Profile of Speech Language Pathology and Audiology Students According to the National Exam of Student Performance

Perfil dos estudantes de Fonoaudiologia segundo o Exame Nacional de Desempenho de Estudantes

Perfil de losestudiantes de fonoaudiologíasegúnlaEncuesta Nacional de Rendimiento Estudiantil

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Abstract

This study aimed to understand the evolution of students and courses of Speech Language Pathology and Audiology from 2004 to 2010. We analyzed the data from synthesis reports of the National Exam of Student Performance (ENADE) from 2004 to 2010, relating to the profile and status of the Speech Language Pathology

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and Audiology courses, profile of the students, and test statistics. The results showed that 11,662 students attended Speech Language Pathology and Audiology courses. A change in the profile of Speech Language Pathology and Audiology students was observed over the years with a higher index of male access (color/ethnicity, brown, and/or mulatto) and a decrease in ENADE grades for the specific training component. The ENADE grades are meant to indicate the development of generalist, humanistic, critical, and reflective qualities in Speech Language Pathology and Audiology students. In the Speech Language Pathology and Audiology course-profiles, a reduction in course offerings by private schools, an expansion of public educational institutions, and a status above the national average were observed.

Keywords: Higher Education; educational measurement; Speech Language Pathology and Audiology. *Resumo*

Este estudo propõe compreender a evolução dos estudantes e dos cursos de Fonoaudiologia do ano de 2004 a 2010. Foram analisados os dados expressos nos relatórios síntesedo Exame Nacional de Desempenho de Estudantes (ENADE) de 2004 a2010 em relação ao perfil e conceito dos cursos de Fonoaudiologia, perfil dos estudantes e estatísticas da prova. Os resultados mostram que participaram 11.662 estudantes de fonoaudiologia, e que houve uma mudança no perfil dos estudantes de fonoaudiologia ao longo dos anos, com maior índice de acesso do sexo masculino, da cor/etnia pardo(a) e/ou mulato(a), e com diminuição nas notas do ENADE para o componente de formação específica, o que refleteuma formação generalista, humanista, crítica e reflexiva em Fonoaudiologia. No perfil dos cursos de Fonoaudiologia houve uma redução da oferta de cursos pela rede privada de ensino, uma ampliação das instituições públicas de ensino e conceitos superiores a média nacional.

Palavras-chave: Educação Superior; Avaliação Educacional, Fonoaudiologia.

Resumen

Este estudio tiene como objetivo comprender la evolución de los alumnos y de loscursos en Fonoaudiologíade 2004 a 2010. Se analizaron los datos expresados en la síntesis de los informes de la Encuesta Nacional de Desempeño de Estudiantes (ENADE) 2004-2010 en relaciónalconcepto y perfil de loscursos deFonoaudiología, perfil de los alumnos y estadísticas de las pruebas.Los resultados muestran que 11.662 estudiantes de fonoaudiología participaron y quehubo un cambio en el perfil de los estudiantes de fonoaudiología a través de los años, con más alta tasa de acceso de varones del color / etnia marrón y / o mulato (a), y con disminución en las notas del ENADE para el componente de formación específico que refleja una formación generalista, humanista, crítica y reflexiva en Fonoaudiología. En el perfil del los cursos de Fonoaudiología hubo una reducción de la oferta de cursos en las escuelas privadas, una expansión de las instituciones públicas de educación superior y conceptos superiores al promedio nacional.

Palabras clave: Educación Superior; evaluación educacional, Fonoaudiología.

Introdução

Higher education in Brazil has been the subject of large-scale assessments since the imposition of the National Course Examination in 1995 (Law 9.131/95)¹.The "Provão" (big exam), as it wasbetter known, wasmade mandatory bylaw for students in higher education. The law was approved by the National Congress, which was created to evaluate the teaching-learning processin undergraduate courses, and contribute to the quality improvement of higher² education.

Mainly students and professors criticized the "Provão"because it presented difficulties in standardization. Additionally, it was imposed in an authoritarian manner without a social discussion or the participation of the academic-scientific community³.

