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Waiting for the Individual Sound Amplification Device: The Experience of the CONVIVER Group Through the Eyes of a Speech-Language Pathology Resident

À espera do aparelho de amplificação sonora individual: a experiência do grupo CONVIVER sob o olhar de uma residente fonoaudióloga

En espera del Dispositivo Individual de Amplificación Sonora: La experiencia del grupo CONVIVER desde la perspectiva de una residente en Fonoaudiología

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Abstract

Introduction: Hearing loss is the second most common disability worldwide, and is most often associated with presbycusis, a natural aging process. Currently, there are interventions that can improve the quality of life of people with this condition, one of which is the creation of multidisciplinary Health Education groups. **Experience Report:** The objective of this study is to report the experience of a speech-language pathology resident in the creation, planning, and management of the CONVIVER group, created for People with Hearing Impairment who are awaiting the provision of Individual Sound Amplification Devices, developed at Alberto Santos Dumont Teaching and Research Institute, located at Macaíba/RN.

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Authors' contributions:
ICRB: study design; methodology; data collection; article outline.
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Discussion: Multidisciplinary groups in health services are a powerful tool for care and empowerment. Therefore, the management was based on Family-Centered Care, an approach that promotes the subject's autonomy over their own health process, combined with the practice of Health Education. In this context, speech-language pathology has become a character capable of conducting health care in the social, collective, educational, and preventive context. **Final considerations:** The resident's experience was unique for understanding the group as a driver of mental health for individuals with hearing loss and, furthermore, an effective tool in the process of hearing rehabilitation and user empowerment. Thus, it can be a model replicated in other health services, aiming at the multiplication of knowledge.

Keywords: Hearing Loss; Hearing Aids; Health Education; Patient Care Team.

Resumo

Introdução: A perda auditiva é a segunda deficiência mais comum mundialmente, sendo mais frequentemente associada a presbiacusia, processo natural de envelhecimento. Atualmente existem intervenções que podem proporcionar uma melhoria na qualidade de vida das pessoas com esta condição, uma delas é a realização de grupos multiprofissionais de Educação em Saúde. **Relato de Experiência:** O objetivo do trabalho é relatar a experiência vivenciada por uma residente de fonoaudiologia na idealização, no planejamento e na condução do grupo CONVIVER, criado para Pessoas com Deficiência Auditiva que aguardam dispensação do Aparelho de Amplificação Sonora Individual, desenvolvido no Instituto de Ensino e Pesquisa Alberto Santos Dumont, localizado em Macaíba/RN. **Discussão:** Os grupos multiprofissionais nos serviços de saúde são uma ferramenta potente de cuidado e empoderamento. Por isso, a condução foi pautada no Cuidado Centrado na Família, abordagem de promoção de autonomia do sujeito sobre seu próprio processo de saúde, aliado à prática da Educação em Saúde. Nesse contexto, a fonoaudiologia configurou-se como um personagem capaz de conduzir o cuidado em saúde no contexto social, coletivo, educativo e preventivo. **Considerações finais:** A experiência da residente foi singular para a compreensão do grupo como propulsor de saúde mental do sujeito com perda auditiva e, outrossim, uma ferramenta efetiva no processo de reabilitação da audição e no empoderamento do usuário. Dessa forma, podendo ser um modelo replicado em outros serviços de saúde, visando a multiplicação de saberes.

Palavras-chave: Perda da Audição; Aparelho Auditivo; Educação para a Saúde; Equipe Multiprofissional.

