

THE WORK OF SPEECH THERAPISTS UNDER SUPPORT CENTERS FOR FAMILY HEALTH (NASF) – SPECIFICITIES OF PRIMARY CARE

O trabalho do fonoaudiólogo no núcleo de apoio à saúde da família (NASF) – especificidades do trabalho em equipe na atenção básica

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ABSTRACT

Purpose: to understand the work of the speech therapist in the Support Center for Family Health, identifying incorporated technologies to the traditional professional work process. **Methods:** these people are speech therapist of São Paulo / SP Support Center for Family Health team. Through online questionnaire, were raised information about the training and work processes of speech therapist as a supporter in these teams. The quantitative data were analyzed using a Descriptive Statistics and qualitative according to the precepts of Thematic Category Analysis, under the theoretical reference Health Work. **Results:** the work process was characterized from the elements that compose it, and the object of work consists on the Family Health team and the population described, with support and instruments consist on technological tools recommended by the Health Ministry. The conformation team is varied and work organization start on matricular meetings. Their practices involve actions to support assistance, technical and pedagogical actions support, articulations actions of Network and work management actions and the speech therapists have a new knowledge and strategies through the shared work. **Conclusion:** on the Primary Care, the performance possibilities can be specific or shared, the knowledge core or in general, the focus depends on the characteristics of territory and availability. The training does not guarantee the necessary skills, with incorporation of new practices from the experiences in service.

KEYWORDS: Family Health; Speech, Language and Hearing Sciences; Primary Health Care; Professional Practice

■ INTRODUCTION

In order to support the insertion of the Family Health Strategy (FHS) in the Network services and expand the scope, resolution, territorial, regionalization and actions of Primary Health Care (PHC) in Brazil, 2008, the Ministry of Health created the Centers of Support for Family Health (NASF). Due to the experiences lived since then signaled the difficulties of a new care model still in experimentation,

some regulations of the original Order has been modified over that period, with the most recent determinations regarding the regulation of NASF are in the MS / GM No. 2.488, of 21st, October 2011, which updates the National Primary Care Policy ¹, and Ordinance No. 3.124, of 28th, December 2012, which redefines the binding parameters of the NASF Primary Care Teams ².

The NASF are made up of a team, in which professionals from different areas of knowledge, among them Speech Therapy, work in an integrated way and together with the professionals of the Family Health teams, sharing and supporting health practices in the territories under the responsibility teams, assisting them in health promotion and disease prevention, diagnosis, the definition

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of therapy, recovery and rehabilitation, so that the ESF is resolute in as many situations that are within the competence of Primary Care. With increasing capacity of basic care, it is expected that the secondary and tertiary levels are less ordered and consequently more resolute¹.

The NASF is part of Primary Care, but do not constitute as independent services and are in free access to individual therapy or collective, that is, do not constitute as system gateway to the users, but as the rear for Family Health teams. Should act from demands identified in working with these teams, and integrated to the Health Care Network and its services¹. Must be committed also to the promotion of changes in attitude and actions of ESF professionals and its own NASF team, including the intersectoral and interdisciplinary performance shares, in addition to the humanization of services, continuing education, social participation, promoting wholeness and territorial organization of health services.

Through the expansion of the clinic, assisting in increasing the capacity of analysis and intervention on health problems and needs, both in clinical terms as health, the NASF seek to contribute to a comprehensive care to SUS users and overcome the fragmented logic of health for construction of attention and networks care, involved with the Family Health teams. The organization of work processes, always focused on the territory under its responsibility, should be structured discussion prioritizing cases, shared care with knowledge exchange and mutual responsibilities, training generating experience for all professionals, joint construction projects therapeutic interventions in the territory and the health of collectivity¹.

According to the guidelines of the Ministry of Health, direct interventions of NASF professionals front of users and families must be carried out only in situations where the Family Health team has already exhausted its possibilities and always from the discussions of cases between these teams. The organization of these and other NASF of work processes depends on a number of technological tools such as Matricial Support, the Expanded Clinical, Therapeutic Project Singular (TPS), the Health Project in the Territory (PST) and the Pact Support. However, this is an innovative model, different from training of most health professionals model, and requires a willingness to change, is common to find teams that play the hegemonic model. Acting on a new care model requires a humanized professional approach, an expanded look at the reality of population with rather complicated living conditions, requires interdisciplinary approach. Historically, academic training did not

prepare the speech therapist to understand and act in these circumstances, to be more focused on individual assistance.

