

Public health training from the viewpoint of undergraduate Speech Language and Hearing students at UFBA

A formação em saúde coletiva na visão de estudantes de Graduação em fonoaudiologia da UFBA

La formación en salud colectiva en la visión de estudiantes de licenciatura en fonoaudiología en UFBA

*Thais Menezes Correia**

*Mauricio Wiering Pinto Telles**

*Marcos Vinícius Ribeiro de Araújo**

Abstract

Introduction: Brazilian laws and educational guidelines intended to align professional health training with the context of the Unified Health System (*Sistema Único de Saúde: SUS*) underpinned the 2009 Curricular Reform of the Speech Language and Hearing (SLH) Sciences course at the Federal University of Bahia (UFBA), promoting changes including the expansion of the mandatory Public Health components. **Objective:** to analyse the viewpoints of students on the SLH Sciences course at UFBA regarding undergraduate training in Public Health. **Method:** a case study of 22 students who took courses based on the new curriculum. An online Questionnaire and an Informed Consent Form were sent by e-mail to each participant. The data obtained were tabulated and analysed according to thematic content analysis. **Results:** The students described the challenges of the curriculum as: a lack of coordination between the fields of SLH Sciences and Public Health and a lack of coordination between the course and health services. Based on their experiences in non-mandatory activities, however, they also noted potential changes to their understanding of and approach to health-disease processes, which have begun to incorporate dimensions related to health services and social life. **Conclusion:** From the students'

*Universidade Federal da Bahia, Salvador, Bahia, Brazil

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MVRA: contributed to the article's design and planning; the organization of the text, the analysis and final draft.

Correspondence address: Marcos Vinícius Ribeiro de Araújo marvinribeiro@yahoo.com

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point of view, it is necessary to expand linkages between the range of actors from higher education and health institutions, and to reflect active learning methodologies and arenas for interdisciplinary practices within the curriculum matrix. We suggest the construction of permanent curriculum evaluation processes and an examination of the viewpoints of others, such as teachers, managers, service professionals and community members, in order to overcome the conservative approach to teaching and learning.

Keywords: Human Resource Training in Health; Speech, Language and Hearing Sciences; Public Health; Higher Education; Students of Health Sciences

Resumo

Introdução: As leis e diretrizes educacionais brasileiras que buscam aproximar a formação profissional em saúde à realidade do Sistema Único de Saúde subsidiaram o curso de Fonoaudiologia da Universidade Federal da Bahia na realização de uma reforma curricular em 2009, promovendo mudanças, dentre elas a ampliação de componentes obrigatórios de Saúde Coletiva. **Objetivo:** Analisar a visão dos estudantes do curso de Fonoaudiologia da UFBA sobre a formação em Saúde Coletiva durante a graduação. **Método:** Estudo de caso em que participaram 22 estudantes que cursaram as disciplinas do novo currículo. Foi aplicado questionário online, enviado para cada participante por correio eletrônico, juntamente com o termo de consentimento livre e esclarecido. Os dados obtidos foram tabulados e analisados segundo a técnica de análise temática de conteúdo. **Resultados:** Os estudantes referem como desafios do currículo a desarticulação entre os campos da Fonoaudiologia e Saúde Coletiva; a desarticulação entre o curso e os serviços de saúde; mas também, a partir das experiências em atividades não obrigatórias, avaliam potencialidades em relação à mudança da compreensão e abordagem dos processos saúde-doença, que passam a incorporar dimensões dos serviços de saúde e da vida social. **Conclusão:** Para os estudantes, é preciso ampliar a articulação entre diversificados atores de instituições de ensino superior e saúde, refletir sobre metodologias ativas e espaços para práticas interdisciplinares na matriz curricular. Sugere-se que sejam construídos processos avaliativos permanentes do currículo, investigando também a visão de outros sujeitos envolvidos como docentes, gestores, profissionais do serviço e comunidade, no intuito de superar lógicas conservadoras de ensino-aprendizagem.

