



Speech-language pathology performance in the multi professional hospital team and in public policies for chronic diseases: experience report in a Residency Program

Atuação fonoaudiológica em equipe multiprofissional hospitalar e nas políticas públicas de doenças crônicas: relato de experiência em um Programa de Residência

Desempeño de la fonoaudiología en el equipo multiprofesional hospitalario y en las políticas públicas de enfermedades crónicas: relato de experiencia en un Programa de Residencia

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Abstract

Objective: To present an experience of a speech therapist in a professional residency program inserted within a multidisciplinary team at a University Hospital and in the health policies of chronic diseases in the municipality in the interior of the state. **Method:** It is an experience report, with and discussion based on literature relating to practices by the multiprofessional team with emphasis on speech therapy in a two-year multiprofessional residency. **Experience:** The multiprofessional residency takes place as a training process through and for health work, with the possibility of teamwork and which is connected to the daily routines of health services. The speech therapy practice in hospital spaces and in public policies is still relatively new, and sometimes it is unknown by members of a multiprofessional team.

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EMM: Conception and design of the study; literature review; data acquisition; elaboration of the manuscript; intellectual revision of the manuscript.

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The multidisciplinary residency creates a broad training space, which allows an expanded look at health processes, and which increasingly encourages health professionals to qualify and seek new ways of doing health and thinking beyond the nucleus, this being experienced in the hospital context, including during the pandemic experienced by COVID-19, and in the context of management in a regional health coordination office. **Conclusion:** Speech therapy plays a very important role within multiprofessional team of a residency program, whether in hospital environments or in important public policies, as it can actively contribute to the improvement of care processes and care for patients with chronic diseases.

Keywords: Hospital Care; Chronic Diseases; Education, Continuing; Speech Therapy; Health Policy; Health Unic System.

Resumo

Objetivo: Apresentar a experiência profissional de um fonoaudiólogo em um Programa de Residência inserido em equipe multiprofissional em um Hospital Universitário e nas políticas de Saúde das doenças crônicas de um município de interior do estado. **Método:** Trata-se de um relato de experiência, com reflexões e discussão com base na literatura relacionando às práticas vivenciadas pela equipe multiprofissional com ênfase na atuação fonoaudiológica em um Programa de Residência Multiprofissional, com duração de dois anos. **Relato de experiência:** A Residência Multiprofissional se dá como um processo de formação pelo e para o trabalho em saúde, com possibilidade de atuação em equipe e que se conecta às rotinas diárias de serviços de saúde. A prática fonoaudiológica nos espaços hospitalares e nas políticas públicas é relativamente nova e algumas vezes ainda é desconhecida por membros da equipe multiprofissional. A Residência Multiprofissional possibilita um vasto espaço de formação ao fonoaudiólogo, permitindo um olhar ampliado sobre os processos de saúde e incentivando cada vez mais os profissionais a buscar qualificação e novas formas de fazer saúde e pensar além do núcleo, sendo isso vivenciado no contexto hospitalar, inclusive durante a pandemia pela COVID-19, e também no contexto de gestão em uma Coordenadoria Regional de Saúde. **Conclusão:** A Fonoaudiologia tem um papel muito importante na equipe multiprofissional de um Programa de Residência, seja nos ambientes hospitalares ou nas políticas públicas, pois pode contribuir ativamente na melhoria dos processos assistenciais e no cuidado ao paciente com doenças crônicas.

Palavras-chave: Assistência Hospitalar; Doenças Crônicas; Educação Continuada; Fonoaudiologia; Política de Saúde; Sistema Único de Saúde.