The institution of the Family Health Support Centers came to consolidate this space on speech therapist actions within Primary Health Care, and is characterized as the main field of work within that level of care. It is recognized in NASF the opportunity for the speech therapist acts in family and social context, contributing for transformation of health care, working in an interdisciplinary approach in the formulation of therapeutic projects that consider the people and their needs.

Due to peculiarities of Primary Care and NASF work, note that the speech therapy as well as other professions, finds it difficult to enter and work in the logic proposed, given the basic training does not include many concepts and tools already cited here as essential to the organization of work in this service. Traditionally trained and active for specialties, speech therapists usually work in rehabilitation with specific techniques for individualized treatments, making it difficult to view and work as support staff. For many professionals, interaction with a multi-disciplinary team, or with families and community leaders, as well as more targeted actions for the intersectoral coordination and collective involve learning about a new way of acting.

This article presents some of results obtained in the survey conducted for the master's thesis "The work of speech therapist in the Centers of Support for Family Health (NASF) – comprising practices from the composition of work process" (Soleman)³, the School of Public Health University of São Paulo, and aims to understand the work of the speech therapist in the Support Center for Family Health, identifying technologies incorporated into the traditional work of this professional process.

■ METHODS

The research project was reviewed and approved by the Ethics Committee Research of Public Health School of São Paulo University (the research protocol No. 2241), and also by Ethics Committee Research of the Municipal Secretary Health of São Paulo (Opinion No. 99/11).

This is a descriptive study, in which the quantitative and qualitative approaches to the collection and analysis of data were used.

The universe of this study consists of speech therapist professional members of NASF teams in São Paulo / SP. According to the Coordination of Primary Municipal Health Department, in the period of data collected, in 2012, the county had 87 NASF teams, including 70 contracted speech therapist

were allocated. Out of this we obtained the email contact 68 speech therapists, means by which they were invited to participate of this work. Were received 47 answered questionnaires, in others words, 69.1% of the 68 sent.

Participants were informed about the objectives and the methodological procedures of the study and all participants signed a consent form in this research, according to the rules and guidelines of the National Health Council Resolution 196/96.

Data collected occurred through online questionnaire, self applied type, in others words, answered directly by the object research, without intervention by the researcher. The questionnaire consists of 20 questions, some multiple choice and essay other, was built on the study objectives through a research support software, OpenQLQT⁴.

For the quantitative analysis of descriptive statistics procedures were used, and the qualitative data were grouped according argument and similarity of answers and the analysis was done according to the precepts of Category Analysis Theme⁵, under the theoretical framework of the Working in Health.

■ RESULTS

The speech therapist graduates time of study objective varies from two to twenty-two years, eight years the average time. Among the respondents, 51% graduated in Public Health, and 66% were longer than two years of experience working in NASF team, time considered significant for understanding and reflection on the work processes in a team.

The speech therapist work process as a supporter in NASF team was characterized from the elements that compose it, being: object work, means and instruments, organization and division of work⁶, and the identification of operational determinants that guide their practices.

From the analysis of responses of interviewees about their role on the team NASF concluded that for these professionals work object consists of the **Health Teams Family** and the **registered population of the territory**. Follows the transcript of excerpts of answers which highlights the speech therapist's work object in NASF:

"[...]sensitization of family health teams in relation to speech therapist ; planning, implementation and evaluation of actions promotion, prevention and rehabilitation in community health [...]" (R3)

"Matricial, qualifying referrals, guide, share knowledge, contribute to greater solving

cases of Speech Therapists, prevent and promote the health of communication" (R5)

"Supporting the ESF in activities developed by the teams and attend people in their needs with respect to areas of speech therapy activities." (R9)

"Like other NASF professionals, offer support to amily health teams, discuss cases based on the matricial, create PTSs together. In addition to developing specific actions with care on Language areas , Listening, Oral Motricity and etc." (R36)

On the means and instruments of work, the speech therapists were asked about knowledge and use in their work processes of technological tools recommended in the guiding documents of NASF.