Resumen

Introducción: La pérdida auditiva es la segunda discapacidad más común a nivel mundial, estando frecuentemente asociada a la presbiacusia, un proceso natural de envejecimiento. Actualmente existen intervenciones que pueden mejorar la calidad de vida de las personas con esta condición, como los grupos multiprofesionales de Educación en Salud. **Relato de experiencia:** El objetivo de este trabajo es relatar la experiencia de una residente de fonoaudiología en la idealización, planificación y conducción del grupo CONVIVER, creado para Personas con Discapacidad Auditiva que esperan la entrega del Aparato de Amplificación Sonora Individual. El grupo fue desarrollado Instituto de Docencia e Investigación Alberto Santos Dumont, en Macaíba/RN. **Discusión:** Los grupos multiprofesionales en los servicios de salud son herramientas potentes de cuidado y empoderamiento. Por eso, la conducción del grupo se basó en el Cuidado Centrado en la Familia, enfoque que promueve la autonomía del sujeto sobre su proceso de salud, articulado con la Educación en Salud. En este contexto, la fonoaudiología se configuró como actor clave en el cuidado en salud desde una perspectiva social, colectiva, educativa y preventiva. **Consideraciones finales:** La experiencia de la residente permitió comprender al grupo como impulsor de la salud mental y herramienta eficaz en la rehabilitación auditiva y empoderamiento del usuario. De este modo, se presenta como un modelo replicable en otros servicios de salud, con el objetivo de multiplicar conocimientos y fortalecer la atención integral.

Palabras clave: Pérdida Auditiva; Audífonos; Educación en Salud; Equipo Multiprofesional.

Introduction and methodology

Hearing loss (HL) is the second most common disability worldwide, and the most frequent one is related to the natural aging process. Presbycusis, as it is called, is related to the decline in hearing capacity with advancing age. Elderly people with this condition experience a decrease in hearing sensitivity and a reduction in speech understanding, significantly impacting on the verbal communication process[1].

The diagnosis of this condition is based mainly on the work of the speech and hearing therapy and otorhinolaryngology team, who carry out specific tests that will determine the characteristics of the hearing loss, such as threshold tonal audiometry and immittanciometry, which are applied based on the complaints reported by the individuals. In addition to the tests, the diagnosis includes investigating the etiology - which can be genetic, drug-related, pathology-related, noise-induced, among others - and the patient's social context and activities of daily living[2].

In short, basic audiological assessment aims to investigate the integrity of the auditory system. For this purpose, pure tone audiometry is the gold standard of assessment. This is the main test for diagnosing hearing disorders. In short, it involves reproducing sounds or words in order to determine the lowest sound level that the individual is able to hear at different frequencies, to identify the type, degree and configuration of the loss, if necessary[3].

According to the World Health Organization (WHO), approximately 50% of people between the ages of 12 and 35 - corresponding to around 1.1 billion - are at risk of hearing loss due to prolonged and excessive exposure to loud sounds. Furthermore, it is known that more than 5% of the world's population - around 466 million people - already have disabling hearing loss, 432 million of them adults and 34 million children. In this sense, it is assumed that by the year 2050, 1 in 10 individuals will have a hearing loss considered to be disabling, thus having a direct impact on quality of life, since it affects an important sense for autonomy and social inclusion: the hearing[4].

It is known that in the majority of cases and etiologies, hearing loss does not have a treatment with prognosis of cure. However, there are now many types of interventions that can improve the quality of life of people with hearing loss. Hearing rehabilitation is a process that aims to increase the efficiency of hearing by using residual hearing. One of the possibilities for rehabilitation is the use of assistive technology, with the use of individual sound amplification devices (ISADs). These vary in type and power, but their use, combined with the work of a multi-professional team (such as speech therapists and psychologists), has a high efficiency rate[5, 6].

The National Hearing Health Policy, instituted in 2004 by the Ministry of Health of Brazil, was based on the principles of the Unified Health System (SUS), which advocated the right to comprehensive care. In this way, it covered the three levels of complexity of health care, suggesting promotion, recovery and rehabilitation actions, as well as risk and damage prevention. In other words, it provided for diagnosis, treatment, adaptation, selection and receiving of an Individual Sound Amplification Device (ISAD), monitoring and speech therapy[7,8]. Although it was revoked in 2012 by Ordinance No. 793, it was a milestone in the field of hearing health and still has repercussions to the present day.