Palavras-chave: Capacitação de recursos humanos em saúde; Fonoaudiologia; Saúde Pública; Educação Superior; Estudantes de Ciências da Saúde

Resumen

Introducción: Las legislaciones educativas brasileñas que buscan acercar la formación profesional en salud a la realidad del Sistema Único de Salud subsidiaron el curso de Fonoaudiología de la Universidad Federal de Bahia en la realización de una reforma curricular en 2009, promoviendo cambios, entre ellos la ampliación de componentes obligatorios de Salud Colectiva. **Objetivo:** analizar la visión de los estudiantes del curso de Fonoaudiología en UFBA sobre la capacitación en Salud Pública durante la graduación. **Método:** un estudio de caso en el que 22 estudiantes participaron de las disciplinas del nuevo currículum. Se envió un cuestionario en línea a cada participante por correo electrónico junto con el formulario de consentimiento libre e informado. Los datos obtenidos se tabularon y analizaron según el análisis temático del contenido. **Resultados:** los estudiantes refieren como desafíos la desarticulación entre los campos de la Fonoaudiología y la Salud Colectiva; a desarticulación entre el curso y los servicios de salud; pero también, en actividades no obligatorias, evalúan las potencialidades en relación al cambio de entendimiento de los procesos salud y enfermedad, que pasan a incorporar dimensiones de los servicios de salud y de la vida social. **Conclusión:** Para los estudiantes es necesario ampliar la articulación entre los diversos actores de las instituciones de educación superior y la salud, para reflexionar sobre metodologías activas y espacios de prácticas interdisciplinares en la matriz curricular. Se sugiere la construcción de procesos permanentes de evaluación del currículum, a partir de la visión de maestros, gerentes, profesionales de servicios y la comunidad a fin de superar la lógica conservadora de enseñanza-aprendizaje.

Palabras claves: Capacitación de Recursos Humanos en Salud; Fonoaudiología; Salud Pública; Educación Superior; Estudantes de Área de la Salud

Introduction

Over recent decades, Brazilian higher education in health has undergone curricular changes in order to guarantee professional training that reflects the population's social health needs and the context of the Unified Health System (*Sistema Único de Saúde*: SUS) as laid down in Brazilian laws and educational guidelines¹. These changes have occurred through both curricular reform and the implementation of government programmes in undergraduate education, whose aim is to integrate education and work^{2,3}.

These movements for change, which principally took place in the first decade of the 21st century, were influenced by evidence that teaching projects and curriculum matrixes for undergraduate health courses had not moved past the technical perspective, the fragmentation of contents and the hegemonic, biomedical and sanitary models^{1,4}.

As a consequence, professionals entering these courses have reproduced such perspectives in their practices, although this is not consistent with the reality of public health services, creating a vast distance between health training and SUS^{5,6}. The Ministry of Health has implemented several strategies to train professionals in the skills required to work in the Brazilian health system, such as the Inter-professional Education Programme for Health Work (*Programa de Educação pelo Trabalho para a Saúde*: PET-Saúde/Interprofissionalidade), Experiences and Internships in the SUS context (*Vivências e Estágios na Realidade do Sistema Único de Saúde*: VER-SUS) and the National Programme for the Reorientation of Training Professionals in Health (*Programa Nacional de Reorientação da Formação Profissional em Saúde*: Pró-Saúde), as well as National Curriculum Guidelines (*Diretrizes Curriculares Nacionais*: DCNs) for undergraduate health courses.

It is in this context that undergraduate Speech, Language and Hearing (SLH) courses have also modified their curriculum matrixes, guided by DCNs, which advocate for “generalist, humanist, critical and reflective” training, emphasizing that the entry profile “recognizes health as a right, so that the SLH professional must strive to guarantee comprehensive healthcare”⁷. By highlighting knowledge that goes beyond the contents of the, historically predominant, Biological Sciences, these new curricular refer to Public Health, which

is understood as a multi-professional and interdisciplinary field of knowledge and practices dedicated to an understanding of health and an explanation of its social determinants, and the development of practices aimed at health promotion, prevention and the care of injuries and diseases whose goal is collectivity⁸. The aim is to provide training based on a wider concept of health, aimed at Health Promotion practices, above all in the sphere of Primary Healthcare and connected to the professional's specific knowledge.

