




# User embracement in a speech-language service-school: experience report

Acolhimento em um serviço-escola de fonoaudiologia: relato de experiência

Acogimiento en una escuela de servicios de fonoaudiología: informe de experiencia

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## Abstract

**Introduction:** The proposal for the humanization of assistance aims to transpose technical health care and aggregate the unique needs of users to jointly build health care and services; however, the challenge of including this theme in the training of health professionals still persists. **Objective:** To describe the construction of the user embracement strategy as a humanization practice for the access and monitoring of users in a speech therapy school service. **Methods:** This is a qualitative observational research that was based on an author's experience report on user embracement in the service, based on the oral history of her experience from intern to internship tutor. **Results:** The existence of a long waiting list for assistance has always been one of the greatest challenges of the school service, for this reason, user embracement has been thought of as an alternative of humanization to assistance. **Conclusion:** The user embracement was part of the transformation of the school service, and it was modified and improved over time. It is expected that this experience report can contribute to services that experience similar challenges.

**Keywords:** User embracement; Speech-Language and Hearing Sciences; Humanization of Assistance; Education, Public Health Professional; Ambulatory Care.

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JRSL and MC: Study design; methodology; data collection; article draft; critical review; guidance.

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## Resumo

**Introdução:** A proposta da humanização da assistência visa transpor o fazer técnico em saúde e agregar as necessidades singulares dos usuários para construção conjunta do cuidado e dos serviços em saúde; no entanto, ainda persiste o desafio da inserção dessa temática na formação dos profissionais da saúde. **Objetivo:** Descrever a construção da estratégia do acolhimento enquanto prática de humanização para o acesso e acompanhamento dos usuários em um serviço-escola de fonoaudiologia. **Métodos:** Trata-se de um relato de experiência que se pautou na vivência da autora com o acolhimento realizado no serviço, desde o período em que era estagiária (2009), até a atuação como preceptora do estágio (2020). **Resultados:** Dentre os principais resultados observados destaca-se a oportunidade de escuta ativa, e especializada em fonoaudiologia, aos usuários; orientações e encaminhamentos; esclarecimentos dos casos com perfil para atendimento no serviço. **Conclusão:** O acolhimento fez parte da transformação do serviço-escola, pois apesar de não resolver a problemática da alta demanda, favorece a escuta e direcionamento aos usuários, tornando o acesso ao serviço mais humanizado. Espera-se que este relato de experiência contribua com serviços que enfrentam desafios semelhantes.

**Palavras-chave:** Acolhimento; Fonoaudiologia; Humanização da Assistência; Educação Profissional em Saúde Pública; Serviços Ambulatoriais de Saúde.

## Resumen

**Introducción:** La propuesta de humanización de la atención tiene como objetivo trasponer la técnica asistencial y sumar las necesidades singulares de los usuarios para construir de manera conjunta la atención y los servicios de salud, sin embargo, persiste el desafío de incluir este tema en la formación de los profesionales de la salud. **Objetivo:** Describir la construcción de la estrategia de acogimiento como práctica de humanización para el acceso y seguimiento de los usuarios en un servicio escolar de fonoaudiología. **Métodos:** Se trata de una investigación observacional cualitativa que se basó en el relato de experiencia de una autora sobre lo acogimiento en el servicio, a partir de la historia oral de su experiencia desde la pasante hasta la tutora pasante. **Resultados:** La existencia de una larga lista de espera para la asistencia siempre ha sido uno de los mayores retos del servicio escolar, por ello, lo acogimiento ha sido pensada como una alternativa de humanización a la asistencia. **Conclusión:** Lo acogimiento fue parte de la transformación del servicio escolar, se fue modificando y mejorando con el tiempo. Se espera que este informe de experiencia pueda contribuir a servicios que experimentan desafíos similares.

**Palabras clave:** Acogimiento; Fonoaudiología; Humanización de la Atención; Educación en Salud Pública Profesional; Atención Ambulatoria.

