



Speech-language pathology work in primary health care during the COVID-19 pandemic: experience report

Atuação fonoaudiológica na atenção primária à saúde durante a pandemia de COVID-19: relato de experiência

Actuación de la logopedia en la atención primaria de salud durante la pandemia de COVID-19: informe de experiencia

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Abstract

Introduction: The COVID-19 pandemic led to new health demands combined with the need for the speech-language pathologist to adapt to the new context. The discussion and sharing of experiences in the speech-language pathology work is crucial to strengthen practices with satisfactory results and to build ways to improve the provision of health care. The lack of studies on the topic in Primary Care indicates the need to stimulate this discussion. **Objective:** To describe health care actions developed in primary care by a speech-language pathologist in a Multiprofessional Residency Program in Family Health, during the COVID-19 pandemic. **Methods:** The study conducted telehealth appointments, health education activities for the prevention of COVID-19 and guidance on speech-language pathology aspects. **Results:** The activities developed promoted the empowerment and co-responsibility of the professionals and users involved, in addition to contributing to the reaffirmation to the strengthening in the fight against COVID-19. **Conclusion:** The experience described reinforces the importance of speech-language pathology in the fight against COVID-19 in primary health care, within the multiprofessional perspective of comprehensive and longitudinal care.

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Authors' contributions:

IMBS: study design; methodology; data collection; study outline and critical review.

MVSP: study design, critical review and guidance.

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Resumo

Introdução: A pandemia de COVID-19 implicou novas demandas de saúde e, junto a elas, a necessidade de adaptação do fonoaudiólogo ao novo contexto. A discussão e compartilhamento de experiências na assistência fonoaudiológica é de extrema importância para fortalecer práticas com resultados satisfatórios e construir caminhos para aperfeiçoar a prestação de serviços de saúde. A escassez de estudos sobre o tema na Atenção Primária sinaliza a necessidade de estimular essa discussão. **Objetivo:** Descrever ações de cuidado em saúde desenvolvidas na atenção primária por uma fonoaudióloga residente de um Programa de Residência Multiprofissional em Saúde da Família, durante a pandemia de COVID-19. **Método:** Foram realizados teleatendimentos, atividades de educação em saúde para prevenção da COVID-19 e orientações sobre aspectos fonoaudiológicos. **Resultados:** As atividades desenvolvidas favoreceram o empoderamento e a corresponsabilização dos profissionais e usuários envolvidos, além de contribuir para a reafirmação da parceria na luta contra a COVID-19. **Conclusão:** A experiência descrita reforça a importância da atuação fonoaudiológica no enfrentamento à COVID-19 na atenção primária à saúde, dentro da perspectiva multiprofissional de integralidade e longitudinalidade do cuidado.

Palavras-chave: Atenção básica; Fonoaudiologia; Infecções por coronavírus; Internato e Residência; Saúde Pública.

Resumen

Introducción: La pandemia de COVID-19 implicó nuevas demandas de salud y, junto con ellas, la necesidad de que el logopeda se adapte al nuevo contexto. La discusión y el intercambio de experiencias en la asistencia de logopedia es extremadamente importante para fortalecer las prácticas con resultados satisfactorios y construir formas de mejorar la prestación de servicios de salud. La escasez de estudios sobre el tema en Atención Primaria indica la necesidad de estimular esta discusión. **Objetivo:** Describir las acciones asistenciales desarrolladas en atención primaria por un logopeda residente en un Programa de Residencia Multiprofesional en Salud de la Familia, durante la pandemia de COVID-19. **Metodos:** Se realizaron call centers, actividades de educación en salud para la prevención de COVID-19 y orientación en aspectos logopédicos. **Resultados:** Las actividades desarrolladas favorecieron el empoderamiento y corresponsabilidad de los profesionales y usuarios involucrados, además de contribuir a la reafirmación de la alianza en la lucha contra el COVID-19. **Conclusión:** La experiencia descrita refuerza la importancia de la logopedia en la lucha contra el COVID-19 en la atención primaria de salud, dentro de la perspectiva multiprofesional de atención integral y longitudinal.