At the heart of this process, in 2009, the SLH course at the Universidade Federal da Bahia developed curricular modifications, reformulating the Course's Pedagogical Plan. This new plan was implemented during the first semester of 2010. These curricular modifications included an increase in the number of curricular components and mandatory internships in Public Health. Contents included historical and conceptual aspects from the field of Public Health, knowledge about Epidemiology, Public Policy, Health Planning and Management, Education, Communication in Health and Health Surveillance, as well as experiences in the Family Health Strategy, based around Family Health and Family Health Support Centre teams⁹.

However, beyond its normative framework, this process also included subjects who actively participate in curriculum implementation. These are principally teachers and students; these training proposals were aimed at the latter. It is worth noting that training is understood as a series of conditions and mediations towards socially legitimated learning, which should be a profound and extensive experience for the human *being*, in which they learn interactively and significantly, immersed in culture, in society, through various and intentional mediations. It considers the student to be a subject of their own training trajectory, while their perceptions, both in their totality and in their specificities, must be incorporated into the curricular evaluation process, both during its implementation phase and in the pathway for students' extracurricular activities¹⁰. In recent years, some studies of SLH training have valued students' experiences and perceptions of training in diverse skills and practical scenarios, questioning learning that holds little or no dialogue with the multiple dimensions of the population's health.

In a study about the views of undergraduate students regarding learning in Educational SLH

Sciences, Sanabe Júnior et al.¹¹, provide evidence that students still consider a highly clinical approach to be a complicating factor in learning the work of the SLH professional within educational contexts, in its broader sense. Another study by Mendes et al.¹² points out that, for students, learning about elder care requires the incorporation of other contents and practical experiences, such as a multi-professional approach and care planning, in order to provide comprehensive and humanized care for this population. Furthermore, Carvalho, Yu Shon-Chun and Montilha¹³ note that students considered the development and running of family groups as an inter-professional activity during their learning to be an important arena, which added value to the training, providing a perspective for comprehensive and humanized care. Miranda and Arce¹⁴, based on the experience of a female student in an interdisciplinary reception programme run in an emergency service in a public hospital, demonstrate that, even in a practice situation, it is possible to reflect on the need to rethink and propose training themes that move beyond professional technical work, towards a healthcare model of humanization, reception and active listening.

In this sense, it is worth investigating the repercussions of changes to the curriculum for SLH students, analysing how they understand the progress and challenges of this new structure, in order to contribute to health training studies, particularly in the area of SLH Sciences. This article therefore aims to analyse the views of students concluding the SLH Sciences course at UFBA regarding their Public Health training, based on their experiences of mandatory curricular components and extracurricular activities.

Method

This is an exploratory case study. Of the 27 students concluding the SLH Sciences course at UFBA, 22 agreed to participate in the study. The others did not respond to our invitation to participate and nor did they give any reason for their refusal.

We included students who agreed to participate in the study and who had studied all the 10 mandatory curricular components in Public Health addressed in this research, including two that were internship components in Public Health, and were present in the 2010.1 curriculum matrix of the

SLH Sciences course at this university. Exclusion criteria included those students who had undertaken mandatory components in Public Health at other Higher Education institutions or on other under- or post-graduate courses at UFBA, as well as students from the undergraduate course in SLH Sciences at UFBA who did not study the 2010.1 curriculum matrix. However, no research subjects were excluded according to these criteria.

Data were obtained through a questionnaire produced using the tool available on the Google docs™ application for research forms. The questionnaires were sent to each participant individually via electronic mail (e-mail) with an Informed Consent Form. Information obtained through objective questions was tabulated using the Google docs™ tool. Data from open questions emerged from the students' statements and were analysed in line with thematic categories according to the content analysis model¹⁵. Firstly, a comprehensive reading was made of the students' responses; then, recurring themes/topics were highlighted, based on these exhaustive readings. These themes were then transformed into three categories and relevant passages were organized for the purposes of analysis, based on the concept of training¹⁰ and Public Health⁸, which served to assist data interpretation.

The study was approved by the Research Ethics Committee of the Institute of Health Sciences at UFBA, in line with resolution no. 466, 2012, and Operational Norm no. 001, 2013 of the National Health Council (Approval no.: 1.682.809). The year of course conclusion was deleted and the names of participating research subjects were substituted with codes to prevent student identification.

