Abstract. The article deals with the issue of teachers’ professional development and professional retraining of parents who found themselves in difficult life circumstances due to their child’s serious medical condition and consequently have to change jobs. The article presents MCU’s innovative experience in implementing professional development programmes for teachers and parents in the medical setting. Modular professional retraining programmes allow students to choose the units that fit their educational needs and help them follow their own educational tracks. The article describes the process of creating academic programmes for students’ individual professional development with the help of distance-learning management platforms Moodle and Microsoft Teams. This enables students to work and study at their own pace. We have arrived at the conclusion that at times it is worth using the flipped classroom model and strategy, when students study the course content independently and later take part in discussions and question sessions, exchange their experiences and work on different case studies. Since last year there have been changes in the content, technologies and methods of working with this particular group of students. For instance, there is now an opportunity to add and use resources of non-formal education sphere. After parents successfully complete the course of study, they qualify as tutors who can assist students getting long-term treatment. This can help parents solve two problems. First, it will give them an opportunity to find a new job in the field they qualified in. Then, they will be able to provide professional psychological assistance and academic support to their children in difficult life circumstances.

Keywords: professional development; professional retraining; individual professional development track; difficult life circumstances; hospital schools; frequently ill children; tutor support.

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Introduction

The issue of professional development is a topical one to date, in the times of constant change. We are living in the world with a thriving job market, where there constantly appear new jobs, professions, and new technologies. The conditions of professional activity are becoming different, too, with the employers’ requirements increasing, and a person’s professional interests and preferences changing. Today, one has to constantly study and learn, so the concept of “lifelong learning” is no longer a mere slogan, but the reality we all live in. Psychological and pedagogical literature features various approaches to understanding the concept of professional development. For example, L.M. Mitina understands professional development as active qualitative transformation of a teacher’s inner world, an inner determination, leading to a fundamentally new way of professional self-realization and life [5].

In this research, we will look upon professional development as a process of active transformation of one’s inner world through the formation and development of professional teaching expertise, abilities and personal traits, motivation and communicativeness, activity and reflection – all the things that greatly affect one’s successful self-realization and personal fulfillment in their profession [2].

There are different reasons that may force a person to get a new job or qualification. In our research we will focus particularly on one of them, namely, difficult life circumstances, that is when a child is seriously ill and the family has to change their lifestyle and the parents have to leave their jobs and stay with their children for months and years on end.

Unfortunately, the number of children struggling with diseases is increasing every year. They require high-tech medical care, which is available primarily in large cities. For those children who have stayed in medical institutions for a long time, the government started building the so-called “hospital schools” which are attached to healthcare institutions. Therefore, there is a need for teaching professionals who are ready to work in the circumstances. It is essential for teachers to be able to work not only with seriously ill children, but also be ready to provide psychological and pedagogical assistance to parents, and to teach them different methods of providing such kind of assistance to their children, since it is the parent who creates the atmosphere facilitating recovery, living a normal life and learning.

Experiment

Currently, there is a series of studies on organizing the teaching process for children who are receiving long-term treatment in medical institutions [3], as well as on training teachers for hospital schools [6–8].

Professional associations, in particular HOPE (Hospital Organisation of Pedagogues in Europe), make a great contribution to the process of training hospital teachers and parents whose children are seriously ill. Over 25 countries are currently members of HOPE, with Russia being represented by the teachers from the “We Teach & Know” project.

“We Teach & Know” is aimed at creating a local learning environment of an average comprehensive school in hospitals where seriously ill children are undergoing a long-term medical treatment. Moreover, the company also tries to develop and implement purposeful approaches to building such learning and teaching environments in children’s hospitals.

The professional retraining programme described below was jointly developed and tested with the specialists from “We Teach & Know” project. The testing took place in Dmitry Rogachev National Medical Research Centre and Russian Children’s Clinical Hospital.

