



The Family Health Support Center as a work-education integration area: the experience of the Speech, Language and Hearing Sciences school at Federal University of Bahia

O Núcleo de Apoio à Saúde da Família como espaço de integração educação-trabalho: a experiência do curso de Fonoaudiologia da Universidade Federal da Bahia

El Núcleo de Apoyo a la Salud de la Familia como espacio de integración educación-trabajo: la experiencia del curso de Fonoaudiología de la Universidad Federal de Bahia

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Abstract

This paper aims to describe and analyze the experience of a theoretical-practical discipline in partnership with a Family Health Support Center team (NASF) from the Speech, Language and Hearing Sciences course at Federal University of Bahia in Salvador, Bahia. The relevance of this experience is related to the inclusion of students in Primary Health Care, through Family Health Strategy, in which NASF is inserted, besides providing that the students recognize themselves as qualified professionals to

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propose and implement health policies in primary health care in the future. The programmed actions of this course, in accordance with the activities of the NASF, are presented, as residential visits, groups of pregnant women, attendance, NASF meetings and their meetings with the Family Health Teams. The main results of this process show the appropriation of students about the NASF team work, the identification of some daily work challenges which must be overcome and the contribution of this experience to the comprehensive health care of the users, showing that Speech, Language and Hearing Sciences may contribute to primary health care in the reality of Salvador.

Keywords: staff development; primary health care; teaching care integration services; family health; speech, language and hearing sciences.

Resumo

O presente relato tem como objetivo descrever e analisar a experiência da primeira turma de uma disciplina teórico-prática do curso de graduação em Fonoaudiologia da Universidade Federal da Bahia, junto a uma equipe do Núcleo de Apoio à Saúde da Família do município de Salvador, Bahia. A relevância dessa experiência diz respeito à inserção de estudantes de Fonoaudiologia no espaço que compreende a Atenção Básica, através da Saúde Família, na qual o NASF está inserido, além de proporcionar ao estudante a possibilidade de se reconhecer como futuro profissional habilitado a propor e executar políticas de saúde na Atenção Básica. São apresentadas as ações programadas da disciplina de acordo com as atividades desenvolvidas pelo NASF, como visitas domiciliares, grupos de gestantes, acolhimentos, reuniões do NASF, bem como reuniões deste junto às equipes de Saúde da Família. Como principais resultados deste processo, destacam-se a apropriação pelos estudantes do trabalho desenvolvido pela equipe do NASF, a identificação de alguns desafios do cotidiano do trabalho a serem superados e a contribuição da experiência para o cuidado integral à saúde dos usuários. Isso evidencia que a Fonoaudiologia pode contribuir para a Atenção Básica na realidade de Salvador.

Palavras-chave: desenvolvimento de pessoal; atenção primária à saúde; serviços de integração docente-assistencial; saúde da família; fonoaudiologia.

Resumen

El presente relato tiene como objetivo describir y analizar la experiencia de la primera clase de un curso teórico-práctico de grado de Fonoaudiología de la Universidad Federal de Bahía, junto a un equipo del Núcleo de Apoyo a la Salud de la Familia de la ciudad de Salvador, Bahia. La relevancia de esta experiencia se relaciona con la inclusión de los estudiantes de Fonoaudiología en el espacio que comprende la Atención Primaria de Salud a través de la Estrategia Salud de la Familia, en la que se inserta el NASF (Núcleo de Atención a la Salud de la Familia), además de proporcionar a los estudiantes que se reconozcan como futuros profesionales calificados para proponer e implementar políticas de salud en Atención Primaria. Las acciones programadas del curso son presentadas de acuerdo con las actividades desarrolladas por el NASF, tales como visitas domiciliarias, grupos de mujeres embarazadas, acogimiento, reuniones del equipo NASF, así como las reuniones del Núcleo con los equipos de Salud de la Familia. Como principales resultados de este proceso se destacan la apropiación por los estudiantes del trabajo realizado por el equipo de NASF, la identificación de algunos de los desafíos diarios de trabajo que se deben superar, y la contribución de la experiencia para el cuidado integral de la salud de los usuarios. Eso demuestra que la Fonoaudiología puede contribuir para la Atención Primaria en la realidad de Salvador.