The **Support** of Family Health Teams is the means by which the NASF professionals act on the objects of their work. As regards the instruments used in the organization of team work processes, which can be observed that the most professional minimally uses some of the technological tools recommended by the Ministry of Health, however not known the background. For many professionals, the first contact in practice with such tools occurred only after it enters the NASF. The Table 1 shows the proportion of professionals who reported knowledge and use in their practice the organization of technological tools in NASF work.

Table 1 – Knowledge of speech therapist on technological tools recommended for operation in the Support Center for Family Health, São Paulo, 2012

Implement (Tools)	Questioned
Matricial Support	55,3%
Expanded Clinical	46,8%
Singular Project Therapeutic	46,8%
Health Project Territory	12,7%
Pact Support	2%

Still on the instruments, some speech therapists mentioned specific actions and forms of intervention as the means and instruments used by them and their teams for NASF organization of work processes, such as working in a multidisciplinary team, Continuing Education, discussions cases, shared interventions, intersectoral coordination, actions in therapeutic or educational groups and transdisciplinarity. Although not called technological tools, such actions are part of the organization of work processes in NASF.

As regards the organization and division of work, it is necessary to separately show some important variables that characterize the multiplicity in the organization of NASF teams studied.

As the composition of teams, the average number was eight professionals per team, with weekly working hours ranging from 20, 30 or 40 hours, as required by law for each professional category. The team that had the highest number of people consists of 15 professionals from 11 different categories, and teams with fews professionals composed of

six people, five or six different categories. In this case being considered only the categories directly connected to the assistance, without taking into account NASF team of engineers and administrative, auxiliary present in all teams.

The different professional categories that make up the teams NASF of persons questioned are presented in Table 2, which allows us a preview of the categories that are more present in the work processes of these speech therapists.

Table 2 – Composition of Support Center Teams for Health to professional categories, São Paulo, 2012

Professional Category	Minimum weekly hours	NASF Teams (Nº)	%
Physiotherapist	40 hours	43	91%
Social Worker	30 hours	40	85%
Psychologist	40 hours	38	81%
Occupational Therapist	40 hours	32	68%
Nutritionist	40 hours	31	66%
Physical Educator	40 hours	26	55%
Psychiatrist	20 hours	23	49%
Gynecologist	20 hours	18	38%
Pediatrician	20 hours	13	28%
Acupuncturist	20 hours	5	11%
Pharmacist	40 hours	2	4%
Clinical Medical	20 hours	1	2%
Geriatrician	20 hours	1	2%
Homeopath	20 hours	1	2%

The number of Basic Health Units in each NASF team presents among the averaged 2.8 units persons questioned, ranging one from six UBS by team NASF. Each NASF team supports on average fourteen Family Health teams, and variation found at least eight and a maximum of twenty teams.

The work organization shared between NASF and Family Health teams occurs in meeting spaces commonly called by the professionals of “matricial meetings”. Regarding to the share of cases, is that meeting space, where primarily, demands of support not only to the audiologist are brought, but for the whole NASF team.

There was great variation found where they are organized and the periodicity of matricial meetings. The most common was the occurrence of weekly meetings, lasting an hour with each Family Health team, followed by biweekly meeting, also with an hour long. The other most common conformations

also involve weekly or fortnightly, but with two hours for each Health Team family.

Professionals from NASF teams are divided to enter these meetings and this division can occur in different ways. The most common logic among persons questioned is NASF references to certain Family Health team. Such references can be composed by pairs, threesomes or even a NASF professional depending on the number of components and the number of supported teams. References are responsible for discussing with the Family Health team all demands, regardless of professional categories present. Another form of organization at the least common, even though it appears in the responses, is the division of NASF professionals in mini team thematic (mental health and rehabilitation), in which professionals only discuss cases related to the theme of mini team.

In most teams, the flow to arrival speech therapists language demands, as well as other demands, for NASF support, determines that cases have already received attention from team reference, including technical professionals, then are taken to discussion on matricial meetings. When the case requires intervention of another NASF professional that is not present on discussion, in other word, not compose the reference of that team, the discussion is brought to the meeting space that takes place between all NASF professional weekly.

In addition to the complaint brought by the Family Health teams to intervention of NASF, some cases reach through the intersectoral joints made by NASF team in some other health care or other sectors, instituting a reverse flow, however legitimate, to which NASF the team usually follows to bring demands for matricial meetings, so that the reference teams to appropriate cases and share the construction of Singular Project Therapeutic.

