

## Original articles

# Social skills training in Speech-Language Pathology and Audiology: students' perception

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## ABSTRACT

**Purpose:** to investigate the perception of Speech-Language Pathology and Audiology (SLPA) students, submitted to a Social Skills Training (SST) program, regarding potentialities, difficulties and perceived gains in their social skills (SS) repertoire

**Methods:** this qualitative study included 22 students (between 19 and 21 years old), enrolled in the 2<sup>nd</sup> year of the undergraduate SLPA course. The SST structure was based on theoretical-informative and practical-experiential methodology, developed over 15 meetings, using different teaching strategies. Content analysis was applied to assess the responses to a questionnaire with five open ended questions about the SS and the program itself, administered at the beginning, middle and end of the training.

**Results:** greater difficulty was observed for students in relation to public speaking as well as empathetic and assertive skills toward their peers and professors. The participants highlighted the importance of the SST for the professional-patient relationship and for their professional training, as the training expands skills and competences beyond technical knowledge, with self-knowledge having a central role in this process.

**Conclusion:** in preparation for clinical practice the SST can be used as a promising teaching-learning methodology in the curricula of SLPA courses.

**Keywords:** Social Skills; Students; Speech, Language and Hearing Sciences; Health Human Resource Training

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## INTRODUCTION

Currently, one of the main challenges facing higher education institutions is the comprehensive education of students. This implies going beyond basic and technical training, also encompassing social competence, cooperation, teamwork, responsibility, initiative, creativity and flexibility, especially when professional practice is based on social interaction, as it happens in the healthcare field<sup>1,2</sup>.

The development of health professionals' skills is directly related to the attention given to the other and the perception of the other. Therefore, it is important that such skills are included in the list of educational objectives to be achieved - that is, they must be learned, felt and experienced in such a way that the professional in training perceives his/her own emotions and feelings, as well as the emotions and feelings of the other, in the care relationship as well as in everyday actions<sup>3</sup>. Professional performance depends on a set of relationship competencies and skills: self-monitoring, social skills (SS) of communication and civility, assertiveness, empathy, expression of positive feelings as well as work related social skills (public speaking, problem-solving, decision making, conflict mediation, educative skills and group coordination)<sup>4</sup>. The SS can make a difference in the personal and professional lives of individuals, facilitating a healthy relationship between people and their environment<sup>5</sup>.

One of the factors that contribute to socially skilled behavior is the awareness that one individual has about himself, that is, self-knowledge. This is classically characterized as a special type of knowledge, learned from the contingencies arranged by the socio-verbal context, which offers clues about the behavior presented by the person<sup>6</sup>. Therefore, the self-knowledge repertoire is of great value to the individual, as it allows him to have a broader view of the future consequences of his attitudes when setting goals, in addition to being an important skill for his self-confidence<sup>7</sup>.

Promoting the SS repertoire and self-awareness of undergraduate students can be an educational goal. In fact, Social Skills Training (SST) programs have been proposed in educational contexts, being understood as a set of scheduled activities that allow structuring the learning process<sup>7-9</sup>, as well as promoting self-knowledge about social performance and the related contingencies<sup>10</sup>.

Investigations on SST programs in university students have been conducted, with different purposes, in several areas of knowledge, including the health

sciences. The SST, based on cognitive and behavioral techniques, was administered to 100 first-year students of a Medical Sciences course in an Iranian university, showing the training's efficacy in increasing the students' level of happiness<sup>11</sup>. Another study with 346 students from the Education course at a Spanish university demonstrated that cooperative learning, a methodology similar to SST, is particularly relevant for the development of interpersonal, social and teamwork skills<sup>12</sup>.

In Brazil, the National Curriculum Guidelines (NCGs) for Speech-Language Pathology and Audiology (SLPA) undergraduate courses<sup>13</sup> states that the professional must be able to understand the human constitution, social relations, psyche, language and learning. In addition, they must present attitudes of unconditional positive regard, empathy, authenticity, decision-making and communication skills, and also guide their practice providing conditions to facilitate the development of the clients' protagonism in their own healthcare<sup>14</sup>. Thus, it is important that the training of health care skills, which encompasses several categories of social skills, be incorporated into the education of future professionals.

In this perspective, a program for social skills promotion was proposed as part of the curricular content of a Psychology discipline offered in the preparation stage of SLPA students for clinical practice, thus its assessment is required. Until the completion of this study, no studies were found regarding SRT in speech therapy students.

Studies on SST usually employ scales and questionnaires that generate quantitative data subjected to pre- and post-intervention analyses. In this study, qualitative analysis is proposed as a way of favoring individual and group subjectivity that brings together singularities. Furthermore, it is essential to obtain an analysis of the students' perception of this program of social skills promotion. Based on the above, the present study aimed to investigate the perception of SLPA students submitted to the Social Skills Training (SST) program regarding potentialities, difficulties and perceived gains in their social skills repertoire.

