

HOSPITAL PEDAGOGY - A SOLUTION FOR THE SOCIALIZATION OF SICK CHILDREN

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Abstract. *In this article, certain relations are established between the editor-defectologist and the doctor during their joint activity. They are based on general positions in the examination, treatment and medical-pedagogical correction of specific developmental deviations. This relationship should be business related and in the best interests of the patient. It is important that the doctor and the pedagogue-defectologist understand each other and act in full agreement. In this case, the opinions and general conclusions of the author are given that they are more useful to the patient.*

Keywords: *neverfiology, apathy, adamamia, hypersidine, hypipetic, affective, vegetative symptoms, central nervous systems.*

A sick child in a family needs a lot of attention from parents and close relatives. Parents, in all aspects, are deeply depressed and suffer because of their child's illness, and because of this, they withdraw from active social activities. Their whole inner life is focused on the sick child. Parents make high and sometimes inappropriate comments about doctors and teachers. The mother's psychology can change significantly, and as a result, sometimes difficult, tense relationships between family members and loved ones appear in the family. This should be mentioned to the doctor and the pedagogue-defectologist. When communicating with the patient's parents and relatives, they should be very polite and avoid anger, resentment and thoughtless words. It is necessary to understand the psychology of parents, their problems, to sympathize with their experiences. However, it does not mean to follow them and agree with them in everything. Misconceptions about the mechanisms of development of diseases, often misconceptions among parents, feelings of guilt for the fact that the child was born sick.

Sometimes spouses begin to blame each other for the birth of a sick child or the development of a disease in him, blame each other for lack of control, indifference. A particularly difficult situation can arise in the family when a child with serious developmental disabilities is born [6.45].

In some similar cases, when a severe disability cannot be treated, it is permissible to ask the parents to transfer the child to a specialized boarding school. Such tactics cannot be considered inhumane. It means saving parents from permanent emotional trauma. Family life will return to normal. Parents can function normally and provide adequate attention to healthy children.

A sick child in a family is usually surrounded by a lot of attention, love, affection. Often, parents overprotect him, instill in him the idea that he is sick, do not allow him to be more playful, communicate with children, create "greenhouse conditions" for him. This, of course, affects the character development of children. Such children often grow up to be selfish. Most of them develop and strengthen psychopathological character traits. These are specific syndromes of "excessive care". In such cases, the pedagogue-defectologist should explain to the parents the wrongness of their behavior in a tactical way.

Pedagogists-defectologists working in children's treatment-prophylaxis and specialized institutions should pay special attention to care for children, to prevent mental traumatism of patients in the conditions of separation from their parents and relatives [1,210].

Taking care of children with neurological and mental diseases in the conditions of separation from their parents (*in a hospital, sanatorium, special institution*) is of particular importance. It should be remembered that children are very sensitive to their placement in hospitals, sanatoriums and other institutions, they cry, show whims and often refuse to eat. Therefore, they need a particularly good, careful, loving approach. Teacher shouting, punishment is not allowed. Medical workers and pedagogues should take the place of mothers for children. This is a difficult and noble task at the same time. It is very important for a child to feel a loving attitude towards him: in this case, he adapts to a teacher, a doctor, a nurse, a nanny. A well-established relationship with a sick child significantly increases the effectiveness of medical-pedagogical work with him. An important condition of medical deontology is the correct relationship between doctors, a pedagogue-defectologist and other employees.

Certain relations are established between the pedagogue-defectologist and the doctor during their joint activities. They are based on general positions in the examination, treatment and medical-pedagogical correction of specific developmental deviations. This relationship should be business related and in the best interests of the patient. It is important that the doctor and the pedagogue-defectologist understand each other and act in full agreement. In this case, they will benefit the patient more.

During the examination of the patient, the doctor makes a diagnosis, determines the nature of the pathological process and determines ways to correct the defect. He will then administer the appropriate treatment. The doctor explains to the pedagogue-defectologist the nature of the pathological process, the possibility of correcting this or that defect, then together they develop tactics for pedagogical correction of this defect.

The work of the pedagogue-defectologist should be based on the recommendations of a neuropathologist or psychoneurologist, taking into account the child's neurological and psychological characteristics. During the exchange of ideas, the doctor and the pedagogue-defectologist develop a general program of pedagogical training and treatment measures. During the joint examination of the child, his potential opportunities are determined. The doctor and the pedagogue-defectologist predict the final result of pedagogical and treatment effects, together determine the treatment tactics and the volume of training.

This has not only great human but also therapeutic value, as children often suffer from a lack of contact with their mothers and other close relatives. A lack of communication has a negative impact on a child's development. Part of the medical-pedagogical work should be entrusted to secondary medical workers. For example, it is very useful to combine therapeutic physical education group sessions or physiotherapy treatments with individual communication with the child. In the process of such communication, children should be taught the skills of neatness. It is necessary to fill the vocabulary and try to teach the correct pronunciation. A doctor and a pedagogue-defectologist should constantly train middle and junior employees in this regard. Doctors and pedagogues-defectologists should teach speech culture to middle and junior employees. Nurses should also ensure that they do not communicate diagnoses to patients or their relatives if they are prognostically poor. The doctor and the pedagogue-defectologist should make sure that the patients will recover and monitor that the nurse or nanny does not bring dissonance

to their joint work. Junior and mid-level medical staff should not tell unnecessary things to the patient's parents or relatives or question the actions of the doctor and pedagogue-defectologist. It is necessary to achieve clear, coordinated actions of the doctor, pedagogue-defectologist, secondary and junior medical staff [6,175].

The doctor and the pedagogue-defectologist should explain to the patient's parents or other relatives that they can also carry out certain therapeutic and pedagogical measures at home. Massage, physical therapy, special speech exercises and other activities can be done at home. Parents or relatives should be taught to take appropriate treatment and corrective measures. It is necessary to convince the parents that it is necessary to continue the treatment of the child's mental illness at home.

The patient should not be left unattended at home, school or other community. It is appropriate to follow its fate. It is necessary to meet with the patient from time to time, to know his needs and concerns, to provide him with all possible help with advice and action. Also, to strengthen the positive results obtained in the course of treatment (*in the hospital or at home*) and to correct the defects, the patient's health support from time to time to the medical institution will give a positive result [7,49].

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