## Introduction

In health services, the use of a standardized procedure and the technical work as a form of organization is still maintained at the expense of embracement and integrality of care. The proposal of the health humanization movement seeks to train professionals who articulate technical efficiency actions, ethical posture, and respect for the user's needs and singularity; this coexistence is necessary and leads to innovation in health practices.<sup>1</sup>

Humanization is an indispensable step in the academic training process to educate professionals who are more aware of human complexity, including gender, race, social class, special needs, gen-

erational, feelings, culture, beliefs, and concepts. In this way, they will be equipped to handle issues resulting from the professional-patient relationship, which should be understood as inseparable from technical care.<sup>2</sup>

Within the humanization agenda, the embracement proposal focuses mainly on meeting the health service user's needs, prioritizing the organization of care offers according to the given demands. These demands come from the health service user who, based on their needs, requests the professional to offer care in a precise manner, making the user co-responsible in the care process, to include them in the production of health, besides promoting the

service management, opening spaces to share about its organization.<sup>3</sup>

Pedagogical changes are needed to build these new practices, aiming to balance technical excellence and social relevance, supported by more interactive pedagogical models centered on the student as a learning subject, and the teacher as the knowledge construction facilitator.<sup>4</sup> In this sense, clinic-school are ideal places for implementing transformations and reflections in professional training.

Among the various health professional categories, the speech therapist is one of the representatives involved in humanization and should use his knowledge to benefit health, quality of life, and comprehensive care.<sup>5</sup> The establishment of the Brazilian Unified Health System (SUS) has brought the expansion of services and the increase in users' rights, which have also reoriented speech therapy practice, expanding its actions beyond rehabilitation, incorporating universality, equity, and integrality principles.<sup>6</sup>

However, training continues to be a critical area in the health sector reorientation, especially in more recent health professions, such as Speech Language and Audiology. There is a lack of familiarity of such professionals with Collective Health and the history of struggles reaffirming a public health policy in Brazil due to their tendency to the service model of spontaneous demand and rehabilitation.<sup>4</sup>

The clinic-school is available at universities to provide students with clinical practice in their profession, giving students direct contact with their future professional activity. When implementing this service, the university seeks to present several works that contribute to fulfilling its social role and provide students with the necessary knowledge to ensure a more efficient professional practice in this field.<sup>7</sup>

As humanization is deeply related to the health-disease social determinants and the health professionals' working conditions, it is suggested that the undergraduate speech therapy curriculums include theoretical and practical activities focused on the theme so that the speech therapists start taking their responsibility in the integral health care of the population.<sup>8</sup>

Given this need for changes in health education towards the humanization of care, the present experience report aims at describing the construction of

the practice of the embracement in a speech therapy school-service, as part of access humanization, of service behavior and practice field for undergraduate speech therapy students.

## Methods

The article is an experience report of qualitative nature that uses memory, and in which the author is involved and shares some of her versions of what she experienced, covering the diversity of the studied angles. It is expected to raise questions about the theme, organized by the author's experience/version, going beyond description, and being an important technology for producing scientific knowledge, especially for the sciences that need to overcome the generalization and invisibilization of service users, to prioritize human complexity.<sup>9</sup>

The methodological path of this experience report brings elements of oral history of life, a narrative that addresses autonomously continuous aspects of a person's experience, in which moments tend to gain explanatory logic.<sup>10</sup> Since it is an experience report, the study can be exempted from the Consent Opinion of the REC because the content of the narrative belongs to the author. However, it does not exempt the institutional consent obtained through a term signed by the management.

The practice of embracement described was performed in the school-service of a Higher Education Institution (HEI). This service is part of the federal sphere and has a double function: specialized service in speech therapy and main practice field of the undergraduate program in speech, language and hearing sciences. The text refers to the period from March 2009, when the author was a student in the internship, to March 2020, when the author was a clinical staff member as an internship preceptor.

The following aspects were addressed: Speech therapy in the public service and its relationship with the field of experience report practice; the changes in the school-service and the construction of the embracement; limits and possibilities of the embracement in the school-service. These themes were selected to facilitate the central theme's understanding, from a broader reality to the reality of the research setting.