Palabras clave: Desarrollo de personal; atención primaria de salud; servicios de integración docente asistencial; salud de la familia; fonoaudiología

Introduction

In Brazil, the Family Health Strategy (ESF) was adopted as the main proposal for the reorientation of the health care model in the Unified Health System (SUS). This strategy aims to strengthen the Primary Health Care (APS) through the establishment of a health care that considers the person in its uniqueness from a new social and cultural ethics, in order to promote to the person and their families' health and quality of life¹. In order to achieve this goal, the work of the Family Health teams can be considered the key to the ongoing search for communication and exchange of experiences and knowledge among the professionals and the community².

The Family Health Support Centers (NASF) aims to expand the scope of the Primary Health Care interventions. They were created by the Ministry of Health in 2008 with the purpose of supporting the integration and consolidation of the ESF in Brazil. According to its guidelines, the NASF is an innovative political strategy that aims to improve the care and health management in Primary Health Care/Family Health Strategy. As required, in addition to technical knowledge, there is the responsibility of a given number of Family Health Teams to develop skills related to the paradigm of the ESF².

NASF is structured around two main theoretical and methodological perspectives: Matrix Support³, which seeks to provide care and technical-pedagogical support to the family health teams, and the Amplified Clinic, which is a tool of inclusion with different approaches and disciplines, in order to promote the health care and treatment according to enhancing the creation of bonds with the service users, who are treated in a unique way, considering their personal relationships, their work, culture, etc².

Considering the complexity of health care process within ESF, it's necessary that the professionals incorporate practices and knowledge about the health work in SUS and develop new skills and abilities⁴⁻⁶, especially related to Primary Health Care. In addition to technical skills, the professionals of the ESF teams need to be identified with a work that often demands creativity, initiative and vocation for the services⁷, which also applies to NASF professionals.

In this scenario, we recognize the important

role of higher education institutions (IES) as a social structure capable of supporting the consolidation of the health reform process. However, the graduates sometimes are not a good fit for the health care practices of this system⁸. Furthermore, the peculiarities of NASF also require specific professional training to work in this innovative environment, which still is a challenge for the health professions. There is a growing concern with the new perspectives of professional education in health, through the creation of programs which aim to integrate bases for health care work⁹.

We understand the concept of education as what happens in the world, in the consciousness of the person when become working in the field, ineducation and knowledge turn into significant experiences.

In Brazil, the healthcare undergraduate courses conducted Curricular Reforms in the past decade aiming closer ties between the health professionals education and the population's real needs in order to the education comply with SUS and to the recommendations on official documents which establish that the education of health professionals should be directed to the current healthcare system.

In general this process can be observed in Speech, Language and Hearing Sciences schools. In Federal University of Bahia (UFBA), the last process of curriculum reform, which occurred in 2010, created a new matrix that enabled the construction of new teaching practices guided by health care education through pedagogical models that value the subject and the health care process with special focus on primary health care, although the historical challenges of education remain, as the overcoming of the hegemonic biomedical logic.

It is important to highlight that learning based on primary health care, as ESF and NASF, prioritizes the insertion of students in practical activities, allowing an amplified clinic of knowledge, the effective application of prevention and promotion actions and the experience of hosting the demand, with epidemiological assessment to the vulnerability of people and communities⁹⁻¹¹, among others.

Thus, curriculum components and supervised training related to public health were included into the Speech, Language and Hearing Sciences course of UFBA, which allowed students and professors to incorporate the reality of working within the Family Health Strategy in the city of Salvador,



Bahia. Among the changes that occurred, it was built and developed a supervised training proposal with a NASF team in the city.

There are some studies about the work of the Speech, Language and Hearing professionals in NASF¹²⁻¹⁴, but only one article focuses the experience of education in it¹⁵, what highlights the gap between the education theme and work integration within it.

