

Interprofessional collaboration in the class of Adolescent Day Hospitals

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Received: 07.03.2024 **Accepted:** 06.04.2024

DOI: <https://doi.org/10.32093/ambits.vi60504969>

Abstract

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This article aims to collect the work done by the teachers of Adolescent Day Hospitals (AdH) participating in the Seminar for the group of Day Hospitals and Hospital Classrooms that was developed during the 2020-21 academic year in a single Service Territorial (ST) of the Department of Education, the former ST- Barcelona Comarques. During one course, following the concerns and motivations of the participating teachers, it was decided to work together in order to improve the dynamics of collaboration and participation with the respective clinical teams of each AdH, as well as to give visibility to these teachers. To do this, a form was drawn up that all members of each clinical team could answer to find out which were the points of the gear that could be improved or where more pedagogy of the teacher's functions within the clinical team needed to be done. The answers encouraged the debate within the seminar and, finally, we were able to collect the process, procedure and conclusions of the study.

Keywords: Adolescent day Hospitals, multidisciplinary work, comprehensive development, mental health.

Resum

La col·laboració interprofessional a les aules dels Hospitals de dia d'Adolescents

Aquest article pretén recollir el treball fet pels docents d'Hospitals de dia d'Adolescents (HdA) participants al Seminari d'Hospitals de dia i Aules Hospitalàries que es desenvolupà durant el curs 2020-21 en un únic Serveis Territorials (ST) del Departament d'Educació, l'antic ST- Barcelona Comarques. Durant un curs, arran de les inquietuds i motivacions dels docents participants, es va decidir fer un treball conjunt per tal de millorar les dinàmiques de col·laboració i participació amb els respectius equips clínics de cada HdA, així com per donar visibilitat al col·lectiu. Per fer-ho es va elaborar un formulari que podien respondre tots els membres de cada equip clínic per conèixer quins eren aquells punts del l'engranatge millorables o en què calia fer més pedagogia

sobre les funcions del docent dins de l'equip clínic. Les respostes van fomentar el debat dins del seminari i, finalment, hem pogut recollir el procés, procediment i conclusions de l'estudi.

Paraules clau: Hospitals de dia d'Adolescents, treball multidisciplinar, desenvolupament integral, salut mental.

1. Introduction

During the 2018-19 academic year, Territorial Services in Barcelona Comarques, with the support of the Territorial Services Educational Services coordinator, Manel Mor, saw the need to organize a seminar for teachers who work with students admitted partially or entirely in health centers (Hospital Rooms and Day Hospitals). They are professionals who carry out their tasks in a healthcare environment, in many cases as the only teachers of a multidisciplinary team, who coordinate intensively with the clinical team, educational agents and families in order to guarantee the continuity of learning as well as connecting students with the corresponding educational center. During the 2020-21 academic year, one of the tasks proposed within the Seminar was the revision of the Action Framework for HdA Teachers, specifically of the functions of HdA teachers, given that they were little known. The Framework of 'Actuació dels Docents d'HdA' was published in 2007 with the aim of providing a framework of reference for teachers of HdA. This document describes the purposes, functions and actions that this collective must develop.

In order to make known the functions of the HdA teacher, as well as to encourage reflection within the clinical teams, it was decided to make a questionnaire that would be sent to all the professionals involved in these health centers (therapists, educators, psychiatrists, etc.). In this way, we also wanted to give visibility to the strengths and weaknesses of the classroom-HdA resource.

Below are the results and conclusions of the form called "Teachers' duties in Adolescent Day Hospitals" and distributed among the HdA of Barcelona Comarques and some HdA of the Barcelona Consorci. The qualitative evaluations made by the attendees are also collected from the collective to the seminar.

The article not only tries to collect the experience carried out from this seminar which was configured as a learning community for the collective, but also makes known the results so that the participating clinical teams themselves and non-participants can make their own evaluations and collect aspects of improvement in the multidisciplinary work.

Justification

The Adolescent Day Hospital is a partial hospitalization service where young people between the ages of 12 and 18 enter in order to receive comprehensive therapeutic care from various perspectives, as professionals from different specialties work there. It is therefore a clinical context with therapeutic objectives, where the underlying ideas are two:

- a) The need for more periodic and intensive clinical care or assessment than that which can be given on an outpatient basis at the CSMIJ or other care units or offices.
- b) The non-separation of the patient from his main natural environment of coexistence, that is to say, the family and the school.