Resumen

Objetivo: Presentar una experiencia de un fonoaudiólogo en un programa de residencia multiprofesional inserto en un equipo multidisciplinario en un Hospital Universitario y en las políticas de salud de enfermedades crónicas en el municipio del interior del estado. **Método:** Es un relato de experiencia, con discusión basado en la literatura referente a las prácticas del equipo multiprofesional con énfasis en logopedia en una residencia multiprofesional de dos años. **Experiencia:** La residencia multiprofesional se da como un proceso de formación por y para el trabajo en salud, con posibilidad de trabajo en equipo y que se vincula a la rutina diaria de los servicios de salud. La práctica logopédica en los espacios hospitalarios y en las políticas públicas es todavía relativamente nueva, y en ocasiones desconocida por los integrantes de un equipo multiprofesional. La residencia multiprofesional crea un amplio espacio de formación, que permite una visión ampliada de los procesos de salud e incentiva cada vez más a los profesionales de la salud a cualificarse y buscar nuevas formas de hacer salud y pensar más allá del núcleo, siendo esto vivido en el contexto hospitalario, incluso durante la pandemia vivida por el COVID-19, y también en el contexto de gestión en una coordinación regional de salud. **Conclusión:** La fonoaudiología juega un papel muy importante dentro de lo equipo multiprofesional de un Programa de Residencia, ya sea en ambientes hospitalarios o en importantes políticas públicas, ya que puede contribuir activamente a la mejora de los procesos de atención y atención a los pacientes con enfermedades crónicas.

Palabras-clave: Atención Hospitalaria; Enfermedades Crónicas; Educación Continua; Terapia del lenguaje; Política de Salud; Sistema Unico de Salud.





Introduction

Healthcare involves several important aspects, such as disease prevention, protection, rehabilitation, and promotion of user health. In this context, the interdisciplinary and comprehensive nature of care aims to promote teamwork, as well as to prioritize attention to the health needs of individuals, while preventing the fragmentation of this care in service routines¹.

Within the scope of the Unified Health System (Sistema Único de Saúde -SUS), Chronic Degenerative Diseases are considered those that, combined with a set of factors, lead to progressive health deterioration. Its etiology is multifactorial, and it is known that there is an interaction between behavior, environment, and genetic profile. Under this approach, health should be understood from a socio-ecosystemic conception, in which different social systems are articulated in order to provide healthy living for individuals, families, and the community².

The reorganization of the user-centered health system is important to improve care, aiming to qualify both access and welcoming practices, intersectoral articulation, dynamization of social control forms and the realization of equity. The speech-language therapist, when joining a multi-professional team working in the specialty of Adult Health with Emphasis on Chronic-Degenerative Diseases, often as a newly graduated professional, needs to successfully perform their functions within their possibilities and needs of action^{2,3}.

In this context, the Multiprofessional Residency in Health Professional Area in the Multiprofessional modality comes as a program of intersectoral cooperation, created through the promulgation of Law No. 11,129 of 2005, being guided by the principles and guidelines of SUS, considering local and regional needs and realities. The Multiprofessional Residency is intended to help health professionals qualify for the job market, especially in the priority areas of SUS. With a minimum duration of two years, the programs have an emphasis on the practice called “education-service teaching,” requiring exclusive dedication and being divided into practical, theoretical-practical, and theoretical educational strategies⁴.

For residents, practical activities are subdivided into Field and Core activities. The field represents interdisciplinary and interprofessional actions

among teams, sharing planning, task division, collaborating so that the group of professionals can contribute to more integrated practices, valuing communication and the exchange of knowledge, which strengthens the team and contributes more and more to the comprehensive care of the user⁵. In addition to hospital practice, there is the possibility of working in the Regional Health Coordination (RHC), acting as a professional in the management of public health policies and in the Health Care Network for People with Chronic Diseases.

In core care activities, the speech therapist is centered on actions more focused on the bedside care of patients, with demands knowledge and specific attributions of their specialty, which contributes to the construction of the identity and specificity of their profession⁶.

Although speech therapy is a relatively new profession in the hospital context, the possibilities and advantages of the speech therapist working early and preventively in this environment are numerous, especially regarding the evaluation and rehabilitation of dysphagia, promoting the quality of life of patients. In addition, the speech therapist can contribute as a health professional in promoting rights and structuring public health policies aimed at this population público^{6,7}.

