

# Language, interaction and communicative vulnerability to patient care: a study on the perception of Nursing, Speech-Language Pathology and medicine students

Linguagem, interação e vulnerabilidade comunicativa na relação de cuidado ao paciente: um estudo sobre a percepção de estudantes de Enfermagem, Fonoaudiologia e Medicina

Comunicación y Vulnerabilidad Comunicativa en la relación de cuidado del paciente: un estudio sobre la percepción de estudiantes de Enfermería, Fonoaudiología y Medicina

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## Abstract

**Introduction:** Communication between men has evolved throughout history. Speech and language impairments can lead to situations of communicative vulnerability, influencing the person's participation in the therapeutic process and making decisions. **Objective:** To investigate the perception of future

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### Authors' contributions:

MCS: Study conception, data collection and analysis, and article writing.

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professionals in medicine, speech-language pathology and nursing regarding communication with the patient from experiences in the internship fields. **Methods:** Cross-sectional, descriptive and quantitative study, with a sample of 85 students. An online questionnaire was used for data collection. **Results:** For most students of speech-language pathology (84.8%) and medicine (65.6%), communication was effective, while nursing students (55%) claimed to feel some difficulty. 35% of nursing students and 28.1% of medical students reported that they had no contact with patients who do not speak, and speech-language pathology students (33.3%) answered that, in these cases, communication is effective, as they used other forms of communication. All considered that not speaking puts the patient in a situation of vulnerability. **Conclusion:** The results show that communication between patient and future health professional is considered important for all participants. The findings reiterate the importance of the theme in graduation and communication in the patient-professional relationship for the well-being and health of the person, this issue being the responsibility of the team and not only of the speech-language therapist, in view of an integrated and humanized care.

**Keywords:** Professional-Patient Relations; Health Communication; Professional Role

### Resumo

**Introdução:** A linguagem entre os homens evoluiu ao longo da história. Comprometimentos de fala e linguagem podem acarretar em situação de vulnerabilidade comunicativa, influenciando na participação da pessoa no processo terapêutico e tomada de decisões clínicas. **Objetivo:** Investigar a percepção de futuros profissionais de medicina, fonoaudiologia e enfermagem quanto à comunicação com o paciente a partir de vivências nos campos de estágios. **Método:** Estudo transversal, descritivo e quantitativo, com amostra de 85 alunos. Para a coleta de dados utilizou-se questionário online. **Resultados:** Todos participantes consideraram importante, ou muito importante, a comunicação com o paciente. Para a maioria dos participantes de fonoaudiologia (84,8%) e de medicina (65,6%) a comunicação com os pacientes é efetiva, enquanto que os de enfermagem (55%) referiram certa dificuldade. 35% dos alunos de enfermagem e 28,1% dos de medicina informaram que não tiveram contato com pacientes não oralizados; 33,3% dos alunos de Fonoaudiologia responderam que, nesses casos, a comunicação é efetiva, pois eles utilizavam outras formas de comunicação. Todos consideraram que o não falar coloca o paciente em situação de vulnerabilidade. **Conclusão:** Os resultados evidenciam que a comunicação paciente-futuro profissional de saúde é considerada importante para todos os participantes. Os achados reiteram a importância da temática na graduação e da comunicação na relação paciente-profissional para o bem-estar de vida e saúde da pessoa, sendo essa questão responsabilidade da equipe e não apenas do fonoaudiólogo, tendo em vista uma formação e atenção integrada e humanizada.