Palabras clave: Cuidado básico; Terapia del lenguaje; Infecciones por coronavirus; Internado y Residencia; Salud Pública.

Introduction

The new virus of the Coronaviridae family (SARS-CoV-2) was first reported in late December 2019 in Wuhan, China, and quickly spread around the world^{1,2}. The year 2020 was marked by the pandemic of Coronavirus Disease 19 (COVID-19), characterized by the presence of symptoms similar to those of common flu; however, in more severe cases, the condition may result in gastrointestinal changes, severe acute respiratory syndrome,

pneumonia and death³. In the absence of other respiratory diseases, anosmia and dysgeusia also indicate a possible SARS-CoV-2 infection⁴. Nevertheless, the infected individual may also have no symptoms at all⁵.

Measures of social isolation, quarantine of suspected cases and their direct contacts⁶, as well as remote notification and monitoring⁷, were adopted in order to limit the infection.

In turn, social isolation had a high impact on the relationship between users and providers of

non-essential health care services which includes non-urgent and emergency care, such as prevention and health promotion actions focused on speech-language pathology aspects and outpatient speech-language pathology rehabilitation⁸.

The new public health scenario resulted in a series of demands, including the need to adapt speech-language pathologists to the emerging scenario. This context covers teleconsultation, which consists of providing health care through a telecommunication device in order to expand access to health services^{8,9}.

Teleconsultation is part of the telehealth service in speech-language pathology that was recently regulated by the Brazilian Federal Council of Speech-Language Pathology and Audiology in response to the new health situation¹⁰.

The technology allows to enable a continuous line of care, encompassing everything from prevention and health promotion to rehabilitation¹¹.

Given this unprecedented scenario in the history of mankind as a result of the COVID-19 pandemic, speech-language pathologists must change not only their practices⁸, but also their role as health professionals, which provides for an ethical and ethical and humanitarian commitment to face the pandemic¹².

This study aimed to describe the health care actions linked to speech-language pathology in a Multiprofessional Residency Program in Family Health during the pandemic of the new coronavirus.

Method

This is an experience report describing the process of changes and adaptations experienced by a speech-language pathologist resident in family health at a primary health unit (*Unidade Básica de Saúde*, UBS) in view of the health demands generated or increased by the COVID-19 pandemic from March to August, 2020.

Two health residency programs provide assistance support to the UBS: Obstetric Nursing, which includes four residents, and Multiprofessional in Family Health, which also includes four residents, being a professional in each area: speech-language pathology, pharmacy, physical education and nursing.

Four stages were established for the development of activities, encompassing activities in

the field of public health and the specific core of speech-language pathology, as follows:

Stage I - Permanent Education

The strategies applied in this stage aimed at: training family health residents to manage COVID-19 through the Ministry of Health's AVASUS platform and providing practical training through study meetings with the UBS health team.

Stage II - Health Education

This stage aimed to promote reliable information, face "fake news" about the new coronavirus and encourage changes in behavior in relation to facing the pandemic through health education actions^{13,14}, carried out by residents, targeting UBS health professionals and users.

The territory and the primary health unit were used to apply practices for the development of these activities. The following guidelines were adopted to the territory:

- Approach of users in their homes^{15,16};
- Mediation between users and residents carried out by Community Health Agents;
- Clarification of users' questions about wearing a mask, hand hygiene and mental health care in the pandemic.

Stage III - Health Surveillance

This stage aimed to contribute to permanent observation and analysis of the community's health situation with regard to COVID-19 and to promote the control and monitoring of cases. The strategies in this stage included the active search for suspected cases in the territory and notification to the respective health teams.

It should be noted that all the activities followed the recommendations recommended of the Ministry of Health regarding the safety of the user and the health professional.