In 2003, a new assessment tool was proposed, called the National Exam of Student Performance (ENADE). It was formally established by Law No. 10.861 approved in 2004, replacing the "Provão"4,5. In the first year of assessment with ENADE, 140,340 students participated in 2,184 higher education courses^{2.}

Currently, the Anisio Teixeira National Institute of Studies and Educational Research (INEP) conducts ENADE on a yearly basis all over Brazil. Additionally, it is one of the instruments



of the National System of Higher Education Evaluation (SINAES)⁶.

The objectives of ENADE are: to evaluate student performance in relation to program content;to contribute to the evaluation of undergraduate courses through the verification of skills;to assess the abilities and knowledge developed by the students;to measure student performance in relation to the use, synthesis, and integration of knowledge acquired during the course;to enable courses to monitor their effectiveness; and to benchmark the training offered by the Higher Education Institution (IES) to students of the respective assessed areas⁷.

The exam is administered to two groups of students, who are in different stages of their study: Freshmen, entering the first year of study, and graduating students, at the end of the last yearof the course⁸.

Previously, students responded to an online questionnaire (called student questionnaire) that creates a profile of the participants through objective questions exploring the academic organization and infrastructure of the course, important aspects of the vocational training, and the socio--demographic features⁹. Next, a structured exam with two components is applied, lasting 4 hours. The first component, called general training, isa common part of the examfor the different areas; it tests the skills, abilities, and general knowledge developed by the students that are required to understand issues outside the specific scope of their profession- about Brazilian and worldaffairs. The second, called thespecific knowledge component, explores the specifics of each area, with regard to the knowledge and skills expected for the professionalprofile¹⁰.

The evaluation of studentperformance ineach course participating inENADE is expressed through concepts, ordered in a scale with five levels, in which levels equal to, or more than ³indicate satisfactory quality. Courses scoring lor 2 concepts (unsatisfactory)undergo visits by an expert committee composed of higher education teachers. The teachers are from the area of the assessed courseand are designated by INEP. The unsatisfactory courses may face sanctions, such as reduction in the number of openings for freshmen or even discontinuation of their offering¹¹.

ENADE is applied every 3 years for each course to cover, to the maximum extent possible, the professional training offered by the national

curriculum guidelines. The calendar for the different subjectareas is as follows: year I- health, agricultural sciences, and related fields; year II exact sciences, teaching degrees, and related fields; year III - applied social sciences, humanities, and similarareas¹². The Speech Language Pathology and Audiologycourses were placed in the first evaluation block of ENADE in 2004.

SpeechLanguage Pathology and Audiology courses started in the 1960s, with the creation of courses at the University of São Paulo (1961) and the Catholic University of São Paulo (1962)¹³. Both were aimed atawarding thetechnologist's degree in Speech Language Pathology and Audiology, with the first minimum curriculum (setting the subjects and timetable of these courses) regulated by Resolution No. 54/76, of the Federal Council of Education. In the 70s, a movement for recognition of the courses and profession was started. This resulted in the creation of bachelor's-level courses, and the course at the University of São Paulo was the first to start authorized operation in 1977¹⁴.

Currently, Speech Language Pathology and Audiologycourses in Brazil are offered at the university level in the form of bachelor's with duration of4 years. According to the national curriculum guidelines, the educational profile of graduates and professional speech therapists should be generalist, humanist, critical, and reflective. They should be able to act based on ethical principles of clinical, therapeutic, and preventive Speech Language Pathology and Audiology practices¹⁵. Furthermore, these days, a typical Speech Language Pathologist and Audiologist works in research, prevention, evaluation, and Speech Language Pathology and Audiology in the area of oral and written communication, speech and hearing, as well as improving the standards of speech and voice^{16,17.}

To ensure compliance with the national curriculum guidelines inSpeech Language Pathology and Audiology, and to ensure the quality of training offered by institutions of higher education, students have been periodically testedthrough ENADE since20048. The results for the subject area of Speech Language Pathology and Audiologyare expressed through reports that provide a quantitative measurement of student performance on the exam and qualitative findings regarding the characteristics desired in a Speech Language Therapist and Audiologyst⁸⁻¹⁰. Since students of undergraduate courses in Speech Language Pathology and Audiology have been participating in the ENADE, this study aimed to analyze the results obtained in ENADE by students of Speech Language Pathology and Audiology courses in recent years.