In light of the above, this work aims to describe the experience of a speech therapist during the Multiprofessional Residency in Health within the multiprofessional team, working in a university hospital and in public health policies for chronic diseases in a municipality inland of the state.

Method

This is an experience report, based on experiences of a speech therapist in the practice settings of the Multiprofessional Health Residency.

The activities were developed in a University Hospital in the countryside of the state, from March 2020 to January 2022, in the Surgical Clinic, Speech Therapy-Dysphagia Outpatient Clinics, Medical Clinic II, and Home Care Service, targeting adults and seniors with chronic-degenerative diseases.

The afore mentioned hospital is characterized as a general, teaching, public and tertiary hospital that fully serves through the SUS.

Its purpose is professional education, developing teaching, research, and extension through



community assistance in healthcare. In addition, this report will address hospital performance during the COVID-19 pandemic experienced during the residency period, as well as the participation of speech therapy in a Regional Health Coordination (RHC), as one of the fields of the Multiprofessional Residency.

Thus, this report is divided into three sections: Hospital Speech Therapy Performance, Multiprofessional Residency facing COVID-19, and Performance in Public Health Policies.

Experience report

Hospital Speech Therapy Performance

Federal university hospitals are considered human resource training centers in the healthcare field, providing support to teaching, research, and extension of the higher education institutions to which they are linked. Furthermore, in the field of healthcare, federal university hospitals are reference centers of medium and high complexity for SUS.

The resident, when starting in his/her practice field, is guided by a set of preceptors who are professionals from the hospital's fixed team and are divided into core and field preceptors. They accompany the resident from the same professional core and also assist residents from other professions in performing multidisciplinary activities.

The professional cores that integrated the resident team this year were: Nutrition, Pharmacy, Psychology, Physiotherapy, Nursing, Dentistry, and Social Services, constituting the multiprofessional team. The speech therapist, inserted in the multiprofessional team, helps to minimize the risks of pulmonary complications, undernutrition, and dehydration, and mainly works on the rehabilitation of possible sequelae that the underlying pathology can leave in patients with chronic-degenerative diseases^{7,8}.

Speech therapy performance in the hospital environment usually starts with active search or after clearance or request from the medical team, where, depending on the patient's demand, a request for an opinion is made through an internal system. After the request, the bedside speech therapy evaluation is performed, and follow-up is initiated until hospital discharge, if necessary. Studies confirm that early intervention, even in the acute phase of the disease, provides an improvement in the user's con-

dition, so communication between professionals is important so that demands can be seen as soon as possible, allowing for early and effective action⁸.

The most commonly observed speech therapy alteration in hospital care, in addition to language and orofacial motility disorders, is Oropharyngeal Dysphagia, which is characterized by a swallowing difficulty related to the functioning of oropharyngolaryngeal and esophageal structures, making the safe, effective, and comfortable ingestion of saliva, liquids, and/or foods of any consistency difficult or impossible^{5,8}.

Dysphagia is not a disease but a symptom of an underlying disease that can be congenital or acquired, permanent or temporary, caused by different factors (neurogenic, mechanical, age-related) and that can impair an individual's quality of life^{7,9}.

As for its classification, dysphagia can be further subdivided into neurogenic and mechanical dysphagia. Neurogenic dysphagia is characterized by swallowing disorders that occur due to a neurological disease, with symptoms and complications resulting from sensory-motor impairment of the muscles involved in the swallowing process. Mechanical dysphagia, on the other hand, occurs when the difficulty in swallowing is the result of structural changes⁹.

In the Surgical Clinic, the user profile consists of patients with mechanical dysphagia, mostly due to surgeries or trauma in the head and neck region. While in the Medical Clinic, there is a greater number of users with chronic degenerative diseases, and the prevalence of neurogenic dysphagia is observed, accompanied by complaints of aphasia, dysarthria, among other alterations, resulting from the sequelae of a stroke or Alzheimer's disease, for example. While in the Home Care Service, which is a service offered to patients who require prolonged hospitalization but not in a hospital environment, the target audience varies with patients from both clinics.

