Teacher, would you help me?

Students with Crohn’s Disease and Ulcerative Colitis

TEACHERS’ GUIDE

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Foreword

This guide was created for children and adolescents living with Crohn’s disease – Ulcerative Colitis and who attend school every day.

Teachers play a significant and valuable role in our children’s lives, for they spend time with them during a unique life stage they will remember and cherish forever.

An engaged and well-informed teacher who timely and positively supports students with a chronic condition can enhance the learning process, contribute to social bonds and provide hope and peace to children and adolescents during school days.

Hopefully, thanks to this guide, many children and adolescents in the world will be able to enjoy school and get stronger, be transformed and prepared to follow a career of their choosing after finishing high school.

Fabiana Miele
Contributors:

This booklet has been made with the contribution of doctors, children and adolescents with IBD, their mothers and teachers with relatives affected by this disease.

As any project of our Foundation, we resort to doctors’, patients’ and community’s multidisciplinary contribution to ensure better outcomes.

We would like to thank mothers who have contributed to the writing of this booklet by talking about their experience, to children and adolescents who shared their view for us to have a better understanding of their world and about their daily life, and to teachers who shared their knowledge and life experience.

YANINA: Juan’s mother.
ADRIANA: Lorenzo’s mother and teacher.
MARIA EUGENIA: Nicolás’ mother.
Acknowledgements

I’d like to thank Jorge, my husband, and my children, Julieta and Lucas, for their unconditional love and for supporting me in every project of Fundeccu.

Such beautiful goals are only possible with their support.

Fabiana Miele
Having a chronic and incurable disease is not easy...

Having a chronic, incurable and uncommon disease is a little more difficult...

And if such disease is not known by most people, it becomes much more complex and painful for the person living with it.

**KNOW ABOUT CROHN’S DISEASE AND ULCERATIVE COLITIS**

In order to help your students develop all their abilities and to enjoy school days, the first step is to learn about the disease.

**Remember:**

IBD is a visceral impairment.

Being OK on the “outside” does not mean being healthy.
The purpose of our Foundation is to promote and coordinate tasks of a team of healthcare providers and professionals from other areas to help patients with Inflammatory Bowel Disease (IBD) and their families and social circle, providing non-profit healthcare and community frameworks.
What does Fundeccu do?

- Organizes and coordinates a healthcare framework made up of a multidisciplinary team with healthcare providers and professionals of auxiliary disciplines to contribute to early diagnosis, treatment and follow-up.
- Spreads information and creates social awareness.
- Manages and trains professionals for free.
- Keeps up-to-date with progress made on the field.
- Educates patients with IBD and their friends and family (through educational seminars, telemedicine, web, leaflets) encouraging SELF-CARE.
- Provides phone services for administrative management.
- Has a Community Medicine Bank.
- Promotes and coordinates SUPPORT groups to engage patients in self-care.
- Protects the rights of patients. It promoted the enactment of regulation (Law 3004) that guarantees the right NO PUEDO ESPERAR [I CANNOT WAIT], enabling people with the disease to use public and/or private restrooms and other benefits immediately.
FREE CONSULTANCY AND SUPPORT FOR PEOPLE WHO CANNOT AFFORD IT

Communicate via Whatsapp to +54 9 299 422 9899

Fundeccu creates all its learning material.
BACKGROUND:

Fundeccu was founded in 2000 in Neuquén Province, Argentina. Spanish physicians’ great work inspired the organization’s founder, Dr. Fabiana Miele, to start what we know today as Fundeccu.

Spanish colleagues were not only an inspiration, but they also contributed to, supported and believed in this project since the beginning.
CHAPTER 2

What is IBD?

Crohn’s Disease & Ulcerative Colitis

In the following pages we will refer to the disease as follows.

SPANISH: EII (Enfermedad Intestinal Inflamatoria)

ENGLISH: IBD (Inflammatory Bowel Disease)

PORTUGUESE: DII (Doença Inflamatória Intestinal)

If you dare to teach, never stop learning...
IBD is an incurable chronic condition (for now) which affects the Digestive System. However, it can be adequately controlled with different treatments.