The practice of working with sick children has shown that parents are increasingly getting involved in the development of an individual educational pathway in accordance with doctors’ recommendations, depending on the amount of daily workload, the length of stay in hospital, the child’s knowledge, needs and interests, general health and well-being. At the same time, parents acquire their first teaching experience and take professional trade tests, and then start considering changing their jobs and taking up professional retraining programmes.

Accompanying sick children who are undergoing long-term treatment in hospitals has shown the importance of creating the institution of tutoring in such establishments. It has also proved the necessity
and importance of training professionals in this field, including parents of the children who are on long-term treatment. For parents, this is an opportunity to continue their professional activities (as a rule, they can no longer stay in the same job and lead the life they had before their child’s illness), therefore this initiative is of great social value and importance.

When developing a professional retraining programme, it is important to carry out a survey to detect and pinpoint parents’ educational needs and problems they may face while interacting with children and organizing the learning process. The following research methods were used to deal with the stated above issues: surveys, questionnaires, in-depth interviews, observations and reflections. Later all the research results were summarized. The results of the survey indicate that 98% of parents and 48% of teachers have a need to study the psychological characteristics of seriously ill children, especially the emotional, volitional, cognitive and communication processes. When taken into consideration, all these issues help create optimum conditions for teaching and interacting with seriously ill children. The results of the research show that 53% of parents highlighted problems in interacting with children in stressful situations; 35% mentioned the feeling of guilt and trying to get rid of it; 32% had problems in organizing communication with children and choosing communication patterns; 30% touched upon the problem of helping children cope with fear; 36% wanted to know how to interact with children in a conflict situation; and, finally, 35% asked about how to help children with learning difficulties. Parents are worried about the problems of children’s adaptation to new circumstances (30%), they are concerned about the issues of psychological support and empathy (26%), of overcoming stress while resolving conflicts between partners in family relationships (44%). Parents ask about different approaches to building relationships between a sick child and other children in the family (50%). They also want to know how to help the child adapt to interacting with their peers outside the hospital (37%). Moreover, a number of other issues proved to be no less important and difficult for parents. For instance, they ask themselves how to get on with their lives when they leave the hospital (53%), or what prospects for further development a chronically sick child has (60%). These issues determined the topics for lectures, practical classes, workshops and case studies in the programme.

Since 2015, MCU has been implementing professional retraining programmes for parents of children with long-term illnesses. Within 5 years, over 700 teachers and parents have completed the retraining course. Modular professional retraining programmes allow students to construct and follow their own educational tracks. Let us give an example of constructing an individual professional development track for a teacher and parents while implementing professional retraining programmes.

Taking into consideration the identified problems, deficits, requests, needs of students (teachers and parents), we created a matrix of professional competencies which are required of professionals, who are tutoring children undergoing long-term treatment (see Table 1).

### Table 1

| Competence | Professional problems | Teachers’ and parents’ professional interests and needs | Requests and problems of children to be resolved |
|------------|-----------------------|------------------------------------------------------|-----------------------------------------------|
| Detecting students’ personal features, interests, abilities, problems, difficulties in the educational process |  | ! | ✓ |
| Organizing student participation in the development of individual educational tracks, curricula, projects | ! |  | ✓ |
| Pedagogical support of students while implementing their individual educational tracks, curricula, projects |  |  | ✓ |
| Selection and adaptation of pedagogical means to customize the educational process | ! |  | ✓ |
| Organizing the participation of students’ parents (legal representatives) in the development and implementation of individual educational tracks, curricula, projects | ! | ! | ✓ |
| Participation in the implementation of adaptive educational programs for students with disabilities | ! | ! | ! | ✓ |
Each competence demands informative modules that require students to develop their individual professional development tracks based on personal professional deficits, needs and interests as well as the child’s concerns.

Basic competencies within the invariant module are advanced by students as a team, still the sequence of topics on the curriculum as well as the time for mastering each of them are individual. The latter is guaranteed by employing distance education systems such as Moodle and Teams which enable students to work in their own pace.

