

Intervention of the occupational therapist with children with cancer: a review of the annals of the I Congress of the Scientific Association of Occupational Therapy in Hospital Context and Palliative Care**Intervenção do terapeuta ocupacional junto às crianças com câncer: uma revisão dos Anais do I Congresso da Associação Científica de Terapia Ocupacional em Contextos Hospitalares e Cuidados Paliativos****Intervención del terapeuta ocupacional junto a los niños con cáncer: una revisión de los anales del I Congreso de la Asociación Científica de Terapia Ocupacional en Contexto Hospitalarios y Cuidados Paliativos****Received: 07/06/2017****Approved: 01/09/2017****Published: 30 /01/2018****Camila Dias Silva¹****Heloisa Cristina Figueiredo Frizzo²****Beatriz Cardoso Lobato³**

It is a narrative review study to identify the contributions of occupational therapy interventions with children with cancer in the hospital context. The Ribeirão Preto (USP) Journal of Medicine, which published the Annals of the First Congress of Occupational Therapy in Hospital Context and Palliative Care was used as a database for the research. The analysis of the papers that composed this study was organized into three categories: Contributions of Occupational Therapists in hospitalization of children with cancer: The construction of humanized and integral actions; the strategies and Occupational Therapy resources developed for the hospital context and the Professional training to act with children. The Occupational Therapist presents knowledge, skills and strategies to intervene in the hospital environment, working together with other professionals to build an interdisciplinary and humanized work, reducing the impact of hospitalization on children's lives.

Descriptors: Occupational therapy; Neoplasms; Child.

Trata-se de um estudo de revisão narrativa, que objetivou identificar as contribuições do terapeuta ocupacional junto às crianças com câncer no contexto hospitalar. Utilizou-se como base de dados os anais do I Congresso de Terapia Ocupacional em Contextos Hospitalares e Cuidados Paliativos, publicados pela Revista de Medicina de Ribeirão Preto/USP. Os resultados foram apresentados em três categorias: Contribuições do terapeuta ocupacional na hospitalização de crianças com câncer: a construção de ações humanizadas e integrais; As estratégias e recursos terapêuticos ocupacionais desenvolvidos para o contexto hospitalar e, a Formação profissional para atuação no contexto hospitalar junto às crianças. Conclui-se que o terapeuta ocupacional apresenta conhecimento, competências e estratégias para intervir no contexto hospitalar, diminuindo o impacto da hospitalização na vida de crianças, favorecendo a inserção deste profissional junto à equipe e a construção de um trabalho interdisciplinar e humanizado.

Descritores: Terapia ocupacional; Neoplasias; Criança.

Se trata de un estudio de revisión narrativa, que tiene por objetivo identificar las contribuciones del terapeuta ocupacional con niños con cáncer en el contexto hospitalario. La base de datos usada se como el Periódico de Medicina de Ribeirão Preto/USP, que publicó las Actas del I Congreso de Terapia Ocupacional en el Hospital y el análisis de los contextos de atención Paliativos. A de las obras que componen este estudio se organizó en tres categorías: Contribuciones Terapeuta hospitalización en el trabajo de los niños con cáncer: la construcción de acciones humanizadas y completos; Estrategias y recursos terapéuticos ocupacionales desarrollados para el entorno hospitalario y la formación profesional para las operaciones en los hospitales con niños. O terapeuta ocupacional tiene conocimiento, las habilidades y estrategias para intervenir en el contexto hospitalario, lo que reduce el impacto de la hospitalización en la vida de los niños, favoreciendo la inclusión de este profesional con el equipo y la construcción de un trabajo interdisciplinario y humanizada.

Descritores: Terapia ocupacional; Neoplasias; Niño.

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INTRODUCTION

In Brazil, cancer is a public health problem and its control and prevention should be a priority in the country¹. Cancer comprises a group of various diseases that have in common the uncontrolled proliferation of abnormal cells, which can occur anywhere in the organism².

