History of the Speech-Language Pathology Teaching Assistance Center at the Federal University of Bahia

História do Centro Docente Assistencial de Fonoaudiologia da Universidade Federal da Bahia

Historia del Centro de Asistencia Docente de Logopedia de la Universidad Federal de Bahía

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Abstract

Introduction: Speech therapy clinic-schools play a fundamental role in the training of future professionals. The Speech-Language Pathology Teaching Assistance Center (CEDAF) was created with the intention of being a clinic-school of the Graduation Course in Speech Therapy at the Federal University of Bahia. **Purpose:** Describe the history of CEDAF, to contextualize the changes it has gone through, highlighting the main events from the perspective of actors who are part of this path. **Method:** This is a qualitative study, characterized as exploratory and descriptive, carried out at the CEDAF clinic. Oral data sources were used, collected through interviews and focus groups, recorded in audio, transcribed, and analyzed according to thematic category, seeking to identify the core meanings. **Results:** It was possible to perceive the intense transformation that CEDAF has undergone throughout its twenty years of history. Among the most significant changes are the expansion of the physical space, the increase in the number

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COMMUNICATIONS

of students in the course and the hiring of new professors, the admission of speech therapists in the clinic and the agreement signed with the municipal health network. **Conclusion:** Registering a first version of the history of CEDAF can contribute to making this place a field of research in continuous improvement in the training of future professionals in speech therapy and service provision.

Keywords: History; Speech, Language and Hearing Sciences; Universities; Clinical Clerkship; Health Services.

Resumo

Introdução: As clínicas-escolas de fonoaudiologia exercem papel fundamental na formação dos futuros profissionais. O Centro Docente Assistencial de Fonoaudiologia (CEDAF) foi criado com o intuito de ser uma clínica-escola do Curso de Graduação em Fonoaudiologia da Universidade Federal da Bahia. **Objetivo:** Descrever a história do CEDAF, a fim de contextualizar as mudanças pelas quais passou, destacando os principais acontecimentos a partir do olhar de atores que fazem parte desse percurso. **Método:** Trata-se de um estudo qualitativo, caracterizado como exploratório e descritivo, realizado na clínica CEDAF. Foram utilizadas fontes de dados orais, coletadas por meio de entrevistas e grupo focal, gravadas em áudio, transcritas e analisadas conforme categoria temática, buscando identificar os núcleos de sentido. **Resultados:** Foi possível perceber a intensa transformação pela qual o CEDAF passou ao longo dos seus vinte anos de história. Entre as mudanças mais significativas estão a ampliação do espaço físico, aumento do número de alunos do curso e a contratação de novos docentes, a admissão de fonoaudiólogas na clínica e o convênio firmado com a rede municipal de saúde. **Conclusão:** Deixar registrada uma primeira versão da história do CEDAF pode contribuir para fazer deste local um campo de pesquisa em contínuo aperfeiçoamento na formação dos futuros profissionais de fonoaudiologia e na prestação de serviço.

Palavras chave: História; Fonoaudiologia; Universidade; Estágio clínico; Serviços de Saúde.

Resumen

Introducción: Las clínicas-escuelas de logopedia juegan un papel fundamental en la formación de los futuros profesionales. El Centro de Asistencia Docente de Logopedia (CEDAF) se creó con la intención de ser clínica-escuela del Curso de Graduación en Logopedia de la Universidad Federal de Bahía. **Objetivo:** Describir la historia del CEDAF, con el fin de contextualizar los cambios que ha atravesado, destacando los principales hechos desde la perspectiva de los actores que forman parte de este camino. **Método:** Se trata de un estudio cualitativo, caracterizado como exploratorio y descriptivo, realizado en la clínica CEDAF. Se utilizaron fuentes de datos orales, recolectadas a través de entrevistas y grupos focales, grabadas en audio, transcritas y analizadas según categoría temática, buscando identificar los significados centrales. **Resultados:** Se pudo percibir la intensa transformación que ha experimentado CEDAF a lo largo de sus veinte años de historia. Entre los cambios más significativos se encuentran la ampliación del espacio físico, el aumento del número de alumnos en el curso y la contratación de nuevos profesores, la admisión de logopedas en la clínica y el convenio suscrito con la red municipal de salud. **Conclusión:** Registrar una primera versión de la historia del CEDAF puede contribuir a hacer de este lugar un campo de investigación en mejora continua en la formación de los futuros profesionales en logopedia y prestación de servicios.

