



Educational actions of voice practice groups

Ações Educativas Em Grupos De Vivência De Voz

Acciones educativas de grupos de vivencia de VOZ

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Abstract

Introduction: There are few studies concerning educational processes in vocal health. **Purpose:** To analyze educational actions and changes that took place in the Voice Practice Groups developed in the Educational context of Speech-Language Pathology and Audiology students. **Material and method:** Record study of 179 reports made by students supervised by their Professors, in the practical activities of a Speech-Language Pathology and Audiology college in the period between 1997 to 2013. The educational actions were identified categorized and analyzed by periods and the comparison between the differences in the periods enables the understanding of the changes that took place. **Results:** The most frequent actions were in the categories: “vocal and body therapeutic approaches”; “conferences”; “dramatizations and directed vocal interpretations”; “testimonials about voice” and “presentations”. The comparison between the initial and final periods showed that the changes were more evident in the “diagnosis approaches” category, reducing actions that were rooted on clinical voice practice and increasing dynamic as well as collective actions, with active subject participation. **Conclusion:** The study evidenced changes, advances and reformulation of educational actions and processes that, in becoming more dynamic and collective, with active subject participation, proved to be compatible with the perspective of Health Promotion. The Voice Practice Group is an important intervention strategy.

Keywords: Speech, Language and Hearing Sciences, Education, Health Promotion, voice, health of specific groups.

Resumo

Introdução: Há poucos estudos acerca dos processos educativos em saúde vocal. **Objetivo:** analisar

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as ações educativas e as mudanças ocorridas em Grupos de Vivência de Voz desenvolvidos no contexto da formação em Fonoaudiologia. **Material e método:** Pesquisa documental de 179 relatórios dos referidos Grupos elaborados por discentes sob supervisão de docentes, no conjunto das práticas de disciplinas de um Curso de Fonoaudiologia, no período de 1997 a 2013. As ações educativas são identificadas, categorizadas e analisadas por períodos e a comparação das diferenças entre os períodos permite compreender as mudanças ocorridas. **Resultados:** As mais frequentes ações integram as categorias: “abordagens terapêuticas vocais e corporais”; “palestras”; “dramatizações e interpretações vocais dirigidas”; “depoimentos sobre a voz” e “apresentações”. A comparação dos períodos inicial e final mostrou que as mudanças foram mais evidentes na categoria “abordagens terapêuticas vocais e corporais”, com redução das estratégias enraizadas nas práticas da clínica de voz e aumento das estratégias dinâmicas e ações de caráter coletivo, com participação ativa dos sujeitos. **Conclusão:** O estudo evidenciou mudanças, avanços e reformulações das ações e processos educativos que, ao se tornarem mais dinâmicos e coletivos, com participação ativa dos sujeitos, se mostraram compatíveis com a perspectiva da Promoção da Saúde. O grupo de Vivência de Voz se apresenta como uma importante estratégia de intervenção.

Palavras-chave: Fonoaudiologia, Educação, promoção da saúde, voz, saúde de grupos específicos.

Resumen

Introducción: Hay pocos estudios sobre los procesos educativos en salud vocal. **Objetivo:** Analizar las acciones educativas y los cambios producidos en Grupos de Vivencia de Voz desarrollados en el contexto de la formación en Fonoaudiología. **Material y método:** Investigación documental de 179 informes de los referidos Grupos elaborados por discentes bajo la supervisión de los docentes, en el conjunto de las prácticas de las disciplinas de un Curso de Fonoaudiología, en el periodo de 1997 a 2013. Las actividades educativas son identificadas, clasificadas y analizadas por periodos y la comparación de las diferencias entre los periodos permite entender los cambios que se produjeron. **Resultados:** Las más frecuentes acciones integran las categorías: “abordajes terapéuticos vocales y corporales”; “conferencias”; “dramatizaciones e interpretaciones vocales dirigidas”; “testimonios sobre la voz” y “presentaciones”. La comparación de los periodos inicial y final mostró que los cambios fueron más evidentes en la categoría “abordajes terapéuticos vocales y corporales”, con la reducción de las estrategias enraizadas en las prácticas de la clínica de voz y aumento de las estrategias dinámicas y acciones de carácter colectivo, con participación activa de los sujetos. **Conclusión:** El estudio evidenció cambios, avances y reformulaciones de las acciones y procesos educativos que, al ser más dinámicos y colectivos, con la participación activa de los sujetos, demostraron ser compatibles con la perspectiva de la Promoción de la Salud. El grupo de Vivencia de Voz se presenta como una estrategia de intervención importante.

Palabras clave: Fonoaudiología, Educación, Promoción de la Salud, voz, salud de grupos específicos.

Introduction

Health is a territory of practices that are in permanent change; and the new speeches in the field of Collective Health in the national and international scenery imply in efforts to review and change thoughts and actions in the field of health with impact in the education of health professionals¹.

