

## Educational Services for Hospitalized Children and Adolescents in Pediatric Oncology: A Cartography of Academic Production in Brazilian Federal Universities

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**ABSTRACT:** This study maps the academic production on Educational Services for Hospitalized Children and Adolescents related to pediatric oncology at Brazilian Federal Universities, aiming to understand how different fields of knowledge construct meanings about illness, schooling, and educational continuity for children and adolescents undergoing cancer treatment. The research adopts an exploratory and cartographic approach grounded in Antoine Culioli's Theory of Predicative and Enunciative Operations (TOPE), analyzing lexical variations, metadata, institutional affiliations, and regional academic productions. Two analytical levels were established: Level II, focused on textual surface and metadata analysis, and Level I, centered on enunciative activity and networks of meaning. The results reveal that the naming of Educational Services for Hospitalized Children and Adolescents is not neutral but constitutes strategic enunciative operations that reflect distinct epistemic territories. Although Hospital Class remains the most stable descriptor nationwide, regional specificities demonstrate differentiated modes of institutionalization and conceptualization. The North region prioritizes continuity of schooling and preservation of pedagogical identity; the Northeast expands the field through ethics, aesthetics, and intersectoral dialogue; the Southeast consolidates institutional and professional dimensions; and the South emphasizes subjective, neurocognitive, and socio-emotional aspects. The study also identifies a progressive displacement from biomedical approaches toward relational and rights-based perspectives, in which the child ceases to be represented exclusively as a patient and becomes re-enunciated as a subject of learning, participation, and continuity. The findings reinforce Educational Services for Hospitalized Children and Adolescents as an ethical, pedagogical, and political practice essential to sustaining educational trajectories during illness.

**KEYWORDS:** Cartography, Educational Rights, Enunciative Analysis, Hospital Class, Pediatric Oncology.

### INTRODUCTION

Educational Services for Hospitalized Children and Adolescents (ESHCA) constitute an essential strategy to ensure the continuity of the schooling process for children and adolescents undergoing health treatments, thereby safeguarding their constitutional right to education and mitigating the effects of exclusion resulting from hospitalization. Beyond the mere replacement of curricular content, ESHCA assumes a mediating and humanizing function, minimizing the psychosocial impacts of isolation and contributing to maintaining the subject's bond with their identity as a student (Covic & Oliveira, 2011). In this scenario, pediatric oncology imposes specific challenges due to prolonged hospital stays and the complexity of the treatment, demanding flexible pedagogical strategies and a robust intersectoral articulation between the spheres of education and health (Alves et al., 2025).

Despite the social and legal relevance of ESHCA in Brazil, a fragmentation within the theoretical-methodological field is observed, along with the absence of a national systematization that evidences how the science produced in Brazilian federal universities understands and names this phenomenon. A knowledge gap is identified regarding the regional and disciplinary variability of this production: the meanings attributed to ESHCA vary according to the geographical region and the academic field (Education, Health, Psychology), which impacts the consolidation of public policies and integrated pedagogical practices.



Given this problem, this investigation is linked to the study group “Education in Continuity: schooling and communication in health contexts” (EDUCON/CNPq, 2025) and integrates the research line “Cartography of Academic Production on ESHCA in Brazilian Federal Universities”. The proposal of Cartography (*Cartografar*) (Kastrup, 2007; Deleuze; Guattari, 1995) is adopted as an investigative device, which implies, beyond a geographical mapping, giving visibility to the enunciative fluctuations and the tensions contained within them.

The theoretical framework is anchored in phenomenology and, specifically, in the Theory of Enunciative Operations (Culioli, 2000; Romero, 2023), if ESHCA manifests itself through the language activity of the subjects who produce science. From this perspective, terms such as “*Classe Hospitalar*” (Hospital Class) or “*Pedagogia Hospitalar*” (Hospital Pedagogy) do not constitute mere labels, but expressions of different ways of existing and practicing education within the health context. Access to these representations (Level I) occurs necessarily through the analysis of the utterances materialized in academic repositories (Level II), revealing how the phenomenon is discursively constructed and adjusted.

The stage presented here constitutes the exploratory phase of the research, possessing an inductive character, wherein theory is woven through direct contact with the variability of the data. Thus, the following objectives are delineated:

**General Objective:** To cartograph the enunciative operations and the meanings attributed to ESHCA in the academic production of Brazilian Federal Universities, analyzing how terminological variability reflects the conceptions of the field, with an emphasis on the context of pediatric oncology.

#### Specific Objectives:

- To map academic productions (undergraduate final papers, master's dissertations, and doctoral theses) within the institutional repositories of a stratified sample of 21 federal universities;
- To catalog the terminological variability of the service (*Classe Hospitalar*, *Pedagogia Hospitalar*, *Atendimento Educacional Hospitalar*, etc.) and the fields of incidence (Education, Health, Psychology, among others);
- To identify the frequency and context of use of descriptors related to cancer and pediatric oncology within the corpus of the selected productions;
- To identify regularities and discontinuities in the regional and temporal distribution of the production, observing milestones in the emergence of the theme within academic repositories.

## METHODOLOGY

This investigation is characterized as exploratory qualitative research, configuring itself as a Cartography of Academic Production aimed at monitoring processes and analyzing enunciative operations within the field of ESHCA. Unlike a conventional literature review, cartography seeks to map moving landscapes, identifying not only frequencies but also the forces and tensions that configure the Brazilian scientific territory (Kastrup, 2007).

### 1. Data Sources

The research corpus was constituted from documents published in the repositories of Brazilian Federal Universities (UF), classified as: undergraduate final papers, master's dissertations, and doctoral theses.

### 2. Sampling and Representativeness

To ensure institutional and regional representativeness, a stratified random sample was utilized. The universe of the investigation comprised the 69 Brazilian Federal Universities (e-MEC, 2026), distributed across the country's five geographical regions. The sample was defined as 31% of the total (n=21), a criterion based on the need to guarantee statistical rigor and the visibility of regional asymmetries relative to the population universe (Babbie, 2001; Creswell, 2012).

### 3. Search Procedures and Terminological Markers

The incursion into the institutional repositories was structured based on markers validated by the literature in the field, taking as a starting point the survey conducted by Galego, Braz, and Gonçalves (2025). The forms with the highest lexical frequency were selected: “*Classe Hospitalar*”, “*Atendimento Escolar Hospitalar*”, “*Atendimento Educacional Hospitalar*”, “*Atendimento Pedagógico Hospitalar*”, “*Pedagogia Hospitalar*”, “*Escolarização Hospitalar*”, and “*Escola Hospitalar*”.

