Lorente & Lizasoain (1992), hospital pedagogy is essential to meet the peculiar conditions experienced by the ill child and is framed in special education since it

alludes to the educational care needs that emerge from hospitalization. Therefore, people who need to stay in the hospital for a prolonged period and who are also of school age will be considered, according to the provisions of the legislation mentioned above: "students with specific educational support needs."(Boletín Oficial del Estado, 2006)

Nevertheless, the illness's peculiar circumstances cause the hospitalized child to have special educational needs requiring specific and personalized actions. We cannot ignore the fact that a sick child is a student with specific educational support needs and, as such, presents a limitation that makes it difficult for him/her to use ordinary resources. Hence the need to design flexible and individualized programs in which the patient's interests, expectations, and level of curricular competence are taken into account (Guillén & Mejía, 2002).

The underlying educational needs of the illness can be categorized into four blocks, namely: those related to health care, those related to the educational perspective, the control of psychological disorders associated with the illnesses, and the curricular adaptations required by the child to overcome possible school failure. This approach aims to integrate the hospitalized child in the process of normalization, continuing, within their possibilities, with social and relational life as close as possible to the context before their illness (Guillén & Mejía, 2002). Considering the purpose of a hospital classroom is to make the sick person forget and see the human being. Each child and adolescent is a universe and demands special treatment like any other student attending school; it is essential to consider this concept.

According to Solange & Caballero (2007), it is essential to emphasize that having a disability or illness is another characteristic that does not define a hospitalized child as a person. Therefore, in order to be able to teach in a hospital classroom, the intra-hospital context must be adapted to the reality of the child and adolescent and promote curricular flexibility. That raises

the need for a concept of education that aims to achieve the teaching-learning process and a better quality of life (Solange & Caballero, 2007).

4.1.3 Educational intervention

Education is considered a gradual process through which a set of knowledge, customs, behaviors and attitudes are transmitted (Touriñán, 2011).

According to Touriñán (2011), education should be seen and used as a personal experience of participation and contribution to society as a whole. This theory could be complemented with the ideas of Durkheim (1922) when he says that education is, therefore, for society nothing more than the means through which it prepares in the spirit of children the essential conditions of their existence. For this reason, it is considered essential to carry out an educational intervention in patients who have a long hospital stay so as not to inhibit them from knowledge. Taking as a reference the definition of educational intervention of Touriñán, (2011) a definition given by Touriñán (2011) Educational intervention is the intentional action for the realization of actions that lead to the achievement of the integral development of the learner as stated by Touriñán (2011).

Desde el punto de vista de la intervención, la educación está determinada con finalidades extrínsecas o metas educativas (como área cultural condicionada socio-históricamente respecto de lo que es educación de ese ámbito a la altura de los tiempos en cada momento histórico) y con finalidades intrínsecas o metas pedagógicas (en tanto que parcela de educación que es susceptible de intervención pedagógica y que contribuye desde el ámbito específico a la realización de la finalidad de la educación,

proporcionando destrezas, hábitos y actitudes y conocimientos de valor educativo reconocido para construirse a uno mismo, o lo que es lo mismo, para educarse).

Considering that to receive an education of good quality depends on the individual's life status, which means that it depends on the destiny of the person, as stated Durkheim (1922) in his book education and sociology, it is evident that education of our children should not depend on the chance that they were born here or there, of such parents and not of such other parents. Therefore, for there to be education, a generation of adults and a generation of young people is necessary and an action exercised by the latter (Durkheim, 1922).

Lastly, for Durkheim (1922), education is, therefore, for society nothing more than the means through which it prepares in the spirit of children the essential conditions of their existence. Thus, complementing the idea of Durkheim's book and quoting Touriñán when he says that education is, therefore, a value and develops values, for that reason, an educational intervention at the hospital level is considered essential to continue with the development at the personal and school level.

4.1.4 Learning

Academic learning should be defined as a constructive cognitive activity since it involves: a) establishing a purpose: to learn; and b) a sequence of actions aimed at achieving or satisfying this purpose. Hence, academic learning shares with other cognitive activities the characteristic of being organized temporally before, during, and an after activity (Castañeda Figueiras & Ortega, 2004).

In addition, Morris (1985) points out that learning is a universal process; it occurs in the most diverse circumstances of the subject's life, in any situation where it is possible to appropriate the experience concretized in the objects, phenomenon, and people that surround him/her. Any situation can produce, without being intentional, learning with such characteristics to produce a person's personal development. However, these characteristics can be intentionally provoked, which would allow directing the learning process itself to achieve such development. In the school environment, intentionality is necessary; it is essential to direct the formation and development of the student's personality. For this purpose, it is necessary to achieve a learning process that favors the personal growth of each one of them.

Likewise, Soto, M., & García (2012) define it as the dialectical process of appropriation of the contents and ways of knowing, doing, living, and being constructed in the socio-historical experience, in which, as a result of the subject's activity and interaction with other people.

Relatively lasting and generalizable changes are produced, which allow him/her to adapt to reality, transform it and grow as a personality.

4.1.5 Education

Education is a complex human and cultural process. Therefore, to establish its purpose and definition, it is necessary to consider the condition and nature of man and culture as a whole in its totality.

For which each particularity makes sense by its linkage and interdependence with the others and with the whole. Education is an individual and supra-individual, supra-organic whole; it is dynamic and tends to perpetuate itself through a strange inertial force.

Nevertheless, also, it is exposed to drastic changes, sometimes traumatic and moments of crisis and confusion, when very few know what to do; coming from contradictions, inadequacies, casuistic and ill-advised decisions, catastrophes, drastic changes. It is good to know that education changes because the times are changing. After all, it becomes. It alters itself, changes and moves continuously and sometimes discontinuously; it grows and decreases, it can become and cease to be (León, 2007).

On the other hand, Bataloso (2006) defines *education* as a complex phenomenon immersed in broader personal, social, cultural, and historical practices; such practices will influence every educational activity, requiring a different type of qualitative reasoning. In order to avoid deformations and obstacles that prevent the full development of the person, this type of reasoning necessarily has to be dialectical and critical, ethically informed, capable of producing a type of practical wisdom to face any given educational situation. It is at the same time apt to operate the change from routines and bureaucratically administered contents to the universal educational values necessary to each concrete, practical context.