Thus, the process of implementation of the National Health System – *Sistema Único de Saúde* (SUS) demands, of its professionals, knowledge regarding the several conceptions and concepts of health; a new guidance concerning health attention models and rebuilding its practices, in

the perspective of health promotion and quality of life, and of the production of care; guided by its principles of integrality and humanization, among other aspects¹⁻¹⁰.

Health Promotion must be understood as a process of community education to act in improving quality of life and health, happening through strategies such as: devising and implementing healthy public policies, creating health-favorable environments, reinforcement and strengthening of community actions, development of personal and group skills, and changes in health systems, services and practices¹⁻¹⁰.



Health starts to be emphasized as a positive value, and considered from an ample and dynamic conception, understood as a health-illness-care and established in the life context¹. Health practices involve the subjects, the communities and populations as protagonists on facing difficulties, needs, problems and intervenient and determinant aspects of life and health conditions¹⁻¹⁰.

The production of health care, in a perspective that is integral and centered on the subjects and in their social groups, elicits extremely important issues in knowledge and actions in the field of health, such as those of listening, bonding and taking responsibility in organizing health care¹. In the perspective of health care, practices are built from each experience in a process and movement that is socially shared, based on dialogue and interest, in occupation, preoccupation and taking responsibility in affective involvement¹.

In this process, education is a fundamental resource and element in transforming people, reality and supporting health; through educational practices in health based on democratic, participative, dialogic, reflective, challenging practices that value the culture and knowledge of all those involved^{2,6,8,10}.

Group practices are thus valued as positive collective intervention practices that contribute to overcome the biomedical model of healthcare, to empower subjects and to take the focus from disease and focus on other dimensions of life, associated to health promotion¹¹⁻¹⁴.

In the field of voice, groups enable sharing and exploring one's own and others' vocal processes; the perception that other people also live/face similar difficulties and problems, as well as sharing experiences, knowledge, living and the meaning of voice-related problems, in addition to the motivation in the search for improvement and changes¹⁵⁻²¹.

The Voice Practice (VP) Groups are, thus, a way to reflect about the relations between Speech-Language Pathology and Audiology theory and practice, and for the search for intervention proposals based on a conception of voice that is understood in a social context²².

The profile of participant in the VP groups was traced in a study that showed the positive contribution of this approach to the teaching/learning process and to the academic education of Speech-Language Pathology and Audiology

students; as well as in building knowledge about voice production and the reduction of abusive vocal behaviors involved²².

An educational Speech-Language Pathology and Audiology action conducted with VP groups was analyzed with a focus on the knowledge and culture of the participants, and the conclusion was that the action favored processes of reflection, dialogues, sharing and building knowledge regarding voice and vocal health²³.

One study assessed the impact of voice practice groups in the perception of teachers about their voices, of the health/illness processes and of work environments, and concluded that the voice practice groups are important social spaces for developing vocal perception and to value vocal image, teachers' expressiveness and health promotion in schools²⁴.

The educational process in vocal health in a VP group with school children was assessed in one investigation²⁵ that proved that it is adequate for children and in the perspective of Health Promotion.

The perceptions of teachers participating in a VP group were analyzed in a study that showed the importance of this type of approach in developing vocal perception and in favoring reflection and discussing the relations between health, work and quality of life in schools²⁶.

One study²⁷ used VP groups as a Speech-Language Pathology and Audiology intervention strategy, from which it sought to evaluate changes in the voice, vocal care and understanding of the relations between vocal health and work as a teacher. They proved to be important spaces for reflection and changes in the relations between the work and health of teachers.

The analysis of a VP group conducted among Hospital professionals enabled its configuration as a social space for raising awareness among workers regarding the relations between voice and vocal health; as well as to making healthier environments to improve quality of life, listening and health care in the hospital environment²⁸.

Another study focused on educational activities developed in VP groups, such as drawings and testimonials about voice, on the possibilities of analyzing aspects of knowledge and vocal perception of the participants; as well as of reflection about the voice and expression of knowledge, feelings, perceptions and experiences about it²⁹.

There is need for further studies regarding the educational processes in vocal health (especially in the context of VP groups) that will subsidize knowledge construction of health workers (especially Speech-Language Pathologists and Audiologists) regarding educational practices and actions based on Health Promotion.

The purpose of the present study is to analyze the educational actions and changes occurred in Voice Practice Groups in the context of education in Speech-Language Pathology and Audiology.

Material and Method

This is a descriptive, qualitative and quantitative study, conducted through a documental research of 179 final reports of the Voice Practice (VP) Groups developed in the context of education of Speech-Language Pathology and Audiology professionals, in the Speech-Language Pathology and Audiology undergraduate program at the Methodist University of Piracicaba (UNIMEP); between the years of 1997 and 2013.