Thus, social distancing was respected in the approach taken when visiting the population of the territory meaning that all orientations and clarification of questions were carried out without the professionals entering the houses. The visits also included the use of personal protective equipment and other care in relation to biosafety.

With regard to health education at the primary health unit, the strategy was to prepare waiting rooms with themes related to coping with COVID-19 and on specific topics of speech-language

pathology, such as breastfeeding, speech-language pathology during pregnancy and after childbirth, in order to present the work of speech-language pathology all stages of life to the population.

Stage IV – Telehealth in Speech-Language Pathology

The appointments made by teleconsultation took place using a smartphone, with video calls synchronously. For pediatric patients, the interaction always involved playful activities and the presence of a facilitator, who was usually a family member. It should be noted that, in compliance with Resolution CFFa no. 580 issued by the Brazilian

Federal Council of Speech-Language Pathology and Audiology on August 20, 2020¹⁰, the teleconsultation service was authorized by all users, or their guardians, by signing the Informed Consent Form (ICF) duly attached to the medical record.

Results

The new health situation required adaptations in the speech-language pathology service offered at Primary Health Units, as shown in Charts 1 and 2 by a comparison between the activities carried out before and during the COVID-19 pandemic.

Chart 1. Summary of speech-language pathology actions performed at primary health unit based on diagnosis of the situation before the COVID-19 pandemic.

Action	Activity	Objective	Strategy	Intermediate results
Speech-Language Pathology Center	Screening	To identify or track demands, assess them and refer them to comprehensive care.	Individual or collective meeting at UBS or in the territory.	Structured demand, users welcomed and involved in the health care network.
	Individual and group speech-language pathology therapy	To assist users.	Individual or collective meeting at UBS.	Recovery from health problems.
	Home visit	To collect data on socioeconomic conditions, provide assistance and expand user access to the health care network.	Assistance or follow-up at users' homes.	Significant user adherence to the speech-language pathology approach, comprehensive care and better professional-patient-family relationship.
Health education	Lecture, waiting room, workshop and conversation circle	To promote health and prevent diseases, in addition to stimulating the co-responsibility process of users, family and community.	Individual or collective meeting at UBS or in the territory.	Promotion of attitudes and behaviors through the development of a critical thinking about reality.

Chart 2. Summary of the main lines of action based on the diagnosis of the situation of the UBS during the COVID-19 pandemic.

Action	Activity	Objective	Strategy	Intermediate results
Stage I Permanent Education	Training of residents to manage COVID-19	To train residents to deal with the new health situation.	AVASUS courses and study meetings.	Maturation of the prospects for health action during the pandemic.
Stage 2 Health Education	Home visits, waiting rooms, lectures and conversation circles	To discuss the new coronavirus from the perspective of primary health care.	Individual or collective meetings.	Strengthening of the partnership in the fight against COVID-19, and co-responsibility of all professionals involved in the activity.
Stage 3 Health Surveillance	Home visits	To detect suspected cases of COVID-19 and specific demands of the speech-language pathology center.	Conversations, clarification of questions and active search for suspected cases.	Significant population adherence to the speech-language pathology approach; Behavior changes: compliance with preventive measures by the population, as they started teaching other people about the importance of taking this role.
Stage 4 Telehealth in Speech-Language Pathology	Teleconsultation	To contribute to the continuity of care during the pandemic.	Synchronous use of audio and video, allowing the interaction between participants in real time.	Promotion of speech-language pathology assistance, always respecting and recognizing the work limitations imposed by distance.

It should be noted that the participation of the multidisciplinary team of residents (speech-language pathology, pharmacy, physical education and nursing) in health education activities expanded the range of possibilities for action, since the articulation between the knowledge of each professional nucleus allowed to optimize the actions taken, based on the user's comprehensive health and its relationship with the current public health scenario.