**Palavras-chave:** Relações Profissional-Paciente; Comunicação em Saúde; Papel Profissional

### Resumen

**Introducción:** La comunicación entre los hombres ha evolucionado a lo largo de la historia. Los fallos y compromisos lingüísticos pueden conducir a una situación de vulnerabilidad comunicativa, influyendo en la participación de las personas en el proceso terapéutico y en la toma de decisiones. **Objetivo:** Investigar la percepción de los futuros profesionales de la patología del habla y el lenguaje sobre la comunicación con el paciente a partir de experiencias en los campos de prácticas. **Metodos:** Estudio transversal, descriptivo y cuantitativo, con una muestra de 85 estudiantes, aprobado por el CEP. Para la recolección de datos se utilizó un cuestionario en línea. **Resultados:** La mayoría de los estudiantes de fonoaudiología (84,8%) y medicina (65,6%) la comunicación fue eficaz, mientras que en enfermería afirmaron sentirse un poco difíciles (55%). 35% de los estudiantes de enfermería y 28,1% de los estudiantes de medicina refirieron no tener contacto con pacientes que no hablan y en fonoaudiología 33,3% respondió que la comunicación efectiva, ya que la ven como otras posibles formas de comunicación. Todos los académicos son evaluados como importantes o pacientes para comunicarse. **Conclusión:** Los resultados muestran que la comunicación entre el paciente y el futuro profesional en fonoaudiología se considera efectiva y debe realizarse de manera ética. Los hallazgos reiteran la importancia de la comunicación en la relación

paciente-profesional para el bienestar y la salud de la persona, siendo responsabilidad del equipo y no solo del fonoaudiólogo, con miras a una atención integral y humanizada.

**Palabras clave:** Profesional-Paciente; Comunicación en Salud; Rol Profesional

## Introduction

Throughout history, the forms of communication between people have changed and evolved. About 200,000 years ago, a population in Africa gave rise to a new and different revolutionary journey, spreading descendants known as *Homo sapiens*<sup>1</sup>, who began to use linguistic and artistic symbols to communicate. Language enables the exchange of ideas and feelings between speakers in a discursive situation in social interactions, in which a subject shares something with the other, who assigns meanings. In the context of health professionals and patients, communication is essential for comprehensive care, being of paramount importance in the practice of health care so that the professional does not only emphasize the prognosis of the case, but can also welcome and understand the patient's feelings and symptoms and thus better serve them in their health needs and demands<sup>2</sup>.

Therefore, communication between patient and health professional is crucial, as it makes it possible to expand the possibility of capturing the - implicit or explicit - messages involved in relationships in the health area<sup>3</sup>. However, there are people who have speech and language impairments that negatively affect communication in this context, placing them in a situation of communicative vulnerability.

These speech and language impairments can be the result of different causes in different life cycles, placing them in a vulnerable situation, which in turn affects communication in the relationship between patient and future health professional in internships. People in situations of communicative vulnerability face difficulties in communicating with their interlocutors<sup>4</sup>. Due to these difficulties, patients do not always have space to address their complaints and symptoms, or even to participate in treatment definitions in different areas of health. For this reason, patients or medical staff often choose to remain silent or receive silence in response<sup>4</sup>.

People with complex communication needs, whether transitory or permanent, are often faced with health teams that are not prepared to understand them and establish effective ways of commu-

nicating with each other. Thus, in addition to the vulnerability caused by the health condition, these population groups become even more vulnerable in the care relationship<sup>5,6</sup>. The Joint Commission defines communicative vulnerability as follows: "Any failure in the communication process between the patient and their interlocutors, leading to the individual's disqualification or deprivation of actively participating in their recovery, from admission to hospital discharge"<sup>7</sup>.

For hospitalized patients and in vulnerable communication situations, the care team is understood as the most difficult partner to communicate with<sup>8</sup>. In another study<sup>9</sup>, the average communication time between the care team and people with speech difficulties varied between 30 seconds and 2 minutes, mainly due to the lack of time to communicate in the hospital routine<sup>10</sup>. Difficulty in communication may lead to greater anxiety, frustration, greater propensity to medical errors, feelings of incapacity and delay in care, thus generating more costs in the health care of these population groups<sup>9,11,12</sup>. In this context, the difficulty in communicating is frustrating for people in vulnerable situations, their families and also for the team<sup>13</sup>.

Due to the communicative vulnerability of patients, health professionals in training must have the experience of promoting communication and developing reflections through conversations with the patient during their practices. In this way, these professionals should expand interactions, thus providing a better quality of life for the patient as well as increasing safety for care in future situations<sup>3</sup>. Thus, it is believed that promoting greater reflection by undergraduate students about the communication process in clinical practice can help them, as a future health professional, to feel more comfortable and less vulnerable in this professional/patient relationship. Given the above, this study aimed to investigate the perception of future professionals in medicine, speech-language pathology and nursing at a university in the state of São Paulo regarding communication in the clinical and therapeutic relationship with the patient from their experiences in internships.