The VP groups are developed in process, during three or four months with weekly meetings (approximately 12 encounters in total), where each meeting lasts between one and two hours^{22,23,29}. The number of participants can vary between ten and 20 subjects, of both genders²¹⁻²² and several ages (15 to 80 years)²⁹; who spontaneously seek these groups in order to work with and improve their daily or professional voice use – the purpose of these groups is not the rehabilitation of vocal disorders and/or pathologies^{18, 29}. The members come from different social extracts and have different education, jobs and occupations that have (or do not have) professional spoken and/or singing voice use. There are also representatives from several categories of workers: singers, choir singers, dubbing professionals, actors, teachers, students, hospital workers, secretaries, nurses, telephone operators, telemarketing professionals, salespeople, administrators, administrative assistants, radio professionals, journalists, musicians, capoeira dancers, priests, pastors, psychologists, business owners, executives, story tellers among others, in addition to people who are dedicated to house chores^{22-23, 25, 28}.

Several themes and contents are developed during the VP groups, such as: social approach to the voice, vocal assessment of the participants,

types of voices, group dynamics and relationships; vocal anatomy and physiology, vocal psychodynamics, body and vocal expression, vocal resistance, hygiene, care, health and vocal risk factors; warm-up and cool down, relations between the work environment and professional voice use, among others^{15,22}.

The reports were written by students under faculty member supervision, throughout the development process of the Voice Practice groups and in the group of practices of the subjects of Internship in Community Health I and II and of the syllabus for the Speech-Language Pathology and Audiology program at UNIMEP. After the end of each VP group the reports were finalized, printed and handed to the faculty member as a part of the subject evaluation, and were thereafter filed in the Speech-Language Pathology and Audiology Clinical Facility at the University.

A chart was built after reading the reports, where the data regarding the educational actions were registered and organized according to their occurrence in each report, independently of the number of times each one happened in each group. In other words: if, for instance, in a certain report the educational action of a “seminar” took place, only one registry was made, even if this type of activity had taken place more than once in the same report. Thus, the record of actions was considered, disregarding the quantification of its frequency of use.

Then a general chart enabled the organization of the results of the added data for each year, as well as the identification of the most frequently occurring actions.

Finally, the actions were classified and categorized. It should be noted that their purposes were not prioritized at this moment, since the same action can be conducted with different purposes.

The data from the actions were also organized according to periods (initial, intermediate, final and total), described as follows.

- Initial (1997 to 2001 – total of 93 reports);
- Intermediate (2002 to 2006 – total of 77 reports);
- Final (2007 to 2013 – total of nine reports).

It should be clarified that there were no VP groups offered or reports produced in 2010 and 2011, since there were no students in the Speech-Language

Pathology and Audiology program in the classes beginning in 2006 and 2007.

- Total (1997 to 2013 – total number of years when the subject was offered, development of groups and written reports; this period involved 179 reports).

This study focuses on the analysis, presentation and discussion of the Initial, Final and Total periods.

Emphasis will be placed on the Total period, and a complementary comparative analysis will be conducted, considering the Initial and Final periods in isolation, since they enable the understanding of the changes that occurred in the historic processes of the investigated groups.

It should be clarified, however, that the Intermediate period will not be analyzed in isolation in this study; however, its data were not overlooked in the research since they are part of the Total period.

This study respects ethical issues since all participants of the VP groups, at the beginning of activities, are oriented/informed about being in the environment of a School-based Speech-Language

Pathology and Audiology facility and that the data regarding their sessions may be used in the development of scientific studies and other academic activities, including publications with strictly scientific purposes, observing ethics and all honesty procedures. The subjects read and sign the free consent term, according to the resolution MS/CNS/CNEP nº 196/96 from 10/10/1996; a document that is a part of the records and reports of the sessions. This study derives from the greater project named: popular culture in the context of VP groups: rethinking educational actions in vocal health” – approved by the Research Ethics Committee at Unimep under number UNIMEP76/2004 and is linked to the activities of the Research Group Lattes-CNPQ Speech-Language Pathology and Audiology and Health Promotion – Research Group named Educational Processes and Culture in the Health Field.