In general, the most common comorbidities found were diabetes and systemic arterial hypertension, which may be associated with the most common hospitalization diagnosis, stroke, leading users to undergo long periods of hospitalization, in addition to presenting a high rate of readmission and comorbidities.

After a thorough speech-language evaluation, interventions and procedures are discussed with other professionals involved (multidisciplinary





team: doctors, nurses, nutritionists, physiotherapists), in the pursuit of the rehabilitation of the hospitalized user, aiming to reduce hospitalization time, hospital costs, and ensuring a safe discharge¹⁰.

The experience of participating in a multidisciplinary team generates more safety in patient care, as in case discussions with different professionals in high-level management meetings, the speech therapist can learn and think beyond the boundaries of their specific academic training, building a more expanded and humanized approach to patient care every day.

The speech therapist's participation in the hospital environment provides the team with greater safety when releasing diets, as through clinical assessment of swallowing and rehabilitation, it is possible to reduce the chances of patients developing diseases such as aspiration pneumonia, for example. Another advantage is that speech therapy integrates with various areas that aim to promote the health of the individual as a whole.

Hospital teams, such as doctors, nurses, physiotherapists, dentists, and psychologists, sometimes do not know about the role of speech therapy in the hospital context, but usually request evaluations when they suspect that the patient may be aspirating food. In this context, speech therapy contributes by assisting teams to observe small details and follow guidelines such as the patient's positioning in bed during feeding and controlling the speed of intake, details that professionals often overlook and that can significantly contribute to the patient's recovery, reducing hospital stay time, as well as improving their overall clinical condition.

Through the experience of the multidisciplinary residency, one can perceive the importance of the speech therapy profession in the hospital setting, as more and more users require speech and language evaluation and intervention due to different underlying diseases. Furthermore, because it is a relatively new profession in this context, it is important to show other professionals the work of speech therapists and the benefits of early interventions for the patients served.

Multidisciplinary Residency and COVID-19

COVID-19 is a severe respiratory syndrome caused by the SARS-CoV-2 virus, which presents many sequelae. Due to the speed of dissemination, severity, and difficulties in containing the disease,

the World Health Organization (WHO) declared a pandemic by the novel coronavirus on March 11, 2020¹².

In a few months, thousands of cases and numerous deaths were confirmed due to this disease, with a rapid spread to hundreds of countries causing respiratory illnesses and mass deaths¹³.

Due to the sequelae caused by the disease, special clinics were created to meet these demands and ensure the rehabilitation of these patients. One of the measures was the creation of a post-COVID speech therapy clinic, which allowed patients who were infected by the virus and needed speech therapy rehabilitation to be treated.

On April 28, 2020, the WHO recognized the role of speech therapists in the treatment of patients with COVID-19, and therefore the clinic began to address the demands for speech and language rehabilitation related to swallowing and/or voice voz^{13,14}.

Patients hospitalized in intensive care units due to COVID-19, in some cases, require intubation and prolonged mechanical ventilation. Recent studies indicate that these patients may develop damage to the central and peripheral nervous system as a direct result of the virus or due to the innate and adaptive immune response to the infection. Patients, whether due to prolonged intubation or neurological damage, are at high risk of oropharyngeal dysphagia. In this context, speech therapy played an active role in the rehabilitation of these patients¹³.

Post-COVID-19 sequelae are increasingly being observed and studied, especially muscular and respiratory weakness, fatigue, and sensory changes, which are being called Post-COVID-19 Syndrome or Long COVID. It is important to note that not only severe cases have presented this picture but also moderate and mild cases. Therefore, the importance of multiprofessional rehabilitation is fundamental¹⁴.

Through this new reality and abrupt start of care for COVID-19 patients, it was necessary to provide training to healthcare professionals to prepare and equip them, as little was known about managing these patients worldwide.