The Support Act – Speech Therapists actions to the demands that come by the Family Health Teams

From the feedback about the composition of the weekly schedule of speech therapists were identified different actions that were grouped and classified according to the objectives of each.

The **care support** actions are those involving the direct speech therapist action with service users, and consist on consultation / individual attendance specific of the speech therapist, consultation / individual attendance shared with other team NASF members and / or ESF, visit / specific home consultation of speech therapist, visit / shared home consultation with other professionals NASF team and / or the ESF, groups of corporal practices or mental health in which speech therapists can apply knowledge of its core know stimulating good life practices healthy; educational groups to promote health shared with NASF team members and / or ESF (group of pregnant women, children / child care, children, the elderly, hypertension and diabetes, with guidance on breastfeeding, complementary feeding introduction, harmful oral habits, development of speech and language, oral health, hearing health, disease prevention, smoking, elderly people in social group); groups / specific therapeutic workshops in speech therapists, which may or may not count on the support of other professionals (oral and written language, articulation disorders, voice, storytelling, memory, motor orofacial); recreational workshops; steering groups for parents shared with team members NASF and / or ESF.

The **technical and pedagogical support** actions are those directed to professionals of Family

Health teams. They consist of matricial meetings, in other word, meetings directed to the case discussions, in which the technical knowledge of NASF professionals will help in expanding the Family Health teams look for the different cases and training for professionals with issues in speech therapist generally related to the cases discussed or topics of interest of various categories of ESF (doctors, nurses, community health workers) and also the NASF. Such capabilities can occur in formal spaces specifically targeted to them, as in team meetings, technical meetings, but mostly occur during shared actions, where knowledge exchange happen in care practices.

The **network of joint actions** are all those aimed at bringing together the different services that assist population to the territory, whether health or other sectors. The Intersectoral action of persons questioned consist of institutional visits at schools, kindergartens, Psychosocial Care Centers (CAPS), Social Centers and Cooperative (CECCO), Mental Health Forum, Integrated Center for Rehabilitation (NIR), Integrated Center for Hearing Health (NISA) Coexistence of Children centers (CCA), Green and Healthy Environments Project (PAVS), various equipment of the territory as ONGs, neighborhood associations, and others. These actions can occur discussion of case patients followed for more than one service, educational interventions, interventions shared individual or collective, that would assist that community.

The **work management** actions are aimed at planning and evaluation of work processes both individual and shared with NASF and ESF teams. Constitutes NASF meeting, where all team members can discuss, plan and organize their work processes; the technical meeting of Basic Health Unit (UBS), in which are placed important questions about the UBS operation, which may be related to work together as well as the general meeting of UBS; meetings of the Managing Council; Committee on Medical records; Internal Commission for Accident Prevention (CIPA); administrative actions, such as planning an intervention, filling production records, reporting, creating materials for service or groups diffusion.

The main specific demand in speech therapy and its consequences

Regarding to the specific demand for NASF speech therapist, there are very few applicants, such as the questioned of this study indicate that the principal demand children with problems in the development of oral and written language. The affections of written language, involving difficulties in learning and reading and writing disorders were

reported by 76.6% of questioned as the main demand is for speech therapy, followed by bouts of oral language, which include the delayed development of speech and phonetic / phonological disorders, which were reported by 72.3% of questioned as the main demand for speech therapy practice. These demands come through the Family Health teams, especially by formal referrals from schools or just complaints of education professionals brought by the mother.

This demand is received by professionals in NASF meeting between ESF and NASF and various actions are cited as possible interventions, depending on the history that accompanies each case. They are executed from shared or specific queries to evaluate the child, even home visits in order to better understand the family context, and even visits to schools to the real child's school situation knowledge. After diagnosis, the cases can be followed individually or in groups / therapeutic workshops, usually with a space for participation and guidance for parents and family in co-responsibility order, and depending on the prognosis and course of disease, may or may not be referred to other levels of care within health care network. Other actions cited, still aiming to work the most frequent demands, are training for family health teams favoring the expansion of looking at these cases, and also training in schools so that education professionals acquire more tools to deal with the difficulties presented by his students.

The shared work

Regarding for discussion of cases, in which the request is formally the NASF support, it was concluded that the teams have sought to organize them to contemplate objectives for which they are intended. Guaranteed is the team meeting space with the participation of reference professionals and supporters for the formulation of therapeutic projects and planning of actions from the problematic cases

and situations presented. However, with regard to shared actions, specifically joint calls and actions in the territory, identified some important obstacles.