## METHODS

### Ethics

This study was carried out at the Speech-Language Pathology and Audiology Course of the Bauru School of Dentistry (University of Sao Paulo), Brazil, having been

approved by the Institution's human research ethics committee (process number: 32056114.3.0000.5417).

## Design

A mixed method approach, quantitative and qualitative, was used in order to provide a greater and in-depth understanding of the data.

## Participants

Twenty-two undergraduate SLPA students participated in this research (21 women and 1 man), aged between 19 and 21 years old, who met the following inclusion criteria: being enrolled in the compulsory discipline of Psychology offered in the 2<sup>nd</sup> year of the course and signing the Informed Consent Form (ICF) authorizing the use of their data in the study. Individuals who had less than 80% attendance rate in the SST were excluded.

## Procedures

The SST integrates the program content of the Psychology discipline (mandatory enrollment) offered in the 2<sup>nd</sup> year of the SLPA undergraduate course, aimed at preparing students for the supervised clinical internship, which occurs mainly in the 3<sup>rd</sup> and 4<sup>th</sup> year of the course.

The program's activities were carried out over 15 meetings, lasting two hours each. Given that the SST should be conducted in small groups<sup>15</sup>, the participants were divided into two groups, according to the order on the attendance list. Thus, all individuals participated in the program, but at different times. While one group remained in training, the other remained in another classroom, carrying out activities for the next meeting.

The structure of the program was based on the theoretical-informative and practical-experiential methodology developed by Del Prette and Del Prette<sup>15</sup>, and the concepts regarding the social skills were introduced and discussed in the informative stage of the program. The structure underwent adjustments in view of the SLPA training needs, with the inclusion of training in motivational tools for client engagement<sup>16</sup> and a protocol for communicating bad news<sup>17</sup>.

The following strategies were used: oral expositions based on selected texts, discussion of movies, role-playing, simulated patients portrayed by professional actors, reflection activities (reflective journal) as well as other activities carried out at home.

## Instruments

Based on the literature<sup>2</sup> the researchers elaborated five questions regarding some social skills categories (communication, empathetic, assertiveness and professional skills - public speaking and teamwork). The students were asked to reflect on their behavior in relation to their peers and professors at the university, while also exploring the potentialities, difficulties and gains perceived in these social skills categories as well as the contributions provided by the SST.

These questions were applied at three moments (beginning, middle and end of the program), with the exception of question 5, which was presented only at the end of the program:

1. At this point of the program, how do you use your communication skills in your relationship with your peers and professors at the university? Please, comment on them.
2. At this point of the program, how do you use your empathetic skills in your relationship with your peers and professors at the university? Please, comment on them.
3. At this point of the program, how do you use your assertive skills in your relationship with your peers and professors at the university? Please, comment on them.
4. Consider your professional skills: a) public speaking with known and unknown people; b) working in groups with your peers; and c) relationship with your future patient. Comment on them at this point of the program.
5. Comment on the contributive of the SST experiences to your professional training.

Participants answered the questions in writing. To ensure the monitoring of responses over time and preserve anonymity, ID numbers (unknown to the researchers) were assigned to participants.

## Data analysis

The answers to the questions were grouped. Bardin's qualitative content analysis was applied to the text, involving three stages: pre-analysis, material exploration, and treatment of results (inference and interpretation)<sup>18</sup>. The a priori analysis was adopted, considering the following social skills classes as context units: communication, assertiveness, empathetic, civility, expression of positive feelings, and professional or work skills<sup>2,4</sup>. As registration units, social performances were classified in each class of social skills<sup>2,4</sup>.

For instance, for assertive skills, mentions in the text about “expressing an opinion”, “apologizing”, etc. were coded. These registration units were quantified and organized in specific tables, according to a classification of potentialities, difficulties or perceived gains. This classification was based on the expressions that accompanied the registration units, for example:

- Potentialities (socially skilled behaviors reported by the students): expressions such as “I can (...)”, “I am (...)”, “I have no difficulties (...)”, “I use it well (...)”;
- Difficulties: expressions like “I can’t (...)”, “I use it in parts (...)”;

- Perceived gains: expressions such as “I improved (...)”, “I feel that I am more (...)”.

## RESULTS

### Potentialities, difficulties and perceived gains

The frequency of responses reported by participants about the potentialities and difficulties presented in the SS categories in their relationship with their peers and professors at the university are reported in Tables 1 and 2, respectively.