The most common types of childhood cancer are the leukemias (affecting white blood cells); central nervous system and lymphomas (lymph system); neuroblastoma (tumor of the peripheral nervous system cells); Wilms' tumor (kidney tumor type); retinoblastoma (affects the retina, fundus); germinal tumor (the cells that will give rise to ovaries or testicles); osteosarcoma (bone tumor) and sarcomas (tumors of soft parts)².

The degree of morbidity and mortality rate depends on the type of cancer and the development of the disease, the age of the child and the initial response to the treatment^{1,2}.

Childhood cancer, when compared to adult's, has a lower latency period, rapid growth and is more invasive. However, it presents a good prognosis because the child presents good response to a proper treatment so, most children have a quality survival. Childhood cancer, depending on the repercussions, can become a chronic illness, because its process and effects require long term treatment and features, which may limit the functions of the individual, even if temporarily¹⁻³.

In cancer treatment, children are subjected to invasive and painful procedures such as venous, lumbar and bony puncture and blood samples, which can occur with frequency, interfering in the recovery process. Treatment may extend over years, with frequent hospitalizations for chemotherapy application, radiation and surgery, and/or cause adverse effects such as low immunity, poor appetite, susceptibility to infections, among others^{1,2}.

The hospitalization of the child for treatment can be a recurring event in their lives. Staying in hospitals may bring changes and development delays of the child due to their daily life breakage, that involves the

imposition of a new routine, the distance from school and parents, friends and family, playing and leisure deprivation and lack of appropriate and healthy stimuli^{4,5}.

To soften the impact of hospitalization on children's daily lives we need to consider them as individuals with demand not only medical, but also emotional and social care. To this end, it is important to understand the hospitalization as humanized and integral health care^{4,5}.

The occupational therapist is a professional who can help minimize the impact of hospitalization on children with cancer.

According to the HOPE⁶ Manual, this professional can contribute in three areas of intervention:

- 1) organizing their everyday life, which involves achieving balance in daily routine, listing priorities, finding meaningful activities, considering cultural aspects and assist in the relationship between hospital and home assistance
- 2) in the treatment of fatigue and other symptoms, recognizing that such aspects affect the functionality of the person, which includes providing information and guidance on how to treat this symptom, helping to understand the need for changes and adaptations, establishing realistic goals and expectations, reducing the level of energy used in the activities developed by the patient, adapting their lifestyle from equipment and environmental adaptations; and,
- 3) in self-esteem, since their involvement in meaningful activities brings improvement, helps to explore feelings, to maintain their family and social roles and to adapt these roles when necessary.

Studies point out that occupational therapists aim to offer functional rehabilitation to children in the face of the limitations arising from cancer and their treatment, as well as a service aimed at the humanized reception of these children and family members involved in the illness. The professionals face some difficulties in their practices, such as the uncertainty of the future prognosis of the customer attended. In addition, they identify difficulties in

characterizing the professional role with these clientele in this context⁵⁻⁷.

The practice of the occupational therapist with the child with cancer in the hospital context is still little discussed⁶⁻⁸, but this professional is of paramount importance in the improvement and/or adaptation of the everyday issues of hospitalized children and their families, since they help to reassume occupational activities that are essential at this stage of life, such as playing and education.

A review study on the performance of the occupational therapist with hospitalized children with cancer can reveal the whole knowledge on the subject, identifying practices and procedures that guide the attention to this population, and to identify gaps in the knowledge that should receive greater investments.

Given this context, the objective of this research was to identify the contributions of the occupational therapist with children with cancer in the hospital context.

METHOD

This is a narrative review study, which is not intended to deplete the sources of information or apply sophisticated and exhaustive search strategies but allows to identify recurring themes which gather information about a specific area of knowledge⁹.

The Supplemental edition of the Journal of Medicine, of the Faculty of Medicine of Ribeirão Preto/USP, which brings together the publication of the Annals of the I Congress of Occupational Therapy in hospital contexts and palliative care, was used as a database.