**IBD HAS A HIGH SOCIAL, WORK-RELATED, SEXUAL AND EMOTIONAL IMPACT ON PATIENTS.**

When we talk about IBD, CROHN’S DISEASE and ULCERATIVE COLITIS are included. Some less definite cases related to this disease are called INDETERMINATE COLITIS.

**IBD IS NOT A PSYCHOSOMATIC DISORDER.**

This means that emotions do not play a causative role, but it is important to know that stress triggers and increases disease activity, causing or deepening periods of activity.

**STRESS TRIGGERS FLARE-UPS.**

For children and adolescents, anxiety, sadness, and daily life worries cause stress, so, all possible impacts should be considered and we should not underestimate any of them.
When a patient is going through the following situations, you should pay attention: moving, birth of a sibling, family dysfunction, illness or death of a beloved person, a break-up, the beginning of the school year, exams, certain teachers or subjects they’re afraid of, bullying, future medical analyses, esthetical side effects of the drugs, etc.

✓ IBD is an autoimmune disease like rheumatoid arthritis or psoriasis. Besides, there are genetic and environmental aspects involved in its development.

✓ So far, IBD IS INCURABLE although it can be CONTROLLED through many treatment options allowing for a better and full life for the patient in most cases.
✓ IBD affects the digestive tract and sometimes it can be observed in other areas and produce JOINT PAIN, EYE IRRITATION, and SKIN INJURIES, among other things.

✓ IBD is known to show periods of symptoms and active disease (called FLARE-UPS) and also show periods without symptoms (called REMISSION). The period of time between them is variable and unpredictable.

✓ Men and women are equally affected by the disease.

✓ It can be observed at any age, but it is more common in people from 15 to 25 years old.
IBD COURSE

- IBD course varies and each case is different.
- In most cases, thanks to the different therapies available today, sustainable remission can be achieved.
- Sometimes, fortunately a few ones, children need surgery, when other methods fail to control their condition.
- This disease demands regular check-ups and tests.
• In periods of active disease, the student will need changes in their diet and physical activity.

In periods of remission, children live like any other kid their age.
CHAPTER 4

SYMPTOMS

DIARRHEA: When talking about this condition, most diarrhea stools contain blood and are painful or cause abdominal cramps.

URGENCY TO USE THE RESTROOM: The rectum is the end of the large bowel and is usually affected in most cases, although not in all of them.

When the rectum is irritated, swollen or injured because of the disease, the patient feels the need of evacuation, even though there are no feces. That is why many times, patients feel they need to use the restroom urgently and end up evacuating a small amount of mucus, blood or even nothing at all. This makes the patient want to go to the bathroom frequently and produces the need of sitting in the toilet, because that brings relief, for they have abdominal and anal pain, and the feeling that they have not finished evacuating.
INCONTINENCE: Not being able to control evacuation and “leaks” are common because of rectum inflammation.

MUCUS IN THE STOOL: Many times patients feel the need of using the restroom urgently but they only release mucus or a gelatin.

CONSTIPATION: It is uncommon; it is observed in around 10% of the cases.

NAUSEA – VOMITING: During active disease periods, these symptoms may occur, but that does not mean the stomach is injured.

ABDOMINAL PAIN: Abdominal pain is very common and it may show different characteristics.
Other symptoms

During active disease periods or when a flare-up is being reduced, patients can experience:


During active disease periods, patients may experience APHTHOUS ULCERS AND MOUTH SORES which cause pain and may make it difficult to eat.

All these things affect students’ school performance, because they experience not only physical discomfort but, after the flare-up, they also have to deal with fatigue, sleeping and appetite disorders, not to mention the psychological impact of hospitalization or invasive procedures.

Sometimes, hospitalization may be necessary.
GROWTH DELAY may or may not occur in some children. It occurs due to different situations and it depends on the affected area of their digestive tract, the course of the disease, and the use of some medications, among others.