Although the speech therapists perform actions shared both with the ESF professionals and with NASF professionals, it became evident that there is still difficult to understand and configure their work within an interdisciplinary team, being able to think its integrated action to the other professionals. Shared actions are not part of history of this profession and the training does not include yet the practice, which is being built by professionals inserted in this context.

In relation to the stock share with NASF team professionals, respondents point out that this is due to own demand of the teams by more than one category of NASF and takes place in shared consultations and visits as in therapeutic groups or collective actions. Report that it is easier to plan activities shared between the very NASF team due to the affinity between professionals, similar work processes, and believe these important actions not only by the exchanges and mutual learning, but also for the sense of security to be able to rely on a the same team colleague to add looks about any case or situation. Table 3 presents the professional NASF categories that share actions with speech therapists.

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Table 3– Main actions shared between speech therapists and professionals from the Centers of Family Health Support, São Paulo 2012

Professional Category	%	Actions
Psychologist	27,6%	Evaluation and Monitoring
Physiotherapist	23,4%	Consultations and home visits
Occupational Therapist	21,2%	Evaluation and Monitoring
Nutritionist	17%	Promotion and Prevention
Physical Educator	8,5%	Groups

* Did not specify any category, claiming share similar form of shares with all professionals NASF team, 32% of questioned.

Regarding to the actions shared between speech therapy NASF and professionals in the ESF, there was a great difference in frequency sharing with specific professions of the ESF, mainly due

the unavailability agenda within the work dynamic, with strong criticism by persons questioned on participation or non-participation of doctors in these activities. Table 4 shows such a distribution.

Table 4– Main actions shared between speech therapists and professionals of Family Health Strategy, São Paulo, 2012

Professional Category	%	Actions
Nurse	76,5%	Consultations and home visits
Community Health Agent	51%	Home Visits and Groups
Nursing Assistants	17%	Home Visits and Groups
Dentist or Oral Health Technical	12,7%	Promotion and Prevention
Doctor	6,3%	Consult

■ DISCUSSION

According to Mendes-Gonçalves⁶, the object of health work are the human health needs, so focus on which worker's action from being recognized and print on that object a project of transformation, a purpose. The object of health professional work will be what he learns to invest emotionally, in other word, that which takes as investment object⁷.

The actions that speech therapists of NASF cite on responses by supporting teams of Family Health Strategy demonstrate the investment of energy in teams, in order to construct new knowledge that will come out of Speech therapists knowledge core to move into field knowledge of the whole team, and also direct investments in meeting the health needs of population assisted, either through clinical care, collective or joint actions in other network services. Silva et al.⁸ point out that the performance of these professionals in education and continuing education of Primary Care teams should be achieved through changes made during the care and from the knowledge of the health needs identified in the territory.

The form or working tool is a thing or a complex of things the worker inserts between himself and the object of work and serves you to direct your activity on this object⁶. The instruments are enhanced by experiences of subjects that expand the possibilities of intervention on the object. Through the support, the NASF professionals modify work processes of Family Health teams and intervene in the health needs of population served by these teams.

The Matrix Support was the main tool that the respondents as organizer of work processes. However, in some responses was evident not

professional familiarity with the work specifics in the NASF. It is possible that the professionals who did not report the proposed tools have not understood the question that the instruments referred to. However, it is valid to point out that the lack of these tools, which are basis for work in NASF, signals the unpreparedness of many professionals inserted in the service and reflects beforehand the difficulties in the work processes of these teams.

Corroborating the finding on the methods and tools in NASF, in a study about the psychiatrist in Primary Health Care, in the current context of SUS⁹, the object of work matches the Support to Health Teams Family, as refers to the mental health of individuals, and the Matrix Support as an instrument / tool.

About the organization and division of work in NASF, we note the different compositions in teams determining the different processes, modes of operation and results.

Considering the first five professional categories that appear in NASF team of speech therapists questioned, there is emphasis on issues of physical therapists rehabilitation first, Physiotherapist presence in more than 90% of the teams, occupational therapist and nutritionist close to 70% and mental health soon after by the strong presence of psychologists and again occupational therapists. In the city of Belo Horizonte / MG, similar findings were found as 28% of NASF professionals that municipality were physiotherapists and is still among the top five categories and occupational therapists and speech therapists¹⁰.