While the baseline study focused on the lexical registration of occurrences, the present cartography advances toward the analysis of utterances (*enunciações*). This implies treating such terms as starting points to capture the adjustment operations and



the variations that emerge from contact with the field. In a subsequent stage, the investigation focused on utterances related to the health domain— “*câncer*” (cancer), “*oncologia pediátrica*” (pediatric oncology), and “*neoplasia*” (neoplasm)—crossing them with spatiality and temporality data (region, year, and academic unit).

**4. Analysis of Enunciative Operations**

The analytical path is anchored in the Theory of Enunciative Operations (Culioli, 2000; Romero, 2023) organized into two levels:

**Level II (Textual Surface):** Cataloging of metadata and mapping of the terminological variability adopted in each region.

**Level I (Language Activity):** Investigation of how networks of meaning define the object. It analyzes how the "way of speaking" about illness and the education practiced in hospitals reveals the adjustment between biomedical and pedagogical knowledge, identifying whether the child is enunciated predominantly through the lens of pathology (patient) or educational potential (student/subject).

**RESULTS**

In this section, the results of the cartography of academic production on ESHCA in Brazilian Federal Universities are presented. Initially, the overview is outlined from a spatial and institutional perspective, mapping the distribution of scientific productivity and the capillarity of the academic units involved in the theme. Table 1 synthesizes this national plan of immanence, highlighting regional asymmetries, the diversity of terminological markers adopted, and the institutional gaps recorded during the investigative process.

**Table 1: Distribution of Production by Academic Unit and Terminological Marker**

Region	Sampled Federal Universities (UF) (n=21)	Productions	Academic Units (number of occurrences)	Terminological Marker (number of occurrences)
<b>North (N)</b>	UF do Pará (UFPA) UF de Rondônia (UNIR)	4	Education (2) Pedagogy (2)	Classe hospitalar (1) Pedagogia Hospitalar (4)
<b>Northeast (NE)</b>	UF da Bahia (UFBA) UF do Rio Grande do Norte (UFRN) UF de Sergipe (UFS) UF de Campina Grande (UFCG)	55	Library Science (1) Social Sciences (1) Law (1) Education (15) Music Education (2) Nursing (3) Letters/Languages (1) Pedagogy (26) Psychology (4) Theater (1)	Classe hospitalar (55) Atendimento escolar hospitalar (12) Atendimento Educacional hospitalar (18) Atendimento Pedagógico hospitalar (15) Pedagogia Hospitalar (29) Escolarização hospitalar (13) Escola hospitalar (19)
<b>Central-West (CO)</b>	Universidade de Brasília (UnB) UF de Mato Grosso do Sul (UFMS)	7	Psychology (1) Education (2) Nursing (1) Pedagogy (1) Health and Development (1) Environmental Technologies (1)	Classe hospitalar (7) Atendimento escolar hospitalar (1) Atendimento Educacional hospitalar (1) Atendimento Pedagógico hospitalar (1) Pedagogia Hospitalar (1) Escolarização hospitalar (1)



Region	Sampled Federal Universities (UF) (n=21)	Productions	Academic Units (number of occurrences)	Terminological Marker (number of occurrences)
<b>Southeast (SE)</b>	UF de São Paulo (UNIFESP) UF de Uberlândia (UFU) UF do Espírito Santo (UFES) UF de São Carlos (UFSCar) UF de Minas Gerais (UFMG)	44	Environmental Sciences (2) Health Sciences (3) Education (6) Education and Health (14) Special Education (6) Speech-Language Pathology (1) Public Management (1) History (1) Letters/Languages (1) Pedagogy (5) Psychology (2) Child Health (1) Occupational Therapy (1)	Classe hospitalar (38) Atendimento escolar hospitalar (19) Atendimento Educacional hospitalar (15) Atendimento Pedagógico hospitalar (13) Pedagogia Hospitalar (23) Escolarização hospitalar (15) Escola hospitalar (20)
<b>South (S)</b>	UF de Santa Catarina (UFSC) UF do Rio Grande do Sul (UFRGS)	43	Education (16) Physical Education (2) Nursing (7) Production Engineering (1) Mathematics (2) Pedagogy (7) Psychology (5) Chemistry (1) Social Work (2)	Classe Hospitalar (39) Atendimento escolar hospitalar (12) Atendimento Educacional hospitalar (14) Atendimento Pedagógico hospitalar (5) Pedagogia Hospitalar (19) Escolarização hospitalar (5) Escola hospitalar (3)

The cartographic process recorded the impossibility of accessing the repositories of five institutions during the collection period: UF do Acre - UFAC (N), UFPE - UF de Pernambuco and UF do Piauí - UFPI (NE), UF do Rio de Janeiro - UFRJ (SE), and UF do Paraná - UFPR (S). It is noteworthy that at the UF de Goiás - UFG (CO), no productions were identified that established a correlation between the health descriptors and the terminological markers of ESHCA, highlighting a gap in specific production under the adopted criteria.

Regarding the terminological markers, Table 1 demonstrates that the choice of nomenclatures does not follow a rigid legislative norm, but rather the conveniences and modes of saying of each field of knowledge. The term "*Classe Hospitalar*" presents itself as a marker of historical stability, suggesting that, within the organization of the social and hospital space, the idea of a "class" is still the anchor that allows the service to be legible to health and education institutions.

However, it is observed that terminological variability is an enunciative adjustment (Culioli, 2000) reflecting how each academic unit conceives the pedagogical process within the hospital. In the Northeast and Southeast regions, the significant frequency of terms such as "*Escolarização Hospitalar*" and "*Escola Hospitalar*" indicates an effort by the fields of Education and Pedagogy to affirm the schooling status of this service, transcending its welfare nature. Conversely, in the South region, the predominant use of "*Atendimento Educacional Hospitalar*", in dialogue with fields such as Neuropsychology and Nursing, suggests an understanding of the process as a specialized service focused on the continuity of the subject's development beyond



the walls of a physical classroom. Thus, terminology reveals itself less as an obedience to the law and more as a reflection of the academic identity of those who produce knowledge.

The longitudinal analysis of academic production, synthesized in Table 2, reveals that ESHCA in Brazil undergoes a process of constant reconfiguration, marked by significant shifts in its nuclei of meaning, conducted through different readings of the keywords and abstracts of the selected productions. These movements demonstrate that the field not only expands in volume but also refines its enunciative operations as it stabilizes across different geographical regions.