## Results and discussion

### *Speech therapy in the public service and its relationship with the field of practice of this experience report*

The Speech, Language Pathology and Audiology course at the HEI had its first class in 1999, and the author of the present report joined the eighth class in 2006. The main field of practice for the professional formation in the institution is the clinic-school of the course, where experiences in several areas are provided, subdivided into audiology, voice, orofacial motricity, and language ambulatories.

The structural condition of the clinic has been similar throughout its twenty-year history, and the reduced number of rooms is a reality that has repercussions and limits the number of openings for attendance. Currently, the clinic school still represents the largest practice field for a degree in Speech Therapy at the institution, despite partnerships for external internships.

According to Melani et al. (2018)<sup>11</sup>, the public service environment is considered a favorable scenario that includes skills and competencies for comprehensive health care, teamwork, and other basic premises of the SUS. Thus, it surpasses the space within the training institution, presenting a broad view of the health-disease process, focusing on the user and their living and working conditions.

Therefore, the National Curricular Guidelines (DCN) for the Bachelor's in Speech Therapy foresees that diversified practice scenarios should be contemplated, enabling the experience of health policies and considering its expanded concept. Such premises would contribute to building the competence to work in interprofessional teams, emphasizing health management and intersectoriality.<sup>12</sup>

The term clinic-school was replaced by school-service as of the 12th Meeting of School-Clinics of the State of São Paulo, in 2004.<sup>13</sup> This new nomenclature holds the sense of making this space a training place, expanding its understanding in favor of the users who seek assistance there.

It is worth extending this reflection on the new terminology to other school services of several specialties, including speech, language pathology and audiology. The purpose of the school-service can be understood in two fundamental perspectives: the possibility of training students by applying

theoretical knowledge and providing care to the population.

The institution that is the object of the report offers a specialized speech therapy service in a scenario in which there is still a poor repartition of assistance and speech therapists across the country's regions.<sup>6</sup> According to the study by Santos et al. (2017)<sup>14</sup>, the number of speech therapists in the municipal public health network, via direct administration and the capital cities of the Brazilian Northeast, is insufficient and unequal, restricting the access of the population to the reduced public speech therapy services.

Due to this context, the speech, language pathology and audiology teaching services have presented a great demand for attendance and a long waiting time, resulting in referrals to other reference units and establishing criteria for attendance.<sup>15</sup> However, if these services did not exist, most patients would rely only on SUS, which would inflate the system even more.<sup>16</sup>

Given the restrained demand and the existence of a waiting list, in 2008, the strategy adopted to manage the waiting list was to triage the registered patients. This practice was offered as a vacation internship. Thus, the students, including the author of this report, could participate in the stages of anamnesis and evaluation, filling out forms with the patients' data and complaints, besides evaluation protocols according to the speech therapy area of the complaint.

The triage allowed the referral of cases that did not have pertinent demands to be attended at the service. Besides that, it helped classify the cases that would wait to be attended to specific ambulatories (among the speech, language pathology and audiology areas) and allowed them to have their doubts clarified and oriented.

However, this strategy was only carried out promptly and was not configured as a resolute measure. It ended up being a palliative measure due to the insufficiency of vacancies and the need better to understand the causes of service categorization and organization.

The vacation triage internship was completed and, after the return of the school semester, the access to the service was done through registration on a waiting list. According to the complaint reported in the registration, users were called by trainees, under teachers' supervision, and depend-





ing on a vacancy in the specific outpatient clinic reported demand.

The segmentation of services in outpatient clinics facilitates the organization of the school-service. However, it is debatable whether it hinders the comprehensive care of the user, especially because it is a training environment in which there is a concern in bringing to the student a health perspective that covers the integration of all areas of speech therapy, besides the social context and the entire patient's constitution.

Nevertheless, this agenda is frequently brought up in the discussions of clinical cases, preceptorships and tutoring, aside from the discussions on the majority modality of individual clinical care.

### *Changes in the school-service and the implementation of childcare*

Towards the end of 2013, there was a public exam for filling the HEI's permanent staff. Through this public exam, the school-service received the speech therapists assigned there, including the author of the present report. One of the first demands passed on to the employees was organizing and managing the waiting list.