During the pandemic period, with all the necessary changes to meet the patient demand, aiming to reduce hospitalization time and ensure safe hospital discharge, high management rounds were implemented. Every Thursday, the multidisciplinary team of residents along with the hospital's



fixed team would meet to discuss cases of patients with hospitalization exceeding 20 days, plan the hospital discharge, and resolve pending demands.

Discharge planning is an organized transition process enriched by the contribution of different healthcare professionals, involving the patient and their family, seeking to refer the patient and provide the necessary referrals to the health care network to continue care¹⁵. As the municipality's network is somewhat fragile, patients who needed long-term speech therapy were referred to the SRC II (Specialized Rehabilitation Center) or to the dysphagia speech therapy clinics at the University Hospital, or relocated to the Home Care Service, when they needed other specialized care in addition to speech therapy.

Role in Public Health Policies

RHC are responsible for planning, monitoring, and managing health actions and services in a specific territory.

The implementation of public policies aimed at promoting prevention and reducing the prevalence of risk factors related to Non-Communicable Diseases (NCDs) has become a challenge to be faced by all levels of the SUS management¹⁶.

In recent years, there has been an expansion of Primary Health Care, covering about 60% of the Brazilian population, where health teams work in a defined territory, with an assigned population, performing promotion, health surveillance, prevention, and assistance actions, as well as longitudinal follow-up of users. NCDs are responsible for more than half of the deaths in Brazil, with 54.7% of deaths from Chronic Non-Communicable Diseases (CNCDS) and 11.5% of deaths from other diseases identified in 2018. The main risk factors associated with CNCDS are smoking, physical inactivity, inadequate diet, and alcohol use¹⁷.

Chronic diseases are a set of chronic conditions that aggravate health. In general, they are related to multiple causes and are characterized by a gradual onset, usually uncertain prognosis, with long or indefinite duration¹⁷.

In this perspective, in 2020, the Ministry of Health published the "Strategic Action Plan for Addressing Chronic Diseases and Non-Communicable Diseases in Brazil," valid between 2021 and 2030. This plan aims to prevent risk factors for the development of NCDs and promote health for the population, through guidelines and actions in three

areas: a) surveillance, information, evaluation, and monitoring; b) health promotion; c) comprehensive care as the formation of integrated and regionalized health care networks has shown to be an effective way to organize health systems to respond to some of these structural and epidemiological challenges, bringing better results for health indicators. The implementation of the Chronic Diseases Care Network aims to promote changes in health care in a series of dimensions¹⁶.

In RHC, residents are inserted in Chronic Diseases Policies, where it is possible to integrate with residents from other emphases of the Residency Program, leaving the hospital context and becoming more involved in health networks, dynamically allowing for constant exchanges between the team, which has always been highly coordinated in all its actions. The multi-professional team of residents inserted in this space includes nurses, physiotherapists, occupational therapists, and speech therapists. In this line of care, the speech therapist, as a health professional, is also an indispensable actor to promote the realization of rights and in the construction of public health policies that meet the real needs of the population.

The role within a RHC, especially in the formulation and implementation of public policies, is still recent in the field of Residency for those who participate in the Hospital Management and Attention Program. This performance is still being improved and gaining space, but it is very important, not only for the speech therapist but also for the other professionals in the multi-professional team that have this experience, as it allows them to work integrated with others outside of their core. Acting in policies differs from direct patient care; in this field, activities such as participation in health conferences, regulation of access to services, monitoring of clinical data on chronic patients in the region, as well as training activities for health professionals, such as organizing events for basic network professionals on complementary integrative practices, phytotherapy, among other activities that are part of SUS and can be implemented in service routines.

In general, being in a RHC allows the speech therapist to participate in exchanges with other levels of the Health Care Network, resulting in a great learning experience regarding new ways to promote health as a whole¹⁸.





Discussion

There are many challenges for humanized health practices, especially in the hospital environment, where there is still a doctor-centered organization. However, the Multiprofessional Residency Program contributes to breaking traditional models in its actions, bringing the Expanded Clinic and longitudinal care of the individual to hospital practice. This allows for reflections and changes that start with the resident, gradually infecting other professionals with new ways of delivering health care¹⁹.