Results

Figure 1 presents the categorization and description of the identified educational actions

EDUCATIONAL ACTIONS	DESCRIPTION
<u>CATEGORIES</u>	
DYNAMICS	
PRESENTATIONS	Activities to introduce the participants and their demands, interests and difficulties regarding the voice. May be individual, in partners or group.
VOICE TESTIMONIALS	Subjects write a text, a testimonial about their own voice.
VOICE DRAWINGS	Subjects produce a drawing that represents their own voice and the perceptions related to it.
SPONTANEOUS DRAMATIZATIONS OF VOICE USE	Spontaneous dramatizations by the subjects in order to show how they use their spoken and/or singing voices in their daily life and/or professional contexts.
DIRECTED VOCAL INTERPRETATIONS AND DRAMATIZATIONS	Guided vocal dramatizations and interpretations based on texts and pre-determined scripts of specific situations and/or contents, that happen using the spoken voice (poems, texts, reports, song lyrics, vocal health flyers, papers inside balloons, scenes, puppets, among others) and singing voice (song lyrics).
EXPERIENCE ACCOUNT	Individual and personal explanation about the impressions, perceptions, opinions and feelings experienced through a certain activity and/or experience during the group sessions.
DESIGNING SIGNS	Directed activity where each group designs a poster or sign, based on a certain theme or content.
EDUCATIONAL GAMES	Playful, competitive activities: games and competitions regarding the approached contents and knowledge.
MINGLING	Individual and/or group introductions, dramatizations, interpretations of poems, texts and songs, oral testimonials, games, “secret friend” revelations among others, celebrating the end of activities of the voice practice groups. A festive contexts, accompanied by music, food and non-alcoholic drinks.
VOCAL AND BODY THERAPEUTIC APPROACH	
VOCAL WARM-UP AND/OR COOL DOWN	Specific vocal exercises with this purpose conducted before and/or after the activities demanding vocal use in the group (beginning and end of encounters).
VOCAL EXERCISES	Employment of vocal exercises and/or techniques involving the parameters (pitch, loudness, enunciation, breathing, resonance, modulation, rhythm/speed and others), associated or not associated to body movements and/or rhythmic and melodic variations of songs.

BODY EXERCISES	Body and facial techniques, strategies, exercises and movements. Massages and self-massages.
THEORETIC/EXPOSITION APPROACH	
SEMINAR	Theoretic explanation about a certain theme or content with or without support of resources and materials such as blackboards, chalk, signs, books, models of the larynx and/or ear, slides and audio-visual support.
MOVIE	Projecting movies and/or documentary
PRINT-OUTS	Employment of printed graphic materials: print-outs, letter, flyer and/or folder.
DIAGNOSIS APPROACH	
INITIAL/FINAL QUESTIONNAIRE	Questionnaires with open-ended or close-ended multiple choice question as regarding aspects such as: participant profile, expectations regarding their voices, vocal care, habits and behaviors; subjects' impressions about vocal quality and parameters; changes related to participation in the group.
INDIVIDUAL VOCAL ASSESSMENT	Perceptive-auditory assessment of vocal quality and parameters of breathing, breath-speech coordination, vocal attack, rhythm, speed, modulation, resonance, pitch, loudness and enunciation; as well as MPT measures and s/z relation. Conducted individually, while each individual was conducted, one by one, to a separate room (voice laboratory), where their voice was recorded using a tape recorder and/or video camera based on a script (sustained vowel, automatic speech, reading, spontaneous speech and singing: "Happy birthday to you"). The analysis of this material is conducted by the interns, supervised by a faculty member. This practice was conducted at the beginning and end of groups.
COLLECTIVE VOCAL ASSESSMENT	Perceptive-auditory assessment of vocal quality and parameters (breathing, breath-speech coordination, vocal attack, rhythm/speed, modulation, resonance, pitch, loudness, enunciation, posture, facial and body expression.), conducted alongside the group activities, involving situations of presentations, interaction, dramatization, simulation, singing and others. The voices are assessed collectively, in their usage context, with or without the help of recordings and filming. Analysis conducted by the interns and supervised by a faculty member and also by the participants, who actively act in the process of vocal assessment, giving opinions and making comments about their own voices and that of others, based on knowledge that was built and context elaborated in group activities. The results are registered in a chart with the aspects of vocal quality, parameters and name of all participants; enabling a collective and comparative analysis. This form of assessment also enables the identification of individual and collective needs and devising guidelines regarding priorities for work and development. Conducted at the beginning and end of groups.

Figure 1 – Categorization and description of the identified educational actions.

Source: Reports from the Internship in Community Speech-Language Pathology and Audiology (Voice Practice) of the Speech-Language Pathology and Audiology program at UNIMEP – Speech-Language Pathology and Audiology Clinical Facility, 1997-2013

Graphs 1 to 4 show the distribution of the occurrence of educational actions in VP groups, according to categories and period

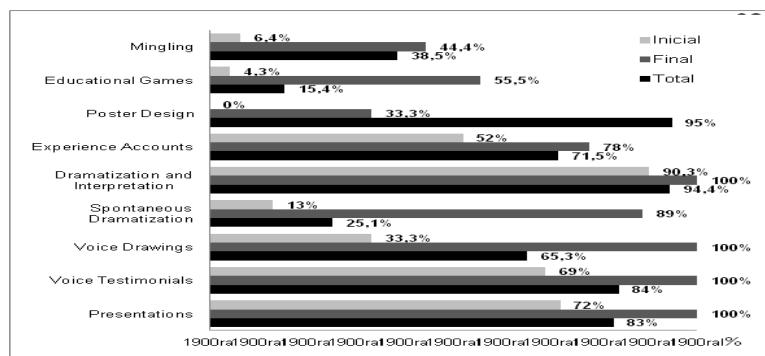


Figure 2 – Distribution of the frequency of occurrence of educational actions in the category "dynamics" – Initial, Final and Total periods.