Palabras clave: Historia; Terapia del lenguaje; Universidad; Pasantía clínica; Servicios de salud.

Introduction

Speech-Language Pathology began to be idealized as a profession in the 1930s, due to the concern of the medicine and education fields with the prevention and correction of language errors committed by schoolchildren[1]. In fact, some segments of society, including the government, were uncomfortable with the sociocultural and economic diversity triggered by the country's industrialization process. Cultural heterogeneity, which resulted from this process, was seen as a risk to national identity and unity[2]. The objective was, therefore, to standardize the country's official language.

It was only in the 1960s that the formal education of Speech-Language Pathology began in Brazil, through the qualification of technologists after the creation of courses at the University of São Paulo (1961) and at the Pontifical Catholic University of São Paulo (1962). Later, in the 1970s, movements for the recognition of these courses and the profession began, and undergraduate courses were created. In 1977, the course at the University of São Paulo was the first to be accredited. And, on December 9, 1981, the law that regulated the profession of Speech-Language Pathologist[1] was enacted.

The first undergraduate courses in Salvador were created, in 1993[3], by public universities: the State University of Bahia (UNEB) and the Federal University of Bahia (UFBA). At that time, most of the practical experience of speech-language pathology students took place in the universities' clinic-schools.

Clinic-schools are services offered by educational institutions to provide students with clinical practice in their profession[4], in addition to offering health care support to the community, thus fulfilling their social role[5]. Due to this dual perspective, the term clinic-school has been replaced by the term service-school to broaden its understanding[6].

Speech-Language Pathology clinic-schools play a fundamental role in the training of future professionals in this area. The national curriculum guidelines for undergraduate courses in Speech-Language Pathology, published in 2002, recommended that most curricular internship activities should take place in this space. More recently, in 2018, these guidelines were updated and, even though they recognize the importance of internships also taking place in other spaces, they still point out the relevancy of service-schools as a place of practice[7,8].

The Speech-Language Pathology Teaching Assistance Center (CEDAF), inaugurated in 2001, was created with the aim of being a clinic-school for the Speech-Language Pathology undergraduate course at the Federal University of Bahia. Consequently, its priority function was to establish itself as a space for academic practice, by providing mandatory supervised internships and extension activities for students of the course[9].

Therefore, its history is directly linked to the undergraduate course in Speech-Language Pathology at the Federal University of Bahia, which was approved in 1995 and received its first class in 1999. This class started to use CEDAF as a practice field in the year of its inauguration[10].

Over the years, CEDAF and the undergraduate course in Speech-Language Pathology at the Federal University of Bahia have not only contributed to the social aspect of the university, but also made up for part of the lack of speech therapy assistance for the population of the city of Salvador and the state of Bahia. As stated by Santos et al. (2017)[11], the number of Speech-Language Pathologists in the municipal public health network in the capitals of the Northeast of the country is insufficient and unequal. This reduced number of Speech-Language Pathology professionals in public services contributes to the high demand and long waiting time to start treatment at service-schools[12].

There are few studies in the scientific community on historical data and practice in service-schools in the field of Speech-Language Pathology, which makes it difficult for institutions to improve, as well as to have advances in the area[13].

Therefore, considering the relevance of the research field, the objective of the present study is to describe the history of CEDAF, to contextualize the changes it has undergone, highlighting the main events from the point of view of players who were and those who still are part of this historical journey. By revisiting its past and recording a version of an institution's history, an opportunity is created to understand and review the present, as well as to project the future, ensuring the collective and identitarian construction of a course, a service, and a professional category.