This article aims to describe and analyze the experience of a theoretical and practical discipline of undergraduate degree in Speech, Language and Hearing Sciences at UFBA with a NASF team of Salvador.

Proposal presentation

This article is part of the results of the research project “The Primary Health Care in the Speech, Language and Hearing Sciences schools in Bahia”, approved by the Research Ethics Committee of the University Hospital Professor Edgar Santos - HUPES / UFBA, under the protocol number 134.348.

It is emphasized that the experience reported in this article is based on the understanding that education is a process in constant motion throughout life. In other words, it is understood that what is experienced by those who benefit from educational contributions, or those who reflect on educative episodes in their lives, institute a mean of access to education, since their experiences are particularized¹⁶. Thus, this paper focuses on the initial educative experience of a teacher and a student of Federal University of Bahia that occurred in the NASF. The period described was the second half of 2012, when the discipline was first performed in the course, with the participation of six students, four hours per week.

Throughout the semester, the subjects recorded the main events in a journal, what allowed the construction of narratives which would enable the analysis to identify the significant experiences for the students’ education in the discipline. The writing of narrative, as an experiential learning tool, implies placing the subject in a subjective and intersubjective practice of the education process, from the experiences and learning expressed in narrative text. So, its construction is strengthened and the reflections and questions arising from the process of learning and knowledge involved lead

to the transformation of the subject in school¹⁷.

The discipline objectives are to know and discuss the main working tools and theoretical frameworks that support the proposal of the Family Health Support Center and to recognize limits and potential of it for strengthening the Primary Health Care in SUS, from the integration of students in the reality of the work that is developed by a team of Salvador.

Description and analysis

In the previous six months the entry of students in the field of practice of the discipline, the activities that would be developed in the course directly with the NASF team and the management of the chosen Sanitary District were held. Meetings with professors, professionals and managers were carried out, when it was presented the general proposal of discipline and discussed the actual situation of NASF in the city, the main problems, needs and potential of teams, especially of the ones which would be accompanied by the students.

This initial moment was important for activities planning that allowed to set up a schedule grounded in real activities carried out by professionals, who have committed to organize their work process in order to insert new subjects in their daily work to maximize the integration of education and health care work. This process allowed students to assume critical thinking about the work processes in Primary Health Care. Thus, an important link between the professionals and the academics was created.

The theoretical education

The activities of the discipline began with three meetings between students and professors at the University, in order to discuss critically the theoretical and political base of Family Health Support Centers, with special focus on their working processes. Thus, different topics were approached, such as Matrix Support, Amplified Clinic and different tools provided for the work in this Center. This allowed greater students’ understanding about the proposal. They could not only observe critically the work, but also to propose interventions that could support the team members in order to take a participative and interested attitude.

It is emphasized that this discipline is held after

an extensive theoretical and practical education in Public Health Care, involving topics as Politics, Planning and Management in Health Care, Social Sciences and Humanities, and Epidemiology.

In addition to these initial discussions, other theoretical and supervision meetings were performed monthly at the University, with the view to permanent analysis of experienced, integrating theory and practice. Many of these meetings were shared with the team members, which also showed interest in qualifying for work in NASF, considering that they have not had education in Public Health.

The experienced practice

The NASF team was composed of four professionals, two physical therapists, one occupational therapist and one social worker, and the Matrix Support work was developed with eleven Family Health teams of three health services in a Sanitary District of Salvador. Two groups, each one composed of six students and a professor accompanied all activities with the NASF professionals. At the end of the day, there was time for discussions among professionals, professors and students regarding what happened on the day.

Initially, the abilities and skills of Speech, Language and Hearing professionals at SUS, with special focus on NASF, were presented for NASF and ESF teams. There were not professionals with this specialization at NASF in Salvador, what represented a challenge for students and professors to build the identity of this professional in this space.

This first approach has facilitated the establishment of some interdisciplinary interventions for people's care process through the articulation of students, professors, NASF and ESF teams. The students were able to support the NASF team in different actions that they already developed, such as the group of pregnant women and home visits to people who had a stroke.