4.1.6 Basic English learning rights for preschool, elementary and high school in Colombia

The Colombian Ministry of Education has designed a curriculum for learning English as a foreign language under Basic Learning Rights (DBA in Spanish), a fundamental tool to guarantee English language education for all children in Colombia. These rights define the communicative skills, and grammatical knowledge students acquire in preschool through high school established by the Colombian educational system. This methodological design is divided into two groups:

preschool (transition) and elementary school (1st grade through 5th grade), and middle school (6th grade through 11th grade).

The basic learning rights included for preschool and elementary school are:

- Provide examples that illustrate and explain the language skills in terms of communicative outcomes that students can achieve in a determined school grade.
- They can be used for lesson planning, as the proposed activities should include several DBAs of the same grade.
- They are not a class activity or a lesson.
- They are not organized in a particular order, although the DBAs are numbered. DBA 3, for example, does not necessarily have to follow DBA 2 (Learning & Of, n.d.).

The basic learning rights included for secondary education are:

- To allow for the progressive development of language skills in English from 6th to 11th grade.

In addition, to provide examples that illustrate and explain language skills in terms of communicative objectives that students can achieve in a given grade level, facilitating the understanding of the entire educational community.

It is essential to clarify that the fundamental learning rights complement the curricular design of English language learning and do not replace the existing educational curriculum. The latter comprises a broader and more complex perspective that includes curricula, programs, methodologies, and processes. That contributes to comprehensive education and the construction of national, regional, and local identity, including the human, academic and physical resources necessary to implement policies and implement the institutional educational project (PEI) (Learning & Of, n.d.).

Consequently, the Colombian Ministry of Education seeks with this curriculum plan to improve the quality of education in the country, developing the skills of each student during the school period, thus strengthening their knowledge, so that upon completion of secondary school they can reach an intermediate level of linguistic competence in English (B1), as established by the basic learning standard.

4.1.7 Linguistic competence

Current learning curricula are based on being open and flexible, leaving behind behaviorism and adopting cognitivist and constructivist approaches, thus assigning a new profile to the teacher as the person who facilitates the teaching-learning processes (Góngora et al., 2008).

Within the basic competencies are competence in linguistic communication; this term has already been used by Chomsky (1965), defining it as:

"system of rules that, internalized by the learner, make up his verbal knowledge (expression) and allow him to understand an infinite number of linguistic utterances

(comprehension)," referring to knowing how to use the grammatical rules of the language (Noam Chomsky, 1965).

Thus, competence in linguistic communication is used to understand, express, and relate to society (Góngora et al., 2008).

In Spain, the objective of including competence in linguistic communication in the learning curricula is to develop communicative skills in Spanish, to acquire, in at least one foreign language, the basic communicative competence, to understand and express correctly, orally and in writing, in Spanish, to understand and express oneself in one or more foreign languages in an appropriate manner, to master, both in oral and written expression, the Spanish language and to express oneself fluently and correctly in one or more foreign languages (Góngora et al., 2008).

Competence in linguistic communication relates to using the language as a means of oral and written communication.

It is an instrument of representation, interpretation, and understanding of reality; it is a tool for the construction and communication of knowledge; it is also a mechanism for the organization and self-regulation of thought, emotions, and behavior, and its final objective is the mastery of oral and written language in many contexts (Góngora et al., 2008).

In other words, competence in linguistic communication should include the knowledge, skills, and attitudes that allow the student to express thoughts, emotions, experiences, and

opinions, to dialogue, to form an ethical and critical judgment; these skills should be interrelated and supported in the act of communication, whether oral or written (Góngora et al., 2008).

4.1.8 Pragmatics

Pragmatics is a branch of linguistics which is responsible for studying the language relationship based on the context in which it develops, one of the principal authors Charles Morris who defined *pragmatics* in 1938 as: "By "pragmatics" is meant the science of the relationship of signs with their interpreters. " (Morris, 1985), with this definition this word would take place with other concepts such as semantics and syntax, the term pragmatics has evolved over the years defined as "the study of the principles that regulate the use of language in communication; that is, the conditions that determine both the use of a particular statement by a particular speaker in a particular communicative situation and its interpretation by the addressee" (Escandell, 1996). Thus, pragmatics analyzes the interlocutors, the context in which they find themselves, the communicative intention, and the possible interferences that the addressee may have.

On the other hand, Escandell (1996) listed three significant problems, the first is the unconventional meaning, "we usually take for granted that natural languages work as codes, that is, as systems that frequently match signs and messages" (Escandell, 1996).

The second problem he found in his research was syntax and context where he mentions "the better characterized the syntactic relations are from the morphological point of view, the less need there will be to mark them with the word "syntax" (Escandell, 1996), the less need there will be to mark them with the word "syntactic" (Escandell, 1996) since each language has its order to organize words.

Finally, she mentions references and deixis, where she talks about "from the point of view of communication, understanding a sentence does not consist simply in recovering meanings, but also in identifying referents. It is not enough to understand words; it is necessary to know what objects; facts or situations they refer to." (Escandell, 1996).

4.1.9 Sociolinguistic

Sociolinguistics studies language concerning society. The objective of the analysis is the influence that factors derived from different situations of use have on a language, such as age, gender, ethnic origin, social class or the type of education received by the interlocutors, the relationship between them or the time and place in which linguistic communication takes place.

Sociolinguistic competence is one of the components of communicative competence, which refers to a person's ability to adequately produce and understand linguistic expressions in different contexts of use, in which there are various factors such as the situation of the participants and the relationship between them, their communicative intentions, the communicative event in which they are participating and the rules and conventions of interaction that regulate it (Nida, 1995).