These two ideas give meaning to the presence of professional multidisciplinary within the Adolescent Day Hospital.

From this perspective, the HdA is framed within an ecological conception, in the sense of valuing the environment, since it is based on the main idea of favouring the integral development of the patient from a point from a socio-emotional and cognitive point of view in their usual living environment and system. It is understood that the adolescent's mental health is projected beyond the clinical part while fully combining with the idea of mental health promoted by the World Health Organization, which describes it as a state of physical well-being, mental and social, not just as the absence of disease.

The fact that the majority of HdA has a teaching unit is a fact that has been built up over more than 15 years. In the teaching units, mostly, there is only one teacher. But some have two. Although they are another member of the multidisciplinary team, they are the only professionals who depend on the Department of Education. For this reason, the collective has the need to share idiosyncrasies and methodologies between the different teaching units.

At the Territorial Services of Barcelona Comarques during the 2018-19 academic year, a Seminar was created with the intention of sharing concerns and proposals. The core of the meeting was made up of the HdAs of Barcelona Comarques, but it was decided to enrich it by inviting, on a voluntary basis, some colleagues from the Barcelona Consorci. The Hospital Room of the area and the teachers of some specific specialized units such as the URTEA Unit of the Hospital Clínic, the TEA Unit of Sant Joan de Déu and the Acute Mental Health Unit, also of Sant Joan de Déu.

During the 2020-21 academic year, in order to generate debate among the teachers who are part of the Seminar and to enrich the content of the meetings, it was proposed from the coordination of the seminar, Óscar Jiménez, and from the referent of inclusiveness of the Territorial Services, Rosa M. Belana, to generate a type of questionnaire that allowed for a deeper understanding of the function of the teacher and the classroom space within the HdA. The questionnaire would mainly be answered by teachers and other HdA professionals, such as social education, clinical psychologists, psychiatrists and social work.

The form was drawn up based on what is established in the Action Framework for Teachers of Day Hospitals for Adolescents in 2007. While making a synthetic collection of what is described in the Action Framework about teaching functions, a survey of 10 questions was drawn up in relation to two dimensions of analysis:

-Dimension 1 (D1). This first dimension refers to the integration, work and functions of the teacher within the health unit. These are questions related to the knowledge of the rest of the team and of the teacher himself about their functions from the moment of the patient's admission to discharge, the relationship and coordination with the other members of the team, as well as their autonomy and participation in the

Individual Therapeutic Plans (PTI) in coherence with the Individual Educational Plans (PIE).

-Dimension 2 (D2). The second dimension contains questions related to the functions of the teacher in relation to the teaching and learning processes, orientation and link with the institute. We talk about the methodologies, teaching and learning processes, educational guidance processes and work based on the Individual Educational Plan in coherence with the Individual Therapeutic Plan (PTI).

We also want to make it clear that we believe that the educational response of any professional ends up being an intervention that depends, to a large extent, on general conceptions or beliefs regarding concepts such as the social function of education in the development of the personality of people, own ethics, morals, knowledge of teaching and learning processes, knowledge of the curriculum and its contribution of symbolic tools for the construction of thought. Likewise, other variables such as considerations regarding assessment, accreditation, academic and professional orientation, and, without a doubt, mental health also play a role.

3. The form

The form was created by Sofia Picado, teacher at HdA-Mollet (ST-Maresme and Vallès Oriental) and Rosa Ma. Belana, ST-Comarques Inclusive technique. We considered that, within the Seminar, some professionals should act as "analysts" and others as "participants", in order to create debate and analysis. For this reason, throughout the article, Sofia Picado and Rosa M. Belana refer to themselves as "analysts". However, the debate and the actual analysis of the responses was enriched by the contributions of the authors of the article who were the professionals who prepared the presentation of the answers to the plenary session, with all day hospitals in Catalunya, on December 14, 2021.