**Table 2: Temporal and Enunciative Variability**

Region	Temporal Span	Shifts in the Nuclei of Meaning	Cartographic Observation
North (N)	2006-2023	From a focus on space and curriculum to the centrality of the identity of Hospital Pedagogy.	Hegemony of the Education unit; "silence" from health fields and absence of a technical bias in naming the illness.
Northeast (NE)	2008 – 2025	From Hospital Pedagogy to the Right to Education and Health.	Intersectoral theoretical thickening; ESHCA as a device for guaranteeing rights and citizenship.
Central-West (CO)	2004 – 2023	From "Special/Disabled Education" (2004) to "Tele neuropsychology" (2022).	Presence of a 10-year gap (2009–2019) and technological reconfiguration (post-COVID-19).
Southeast (SE)	2010 – 2025	From the "severely ill student" (2014) to the "Being-in-the-world" (2018) and "survivors" (2025).	Phenomenological density; focus on the subject's ontology and longitudinal sequelae (ototoxicity). Relational descriptors between Education and Pediatric Oncology.
South (S)	2012 – 2024	From disciplinary learning (Mathematics) (2012) to neurocognitive precision and executive functions (2021).	Focus on neurotoxicity and executive functions; interface with systemic areas (Production Engineering and Social Work).

In the Northeast and Southeast regions, an evolution is observed that shifts from the description of physical space and illness toward subjectivity and rights. While in the Northeast the shift from "Hospital Pedagogy" to the "Right to Education and Health" signals a reinforcement of intersectoral articulation, in the Southeast the transition from focusing on the "sick body" to the "Being-in-the-world" (Phenomenology) and the attention given to "survivors" (2025)—meaning children and adolescents in the off-treatment period—points toward an ontological and longitudinal vision of care that transcends the hospital stay.

In contrast, the North and Central-West regions exhibit paths of affirmation and adaptation. In the North, maintaining the focus on "Hospital Pedagogy" reveals a strategy to consolidate the professional identity of the pedagogue within the hospital. Meanwhile, the Central-West presents a singular trajectory: after a decade-long production gap, the field resurges crossed by technology, moving from classic "Special Education" toward "Tele neuropsychology" in response to the impacts of COVID-19.

Academic production in the South Region presents a line of continuity with publication peaks recorded between 2016 and 2024. This temporal concentration coincides with strategic national regulatory milestones, such as Ordinance No. 2,157 of October 17, 2016 (Brasil. MS, 2016), which redefined the Hospital Component of the Urgent and Emergency Care Network. Although it is a health regulation, it reorganizes physical spaces and hospital management, which, within this region's cartography, seems to have functioned as a catalyst for universities to occupy these spaces with interdisciplinary research.

Differing from the phenomenology of the Southeast, the South plunges into neurocognitive precision. The reading of the enunciative operations reveals that ESHCA is treated as a gear of development. The presence of terms such as "Neuropsychology", "Cognitive Profile", and "Working Memory" (2014–2022) indicates that pedagogical knowledge in this region is not isolated; it dialogues directly with Medicine and Nursing to mitigate the neurotoxicity of oncological treatment. By

including fields such as Production Engineering (2014) to examine process management, the South Region closes the national map with a systemic vision: ESHCA is, simultaneously, a guarantee of a constitutional right and an indispensable technical support for the students' cognitive protection.

These regional shifts, therefore, do not suggest a linear evolution, but rather focus adjustments that reflect the epistemological priorities and social needs of each Brazilian regional context.

## DISCUSSION

The analysis of enunciative operations and the shifts in the nuclei of meaning reveals that academic production in Brazilian Federal Universities does not follow a linear flow, but rather a logic of epistemic boundaries (Honneth, 2020). Each region, by adjusting its discourse regarding ESHCA and cancer, outlines a unique theoretical landscape.

### 1. Cartographic Analysis of the North Region

The analysis of occurrences in the North Region allows for the identification of a paradigmatic transition in the naming of the phenomenon, pointing to a cartographic trail of a struggle for identity consolidation. In 2006, the production was anchored in the descriptor "*Classe Hospitalar*" (Hospital Class), a term historically linked to a more institutional and spatial view of the service—that is, a proximity to the school institution. However, from 2012 onward, a shift toward "*Pedagogia Hospitalar*" (Hospital Pedagogy) is observed, which remains the zone of highest intensity and stability in the region until 2023, emphasizing educational action.

Although the term "*Atendimento Educacional Hospitalar*" (Hospital Educational Assistance) begins to appear in more recent productions (2016 and 2023)—influenced by national Special Education guidelines—it does not replace "*Pedagogia Hospitalar*". On the contrary, both coexist, suggesting an enunciative adjustment wherein the researcher recognizes a technical action (*Atendimento Educacional Hospitalar*) but reaffirms the area's identity (*Pedagogia Hospitalar*) as their primary subjective reference point.

#### Microanalysis of the North Region

In the works from the North Region, especially those linked to Olanda (2006) and Saldanha (2012), a shift that is not merely thematic but enunciative is observed. In Olanda (2006), the focus falls upon space: the hospital class, curriculum organization, and curricular dynamics. The title emphasizes the "curriculum within a class," indicating that the central question is still the "where" of education.

In Saldanha (2012), although the descriptor remains "*Pedagogia Hospitalar*", it signals a concern with the field's identity; right in the research title, the expression "hospital school education" is introduced. This movement suggests an enunciative adjustment (Culioli, 2000): researchers utilize the enunciative variation consolidated within the academic field in their keywords but qualify the word "education" in the title, bringing the utterance closer to the concrete practice of the school within the hospital. What emerges, then, is a shift in focus from the institutional space to the experience of the learning subject, pointing toward a pedagogy centered on the student rather than the curricular structure.

#### The Consolidation of Identity in Pedagogy

In the works linked to Vieira (2016) and Santos (2023), a strong presence of the field of Pedagogy is observed, both within the academic unit and in the descriptors used. Unlike other regions where ESHCA appears intersected by different areas of knowledge, here, pedagogical centrality suggests a search for identity consolidation: asserting that education in the hospital is, indeed, an object of Pedagogy.