For the Common European Framework of Reference for Languages (Ministerio de Educación Cultura y Deporte Subdirección General de Cooperación Internacional, 2002), Sociolinguistic competence comprises the knowledge and skills necessary to deal with the social dimension of language use. Sociolinguistic competence also includes the ability to recognize the linguistic markers of, for example:

- Social class.
- Regional origin.

- National origin.
- Ethnic group.
- Professional group.

Likewise, Alonso Vergara Novoa (2017) considers vital importance in developing sociolinguistic competence as part of communicative competence. Also, sociocultural competence, a branch of sociolinguistic competence, includes the knowledge and reasons of cultural origin that influence a correct and adequate realization of the communicative function since a language is a mode of expression in a whole culture.

It is also established that sociolinguistic competence has many points in common with sociocultural and intercultural competence. It refers to the knowledge and skills necessary to address the social dimension of language use, all of which establish the logical connections between language and culture.

It is crucial and necessary to know the connotations of the cultures of others in a multicultural context, as they vary from one language and culture to the other, and in our field specifically, it affects the development of Spanish learning activities in the classroom and, consequently, the development of communication in this language (Alonso Vergara Novoa, 2017).

Else ways, sociolinguistic competence forms part, together with illocutive competence, of pragmatic competence and includes four areas:

sensitivity to differences in dialect or variety (Bachman, 1990), sensitivity to differences in register, sensitivity to naturalness, the ability to interpret cultural references and language, affirming that this competence allows us to perform linguistic functions in a way that is appropriate to the context.

4.2 Conceptual framework

Hospital education is considered an inclusive training strategy based on the reality of children hospitalized in clinical settings (Solange & Caballero, 2007), which allows taking advantage of the time spent in the hospital to develop learning competencies. However, despite recognizing the importance of its implementation, mechanisms have not yet been developed to integrate the education and health sectors for the training of teachers who can alternate between a "formal classroom" and a "hospital classroom" context (Solange & Caballero, 2007)

In this regard, the general interest of the educational sector is focused on three fundamental aspects; the flexibility of the curriculum, the definition of inclusive education, and finally, the integration of the hospital classroom concept as a way to integrate education in clinical environments to improve the quality of life of patients with acute or chronic diseases.

Inclusive education, according to Solange & Caballero (2007) implies providing children with special needs with "equal opportunities and allowing them to develop all their abilities and skills within a climate of tolerance and respect for differences, in other words, breaking the abyss that separates formal education from special education." The above leads to reflecting on the needs of children with chronic illnesses who live with special conditions and in some way with disadvantages because they are outside the formal education model.

In response to this need, the hospital classroom understood as the "classroom that is brought to the hospital to allow children and adolescents hospitalized in a medical institution to continue their studies and have a recreational space" (Solange & Caballero, 2007) has become a strategy of primary interest for children, parents, caregivers, and teachers.

In this regard, successful experiences of inclusive education in the "hospital classroom" framework have been carried out. In Peru, since 2000, the "Aprendo Contigo"

I Learn with You Volunteer Program has been developed, which merges the educational and health fields through training for children hospitalized with neoplastic diseases. This program is based on recognizing the child as a person and not as a sick person, analyzing his or her reality, and adapting the curriculum to the individual's conditions, thus responding to the concept of curricular flexibility through active methodologies.

In Spain, during the period 2009 - 2012, the ALTER project developed the use of Information and Communication Technologies (ICT) in hospital classrooms, based on the guidelines of the European Charter of the rights of hospitalized children concerning education. (Vera et al., 2013) This project developed educational programs based on technological devices for their ability to access educational and leisure content and the possibility of constant communication with family, friends, and schools to maintain regular contact. The ALTER program was established through "the so-called hospital classrooms, managed by the Ministry of Education, whose main objective is the schooling of hospitalized children between the ages of three and sixteen who are attending any of the educational stages corresponding to compulsory education; with the intervention of education professionals at the disposal of patients and their families" (Vera et al., 2013).

The ALTER project had based on successful experiences in countries such as the United States through "The Starbright Foundation," which educates and entertains chronically ill children through a series of "virtual" worlds; the "Sterreking" and "Ciberhosto" projects in Holland and France, which develop similar strategies for educating hospitalized children.

The "Carolina and Christer" project in Sweden aimed to improve educational conditions for children with cancer. On the other hand, the projects "Das Digitale Klassenzimmer" in Germany, "Ait Eile" in Ireland, and the "Red Nacional Acercándote al Mundo" in Argentina aim to bring children with prolonged hospitalizations into the classrooms of a conventional school in an active way (Vera et al., 2013).

In Latin America, the "Global Aulas, Fundación Telefónica Hospitales" project integrates educational support for school-age patients who, due to their health situation, need to remain hospitalized in countries such as Argentina, Chile, Colombia, Spain, Peru, and Venezuela (Vera et al., 2013). Although the existence of these intervention initiatives, few health care institutions maintain within their institutional policy active education programs for children with prolonged hospitalization, even less so, in the language sciences.

In this regard, studies have reported integration in hospital classrooms in areas such as music in Spain and Sweden (Cano, 1998), and programs based on communication technologies and hospital simulation in areas such as mathematics (Nickels & Cullen, 2017), mainly in patients with some neurological impairment or special needs. However, studies describing the perception of children and caregivers towards in-hospital education activities have reported a lack of empowerment and limited didactic competencies related to teaching knowledge and the ability to implement the educational process (Kelo et al., 2013).

Under this context, it is clear that inclusive education is still a field to be explored, mainly in the in-hospital area with populations exposed to chronic diseases, which are limited by the health-disease process to continue with the educational process; which constitutes a right and necessity for the improvement of the quality of life.

This project aims to contribute from the area of language in the recovery and maintenance of the education of children with chronic diseases through educational interventions focused on the second language in Spanish-speaking children with long hospital stays, in the particular or general population, as a mechanism for socialization, communication, learning and integration in a globalized and constantly changing world.