This was given by the importance of the event that portrays the frank expansion of the area of occupational therapy in hospital context and because it constitutes the first event that approached a specialty of the profession and brought together specific professionals and researchers of this field.

Occupational therapy in hospital context is a specialty recognized and approved recently at national level by resolution N° 429 on July 8, 2013¹⁰ which defined hospital

contexts as an area of activity and competence of the occupational therapist.

The professional training of this specialty presents three areas of practice: "Intra hospital attention", "Extra hospital attention offered by the hospital" and "Attention in palliative care". It should be noted that the I Congress of Occupational Therapy in hospital contexts and palliative care occurred in the year 2014 and after, the specialty was regulated.

We searched for the papers that composed this study with the "Find" tool, which allowed to search by words. The words child, oncology, cancer and oncologic were used as descriptors.

To select the papers, we adopted as inclusion criteria their relation to the target population: child, they report the therapeutic-occupational intervention in the hospital context and they were published as oral communication. The exclusion criteria were papers that did not refer to the clinical performance with the person with cancer, adult or elderly.

After selecting the papers, we evaluated the studies identified: title, authors, objectives, methodological approach and conclusion. The data collected were systematized in categories of thematic analysis¹¹ that consists of discovering the sense nuclei that make up an oral communication.

The thematic analysis involved three stages: the first was the floating reading, in which we carried out the corpus constitution and the formulation and reformulation of hypotheses or objectives; the second stage was characterized by the material exploration, which consists in the process of reducing the text to meaningful words and expressions, the process of categorization; and the third is the results interpretation.