In the work of Santos (2023), the title—"Conditions of education in a hospital environment"—broadens the scope of observation to institutional, pedagogical, and subjective dimensions. At the same time, the utterance "*Atendimento Escolar Hospitalar*" is not marked with the same force as seen in other regions, indicating a terminological preference for the expression "*Pedagogia Hospitalar*". This can be interpreted as an attempt to legitimize the field internally, ensuring academic visibility before fully aligning with regulatory or public policy notional domains.

#### The Notional Domain of Health

In the analyzed texts, the utterance "*câncer*" (cancer) appears recurrently, while "*oncologia*" (oncology) or "*neoplasia*" (neoplasm) are secondary or absent. This information suggests that, in the North Region, the name of the disease is more generic

and less technical. Cancer functions as an entry marker for research on hospital classes: it is an event that justifies the investigation, but it does not become an object of deep clinical analysis.

In Santos (2023) and Vieira (2016), cancer appears as a condition that legitimizes the existence of the hospital class and guides pedagogical practice, but the debate regarding the illness itself is silenced in favor of the educational focus. In Olanda (2006), it acts as a watershed event in the schooling trajectory, exposing institutional vulnerabilities such as "counseling to drop out" of regular school. In Saldanha (2012), the shift moves toward aesthetics and family resistance, showing that the illness imposes new corporal and emotional images that Hospital Pedagogy must accommodate.

Thus, it is possible to argue that, in the North Region, health does not appear as a field of knowledge that organizes the research, but as a notional domain that triggers pedagogical investigation. The illness is present, named, and recognized, but it does not occupy the center of the utterance; it functions as the event that renders Hospital Pedagogy necessary.

In these terms, it is understood that the ethical dimension of care is present, permeated by the historical and social values attributed to the universe of neoplastic diseases. However, there remains a certain openness to the construction of new meanings regarding the experience of illness. The term *illness* is adopted here in reference to the social, cultural, historical, and subjective dimensions of health and disease processes

## 2. Cartographic Analysis of the Northeast Region

Unlike the relative stability observed in the North Region, the cartography of the Northeast Region reveals a territory of intense disputes and enunciative overlaps. A terminological polyphony is observed, where the descriptors "*Classe Hospitalar*" (Hospital Class), "*Pedagogia Hospitalar*" (Hospital Pedagogy), and "*Atendimento Educacional Hospitalar*" (Hospital Educational Assistance) frequently cohabit the same space of utterance. This phenomenon suggests that, for researchers in the Northeast region, the meaning of ESHCA is not captured by a single label, but by a network of utterances that attempt to account for the complexity of the object under study. Furthermore, the striking presence of academic units such as Theater, Law, and Nursing indicates a shift from the notional domain of Education to an intersectoral field of dialogue, where the "Right to Education" acts as the axis that unites different fields.

### Microanalysis of the Northeast Region

While the North region exhibits a movement shifting from space to the subject, what emerges in the Northeast region is a process of saturation and overflow of meanings. The diversity of the academic units involved broadens the ways of understanding ESHCA, which ceases to concentrate exclusively on Pedagogy courses and begins to incorporate fields such as Arts, Library Science, and Social Sciences, among others. This movement constitutes an expanded support network for the student undergoing treatment, in which different fields of knowledge share the production of meaning regarding illness, schooling, and care.

### The Shift from the Biomedical to the Ethics of Care

In the texts produced in the Northeast region, a significant shift is observed: unlike other regions where discussions centered on norms, curricula, or regulations predominate, ESHCA is frequently enunciated as an ethical practice of care linked to the preservation of the schooling experience within the hospital context.

Through productions originating from the fields of Education and Pedagogy, a movement toward the partial suspension of the regular school's normative logic is perceived (Lucon, 2010; Gueudeville, 2013; Moraes, 2013). The hospital class configures itself as a space where the "pleasure of studying" can be recovered precisely because the pressure for evaluations, performance, and fulfillment of school goals is temporarily relativized. The school in the hospital ceases to operate primarily as a space of control and begins to constitute itself as a space of listening, welcoming, and the production of meaning.

In this context, the focus shifts from the student understood merely as an institutional category to the student in their subjective dimensions, someone who continues to learn, even amidst the interruptions imposed by oncological treatment. ESHCA thus begins to function as an organizing device for a certain continuity of daily life in a scenario marked by uncertainties, restrictions, and ruptures stemming from illness. Its operation prevents the student from being reduced to a diagnosis or treatment, allowing them to remain inscribed in meaningful social and school experiences.

From this perspective, ESHCA approaches an ethics of care, not only by guaranteeing access to education, but by preserving the student's subjectivity, their right to continue existing as a student, and to maintain symbolic bonds with the school world, even in situations of intense fragility.



## The Notional Domain of Health: From Diagnosis to Institutional Violence

In the Northeast region, the domain of health is critically tensioned, especially in productions linked to Nursing and Psychology (Soares, 2013; Rodrigues, 2015). Illness, particularly in situations related to cancer and chronic diseases, ceases to operate solely as a biomedical marker and begins to expose vulnerabilities in the guarantees of educational rights. When access to education becomes intermittent, precarious, or non-existent, illness transcends the strictly clinical field and produces institutional and social effects. Under these circumstances, the absence or discontinuity of ESHCA services approaches what the analyzed studies identify as forms of institutional violence (Santos, 2021), understood not necessarily as an explicit action, but as the effect of the non-fulfillment of formally guaranteed rights.

Cancer and chronic illnesses thus function also as analyzers of the ways in which the State sustains — or fails to sustain—the right to education in contexts of greater social and clinical vulnerability.

In this trajectory, an important movement of translation between fields of knowledge emerges. Health offers elements so that Psychology can describe and render visible the effects of illness and treatment, such as cognitive slowing, fatigue, memory difficulties, and attentional alterations. However, naming such effects is not enough; it is necessary to translate them pedagogically so that they are understood as educational needs and not merely as clinical data (Silva, 2021a; Silva, 2021b).

A two-way relationship is thus established. If, on the one hand, health and psychology contribute to the school's understanding of invisible aspects of illness, on the other hand, education itself begins to produce relevant knowledge for the health field. The observation of how the student learns, responds to activities, manifests fatigue, or requires specific mediations offers important elements for understanding the impacts of treatment on the student's cognitive and relational life. What is evidenced, therefore, is not a mere transfer of information between areas, but a continuous work of interdisciplinary translation, in which what remains invisible in one field can acquire form and intelligibility in the other.