10 questions were prepared with different answer options. The questions were based on the background of the two professionals and their experience, while taking into account the Action Framework for HDA teachers. To answer the form it was necessary to indicate a rating from 1 to 5 in each of the 10 questions or items raised, according to degree of most agreement (1) to most disagreement (5). It was not a matter of considering the most correct or correct question, but the one with which each person considered having the greatest degree of affinity or saw the most consistent with the functions he performed in his HdA or with what he thought the co-teaching staff within a clinical team. The authors of the form decided that we would value as the most consistent answer the one that comes closest to what is specified in the Action Framework for HdA teachers (2007) and the Inclusion Decree (2017), two basic documents given which give the HdA teacher a legal framework to operate in situations where agents from different departments intervene and the functions of each professional can be diluted.

In this sense, 1c, 2a, 3c, 4b, 5a, 6d, 7d, 8e, 9b and 10e were considered valid answers. Therefore, these answers obtained a score of 1 point or **VALUE 1 (V.1)**:

Form and answers with VALUE 1:

1. Faced with the difficulties of a newly admitted patient, where do you think it is necessary to emphasize more?

- a) The individual emotional problems of the patient.
- b) The patient's problems with the family.
- c) The global problem in its context (family, school...) **V.1**
- d) Clinical symptoms.

2. In relation to the role of the teacher at the HdA, do you consider that:

- a) He is a member of the team with his therapeutic specificity. **V.1**
- b) He is another collaborator of the team who must be counted on when needed.
- c) He is a colleague who contributes his expertise in relation to the didactic needs and methodologies in the school tasks for the patients of the HdA, as well as with the coordination with the school.

3. The HdA teacher should mainly give an answer to admitted students:

- a) Taking into account their difficulties and the assessments made by the clinical team.
- b) Attending to the educational needs of students and focusing on their emotional difficulties.
- c) While attending to the educational needs of the students that derive from their life situation, contextual, emotional and clinical. **V.1**

4. The HdA teacher joins a multidisciplinary team where there are professionals from the social and health fields. From the HdA, a therapy is proposed to the family where:

- a) The clinical response is the most necessary and primary.
- b) The response from the different disciplines will be agreed upon by the team and included in an Individual Therapeutic Plan (PTI). **V.1**

5. Students who are between the ages of 12-18 and who must enter HdA:

- a) He should do school tasks as close to those of his reference classroom as possible, within an Individualized Educational Plan (IEP). **V.1**
- b) He should do alternative tasks established in his PIE.
- c) You should try to avoid any stressful element, whether or not it is from the PIE.
- d) Your PIE is not part of your Individual Therapeutic Plan and, therefore, they must almost always be carried out separately.

6. In relation to the processes of educational guidance where the AHdA teacher (Aula Hospital de day Adolescents) has an important task to perform:

- a) The most important thing is the opinion of the clinical team.
- b) The most important thing is to give the word to the family.
- c) The most important thing is to take into account the opinion of the targeted person.
- d) The most important thing is to take into account all parties and, especially, the opinion and wishes of the targeted person. **V.1**

7. The teacher of an AHdA must promote the participation of the student in the school of reference:

- a) It must be done very carefully not to interfere with the PTI.
- b) It must be done in accordance with the PTI.
- c) It must always be done following the instructions of the PIE
- d) It must always take into account the PTI and the PIE, which are a support for the healthy development of the person. **V.1**

8. In relation to the PIE:

- a) The most important thing is to work on projects and give students security.
- b) The most important thing is to work on an appropriate selection of content, procedures and processes that help provide tools for the comprehensive development of the patient.
- c) The most important thing is therapy, which is what must be prioritized.
- d) The most important thing is the adequate comprehensive response, since if it is the adequate and more comprehensive it is the most therapeutic, within a global project for the person. **V.1**
- e) The PTI and the PIE are included in a personal life project (PPV), the fundamental characteristic of which is that it is dignified and ethical.