## Method

This is a descriptive, quantitative and cross-sectional study. This study was approved by the Research Ethics Committee under the CAAE No. 31608920.6.0000.5404 of the Institution, in accordance with the requirements of Resolution No. 466/2012 CNS/MS [National Health Council/Ministry of Health]. The researchers presented and requested consent for data collection from the Undergraduate Nursing, Speech-Language Pathology and Medicine Courses.

Then, the researchers contacted the respective departments to obtain a list of names and e-mails of the graduating students enrolled at the time of data collection, being 40 students from Nursing, 33 from Speech-Language Pathology and 120 from Medicine. In a next step, the participants were invited to the study by e-mail and the objectives, justification, method and procedures of the research were clarified in writing and online. After reading the Informed Consent Form (ICF), the students were invited to answer online whether or not they accepted to participate in the research. Thus, the volunteers who accepted the invitation were forwarded to the home page of the questionnaire. On the other hand, participants who did not accept were directed to the final closing and thanking page. Participants were approached only once and, if they did not agree to participate in the research, they would not receive new emails and online invitations. The researchers provided remote assistance, by e-mail and by mobile, at the request of the study participants, who were able to request any clarifications about the study.

Of the 193 invited academics, 85 accepted to participate in the research and completed the questionnaire, and the final sample consisted of 20 students from the Nursing Course, 32 students from the Speech-Language Pathology Course and

33 students from the Medicine Course of a public university in the State of São Paulo.

The inclusion criteria were having attended at least one semester of internship, being enrolled in internship courses and being over 18 years old. In turn, the exclusion criteria were not having practical experience with patients in internships, students who had withdrawn from enrollment during the data collection period, and those who did not consent to participate in the study.

An online questionnaire on Google Forms was used for data collection, which included questions about communication in the relationship with the patient in the participant's internship practices (APPENDIX I). The time required to complete the questionnaire was estimated to be between 15 and 20 minutes.

The quantitative analysis included descriptive statistics to characterize the groups in terms of age, sex, undergraduate course and internship time. In addition, the Kruskal-Wallis Test was applied for the analysis of variance between the three undergraduate courses, based on the demands, facilitators and barriers in the communication relationship between patients and future health professionals in the internships, from the perspective of the participants. Finally, the Statistical Package for Social Sciences (SPSS) for Windows (version 21.0), which is a statistical analysis software, was used to carry out the tests. A significance level of 5% ( $p\text{-value} \leq 0.05$ ) was adopted for statistical tests.

## Results

Table 1 shows the characterization of students from undergraduate courses in Nursing, Speech-Language Pathology and Medicine in terms of sex, age group and beginning of clinical/hospital practical activities.

**Table 1.** Profile of Nursing, Speech-Language Pathology and Medicine students and time of clinical/hospital practice.

		Nursing, n (%)	Speech-Language Pathology, n (%)	Medicine, n (%)
Sex	Female	20 (100)	30 (93.8)	21 (66.7)
	Male	0 (0)	3 (6.3)	11 (33.3)
	Total	20 (100)	33 (100)	32 (100)
Age group	≤ 20 years old	0 (0)	1 (3.1)	0 (0)
	21-25 years old	18 (90)	25 (78.1)	21 (63.3)
	26-30 years old	2 (10)	7 (18.8)	8 (30)
	31-35 years old	0 (0)	0 (0)	3 (6.7)
	Total	20 (100)	33 (100)	32 (100)
Clinical practice time	4 years	20 (100)	1 (3)	13 (41.9)
	3 years	0 (0)	4 (12.1)	14 (45.2)
	2 years	0 (0)	8 (24.2)	2 (6.5)
	1 year	0 (0)	20 (60.6)	2 (6.5)
	Total	20 (100)	33 (100)	32 (100)

Most of the 85 students interviewed were female, aged between 21-25 years. The beginning of practical activities varied according to the syllabus of each course, since the Nursing course lasts 4 and a half years, while the Speech-Language Pathology course lasts 4 years and the Medicine course lasts 6 years. Thus, most Nursing students started their practical activities four years ago (100%), while Speech-Language Pathology students started their practical activities one year ago (60.6%) and Medicine students started their practical activities between three (45.2%) and four years ago (41.9%).