Materials and Methods

The results presented in the summary reports of ENADE/2004⁸, ENADE/2007⁹, and ENADE/2010¹⁰ for the Speech Language Pathology and Audiology courses were analyzed.

The reports are usually published in the consecutive year of the conduct of ENADE by the Ministry of Education in partnership with INEP, and are available for access on the INEP site.

These reports containresults on the following topics: (1)exam guidelines for each course; (2) distribution of courses and students in Brazil; (3) technical analysis of the exam; (4) perception of the exam; (5) distribution of status; and (6) characteristics of the students.

Inclusion criteria were: evaluation results (2), (3), (5), and (6) applied to Brazil's Speech Language

Pathology and Audiologycourses in 2004, 2007, and 2010. Exclusion criteria were:incomparable results from (1) and (4), and synthesis reports of other courses evaluated by ENADE.

Statistical tests were performed using the statistical package for social sciences (SPSS, version 17.0), adopting a significance level of 5% (a = 0.05). The equal test of two means was used to compare quantitative variables, and the two-proportion equality test was used to compare qualitative variables over the years.

This study was approved by the Ethics Committee under report number 780.979/14.

Results

A total of 11,662 students ofSpeech Language Pathology and Audiology participated in 2004 (N = 4,437), 2007 (N = 3,729), and 2010 (N = 3,496). They included freshmen and graduating students, with an average age of 22.0–22.7 and 24.5–24.7 years, respectively. In the socio-demographic data, ahigh prevalence of the following was observed: females, color/ethnicity – white, absence of personal income, and family monthly income of minimum wages 3-10 (Table 1).

TABLE 1. PROFILE OF AUDIOLOGY AND SPEECH-LANGUAGE THERAPY STUDENTS FROM

 ENADE/2004, ENADE/2007, AND ENADE/2010

Category	Sub-item	2004	2007	2010
Gender	Female	96,3%	92,0%	92,4%
	Male	3,7%	8,0%	7,6%
Ethnicity/ color	White	73,7%	65,6%	62,9%
	Black	3,2%	6,4%	7,0%
	Brown/Mulatto	19,4%	25,1%	28,0%
	Yellow	2,3%	1,9%	1,5%
	Native Brazilian Indian	1,1%	1,1%	0,6%
Range of monthly family income	Up to 3 Minimum Salaries	17,9%	29,6%	39,9%
	3 to 10 Minimum Salaries	44,7%	42,5%	49,1%
	10 to 30 Minimum Salaries	31,3%	25,1%	9,6%
	Above 30 Minimum Salaries	4,6%	2,8%	1,4%



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	Don't have income	76,1%	73,2%	71,3%
Situation of income and sustenance	Have income, but don't receive help	14,7%	14,5%	18,1%
	Have income and support myself completely	2,7%	3,7%	3,7%
	Have income, support myself, and contribute to the support of family	5,5%	7,4%	5,7%
	Have income, support myself, and I am the main support of my family	1,0%	1,2%	1,1%

TABLE 1. PROFILE OF AUDIOLOGY AND SPEECH-LANGUAGE THERAPY STUDENTS FROM ENADE/2004,

However, a statistically significant increase was noted for the following: the number of males when comparing the year 2004 with 2007 and 2010 **TABLE 2.**SIGNIFICANT P-VALUESFOR TABLE 1 (p <0.001); color/ethnicity – brown/mulatto,when comparing 2004 with 2007 and 2010 (p <0.001) (Table 2).