Methodology

This is a qualitative approach study, characterized as exploratory and descriptive, carried out at the CEDAF clinic, and linked to the Federal University of Bahia. The oral data sources used were collected in 2018 and 2020, through audio recorded, transcribed, and analyzed interviews and focus group.

Members of different segments related to the research site participated in the study: the director of the Institute of Health Sciences (ICS), to which CEDAF is linked; the head of the Department of Speech-Language Pathology; the council coordinator of the Speech-Language Pathology course; CEDAF's coordinator; two course professors; in addition to two secretaries and five Speech-Language Pathologists who work at CEDAF. All individuals involved in the process were over 18 years of age and signed a consent form.

Regarding ethical aspects, this study is part of two larger studies[14,15] which were submitted to the Research Ethics Committee (CEP) of the Collective Health Institute of the Federal University of Bahia, CAAE (Certificate of Presentation of Ethical Appreciation) number 03091818.1.0000.5030, obtaining the approval number 3.045.657, in 2018, and to the ethics committee of the Bahiana School of Medicine and Public Health, CAAE number 23850719.0.0000.5544, approval opinion number 3.744.465, in 2019.

The audio recordings were analyzed in accordance with what was proposed by the content analysis, which is a set of research techniques whose objective is the search for meaning. Thematic categorical analysis was the procedure chosen, with a view to discovering the nuclei of meaning which make up communication, either by presence or frequency[16]. After the floating readings, two themes were identified: aspects of the origin of CEDAF and descriptions of the transformation processes experienced by the service.

Results

The Origin and the first years

As CEDAF was originally created to meet the training demand of students of the Speech-Language Pathology course at the Federal University of Bahia, serving as a field of practice and internship for future Speech-Language Pathologists, the center had a teaching profile.

> [...] previously, CEDAF for me was pretty much the speech-language course itself [...] we really saw CEDAF as a place linked much more to training than as a service that, for example, would function without the teachers. (P1)

For its foundation, the actual area was improvised inside the ICS. Initially, it only consisted of three rooms for clinical-therapeutic care and one room for audiological exams. Besides the small physical space, it relied solely on few teachers.

> [...] from the moment the course was created, the few professors who were part of it soon proposed the creation of the teaching assistance center that would be an internship field, a way of integrating the University and Speech-Language Pathology with society, through teaching and extension. [...] And then an available area here was adapted to accommodate the department, the council, and the teaching assistance center. (P2)
> So, I remember that we already had the equipment, we didn't have all the structure we have today, the number of rooms was much smaller. (...) At the time when I arrived, and this practical part was going to start and it required space, that's when this arrangement of the area began to take place, so that students could have practical classes and internships. It was very different, [...] it was much smaller. (P3)

Concurrently with the account of the history of the center, participants also pointed out some of the main problems related to the operation of CEDAF, issues they have faced since its inauguration, such as infrastructure ones:

> We suffered a lot because of the infrastructure, it lacked everything [...] I think we only had three rooms and the classes were small. We started to attend at the hospital, too. So, for that moment it was enough, but with each passing year we saw that we needed more space. Even today, we're really cramped, we can't do a lot of things because of the small area we have. But physical space, structure have always been a huge problem. (P4)
> And then we always have the same problems, even now. The issue of equipment calibration, buying new pieces of equipment, this whole routine to get to where we are today. (P3)

The transformations

The first transformative milestone of CEDAF occurred by means of REUNI, which is the Support Program for Restructuring and Expansion Plans of Brazilian Federal Universities, a part of a set of actions put together by the Federal Government in the Education Development Plan of the Ministry of Education and Culture (MEC).

This program was established by the Presidential Decree 6.096, dated April 24, 2007, with the objective of providing institutions with conditions to expand access and permanence in Higher Education, through financial investments[18].

Thus, on account of REUNI, the physical space was resized to six rooms for therapeutic care, an observation room and four rooms where various audiological tests can be performed. The physical structure remains the same to this day.