## The Consolidation of ESHCA Through Aesthetics and Language

In the texts produced in the Northeast region, ESHCA tends to seek its consolidation less through bureaucratic regulation and more through aesthetics and language. The presence of academic units linked to the fields of Letters, Theater, Music, and Library Science highlights an important shift: education in the hospital ceases to be understood merely as a reproduction of the regular school and begins to be conceived as a space for producing experiences of language, expression, and creation (Thomaz, 2017; Silva, 2015; Silva, 2021a).

In this context, art ceases to occupy a merely complementary or recreational place and begins to constitute itself as a legitimate field of knowledge. Through theater, music, literature, and reading practices, a space is built in which the student-patient can return to occupying a position as a subject of expression, and not just a subject of treatment. Art thus acts as a mediator for maintaining links with the school world and, simultaneously, with the world of life beyond the hospital.

Rather than a simple humanization strategy, these practices operate as ways of preserving the production of meaning about oneself and the world in an experience heavily intersected by biomedical discourse. It is at this point that the notion of aesthetic resistance gains centrality. Affective literacy practices, theatrical games, literary reading, and the production of narratives can be understood as modes through which the student-patient continues to inscribe themselves within a symbolic order that is not reduced to the illness. By producing a text, participating in a scene, or narrating experiences, the student does not merely perform a school activity: they resist the reduction of themselves to the exclusive condition of a patient (Costa, 2023).

In this way, education in the hospital is enunciated not only as a pedagogical or legal right, but also as an aesthetic right —the right to continue having access to language, imagination, narrative, and creation, which are fundamental elements for the symbolic support of the experience of living through illness.

## The Hospital Class as an Inclusion Device

In productions that dialogue more directly with the Social Sciences (Serpa, 2011), the hospital class does not appear merely as an educational service offered within a health context, but as a true device for social and symbolic inclusion. Its operation transcends the pedagogical scope and produces shifts in the way the student under treatment is perceived socially and how they perceive themselves.

From this perspective, the hospital class constitutes a space for confronting the stigma associated with illness. By keeping the subject tied to the condition of a student, it prevents the experience of the disease from producing a total rupture with school and social life. The subject remains inscribed in a collective that is not exclusively defined by their clinical condition.

The analyzed texts thus point to the need to break away from understanding hospital education as a complementary, provisional, or secondary practice. The hospital class is affirmed as a legitimate part of the educational system, even though physically located within health institutions.

In this context, inclusion ceases to mean mere formal access to school and begins to involve confronting historically segregating models, which distanced from schooling those subjects whose bodies, tempos, and learning paces did not adjust to the hegemonic school model. The hospital class forces the regular school itself to rethink itself, as it renders visible the plurality of bodies, temporalities, and ways of learning and participating in school life. In this manner, inclusion is no longer understood merely as permission to enter the educational system and begins to imply the transformation of the school itself, so that it becomes capable of welcoming different modes of presence, learning, and participation.

### 3. Cartographic Analysis of the Central-West Region

Unlike the polyphony of meanings observed in the Northeast Region, the cartography of the Central-West Region reveals an academic production still characterized by institutional concentration and more sharply defined disciplinary boundaries. With records extending from 2004 to 2023, the region demonstrates a relevant temporal continuity, though marked by irregular production intervals. However, the concentration verified from the 2020s onward signals a maturation of the field and an awakening of research interest in ESHCA, pointing toward a transition from a landscape of isolated initiatives to a territory of progressive scientific consolidation.

#### Microanalysis of the Central-West Region

If in the Northeast ESHCA consolidates itself through aesthetics and political contestation, in the Central-West Region the debate emerges structured around a polarity between the centrality of the educational field and the approaches — at times integrated, at others peripheral — of the health sciences. The territory outlines a context of interdisciplinarity under construction, in which the pedagogical status seeks to establish itself against the biological and institutional demands of the hospital context.

#### The Re-signification of Inclusion and the Depathologization of Pedagogical Support

Within the productions anchored in the fields of Education and Pedagogy, a substantial theoretical effort is observed to decouple school inclusion from a merely bureaucratic view, or one strictly associated with permanent disabilities (Oliveira, 2004; Madruga, 2019). What emerges in these studies is the understanding that temporary and highly complex clinical conditions, such as oncological treatment, act as producers of real barriers to the learning, permanence, and participation of student-patients.

Language, in this overview, assumes a fundamental ethical and discursive dimension: it ceases to be just a communication tool and begins to operate as a recognition device capable of legitimizing the unique subjectivity of the ill subject. From this perspective, ESHCA and hospital classes are enunciated as the axis for guaranteeing the right to education (Miguel, 2023). Flexibilized pedagogical practices for children and adolescents undergoing cancer treatment gain centrality not only for curricular continuity, but for their psychosocial and affective function (Covic & Chequetto, 2024). Returning to the school of origin is identified as a critical transition moment, wherein the previous intervention of ESHCA proves decisive in rebuilding the student's self-esteem, mitigating the impacts of isolation, and promoting a qualified school reintegration.

#### Integral Care: The Neurocognitive Interface and Emotional Protection

The more structured and integrated dialogue between health and education in the region gains specific contours in studies focused on health and human development (Lima, 2022). In these investigations, the hospital class assumes a dual function: it solidifies itself as a space for school continuity and, simultaneously, as a protective device—both cognitive and emotional—for the oncological patient.

Different from purely organicist approaches, local scientific production successfully maps out that systematized pedagogical support positively interferes with the impacts caused by illness and severe therapies. Evidence shows that insertion into ESHCA acts as a factor in preserving and stimulating complex cognitive functions, such as memory, attention, and language. Additionally, this integrated model finds a strong echo in family narratives, which begin to signify the hospital pedagogical space as the primary link to normalcy and an anchor to outer life, facilitating the transition and subsequent return to the regular school routine.

Convergently, Lam et al. (2025), in a systematic review and meta-analysis published in the journal *Cancer Nursing*, concluded that structured cognitive training programs produce positive effects particularly on working memory, attention, and



processing speed in pediatric cancer survivors, reinforcing the importance of educational and cognitive strategies integrated into oncological care.

### **Disciplinary Boundaries: Gaps in Psychology and the Periphery of Health**

Despite the theoretical advances along the educational axes, the microanalysis of the Central-West also exposes the asymmetries and limits of intersectoral dialogue. In the domain of Psychology, for instance, although schooling is mentioned within the scenario of pediatric oncology, the patient's educational path still occupies a peripheral and poorly explored place in the concluding discussions (Doca, 2009). There remains a persistent gap in the investigation of the subjective, affective, and social effects that prolonged school absence generates in the child, demanding an expanded gaze that articulates psychic suffering with school discontinuity.