Results

In general, the results expressed central elements that constituted the students' views of progress and challenges based on their experiences, delineated temporally and spatially in relation to their learning of theoretical and practical Public Health content on an undergraduate SLH Sciences course. Challenges were presented through difficulties ranging from the organization of components in the curriculum matrix to links between the course and health services; but also evaluated potential in relation to changes to their understanding of and approach to the health-disease process, which have

begun to incorporate dimensions related to health services and social life.

A) *Speech, Language and Hearing Sciences and Public Health: tensions in the training pathway*

Most of the students reported that the mandatory curricular theoretical components (1st to 6th period) of the SLH course were not well linked to technical-professional learning in the internships experienced in the 7th to 10th period. The most recurrent theme in these responses was the lack of a relationship between the fields of Public Health and SLH Sciences in the mandatory components. There were no contrary responses on this matter. The students attributed this to the fact that the teachers of the initial theoretical Public Health components did not belong to or did not have knowledge of the specific professional centre.

“The initial subjects *did not encompass our experience* in Public Health, many of the teachers did not even know SLH Sciences...” [Student Q]

“Since the teachers were not normally SLH professionals, *they did not provide examples from our routines*, the examples always referred to their training course, which hindered learning.” [Student K]

“I think that the fact that the initial subjects were provided by certain teachers from outside the SLH department, who *did not always know how to make links with the course*, was a negative and discouraging factor.” [Student L]

This issue is reaffirmed when they talk about the “lack of meaning” of the Public Health contents for the technical-professional learning in the internships, which they attribute to the temporal distance between the time the subjects are taught and the timing of the internships, as well as to conservative learning methodologies.

“The greatest difficulty perceived was *the distance which exists between the time* we took the subjects and the timing of the internships.” [Student D]

“The *lack of practice* was also a complicating factor because it was always very difficult to visualize *all that weighty theory being utilized in the day to day*.” [Student L]

“Initially, there was a difficulty in correlating Public Health with SLH Sciences. Important concepts/con-

tent were presented, but their *application to practical SLH work* was not mentioned.” [Student B]

Thus the students’ statements reveal a certain level of tension and, at some points, even opposition between the knowledge fields. At times they report the issue as a learning gap, at others they call for a relationship with knowledge application.

B) *(Lack of) teaching-service-community coordination: pedagogical and institutional limits*

Another unanimous theme refers to problems in the relationship between the educational institution and the health units. In the students’ view, there are important difficulties in terms of the institutions establishing links, with immediate ramifications limiting the students’ inclusion in practice and internship activities, and even certain professionals’ refusal to allow their direct participation.

“To ensure the students are included in these practice fields. Very often it was “difficult” or there *was “resistance” from the units to including us in their routines*.” [Student B]

“I believe that the main difficulties encountered were: a) *availability of the Family Health Units* to undertake practice with the students, b) *the teacher-UFBA relationship with the respective practice locations* in order to accomplish the internship.” [Student T]

“(…) the receptivity of the Family Health Unit workers. Many of them *did not bother to participate* in the students’ teaching-learning process”. [Student V]

“The commitment of those who open up internship vacancies, since *very often they did not have anyone to accompany our activities, to receive us on visits* and other setbacks related to the practice field.” [Student S]

On the other hand, the students also demonstrated a perception of the educational institution’s problems, pointing out issues that ranged from their counterparts in the communities, through the conservative methodology used in practical activities which limit their inclusion in the field to one session a week, to a lack of adequate support for travel and the consequent reduction of time at these locations, since most are located at some

distance from the city's central region, where the university is located.

"I think *new fields should be chosen*, some communities are already very weary of contact with the university and do not view our participation in a good light." [Student K]

"(...) the *one-off view from a proscribed one day a week*, which makes it unfeasible to construct a link with the units' routines." [Student H]

"(...) the *lack of transport provided* by the university for field visits also interferes in the internship's productivity, as well as the constant refusals of visits by the institutions." [Student A]

Throughout the responses related to this theme, our attention was drawn to the use of the terms "some units", "many employees", or even attempts to suggest solutions such as "to seek out new fields". This appears to indicate that, although negative experiences predominate in the students' statements, their relationship with the health services varied across the different services, suggesting that these issues did not arise in all units, nor even with all professionals.