Besides the increase in physical space, there was an increase in the number of places for new students in the Speech-Language Pathology course, from 30 places per year to 30 places per semester, reaching a total of 60 students enrolled annually. More professors were also hired.

The hiring of these new professors led to the beginning of a reflection on the need to change the exclusively formative profile of CEDAF.

[...] the focus was very much on the students, although there was constant assistance [...], but it was always from a perspective based on students' education [...], but it began to change. I think that, after REUNI, the space was a bit expanded, the number of vacancies increased, the number of professors increased [...]. The first ones who arrived were Speech-Language Pathologists with a clinical background, there was a very strong clinical feeling, [...] after 2009, new professors arrived, with a doctoral degree, or on their way to a doctoral degree, with more of a researcher profile, [...] these professors also brought different views on the issue of training, of thinking, in short, on the service itself. And then we start to rethink everything! [...] (P5)

The second milestone in the history of the clinic was the hiring of Speech-Language Pathologists, through public examinations, from 2013 on. Due to the reduced number of professors, after the growth of the course and the increase in the number of students, these professionals were hired mainly for the role of preceptors at curricular internships of the course, but they also work in speech-language pathology assistance to the outside community.

The clinic-school used to count only on the work of Speech-Language Pathology professors. After this public examination, three Speech-Language Pathologists were placed at the clinic and, later, four more Speech-Language Pathologists completed the technical educational team on site. As a consequence of this change, a new configuration in the profile of CEDAF started to be built. The center, which had been exclusively focused on academic training, also became a place of service provision.

In addition to the internship preceptorship, the Speech-Language Pathologists provide assistance to the community, therefore, the service started to function beyond the undergraduate internships. The professionals also began to organize the service by implementing record keeping, care management, analysis of performed activities, service flowcharts, operational protocols, among other organizational activities.

The third milestone took place in March 2016, when CEDAF signed an agreement with the municipal health network of the city of Salvador, through the Municipal Health Department (SMS), formalizing the provision of secondary care services to users of the municipal health care network and committing to the achievement of quantitative and qualitative targets.

Therefore, a new reality presented itself to the service, requiring many changes and the reorganization of the Center, as expressed in the following report:

[...] when we become part of the Brazilian Unified Health System (SUS), we also have to organize ourselves from the perspective of the right to health and from the perspective of the guidelines that are in place for SUS. We are concerned with thinking about embracement, thinking about the network, including this articulation, the research that they are doing in some way will also really help us to think about it all. Thus, the service increasingly joins the health system, following the logic of the health service organization [...], because, until then, we had no such concern! Our concern was to arrange the schedule, to make sure it works, that the internship of one teacher doesn't overlap that of another and that's it! [...], but now we are on another level, and I think that the agreement is fundamental for this, becoming a part of SUS elevates us to a whole new level. (P6)

It is also worth taking into consideration the fact that, after so many years operating as an establishment whose original function was training, this change in profile would not occur in the short term. It can be inferred from the reports that CEDAF still does not have a clearly defined identity, according to divergences found in relation to the participants' understanding of its current conception.

> I think it has advanced a lot in the direction of a service, but the weight of academic life, of the professor and of the assistance, the professor is still like that, so much so that the center brings this in its name, it is a teaching center. This is the biggest weight of CEDAF, I have no doubt about it. (P5)
> [...] I see CEDAF clearly as a part of the SUS network, where students are developing academic activities. Not a clinic-school linked to the SUS. To me, it is clear. (P7)

We have a primary function which is teaching and learning. So that's what CEDAF exists for [...] (P8)

> [...] to me, this isn't well established yet. To me, it is a challenge to reconcile, at the same time, the attributions of preparing for training and, at the same time, being a service in the way that CEDAF is defined to be and meeting the expectation that is there. (P9)

I think that CEDAF is still in a transitional moment, although it is a more mature moment than at the beginning [...] a clinic-school that, despite being configured as a service, still has most of the care being provided by students, it does not make the insertion the same way another service does, one that is directly administered by the municipal health department. So, we are always on this tightrope. So, which way do we tend: is it toward assistance, is it toward teaching... toward training, or toward training inserted in the service? (P10)

Example of change in CEDAF's routine

Regarding the way the patient enters the service, there have also been significant changes, in search of a more efficient and humanized proposal. Participants recalled the period in which the way to enter the service was through direct registration in a waiting line and the data were passed on to the clinic reception, with no contact with the Speech-Language Pathology professional.