This tactical distancing repeats itself in the field of Nursing, where ESHCA does not figure as a direct object of research, manifesting itself indirectly and marginally within the mobilized literature (Volpe, 2021). The absence of a consolidated debate regarding education within the assistive practice of nursing reinforces that the incorporation of the pedagogical axis into health routines still lacks greater permeability.

Finally, the very materiality of the hospital class gains unexpected contours when touched upon by fields such as Environmental Technologies. In these studies, (Tivirolli, 2006) ESHCA is a theme that emerges tangentially from its institutional and infrastructural dimension, inserted into the physical dynamics of the hospital through discussions on waste management and biosafety. Although distant from the pedagogical practice itself, this approach sheds light on the need to think about infrastructure and biosafety as components that provide physical support for the existence of the right to study within the hospital environment.

### **4. Cartographic Analysis of the Southeast Region**

The cartography of the Southeast Region reveals a territory of institutional stabilization and progressive refinement of ESHCA. Unlike the Northeast Region, which is marked by the expansion of meanings and a multiplicity of discursive fields, the Southeast presents a trend toward academic verticalization and interdisciplinary specialization within the field. The strong presence of dissertations and theses, especially linked to UNIFESP, UFSCar, UFES, and UFU (Cascão, 2020; Santos, 2023; Silva, 2024; Barone, 2025; Pacco, 2020), evidence that ESHCA has ceased to occupy a merely peripheral research space and has become a relatively stabilized object within *stricto sensu* graduate programs.

Furthermore, a significant concentration of research situated at the interface of Education and Health, Health Sciences, Special Education, and Pedagogy is observed (Cascão, 2020; Moraes, 2022; Bonfim, 2016; Peres, 2023; Godoy, 2019). This indicates that ESHCA, in the Southeast, tends to be understood less as a compensatory action and more as a complex institutional practice tied to the continuity of schooling in contexts of prolonged illness.

### **Microanalysis of the Southeast Region**

In the texts produced in the Southeast Region, ESHCA frequently appears associated with the idea of the institutional continuity of school life. Unlike regions where this still emerges as an isolated experience or as a practice heavily dependent on individual initiatives, the Southeast exhibits an organizational consolidation movement supported by the presence of protocols, pedagogical databases, inter-institutional articulations, and permanent ESHCA programs (Quiroga, 2017; Santo, 2022; Santos, 2024).

This stabilization produces a major effect: hospital schooling is no longer signified merely as a humanitarian or welfare action and progressively occupies the place of a specialized technical-pedagogical device. The hospital class is enunciated as a structure capable of maintaining the schooling trajectory even in the face of long absences due to oncological treatment, which are frequently described as periods ranging between months and years (Silva, 2024).

At the same time, the literature evidence that this institutionalization remains intersected by regulatory vulnerabilities and formative gaps. Studies linked to Pedagogy point to a significant lack of awareness among students regarding the existence of hospital classes and an absence of specific training to act in this field (Marques, 2018; Peres, 2023). What emerges, therefore, is a field that is simultaneously stabilized and tensioned: consolidated in some institutions, yet still incompletely incorporated into teacher training policies.

### **Notional Refinement of the Illness and Discursive Technification**

In the Southeast Region, the notional domain of illness presents a significantly more pronounced terminological refinement than in other regions. The coexistence of the designation modes “cancer”, “oncology”, and “neoplasm” (Marques, 2018; Santos, 2023;

Moraes, 2022; Oddone, 2020; Santo, 2022) operates not merely as lexical variation, but as a marker of different levels of dialogue with the medical-hospital field.

The utterance “cancer” appears as the broader and more socially shared way of naming the experience of illness, frequently associated with school disruptions, suffering, and transformations in the student's daily life (Quiroga, 2017; Matos, 2021, Torres, 2016). Meanwhile, “oncological treatment” functions as an institutional operator, situating the subject within a specialized circuit of care, protocols, and interprofessional practices (Cascão, 2020; Vilar, 2017; Oddone, 2014).

In turn, the recurrence of the term “neoplasm”—especially in productions linked to Education and Health, Health Sciences, and Special Education (Cascão, 2020; Silva, 2024; Oddone, 2020; Chequetto, 2023)—evidences a movement toward discursive technification. By mobilizing specific clinical nomenclatures, researchers produce an alignment effect with the health field, constructing a more symmetrical dialogue with biomedical discourses without, however, reducing schooling to a strictly clinical level. What is observed, therefore, is an important shift: technical-scientific language ceases to function merely as a terminological loan and begins to operate as a strategy for the institutional legitimacy of ESHCA itself.

### **Schooling as an Interprofessional Practice of Life Continuity**

In the productions of the Southeast, hospital schooling is frequently signified as a constitutive element of comprehensive care. Research originating from Health Sciences, Speech-Language Pathology, Psychology, and Occupational Therapy (Bonfim, 2016; Miguel, 2025; Hostert, 2010; Chagas, 2023; Durant, 2022) evidences a movement toward expanding the status of education, which leaves the exclusively pedagogical field and begins to integrate broader protocols of care and development.

The continuity of studies is enunciated as a protective factor—cognitive, emotional, and social—especially in situations of prolonged treatment, recurrent hospitalizations, and late effects of childhood cancer (Santos, 2023; Miguel, 2025). The hospital school thus begins to operate not only as a space for delivering content, but as a structure for sustaining bonds, preserving identity, and maintaining a certain biographical continuity in contexts marked by rupture.

In this scenario, a continuous dialogue among education, health, and family is observed. The hospital teacher is no longer understood merely as a transmitter of content and begins to act in a hybrid territory, in which curricular negotiation, sensitive listening, pedagogical adaptation, and clinical understanding become inseparable dimensions of teaching practice (Costa, 2023; Cascão, 2014). Schooling is, therefore, signified as a practice of continuity for the student's social life, preventing the illness from producing an absolute rupture between the subject, learning, and collective belonging.

### **The Interdisciplinary Professionalization of the Field**

The cartography of the Southeast also highlights a strong movement toward the interdisciplinary professionalization of ESHCA. The presence of academic units such as Environmental Sciences, Speech-Language Pathology, Child Health, Public Management, Occupational Therapy, Letters, and Psychology (Santos, 2019; Silva, 2024; Miguel, 2025; Chequetto, 2023; Chagas, 2023; Oliveira, 2016; Durant, 2022) demonstrates that hospital schooling has ceased to be an exclusive object of Pedagogy and has established itself as a shared field among multiple forms of knowledge.