To add to the invariant module there are several variable modules (4 modules out of 8–10) to be studied by teachers or parents to fill their own professional gaps and meet the demands of children as well as the educational institution.

Table 2 features a segment of matrix with modules, that students opt for and include in their individual professional development track.

| Competencies /Name | Moscow Electronic School/Digital School | Cognitive skills development in students | Reading interpretation skills development | Tech literacy | Self-regulation of emotional state | Psychological assistance in dire straits | Educational progress monitoring |
|--------------------|----------------------------------------|-----------------------------------------|------------------------------------------|--------------|-----------------------------------|----------------------------------------|----------------------------------|
| 1. Teacher 1       | ✔                                      |                          |                                        |              |                                  |                                        |                                  |
| 2. Teacher 2       |                                          | ✔                          |                                        |              |                                  |                                        |                                  |
| 3. Parent 1        |                                          |                          |                                        |              |                                  |                                        |                                  |
| Etc.               |                                          |                          |                                        |              |                                  |                                        |                                  |

The matrix prompts the design of an Individual professional development track for every student meaning a parent or a teacher that is implemented within the framework of professional retraining programme [2].

Developing and approbation of the programme saw the changes in its contents and the kits of the most efficient educational tools. The evidence suggests, the major part of the classes on the curriculum are better to be in the form of a flipped classroom. To that end, there are educational materials for the preliminary self-study. The follow-up discussion of the certain issues is due in the form of further training sessions, workshops together with experience sharing and working on case studies.

Since last year there have changes in the contents and approaches to work with the certain category of students. To be more precise the programme now features opportunities for non-formal education resources implementation.

A bigger part in promoting non-formal education of parents in dire straits is played by volunteer social institutions “Dobrovol’tsy Rossii (The Volunteers of Russia)” (https://добровольцыроссии.рф), “Volontery-mediki (Doctors volunteering)” with the Russian national social movement (https://волонтеры-медики.рф). Another relevant contribution to guarantee well-coordinated teamwork and efficient application of various educational resources is made by Internet and the development of social networking which encourage communication of medical professionals, their patients, parents and teachers (a free access community on Facebook, the initiative “A book to help” (http://onkobook.ru/), the website “Healthier and Greater” (http://www.takzdorovo.ru/), a WHO mobile app “Hospital care for children”, etc.

Parents are welcome to select not only modules within the framework of the programme to meet their needs and interests, but also special non-formal education activities (chat rooms on various public organizations websites, webinars, master classes, videoconferences, live meetings with prominent speakers, etc.), that are specifically selected and offered for self-education. What is of primary importance is the ability of parents to function as tutors along with getting to know the essential features of providing psychological and educational support to children following medical prescriptions as well as their personal cognitive abilities. Other issues to be tackled are browsing for educational resources on the Internet, developing skills of designing individual educational programmes. Research findings claim, educational activities benefit from applying assets of the cyberspace which results in the following:

- educational resources form a unified information and education space;
- students acquire new knowledge and skills, expertise in new areas;
The programme successfully completed parents are entitled to work as tutors to students in long-term health care. This enables parents to address two issues at one and the same time: finding a job and accumulating experience of those finding them.

Conclusions
The research conducted claims the conclusion to follow:

- New scholarly research and development in the area of educating children in long-term treatment as well as their parents are relevant together with accumulating experience of those finding themselves in difficult life circumstances;
- The evidence proves the efficiency of the programme integrating formal and non-formal educational technologies and resources due to the training modules that constitute the basic and specialized clusters of the regular part are reinforced with the best initiatives in various aspects of work with children receiving long-term treatment. The correlation of formal and non-formal educational modules contributes to the integrity as well as the academic and at the same time practical nature of the programme;
- The research on revealing most efficient educational technologies for parents and teachers working with children in long-term health care is due to be continued together with accumulating experience in the area, detecting professional deficits and demands, designing Individual professional development tracks as well as analyzing job opportunities for parents of children in dire straits that have completed such professional retraining programmes for the latter to be adjusted and advanced.

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