

## Letter to the Editor

# Preparing printed information materials to share speech-language pathology and audiology promotion and recommendations with health professionals

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Printed information materials (PIMs) have been widely used as a means to disseminate information of all kinds. They are useful and practical for sharing health information, recommendations and clinical guidelines. Furthermore, they are an economical method of reaching a wider public <sup>1</sup>. Although current literature is inconsistent regarding the recommendations for the use of information materials, it has been found that PIMs are valuable tools that put information in circulation among health professionals, especially if they have prior interest in the subject <sup>2</sup>. In line with these findings, it has been thought that PIMs could serve as a secondary prevention strategy in primary health care (PHC), and assist in the early identification and treatment of morbidity and the prevention of its consequences, within communities or institutions <sup>3</sup>.

A systematic review included randomized controlled trials (RCTs), quasi-randomized trials, before and after controlled studies, and analyzes of interrupted time series which assessed the impact of PIM on the practice of health professionals or on patient outcomes, or both. In this review, we included three types of comparisons: (1) PIMs versus no intervention, (2) PIMs versus single intervention, and (3) multifaceted intervention with PIMs versus multifaceted intervention without PIMs. There was no language restriction and any objective measure of professional practices (e.g. the number of requested tests or prescriptions for a certain type of medication) or patient health outcomes (e.g. blood pressure) were included. The results of this review suggest that, when used in isolation or when compared to no intervention, PIMs can have a small beneficial effect on the results of professional practices <sup>4</sup>. The other countries in which these studies were performed present varied cultural and social backgrounds, including different levels of populational development and social factors such as access to education, working conditions, income, and knowledge of health and self-care. As such, it is possible that their findings may not be entirely applicable to the Brazilian context or to those of other countries with similar considerable social inequalities and wide cultural diversity. These characteristics impact the supply and performance of professionals in health services. Accordingly, whereas the reading and extrapolation of this information

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must be done with care before employing them in a local context, regional studies on the effectiveness of PIMs have shown them to be relevant since they are low-cost technology and relatively easy to use.

Moreover, data from the National Policy on Information and Health Information Technology (*Política Nacional de Informação e Informática em Saúde*)<sup>5</sup> suggests that internet connectivity in the health services in different regions of Brazil is an issue and that this country faces some limitations related to the use of information technology. These include health services experiencing difficulties connecting to broadband internet as well as insufficient financial strategies in the field of health information and information technology. However, where human resources are concerned, most professionals in primary health care describe the use of information and communication technologies in the management of their patients' health problems as "important" and "very important"<sup>6</sup>.

Thus, within the scenario of professional care in a developing country in which long distances must be travelled to reach continuing education centers, and to have access to relevant social, cultural and linguistic diversities, it is reasonable to infer that the use of smartphones to seek health information may be an effective strategy for health services. Access through these devices is easy and inexpensive for the user and the management team and can be better incorporated by professionals who already use them routinely.

Similarly, in order to achieve goals, proper planning and editing of PIMs - aimed at helping professionals become more adequate to the demands of the public they serve - are fundamental for guaranteeing the effectiveness of these written materials and for the continuing education of health practitioners. However, although they are relatively widely used, studies on the use of newsletters in the area of human communication sciences and disorders are scarce. In literature surveys, no guidelines were found on the organization and the issue of speech-language pathology and audiology information materials for the continuing education of health professionals.

Therefore, some important steps must be considered. Before planning the production of new printed material for vocational education, a wide and qualified literature search should first be performed. This search can be conducted on scientific or so-called gray literature, in order to check if material on the same topic and with the same target audience has previously been developed. It may be cheaper and faster to use

or even improve already existing models than to plan something from the beginning. Thus, the first step is this literature search focused on the content of interest, with specific keywords targeting the disorder or type of injury and the type of environment and community in which the information materials will be used<sup>7</sup>.

In addition, presenting a globally accepted concept of the disease and its implications for the user's life is necessary<sup>1</sup>. Subsequently, the possible complaints, signs, and symptoms that patients with the target condition may present should be listed, as well as information to help health professionals identify these signs and pass on the correct guidelines to those under their care<sup>7</sup>.

Considering that no guideline was found for the preparation of PIMs on communication disorders for health professionals, we compiled guidelines related to the techniques of building information tools, with the aim of creating a structured roadmap to accompany the assembly, implementation, and use of these materials<sup>8</sup>. It is important to note that the evaluation and validation of any instrument should be a continuous and comprehensive process that precedes a posterior use. The need for social and cultural adaptations and updates concerning the targeted population should also be regularly assessed<sup>8</sup>.

Regarding the production of PIMs, one premise that deserves to be highlighted regarding the production of PIMs is the need to obtain the help of specialists - in this case, speech-language pathologists and audiologists - to discuss and plan the preparation of materials. In addition, other health professionals who will care for the target audience of the PIMs, such as nurses, doctors, physical therapists, and psychologists, among others, should participate in the organization of this material. These collaborating professionals should be chosen by taking into account their career-specific experience, and their experience with the target speech-language disorder. Moreover, other skills should be taken into consideration such as published research on the theme, being an expert in the given conceptual framework, and having methodological knowledge about producing instruments (i.e., questionnaires or scales)<sup>7</sup>. Initially, professionals who are consulted on PIM production can and must have knowledge about the theme, but there must come a stage of the process in which the materials are presented and tested on other professionals with no knowledge of speech disorders. In other words, the PIMs must be tested on all possible types of target audiences when it becomes available.

Furthermore, two assessment procedures can be considered when producing PIMs: (1) a pre-test that can be done during the material production process; this step is considered as a means of obtaining the target audience's perception and interpretation of the information, that is to say, certify how understandable the PIMs are (2) an evaluation the effectiveness of the material, with the intention of analysing people's behavior in relation to the material<sup>9</sup>. That is to say, certify if the material meets its objectives.

By making these materials available to other health professionals for access to specific information, access to multidisciplinary knowledge expands in an effective and measurable way (through the services themselves, through the evaluation of these services by the professionals themselves and through patients, among other ways). Besides this, the literature points out that the education provided through PIMs also allows health professionals to reflect on their daily work in relation to permanent education actions. This, in turn, contributes to the advancement of the Brazilian health reform, starting with the reorganization of management, care, and training structures<sup>10</sup>.

Thus, given the changes in the profile of the population served by the Brazilian health system and in the age pyramid, as well as the predominance of chronic non-communicable diseases, and taking into special account the objective of building a more resolute PHC system, one can suggest that there is a need for greater agility in decision-making about complaints from PHC patients. This is because, at the PHC level, specialized therapeutic care is recommended only if they really need it. To this end, we believe that, if well applied, PIMs can become one of the most valuable tools.

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