Therefore, patients may be short, very thin or have a late-development of secondary sexual characteristics (hair, voice change, mammary development, etc.) during adolescence; they will develop later than their mates. Feeling like a child with classmates who already show signs of adolescence can cause anguish or low self-esteem so this should be taken into account.
NON-DIGESTIVE SYMPTOMS

IBD may cause symptoms beyond the digestive system because of immunological mechanisms. Most commonly involved organs are the following:

**JOINTS – SKIN – EYE – LIVER**

**JOINTS:** Joint pain is common when IBD flare-ups occur. Most common locations are big joints: knees, ankles, elbows and wrists.

Anaemia, decay, loss of appetite.
**SKIN:** Injuries may look like a sting and they are painful.

**EYES:** Patients may experience the so called RED EYE, where the white part of the eye is irritated and is not infectious in this case.

**LIVER:** Liver involvement generally does not produce symptoms and only treating physicians will be able to detect it.

Recovering from a flare-up is not that easy.
Students need your support.
What is daily life like?

✓ Frequent check-ups and tests

- People with IBD require frequent check-ups and must continuously undergo invasive tests at different intervals.
- Some of the most relevant tests are the following: blood test and colonoscopy.

- They need permanent daily medication.

Blood tests are one of the most common exams.

To have a colonoscopy performed it is necessary to purge with laxants the day before the test and, to be honest, they are not tasty.
Colonoscopy: It is a direct inside view of the bowel through a tube (endoscope) with an internal fiber optic camera that allows physicians to watch it in detail on a screen. Patients are sedated, therefore, children will not feel pain, but they will have to face the least pleasant part of the exam: preparation. This preparation includes taking a laxative that does not taste good the day before.

✓ Medications

- Some medications suppress immunity.
- Some medications cause side-effects such as growth delay; this is why patients may be shorter than their classmates.
Drugs with the greatest impact on social and psychological aspects in patients with IBD are corticosteroids, for they cause unwanted aesthetical effects, for example:

- ROUNDED FACE WITH FAT CHEEKS (called moon face) - ACNE
- FACIAL OR ARM HAIR GROWTH - STRETCH MARK

Some crises need hospitalization.

Surgery can be considered in some cases but patients and their family are afraid of it.

During flare-up periods some food restrictions may be necessary.

They suffer people’s questioning because they look healthy “ON THE OUTSIDE”.

Hospitalization can be brief or prolonged.
• URGENCY TO USE THE RESTROOM and accidents (leaks) history cause self-consciousness, fear and anxiety, so when they enter a public place they will automatically search for toilets location to feel calmed.

• Prior episodes of incontinency and accidents cause fear of their classmates noticing some disgusting smell around them; therefore they may use isolation as a mechanism to protect themselves.
CHAPTER 6

SOCIAL IMPACT in children and young men and women at school

TEACHERS: Pay attention to social aspects at school.

- A person’s life is strongly affected by this disease in all aspects.
- As it is a disease related to feces, farting, diarrhea, patients get EMBARRASSED and since they are children and adolescents, they need much help from adults in order to make their lives easier.
- In most situations, it is easier to make an excuse or isolating themselves than explaining that they have a disease related to diarrhea because of the possibility of mocking.

You must notice rejection and mocking.
• Teachers must detect self-isolation or rejection by their classmates in order to quickly intervene and thus avoid psychological damage and social relationships break-up.

• Society unawareness produces rejection because of fear of catching the disease or getting involved in an embarrassing situation when helping these people.

• Furthermore, they are questioned for asking to go to the toilet frequently, and taking too long to come back, for people assume they want to avoid their duties.
Mate empathy and cooperation is a lesson they learn for life.

AND THERE’S MORE! Menstrual cycle – Sexuality – Love – Have you thought about it?

Childhood and adolescence are phases that involve people’s intense formation and evolution, physical, emotional, intellectual and moral development, which, as adults, we must support.
We need to understand that these children are trying to figure out many things in a confusing and contradictory world, which is not adequately prepared for people who are different from the majority. In this world, which many times shows distorted values, different kinds of violence seem natural and people with special needs often cannot find a place for them.

We should use every chance to talk about inclusion, bullying, solidarity, tolerance, and other topics in seminars.