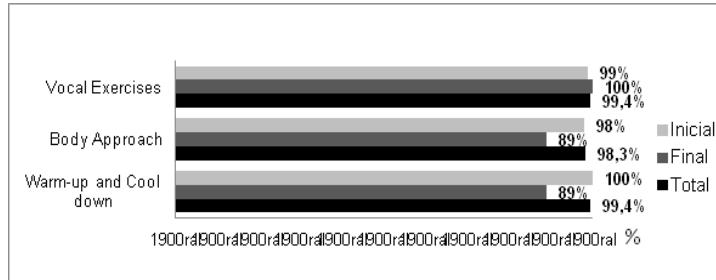


Figure 3 – Distribution of the frequency of occurrence of educational actions in the category “Vocal or Body Therapeutical Approaches”. Initial, Final and Total periods

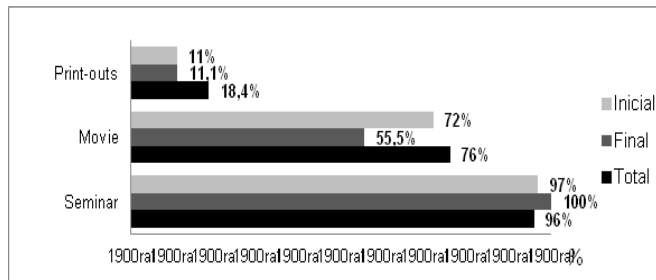


Figure 4 – Distribution of the frequency of occurrence of the actions in the category “Theoretic and Exposition Approaches”. Initial, Final and Total periods.

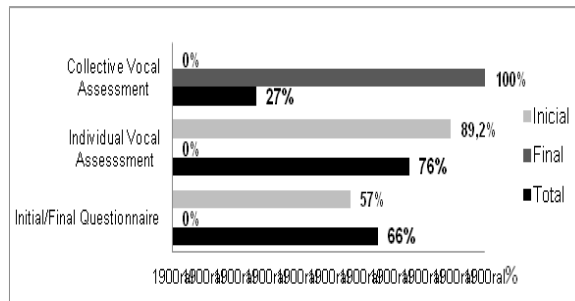


Figure 5 – Distribution of the frequency of occurrence of the educational actions, in the category “Diagnostic Approaches” – Total, Initial and Final periods.

Figure 6 shows the frequency of occurrence categorization; regarding the Total Period of the educational actions in general, regardless of

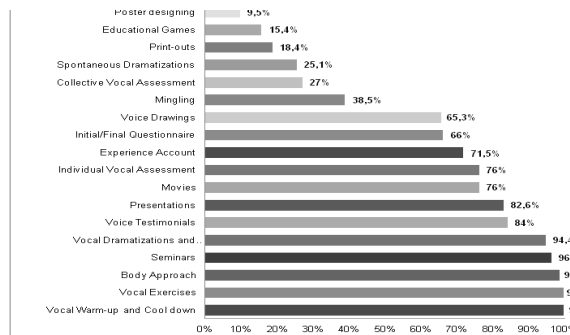


Figure 6 – Distribution of the frequency of occurrence of the educational actions in general. Total period.

Discussion

In the Dynamics category, the comparative analysis of the Initial, Final and Total periods (Figure 2) showed an increase in the frequency of occurrence of all the actions, with emphasis on: spontaneous dramatizations, drawing of the voice, collective vocal assessment and designing signs. There were no reductions of any of the actions in this category, and there was actually an increase over time. The dynamics represent a broad and expanded perspective of the educational processes in vocal health, since they enable the consideration of aspects and processes that are subjective, social, contextual, environmental, cultural and historic of the subjects involved¹⁵.

Among the dynamics, the actions of Testimonials and Drawings about voice have been investigated as possibilities the subjects have to think about their voices and express knowledge, feelings, perceptions and experiences drawn about it²⁹. These actions are complementary in the process of vocal assessment and contribute to building educational processes and practices that value the knowledge and culture of those involved and that favor dialogue and sharing experiences in a relationship dimension, in agreement with the perspective of production of care and of health promotion^{1,2,6,8,10,23,29}.