Sub-item	Year	2004	2007	
Males	2007	<0,001		
	2010	<0,001	0,545	
Brown/Mulatto	2007	<0,001		
		<0,001	0,005	

Significant values (p<0.05) -test of equality of two proportions

Source: MEC/INEP/DAES - ENADE/2004, ENADE/2007, and ENADE/2010

Regarding the students' grades (Tables 3 and 4), a significant decline in the average score over the years (2004 = 50.5; 2007 = 51.6; 2010 = 42.1) was observed. In the general trainingcomponent, students showed a significant increase in the score TABLE 3.EXAM GRADES O SPEECH LANGUAGE PAT

from 2004 (42.4) to 2007(48.2); however, a decline was observed in 2010(47.0). In the specific training component, a significant drop in the scores in all evaluated years was observed (2004 = 66.0; 2007 = 52.8; 2010 = 40.5).

19,8

40,5

16,5

TABLE 3.EXAM GRADES O SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGYSTUDENTS FROM

		•		
Category	N	2004	2007	2010
Total	Mean	4.437	3.729	3.496
	SD	50,5	51,6	42,1
	Mean	15,8	18,1	15,4
General	SD	42,4	48,2	47,0

19,1

66,0

18,9

ENADE/2004, ENADE/2007, AND ENADE/2010

Mean

SD

Component

Specific Component

Source: MEC/INEP/DAES - ENADE/2004, ENADE/2007, and ENADE/2010



18,0

52,8

20,2

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TABLE 4.SIGNIFICANT P-VALUES FOR TABLE 3			
Category	Year	2004	2007
Total	2007	0,004	
	2010	<0,001	<0,001
General Component	2007	<0,001	
	2010	<0,001	0,007
Specific Component	2007	<0,001	
		<0,001	<0,001

Significant values (p<0.05) – test of equality of two proportions

Source: MEC/INEP/DAES - ENADE/2004, ENADE/2007, and ENADE/2010

Regarding the profile of courses (Table 5), 89 courses participated in 2004, 88 in 2007, and 82 in 2010. Throughout the years, the following had a consistently high prevalence: courses in southeastern Brazil (2004 = 50.1%; 2007 = 50.0%; 2010 = 43.9%), administrative category "private" (2004 = 88.8%;2007=87.5%; 2010 = 76.8%), and academic category "university" (2004=50.6%; 2007 = 46.6%; 2010 = 50.0%).

TABLE 5. PROFILE OF SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGYCOURSES FROM

ENADE/2004, ENADE/2007, AND ENADE/2010

Category	Subitem	2004	2007	2010
Region	North	3,4%	5,7%	6,1%
	Northeast	18,0%	19,3%	23,2%
	Southeast	55,1%	50,0%	43,9%
	South	16,9%	19,3%	22,0%
	Mid-West	6,7%	5,7%	4,9%
Administrative	Public	11,2%	12,5%	23,2%
Category	Private	88,8%	87,5%	76,8%
	Universities	50,6%	46,6%	50,0%
Academic Category	Universities Centre	18,0%	22,7%	20,7%
	Faculties	31,5%	30,7%	29,3%

Source: MEC/INEP/DAES - ENADE/2004, ENADE/2007, and ENADE/2010

However, in the administrative category, a significant reduction in course offerings and an increase in the number of public institutions was **TABLE 6**.SIGNIFICANT P-VALUES FOR TABLE 5

noted when the year 2004 was compared with 2010 (p = 0.038) (Table 6).

Category	Year	2004	2007	
Public	2007	0,795		
	2010	0,038	0,068	
Private	2007	0,795		
		0,038	0,068	

Significant values (p < 0.05) – test of equality of two proportions

Source: MEC/INEP/DAES - ENADE/2004, ENADE/2007, and ENADE/2010



Of the status attributed to Speech Language Pathology and Audiology courses (Table 7), the most prevalent in 2004 was "no status" (36%), "status 4" in 2007 (37.5%), and "status 3" in 2010 (32.9%).