The pact between UFBA and NASF predicted the possibility of technical and pedagogical support to professionals only in cases that were already being monitored by the team. This premise has been established in order to not create new demands that could not be contemplated, since there was no speech, language and hearing professional on staff.

Furthermore, interdisciplinary activities were prioritized, which included home visits, groups developed in different health care services, user's

embracement, NASF team meetings and those with the Family Health teams.

Activities developed

Throughout the discipline, there were conducted **home visits** with NASF professionals and Community Health Agents. Considering them as technologies to create spaces of inter subjectivity, permeated by speaking, listening and interpretations which may lead to accountability around the problems that will be faced¹⁸. These visits were defined from the identification of the health needs of the population. There were many cases and were related to mental health, strokes and injury. It was especially outstanding the situation of a patient in psychological distress who was abandoned by his family. From the discussion with the group of students and professionals, new possibilities have been identified to trigger other social facilities of the territory and to promote the establishment of a support network from the Psychosocial Care Centers (CAPS).

In this case, students and professor could contribute with a critical and creative point of view, supporting the NASF team regarding the complexity of this case and also creating an experience of an interdisciplinary and planned action. This process revealed the partnership established between the University and NASF, confirming a participatory role of the experience. In addition, made the students reflect on the different possibilities of articulation within the health system, in multiple ways.

We also made home visits to people who had stroke with language and swallowing difficulties. In these cases, the subjects' family members, NASF professionals and health care agents were oriented to observe and promote healthcare at home, considering the different characteristics and specificities of each family as well as forward care to those who needed other kind of treatment. The guidelines occurred at the time of supervision, when health community agents carried the cases identified to be discussed, and during the visits.

Finally, some visits were made to people who suffered some kind of injury and therefore, had to face other emotional problems like work leave of absence, therefore low family income. The interventions were conducted mostly by a physical therapist who performed rehabilitation strategies trying also to expand the care, in order to consider the suffering of people. These visits, which at first



sight would not require a specific action of the speech, language and hearing professional, were important for the consolidation of a health practice that goes beyond the disease, making students to understand the home visit as important tool in NASF.

Thus, the home visits, in general, allowed the students to experience not just an isolated action, but also recognize the health situations complexities, the families' challenges, relationships that characterize the health-disease process, and the different realities of the people who are accompanied by NASF team. Thus, the amplified clinic, within its limitations, could be experienced and understood.

Another action experienced by students was the **group of pregnant women**, which was characterized as a health education activity promoted by professionals. Based on the dialogical perspective of health education, which recognizes the people as subjects with some knowledge about their health-disease care processes and their specific conditions of life¹⁹. Students were able to plan and execute an educational activity as a specific contribution from Speech, Language and Hearing Sciences, exchanging with other areas, in order to broaden care to pregnant women. The actions addressed some topics as normal and cesarean birth delivery; breastfeeding, and the importance of its exclusivity until six months of age, posture for baby feeding, hygiene and breasts care; neurological psychomotor development; neonatal auditory screening. In these moments we also accepted the demands and questions of the participants and their partners, who were hardly ever present.

These moments have raised important reflections on the educational activities of NASF team, considering that the students questioned the traditional educational system that was usually used by professionals, primarily focused on vertical transmission of education. These issues were pointed out to the staff, who reflected and adopted other practices, showing therefore an important contribution of the students' group to the team work.

Other groups have also been experienced, as "HiperDia" (people with hypertension and/or diabetes), physical activity group and people with chronic pain. The students also accompanied the **embracement** which happened in the health services. This activity, one of the strategies of

the National Humanization Policy (PNH), aims to broaden and improve the of people's access to services, reorganizing the work process in order to promote the humanization of health care. Understood as caring and committed exchange with the production of health, the embracement is one of the PNH devices that directly influence some of the SUS principles. This also shows that the people's knowledge must complement the workers and manager's knowledge, overcoming the individualism and the verticalism^{20,21}.