The actions of spontaneous dramatizations, drawing of the voice, collective vocal assessment and designing signs favor a more active participation of the subjects, and also promote a casual environment, interest, integration and dialogue among those involved, and are pertinent and coherent with the educational practices and processes aligned with the perspective of Health Promotion^{1,2,6,8,10,15}. Furthermore, the represent practices and strategies in the field of health that happen based on each person's experience and in a socially shared process and movement¹.

Regarding the category "Vocal or body therapeutic strategies" (Figure 3) it is seen that the actions occurred basically without relevant changes throughout the historic process of the groups. It is a fact that the focus on strategies involving vocal warm-up/cool down and exercises is a tendency in the field of voice, confirmed by review studies concerning the educational processes of the collective actions for the vocal health of teachers¹⁸.

However, it must be observed that, when the relationship aspect of the dimension of care is impoverished, there is a reduction towards an object relationship, where the other person becomes a "place" for applying technical procedures, usually very far apart from the relationship between users and professionals and, in this perspective, the Speech-Language Pathologist and Audiologist's practice may become centered in the execution of "standardized exercises"¹. Another fact worth mentioning is that the approaches with a tendency to emphasize aspects such as anatomy and physiology of phonation, rationalization and self-control of vocal production and execution of exercises are approaches that tend to make the subjects responsible and guilty about their voice problems^{1,15,18}.

In no way is this an attempt to take credit from or disqualify the employment of the technical or technological apparatus, the resources and procedures that are pertinent and necessary in attention and healthcare. However, practices in the field of health should be discussed, so that healthcare practices are signified based on the way they are experienced and on how they are structured into people's lives¹.

Thus, it is understood that the group dynamics may be a social space for encounters and healthcare, where ways of thinking and practicing health may be built through the dialogue between the clinical-scientific and practical knowledge¹.

In the category "Theoretical and Exposition Approaches" (Figure 4), the seminars are the predominant actions. It should be mentioned that reading the reports has evidenced that, in general, the seminars were preceded by a strategy to identify and survey the previous knowledge of the subjects about the themes that would be approached and developed. The information obtained in these strategies were later confronted with those in the context of the seminar.

Seminars are traditionally employed practices in Health Education and may become a one-sided educational process and be characterized as an authoritarian and normative practice; when the purpose is not to take popular knowledge into account and when it is presented far from the context of experiences, beliefs, values and reality of the subjects involved^{25,30}.

On the other hand, the "Theoretic and Exposition Approaches" may also become a

bilateral educational process, as long as they are based on dialogue, sharing knowledge and experiences among the involved individuals, in a commitment to challenging, thinking and (re)signifying contents³⁰. This is how reading the reports evidenced the concern, in the VP groups, in articulating the seminars and strategies and actions that enabled the identification of the involved subjects' previous knowledge (common knowledge) and their confrontation with the technical and scientific knowledge of Speech-Language Pathologists and Audiologists¹⁸.

The comparative analysis of the Initial and Final periods showed the increase in occurrence of all actions belonging to "Dynamics" (Figure 2) and the decrease of the Diagnosis Approaches" (Figure 5).

Regarding vocal assessment (Figure 5), there was an important change in the way it took place. During the Initial period, vocal assessment was conducted individually in 83% of the groups, in a separate environment from the group, usually at the voice laboratory at the Clinical facility, in an identical procedure as that conducted with the patients care for at the Voice Clinic. Over the last few years, this activity has been replaced by a collective vocal assessment in all the groups, conducted in the same space and context as the other activities were developed in VP groups.

The item diagnosis approach in figure 1 shows details about the process of vocal assessment, and shows the main changes that mainly regard the ways in which it was conducted, through strategies involving the subjects' direct participation; putting significant and interactive situations in context; the relations between the approaches and the contents developed; among other elements that could translate as signs of a practice based on care as its central axis that considers health in the context of life; and with independent subjects involved in a diagnosis actions that considers the technical and scientific knowledge and the practical knowledge of professionals and service users¹

Vocal assessment conducted through dialogue, where the voice has a status of language and is considered as expressivity, in the relationship among people and in a participative way becomes more effective. The increase in the occurrence of spontaneous dramatizations, over the last five years, is also related to the change in vocal assessment strategies that, in being collective, has, in the

spontaneous dramatizations, a privileged context for its conduction.

Considering all the educational actions, in general, in the Total period (Figure 6) the actions with greatest occurrence were: "vocal warm-up/cool down" and "vocal exercises"; "body exercises"; "seminars"; "dramatizations and directed vocal interpretations"; "testimonials about voice" and "presentations".

It may be seen that traditional practices ("vocal warm-up/cool down" and "Vocal Exercises") are still present, at the same time as there are advances and changes ("Dramatizations and directed vocal interpretations", "Testimonials about Voice" and "presentations").