It is worth noting that in addition to the functional impacts of hearing loss, such as difficulty understanding speech and difficulty hearing everyday noises, hearing loss also has other repercussions on people's quality of life. This means that various areas can have negative consequences caused by hearing loss, such as difficulties in carrying out activities of daily living, obstacles in social interaction and prejudice. These factors can cause psychological impacts and social isolation, highlighting the importance of the multi-professional team working on signs and symptoms that are not purely auditory[9].

One of the main repercussions is related to the mental health of people with hearing loss. According to recent studies, age-related hearing loss has been associated with an increase in depressive symptoms in older adults. Comparing a group with a low probability of depression with a group with a high probability of depression, it was observed that those who reported Impaired/Worsening Hearing were 1.63 times more likely to have an increasing depression path. Thus, it can be inferred that this condition has a direct impact on the well-being of the individuals who deal with hearing loss[10].

For this reason, in addition to treatment with the prescription of assistive technology and the work of the multi-professional team, there is the

possibility of users being included in multidisciplinary groups. These groups, above all, have the aim of promoting Health Education, which is an educational method for building health knowledge, which aims to ensure that the target population owns this specific knowledge. The aim is to promote health care according to individual characteristics, boosting the population's quality of life and health[11].

With regard to the specific characteristics of each individual, the importance of their leading role in their own health care is emphasized. In this sense, a powerful tool is Person- and Family-Centered Care (PFCC). This is a conceptual model in which individuals have power over decisions in their own health care process[12].

Considering these benefits of Health Education and based on the guidelines of the Care Network for People with Disabilities[13], the Hearing Health team at the Santos Dumont Institute (ISD) Specialized Rehabilitation Center (CER) IV created the CONVIVER Group, with the aim of expanding health care strategies for people with hearing disabilities.

This gave rise to an interest in studying the subject of health education groups for people who are waiting for their hearing aids. It was observed that it is of the utmost importance for the patient to own this specific knowledge, with the aim of promoting comprehensive, humanized care and, above all, maintaining proximity to this population, in order to minimize the impacts of the waiting process and the health condition itself.

Therefore, considering the above, the aim of this paper is to report on the experience of a speech therapy resident in idealizing, planning and running the multi-professional group CONVIVER.

Therefore, in order to report on the experience of the speech therapist resident, this study is an exploratory type study with a qualitative approach, which can provide greater proximity to the subject, helping to establish hypotheses or improving ideas about the phenomenon addressed[13].

Therefore, the guiding question for this report was "What is the role of the resident speech therapist in a hearing rehabilitation group?".

Experience report

The multi-professional group was developed in the state of Rio Grande do Norte (RN), in the city of Macaíba, Brazil, where the Alberto Santos Dumont Teaching and Research Institute (ISD) is located, a private management organization that has been qualified as a Social Health Organization (OSS) linked to the Ministry of Education (MEC).

The ISD has a Multiprofessional Residency Program in Health Care for People with Disabilities (RESPCD), which has the ISD Specialized Rehabilitation Center IV as its practice space. This device serves the population of the 7th Health Region of the state, which includes the municipalities of Macaíba, Parnamirim, Natal, São Gonçalo do Amarante and Extremoz. Care is provided exclusively through the Unified Health System.

The CONVIVER multi-professional group is run by the Specialized Multidisciplinary Audiology Service (SEMA) team, part of the Specialized Rehabilitation Centre IV (CER-IV) at the Santos Dumont Institute. The team is made up of three speech therapists, a psychologist, an otorhinolaryngologist, a social worker and eight residents belonging to the Multiprofessional Residency program.