4.3 Legal framework

Table 1. Legal framework

RULE	YEAR	FUNDAMENT
Ley 100	1993	El Sistema de Seguridad Social Integral tiene por objeto garantizar los derechos irrenunciables de la persona y la comunidad para obtener una calidad de vida acorde con la dignidad humana, y brinda beneficios especiales a las personas con discapacidad.
Artículo 67 de la Constitución Política de Colombia	1991	Dispone que la educación es un derecho de la persona y un servicio público que tiene una función social, en el cual el Estado, la sociedad y la familia son responsables de la educación. Corresponde al Estado garantizar el adecuado cubrimiento del servicio y asegurar a los menores las condiciones necesarias para su acceso y permanencia en el sistema educativo.

<p>Artículo 13 de la ley 115</p>	<p>1994</p>	<p>Es objetivo primordial de todos y cada uno de los niveles educativos el desarrollo integral de los educandos mediante acciones estructuradas encaminadas a: a) Formar la personalidad y la capacidad de asumir con responsabilidad y autonomía sus derechos y deberes; b) Proporcionar una sólida formación ética y moral, y fomentar la práctica del respeto a los derechos humanos; c) Fomentar en la institución educativa, prácticas democráticas para el aprendizaje de los principios y valores de la participación y organización ciudadana y estimular la autonomía y la responsabilidad; d) Desarrollar una sana sexualidad que promueva el conocimiento de sí mismo y la autoestima, la construcción de la identidad sexual dentro del respeto por la equidad de los sexos, la afectividad, el respeto mutuo y prepararse para una vida familiar armónica y responsable; e) Crear y fomentar una conciencia de solidaridad internacional; f) Desarrollar acciones de orientación escolar, profesional y ocupacional; g) Formar una conciencia educativa para el esfuerzo y el trabajo, y) Fomentar el interés y el respeto por la identidad cultural</p>
<p>Artículo 8 de la Ley 1098 del, Código</p>	<p>2006</p>	<p>Establece la primacía de los derechos de los niños y las niñas sobre los derechos de los demás, y el artículo 36 establece que</p>

de la Infancia y la Adolescencia		todo niño, niña o adolescente que presente algún tipo de discapacidad tendrá derecho a la educación gratuita.
Decreto 1470	2013	<p>Artículo 1°. Objeto y ámbito de aplicación. El presente decreto tiene por objeto reglamentar el Apoyo Académico Especial en Educación Formal en los niveles de educación preescolar, básica y media, establecido en el párrafo 2° del artículo 14 de la Ley 1384 de 2010 y el párrafo 2° del artículo 13 de la Ley 1388 de 2010, así como el apoyo emocional que dichas normas consagran a favor de los beneficiarios del presente decreto y su familia.</p> <p>Artículo 2°. Beneficiarios. Son beneficiarios del presente decreto, la población menor de 18 años matriculada en un establecimiento educativo en los niveles de preescolar, básica y media que se encuentre en Instituciones Prestadoras de Salud o aulas hospitalarias públicas o privadas en alguna de las condiciones determinadas en el artículo 2° de la Ley 1388 de 2010.</p>
Artículo 11 de la Ley estatutaria	2015	Se ordena al Ministerio de Educación Nacional reglamentar el esquema de atención educativa a la población con discapacidad, fomentando el acceso y la permanencia educativa con calidad, bajo un enfoque basado en la inclusión del servicio educativo.
Decreto 1421	2017	Por el cual se reglamenta en el marco de la educación inclusiva la atención educativa a la población con discapacidad.

<p>Artículo 6° de la ley estatutaria No 1751</p>	<p>2015</p>	<p>El derecho fundamental a la salud incluye los siguientes elementos esenciales e interrelacionados: Disponibilidad: El Estado deberá garantizar la existencia de servicios y tecnologías e instituciones de salud, así como de programas de salud y personal médico y profesional competente.</p>
<p>Decreto 2082, artículo 13</p>	<p>1996</p>	<p>Determina que el plan gradual de atención deberá incluir la definición de los establecimientos educativos estatales que organizan aulas de apoyo especializadas, de acuerdo con los requerimientos y necesidades previamente identificados. También establece que dicho plan podrá de manera alterna, proponer y ordenar la puesta en funcionamiento de unidades de atención integral (UAI) o semejantes, como mecanismo a disposición de los establecimientos educativos, para facilitarles la prestación del servicio educativo que brindan a estas poblaciones.</p>
<p>Parágrafo 2° del artículo 14 de la Ley 1384</p>	<p>2010</p>	<p>El Ministerio de Educación, en el mismo término, reglamentará lo relativo al apoyo académico especial para las aulas hospitalarias públicas o privadas que recibirán los niños con cáncer, para que sus ausencias por motivo de tratamiento y consecuencias de la enfermedad no afecten de manera significativa su rendimiento académico, así como lo necesario para que el colegio ayude al manejo emocional de esta enfermedad por parte del menor y sus familias.</p>

<p>Parágrafo 2° del artículo 13 de la Ley 1388</p>	<p>2010</p>	<p>En un plazo máximo de seis (6) meses, el Ministerio de Educación, reglamentará lo relativo al apoyo académico especial en las Instituciones Prestadoras de Servicios de Salud que oferten cualquier servicio de atención a los beneficiarios de la presente ley, para que las ausencias en el colegio por motivo del tratamiento y consecuencias de la enfermedad, no afecten de manera significativa, su rendimiento académico. El Ministerio de Educación también velará por que los colegios públicos y privados desarrollen y cumplan un plan de apoyo emocional a los beneficiarios de esta ley y a sus familias.</p>
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5. Type of research

Table 2. Type of research

TYPE OF RESEARCH	CHARACTERISTICS
<ul style="list-style-type: none"> ● Scoping review 	<p>Preliminary evaluation of the potential size and scope of the available research literature. It aims to identify the nature and scope of the research evidence (usually including ongoing research).</p> <p>Completeness of search determined by time/scope constraints.</p> <p>May include research in progress.</p> <p>No formal quality evaluation.</p> <p>Typically, tabular synthesis with some narrative commentary.</p> <p>Analysis characterizes the quantity and quality of the literature, perhaps by study design and other vital features. Attempts to specify a viable review.</p> <p>The analysis characterizes the quantity and quality of the literature, perhaps by study design and other key characteristics.</p> <p>Finally, it attempts to specify a feasible review (Arksey & O'Malley, 2005).</p>

6. Methodology

6.1 Type of study

Method

This scoping review will carry out following the following statement by Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement for reporting scoping reviews (PRISMA-ScR) (Tricco et al., 2018).