In turn, the waiting rooms allowed moments of conversation, sharing questions and clarifications. In addition to lectures, the waiting rooms developed as horizontal spaces for dialogue.

In the context of home visits, it was possible to carry out the active search in the territory. Thus, users who had symptoms of COVID-19 and also those who reported having contact with symptomatic individuals were notified to their respective teams and instructed to seek assistance in the Health Units of reference for flu-related syndromes. Health education about the new coronavirus also was

conducted during the conversation with the user, through guidelines and clarification of questions.

There was a great adherence by the community to these approaches, since changes in the behavior of users have already been observed with regard to social and personal responsibility when dealing with the COVID-19.

The positive results of this first experience opened the door to other health education opportunities in the territory addressing different topics. In this sense, a proposal to provide speech-language pathology guidance during home visits was developed, maintaining the same biosafety protocol previously described.

Professionals also provided guidance on language development and stimulation, vocal health and breastfeeding.

In addition, home visits also provided the opportunity to identify speech-language demands during conversations with users. Once the need for assistance was detected and the viability was

confirmed, the user was scheduled for telehealth in speech-language pathology.

In this way, the teleconsultation service was characterized as a consequence of the actions initially developed. It is worth mentioning that the users' interest in the possibility of a speech-language pathology assistance by teleconsultation was not only a result of home visits, since other activities, such as conversations in the waiting room, also favored greater involvement of users with the speech-language pathology service.

Discussion

Given the new scenario imposed by the pandemic, all health care services were required to deal with the need to ensure the provision of health care and, at the same time, to ensure safety for patients and professionals, since the services can be opportunities of potential contagion. As health professionals, it was essential to assume an ethical-political commitment to the population and to the Brazilian Unified Health System (SUS) by not avoiding the guarantee of health care, and also including speech-language pathology demands¹².

The current health situation surprised everyone and required a huge effort from various social sectors in order to establish a safe and effective line of care for infections caused by the new coronavirus. Speech-language pathology also faced difficulties, initially with social distance being the major limitation for maintaining speech-language pathology care in the primary health unit context. Therefore, adaptations were proposed in order to ensure the quality and effectiveness of speech-language pathology assistance.

Technology must be understood as a partner in this process of metamorphosis that everyone is going through. As the challenges are posed in each reality of speech-language pathology work, the ability to reinvent itself and overcome singular and collective difficulties has been recruited more than ever.

The use of social media, videoconferencing platforms and the like has proven to be a very relevant resource in the health field in times of social distancing, whether for teleconsultation⁹ or for the promotion of health education¹⁷.

The more we knew about the virus, the better the alternatives became to deal with it in the perspective of the continuity of health care. Therefore,

the teleconsultation service developed in this period was a result of the theoretical-practical maturation process on how to deal with the new coronavirus, in order to ensure the promotion of speech-language pathology assistance, as seen in the increased search and recognition of speech-language pathology in the territory after the aforementioned health education actions.

The speech-language pathologist had autonomy and independence in order to determine which users would be assisted via telehealth in speech-language pathology. The professional was based on two principles to make this decision: generating benefits and ensuring the safety of users, taking into account the level of digital inclusion of the individual and the technical and clinical feasibility of each case.

With regard to health education actions, the strengthening of partnerships within the multidisciplinary team of residents during the performance of activities stands out, as well as the intensification of reciprocal involvement in the work process, while different experiences and perspectives were shared, enriching practices through collective reflection.

Due to the plurality of knowledge within the multiprofessional team^{18,19} it was possible to address the topics proposed, both in home visits and in waiting rooms, in a more comprehensive way, from the complementary contribution of each profession, generating a rich space for learning about the skills of the professions involved in the activities and on the complexity and comprehensiveness of health care.

It should be noted that health education activities were essential to create of a bond^{13,14} between residents and the community, since the new coronavirus pandemic emerged shortly after professionals joined the Multiprofessional Residency Program in Family Health, thus making it impossible to have a direct contact between residents and users.