9. The teacher of a HdA relates to his multidisciplinary team and:

- a) Contributes his background and reflections as much as he can, always depending on the clinical part.
- b) Contributes his expertise as another member of the team and depends above all on the needs of the students, which may be derived from pathologies or form part of a clinical symptomatology, or may derive from social aspects or relational. **V.1**

10. For the majority of patients admitted to HDA, school is:

- a) School is something negative and stressful.
- b) School can be very positive, to a certain extent.
- c) The school does not contribute anything at certain critical moments.
- d) The school is a healthy place or should be.
- e) School is a protective factor for health. **V.1**

Table F. (answers with VALUE 1 + justification).

| Question | Dimension | V. 1 | Justification |
|----------|-----------|------|---|
| 1 | D1 | 1c | <ul style="list-style-type: none"> • The need to adapt the educational activity to attend to the diversity of the students and the achievement of equal opportunities and accessibility. (LEC, 12/2009). • All students are governed by the principle of inclusion. (LEC, 12/2009) • Students who are cared for in Department of Health centers must have a PI that includes the assessments and decision-making of the teaching teams—with the participation of the |

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|----|----|-----|--|
| | | | <p>family and the student—, the measures, actions and supports to respond to their unique situation. (Decree 150/2017)</p> <ul style="list-style-type: none"> • Taking into account the patient's pathology and the treatment he will receive, as well as his condition and attachment to learning, at the time of admission, the work plan and initial objectives in relation to the school environment are considered . It will be updated according to the evolution and is included in the Individual Therapeutic Program (PTI). (Action framework, 2007) |
| 2 | D1 | 2a | <ul style="list-style-type: none"> • It is a multidisciplinary field of work, of which academic activity is a part as it contributes to the common framework of the therapeutic plan that includes the global needs of the student (Action framework, 2007) |
| 3 | D1 | 3c | <ul style="list-style-type: none"> • The teacher will make a collection of the student's academic history, which will help to propose the contents to be worked on, through the interview with the student and the initial tests of the level of competences, if applicable. (Framework performance, 2007) |
| 4 | D1 | 4b | <ul style="list-style-type: none"> • Based on the initial assessment and considering the assessments provided by the other professionals in the team, the educational action to be carried out is considered. This will take into account the aspects related to the classroom and actions with HdA professionals, external professionals and with the family. (Action framework, 2007) |
| 5 | D2 | 5a | <ul style="list-style-type: none"> • The individualized support plan (PI) is a document that collects the evaluations and decision-making of the teaching teams—with the participation of the family and the student— on the planning of measures, actions and supports to respond to situations singularities of certain students in all the contexts in which the educational project is developed. (Decree 150/2017) |
| 6 | D2 | 6d | <ul style="list-style-type: none"> • The young person builds his personal and professional life project based on his interests and needs, the reality of the environment and the challenges of society. (Study in Catalonia. Orientation) |
| 7 | D2 | 7d | <ul style="list-style-type: none"> • The consistency between the PTI and the PI is basic and fundamental to provide a quality therapeutic and educational response |
| 8 | D2 | 8d | <ul style="list-style-type: none"> • The consistency between the PTI and the PI is basic and fundamental to provide a quality therapeutic and educational response |
| 9 | D1 | 9b | <ul style="list-style-type: none"> • The consistency between the PTI and the PI is basic and fundamental to provide a quality therapeutic and educational response. |
| 10 | D2 | 10e | <ul style="list-style-type: none"> • The democratic public authorities must guarantee the right to education and the comprehensive training of the intellectual, ethical, physical, emotional and social capacities of students that allows them the full development of their personality. The link between thought, emotion and action contributes to |

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|--|--|--|--|
| | | | good learning and leads students to personal maturity and satisfaction. (LEC, 12/2009) |
|--|--|--|--|

Participation and answers to the form

The Seminar for HdA teachers of the former Territorial Services in Barcelona Comarques of the Department of Education was composed at the time by a group of 15 professionals from different hospitals. At first the questionnaire was thought up by these teachers who worked at HdA de Barcelona Comarques and some of the Consortium. This represented a maximum of 15 responses. However, the possibility of extending the questionnaire to other members of the clinical teams was considered to analyze and reflect on the different responses. This dissemination represented an increase in responses which, considering a basic clinical team model of 4 professionals (psychologist or psychiatrist, educator, nurse and teacher), represented around 60 responses.

The reality is that, when it was disseminated, the answers were given from the different hospitals to different degrees, although there were hospitals that participated more and others less. Finally, 35 responses were received. According to discipline or profession in the Adolescent Day Hospitals, the majority responded, and in that order, teachers, educators and, finally, psychologists and/or psychiatrists and nursing.