TABLE 7.STATUS OF SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGYCOURSES FROM ENADE/2004, ENADE/2007, AND ENADE/2010

Status	2004	2007	2010
Grade 1	2,2%	3,4%	3,7%
Grade 2	14,6%	1,1%	20,7%
Grade 3	33,7%	10,2%	32,9%
Grade 4	12,4%	37,5%	15,9%
Grade 5	1,1%	11,4%	7,3%
No Status	36,0%	36,4%	19,5%

Source: MEC/INEP/DAES - ENADE/2004, ENADE/2007, and ENADE/2010

The item "no status" showed a decline from 2004 to 2010 (p = 0.017) and from 2007 to 2010 (p = 0.015). "Status 1" remained the same over the years. "Status 2 and 3" showed a decline from 2004 to 2007 (p < 0.001) and an increase from 2007 to

2010 (p <0.001). "Status 4" increased from 2004 to 2007 (p <0.001), and decreased from 2007 to 2010 (p= 0.002). "Status 5" increased in 2004 compared with 2007 and 2010 (p = 0.005, 0.041) (Table 8).

TABLE 8.SIGNIFICANT P-VALUES FOR TABLE 7

Status	Year	2004	2007
Grade 1	2007	0,641	
	2010	0,584	0,930
Grade 2	2007	<0,001	
		0,293	<0,001
Grade 3	2007	<0,001	
	2010	0,914	<0,001
Grade 4	2007	<0,001	
		0,511	0,002
Grade 5	2007	0,005	
	2010	0,041	0,367
No Status	2007	0,955	
		0,017	0,015

Significant values (p<0.05) – test of equality of two proportions

Source: MEC/INEP/DAES - ENADE/2004, ENADE/2007, and ENADE/2010 2010

Discussion

Following the evaluation cycle of SINAES, courses in the area of health sciences were assessed by ENADE in 2004, 2007, and 20106. In this study, socio-demographic data showed that the Speech Language Pathology and Audiology courses have a high prevalence of female students, even with the increase observed in the number of male students in the analyzed years(Table 1).

According to the literature, the female professionalization is due to historical developments, starting in the late ¹⁹thcentury, and is related to traditional female roles of caring, educating, and serving, understood as a gift or vocation. As a result, women now practice various professions that were once performed exclusively by men, such as medicine and odontology¹⁸. In the analysis of the training of health professionalsin Brazil during 1991-2008, excluding courses in physical education and medicine¹⁹, women's participation in healthcare was significant.

In the socio-demographic data, a significant increase was observed for color/ethnicity – brown/ mulatto, when the year2004 was compared with 2007 and 2010. This can be explained by the quota policies, and funding and scholarship programs introduced in higher education (Tables 1 and 2).

The quota systems were adopted by federal institutions starting in 2004 and were recently standardized by Law 12.7¹¹. This law is aimed to fill at least 50% of the openings for students who have completed high school in public schools and are self-declared black, mulattos, or native Brazilian Indians. Quota policies in public education institutions have emerged from the need to democratize the access to public higher education as a means of social advancement for the poorest layers of the society, groups that are underrepresented in the university student population²⁰.

In 2004, the Federal University of Bahia adopted the quota system with 36.5% reservation for self-declared black and brownstudents, and obtained similar or better results (61.1%) in undergraduate courses compared with those of non-quota students²¹.

Complementary to quota policies, the implementation of Higher Education Funding (FIES) –a program to finance the graduation of higher education students in private institutions, formalizedover 1.7 million contracts since its inception. In addition, the University Program for All, which provides full and partial scholarships in50% of the higher education institutions, awarded 759,000 grants to brown and black students since its implementation²².

It was observed a significant decline in the average grades obtained in the exam over the years. This was driven mainly by the poor performance of students in the specific training component of the test (Tables 3 and 4). This can be explained by the difficulty inadapting the coursesto the national curriculum guidelines for undergraduate Speech Language Pathology and Audiologycourse, used to prepare the ENADE. The national curriculum guidelines for undergraduate Speech Language Pathology and Audiology course were instituted in 2002. They stipulate that the courses should provide a graduating profile of a generalist, humanist, critical, and reflectiveprofessional¹⁵. In this

new educational model, the student takes an active role in the teaching-learning process through the training curriculum for skills and competencies, breaking with the traditional teaching model that is biological and fragmented^{8-10,23}.

A qualitative survey of twenty professors of nursing and medicine found the need for teachers to encourage students to criticize, reflect, and offer the opportunity to rebuild their education towards the real needs of the society²⁴.