Newly arrived at UBS, the professionals understood that there was a need to take over the territory immediately. This early contact with users was crucial, since social distancing was adopted to deal with the spread of SARS-CoV-2 and, consequently, the temporary suspension of the activities of some professional categories, such as speech-language pathology. Thus, the first opportunity for contact between the speech-language pathologist resident and several families assisted at UBS was through health education activities.

During health education, there was also room for demands that came from the reality of the user, and the dialogue often turned to different topics. When feeling welcomed in qualified listening, the individual was free to share their experiences, fears and difficulties, which permeated the universe of speech-language pathology, but which also went beyond; crossing the discourse and gaining singular meanings to the discussion. Qualified listening is an essential tool to modify the traditional logic of biomedical care, allowing the user to be seen in an integral and humanized way, with respect to the singularity between those who care and those who are cared for²⁰.

From health education, many users entered more deeply into the world of speech-language pathology and learned more about what this science can offer. Thus, the teleconsultation was inserted in the context of the UBS, based on the user's interest in co-responsibility for their health and the recognition of the speech-language pathologist as a partner in the care process.

Therefore, health education is strengthened as a primary strategy to deal with the COVID-19 pandemic, since it promotes greater involvement of the subjects with their self-care, through reflection on their health condition¹³.

The new configuration of the structure of health demands also brought new responsibilities, which increases the relevance of constant updating regarding the possibilities and tools for health care, with telehealth in speech-language pathology being an opportune example. Recently regulated by the Brazilian Federal Council of Speech-Language Pathology and Audiology through Resolution CFFa No. 580, of August 20, 2020¹⁰, the use of telehealth in speech-language pathology in a responsible and safe way presupposes improvement and mastery over information and communication technologies, aimed at the individual and the community, complementing and improving existing service models.

Conclusion

The approach to COVID-19 brought to the fore the urgency and the importance of the ethical and humanitarian commitment of health professionals, transcending their core knowledge in the provision of services, whose actions are included and recognized in the collective sphere.

In this context, speech-language pathologists should reflect on their current practices, in order to understand the strategies that best suit the needs of the scenario.

The experience described in this study promoted changes both in the perception and in the practice of health work processes in primary care during the COVID-19 pandemic. In addition, this experience promoted a broader view on the performance of the speech-language pathologist in the multiprofessional perspective of longitudinality and comprehensive care, strengthening the ethical-professional commitment to public health and promoting feelings of unity and social responsibility.

References

1. Singhal T. A review of coronavirus disease-19 (COVID-19). *Indian J Pediatr.* 2020; 87(4): 281-6.
2. Khan S, Siddique R, Shereen MA, Ali A, Liu J, Bai Q et al. The emergence of a novel coronavirus (SARS-CoV-2), their biology and therapeutic options. *J Med. Microbiol.* 2020;58(5): 1-22.
3. Iser BPM, Sliva I, Raymundo VT, Poletto MB, Schuelter-Trevisol F, Bobinski F. Definição de caso suspeito da COVID-19: uma revisão narrativa dos sinais e sintomas mais frequentes entre os casos confirmados. *Epidemiol. Serv. Saúde.* 2020; 29(3): e2020233.
4. Klopfenstein T, Kadiane-Oussou NJ, Toko L, Royer P-Y, Lepiller Q, Gendrin V et al. Features of anosmia in COVID-19. *Med Mal Infect.* 2020; 50(5): 436-9.
5. Xavier AR, Silva JS, Almeida JPCL, Conceição JFF, Lacerda CS, Kanaan S. COVID-19: manifestações clínicas e laboratoriais na infecção pelo novo coronavírus. *J Bras Patol Med Lab.* 2020; 56:1-9.
6. Tomasi CD, Arent CO, Bitencourt LTG, Rosa MI, Ceretta LB, Ceretta LA. Implantação de um serviço de teletriagem para atendimento de casos suspeitos de COVID-19: relato de experiência. *Saúde Redes.* 2020; 6(2): 7-14.
7. Sachett JAG. Adaptação para o atendimento profissional de saúde em tempos de COVID-19: contribuições da telessaúde para o "novo normal". *J Health NPEPS.* 2020; 5(2): 11-5.
8. Dimer NA, Canto-Soares N, Santos-Teixeira L, Goulart BNG. "Pandemia do COVID-19 e implementação de telefonaudiologia para pacientes em domicílio: relato de experiência." *CoDAS.* 2020; 32(3): 1-4.
9. Wosik J, Fudim M, Cameron B, Gellad ZF, Cho A, Phinney D et al. Telehealth transformation: COVID-19 and the rise of virtual care. *J Am Med Inform Assoc.* 2020; 27(6): 957-62.
10. Conselho Federal de Fonoaudiologia. Resolução nº 580, de 20 de agosto de 2020. Dispõe sobre a regulamentação da Telefonaudiologia e dá outras providências. [Internet] 2020 [acesso em 2020 ago 25]. Disponível em: <https://www.in.gov.br/en/web/dou/-/resolucao-cffa-n-580-de-20-de-agosto-de-2020-273916256>