Additionally, services should provide access and be resolute in relation to problems and risks that affect the population's quality of life, developing actions to promote health, prevent risk factors and morbidities, assist with damage, and rehabilitation according to the chronic-degenerative patients health-disease process¹⁸.

Due to the current configuration of the world's population pyramid (inverted), birth rates have fallen and the elderly population has increased, consequently increasing the number of NCDs (Non-Communicable Diseases). NCDs include diabetes mellitus, cardiovascular diseases, cancer, chronic respiratory diseases, long-term mental disorders, persistent physical and structural disabilities, metabolic and oral diseases²⁰. These constitute a public health problem, being the main cause of morbidity and mortality worldwide, responsible for 71% of mortality. Globally, about 15 million people die prematurely (individuals between 30 and 70 years old)²¹.

The hospitalization period is a challenging period for the patient, and it is up to the teams to provide the necessary care, assessing and intervening in the limitations presented. Most of the patients treated during the residency at the University Hospital are elderly, with mobility impairments and cognitive changes, often requiring support even to get out of bed.

One of the strategies for Speech Therapy in hospitals that can contribute to improvements in care processes would be the use of performance indicators in their services, which could generate direct benefits to patients, as well as strengthen evidence-based practice that relates interventions to their respective outcomes²². This management demonstrates the effectiveness and efficiency of rehabilitation programs⁵.

In the Nucleus practices, whether in bedside care, outpatient clinics or home service, the treatments are guided by another speech therapist, the nucleus preceptor, who assists in interventions, contributes to clinical case discussions and supports the resident during the learning process. This supervision allows both the preceptor and the resident to develop a critical-reflective thinking about what is being done, and it is in these spaces of exchanges that knowledge is consolidated.

During daily practice, the challenge of operating in a public health system is observed, considering the health system implemented in Brazil, policy makers and managers are challenged to ensure the availability and accessibility of health for the entire population. Another challenge is the growing demand for health professionals (multiprofessional team) in both the public and private sectors, mainly attributed to the expansion of service networks.

Great challenges were generated for public health in the country with the COVID-19 pandemic, resulting in various sudden changes and adaptations, such as the need to reorganize assistance and care, expand intensive care unit beds, seek sufficient diagnostic tests, and supply personal protective equipment that was scarce in the market²³.

With the advancement of the pandemic, low investments in the health sector were observed, an insufficient number of professionals, precarious equipment, hindering the performance of essential exams, further complicating the work of health professionals, putting the population's health at risk and increasing the daily challenges of strategic teams.

Given what has been exposed, it is evident how much the multiprofessional residency program needed to adapt to organizational processes over this two-year period. It is important to emphasize that the multiprofessional approach in this challenging moment facilitates the development process of health actions²³. Thus, it further strengthens the importance of the multiprofessional role of health professionals, enabling joint work among different classes and joint planning of actions. Additionally, having the speech therapist also acting in management and formulation of public policies can contribute to better care. The challenges faced by a united and qualified team facilitate comprehensive and quality care to SUS users²⁴.

Final considerations



The multiprofessional residency is a formation process for and by health work and a valuable training possibility that connects to the daily routines of health services. Therefore, it is important that institutions increasingly open their doors to receive residents. It is important to note that, as relevant as the insertion of professionals from different areas of knowledge into a health team, its sustenance as a work organization proposal over time in institutions and services is equally important.

Speech therapy has a very important role within multiprofessional teams, and as a profession that is growing and gaining space, it is important that professionals seek to integrate themselves into the teams to which they belong. In this context, Multiprofessional Residency creates a vast space for training, allowing an expanded view of health processes and encouraging health professionals to seek qualification and new ways of providing healthcare and thinking beyond the nucleus. Whether in the hospital environment or in public policies, speech therapy can actively contribute to the improvement of care processes, leading to direct benefits for users with chronic diseases.

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