Stage 1 - identification of research questions

This review will address the following research questions: 1) What have acquired language competencies in Spanish-speaking children with a long hospital stay focused on a second language? 2) What are the achieved language competencies in the English language in Spanish-speaking children with a long hospital stay? 3) What are the achieved levels of English language learning in Spanish-speaking children with a long hospital stay?

Stage 2 - identification of relevant studies

A systematic search, selection, and synthesis of relevant studies will conduct without time restriction. This review will use a broad approach based on the premise that the research question relates to a setting with particular outcomes. In this case, the results "may not be well described in the title or abstract of an article and are often not well indexed with controlled vocabulary terms." (Higgins & Green, 2011).

The search strategy will include articles published in electronic databases. For example, Scopus, through the PubMed library, LILACS, BIREME library, CINAHL, and ProQuest using the reference list of MeSH and DeCS terms. The combinations of search terms, using Boolean operations "AND" and "OR," will be the following: education, continuing education,

competency-based education, education department hospital, learning, remedial teaching, child, infants—additionally, the text words (long hospital stay and, English).

Additional information will obtain through a manual search of the reference lists of the identified articles.

The search strategy will be limited to English and Spanish. Commentaries, editorials, and opinion articles will exclude.

Stage 3 - selection of studies

The following inclusion criteria will be applied: 1) studies with educational interventions in the English language focused on Spanish-speaking children and adolescents under 18. 2) studies of educational interventions conducted with Spanish-speaking children and adolescents with long hospital stays; 3) studies describing the language, writing, and vocabulary skills achieved in the English language in Spanish-speaking children with long hospital stay; (4) studies describing the levels of English language learning achieved in Spanish-speaking children with long hospital stays. The following exclusion criteria will be applied: 1) studies of educational interventions in children with disabilities. As a definition of educational interventions, "the set of purposeful actions, designed to achieve, in a specific institutional context, socially determined educational objectives" (Gómez Mendoza et al., 2005).

Stage 4 - Data extraction and assessment of the quality of the evidence

Two investigators (Paola Rodriguez and Liz Cortes) will evaluate the titles and abstracts of the identified publications and perform data extraction independently. Discrepancies will be discussed and resolved by consensus. The Newcastle-Ottawa scale will use to assess the quality of the selected studies.

Stage 5: Synthesis and communication of results

The extracted data with common characteristics will synthesize and categorized into three main themes: 1) educational interventions were carried out with Spanish-speaking children and adolescents with long hospital stays; 2) language, writing, and vocabulary competencies achieved in the English language in Spanish-speaking children with long hospital stays; 3) English language learning is achieved in Spanish-speaking children with long hospital stays.

6.2 Population and sample

The following inclusion criteria will be applied: 1) studies with English language educational interventions focused on Spanish-speaking Latin American children and adolescents under 18. 2) studies of educational interventions conducted with Spanish-speaking children and adolescents with long hospital stays; 3) studies describing the language, writing, and vocabulary skills achieved in the English language in Spanish-speaking children with long hospital stay; (4) studies describing the levels of English language learning achieved in Spanish-speaking children with long hospital stays. The following exclusion criteria will be applied: 1) studies of educational interventions in children with disabilities. We assume as a definition of educational interventions, "the set of purposeful actions, designed to achieve, in a specific institutional context, socially determined educational objectives." (Gómez Mendoza et al., 2005).

7. Sources of information

7.1. Primary sources

The primary sources will be articles published in the electronic databases Embase, MEDLINE through the PubMed library, LILACS, BIREME library, CINAHL, and ProQuest and the studies in the reference lists of the identified articles.

7.2. Secondary sources

As secondary sources, we find articles such as educational care in hospitalized children, which show a rupture in the emotional and social balance of the hospitalized child. We, therefore, allude to the educational support that accompanies the disease. In addition, studies show hospital pedagogy in Europe, which provides different examples of the main lines of pedagogical action developed in European hospitals.

On the other hand, we consider secondary sources works or studies based on other works here; we consider studies based on hospital classrooms and their development and execution.

Likewise, we consider articles based on research to guide, understand, and take an example for the project in progress.

8. Resources

8.1. Human resources

Table 3. Human resources

Names	Profession	Basic function within the project
Luisa Fernanda Montoya Bonilla	Modern languages student	Researcher
Liz Ariadna Cortés Chalar	Modern languages student	Researcher
Paola Alejandra Rodríguez Garcia	Modern languages student	Researcher

Cesar Ivan Manjarrez Leyton	Professor	Project tutor
Fanny Elizabeth Sacristan Bohórquez	Professor	Project tutor

8.2. Physical resources

Table 4. Physical resources

Description of equipment	Fundamental purpose of the equipment in the project
Laptop	With this equipment, the research of articles and the written project will be carried out.

8.3. Digital resources

Table 5. Digital resources

Digital media description	Fundamental purpose of the media in the project
Microsoft Word	This software will be used to carry out the research project.
Mendeley	Bibliographic manager.

9. Schedule

In order to carry out this research, the process was divided into five phases: First phase; theoretical foundation.

In this phase, fundamental theories were identified for the research, such as Ceballos-Acevedo, who have an extensive study on long hospital stay and the pathologies that lead to this, taking into account that for the research group, it is essential to have a broad knowledge on this subject to apply it in the project.

Likewise, Polaino-Lorente & Lizasoain (1992) were taken as a reference regarding the theory of hospital classrooms because they are authors that strongly support the project, with their contributions regarding hospital pedagogy and special education for hospitalized children and the conditions involved in carrying out such a process. Based on this, Caballero Soto, Solange Ana María clarifies that in order to teach in hospital classrooms, it is necessary to adapt to the child with whom one is working, this is very important for the research group, for this reason, it is considered a fundamental basis for the development of the project.