It should be noted that a broad perspective of care and of educational processes in health is necessary – not only in the field of voice or just in Speech-Language Pathology – but in all professions in the field of health.

The educational actions and processes that develop in the context of educational and professional practices of the several fields in health sciences (medicine, nursing, physical therapy, pharmacy, nutrition, dentistry, speech-language pathology and audiology, physical education, among others) deserve attention in future researches and studies, based on broadened concepts of education and of the health-illness process.

Subtle transformations are already taking place; but the Speech-Language Pathology and Audiology educational practices in vocal health must be revised in order to advance from the traditional informative approaches.

Once they are oriented towards health promotion, the educational actions must be structured in the condition of strategies that are participative and enablers of dialogue, reflection, knowledge and transformative actions; in situations where knowledge and experiences are shared, enabling the construction of subjective, social, contextual, environmental, cultural, political and historic processes of the subjects, communities and professional categories^{2-10, 23, 29}.

Furthermore, in the perspective of care, the practices need to be structured in the condition of real encounters between the user and the health professional – an encounter that may be favored by group experiences.

In the context of education of Speech-Language Pathologists and Audiologists, the Voice

Practice Groups stand out as important fields of action and intervention strategies in collective health that provide reflection and innovative praxis regarding the practices and educational processes in health. These are applicable not only for the field of voice, but also in the fields of language, collective health, education, orofacial mobility, deafness and others that may benefit from group strategies and practices in building health care alongside the subjects, their family members and communities.

Finally, this study states the extremely rich transformation potential of the experiences that occur in the contexts of the educational processes of health professionals, especially in those programs that are guided by the perspective of Health Promotion.

Conclusions

The educational actions of the Voice Practice groups were identified as: “dynamics”, “vocal or body therapeutic strategies”, “theoretic and exposition approaches” and “diagnostic approaches”.

The most frequent categories were: “vocal and body therapeutic approaches” (vocal warm-up/cool down, vocal and body exercises); “seminars”, “dramatizations and directed vocal interpretations”, “testimonials about voice” and “presentations”.

The study showed that, throughout the process of development of the VP groups there were changes, advances and reorganization of the educational actions, with a decrease in the occurrence of strategies with roots in voice clinical practices (individual vocal assessment and using printed flyers, forms and questionnaires); and with a gradual increase in interactive dynamics and collective actions with active participation of the subjects.

The interactions and educational processes developed in the analyzed groups have proven compatible with the perspective of Health Promotion; and the Voice Practice groups became important fields of healthcare practices and actions, as well as for intervention in Collective Health.

The study showed that, in the context of the education of Speech-Language Pathologists and Audiologists, the Voice Practice groups are a social space that is filled with opportunities to develop processes of reflection and change of the praxis of Speech-Language Pathology and Audiology interventions.

The study also provides subsidies to revise and discuss the social relations and educational practices that may be applied to several fields in health and education.