C) "Paradoxes between curricular and extracurricular training in Public Health: multi-professionalism, contexts and expanding the view"

Despite recurring reports of difficulties in the training provided through the mandatory Public Health components in the SLH course's curriculum matrix, the students wanted to participate in extracurricular activities in this field of knowledge and practice. Only four students reported that they had not participated in any Public Health-related extracurricular activities. Of the others, some participated in only one activity from this knowledge field, others in more than one. Most participated in the Field Work Curricular Activity, an optional inter-disciplinary component at the university; in Congresses and Seminars; and in the Inter-professional Education Programme for Health Work (PET-Saúde). The following were also noted in the responses: Experiences and Internships at SUS (VER-SUS), provided by the Public Health School of the State of Bahia's Health Department; research groups and extension projects.

These activities were evaluated well, particularly in reference to practice activities, where the students highlighted innovative teaching-learning methodologies, principally linking theoretical contents with practical experiences.

"Extracurricular activities sufficiently facilitated learning, but the **practice associated to the discussion of texts** made it clearer, demonstrating our function as a health professional". [Student 8]

"I was able to **experience field practice, to have contact with other professionals**, to understand the unit's dynamic and see how difficulties interfere in our operations. The VER-SUS was the best experience, I was able to find about the health system in my own city, which provided new directions for action." [Student 10]

Furthermore, from the students' point of view, the opportunity to experience a range of practice scenarios allowed them to understand the contexts in which these subjects are working, to perceive factors that influence quality of life and to find out how SUS services function in the municipality, thereby incorporating other knowledge into their training. Some noted that this enabled them to perceive themselves as health professionals, moving away from the SLH profession, to the extent that, given the complexity of the context, they acknowledged each profession's specific knowledge limitations.

My field work [...] was at the Municipal Health Department, because of this the greatest learning I had **referred to health management** [...] Topics such as [...] enabled me to *compare theory based on development in practice*" [Student E]

"I realised that the field of public health makes us **strip away the "SLH professional"** or any other specific professional, whoever that may be, and to face this as a "health professional". This understands the subject/community based on the context in which we are working. [Student A]

"[...] from the moment I had the opportunity to experience practices that involve public health, I was able to have a broader view of the health sector, principally in understanding that *it's not something isolated from other social sectors and to try to understand these and their relationships*. Understanding that the difficulties the SUS professionals face may vary from one place to another, based on problems identified within a specific population." [Student K]



The differentiation the students make between the mandatory components and the extracurricular activities in terms of their learning experiences is explicit, and they describe the latter as more stimulating. Further, it is important to acknowledge that only one student noted that a foundation in theoretical subjects facilitated these extracurricular experiences.

“During their undergraduate studies, until the internships, the students see themselves as being at some distance from public health practices, so that participation in extracurricular activities enabled us to *have unprecedented experiences and enabled a correlation with the theory seen in the classroom*. Furthermore, these activities allowed us to expand our viewpoint, since we were able to interact with students from other courses.” [Student D]

Overall, the paradoxes between the learning modalities produced a shift in the students’ viewpoints, creating permanent tension between the restricted view of their professional knowledge and a global vision of the field of health.

Discussion

The distance between Public Health and technical and professional learning emerged as one of the training limitations presented by these research subjects. In this sense, we note that an expectation exists on the part of the student that the concepts and assumptions studied in the curricular components will be applicable to their professional activities as SLH professionals. The foundation of this view appears to be the training model hegemically adopted by Brazilian higher education in health, including in SLH Sciences, where the curriculum organization is structured according to two points - the basic cycle of biological and health sciences and introductions to the profession; and the professional cycle composed of specific core components for professional knowledge and curricular internships. The student therefore expects that the contents learnt in the cycle prior to the professional one may be applied to SLH activities, particularly those aimed at the rehabilitation of communication disorders.

This kind of curriculum organization reflects a form of teaching strongly influenced by the Flexner model, proposed for 20th century medical teaching,

which is still in vogue in many Brazilian health courses. This teaching model is considered limited, because it does not respond to current health problems. Furthermore, it is centred on disease, with the clinic and/or hospital as the learning arena, and supervision according to market logic^{6,16}. Such matters neglect experiences of the comprehensiveness of care, the recognition of Healthcare Networks and the system in general, stimulating the reproduction of increasingly technical professionals¹⁴.