Two special cases allowed the practice of this strategy in the discipline. The first refers to an alcoholism situation in which the person and his mother sought the health service for help. One professional of NASF made the embracement and held a qualified listening that addressed the history of life, social, cultural and economic aspects of the family, as well as his desire about the care process. The case was referred to the CAPS with a view to sharing actions with NASF and ESF, being rescheduled a new visit to the health service.

In the second case, a mother went to the health service to get psychiatric care for his son who was having learning disabilities. She mentioned that she had already tried several services, without success. That situation occasioned a reflection on the referrals practices that are conducted by primary health care services to other levels of the system, considering that this practice does not guarantee the resolution of the case, because when sent to other services, the subjects may be unable to get care for various reasons, such as poor articulation of health network, high demand, the waiting list, among others.

These two situations have highlighted the importance of the embracement as a necessary action of the NASF professional. Moreover, they questioned the role of primary health care, and its coordinator function, which also becomes in an objective of the NASF's work. Thus, these experiences have demonstrated the challenges that must be assumed and faced by these professionals, who have the role of supporting the family health teams promoting comprehensive care to people.

The **scheduled NASF meetings** were also accompanied by students and professor. Those were intended to discuss cases, organize and plan actions, organize agendas and exchange information of daily work. They also served to exchange experiences, share anxieties and suggestions in



order to the weekly actions could be somehow evaluated. The participation of students in these meetings led to reflections on the work in NASF, promoting the practice of permanent education.

The unscheduled meetings happened when some activity was canceled, and thus some cases were discussed. These moments were used by the students to review the actions taken and the planning of new, as well as discuss more deeply certain cases which had been followed in home visits, constructing singular treatment planning, even the professionals not to nominate so.

The dynamics of organizing the discussion of the students ended up influencing the professionals, who started to record the objective of the actions and who were responsible for them. This enabled the establishment of a planning practice. These moments also allowed students to broaden the analysis about specific health problems, considering that they often wanted to focus on what is specific in Speech, Language and Hearing Sciences. So the students were stimulated to create interdisciplinary actions and strategies, which rarely happened during graduation at UFBA.

Finally, some NASF meetings with the Family Health teams were experienced. Although few, they allowed students to learn a little about NASF's relationship with the ESF teams. These were the moments that students couldn't opine a lot, and in general, these meetings were restricted to refer the cases. In these meetings, it was possible to understand that Family Health teams were still demanding the NASF professionals focusing diseases, searching for specialized treatment. Few actions of health promotion were discussed, as well as there was an excessive focus on individual processes, and not on the collective.

The practice of Matrix Support was very little experienced, which highlights an important limitation of NASF's work with the Family Health teams.

This experience has shown that the implementation of the NASF is challenging, and permeates an even greater challenge, which refers to the implementation of Family Health Strategy, and the confrontation of this question must be also an objective of work in the Family Health Support Center for, what is an important learning for professionals, students and professors.

Besides, the integration of students in Primary health care enables a privileged position for

learning the main issues related to the health practices of the system²², what was observed in this experience.

Final considerations

Following the team's actions during the semester allowed the recognition of some limitations that must be overcome. This innovation can be established within the primary health care, such as the little articulation of NASF professionals with the Family Health teams in many activities.

These issues should be reflected since graduation in order to the universities keep on promoting changes in the education of health professionals, what can be seen at UFBA, closer to the SUS reality.

It is necessary to emphasize that the situation experienced in primary health care in Salvador was quite limiting and influenced negatively in the health care proposed by the ESF, since not only the NASF team, but also the Family Health teams were uncompleted, and who was working generally had temporary contracts with the government. Furthermore there was a lack of basic materials for the proper functioning of health services.

The action-reflection-action experience was significant for the education of speech, language and hearing students, since they could participate and suggest actions for the comprehensive population healthcare, showing that this professional may contribute to Primary Health Care in Salvador. These students could also experience an educational experience based in the articulation of theory and practice, integrated into SUS, which enhances the learning while promotes small changes in team work process.

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