Moreover, Touriñán (2011) is taken as a fundamental author because he affirms that education is to transmit knowledge, customs, and attitudes to society, and one of the goals is to transmit knowledge to children with a long hospital stay.

In the second phase, which corresponds to the methodological foundation, as its name indicates, we developed the methodology to be implemented in the research, in which it was possible to conclude that a scoping review will carry out, the first stage of the methodology corresponding to the identification of the research questions will carry out.

This review will address three research questions: 1) What educational interventions focused on the second language in Spanish-speaking children with a long hospital stay? 2) What are the language, writing, and vocabulary competencies achieved in the English language in Spanish-speaking children with a long hospital stay? 3) What are the levels of English language learning achieved in Spanish-speaking children with long hospital stays? We carried out this second stage over seven months.

The third phase is selecting and extracting data, which will take about four months to evaluate the results. In this phase, we will carry out the identification of relevant studies, a systematic search, selection and synthesis of studies without time restriction, taking into account the research questions, we will use electronic databases such as Embase, MEDLINE through PubMed library, LILACS, BIREME library, CINAHL and ProQuest using the reference list of MeSH and DeCS terms.

Moreover, additional information will obtain through a manual search of the reference lists of the identified articles. This information exploration will limit to the English and Spanish languages and exclude commentaries, editorials, and opinion articles; 4 inclusion criteria and one exclusion criterion will also apply. Finally, for data extraction and evaluation of the quality of the evidence, the titles and abstracts of the publications will evaluate, and data will extract, and the Newcastle-Ottawa scale will use.

In phase 4, the synthesis and communication of the results will develop, the extracted data with common characteristics will synthesize and categorized into three main themes:

1. Educational interventions carried out with Spanish-speaking children and adolescents with long hospital stays.
2. Language, writing, and vocabulary competencies achieved in the English language in Spanish-speaking children with long hospital stays.
3. Learning levels achieved in the English language in Spanish-speaking children with long hospital stays.

In phase 5, the research document or monograph will prepare the presentation to the jurors, and the final report will deliver.

Table 6. Schedule

Activity	1	2	3	4	5	6	7	8
Formation of the work team	■							
Development of the proposal	■							
Defining the research question	■							
Development of exclusion and inclusion criteria		■						
Study selection and data extraction		■	■					
Assessment of selected studies				■				
Data and analysis transcription					■	■		
Elaboration of thesis document							■	
Preparation of presentation							■	
Final report								■

10. Results

Search flow and study characteristics

We identified one hundred and fifty-two articles using the search strategy; 138 studies were withdrawn for consideration 594 of the inclusion and exclusion criteria. Twenty full-text articles were reviewed, after which 19 articles were excluded. One study was included after applying the study criteria for the synthesis of results (Figure 1).

The search strategy included articles published in the electronic databases Embase, MEDLINE through the PubMed library, LILACS, the BIREME library, CINAHL, and ProQuest using the MeSH and DeCS term reference list. Additionally, we searched for theses in the Latin American and Caribbean Literature in Health Science LILACS library and government documents presenting results of English language teaching interventions in children with long hospital stays with no findings. The combinations of search terms, using the Boolean operations "AND" and "OR," are presented in Appendix 1.

Which educative interventions were identified?

A master's thesis project study by Andrea Gamboa & Yenifer Herrera (2016) implemented a hospital pedagogy project aimed at children with hemophilia. The project included a reflection phase, which identified the rupture in the educational process and the absence of support for the continuity of learning in hemophilic children based on the basic competencies proposed by the Ministry of Education (MEN). This phase identified progress in formal education in Bogota (Colombia) and non-formal education (recreational) in 10 cities; no activity related to learning a second language.