It is worth mentioning that the Residency is aimed at professionals in the fields of Physiotherapy, Speech Therapy, Psychology, Occupational Therapy and Social Work, bringing together the areas of teaching, research and extension, strengthening both the Care Network for People with Disabilities in the context of the Unified Health System (SUS) and the National Plan for the Rights of People with Disabilities (2023). The residents work with the following types of disability: Physical, Intellectual, Visual and Hearing. The latter includes the Multidisciplinary Audiology Service, which provides multiprofessional care in hearing health, whether in individual consultations, health education groups or continuing training for the health network of the municipalities in RN's 7th Health Region.

According to the latest census, published in 2019 by the Brazilian Institute of Geography and Statistics (IBGE), approximately 2.3 million Brazilians aged 2 years or older reported having great difficulty or being unable to hear at all, which constituted 1.1% of the Brazilian population. Furthermore, 1.5 million people (4.3%) with hearing impairments were aged 60 years or older. In Rio Grande do Norte, 9.9% of the population (345,227) consists of people with disabilities (PwD). Thus, the importance of centers offering specialized care to this population is evident[14].

According to the State Secretariat of Public Health of Rio Grande do Norte (SESAP/RN), in the Care Network for People with Disabilities in the state, by 2024, eight rehabilitation centers were equipped to provide health services to people with hearing impairments from the 116 municipalities that make up the state. These centers are located in the municipalities of Guamaré, Macaíba, Mossoró, two in Natal, Parnamirim, Pau dos Ferros, and São José do Mipibu. Of these, four are located in the seventh health region of RN[14,15].

It is known that Specialized Rehabilitation Centers (CER), outpatient care services, are part of the healthcare network for people with disabilities and are trained in the processes of assessment, diagnosis, treatment, and rehabilitation of patients. Thus, they understand healthcare in specialized care. In general, CERs use work processes or care models to promote healthcare for the patients they assist[16,17].

The ISD CER-IV is an institution authorized to provide hearing health services and, through agreements, grants hearing aids to residents of the municipality of Macaíba who need the service. Although this distribution exists, it is known that the provision involves a relatively long waiting time due to budgetary constraints. As a result, users end up waiting approximately two years from the time they enter the service until receiving and adapting to the hearing aid, factors that constitute barriers to the flow of care for people with hearing impairments in the health service[18].

Thus, with the aim of minimizing these barriers, the CONVIVER group was created in March 2023, with the proposal of maintaining the link between users on the waiting list and the institution and professionals, as well as providing an exchange of experiences among participants and promoting knowledge about self-care in hearing health. Along the way, when necessary, users are also accompanied by updates on exams and specialized care.

It should be noted that the name of the group arose from the need of users to cope (in portuguese: conviver) with the difficulties and repercussions of hearing loss while waiting for the health service to provide them with a hearing aid.

In order to achieve this main objective, the following group goals were established: 1. Promote health education for users who are on the waiting list to receive a hearing aid; 2. Encourage interaction and exchange of experiences among users; 3. Provide support to users who are on the waiting list to receive a hearing aid at the ISD CER; 4. Form a group open to new participants on a monthly basis, so that each month, both users from the previous month and new users are scheduled according to the waiting list for hearing aids.

The profile of the users participating in the group consisted of approximately 15 elderly people, aged between 60 and 90, of both sexes. They had been participating in the group regularly since its beginning in March 2023. However, there were other people who participated on a rotating basis but did not attend regularly during the course.

Furthermore, regarding the characteristics of auditory behavior, it is noteworthy that most of them acquired hearing loss due to presbycusis or prolonged exposure to noise.

It should also be noted that all participants communicated orally with the aid of communication strategies, such as orofacial reading, speaking slowly and facing their communication partner, and that most of them were accompanied by family members, who also actively participated in the group, providing support and interacting according to the topics discussed.

The period of activity of the group, reported in this study, covers the time frame between March 2023 and December 2024. The activities took place through meetings on the third Tuesday of each month, led alternately by professionals from the SEMA team. The session time was divided between health education, theme-based dynamics, and, finally, the exchange of experiences among the subjects.