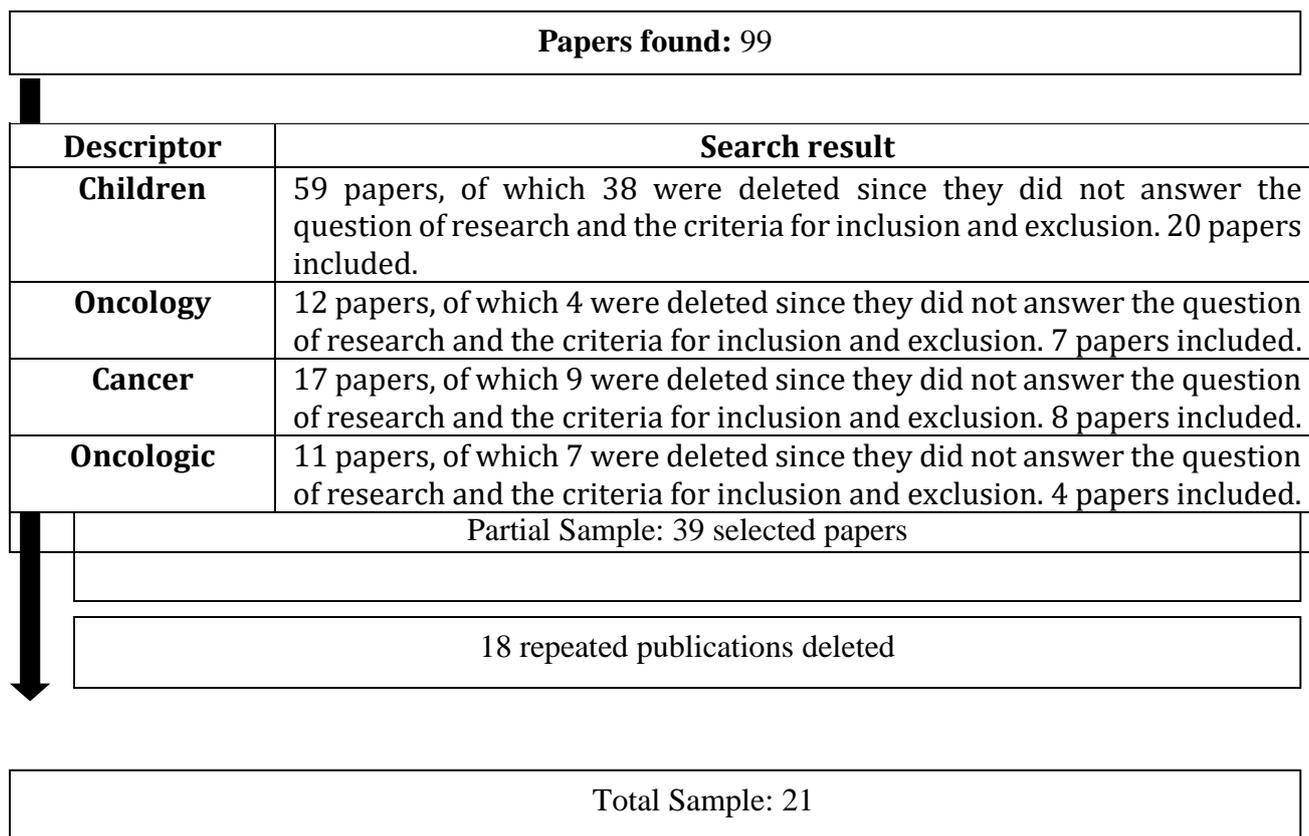
RESULTS

A total of 99 oral communications were found, and 37 responded to the inclusion criteria. Excluding the repeated papers, counting them once, we had a total of 21 works, as shown in Figure 1.

This study was then composed of 21 works. There was a predominance of experience reports, with a total of 14 abstracts, followed by abstracts of qualitative research approach, six abstracts of descriptive-exploratory nature, and only one case study. In relation to

the target population characterization, the majority referred only to “children”. Only two summaries brought the age range identified from zero to 12 years old.

Figure 1. Process of selection of oral communication papers on Occupational Therapy and Pediatric Oncology, presented in the I Congress of Occupational Therapy in Hospital Contexts and Palliative Care. Ribeirão Preto, 2014.



The States of origin of the published works were São Paulo, Rio de Janeiro, Alagoas and Pará. 13 papers were linked to universities and 10 to related services. Nine studies were written and presented by degree students, two by residents, five by

Occupational Therapy professionals and seven did not specify authorship. Of all the eight round tables held at the event, only two approached the hospitalized child, as presented in the table below. The results of the synthesis of the selected articles are presented in Table 1.

Table 1. Table 1. Oral communication papers (OC) on Occupational Therapy and Pediatric Oncology, presented at the I Congress of Occupational Therapy in Hospital Contexts and Palliative Care. Ribeirão Preto, 2014.

OC	Title	Author	Method	Main findings
01	A playful instructional resource to Pediatrics: experience of its preparation by third-year undergraduate students of occupational therapy	Almeida TA et al.	Case studies of Occupational Therapy academic held in Pediatric Ward of a teaching Hospital.	We used a book as an occupational therapy resource to make the admission process less traumatic and promote the humanization of assistance.
02	Hospital cinema session screening: the benefits of audiovisual resources on children's hospitalization	Almohalha L et al.	Qualitative research of descriptive nature, performed with ten children from eight to twelve years	The use of a film contributed to changes in children's behavior, who became quieter, participatory and felt better.