> What used to happen before was that sometimes the patient reported a demand, for a specific type of care, and when they were called, the demand was different [...]. Then we started to call whoever was in the waiting line to have an initial contact [...], but what was happening was that we were generating two lists, [...] so all this process was discussed until we achieved the model we have now, understanding that embracement actually has several arms, today we have the ambience process, which is this initial contact with the clinic, [...] if it is a case that needs to undergo an evaluation we forward them directly to the internship or to our appointment book (P11)

> [...]. With the arrival of Speech-Language Pathologists, we saw that there was a huge waiting line and we needed to organize it, so I see the first proposal of embracement as a guiding axis for the reorganization of CEDAF as a health service, which culminated in 2016 with the agreement signed with the municipal health department [...] now we respond to other criteria, to demands other than just the formation of the Speech-Language Pathology students at the Federal University of Bahia. (P12)

Currently, the patient or their guardian/family member reports directly to the Speech-Language Pathologist or Speech-Language Pathology interns, when they seek assistance at the clinic.

Therefore, the management model, in which only managers define the work and workers only perform it, is overcome, making it possible to move forward. In the same reasoning, the participant's report showed how the construction of embracement was procedural:

> And it's also interesting how this technology was built, so that the Speech-Language Pathologists who work in the service didn't arrive all at once, they arrived little by little, but they embraced this tool and got interested in it, well, it became an issue of research. (P1)

The participant's report below illustrated the contrast of embracement in the service-school:

> The clinic-school is an institution that is widely used for Speech-Language Pathology, it has a very specific, rigid profile, within Speech-Language Pathology, and then we come with a different view, that of the humanization policy [.. .] and make use of this tool, the way it was designed and how this instrument has evolved here, it already covers a much larger issue that goes beyond offering a space for speech-language pathology assessment. (P5)

COMMUNICATIONS

This understanding of embracement as a continuous process is observed in the report below:

> Until we could understand the format and this broader concept of embracement, there were many meetings, many trials, and errors. I think that today we have a model that is closer to what public policies recommend, but that also has its flaws. In college, the closest experience to the subject that I had unfortunately was with triage. So, not only the broad understanding that we have today, but even the contact with the patient in the room was much more discussed in relation to the interview with the patient, it was not understood as a continuous process since the reception, it was only here that I came across that. (P11)

Discussion

From the reports, it can be observed that the creation of the clinic-school took place in an improvised way, based on the need for the recent Speech-Language Pathology course to provide a place of practice for the interns. The initial perspective of the clinic was strictly formative, fulfilling a requirement of the undergraduate course.

Structural challenges have been present since the beginning of the clinic's history and persist to this day, as reported by the participants. The restriction of the available area also limits the amount and variety of activities that could be performed in the clinic, aiming to meet the demand of users who seek the service.

Similarly, another study highlighted the problems observed by managers, professionals and users of services that integrate specialized care in the city of Florianópolis. The inadequacy of the infrastructure, the scarcity of financial resources and the incipient process of planning services and work routines were some of the difficulties pointed out in the organization of health practices at this level of care[17].

Despite the structural limitations, over time and with the arrival of more professors, the service has evolved, has also become a field of extensions and research, has undergone renovations and new divisions of space, increasing the number of classrooms. The first professors of the course were extremely committed to the initial establishment of the clinic, which was a field of practice only in the last year of the undergraduate program. Currently, students already have opportunities for experiences in the service since the initial semesters.