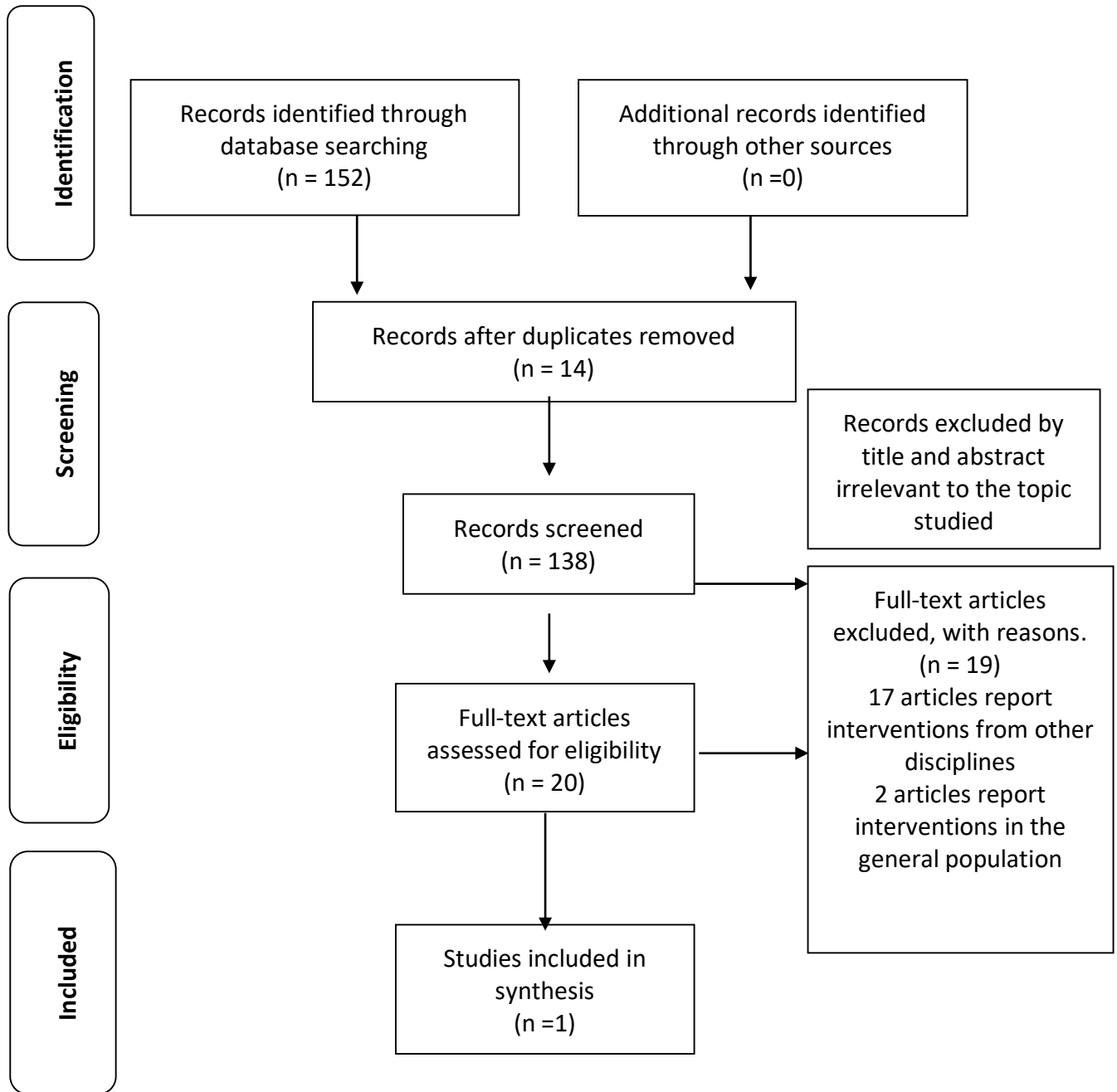


Fig. 1 - PRISMA flow chart.

The second observation phase was carried out through a diagnostic test to identify basic competencies and the subsequent intervention strategy. Finally, phase three focused on module planning, the structure of the MEN's basic competencies, and finally, with knowledge about coagulation disorders to decrease the risk of physical affections during the intervention.

The third phase of execution included 46 activities by basic competencies: communicative, citizenship, scientific and mathematical competencies through different didactic strategies. The communicative competence included English language teaching-learning activities.

The strategy was designed to provide "the entry or continuity in the educational system of the population under 18 years of age who for reasons of diagnostic tests, procedures, treatments, consequences of the disease, convalescence states, are in institutions providing health services, public or private hospital classrooms, support institutions or at home and cannot attend the Educational Establishment regularly" (Andrea Gamboa & Yenifer Herrera, 2016; Varela & Delgado, 2015)(Andrea Gamboa & Yenifer Herrera, 2016). The educators previously received virtual training on knowledge of ICTs in hospital classrooms, and students were followed up by telephone.

Specifically, the activities in the communicative competence - language and English fostered the teaching-learning of the English language, with particular difficulties such as little attachment to the teaching of a second language and little motivation for learning on the part of the teachers. The teaching methodology included "listening, reading, interpretation and analysis exercises, games, staging, discussions, appropriation of textual silhouettes" (Andrea Gamboa & Yenifer Herrera, 2016) The cognitive approach was based on text interpretation and analysis,

discourse, and expression of ideas about the text with short sentences with "subject-verb and complement in basic verb tenses.

The intervention results identified a low level of English proficiency with an average of 44% taking into account the following cut-off points: 96 - 100% superior performance, 85 - 95% high performance, 70 - 84% basic performance, and 10 - 69% low performance.

11. Discussion

This scoping review considered the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement for reporting scoping reviews (PRISMA-ScR) (Tricco et al., 2018). A total of 152 documents were identified, and only one master's degree work provided results on the teaching-learning process of the English language in hospitalized children with a long hospital stay. That shows the need to implement second language educational activities in hospitalized children to comply with current regulations. In addition, teaching-learning activities in other areas of knowledge have demonstrated their feasibility and impact on the child and adolescent population for academic continuity in this context. In several investigations, participants found similarities between hospital classrooms and their classrooms before diagnosis in curricular content of mathematics, language, history, and natural sciences with the implementation of socialization spaces with cross-cutting content such as sharing with others, respect for others, and friendship (Fernández & Cabañas, 2019).

Under the teaching-learning context, hospital classrooms positively impact infants and adolescents who do not suffer from unschooling due to their illness.

That context positively favors their emotional level through interaction with specialized teachers who level their learning and provide them with quality education to achieve school

reintegration, prevent long-term social isolation, and maintain a functional and productive role (Sanchez Maryuri, 2018).

Additionally, using different techniques to improve patients' academic and emotional performance through art and play is essential in the recovery process and contributes to the child's human development and psychological well-being (Sanchez Maryuri, 2018).

In this sense, hospital interventions should consider many factors that include personalized education regarding content, processes, and strategies through innovative curricula based on each student's characteristics and learning conditions to achieve full development during hospitalization (Ortega Roa, 2017)

Knowing the children's experiences in the classroom is also an essential factor and their affective disposition towards learning in the context of illness. Some studies have mainly reported affinity for subjects linked to mathematics and language, and others related to social, play, coexistence, and teamwork (Fernández & Cabañas, 2019). Additionally, the expression of emotions, imagination, creativity and the development of environments that promote motivation for learning are also fundamental (Rodríguez, 2018). Therefore, play as a teaching method for hospitalized children may be appropriate as it helps children express emotions and acquire greater confidence (Rodríguez, 2018).

Consequently, technology has been crucial in implementing hospital classrooms in other areas of knowledge because of its usefulness in fostering adaptation in different sociocultural contexts. "ICT can become a handy tool to ensure that sick children and young people continue with an optimal educational experience. The great benefits of these technologies can be increased in this particular scenario since they make available to patients various devices that allow them to access both leisure and educational content, in addition to facilitating the possibility of

maintaining daily contact with family, friends, and the school center." (Serrano Sánchez, 2014). The web tool ALTER, which focuses on the use of information and communication technologies to support the teaching-learning process of hospitalized students, has been an example due to its ease of use in areas such as English, Spanish language and literature, mathematics, geography, and history, natural sciences, among others. In addition, the functionality of technological tools such as the one mentioned above allows the consultation of resources and activities with free access and the management of the content of the application by teachers in hospital classrooms (Serrano Sánchez, 2014).