			old, admitted in a pediatric ward.	
03	Making games: final project in occupational therapy in internship pediatric hospital context	Barros PBM et al.	Experience report of occupational therapy academics on the development of games in a children public hospital, of high complexity.	The games feature routines and hospital procedures, addressing issues of illness and hospitalization, promoting reception, listening and creating links.
04	Occupational Therapy in pediatric oncology assistance	Cardinal AC et al.	Case study, performed in an outpatient Pediatric Oncology service, where attention is held individually in the bed, group attention in the waiting room and playroom and family support.	It justifies the importance of the occupational therapist in the context of the multidisciplinary team. It discusses this professional intervention in various stages of treatment, contributing to a humanized attention.
05	Occupational Therapy: reading as humanized hospital intervention resource	Cavalcante AC et al.	Experience report of Occupational Therapy academics in a ward of a reference hospital.	The interventions used different occupational therapy resources, like reading, which contributed to the improvement of self-esteem, encouraging reflection on the process of hospitalization.
06	Occupational Therapy in the resignification of daily lives patients in palliative care	Damasceno ACS et al.	Case studies of Occupational Therapy undergraduate students, with patients with cancer in palliative care clinic, in an oncological area of a public hospital.	It was observed that the patients presented improvement in self-esteem, adaptation to the hospital routine, commitment in the proposed activities.
07	Pediatric oncology intensive care center: deployment process of occupational therapy assistance	Franco MP et al.	Study of qualitative, exploratory-descriptive approach on the deployment of OT assistance in a Treatment Center of Oncology Intensive Care.	It was implemented specific evaluation of Occupational Therapy, which allowed to identify needs of the patient and family, contributing to the development of the therapeutic plan and to guide the occupational therapies.
08	Participation and autonomy of children in bone marrow transplantation: practice in occupational therapy	Idemori TC et al.	This is descriptive research with qualitative approach, carried out by an occupational therapist who composes a team cancer hospital of a medium-sized town in the State of São Paulo in Brazil.	It highlighted the importance of therapist-patient bond, the definition of objectives and continuous evaluation and the use of the activity as a promoter of development
09	The experience of acting in an extension project using the figure of the clown-doctor in hospitals	Jacob LR.	This is an experience report of an interdisciplinary extension project, carried out in hospitals of Maceió.	The insertion of Occupational Therapy in this project was of the utmost importance, since playing is an important area of occupational performance for the child and should be encouraged in hospitals.
10	Occupational therapy with patients submitted to bone marrow transplant: the vision of patients	Kurauchi GRS et al.	Qualitative, descriptive and cross-sectional research. Interviews were held with eight participants in groups of Occupational Therapy	The approach made it possible to modify the focus of the disease or treatment to the activity; knowing and experiencing new activities never done before; interacting with each other and with the occupational therapists.
11	The permanent toy in intermediate unit of a hospital of medium and high complexity	Lima VBR et al.	This is exploratory research with qualitative approach, with children from 0 to 2 years old hospitalized in Intermediate Unit of a National Institute of Health the city of Rio de Janeiro.	It points out that the permanent toy can be considered as an assistive technology resource to be exploited by occupational therapists in hospitals, and its use contributed to a possible resignification of the traditional model of intervention and care of hospitalized children.
12	Sensory integration in hospitals	Lima VBR et al.	This is an experience report in which Sensory Integration Therapy is developed by residents of Occupational Therapy in a teaching hospital.	The systematic use of this therapy promoted changes in adaptive responses of children attended.