References

1. Chun, RYS; Nakamura, HY. Cuidado na produção de saúde: questões para a Fonoaudiologia. In: Marchesan IQ, Silva HJ, Tomé MC. Tratado das Especialidades em Fonoaudiologia. São Paulo: Gen/Roca, 2014. p.744-9
2. Backes MTS; Rosa LM; Fernandes GCM; Becker SG; Meirelles BHS; Santos SMS. Conceitos de saúde e doença ao longo da história sob o olhar epidemiológico e antropológico. Rev. Enfermagem UERJ 2009; 17(1):111-7.
3. Casate, JC; Correa, AK. A humanização do cuidado na formação dos profissionais de saúde nos cursos de graduação. Rev. Esc. Enferm. 2012; 46(1):219-226.
4. Trenche MCB, Pupo AC, Sebastião LT. Mudanças/Inovações na formação do fonoaudiólogo. In: Marchesan IQ, Silva HJ, Tomé MC. Tratado das Especialidades em Fonoaudiologia. São Paulo: Gen/Roca, 2014. p.1066-72.
5. Ceccim RB. Estado, sociedade e formação profissional em saúde: contradições e desafios em 20 anos de SUS. Cad. Saúde Pública. 2009; 25(10):2299-300
6. Martins, PC et al. Democracia e empoderamento no contexto da promoção da saúde: possibilidades e desafios apresentados ao Programa de Saúde da Família. Physis. 2009; 19(3):679-94.
7. Mello ALSF, Moysés ST, Moysés SJ. A Universidade promotora de saúde e as mudanças na formação profissional. Interface Comunicação, Saúde Educação. 2010; 14(34), 983-92.
8. Lopes R, Tocantins FR. Promoção da Saúde e a educação crítica. Interface Comunicação, Saúde Educação. 2012; 16(40). 235-46.
9. Santos, LG, Lemos SMA. Construção do conceito de promoção da saúde: comparação entre estudantes ingressantes e concluintes de Fonoaudiologia. Rev. Soc. Bras. Fonoaudiol 2011; 16(3):245-51.
10. Pelicioni MCF, Pelicioni AF. Educação e promoção da saúde uma retrospectiva histórica. Rev Mundo Saúde. 2007; 31(3):320-8.
11. Ferreira Neto JL, Kind L. Práticas grupais como dispositivo na promoção da saúde. Physis. 2010; 20(4):1119-42.
12. Santos LM, Da Ros MA, Crepaldi MA, Ramos LR. Health promotion groups for improving autonomy, living conditions and health. Rev. Saúde Pública. 2006; 40(2):346-52.
13. Ribeiro VV, Panhoca I, Dassist-Leite AP, Bagarollo MF. Grupo terapêutico em fonoaudiologia: revisão de literatura. Rev CEFAC. 2012; 14(3): 544-52.
14. Araujo MLB, Freire RMAC. Atendimento fonoaudiológico em grupo. Rev CEFAC. 2011; 13(2): 362-8.
15. Penteado RZ, Chun RYS, Silva RC. Do Higienismo às ações promotoras de saúde: a trajetória em saúde vocal. Distúrbios Comun. 2005; 17(1):9-17
16. Ferreira LP, Giannini SPP, Chieppe DC. O trabalho em grupo na área de voz: considerações sobre a prática terapêutica. In: Santana AP, Berberian AP, Massi G, Guarinello AC. Abordagens grupais em fonoaudiologia: contextos e aplicações, São Paulo: Plexus. 2007; p.189-201.
17. Xavier IALN, Santos ACO, Silva DM. Saúde vocal do professor: intervenção fonoaudiológica na atenção primária à saúde. Rev. CEFAC. 2013; 15(4):976-85.
18. Penteado RZ, Ribas, TM. Processos educativos em saúde vocal do professor: análise da literatura da Fonoaudiologia brasileira. Rev Soc Bras Fonoaudiol. 2011; 16(2):233-9.
19. Law T, Lee KYS, Ho FNY, Vlantis AC, Hasselt AC, Tong MCF. The effectiveness of group voice therapy: a group climate perspective. J. Voice. 2012; 26(2):e41-e48
20. Bovo R, Galceran N, Petrucelli J, Hatzopoulos S. Vocal Problems among teachers: evaluation of a preventive voice program. J. Voice. 2007; 21(6): 705-22 .
21. Vilela FCA, Ferreira LP. Voz na clínica fonoaudiológica: grupo terapêutico como possibilidade. Distúrbios Comun. 2006; 18(2): 235-43



- 22.Chun RYS, Silverio KCA, Dijk EV, Furlan CE. Voz profissional: promoção da saúde na comunidade de Piracicaba. *Saúde Rev.* 1999; 1(1):13-20.
- 23.Penteado RZ, Maróstica AF, Dias JC, Soares MA, Oliveira NTF, Teixeira VK, Tonon, VA. Saúde Vocal: Pensando a ação educativa nos grupos de Vivência de Voz. *Saúde Rev.* 2005; 7(16):55-61.
- 24.Penteado RZ, Rossi D. Vivência de voz e percepções de professores sobre saúde vocal e trabalho. *Saúde Rev.* 2006; 8(18):39-47.
- 25.Penteado RZ, Camargo AMD, Rodrigues CF, Da Silva CR, Rossi, D, E Silva JTC, Gonzales P, Silva SLG. Vivência de voz com crianças: análise do processo educativo em saúde vocal. *Distúrbios Comun.* 2007;19(2): 237-46.
- 26.Bragion TAA, Foltran TRF, Penteado, RZ. Relações entre voz, trabalho e saúde: percepções de professores. *Distúrbios Comun.* 2008; 20(3):319-25.
- 27.Silvério KCA, Gonçalves CGO, Penteado RZ, Vieira TPG, Libardi A, Rossi D. Ações em saúde vocal: proposta de melhoria do perfil vocal de professores. *Pró-Fono R Atual Cient.* 2008; 20(3):177-82.
- 28.Penteado RZ, Stenico E, Ferrador FA, Anselmo NC, Silva PC, Pereira PFA, Galdino RMQ, Bragion TAA. Vivência de voz com profissionais de um hospital: relato de experiência. *Rev CEFAC.* 2009;11(3): 449-56.
- 29.Pereira PFA, Penteado RZ. Desenhos e depoimentos: recursos para investigação da percepção e do conhecimento vocal. *Rev CEFAC.* 2007; 9(3): 383-96.
- 30.Freitas FV, Rezende Filho LA. Modelos de comunicação e uso de impressos na educação em saúde: uma pesquisa bibliográfica. *Interface Comunicação, Saúde Educação.* 2010; 15(36): 243-56.