We should add that beyond these particular situations that happen to these students, there are others that happen to everyone, as the first period in girls, the onset of sexual characteristics in both genders and
we cannot deny that children and adolescents also fall in love. Furthermore, social acceptance is extremely important at this age.

So, NOT EVERYTHING IS ABOUT IBD, they also go through the same experiences as their mates. Girls have their period and some of them may feel worsened IBD symptoms during those days.
In preadolescence phase, physical changes start, such as, hair growth, voice changing, mammary development in girls, and this also leads to emotional changes which should not be underestimated.

Children and adolescents also fall in love, get disappointed, fall out of love, and fall in love again and some other times their love is not corresponded. This is not an insignificant subject, since heartbreaks can cause deep sadness and lead to an increased severity in IBD flare-ups.
Chapter 7

How Can School Help?

Children and adolescents spend a lot of time at school and a lot more if they attend full-day classes. Not everything will be prepared for meeting the needs of a student with a rare condition who will surely be the only one in his/her school.

For this reason, we must provide information to schools and tools for students with IBD to be able to enjoy their school year and to prevent classes from becoming an unpleasant challenge. Students should love their school, should enjoy going every day, entering the classroom and socializing with their friends and teachers, and enjoy this memorable phase. Adults, in this case, teachers, must ensure they achieve this.
• HOW CAN I HELP?

✓ Firstly, we must know what IBD is and if you are reading the booklet, you are already making a huge change and you will be part of an improvement in the quality of life of a child or adolescent with IBD for which they will be grateful for life.

• MEETING WITH THEIR PARENTS first without the student; this should be determined on a case-by-case basis.
Recommendations for the meeting

- **Elementary school**: A recommendable way to address this meeting and which may benefit students is to coordinate a meeting with their teacher, the Principal and the psycho-pedagogical department. It is important that physical education teachers and other subject teachers participate to know what they can do to help the child.

- **High school**: In this case, the adolescent has too many teachers and the Principal in charge may choose the number and the most adequate people from the teaching staff.
• After this meeting, educational staff should gather to plan strategies to help the student. These strategies should be re-evaluated over time according to results and adjusted to students’ needs, as required.

• When necessary, teachers will meet again with parents or the student to keep the situation up-to-date.

• EVERY TEACHER SHOULD KNOW THAT IN CERTAIN CLASSROOM THERE IS A CHILD WHO REQUIRE SPECIAL CARE. It means that in case of absence of their regular teacher, everything should be prepared by communicating with the educational staff.

EVERY SPECIAL SUBJECT TEACHER (gymnastics-art-, music, etc.) SHOULD BE INCLUDED AND INFORMED.
What does this meeting provide?

• Firstly, it allows us to know specific aspects of the student’s condition and their individual case.

• Thanks to this meeting, we can have an overview of how parents are facing their child’s condition. They may live it as a huge tragedy or face it with strength and in a mature way. There are many ways to face the situation. You can notice victimization, overprotection, excessive fear, embarrassment or denial; it also helps knowing whether they call things for their name, among other things.
It enables us to know the emotional characteristics of students, personality traits from their parents’ point of view which help to pave the way. Knowing about their fears, likes, their daily life, the tests they must undergo, their medication and many more significant data in order to strengthen their development capacities.

Why is it important for us to obtain this information?

As in all development areas of our children, we, as parents, pass to our children the way we handle difficult situations. If parents react with acceptance and strength, the child or adolescent is more likely to react in the same way. We are their role model and they copy our attitude to life.
• Knowing parents context is essential to help the student. If there is a MOTHER-FATHER functional team, everything is easier at school. If a child lives in a hostile environment, family is fragmented, fighting or if someone is absent, the student will need even more support.

• Knowing the relationship with their siblings, if any, who may also be allies in this school aid depending on their age.

MEETING WITH THE STUDENT

• It must be approved by their parents and we should agree with them its development and the date when it will take place and whether only teachers will attend or if parents will be present as well.
• Students must know that the teaching staff will handle the situation with absolute discretion. We must gain the student’s trust.

• Children should know for sure that, for example, if they get dirty, teachers will help them, respect them and handle the event with discretion so that no other classmate notices it.