13	The occupational therapist inserted in a multi-professional residence of a pediatric hospital	Moura NLS et al.	Experience report of Occupational Therapy residents in a medium and high complexity hospital for children and adolescents with chronic diseases.	It is essential that the Occupational Therapist is flexible and open to build their practical knowledge through professional continuing education, contributing to consolidate the field of Occupational Therapy in hospital contexts.
14	"Today we will have group?" Tuesdays and Thursdays in a chemotherapy center	Oliveira NP et al.	It is an experience report of degree students' intervention in occupational therapy with groups aimed at patients and accompanying persons present in Chemotherapy Treatment Center.	The group made possible the construction of a health scenario, enabling to maintain and or recover the performance skills, as well as stimulate the interpersonal relationships (patient-patient, patient-escorts and patient-team).
15	The experience of resident occupational therapists in different contexts in a hospital environment	Poellnitz JCV et al.	Descriptive study of experience report nature, conducted during Occupational Therapy practice of a Multi-Professional Residence Program	Occupational Therapy in the hospital environment presents a larger performance, focused on the integrality of the subject, as a biopsychosocial being.
16	Occupational therapy and patients in radiotherapy treatment: reports of an academic practice	Rodrigues KVS et al.	Experience report of academics of the Occupational Therapy course at the University of the State of Pará	Realization of the waiting room, which allowed verbal and non-verbal expressions about the biopsychosocial treatment consequences and reflections on coping with the disease and the possibilities of resignification of negative feelings.
17	Implementation of hospital playroom in the Pediatric Surgery Unit of the Clinical Hospital of UFPR	Sacco CM et al.	Literature review to support the structuring and implementation of hospital playroom.	The study provided the theoretical/practical integration and the joint teaching/service in the structuring and implementation of hospital playroom, aiming at development of the admitted child, through the promotion of their occupational roles and performance, strengthening family links during the admission process
18	Role of the occupational therapist on child care in the hospital	Silva MOL et al.	Experience report about the actions offered by the Occupational Therapy service of a large children's hospital	The intervention favored the therapeutic process, contributing with interventions that prevented delays in the development and deformities, in addition to promoting leisure, playing and psychosocial support.
19	Hospitalization of children and adolescents who are chronically diseased: practice challenges	Simonato MP et al.	Case studies on intervention of occupational therapist in hospital contexts	The strategies allowed easing rules and routines, minimizing the stress caused by interventions
20	Characterization of occupational therapy practices in the context of pediatric oncology in the State of São Paulo	Soares FB et al.	Exploratory, descriptive study of quantitative and qualitative character about the intervention of Occupational Therapists in oncologic treatment of children in a reference center in the State of São Paulo in Brazil.	The intervention of an occupational therapist in the context of pediatric oncology responds to current regulations of health policies, in integral and expanded health care.
21	The experience of significant activities in palliative care ward	Fangel LMV et al.	This is an experience report of Occupational Therapy students about attention in a hospital that provides exclusive service to cancer palliative care.	The experience of significant activities for the patient in palliative care ward allowed a space for the promotion of health and relief of suffering, in accordance with the principles of palliative care.

DISCUSSION

The analysis of the papers that composed the sample of this study allowed to identify scientific evidence concerning the contributions of the occupational therapist intervention with children with cancer in the hospital context, which were presented in three categories:

- 1) Contributions of the occupational therapist in the hospitalization of children with cancer: the construction of humanized and integral actions;
- 2) The strategies and occupational therapeutic resources developed for the hospital context; and,
- 3) Professional training to act in the hospital context with children.

Contributions of the occupational therapist in the hospitalization of children with cancer: the construction of humanized and integral actions

The occupational therapist's performance in hospital contexts¹⁰ aims at the protection, promotion, prevention, recovery, rehabilitation and palliative care of the individual and the collectivity, based on the conception of integrality and humanization of health care. It is carried out through occupational therapeutic diagnosis, as well as the election, execution and use of relevant methods, techniques and resources appropriate to the hospital contexts.

Given the contributions from the abstracts that composed this review, we observed that the humanized attendance and integral actions for child with cancer were discussed. The following table presents the themes that composed this category and the works that contributed to the construction of the meaning nuclei of this category (Table 1).

Table 1. Category 1 and its Subcategories- Contributions of the occupational therapist in the hospitalization of children with cancer: the construction of humanized and integral actions. Ribeirão Preto, 2014.

Subcategories	Papers
-Humanization of the hospital environment	01; 02; 04; 05; 06; 10
-Professional contributions in hospital contexts	07; 09; 18; 20

In the face of these aspects, the abstracts pointed out that the occupational therapist can intervene by minimizing the adverse effects of hospitalization through the humanization of the hospital environment, the creation of a less isolating and distressing space through playful resources and activities, and the rescue of children's values, their history, characteristics, singularities.

It is important that humanization of care the environment is addressed in the occupational therapist intervention. It is up to this professional to provide changes in the hospital environment that favor the continuity of child's development, as well as to create a more pleasant and welcoming space for the child⁷.

The studies also brought the importance of the multidisciplinary team and the insertion of occupational therapy with this

team in the care of hospitalized children. It is essential that professionals working in pediatric oncology hold meetings in a multi-professional team, aiming to discuss cases, in order to direct the focus of interventions to the subject and the family, aspects that respond to the Brazilian Health Policy precepts¹².