Not all students from each course started the practical activities in the same period, due to different classes taken, temporary suspension of enrollment or failure.

All participants from the three undergraduate courses answered the questionnaire with nine questions focused on communication with the patient, in which they marked an alternative answer in Questions 7, 8 and 9, and they were able to mark more than one alternative in Questions 1, 2, 3, 4, 5 and 6 (Table 2). In the nine questions they had the option to write additional comments, if needed.

**Table 2.** Distribution of Questionnaire answers according to the participant's course.

Questions		Nursing, n (%)	Speech- Language Pathology, n (%)	Medicine, n (%)	p-value*
1 - How would you describe communication with patients in internship practice?	I ask patients about their symptoms and their histories	5 (25)	7 (21.2)	5 (21.9)	0.615
	I provide guidance to patients	0 (0)	1 (3)	3 (9.4)	
	I offer family support and guidance	4 (20)	12 (36.4)	3 (9.4)	
	I check if patients understand the procedures and guidelines	11 (55)	4 (39.4)	21 (59.4)	
2 - What is your opinion about communication in the patient-health professional relationship?	I have a little difficulty in this aspect	11 (55)	5 (15.2)	11 (34.4)	**0.01
	My communication is effective	9 (45)	28 (84.8)	21 (65.6)	
3 - How do you communicate with your patients?	I call patients by their names	2 (10)	0 (0)	5 (21.9)	**<0.01
	I guide patients according to time, space and conditions of understanding	5 (25)	3 (9.1)	16 (37.5)	
	I communicate and explain to patients about the procedures and guidelines to be followed	10 (50)	16 (48.5)	6 (21.9)	
	I use other forms of communication when necessary	3 (15)	14 (42.4)	5 (18.8)	
4 - How is your communication with patients who do not speak due to their clinical conditions?	I had no contact with patients who do not speak	7 (35)	2 (6.1)	9 (28.1)	**<0.01
	I have a little difficulty in this aspect	13 (60)	20 (60.6)	21 (65.6)	
	My communication is effective	1 (5)	11 (33.3)	2 (6.3)	
5 - Do you believe that the patient is in a situation of communicative vulnerability due to their inability to speak?	Yes	8 (90)	32 (97)	30 (93.8)	0.567
	No	1 (5)	1 (3)	1 (3.1)	
	I do not know how to answer	1 (5)	0 (0)	1 (3.1)	
6 - What do you understand by communicative vulnerability?	I never thought about it	3 (15)	0 (0)	1 (3.1)	0.124
	It means that the patient has speech and language impairments	4 (20)	8 (21.2)	3 (9.4)	
	It means that the patient is not able to communicate their demands and feelings	13 (65)	25 (78.8)	28 (87.5)	
7 - What do you think patients feel when they are unable to talk about their complaint/symptoms or how they are feeling due to speech and language impairments?	I never thought about it	0 (0)	0 (0)	2 (6.3)	0.298
	I have never experienced this situation	1 (5)	1 (3)	1 (3.1)	
	This does not affect the physical examination and the course of action	0 (0)	0 (0)	1 (3.1)	
	The patient is vulnerable	19 (95)	32 (97)	28 (87.5)	
8 - In your opinion, is the use of images/photos, letters and cell phones a form of communication with patients?	I never thought about it	18 (90)	29 (87.9)	26 (81.3)	0,624
	I've been through this experience	2 (10)	4 (12.1)	6 (18.8)	
9 - Relevance of the communication process between the patient and you	Important	0 (0)	0 (0)	2 (6.3)	0.187
	Very important	20 (100)	33 (100)	30 (93.8)	

\* Kruskal-Wallis Test. \*\* Significant p-value≤0.05

The results show that there was a difference between the answers of students from the Nursing, Speech-Language Pathology and Medicine courses in three questions (2, 3 and 4). On the other hand, there was no statistically significant difference between the students of the different courses in the other questions (1, 5, 6, 7, 8 and 9).

All participants believe that communication between them and patients (Question 9) is important or very important.