• Restrooms should be available any time they need ensuring their absence is not noticed by their mates. They should never be questioned in class about their need to use the restroom; it would only make them more uncomfortable and embarrassed. Additionally, such a delay may cause a humiliating accident.
• When dealing with children, you can establish TEACHER-STUDENT “secret codes” to indicate, for example, when they have urgency, and the teacher may ask them to do a task which allows students to leave the classroom without their mates knowing they went to the toilet, or to use another way of communication.

• The student should always sit near the door in order to be able to leave the classroom quickly and the teacher should indicate this location so that the child does not have to explain why they always pick that spot.
• School should provide a safe, private restroom with access to hygiene, as similar to their home as possible.

• It is recommended that they are allowed to use teachers’ restroom or some special restroom, for example, only for disabled people.

SPECIFIC RESTROOM-RELATED NEEDS
The restroom should be private, to allow students to comfortably wash themselves and change clothes.

CHANGE OF CLOTHING
• Getting dirty because of failure to get to the bathroom on time or due to incontinence is very common in periods of active disease.
• Sometimes, people with IBD cannot differentiate if the content in the rectum is solid, liquid or gas; and they may think it is a gas so they release it and have an accident.

• This is an extreme urgency for the child and that secret code with their teacher will prevent this event from becoming an unforgettable humiliating tragedy causing the student not to want to go back to school because of shame, and it will also avoid inflicting psychological damage to the child.

• When this episode occurs, they should go to a comfortable restroom and change their clothes.
• Permanent contact with parents should exist in the event of any contingency relating to the student. Which is why having more than one telephone number is helpful to contact their family when these events occur. It is also helpful to have older brothers and sisters, if any, who will help them at school.

Students should be allowed to call their parents whenever they need. Sometimes, when accidents occur, students may call their parents and change clothes at home. If possible, this should be authorized under special circumstances.
TEACHERS’ GUIDE

What should the change of clothes contain and who should keep it?

- If we did everything to hide the event and then we take a change of clothes out of their backpack we would no longer be discrete, everyone would notice. Therefore, it is much better to let the school store their change of clothes for accidents.

What should the bag contain?

The most effective strategy is to keep two outfits:
MANDATORY UNIFORM – GYM CLOTHES – MOIST TOWELS – UNDERWEAR – TOWEL – NON-TRANSPARENT BAG FOR DIRTY CLOTHES.

Why two uniforms?

Because if they have a gym class that day and the student suddenly comes back wearing the regular uniform, all efforts to protect their privacy will be in vain.
• Or, on the contrary, if the student shows up wearing gym clothes on a day they do not have gym class, it will caught the attention of their mates.

• MEDICATIONS:

A child with a chronic disease learns about self-care. Parents and teachers should arrange for the student to take their medication without any trouble.
As we have mentioned above, stress triggers or deepens flare-ups, therefore, teachers should keep this in mind to establish strategies to mitigate the emotional impact on students affected by this condition.

It is highly important to be able to anticipate and evaluate their daily development and determine the student’s situation at the time of the exams.
• If the child or adolescent has missed too many classes, it is helpful to check if the student is learning, thus teachers can focus on things the student was not able to fully understand because of their health condition before exams.

• **EXAM DAY:**

  ✓ The time to complete the exam may need to be re-adjusted for students with IBD and this should be an issue the teaching staff should work on.

  ✓ Their capacity to concentrate during the exam should be taken into account, for example, stress, the fear of thinking about needing to go to the restroom, in addition to the physical need itself.
If the teacher notices a student feels physically or emotionally uneasy, he/she can let the student take a break to calm down and encourage them to calm down. The child may go to the restroom or drink/eat something, or simply rest without the stress of the time limit to finish.

The time used for the break or to go to the restroom should not be counted as part of the time to do the exam, and also they should have more time to finish even when there were no interruptions.

**ABSENCES**

Students with chronic diseases like IBD may miss classes more frequently. This occurs during periods of active disease, because of medical visits or tests.
• We should also consider absence due to hospitalizations, which may last several days, and the time to recover from them.