From a speech therapy perspective, it was possible to be involved in the entire process of structuring the group, from its conception to the conduct of the meetings. The construction began with monthly meetings with all the professionals who are members of the Multidisciplinary Audiology Service, with the aim of setting objectives and competencies for the group. This part, above all, was led by speech therapy professionals, considering their technical knowledge about hearing loss and the dispensing of hearing aids at CER ISD. However, the consolidation of the group was made possible through the work of the interprofessional team.

Knowing that health education is a powerful form of care and user empowerment, the team worked with participants to identify topics to be

discussed during the meetings. At each meeting, the content of the next meeting was defined in advance based on collective decisions. This promotion of autonomy is in line with the Family-Centered Care methodology[19].

As for Family-Centered Care in the CONVIVER group, it was effectively applied during group care, as users gradually became more active and empowered in all meetings. In these meetings, they were able to decide on topics based on their hearing loss health condition, as well as their daily experiences. In addition, they were able to list barriers - factors that hindered the rehabilitation process - and facilitators - factors that facilitated the rehabilitation process - thus enabling the team to list ways to intervene in such issues during the meetings.

By putting the PFCC into practice during speech therapy sessions with the group, it was possible to observe that the main facilitating factors were the support network and health services. On the other hand, prejudice, communication and mental health difficulties stood out as factors that constituted barriers.

In this sense, it was observed that the main demands presented by users were related to: (1) knowledge about the health condition of hearing loss; (2) mental health; (3) relaxation techniques; (4) effective communication strategies; and (5) Rights of Persons with Hearing Impairment. Thus, the content of the group was organized by the team based on the needs that arose from users, as shown in Table 1:

Table 1. Themes of the CONVIVER Group meetings

Group Dates	Themes
March 2023	Group purpose and coexistence agreements
April 2023	What is hearing loss?
May 2023	Communication strategies
June 2023	Perception of social integration and social/family ties
July 2023	June festivities
August 2023	Rights of the elderly
September 2023	Mental health, quality of life and sleep quality
October 2023	Fall prevention
November 2023	Strategies for coping with isolation caused by hearing loss
December 2023	Christmas get-together
March 2024	Hearing health and prevention
April 2024	Art therapy, meditation, and body stretching
May 2024	Food and hearing loss
July 2024	June festivities
August 2024	Integration of people with hearing impairments into the labor market
September 2024	Myths and truths about hearing health
November 2024	How the hearing aid works
December 2024	Christmas get-together

For users, being an active agent in the development of the group was a fundamental role for adherence during health education sessions. Thus, they were able to play a leading role within the therapist-patient dynamic, so that the group was conducted primarily based on the exchange of experiences and dialogue[20].

Although the group was conceived mainly from a speech therapy perspective, the topics went beyond audiology techniques (the area of speech therapy that studies hearing), as it was extended to the entire multidisciplinary team, given that a biopsychosocial approach is essential in the healthcare process[21]. Technical knowledge is considered important; however, when idealizing the group, the importance of allowing subjects to take ownership of their health processes through their own interests was realized, thus giving rise to a collaborative view.

In addition to the topics proposed by users, based on their daily experiences, the team observed the need for activities focused on social interaction, since most of the participants were elderly people with hearing impairments related to the aging process (presbycusis) or prolonged exposure to noise. Due to the difficulties faced in their daily lives, this population tends to isolate themselves and interact less[22].

Thus, given the significant state of social isolation, on festive dates such as Christmas and the feast of Saint John, moments of socialization were promoted with group activities and collective snacks. These moments were very well received by the participants, encouraging them to increasingly interact collectively and with each other.

The speech therapist resident's experience was longitudinal, leading the groups independently, assisting patients during the activities whenever necessary, with supervision from the preceptors as needed. This was extremely positive, as it allowed the resident to put into practice all the planning in which she had participated, perfect her techniques, and learn new skills.