Below, we provide a statement from a Medicine participant who addresses the need for greater emphasis on this topic in undergraduate courses, in addition to pointing out that the LIBRAS (Brazilian Sign Language) subject should be mandatory:

*"I believe that we are very poorly prepared to develop this skill in our course and, little by little, we adapt to a reality of neglect with this aspect (which is fundamental and, in my opinion, is as or more important than the knowledge and the techniques we learn). Furthermore, it is also a pity that the Brazilian Sign Language subject for medicine, which was implemented after a student requirement, is only optional and in just one semester." (Participant of the Medicine Course).*

In Question 1, when asked to detail the communication with patients, there was no significant difference between the participants of the three courses. However, some alternatives had different highlights between the groups. Participants in nursing and medicine courses chose the option "I check if patients understand the procedures and guidelines", while speech-language pathology students chose the options "I offer family support and guidance" and "I ask patients about their symptoms and their histories."

In Questions 5 and 6, when asked what they understood by communicative vulnerability and if they understood that patients were in a situation of communicative vulnerability because they were not able to speak, most students of nursing (90%), speech-language pathology (97%) and medicine (93.8%) agreed that the lack of ability to speak places the patient in a situation of communicative vulnerability. One participant reflected that there are other forms of communication besides speech and that, if the health professional does not know or is not interested in communicating, they will put the patient in an even more vulnerable situation.

Some students chose the option that explains that communicative vulnerability is characterized

as a speech and language impairment. However, most students of nursing (65%), speech-language pathology (78.8%) and medicine (87.5%) understand that the patient not being able to communicate their demands and feelings to the person responsible for their care can be understood as communicative vulnerability, and that not being able to speak makes the patient vulnerable. The following is the report of one participant who is in line with this statement:

*"In my opinion, patients feel vulnerable and helpless in relation to the health service, as they cannot express what they want." (Participant of the Medicine Course).*

In Question 8, referring to what they understood about the use of images/photos, letters and mobile and if it could be considered as a different form of communication with the patient, most students of nursing (90%), speech-language pathology (87.9%) and medicine (81.3%) reported that they had never thought about it.

After analysis with the Kruskal-Wallis Test, three questions showed statistically significant differences between the students of the different courses. When asked about their opinion about communication in the patient-health professional relationship, there was a difference between the groups with a p-value of 0.01. According to most speech-language pathology (84.8%) and medicine (65.6%) participants, communication was effective (84.8%), while nursing students reported feeling a little difficult (55%), as shown by the following report:

*"Communication in the patient-health professional relationship is crucial, since effective communication provides well-being of life and health for the individual, which is the responsibility of the entire health team, and not only the speech-language pathologist." (Participant of the Nursing Course).*

In Question 3 ("How do you communicate with your patients?"), half of the nursing students (50%) answered that they communicate and explain to patients about the procedures and guidelines to be followed. On the other hand, almost half of the speech-language pathology students (48.5%) answered that they communicate about the procedures and guidelines to be followed, and 42.4% reported that they use other forms of communication when necessary. Among the participants in the medical course, a significant number (37.5%) reported

that they provide guidance to patients according to time, space and conditions of understanding, while others (21.9%) reported calling patients by their names. The option “I use other forms of communication when necessary (touch, gestures, electronic devices, alphabet, images, etc.)” was little chosen among participants in medicine and nursing courses. In this regard, we have the following report from one of the participants of the Speech-Language Pathology course:

*“I ask patients about their symptoms and complaints, provide guidance, offer support to the family, and I also check that patients understand the activities and guidance provided.”* (Participant of the Speech-Language Pathology Course).

In Question 4, referring to communication with patients who are unable to speak due to their clinical conditions, there was also a statistically significant difference between the groups ( $p$ -value  $** < 0.01$ ). Most nursing, speech therapy and medical students reported that they have some difficulty communicating with patients who do not speak. However, a significant part (35%) of nursing students and medicine students (28.1%) reported that they had no contact with patients who do not speak. As for Speech-Language Pathology students, a third (33.3%) of them reported that communication is effective, and that, when they feel the need, they use other forms of communication in addition to guiding the patient, as shown in the following report:

*“First, I call patients by their names, and then I explain the procedures and guidelines of the therapy. If I notice that there is a difficulty in understanding, I use other forms of communication (such as gestures and images, among others), in addition to guiding the patient where he is, and why he is there.”* (Participant of the Speech-Language Pathology Course).