These progressive changes which have occurred in the clinic contributed to the expansion of the potential of the center, through programs, arrival of new professionals, establishment of an agreement with the Municipal Health Department, among other historical milestones. There has been a change in perspective, the expansion from a clinic-school to a service-school.

REUNI split opinions at the time of its implementation. There was criticism from part of the professors and students regarding the increase in the number of places for the courses, without proportional support and structural and financial adjustments for the outcomes of this expansion. CEDAF, for example, started to receive twice as many students and remained in the same location, whose limited physical space was only divided to increase the number of rooms.

A change in perspective has been observed regarding the priorities of the clinic after the agreement with the municipal health department, valuing not only the activities related to the undergraduate course but also other criteria, namely, the obligations established by the agreement. The accord between the parties stated that, as a counterweight, the clinic would have to deliver both in productivity and in qualitative activities. Therefore, the entry of Speech-Language Pathologists into the service and the agreement with the municipal health department are considered historic milestones in the transformation from clinic-school to service-school.

Thus, the analysis of the history of CEDAF highlights, as one of its problems, the lack of clarity among its professionals about the role of the Institution in the university environment and in the scope of health services in the city of Salvador.

While for some participants the service is seen primarily as belonging to the health care network, for others, its formative role is preponderant. In fact, the construction of identity and the transformation of the center's profile is something gradual, therefore, it is necessary to collectively advance towards the understanding that one role does not exclude the other and that they be can complementary, in the sense of being in constant improvement.

In CEDAF, the initial contact stage with the Speech-Language Pathologist is called ambience. This terminology is presented by the Brazilian Ministry of Health, indicating that the ambience

in the units ensures comfort, adequate conditions, biosafety at work, spaces for meetings and exchanges, in addition to guaranteeing a place for conversation between the user's family/social network and the team[19].

By creating healthy, welcoming, and comfortable spaces which respect privacy, changes to the work process are made. After all, the use of spaces according to the needs of users and workers of each service is a guideline that can improve health work[20].

It was possible to notice that the current elaboration of the embracement has gone through transformations only made possible by the mobilization of the clinic members. The demand was not properly understood at the time of registration, without the Speech-Language Pathologist's listening, generating longer waiting time, inadequate case management, lack of clarification and guidance to patients, among other issues.

Subsequently, the entry of users into the service began to be carried out through the speech-language pathology embracement, divided into three ramifications: ambience, assessment, and management, as illustrated in Figure 1.
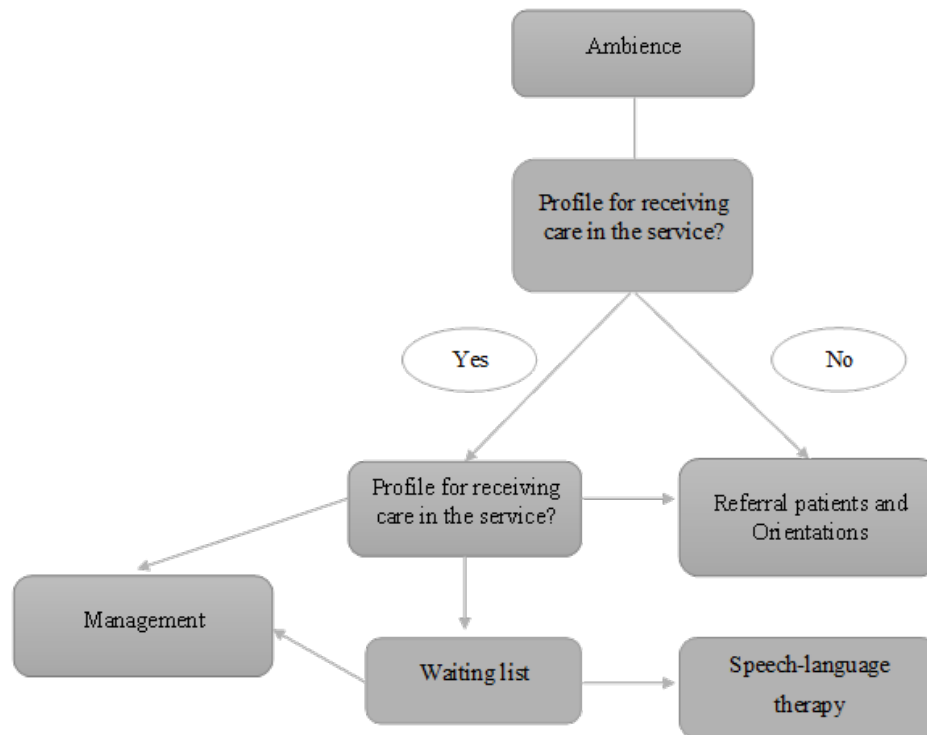
Source: Data from the research Embracement as a technology for speech-language therapy in a clinic-school[15]