During the experience in the groups and multidisciplinary meetings, it was possible to observe the importance of the speech therapist's role in these health education spaces. It was also observed that speech therapists have the potential to work in a broad manner, avoiding focusing their work solely on audiological examination techniques, but rather on other areas of knowledge, such as health education. Thus, there is still a need for awareness-raising among the profession and the dissemination of our work to other professional categories, patients, family members, and caregivers.

On the other hand, it was possible to observe that there are points for improvement in the group's performance, namely: (1) expand adaptations in activities and content using communicational accessibility, considering the different limitations that may cause difficulties for users in performing the dynamics; and (2) encourage and develop greater participation of family members and caregivers in the proposed activities, together with patients, with the intention of strengthening the protagonism and empowerment sought by the PFCC.

Discussion

The planning and implementation of multidisciplinary teams in healthcare services, as described in this study, is cited in the literature and evidenced in other studies[23,24] as a powerful healthcare tool. The groups are formed by professionals from various fields and target different populations and/or conditions, which confirms the efficiency and importance of this tool as a contributor to the therapeutic process of the users assisted. From the resident's perspective, working with the multidisciplinary team contributed to the expansion of concepts, exchange of experiences, and construction of comprehensive care.

It is known that multidisciplinary care can be established as a work organization involving health professionals with complementary experiences and skills, who share common goals and make determined efforts in the assessment, planning, and care of the individual[25]. In this way, the team is able to increase adherence to and effectiveness of treatment, as observed in the CONVIVER Group. In addition, the experience is enriching for the team itself, as there is the possibility for knowledge to come together and complement each other.

The importance of a new National Policy on Hearing Health Care stands out, as it tends to guarantee the rights of people with hearing impairments. It should also be noted that a unique way to guarantee these rights, beyond diagnosis and individual speech therapy, is through the implementation of a health education strategy. To this end, a strategy adopted by the CONVIVER group is to keep users close to the health service while they participate in education groups, as this way users are assisted even while they do not yet have the essential device for hearing rehabilitation: the individual sound amplification device.

The therapist-patient relationship is considered an essential aspect for maintaining the quality of health services and involves several important factors, such as individualized care, humanization of care, and the right to information. For this reason, the traditional biomedical model is increasingly being abandoned in favor of the biopsychosocial model[26]. The impact of this process of change can be seen in the creation and growth of the implementation of the PFCC[27].

Person-centered care has been mentioned in the literature since the 1960s, but the concept has

gained greater prominence in recent years. In general, it allows individuals to develop the knowledge and confidence they need to make decisions and thus be able to manage their health more effectively and consciously. When the individual is unable to respond for themselves, in cases of adults with cognitive decline, for example, it is possible for the family to become involved, thus encompassing the concept of Person- and Family-Centered Care[28,29].

This form of healthcare is effective within the biopsychosocial model, as the individual is at the center of the rehabilitation process and, in this context, is able to manage their own decisions with the support of the healthcare team. Thus, the crucial aspect for the success of this process is shared decision-making between therapist and patient, demonstrating advantages such as improved health education, professional-patient communication, safety, and adherence to treatment, among other benefits. Thus, providing users with control over their care is a key element in improving the quality of healthcare processes[30].

Given this context of care, the ISD CER puts the principles of the PFCC into practice during consultations, and thus, common terms in healthcare at the institution, according to the literature, are: Partnership, Shared Decision Making, Respect, Empowerment, Symmetrical Relationship, and Individualization of Care[23]. These terms are commonly used as the basis for multidisciplinary work at the institute, including in the CONVIVER group.

As for application in the group, the main barriers experienced in relation to hearing loss, according to participants' reports, were related to social isolation and declining mental health, factors that directly impact quality of life and social participation[30].