According to the determinations and NASF guidelines, the number of professionals and composition of team should be defined by municipal managers, with criteria of priorities identified based

on local needs. However, some teams in composition responds only to the minimum criteria of total workload, specified in guiding documents without considering the realities found in the different territories in which NASF teams with minimal professionals are divided in many areas to support a large number Family Health teams. The greater number of units in which professionals are references, the less time to plan and develop actions shared with the family health teams, considering that staying in each place is limited and time that is lost with displacement between the units is great. This question has a negative impact on the professional work processes that make up the NASF team, so that a direct effect on their ability to compose the Family Health teams, because it depends on being close, nexus need.

Silva et al.⁸ approach in their work the theme of care co-responsibility, pointing out that the demands are worked in an interdisciplinary way, from the definition of a set treatment plan, in order to avoid increasing the burden faced by Attention Basic teams. For implementation of collective work, teams need to have such availability.

The study showed difficulties in work organization also on the number of Health Family teams assisted. At the time of this study data collection current regulations advocated a maximum number of 15 Health Family teams for each NASF team, which had not been corrected by the manager in most NASF teams whose number reached 20 assisted teams. This reality reflects a serious problem identified in the implementation of NASF that has been corrected by the Ministry during this process, since today is the determination that each NASF 1 support from five to nine Health Family teams², while the first determinations about the NASF organization stipulated the number of a minimum of eight and a maximum of twenty teams.

The question of the large number of Health Units and Health Family teams under the responsibility of a single, restricted NASF team was also identified as a key challenge of this proposal in an article on the work of Psychology in NASF¹⁰. The authors argue that due to great demand and displacements, many of ESF teams are without proper support and a significant number of cases is without assistance.

Based on the guiding documents for the NASF work, teams organize meetings between NASF and ESF according to needs and preferences of each reality. The frequency with which professionals can share meeting spaces depends directly the number of Health Family teams that each team NASF supports, the number of professionals that make up the NASF team and availability of professionals of Family Health teams to make these exchange

spaces and planning work. This availability interferes not only in time and frequency of meetings, but more on content and progress of discussions. There is no set rule in NASF guidelines on how teams should be divided to make the meeting spaces with the Health Family teams. What is recommended that cases are studied and discussed primarily among professionals in the Health Family teams for that priorities are listed and subsequently discussed with NASF for different looks can be placed on the situation at hand and from then occurs planning and the reevaluation of natural therapeutic projects. Silva et al.⁸ emphasize that meetings are essential to discussion of cases and planning of actions.

The name given to these meetings between NASF and ESF teams "matricial meetings" can cause misunderstanding that there is a specific space and determined to the matricial occur. However, among respondents there is a clear understanding that the matricial is a logic of organization of work, a constant process that permeates every action shared between professionals from both teams, and this term only a jargon used by professionals to facilitate the identification of that space. Matrix support is a technological tool that provides care support and pedagogical technical support to the reference teams, promoting the sharing of knowledge and expanding the resolution of problems¹¹. The aim, when the matrix support team (the NASF) meets the reference team, is that the matrix support to assist the reference team at for-formulation / reformulation and implementation of a unique treatment plan for an individual subject or collective, which requires a health intervention beyond the reference team's ability. This process contributes to the organization of a continuous line of care, breaking with the fragmentation of care, which affect the integrity of attention¹².

In a study about the speech therapist assignments in NASF in municipalities in the metropolitan region of Recife¹³ was verified that reality all teams realize the construction of Therapeutic Project Single from case discussion spaces between NASF and ESF teams. In Belo Horizonte / MG, the organization of work also part of meetings and the demands stem from the Health Family teams first, being re-discussed between the NASF team according to the needs of each caso¹⁰.

As could be seen from actions described by the respondents of this study, speech therapy in demand pervades all life cycles of subjects, from pregnancy to the guidelines of the importance of stimulating the auditory system of the baby, the facial growth through breastfeeding until senility when the physical decline affects basic skills such as communication and the natural process of power. To

deal with this range of demands, there are several speech therapy fronts in NASF.