## Discussion

The results show that all participants understand that communication is important, in addition to understanding the concept of communicative vulnerability and that not being able to speak puts the person in a vulnerable situation. Although the participants approached communication in their responses from their internship practices, they did so from different perspectives regarding symptoms, the patient and establishing guidelines. Nursing

students understand that communication is related to the important listening of symptoms and emotional aspects. In turn, speech-language pathology students reported that communication also encompasses other forms, such as looking, gestures, and technologies, in addition to what is spoken or not. Finally, medicine students understand that the main focus of communication with the patient is to raise the clinical demands of patients to carry out interventions and guidelines.

The results show aspects of training established by the National Curriculum Guidelines (*Diretrizes Curriculares Nacionais*, DCN) of the Undergraduate Medicine, Nursing<sup>14</sup> and Speech-Language Pathology<sup>15</sup> courses, which provides that communication involves “verbal, non-verbal and reading and writing aspects”. In addition, the DCNs for Undergraduate Nursing and Medicine Courses establish that the students should learn to “inform and educate their patients, families and community in relation to health promotion, prevention, treatment and rehabilitation of diseases, using appropriate communication techniques”. (p. 11). To this end, future health professionals will have to face real problems and, in this sense, they are expected to act in line with the DCNs, with coherence, autonomy and independence as the profession requires.

Therefore, the results of this study reinforce the need for patient/future professional communication to be the focus of attention in undergraduate teaching and learning processes, aiming at an integral approach to health. In this way, the communication processes in the relationship between patients and future health professionals and in their internship practices will be able to integrate the different perceptions brought by the participants of each course of this study, valuing aspects such as listening, the subject, and the various forms of communication, in addition to the focus on symptoms and clinical management.

The findings involving speech-language pathology students show the importance of valuing the different forms of communication in the relationship with the patient with different language impairments, such as electronic devices, communication boards with alphabet, images, and gestures, among others. These resources correspond to the so-called Complementary and Alternative Communication (CAC) systems, which aim to supplement or complement oral and written language in order to favor the expression of feelings and needs<sup>5,6</sup>.



Although nursing and medical participants understand the use of images/photos, letters and mobiles as forms of communication with the patient, only a few students reported using them in practice. On the other hand, as they already had this experience in clinical/hospital practice, speech-language pathology students had a different answer. Some studies address the importance of CAC in care contexts, as communication is essential for understanding the person's feelings and needs. On the other hand, other articles<sup>16,17,18</sup> discuss CAC as a tool that is difficult to understand and also point out its importance in teaching students.

The literature<sup>19,20</sup> also shows the need for CAC to be present in the training of health professionals and that this type of communication favors more effective communication with the patient. In this way, it is possible to promote quality of life, and independence/autonomy for people in communicative vulnerability. In addition, this author reiterates the importance of the speech-language pathologist in working with the communication systems to be chosen, given the relationship with language and cognition.<sup>19</sup>

The results show that when patients are not able to communicate orally, silence was interpreted as a response in the relationship between the future health professional and patients. Silence can be accompanied by failures in communication, as well as the weakening and strengthening of ties between those involved, as discussed in the literature<sup>4</sup>. In addition, silence can cause patients to isolate themselves, as patients become vulnerable for not being able to communicate and demonstrate possible psychic and social fragility. Thus, patients may understand the professional's silence as indifference and give rise to a misinterpretation, as reported by these authors<sup>4</sup>. On the other hand, the authors also report that "there are situations in which communication can provide opportunities and bring people together" (*op.cit.*), which reiterates the importance of a study focusing on patient/future professional communication.

It should be noted that the results found in this study show that the participants of the speech-language pathology course value ways to expand the possibilities of communication with the patient in the face of their linguistic commitments, which is in line with other studies<sup>21,22</sup>.

The findings make it possible to highlight the importance of making future professionals in

training, when participating in care teams in their clinical practices, be aware of the communication needs of the people under their care, as discussed in the literature<sup>6</sup>.