To that end, meetings were held between the speech therapy team and the service's pedagogical coordination to elaborate possibilities for a more humanized and efficient access to the service.

Along with the arrival of the speech therapists, the clinic-school also went through a transition phase between being only a practice field for the speech, language pathology and audiology course and being established as a service through an agreement with the Municipal Health Secretariat. Through the agreement signed in 2016, the service, which belongs to a federal sphere, now has a contract with the municipality, making quarterly reports with its activities (qualitative and quantitative).

The work performed by the speech therapists in the service involves both advice to teaching, research, and extension through preceptorships and speech therapy care to users. Besides administrative services, structuring service flowcharts, routines, elaboration of operational protocols, and others.

The preceptorship requires ethical and political commitment, responsibility, and bonding since it involves both sharing technical knowledge and professional practice, as the preceptor is a mediator in the learning process, leading students to discuss

the reality, the solutions, and to work to answer the questions of daily life in the school-service.<sup>17</sup>

The learning of preceptorship occurred in practice because, until that moment, there was no institutionalized training process for the practice of this role in the service. Discussions and sharing in groups, with the clinical staff, and in meetings with the management provide support and reflection for the improvement of the preceptorship, together with the personal efforts of each preceptor in search of knowledge.

Within the weaknesses of the wait line registration, which was previously done through the service reception desk, it was possible to highlight that the user (or their family member) described their complaint without clarifying the real needs of their case.

The period the user was on hold was usually long, with an average of 1 or 2 years, and during this period, the user (and their family) was not given any guidance on what could be done in the waiting period to minimize the demand, or even stimulate the communication and language skill acquisition.

Moreover, some patients did not present needs pertinent to the assistance provided in the service and waited until the evaluation call to be clarified about this once the demand had already been solved.

After discussions, readings, and moments of continuing education, it was decided to use the embracement as the service's entrance door. This practice would be carried out for active and qualified listening to the complaint, a short case evaluation, orientations, referrals, and directions according to the user's needs.

The embracement was chosen as a strategy based on its understanding as a posture and practice in health care and management actions, which encourage building a relationship of trust and commitment of the users with the teams and services.<sup>18</sup>

This practice was initially carried out only by the speech therapists of the service, and then it was adapted to be a practice space, as a curricular internship in the language area. This initiative allowed the students to experience user access to the service, besides providing moments of reflection to improve the strategy.

At first, the enrollment was done at the reception desk, and the call for the embracement respected the order of the patients already enrolled into the waiting list. However, it was observed that





this approach resulted in two waiting lines: one of patients already enrolled and another of patients who would still be enrolled.

It was necessary to suspend the enrollment into the waiting line to solve this problem, and hold a “joint effort” of embracement during the school vacations, so that the embracement approach could become the only way to join the service.

Currently, the embracement is established in the service as a strategy for users’ access and as a commitment to be kept throughout the follow-up. Understanding that the embracement is not space or a place, but an ethical posture that does not presuppose a specific time or professional to do it, implies knowledge sharing, with responsibility and resoluteness signaled by the case at hand.<sup>18</sup>