• Hospitalizations may be due to active disease, or they may be brief such as the ones to perform tests or also for surgery.

How can we help regarding absences?

• **Institutional support:** The first and most important requirement is DETERMINATION, because if you are willing, you can do anything. If the school and the student’s family think the child will have to miss too many classes that year, it would be convenient to create a plan of action in advance and not to wait until they lose valuable time hard to get back. This way, the student will be able to keep up with academic goals.
• Support teacher or tutor at home or during hospitalization if they last long.

• Establishing a daily mechanism for sending homework: Nowadays, there are a lot of resources available to communicate easily, for instance: e-mail, Whatsapp pictures, tutorial videos made by a teacher or classmate from which we should not expect high quality but which convey information in a clear and simple way. We should use technological advances to help these students. Even video chat is a valuable tool for the teacher to answer questions and clear doubts about some specific topics.
- **Home or hospital visits from teachers and classmates:** These visits should be agreed by teachers, parents and the student. Visits may also be used as academic help and will strengthen the student’s social bonds.

- **SPECIAL CARE MEASURES:**

Some students need special medical treatment. These medications called IMMUNOSUPPRESSORS or IMMUNOMODULATORS and BIOLOGIC AGENTS may suppress immunity and therefore certain measures should be taken.

As a result, people with IBD require a special vaccination plan. For this reason, we should also protect them from potential unnecessary infections.
✓ If a classmate has a fever, cough or any other infection, the student should NOT be in touch with him/her, if possible, they should not be sitting next to each other and they should remain apart until the child gets better.

✓ Encourage parents not to send children to school when they are sick.

✓ Teach children in class and parents NOT to share glasses, bottles, or lollipops.

✓ Reinforce the concept in class and develop a good habit for sneezing.

✓ Avoid tiny and unventilated spaces when children are more likely to catch respiratory diseases.

✓ If some children are coughing, find activities to perform in big and ventilated spaces.
CHAPTER 8

**SOCIAL PROTECTION CIRCLE**

Throughout this booklet, we have mentioned the importance of establishing strategies, plans of action to help and protect the student in every area. We made it clear that firstly we need a perfect PARENTS-STUDENT-SCHOOL team.

But, what about CLASSMATES?
Classmates are crucial for the psychological development of the child we want to help, protect and integrate. We should do everything we can to ensure as less psychological and academic damage as possible.

Our aim is that despite their condition, their self-esteem is not negatively affected, they do not see themselves as victims or get depressed and they know that they are just like everybody else in the group.

Although children may be ruthless with what is different in some way, they are also really open-minded and emotionally open to naturalize what adults teach them. The way to accomplish this is to encourage inclusion associating it with joy and self-improvement and not with pity.
How can we help them regarding their classmates?

- Informing their classmates and their respective parents. A good opportunity would be the meetings at the beginning of the school year to briefly but concisely provide the necessary knowledge for parents to provide tools to their children.

- Educational talks may be performed for parents and also in the classroom with their classmates. The student may or may not be present at these talks, depending on the benefit they may get from it.

- The student's treating physician may also be present.

- Talking about this topic may enable teachers to talk about INCLUSION-BULLYING-SOLIDARITY, among other issues.
EDUCATIONAL TRIPS AND EVENTS

Educational trips and events are joyful and exciting moments, but for students with IBD they may translate into uncertainty, fear and stress because they are not sure whether they will be able to make it through. For this reason, we must establish a plan together with their family for them to be able to live a happy and unforgettable moment.

- Educational trips:

During the school year, there are different options available to illustrate and complement knowledge provided at school. So they can visit a museum, a factory, a Public Organization center, and other schools, among other places. Whenever possible, teachers and parents should know what the restrooms in those places are like, since the child’s calm depends on it. Some students use diapers to be sure and remain calm. Medication and food should also be scheduled before the event and in case they need it, they should carry a change of clothes. Vehicles should have a restroom.
• School events for national days:

School events generally involve students’ participation in different performance activities.