While analyzing the answers given, we observed that those with the most discrepancy and diversity of answers or that had raised the most "observations" were questions **1, 2 and 8**. The rest presented certain differences, but not so significant. For this reason, we decided to do a more careful analysis of the answers given to these questions. It is observed that question 1 and question 2 have to do with Dimension 1 of analysis, that is to say, the integration of the teacher within the clinical team, the knowledge of the rest of the team and of the teacher on their functions from the moment of the patient's admission to discharge, the relationship and coordination with the other members of the team, as well as their autonomy and participation in the Individual Therapeutic Plans (PTI) in consistency with the Individual Educational Plans. (PIE).

Question 8, on the other hand, belongs to Dimension 2, that is, the methodologies, teaching and learning processes, educational guidance processes and work based on the Individual Educational Plan in coherence with the Individual Therapeutic Plan (PTI).

Analysis and observations of divergent answers: 1, 2 and 8.

Analysis of question 1.

Faced with the difficulties of a newly admitted patient, where do you think it is necessary to emphasize more?

- a) The individual emotional problems of the patient

- b) The patient's problems with the family
- c) The global problem in its context (family, institute...) **Value.1**
- d) Clinical symptoms.

The answers to question 1 were polarized between C and D. The "analysts" considered answer C as Value 1, given that it was more consistent with the definition given in the Action Framework on what a day hospital is for Adolescents.

The answer a) The individual emotional problems of the patient was marked as the first choice, in many cases. We analysts wondered, however, what were the patient's individual emotional problems? What were they related to? Very often, with the family or with the relationships with others and with themselves, and also with the school. They are, therefore, complex problems that probably need a complex response that involves a multidisciplinary and integral

If we focus on the polarization between the answers c) The patient's global problem and d) The clinical symptomatology, we considered the analysis should be done from the same conception of what a HdA is. If we remember what an Adolescent Day Hospital is, according to the Framework for Action (2007) of the teachers, it is "a care unit for partial hospitalization where different therapeutic resources are included that allow to attend to adolescents in crisis situations and that it is not possible to do this sufficiently on an outpatient basis. This type of assistance, integrated in the community, enables the adolescent to maintain his family and social ties". So, as defined in the Action Framework, the HdA tries to provide a comprehensive response to the adolescent and hence the need for the presence of different non-clinical professionals, educators, social workers and teachers.

If the aim were mainly to attend to the clinical symptoms, hospitalization in a community hospital would not be necessary and perhaps a strictly clinical hospitalization would be more appropriate. We know that many symptoms and psychomatizations are provoked or reactive to contextual dynamics. This is the key point of what characterizes these care units. For this reason, hospitalization is partial.

In general, in cases where clinical symptoms are severe or very severe, full hospitalization is required. We know, however, that there are idiosyncrasies and different evolutions among patients, from those who recover and achieve a significant degree of functionality to those who, unfortunately, do not evolve adequately. For this reason, the need, again, for multidisciplinary.

If we look at the answers based on the professional discipline, it can be clearly seen that mostly it was teachers who marked answer C (global and comprehensive answer) as value 1, followed by psychologists and psychiatrists and, lastly, educators, who have mostly considered that the most important thing was the clinical symptomatology.

Let's not forget, however, that the multidisciplinary team agrees on an Individual Therapeutic Plan where the evolution and degree of intensity of each support is assessed, as well as the need for more or less time allocation with the school. Each member of the team can have more or less intervention depending on the moment and evolution of the patient. In this sense, true teamwork based on trust and common goals is proposed.

Therefore, answers c) and d) make up two totally different visions of what a HdA is or should be.

Analysis question 2.

In relation to the role of the teacher at the HdA, do you consider that:

- a) He is a member of the team with his therapeutic specificity. **Value .1**
- b) He is another collaborator of the team who must be counted on when needed.
- c) He is a work colleague who contributes his expertise in relation to the didactic needs and methodologies in school assignments for patients of the HdA, as well as coordination with institutes.

The responses to question 2 were not as polarized, but there were more observations. The analysts considered the answer a) with Valour. 1, given that it was more in line with the definition given in the Framework for Action on what a Day Hospital for Adolescents is and the therapeutic function that all professionals have.

From our point of view, question 2 went to the heart of the matter. In this sense, it is customary to differentiate between what is therapeutic and what is not. However, we believe that we should take a step forward and distinguish between what is a clinical response and what is a therapeutic response.