## Conclusion

The results of this study show that the perception of the communication process in the patient and future health professional relationship, based on their experiences in the internships, are different among the participants of the three courses investigated. Among the participants of the Nursing course, the findings show that listening to the symptoms and the patient prevails in their opinions. For Speech-Language Pathology students, in addition to these aspects, the results show a concern with the different forms of communication. Finally, among the Medicine participants, the focus is on clinical issues regarding symptoms and guidelines. Although all participants approach communication in their practices in general, they do so from different perspectives and in different ways in terms of clinical and therapeutic guidelines and referrals.

All participants agreed that not being able to speak puts the person in a situation of communicative vulnerability, making them vulnerable in the clinical and therapeutic process. Therefore, the results of this study reinforce the need for patient/future professional communication to be the focus of attention in undergraduate teaching and learning processes. In addition, the findings reiterate the importance of communication in the patient-professional relationship for the person's well-being and health. Aiming at an integrated and humanized care, this is a responsibility of the team and not just of the speech-language pathologist, who deals with language and communication. Thus, this issue must be addressed in the training in theoretical and practical subjects of the nursing, speech-language pathology and medicine courses that were investigated in this study.

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## APPENDIX I - Interview script for the graduate

### Questionnaire for students of the Nursing, Speech-Language Pathology and Medicine Courses

Personal Data:

Course in which the respondent is enrolled:

- Nursing  
 Speech-Language Pathology  
 Medicine

Sex:

Female(  ) Male(  )

Age group:

- 20 years of age or younger  
 21 to 25 years old  
 26 to 30 years old  
 31 to 35 years old  
 36 years of age or older

Year in which the respondent started the internship practice with patients

- 2016 (  ) 2017 (  ) 2018 (  ) 2019 (  ) 2020  
 I had no contact with patients in the internships

1. How would you describe communication with patients in your internship practice?

- I never thought about it  
 I don't talk much with patients  
 I ask patients about their symptoms and their histories  
 I provide guidance to patients  
 I offer family support and guidance  
 I check if patients understand the procedures and guidelines  
 I do not pay much attention to these aspects, as the clinical examination/management is more important  
 Other Please specify:

Comments

2. What is your opinion about communication in the patient-health professional relationship?

- I don't think it's necessary  
 I have a little difficulty in this aspect  
 My communication is effective  
 The speech-language pathologist is solely responsible for this aspect  
 Other Please specify:

Comments

3. How do you communicate with your patients?

- Communication is brief, restricted to the minimum necessary  
 I call patients by their names  
 I guide patients according to time, space and conditions of understanding  
 I communicate and explain to patients about the procedures and guidelines to be followed  
 I use other forms of communication when necessary (touch, gestures, electronic devices, alphabet, images, etc.)  
 Other. Please specify:

Comments

4. How is your communication with patients who do not speak due to their clinical conditions?

- I had no contact with patients who do not speak  
 I have a little difficulty in this aspect  
 My communication is effective  
 The speech-language pathologist is solely responsible for this aspect  
 Other. Please specify:

Comments

5. Do you believe that the patient is in a situation of communicative vulnerability due to their inability to speak?

- Yes  
 No  
 I do not know how to answer  
 Other. Please specify:

Comments



6. What do you understand by communicative vulnerability?

- I never thought about it  
 It means that the patient has speech and language impairments  
 It means that the patient is not able to communicate their demands and feelings to the person responsible for their care  
 The speech-language pathologist is responsible for this topic  
 Other. Please specify:

Comments

7. What do you think patients feel when they are unable to talk about their complaint/symptoms or how they are feeling due to speech and language impairments?

- I never thought about it  
 I have never experienced this situation in my internship practice  
 This does not affect the physical examination and the course of action to be taken  
 The patient is vulnerable  
 Other. Please specify:

Comments

8. In your opinion, is the use of images/photos, letters and cell phones a form of communication with patients?

- I never thought about it  
 Yes  
 No  
 I've been through this experience

Comments

9. Please rate the relevance of the communication process between the patient and you as a future healthcare professional.

- Not Important  Slightly Important  Important  Very Important

10. Would you like to make any additional comments about the communication process in the relationship between patient and future healthcare professional?

At the end of this questionnaire, you will receive a summary of the main results, if you wish.

- Yes, I would like to receive this material  No, thank you

Please fill in your email address to receive the results: \_\_\_\_\_