Teamwork is extremely important in this context, although there is still an individualized professional practice. There are significant difficulties in the practice of health care services that are reflected by the maintenance of the rigid disciplinary division or the apparent integration, and the barriers appear in patients' complaints and the inability to deal with more complex issues, like the non treatment adherence¹³.

Teamwork from an interdisciplinary perspective contributes to the humanization

process, demonstrating the essence of the human being, respect for individuality and professional differences, in this way the professionals seek to understand the person beyond their complaints, unveiling their needs also subjective, for the construction of a humanized practice¹⁴.

The abstracts that deal with the occupational therapist's areas of competence in the hospital justify the importance of such a professional in this field and point out that through Occupational Therapy services with the Professional appropriation in each sector of the hospital, it was possible to reach other professionals, who began to request the presence of the Occupational Therapist in attendance, which arises as one of the paths to provide a more integrated performance.

The strategies and occupational therapeutic resources developed for the hospital context

The use of therapeutic resources and intervention strategies were an important thematic approach. The studies brought a diversity of resources used in the practice of the occupational therapist in the hospital context, which are used from different proposals, as a strategy to inform the child about the procedures, to express their feelings and create bonds with the team and to stimulate the child's development in the period of hospitalization. Table 2 presents the themes that composed this category and the works that contributed to the construction of the meaning nuclei.

Table 2. Category 2 and its Subcategories - The strategies and occupational therapeutic resources developed for the hospital context. Ribeirão Preto, 2014.

Themes	Papers
-Strategy to inform the child about the procedures.	01; 03
-Strategy to express feelings and create bods with the team.	02; 05; 06; 09; 10; 16; 17; 21
-Resource to stimulate children's development in the period of hospitalization.	11; 12; 14

The hospitalization process entails a significant loss of autonomy of the child in hospital, as they are subject to the rules and regulations established by the hospital environment that includes respecting the timetables and the local routine, accepting the diet, the medications and procedures that must be done.

Independence in daily activities can also be reduced depending on the momentary physical limitations and/or restrictions to the bed, which has a direct impact on the key areas of children occupations. In this sense, the occupational therapist is the responsible to create conditions to promote the autonomy and participation of the child through therapeutic resources¹⁵.

The resources used to inform the child about the procedures were playful resources, such as games and storybooks that recreate in a playful way the experience of hospital situations, in order to deconstruct ideas, thoughts, perceptions of the child with regard to the procedures they will be submitted.

The papers indicate that these resources help changing the child's behavior, such as decreasing anxiety during procedures and reducing pain. Some of these resources are created and/or adapted, when existing, by occupational therapist specifically to address the issues relevant to the hospitals and their repercussions.

The child can experience, through playing, the pleasure, discovery, rules, creativity and expression, which cause effect in their development. Playing is also a way to discover the world, through it the child experiences solving problems which may arise, faces the risk of failure and still promotes the initiative through criativity¹⁶.

Although the importance of playing in the process of hospitalization of the child is confirmed by a broad theoretical framework, occupational therapists have, in their practice, some difficulties with playing within hospitals, such as the disinfection of toys and the selection and adaptation of games appropriate to use in hospitals, especially to stimulate the interaction among children¹⁷.

The resources used as a strategy to express feelings and create bonds with the team were manual, artistic, relaxation, recreational and expressive activities, that aim to facilitate the psychosocial adaptation of the child to the process of hospitalization and illness, allow the expression of thoughts and feelings about the moment experienced, offer listening and therapeutic support and stimulate the redemption of skills.

By means of playing, the child can express their feelings, anguish, fears and desires related to the process of hospitalization and their own life, which favors child development in the period they are in the hospital context.

In the process of hospitalization, with playful activities, the child with cancer can communicate fear and anxiety, acquire a sense of control of the situation, test and develop performance skills, in addition to stimulating creativity, initiative and self-confidence, so playing is used as a therapeutic resource, able to contribute elaborate and the confront the specific moment in which the child lives¹⁸.