We should know whether this specific student will feel additional stress under these circumstances. If this activity will cause suffering to the child and they will not be able to enjoy it, we should find another activity which does not leave them so exposed but without excluding them from the group or making their classmates notice it.

• Sleepovers

Sleeping over at their friends’ houses is something every child likes. Parents should talk with the hosts and make arrangements on the necessary measures to make the event safe and effective. The child should know that in case of any discomfort they can go back home at any time.
• **Birthdays:**

When someone’s birthday is coming, parents should pay attention to whether the child is in a period where they have some specific restriction. In such case, they should bring their own and allowed tasty food.

• **Camping:**

Children and adolescents look forward to these events. Once again, we should highlight every anticipation and organization measure mentioned in the Educational trips section; the rule is: SCHOOL – FAMILY PLANNING.
CHAPTER 9

INTELLECTUAL CAPACITIES OF STUDENTS WITH IBD:

Children and adolescents with IBD are as intellectually capable as any other student.

Academic performance may be excellent and we know many academically outstanding students.

But we should not forget that during IBD active periods, they will miss classes, show fatigue, less capacity to focus, and their physical condition will not be perfect.

GYM CLASS:

Gym class teachers should be part of a team of teachers who support this child who needs some special care and should take into account every recommendation in this guide.

The only additional comment is that they should know that during periods of IBD activity the child may show fatigue and/or less strength so the teacher should demand less effort. The teacher should also be flexible when the student asks permission not to do the suggested activities and they should find some other low-demand task so that the child feels part of the team. Parents should know if they miss several classes.
EXTRACURRICULAR ACTIVITIES:

Children and adolescents like different activities and not all of them are provided at school. Some want to play sports such as rugby, football, dancing, skating, etc. Others choose languages, drawing, and music, among other subjects. This booklet’s recommendations apply to every extracurricular activity the student chooses.

Only one who devotes himself to a cause with his whole strength and soul can be a true master. For this reason mastery demands all of a person.

(Albert Einstein).
CONCLUSIONS:

School days should be enjoyed and exciting at all levels.

In this place, children and adolescents learn about topics which provide higher formation but they also provide values such as diversity acceptance, solidarity, empathy and tolerance which are essential to form valuable adults who will change society.
Teachers should be strongly committed to every student with a chronic condition and every teacher in the school should know them.

Special subjects, such as gym, arts, and music, should be included with the same level of commitment, as well as every extracurricular activity children do.

Providing information is the first step; the next one is to create a plan in advance together with the student’s parents.

The strategy should be comprehensive and include every physical, emotional, and social aspect of the student to provide the protection and calm needed to guarantee the best academic and human development.
DECALOGUE OF THE TEACHER

LOVE: If you cannot love much, do not teach children.

SIMPLIFY: To know is to simplify without reducing the essence.

INSIST: Repeat as nature repeats the species until reaching perfection.

TEACH: With intention of beauty, because beauty is a mother.

MASTER: Be fervent. To ignite lamps you only have to carry fire in your heart.

VIVIFY your class. Each lesson has to be as alive as a being.

REMEMBER that your craft is not merchandise but divine service.

REMEMBER: In order to give, it is necessary to have much.

BEFORE your daily lesson look at your heart and see if it is pure.

THINK that God has put you to create the world of the future.

Gabriela Mistral
USEFUL INFORMATION:

WWW.FUNDECCU.COM.AR

Twitter: @fundeccu
Facebook: Fundación Crohn Cu Neuquén Argentina

Teacher: If one of your students has IBD, we want you to know that a wonderful book has been written in Chile which allows children to understand Crohn Disease and Ulcerative Colitis. With their approval, we offer this valuable guide.

“This is my Dragon”

How to live with an Inflammatory Bowel Disease
[Este es mi Dragón. Cómo vivir con una Enfermedad Intestinal Inflamatoria]

This booklet is for free and it can also be downloaded online by following this link:


Project: “Fundeccu at school”: If you are a teacher or a school Principal and you want guidance for your team, you just have to send your application through our web site. Complete the form and our professionals will answer back. Training Material: Download the information leaflet from our web site.
This guide has been printed with support from Abbvie without affecting its contents.