Another important aspect is the training and integration of teachers, who need to incorporate socio-affective competencies for the relationship with the child and his family; playful-creative competencies to facilitate expressiveness and meta-cognitive competencies, aimed at regulating the learning processes taking into account previous knowledge and cognitive mechanisms. As a result, "learning habits are evidenced in a more autonomous way propitiating the "learning at the pace of each learner, the development of tasks in everyday life and their future projection, contributing in their life project"(Guacaneme González, 2018).

Specifically, the learning of a second language in hospital classrooms must take into account two processes: first, the "learning" as such of the language, understood as the conscious development of the second language through formal study, the mastery of its rules and grammatical formulas (Aguilar & Gutiérrez, 2015). The second consists of the internalization of rules resulting from the natural use of language, using the language in real communication scenarios, and through formal learning in which errors are corrected, and grammatical rules are presented explicitly (Aguilar & Gutiérrez, 2015). According to Noam Chomsky (1965), the

former refers to the ideal linguistic knowledge of the native speaker's language and the latter to the practical use of that language in concrete situations.

In this order of ideas, grammatical competence in hospital classrooms means the phonological acquisition of morphological and syntactic, and semantic rules together with the lexicon, and sociolinguistic competence refers to the aspect of learning pragmatics and the use of various speech acts. Among the latter may be cultural values and norms and other aspects of communicative contexts (Canale & Swain, 1980).

Additionally, second language learning in hospital classrooms should include strategic competence, which comprises verbal and nonverbal aspects of communication, which can be described as interruptions in dialogue, pauses involving self-correction, negotiation of meaning, activation of prior knowledge, recognition of discourse structures, inference and contextualization. This competence goes hand in hand with communicative interaction, which is none other than everyday conversation (Canale & Swain, 1980).

Based on the analysis of acquisition theories by Canale & Swain (1980), a communicative teaching method that emphasizes the use of language in meaningful communicative situations will encourage and motivate students more than a fundamentally grammatical approach. Such a method includes five aspects that he believes any communicative teaching method should include: strategic competence, grammatical competence, meaningful interaction, basic rules of discourse, social aspects, and culture of the target language.

Linguistic competence is understood as the knowledge of the legal resources of the language as a system and the ability to use them to formulate well-formed and meaningful messages that can be taught in hospital classrooms through lexical, phonological, syntactic, and orthographic skills others. This competence implies not only the theoretical management of

grammatical, orthographic, or semantic concepts but also their application in various situations, such as making associations to use known vocabulary in another context or applying the grammatical rules learned in the construction of new messages within the hospital setting (Aguilar & Gutiérrez, 2015).

Pragmatic and sociolinguistic competencies can favor the integration of linguistic resources in real communicative situations to manage politeness norms and other rules that order relationships between generations, genders, classes, and social groups among children and adolescents with a long hospital stay, both inside and outside school life (Aguilar & Gutiérrez, 2015).

On the other hand, the main factors that favor learning a second language are learning styles; these aim to strengthen communicative competencies. The concept of "learning style" refers to using different individual methods or techniques according to preferences (Aguilar & Gutiérrez, 2015).

According to Felder and Silverman (2004), learning styles should respond to the type of information the student perceives best (sensory or intuitive); the most effective modality (visual or verbal), how the child prefers to process the information (actively or reflexively), how the student manages to understand (sequentially or globally) and how he or she organizes the information (inductive or deductive)(DGB/DCA/12, 2004).

Identifying these learning characteristics allows to solve problems following well-established procedures; to quickly understand new concepts; obtain information according to individual learning characteristics; retain and understand new information better when they do something active; retain and understand new information by thinking and reflecting on new information it.

Finally, this research evidenced the absence of articles reporting compliance with policies aimed at improving the quality of English language teaching to achieve better English language performance levels in children with long hospital stays. That presents an opportunity to develop intervention proposals that include professionals in modern languages in the teaching-learning processes within particular contexts, such as those that occur in health institutions with chronically ill children and adolescents.

12. Conclusions

Educational interventions in English language acquisition in Spanish-speaking children with long hospital stays are minimal.

Only one master's study showed the learning of different academic areas, among them English, in hemophiliac children in Bucaramanga, Colombia.

It was not possible to identify the competencies or summarize the levels of proficiency achieved for the A1 and A2 levels of English language in Spanish-speaking children with long hospital stays, nor to define the scope of the interventions in English language acquisition. However, the authors consider that the research development provides concepts that can be a point of origin to develop intervention strategies by modern language professionals for the future in this population group.

13. Recommendations

It is considered pertinent to include the English language in the learning taught in hospital classrooms as part of the educational curriculum. Considering that there is no evidence available, and its inclusion can respond to the Ministry of National Education regulations for the training of

primary and secondary school students and the scope of the level of competence required for this population according to the classification of the Common European Framework.

Teacher training is required in hospital classrooms for the teaching of a second language through strategies and methods suitable for the teaching and adoption of socio-affective, recreational and creative competencies, according to the particular needs of children and adolescents with long hospital stays, based on the identification of the learning styles of each student.

The use of innovative material and methods is vital for the student to learn in a free and creative environment that facilitates constant interaction with the teacher and the appropriation of communicative competencies in a second language.

It is crucial to reinforce English language learning in environments that simulate conventional spaces similar to the school environment and teaching strategies that reinforce grammatical, pragmatic, sociolinguistic, and linguistic skills.

14. Appendix A

Electronic search strategy

1. Child OR infants
2. Adolescent
3. Education, Continuing education, learning.
4. Education department Hospital, Remedial Teaching, Child
5. Long Hospital Stay, hospitalization

6. Languages, English
7. Latin America
8. 1 AND 3 AND 4 AND 6 AND 7
9. 1 AND 3 AND 4 AND 5 AND 7
10. 2 AND 3 AND 4 AND 5 AND 6
11. 2 AND 3 AND 4 AND 5
12. 1 AND 2 AND 4 AND 5 AND 6 AND 7

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