The speech therapist's actions in support of service are not always focused on situations in which the demand involves some specific question of its core knowledge. Assuming that transdisciplinarity is a principle of NASF, the possibilities of intervention in Primary Care go far beyond this professional is directed to do in their studies as through the matricial and joint actions with different categories professionals, the audiologist will incorporate other concepts to their practices and building the actions according to the needs presented.

Generally, the population's health needs are very complex and can not be met based only on technologies used by a particular specialty, but require creative efforts and inter and transdisciplinary sets. Cunha and Campos¹¹ bring a challenge to the proposal of the matrix support this change in relation to knowledge, a constant search for the definition and assertion of rigid boundaries between the different disciplinary clippings, for a balance that allows the expansion of the work object and the objective of work, the disease for subjects under care, increasing the capacity of professionals to deal with real people, and the limits of knowledge and interventions.

In a study that sought to understand what the common field of actuation of the ESF professionals, including NASF¹⁴, the authors realized that this common field incorporates many theoretical and practical accumulation of Public Health, in particular the development of educational and health surveillance but also that from other fields are produced different findings, such as the clinical and rehabilitation, and contributions of various sectors. Although the common field represents an ideal opportunity for realization of interprofessional, this also influences private spaces of the professions so that when the team builds the possibility of exchanges, mutual aid, increasing the understanding of health, sickness, and intervention, professional acting so in its restricted area also modifica¹⁴. Azevedo and Kind¹⁰ draw attention to the share of work in NASF, revealing that there is indeed a dialogue between professionals and disciplines, resulting in different knowledge, opinions and / or perspectives that add up to better understand and treat the user.

In a study about the practice of speech-language pathologist in the NASF of Paraíba¹⁵, stood out practices geared at nuclear knowledge of categories, which leads to the fragmentation of assistance weakening comprehensive care to the user and the development of more activities related to the field of knowledge.

In Primary Care, the speech therapist has many possibilities for action, also in rehabilitation morbidities or abnormal developmental processes, but mainly in promoting speech and general health and prevention of diseases in all life cycles, and capacity building of Health Family teams. The focus of the speech therapist's performance, as well as all the professionals involved, will depend on the epidemiological and population characteristics of territory where it operates.

The profile of speech therapy demand in a municipal public service of Southern Brazil¹⁶ region, was male children and school range, which is similar to other studies of área¹⁷, in which patients are directed mostly by complaints abnormal speech. In response to this demand, there is investment and plan actions, especially the prevention and promotion of health speech at the Basic Health Units, schools and day care centers belonging to the areas covered in continuing education programs to teachers and Primary Care¹⁶ health professionals.

Such propositions corroborate the role of NASF speech therapy front of the most prevalent demands of territory that are the work focused on collective actions of promotion and prevention, and even inter-sector collaboration, aiming to reduce this demand in the medium and long term.

Deeds shared between NASF professionals the most contact with Psychology involves a greater proximity between this skill and Speech Therapy, due to the great demand for mental health, an area in which the speech therapist is also included, the demand for schools by both professionals, and still increased availability due to the fact they have a workload of 40 hours per week. In a study on the work of psychology in NASF in Belo Horizonte, the authors claim that action takes place mainly in a shared manner and refer in its various routine conditions that require work of speech therapist¹⁰. Have contact with the Physiotherapy is attributed to the great demand for rehabilitation of neurological cases and deficiencies, especially at home. In the case of Occupational Therapy, joint actions are due to the high number of kids with demand, with learning complaints and behavior, lack of limits or family dynamics. The shares with Nutrition mainly involve promotion of breastfeeding, pacifier use and bottle in the food introduction; reeducation food groups with guidance on chewing and swallowing. In the case of Physical Education, there is a great mutual aid between categories in groups, involving recreational activities and learning, body care, communication etc.

The sharing actions with Health Family teams involves not only the purpose of the action, but mainly professional availability. While the purpose of

sharing an assistance to nurse of team is to expand the clinical look of this, such action also occurs due to nurses have a great link with community and there is still the fact that their schedules are more malleable, and greater flexibility to conduct educational and shared actions. Sharing activities with doctors happens on a smaller scale due mainly to unavailability of agenda of this person to certain actions, however, many doctors have demand for specialist orientation in other areas of knowledge and are able to arrange for consultations or other shared actions, in order to expand the clinical consultant.