We consider clinical which emphasizes the patient's physical symptoms, which has obvious consequences on his quality of life and which comes from actions in the clinical field. In this sense, as much as it is a clinical response it is also therapeutic. On the other hand, what is considered therapeutic is everything that favours the patient's improvement, his recovery, which can come from the clinical field or not, or it can come from the artistic, sports or school field. In this sense, not everything that is therapeutic is clinical.

Many professionals deny the therapeutic function of the HdA teacher. On the other hand, they have no objection to considering a photography course, a diving course, going for a run or reading a book as therapeutic. However, they persist in denying the label of therapeutic work to the teaching function. It is clear that the teaching task is not always therapeutic; in this sense, they have a lot to do with the student's interests and their connection to learning and/or the subjective experiences of the learning process.

The reality shows that many teenagers feel good in the HdA Classroom, they improve, they bond and have a relationship with the learning activities that favours them in their school reintegration and in their social life.

Analysis question 8.

In relation to the PIE:

- a) The most important thing is to work on projects and give students security.
- b) The most important thing is to work on an appropriate selection of content, procedures and processes that help provide tools for the comprehensive development of the patient.
- c) The most important thing is therapy, which is what must be prioritized.

- d) The most important thing is the adequate comprehensive response, since if it is adequate and more comprehensive it is the most therapeutic, within a global project for the person. **Value.1**
- e) The PTI and the PIE are included within a personal life project, the fundamental characteristic of which is that it is dignified and ethical.

Question 8 focuses very specifically on one of the main functions of the HdA teacher. Among the teachers, option B and D prevailed. On the other hand, the majority of professionals in the clinical field did not give a single answer and valued several answers as the first option.

As analysts, we considered answer d) as value 1 because we did not want to deny, again, the therapeutic specificity of the teacher within the context of HdA, integrating the value of learning and the school within d global therapeutic goals for the adolescent.

The fact that the majority of non-teaching professionals made clear the difficulty of answering, we believe that it can be given by the lack of knowledge, still currently, of the specific task of the teaching function in relation to its coordination with the Institute and the sense of the Individual Educational Plans.

Conclusions and global assessments

While making a synthetic collection of what is described in the Action Framework on the functions of the HdA teacher, a survey of 10 questions was drawn up based on two dimensions of analysis about their tasks. The divergences in the answers have occurred mainly in questions 1, 2, 8 of the form, relating mainly to Dimension 1, that is to say, to the specific function of the teacher in the HdA classroom. Some difficulty has been observed in recognizing the therapeutic value of the function of teachers within HdAs. However, despite the difficulties, some professionals from different disciplines do value the teaching function with a therapeutic specificity within the recovery project for patients between 12 and 18 years old. But there is diversity of opinion.

The form made clear the lack of knowledge by the clinical team itself, to a greater or lesser degree, of the functions of the teacher as another member of the multidisciplinary team table with common therapeutic goals. Likewise, there is a certain lack of awareness on the part of the clinic professionals, which is to some extent normal, and on the part of the educators themselves, of the importance of the link with learning and the repercussions at a subjective and emotional level. There is still a very academicism view of the teacher and the curriculum with little appreciation of how knowledge and learning can influence the construction of personality and the decision of vital projects.

Finally, it should be noted that the form was created and evaluated by the professionals who assumed the role of analysts, **Sofia Picado Yañez and Rosa Ma. Belana Vallcaneras** The general conclusions and presentation in front of the referring technicians of Central Services and all the teaching professionals of HdA de Catalunya, on December 14, 2021, were made possible by the voluntary work of Hda teachers. **Dolors Noró Prats, Óscar**

Jiménez Rubio and Laura Fernández Gallén. Their contributions and presentations were fundamental to the synthesis of the whole task.

Finally, it must be noted that this article, in a global way, was made thanks to the strength of a collective work energized by the now non-existent HdA teachers' seminar in Barcelona Comarques (Territorial Services now gone). We must thank the teaching staff of the seminar for their collaboration in disseminating the form among the clinical teams and their voluntary participation.

Below, we list the list of participants in the seminar (2020-22). We would like to thank them for their contributions to the compilation, development of the sessions, debate and conclusions:

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