In this context, Speech Language Pathology and Audiology courses should continuouslypursue remodeling of the teaching of specifics in the area, to impart the understanding of processes in students and to allow them to work in a multi-, inter-, and transdisciplinary manner in the Speech Language Pathology and Audiology area. Thus, students can submit problem-solving standards as the skills and competencies required by the profession as well as those required by the ENADE-specific component.

In the profile of the courses, a high prevalence of Speech Language Pathology and Audiology courses was observed in southeastern Brazil in all analyzed years (Table 5). This finding may be explained by the historical fact that the southeast region was the stage for the emergence of Speech Language Pathology and Audiology undergraduate courses in Brazil (1950 in Rio de Janeiro/RJ and 1960 in São Paulo/SP). To this day, this region has the highest concentration of speech therapistsin Brazil (58.7%)^{25, 26}.

Regarding the distribution of courses by administrative category, an increase in the prevalence of Speech Language Pathology and Audiology courses in public institutions was observed when comparing the year 2004 (11.2%) with 2010 (23.2%) (Table 6). The expansion of the federal network of higher education in Brazil began in 2003 with the internalization/regionalization of the campuses of federal universities. This was done according to the National Education Plan (PNE) - Law No. 10.172/2001. The expansion of free and public access to higher education in Brazil contributed to the increase in vacancies all over the country²⁷.

The distribution of Speech Language Pathology and Audiology courses in the academic category was maintained with ahigh prevalence of universities over the investigated years (Table 6). With regard to academic and administrative classification, the IESs can receive different denominations: University, University Center, and Federal Institute. The University is a multidisciplinary institution for training of professionals in higher education, research, extension, domain, and cultivation of human knowledge²⁸. Therefore, itshould have: institutionalized intellectual output through the systematic study of issues and problemsof regional and national relevance, both from a scientific and cultural point of view; at least one-third of the facultywith academic degrees at the master's and doctorate level; and one-third of the faculty on a full-time basis²⁹. Consequently, Brazilian universities withSpeech Language Pathology and Audiology courses were responsiblefor all courses with status 5 (six courses) in 2010¹⁰.

As for the status obtained by Speech Language Pathology and Audiologycourses, there was a natural transition in the status scores. In 2004, there was a higher prevalence of courses with "no status" (36%), in 2007, "status 4" (37.5%), and in 2010, "status 3" (32.9%) (Table 7). Therefore, in 2010, a significant reduction in status 4 and 5 was observed. The decrease can be attributed to changes in the educational projects under which Speech Language Pathology and Audiology courses were passed in recent years.

At the nationallevel³⁰, all undergraduate degrees were obtained as follows: in 2004, 53.05% of the courses were of "no status"; in 2007,12.37% of courses were "status 4"; and in 2010,30.08% of courses were "status 3." Therefore, when comparing ENADE data for Speech Language Pathology and Audiologyfrom the national results for all undergraduate courses, Speech Language Pathology and Audiology courses stood out with better status for all study years, with lower rates of "no status" in 2004, highest number of "status 3" in 2010.

The limitation of this study was the difficulty in comparing the students' perception of the exam because the questionnaires differed over the years. Further research should be conducted using data from ENADE/2013 to be released in the next synthesis INEP report.

Our study found that assessment as a process cannot be an end in itself; it should be one of the instruments that IESscan use to measure the quality of education. The results of assessmentssuch as ENADE allow the analysis and interpretations of the courses, and can be used for different types of interventions, i.e., decision-making in the teachinglearning processes.

Conclusions

In conclusion, the profile of students was influenced by educational policies that allowed greater access to students of color/ethnicity (brown and/or mulatto). The male population expressed a greater interest in Speech Language Pathology and Audiology courses. The reduction in the grades was mainly because of poor performance in the specific training component of the Speech Language Pathology and Audiology field, which reflects training for skills and competences.

The profile of Speech Language Pathology and Audiology courses was also influenced by educational policies that stimulated the creation of courses by public institutions and universities. Despite the low grades obtained by the students, the average status in Speech Language Pathology and Audiology courses was higher in Brazil. Therefore, the profiles of students and courses of Speech Language Pathology and Audiology have changed over the years.

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