Figure 1. Embracement flowchart in the research field

Thus, when seeking speech-language therapy at the clinic, the user is directed to the ambience. This is when the professional Speech-Language Pathologist or intern, will listen to their demand and will be able to recognize if their case has a profile for service at the center. If so, the patient will wait for a vacancy to appear for their demand, according to the area of need (language, voice or orofacial motricity). Referrals relevant to the case are also carried out.

If questions could not be fully clarified in the ambience, an evaluation will be scheduled to define the service area. Depending on the case, there is the possibility of managing the demand, which is the less frequent service, with active participation of the family and/or user, for cases that require thera-

peutic intervention for diagnostic conclusion or that have the potential for resolution in a short time.

Embracement should be conceived by the services as a process in continuous construction, based on the needs of users and on the analysis, by professionals and managers, of work processes, so that a relationship of commitment is established[21].

It was understood that the knowledge of each team member, their diversified experiences, combined with the gradual arrival of this group of professionals to the clinic, have shaped the construction of the embracement model adjusted to that environment.

In addition to the historical aspects of the construction of the embracement, the participants emphasized the context of the clinic-school that permeates the service. Corrêa et al. (2016)[12] state that in clinic-schools, treatments are carried out with a focus on diseases and the combination of practice and theory by students, guided by teachers and supervisors.

The way Speech-Language Pathology clinic-schools work is focused on outpatient care, according to the demands of users. However, this organization is opposed to the logic of embracement, which implies a broader view, comprehensive care for the user and listening beyond speech-language pathology issues, by taking into consideration the patient's social context. Therefore, embracement at CEDAF was understood as a driver of changes in the clinic, of the paradigm shift that is currently a topic of discussion in health education.

Addressing the humanization of care brings up fundamental questions which can guide the construction of health policies, since the debate on management and care models, allied to the training of health professionals and social control, is necessary and urgent. Humanization should be seen not only as a "program", but as a policy that operates across the entire SUS network[21].

Of all the attempts to adjust the embracement model, the current model has been considered closest to the Brazilian National Humanization Policy (PNH), as the very concept of embracement has been re-signified throughout clinical practice. Going beyond the practice of triage through embracement has been considered a potentiality for the current training of Speech-Language Pathology undergraduate students, as this opportunity was not previously provided in undergraduate courses.

Therefore, CEDAF, as a space for training future health professionals and providing services to the public network, assumes an important role in contributing to the search for a care model which is oriented towards comprehensiveness and expanded health needs, in line with the principles of SUS.

Conclusion

From the reflections brought by the research participants, it was possible to perceive the remarkable transformation undergone by CEDAF over its twenty years of history, a recent history. However, according to the analyzes of the reports mentioned in this study, there is still much to be modified.

Conducting research that focuses on this institution, performing a situational analysis, studying its access strategies, understanding the profile of its patients[22], among many other issues which need to be raised and analyzed, greatly contribute to the evolution of the center.

Making this place a field of research is the starting point for its continuous improvement in the training of future Speech-Language Pathologists and in the provision of service in accordance with the guidelines of SUS.

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