11. Harzheim E, Chueiri PS, Umpierre RN, Gonçalves MR, Siqueira ACS, D'Avila OP et al. Telessaúde como eixo organizacional dos sistemas universais de saúde do século XXI. *Rev Bras Med Fam Comunidade*. 2019; 14(41): 1-9.
12. Peixoto MVS, Carvalho S, Silva RJS, Silva FA, Silva WB. Atenção básica à saúde no enfrentamento à covid-19: perspectivas, desafios e a experiência de um programa de residência multiprofissional em saúde da família. *RevIPI*. 2020; 7(2): 55-66.
13. Rios AFM, Lira LSSP, Reis IM, Silva GA. Atenção Primária à saúde frente à Covid-19 em um centro de saúde. *Enferm. Foco*. 2020; 11(1): 246-51.
14. Luchesi KF, Toledo IP, Vieira AS, Meurer BE, Quadros DI, Corso MT, et al. Fonoaudiologia e Odontologia na Atenção Básica: Relato de Experiência de Educação em Saúde. *Distúrb Comun*. 2016; 28(2): 388-93.
15. Bentes RN. A COVID-19 no Brasil e as atribuições dos agentes comunitários de saúde: desafios e problemáticas enfrentados no cenário nacional de pandemia. *Hygeia Edição Especial: Covid-19*. 2020; 16: 175-82.
16. Maciel FBM, Santos HLPC, Carneiro RAS, Souza EA, Prado NMBL, Teixeira CFS. Agente comunitário de saúde: reflexões sobre o processo de trabalho em saúde em tempos de pandemia de Covid-19. *Ciênc. Saúde Colet*. 2020; 25: 4185-95.
17. Soares DC, Cecagno D, Quadros LCM, Spagnolo LML, Cunha TN. Ações educativas para o combate ao COVID-19: relato de experiência. *Res., Soc. Dev*. 2020; 9(8): 1-14.
18. Barreto ACO, Rebouças CBA, Aguiar MIF, Barbosa RB, Rocha SR, Cordeiro LM. Percepção da equipe multiprofissional da Atenção Primária sobre educação em saúde. *Rev. bras. enferm*. 2019; 72(1): 266-73.
19. Lago LPM, Matumoto S, Silva SS, Mestriner SF, Mishima SM. A análise de práticas profissionais como dispositivo para a formação na residência multiprofissional. *Interface comun. saúde educ*. 2018; 22(2): 1625-34.
20. Santos, AB. Escuta qualificada como ferramenta de humanização do cuidado em saúde mental na Atenção Básica. *Rev APS*. 2019; 1(2): 170-9.