Among the resources used to stimulate child development in the period of hospitalization, the use of the permanent toy and the Sensory Integration Therapy (SI) was highlighted in the studies.

SI enables the child to experience sensorial and playful experiences that are often not common in the hospital environment. This feature provides sensory stimulation, which is given through the supply of abundant "inputs" to stimulate one or more

senses, thus promoting the child percept-sensory-motor development⁷. The studies also showed the use of playful resources, as a playing facilitator, which stimulates the development of the child.

Both Sensory Integration Therapy and playful experiences enable the child to continue developing their motor, cognitive and psychosocial skills in a pleasurable and nice way⁷.

The elaboration of resources and strategies is an important contribution of the occupational therapist in the hospital context, easing the processes of hospitalization.

Professional training to act in the hospital context with children

Among the abstracts that composed this review, most of them, nine abstracts, were composed by works of degree students of Occupational Therapy and linked to a teaching institution. These studies brought reflections on the role of the professional in the hospitalized child care to overcome the health and disease dichotomy from the integral vision of the children.

By abandoning the linear health-disease counter position, socio-historical, cultural and psychosomatic processes are privileged as well as the design of the role of each professional in health care, which gains thus, new color, and from the beginning of the formation arises the need to articulate the knowledge¹³. Table 3 presents the themes that composed this category and the papers that contributed to the construction of the meaning nuclei.

Table 3. Categorie 3 and Subcategories. Professional training for acting in the hospital context with children. Ribeirão Preto, 2014.

Themes	Papers
-Professional role to overcome health and disease dichotomy.	03; 13
-Contributions from practical experience to training.	16

The abstracts pointed out, as a strategy for integral attention to the health of the child, the importance of the reception, listening and bond creation; the appreciation of interdisciplinary practice and the recognition of the repercussions in the daily life of both the child and their family members.

The dimension of teaching and training occupational therapists to work in the hospital brings a set of challenges. At graduation, one of the most important challenges is to train professionals who are able to identify, in a comprehensive way, the

needs and demands of the users and their social network.

It is expected that through the possession of this information in the set of care technologies acquired during their training, the student can elaborate and implement sensitive, pertinent and contextualized action strategies.

Another major challenge of teaching is to deconstruct the centrality of the "Hospital of Specialties" in the student's imaginary and to reattach the attention of occupational therapy to the contemporary hospital, giving rise to the production of humanized and integral health care, as proposed by the Unified Health System¹⁹.

There was a predominance of papers reporting experience of degree students in hospitals and despite the substantial number of works, only one reported the contributions of such experience to professional training, all others reported the contributions of their performance towards children and their families.

It is important to highlight the importance of studies based on scientific evidence in view of the growing technological advancement in the process of care related to professional practice in health care and the growing demands and need to change the professional way of thinking and being^{20,21}.

It is necessary to validate the knowledge and produce evidence that grants such changes in the face of professional work. So, there is the need for research that proves the effectiveness of current interventions, making them more reliable.

CONCLUSION

The abstracts showed that the occupational therapist have knowledge, skills and strategies to intervene in the hospital context, reducing the impact of hospitalization on the children's lives, favoring the insertion of this professional with the team and the construction of an interdisciplinary and humanized work.

Although scientific events are an important means of disseminating this profession knowledge, it is considered that there is a limitation in the knowledge

produced, that requires greater efforts of the professional category in producing studies with greater methodological rigor to deepen the discussions, in order to confer more theoretical foundations to the area and to gather scientific evidence of the intervention of the occupational therapist in the hospital context.

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CONTRIBUIÇÕES CONTRIBUTIONS

Camilla Dias Silva contributed to the design of the work, the data collection, the analysis and discussion of the results. **Heloisa Cristina Figueiredo Frizzo** worked in the design of the work, the data collection, in analysis, the discussion and in writing. **Beatriz Cardoso Lobato** participated in the design of the work, the data collection, analysis, discussion and writing.

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