This expansion produces important epistemological shifts. In Environmental Sciences, for example, science teaching is enunciated as an instrument of scientific literacy capable of allowing the student to understand their own body and the hospital environment as intelligible objects (Silva, 2024; Silva, 2021). In Speech-Language Pathology and Child Health, schooling appears articulated with cognitive rehabilitation, communication, and the preservation of executive functions (Miguel, 2025; Durant, 2022). In Letters, language and lexical variations begin to operate as forms of symbolic inclusion and the reconstruction of the school experience within the hospital context (Oliveira, 2016).

What emerges from this collective body is not a mere sum of specialties, but the progressive constitution of a relatively autonomous interdisciplinary field, in which ESHCA organizes itself as a space for the shared production of knowledge regarding illness, schooling, and the continuity of social life.

### **Synthesis of the Southeast Region**

The Southeast Region configures ESHCA as a field marked by institutionalization, discursive technification, and interdisciplinary professionalization. Unlike regions where it emerges primarily as an ethical practice of resistance or welcoming, the Southeast tends to produce a progressive stabilization of the field, sustained by permanent programs, verticalized academic production, and intense dialogue with the medical-hospital universe.

In this territory, hospital schooling ceases to be signified merely as a formal guarantee of access to education and establishes itself as a complex practice of cognitive, subjective, and social continuity of the student's life in situations of prolonged illness, as is the case with the treatment of many childhood and adolescent cancers.

## 5. Cartographic Analysis of the South Region

The cartography of the South Region highlights a process of progressive maturation of ESHCA, marked by a shift in focus from the institutional framework to the experience of the subject undergoing illness. Unlike the North Region, which is characterized by greater terminological stability, and the Northeast Region, marked by intense enunciative polyphony, the South Region exhibits a movement toward specialization and conceptual refinement spanning more than two decades of production (2002–2024).

In the baseline records, concentrated primarily at the Universidade Federal de Santa Catarina (UFSC), a predominance of the descriptor “*Classe Hospitalar*” is observed, accompanied by discussions focused on the delimitation of the educational space and the basic training of the hospital pedagogue (Comin, 2009; Meinem, 2012). Progressively, production shifts toward more complex formulations, in which “*Pedagogia Hospitalar*” assumes a central position, suggesting that research interest has ceased to focus exclusively on the physical space of ESHCA and has begun to incorporate the constitution of a specific field of knowledge and practice.

Concurrently, a major transformation occurs within the notional domain of health. Initial designation modes, which were broader and more generalist, give way to specific formulations related to childhood cancer, pediatric oncology, and neoplasms (Geremias, 2010; Pereira, 2021; Prates, 2013; Turatti, 2021; Monteiro, 2017). Illness ceases to operate merely as a context for schooling and begins to reorganize pedagogical questions themselves, introducing debates on school reintegration, treatment neurotoxicity, palliative care, socioemotional development, and the maintenance of educational trajectories (Mallmann, 2021; Feraboli, 2024).

Furthermore, a significant institutional redistribution of scientific production is observed. While UFSC concentrated most of the studies during the early years, greater prominence emerged from the Universidade Federal do Rio Grande do Sul (UFRGS) from the 2010s onward, broadening the dialogue among education, health, psychology, social work, and educational technologies. This transition accompanies the very maturation of the field, which comes to support a more integrated understanding of schooling in situations of high clinical complexity.

## Microanalysis of the South Region

In the South Region, hospital schooling appears not only as a guarantee of educational access, but as a space for the identity consolidation of Hospital Pedagogy as a specific field of practice. The analyzed productions evidence a recurrence of utterances tied to teacher training, professional knowledge, and the specificities of pedagogical work within the hospital environment (Comin, 2009; Meinem, 2012; Pedrosa, 2021; Nemos, 2024). The pedagogue is no longer signified merely as a teacher who adapts content and comes to be understood as a professional operating at the interface of education, health, and subjectivity.

The research points to important tensions between initial training and professional practice (Meinem, 2012), indicating that dimensions such as sensitivity, listening, and dialogue with multiprofessional teams become constitutive of hospital practice, though they remain underrepresented in traditional curricula. Thus, a professionalization movement within the field consolidates: hospital pedagogy begins to claim its own epistemological legitimacy and specific competencies to operate in situations intersected by illness.

## The Notional Domain of Health: From Clinical Condition to Oncological Experience

In the South Region, a progressive refinement of the notional domain related to illness is observed. While the early productions utilized broad designations regarding disease and hospitalization, more recent studies incorporate specific terms such as “oncology”, “leukemia”, “neoplasm”, and “palliative care” (Pereira, 2021; Mallmann, 2021; Prates, 2013; Turatti, 2021; Monteiro, 2017; Feraboli, 2024). This transformation does not represent a mere terminological change. Cancer ceases to function exclusively as a clinical marker and becomes an organizer of educational experiences.

Research in Psychology reveals that oncological treatment produces specific cognitive repercussions, such as processing slowdown, visuospatial alterations, and executive impacts (Pereira, 2021). Schooling, in this context, ceases to be just curricular continuity and begins to operate as a protective element against the neurocognitive effects of treatment. At the same time, research

in Nursing and Pedagogy shows that oncological illness produces a biographical rupture that transcends the body and reaches school bonds, social relations, and future projects (Schneider 2010; Silva, 2023; Feraboli, 2024). ESHCA then emerges as a mechanism for sustaining existential continuity.

### **Playfulness, Aesthetics, and the Production of Meaning**

Another axis strongly present in the South Region is the centrality of play and expressive languages. Records concerning toy libraries, games, recreation, and playful assistance (Alves, 2022; Turatti, 2021; Feraboli, 2024) indicate that playfulness transcends its recreational function and assumes a pedagogical status. Playing appears as a form of symbolic preservation of childhood in the face of the rupture produced by illness. It is not merely a matter of easing hospitalization, but of guaranteeing that the student remains engaged in experiences of imagination, creation, and participation.

Studies utilizing drawing, painting, collage, and digital technologies (Day, 2008; Soares, 2007) reveal that expressive languages operate as devices for subjective reconstruction, allowing the child to continue producing meanings about themselves beyond the identity of a patient. In this context, the hospital ceases to be solely a therapeutic space and establishes itself also as a territory of symbolic production.