Similarly, another contributing factor to the distance observed by the students we interviewed may also be a separation between what is taught and the reality encountered in health services, that is, the absence of any observation of the relationship between the contributions of Public Health to the health system and experiences in curricular internships. This perspective is also influenced by the methodology used in teaching subject contents, which is traditional in nature and centred on the teacher, with no challenges based on reality¹⁷. This traditional approach to health training is often reflected in the memorizing of contents to obtain good grades, in detriment to investment in the development of critical and questioning attitudes and skills aimed at social modification¹⁶.

As an alternative to traditional teaching methods, studies have noted the efficiency of innovative methodologies which position the student as the subject of learning and stimulate working in teams^{17,18}. Using active learning methodologies, the student is able to develop critical and reflective attitudes, constructing their own knowledge with the teacher’s mediation, in detriment to Cartesian content-based instruction, which is focused on the transmission of information¹⁷. Guedes-Granzott et al.¹⁹ go beyond this, asserting that active learning methodologies have the potential to modify the comprehension and learning not only of the student, but also of the teacher, aimed at a critical awareness of facts, using questioning as an instrument that must modify the relationship between student and teacher towards a more active attitude within the teaching-learning process.

By adopting these innovations, the distance between Public Health and professional learning may be reduced, allowing the students to better understand that health practices are not restricted to technical SLH acts and therefore to move beyond the notion of Public Health as an area of SLH Sciences.



Given that health services are the ideal practice arenas for students to approximate reality at their point of training, we understand that teaching-service-community integration (TSCI) is fundamental to enabling significant learning. However, today, this integration still faces a number of challenges, as our research subjects report. What this confirms is that, in reality, the inter-institutional relationship between university and health services does not even provide linkages for activities.

Such difficulties in the relationship between the university and health services in attaining TSCI have been pointed out in studies by several authors. Among these we would like to highlight Oliveira et al²⁰, Colliselli et al²¹ and Pereira and Fraccolli²², who identify the non-existence of integration between institutions and the need to strengthen the participation and engagement of the actors involved in this process so that practical experiences for training future health professionals are enhanced. Such challenges range from training teachers and instructors, to the non-existence of integration. This leads to fragile, or even non-existent, integration, and often, little involvement by the service or, particularly, by the community in this training process. The challenges presented here evidence the need to rethink practices and policies for teaching-service-community integration, in order to reorient health professionals' training so that it falls in line with the real needs of services and the population.

Despite noting difficulties in the relationship with services in mandatory curricular components, we observed that the students understood that the extracurricular experiences that they had during the course were important for expanding their view of health, for multidisciplinary practices in health and for experiencing new social and learning contexts. This may also be seen in the Telles e Arce² study, which identified that SLH students saw the contributions PET-Saúde made to their training as: recognition of health needs, experiencing new learning practices, the meaning of comprehensiveness and working in an interdisciplinary team.

Conclusion

The views of SLH students reveal that Public Health components and extracurricular activities in this field expanded their vision of health, moving from strictly individual, biological and techni-

cal elements towards an understanding of living conditions and the health system in consonance with the aims proposed by the 2002 SLH Sciences Curricular Guidelines, a reference point for the curriculum in question. However, despite changes to the new curriculum, the students identified three central challenges for Public Health training in undergraduate SLH studies: the integration of specific professional knowledge with knowledge related to the social determinants of the health-disease process; linkages between educational and public health institutions, in the context of training practices aimed at SLH students; and incorporating the learning methodologies practiced in extracurricular activities, such as multi-professional experiences and intersectional activities, to the curriculum's mandatory public health components and internships.

It is worth positing that innovative curricular proposals require much more than documents and plans with proscribed intentions, but rather involve wider participation and coordination between the various actors from higher education and public health institutions, as well as constant reflections about active learning methodologies and arenas for interdisciplinary teaching-learning practice within the mandatory curricular matrix.

Given that this study only analysed the view of one sector, that is the students, we emphasize the need for a permanent evaluation of the curriculum based on the experiences of others involved, such as teachers, health service professionals, managers of educational and health institutions, and community members, in order to improve these proposals and obtain the commitment of all actors to move beyond formal and conservative teaching methods.

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