According to the World Health Organization (WHO), quality of life is a human being's perception of their stance in life, cultural reality, and organization of values in relation to their goals, expectations, standards, and afflictions. It is an individual concept that encompasses factors such as physical health, mental health, independence, interpersonal relationships, beliefs, and the environment[30]. Thus, it can be observed that hearing impairment can be a factor that interferes with quality of life, highlighting the importance of actions, especially in mental health and social participation, to intervene in this aspect[30]. In the group, we observed these demands in a significant way.

In this sense, speech therapy has become a tool for improving the quality of life of these individuals, since, by practicing PFCC, we were able to promote mental health through health education within the themes selected by the group.

It is well known that the speech therapy professional is responsible for health promotion, assessment, diagnosis, guidance, monitoring, habilitation, and rehabilitation of speech-language aspects. However, historically, their work has been marked by a paternalist approach, limited to individual procedures of an essentially clinical nature. However, with the creation of the SUS and the conception of health as a biopsychosocial concept, a movement of analysis and change began, making it possible to redirect speech therapy practice toward a social, collective, and preventive perspective. Thus, speech therapists also began to participate in collective practices, such as group health education sessions, sharing knowledge with the multidisciplinary team[30].

In view of this, having the opportunity to join a multidisciplinary team with an approach so different from what is usually done is a unique professional experience, as it allows to explore new possibilities and embrace humanization in healthcare in such a rich way, with constant exchanges of experiences, both with patients and with other professionals.

Therefore, it is important to include speech therapists in multidisciplinary health education groups, as professionals capable of providing healthcare in social, collective, educational, and preventive contexts, as is done in the CONVIVER group.

Final considerations

Therefore, the reported experience contributes especially in the field of speech therapy, in the sense of deconstructing the hegemony of biomedical knowledge and constructing new possibilities for action. Furthermore, it shows multidisciplinary teamwork as an opportune space for expanding concepts, exchanging experiences, and constructing comprehensive care.

In this sense, it enabled the expansion of knowledge about the reality of people with hearing loss, beyond physiological knowledge, adding information about the characteristics of their daily activities, quality of life, physical and mental health,

enabling a biopsychosocial view of the subject and, consequently, optimizing the management of their health condition.

It was also observed that the group's participation and performance demonstrated that even before using a hearing aid, it is possible to perform auditory rehabilitation activities in various ways in order to promote a better quality of life during this difficult waiting period. Important aspects and prerequisites for good rehabilitation can be worked on, such as social integration, awareness of the health condition, and effective communication strategies. These proved to be very efficient and subsequently contributed to the process of adapting users to their hearing aids.

Given this dynamic experienced during the group's activities, during feedback sessions, participants reported that the meetings helped them feel more supported while waiting to receive their hearing aids. In addition, they claimed to have expanded their knowledge and techniques for dealing with hearing loss and social isolation. From the perspective of the resident speech therapist, the group represented an opportunity to expand their practice and demonstrate the various aspects of their work, as well as to experience healthcare for people with hearing loss beyond audiological techniques.

Furthermore, it allowed for the application of Person- and Family-Centered Care in a group context, which proved to be an important tool for the application of healthcare from the perspective of speech therapists, as it encourages a different view of the subject and highlights the role of the patient and their family members/caregivers.

It should also be noted that there are still relevant points that need to be taken into consideration, including: (1) there is a need to avoid the biomedical concept, in which the focus is only on the patient's pathology and not on their individuality; (2) the importance of multidisciplinary integration is understood, as healthcare encompasses situations in which interdisciplinarity is a distinguishing feature in patient care; and (3) it is essential to adapt knowledge and language so that all people, from all socioeconomic levels, are able to understand.

Finally, the experience was unique in understanding the group as a driver of mental health for individuals with hearing loss and, thus, an effective tool in the process of hearing rehabilitation and user empowerment in this regard.

In this way, the report makes it possible to share innovative forms of healthcare for people with hearing loss, which can be replicated in other services. It can thus be a method aimed at multiplying knowledge.

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