### **Hospital Schooling as Integral Protection and Biographical Continuity**

The productions from the South Region converge on understanding ESHCA as an integral protection device. This perspective becomes particularly visible in research from Social Work, Nursing, and Education (Machado, 2002; Colaço, & Santos, 2002; Lohn 2005; Mallmann, 2021; Borowsky, 2016), in which ESHCA is signified as a mechanism for sustaining rights and preserving developmental trajectories.

Hospital schooling appears as a practice that prevents the student from being reduced to their clinical condition. By preserving routines, bonds, and educational projects, ESHCA protects identity dimensions threatened by prolonged treatment. Production in the region also highlights persistent vulnerabilities in post-treatment school reintegration (Lohn, 2005; Rosário, 2015), indicating difficulties in articulation among the hospital, the family, and the school of origin. In this manner, the Hospital Class comes to be signified not merely as a complementary service, but as a mediating structure between health, education, and social life.

### **Cartographic Synthesis of the South Region**

The South Region configures itself as a hub of specialization and theoretical maturity for ESHCA. Its production progressively shifts from discussing the existence of the Hospital Class toward constructing its own epistemological field, in which Hospital Pedagogy, teacher training, subjectivity, and pediatric oncology become structuring axes.

Cancer ceases to be merely a clinical condition and begins to operate as an analyzer of the biographical, cognitive, and social ruptures produced by illness. In this scenario, education is enunciated as a continuity device: continuity of childhood, of schooling, of bonds, and of the very experience of existing as a student. What emerges in the South Region is an expanded understanding of ESHCA: not just a teaching space, but a practice for sustaining social and symbolic life in situations of high clinical complexity (Comin, 2009; Schneider, 2010; Pereira, 2021; Prates, 2013; Borowsky, 2016, Feraboli, 2024).

## **CONCLUSION**

This study sought to map the academic production on Educational Services for Hospitalized Children and Adolescents related to pediatric oncology in Brazilian Federal Universities, examining how different fields of knowledge construct meanings around illness, schooling, and the educational continuity of children and adolescents undergoing cancer treatment. Anchored in Antoine Culioli's Theory of Predicative and Enunciative Operations, the investigation demonstrated that the lexical variations found in academic production do not operate as simple terminological alternatives; rather, they function as enunciative operations that reveal distinct epistemological positions, institutional arrangements, and conceptions of care, schooling, and rights.

From the perspective of Level II analysis—textual surface, metadata, descriptors, and institutional markers—the cartography revealed that geographic distribution and disciplinary affiliation directly modulate the naming and institutionalization of ESHCA. Although the hospital class remains the most stable descriptor across all macro-regions, functioning as a historical and organizational anchor of the field, regional specificities produce differentiated enunciative territories. The Northeast and Southeast regions presented broader academic diversification and stronger intersectoral dialogue, whereas the North and Central-West showed more concentrated or emerging configurations. Temporal analysis also demonstrated that the field does not evolve



linearly; instead, it advances through irregular movements, frequently associated with public policies, health regulations, and broader societal transformations, including post-pandemic digital reorganizations.

At Level I—enunciative activity and meaning construction—the study identified a progressive displacement from predominantly biomedical descriptions toward relational, pedagogical, ethical, and subjective dimensions of illness. The ways of naming childhood cancer varied substantially among regions and academic traditions. In the North, the preference for more generic designations appears to preserve the educator's professional territory and avoid excessive biomedicalization of pedagogical discourse. In contrast, the South region incorporates greater biomedical precision, particularly through neurocognitive approaches that address treatment effects and cognitive vulnerability.

The Northeast and Southeast, however, revealed more complex enunciative movements. In these territories, the student gradually ceases to be described exclusively through the category of patient and becomes re-enunciated as a subject of rights, learning, social participation, and continuity. ESHCA therefore exceeds the status of an educational support service and comes to be configured as an ethical practice that sustains symbolic belonging, educational identity, and permanence within social life despite prolonged illness.

The cartographic analysis further demonstrated that regional academic productions operate distinct modes of organizing this experience. The North privileges the maintenance of pedagogical identity and the safeguarding of schooling continuity; the Northeast expands the field through ethics, aesthetics, language, and intersectoral dialogue; the Southeast reinforces institutional consolidation, specialization, and professionalization; while the South deepens subjective, neurocognitive, and socio-emotional dimensions. Together, these movements reveal not fragmentation, but the constitution of complementary epistemic territories that collectively sustain the Brazilian field of Hospital Educational Assistance.

Another relevant contribution concerns the progressive displacement of schooling itself. Throughout the corpus, education in hospital settings no longer appears merely as curricular continuity or compensatory instruction. Instead, it emerges as an operation of permanence: preserving symbolic ties, sustaining biographies interrupted by illness, maintaining social participation, and resisting the reduction of childhood to the clinical condition alone. In sense, educational practice becomes simultaneously pedagogical, relational, and existential.

Ultimately, this study demonstrates that mapping how universities speak about illness, schooling, and childhood within hospital contexts is not merely lexical exercise. Rather, it constitutes an analytical pathway for understanding how educational rights are produced, negotiated, and legitimized. By recovering the enunciative operations underlying academic discourse, this research shows that ESHCA constitutes not only a pedagogical modality but also a social, ethical, and political commitment to preserving the educational trajectories and human development of children and adolescents living with cancer.

## LIMITATIONS AND FUTURE DIRECTIONS

As an exploratory and inductive phase of a broader research agenda, some limitations must be acknowledged. Access restrictions in institutional repositories limited the retrieval of certain full documents, while the uneven organization of educational and health descriptors across universities generated localized informational asymmetries, particularly in the Central-West region. Future studies should expand this cartographic matrix to state and private universities and develop longitudinal investigations capable of examining how these academic enunciations materialize within everyday pedagogical practices in hospitals.

As an exploratory and inductive phase within a broader research agenda, some limitations must be acknowledged. Restrictions on access to institutional repositories limited the retrieval of certain full-text documents, while the uneven organization of educational and health descriptors across universities produced localized informational asymmetries, particularly in the Central-West region. Future studies should expand this cartographic matrix to include state and private universities, as well as develop longitudinal investigations capable of examining how these academic enunciations materialize within everyday pedagogical practices in hospital settings. Furthermore, it is recommended that future research deepen the discussion surrounding possible educational inequalities and disparities in access to educational and hospital services across the Brazilian territory.

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