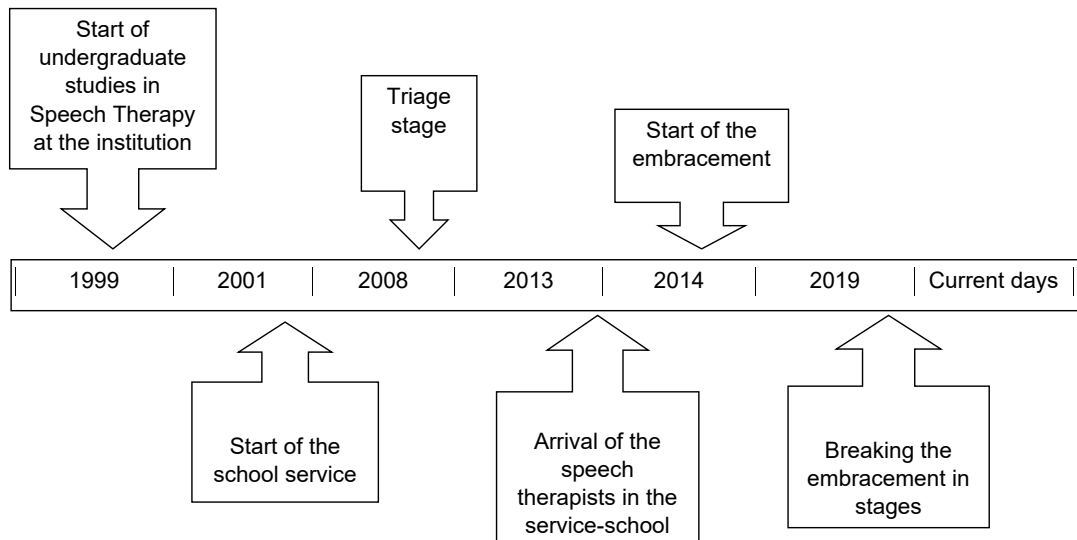
It differs from triage because it is not a stage of the process but an action that should happen in all places and the health service. The embracement is understood as a guideline for health production modes and a technological tool for intervention in the listening qualification, construction of bonds, and guarantee of access.<sup>18</sup>

The embracement was broken down into the stages currently known as *ambiance*, initial assessment, and management in the service. *Ambiance* refers to the composition of knowledge for the co-production of physical spaces, work processes, meetings with people, ways of living, and rebuilding the space.<sup>3</sup>

Thus, in the initial moment, the speech therapist (or intern) does qualified listening to the user, which is the opportunity to expose doubts, anguishes, complaints, and demands. The follow-up orientation is given from this listening by scheduling an evaluation or by referrals, orientations, and clarifications.

The management refers to the follow-up with differentiated frequency, for example, to conclude the speech therapy diagnosis, or yet, to observe the response to stimulation, to observe the patient before discharge, and other possibilities of following up the case in which the management is an alternative modality of care.

Figure 1 illustrates the historical path of the construction of the embracement service in the field of research.



Source: research data.

**Figure 1.** The historical path of the development of embracement in the practice field

### *Limits and possibilities of embracement at the school-service*

Unfortunately, the access barrier persists, and there are not enough vacancies. For this reason, the patients who need the care of the service wait in a waiting line until a vacancy relevant to their case is available.

On the other hand, the initial listening done by the speech therapist (or trainee) provides the opportunity to guide what can be done during the waiting period and clarifies for those who do not need the service, or who need different care than the one the service offers, being referred to other places.

Despite the challenges that still permeate the speech, language pathology and audiology assistance in the service-school, and the need to expand this assistance beyond the universities, it has been observed that embracing patients contributes to the quality of assistance.

Moreover, the strategy adds to the education of health graduates. For this reason, it is hoped that this tool consolidates itself as a guiding axis of the service. It is also hoped that this reflection can help build a performance focused primarily on the community's needs that seek the service.

### **Final considerations**

In the setting that served as the object of the present experience report, a long waiting line for care has always been one of the biggest challenges. For this reason, the embracement was thought of as an alternative to humanize care, for qualified listening to the cases, more personalized management, more effective referrals, clarification, and guidance.

The embracement was part of the transformation of the school-service, which used to be exclusively for the practice of speech, language pathology and audiology degree, and became a service linked to the Municipal Health Secretary. Besides being contemporary to the entry of the speech therapists in the service, which was also a driving landmark of the clinic's transformation.

The strategy was initially carried out only by the speech therapists of the service and later became part of the internship curriculum of the Speech, Language Pathology and Audiology Bachelors' course at the HEI. In the internship, the student has the preceptorship of the speech therapists and moments of tutoring with the professors.

Over time, the embracement has been modified and improved, overcoming the limited triage practice, and is currently broken down into stages. And it keeps the goal of being a practice and posture that lasts throughout the user's follow-up in the service, as a strategy for humanization of care.

It is hoped that this experience report can contribute to services that face similar challenges, assisting in developing alternatives that add to comprehensive, equitable, and universal care to users to help strengthen the SUS.

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