In a study about the speech of speech active in NASF teams municipalities of Paraíba on their práticas¹⁵, all 12 respondents reported difficulties in sharing the shares with the professionals of the FHS, especially doctors and nurses. The study shows that the work is permeated by alleged power relations and the existence of conflicts between team members, as well as fragile due to staff turnover in the reference staff.

On the relationship of NASF teams with professionals of Health Family teams, Silva et al.⁸ emphasize the importance of avoiding hierarchy, specialness and fragmentation, seeking a dialogical relationship between professionals, horizontally, which allows, from knowledge of each, the built of new knowledge composed of specific cases and territory, carried over by the various specialties in a dynamic way, towards transdisciplinarity.

■ FINAL CONSIDERATIONS

From this study it was possible to know the specifics of speech therapists work in NASF, the characteristics of its operations and contribution of this professional in construction of Unity Health System, enhancing actions of Primary Attention through the Matrix Support.

In Primary Care, the speech therapists has many possibilities of action, whether specific or shared, core knowledge, or more generally, and focus of these activities will depend on epidemiological and population characteristics of territory where it operates. The main specific demand for speech therapy in NASF are problems on the development of oral and written language, but also several other that cut across all life cycles of subjects. This demand more specific in NASF is also characterized by the high number of cases in other services such

as clinical-school, clinics and private services, but the Primary Care is the only one in which the range of possibilities of intervention is so wide.

The basic training of speech therapist not guarantee such amplitude of intervention capacities, since until recently was focused on traditional therapeutic care, the individuality of patient and disorder that is presented. The speech therapist of NASF who responded to this study developed the ability to address the demand for a much broader sense, from the incorporation of new practices and knowledge acquired in the course of experiences and work experiences in NASF.

The scientific literature shows many difficulties in training of professionals to work on a new model of care. Universities insist on training focused mainly on technical aspects of profession, over stimulus to work with different areas of professionals, and health services throughout the country rarely have continuing education programs and education permanent¹⁸⁻²⁰.

Emphasized that appropriate investment in training of all professional categories to act in Primary Care qualifies health actions, increasing the solvability of this level of attention, bringing greater quality of life for population and interfering directly in remaining levels because it is a health system Network.

Faced complexity that involves Primary Health Care, and specific work processes that characterize the NASF, and considering historical questions of hegemonic model, the still insufficient training of health professionals involved in this service and the limited production knowledge about speech therapist's work processes in this new playing field, it is necessary to invest in knowledge production that bring benefits to these new forms of health work organization.

Other works that problematized some issues raised in this study are very important for construction of knowledge back to work field of Primary Care and NASF, and for speech therapy continues to evolving in the field of Public Health.

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RESUMO

Objetivo: compreender o trabalho do fonoaudiólogo no Núcleo de Apoio à Saúde da Família, identificando tecnologias incorporadas ao processo de trabalho tradicional desse profissional. **Métodos:** os sujeitos são fonoaudiólogos das equipes de São Paulo/SP do Núcleo de Apoio à Saúde da Família. Por meio de questionário on-line, foram levantadas informações acerca da formação e dos processos de trabalho do fonoaudiólogo como apoiador nessas equipes. Os dados quantitativos foram analisados por meio da Estatística Descritiva e os qualitativos de acordo com os preceitos da Análise Categorical Temática, sob o referencial teórico do Trabalho em Saúde. **Resultados:** o processo de trabalho foi caracterizado a partir dos elementos que o compõem, sendo que o objeto do trabalho consiste nas equipes de Saúde da Família e na população adscrita, o meio é o Apoio e os instrumentos consistem nas ferramentas tecnológicas preconizadas pelo Ministério da Saúde. A conformação das equipes é variada e a organização do trabalho parte das reuniões de matriciamento. Suas práticas envolvem ações de apoio à assistência, ações de apoio técnico-pedagógico, ações de articulação de Rede e ações de gestão do trabalho e os fonoaudiólogos se apropriam de novos conhecimentos e estratégias por meio do trabalho compartilhado. **Conclusão:** na Atenção Básica, as possibilidades de atuação podem ser específicas ou compartilhadas, do núcleo de conhecimento ou de âmbito geral, e o enfoque dependerá das características do território e da disponibilidade dos profissionais. A formação não garante as competências necessárias, havendo a incorporação de novas práticas a partir das vivências experimentadas em serviço.

DESCRITORES: Saúde da Família; Fonoaudiologia; Atenção Primária à Saúde; Prática Profissional

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