**Table 1.** Frequency of answers about potentialities in the categories of social skills with peers and professors at the university

	Potentialities	Moment of evaluation					
		Peers			Professors		
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Communicative skills</b>	Chat or start conversation	10	10	9	8	5	3
	Keep conversation	1	5	6	0	3	6
	Ask questions	1	1	2	5	9	3
	Answer questions	1	0	0	0	2	0
	End conversation	0	6	2	0	0	2
	Give feedback	0	3	2	0	1	0
	To praise	0	1	1	0	0	0
	Introduce subjects	0	1	1	0	0	0
<b>Assertive skills</b>	Express opinion	6	5	9	3	3	9
	Respect the other	5	1	1	2	4	2
	Apologize	1	1	1	0	1	0
	Express feelings	0	1	1	1	0	1
	Refuse requests	1	0	0	2	0	0
	Deal with criticism	1	0	0	1	1	0
	Disagree with opinion	0	0	1	0	1	0
	Respect yourself	0	0	1	0	0	0
	Respect opinion	0	0	1	0	0	0
	Receive feedback	0	0	1	0	1	0
	Express difficulties	0	0	1	0	1	0
	Admit failures	0	0	0	0	1	0
<b>Empathetic skills</b>	Understand the other	4	6	9	8	9	6
	Adopt another's perspective	3	7	4	2	4	5
	Express support	6	1	1	0	0	0
	Know hear	2	1	2	2	1	2
	Show interest	1	1	1	2	2	4
	Experiencing another's emotion while maintaining control	0	0	1	0	0	1
<b>Non-verbal component</b>	Keep eye contact	0	1	2	0	0	1

**Table 2.** Frequency of answers about difficulties in the social skills categories with peers and professors at the university

	Difficulties	Moment of evaluation					
		Peers			Professors		
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Communicative skills</b>	Start conversation	0	1	0	0	1	0
	Keep conversation	0	1	0	0	1	0
<b>Assertive skills</b>	Express opinion	7	5	0	4	0	0
	Accept criticism/opinion	2	0	0	1	0	0
	Disagree	0	0	0	1	3	0
	Refuse requests	1	0	0	1	0	0
<b>Empathetic skills</b>	Understanding and adopting the perspective of the other	0	1	0	1	2	1
<b>Regulation/ Interpretation</b>	Be communicative	3	2	3	7	5	1
	Be empathetic	6	4	0	3	5	1
	Be assertive	7	3	1	4	9	2

## DISCUSSION

In this study, the highest frequency of potentialities and difficulties referred to, respectively, communicative and assertive skills, and difficulties in empathizing with peers and communicating with teachers. Similar results were obtained with the characterization of SS in university students from various courses, being assertive and communicative skills with friends most frequently reported potentialities<sup>19,20</sup>.

Also in this research, the difficulties with empathic skills were attributed by the participants mainly to the lack of intimacy with the interlocutors. In fact, being empathetic involves effort from other higher cognitive processes, requiring greater cognitive flexibility, emotion self-regulation, self-awareness and awareness of the other, leaving aside personal judgments. However, it is important to improve this skill in the academic context since it is a primordial communication skill for the quality of social relationships and the therapeutic relationship<sup>21</sup>. Student emotional self-regulation is a predictor for the manifestation of social anxiety in the academic context<sup>22</sup>.

In the category of assertive skills, the greatest perceived difficulty was expressing an opinion to colleagues and professors, especially with the latter, as mentioned by some participants (P):

*“Difficulty in exposing my point of view, fear of reprisals”.*

*P22 (1<sup>st</sup> moment)*

*“It depends much more on the freedom that the professor gives me, sometimes I can’t speak due to the consequences [...]”.*

*P23 (1<sup>st</sup> moment)*

*“Sometimes I can’t be very assertive because of the hierarchy that exists between teachers and students”.*

*P12 (2<sup>nd</sup> moment)*

Specifically with professors, “expressing disagreement” deserves attention, as it can negatively impact the learning process by preventing the healthy debate of ideas for the construction of knowledge, in addition to depriving other students of the exchange of knowledge and experiences. This result suggests that such topics must be emphasized in the next editions of the SST program, considering that, in the 3rd year, the student is expected to engage in discussions regarding theory and practice with his/her supervisor. Furthermore, in the 4th year the student is expected to show greater cognitive, procedural and attitudinal autonomy. In fact, the literature points to the importance of social support and social skills in higher education institutions, noting that the repertoire of social skills of professors, as well as the support offered by them, impacts on the adaptation and permanence of students<sup>23</sup>.

With regard to the perception of the gains obtained with the program, assertiveness with peers prevailed:

*“Good communication in an assertive manner promotes good relationships on a day-to-day basis,*

*which has improved coexistence inside and outside the classroom.”*

*P15 (2<sup>nd</sup> moment)*

*“Previously I was more passive. Now, when possible, I try to be assertive.”*

*P24 (2<sup>nd</sup> moment)*

*“Today I pay more attention to the moments when, before, I lost control.”*

*P2 (3<sup>rd</sup> moment)*

Regarding the relationship with the professors, communication skills, empathy and assertiveness were mentioned by participants in the middle and end of the training:

*“I am expressing my point of view more, not just accepting everything that is imposed by them. (...). It helped me to pay more attention to certain classes, because if it is difficult for us, it is also for them, since the class shows disinterest.”*

*P6 (2<sup>nd</sup> moment)*

*“After the training I’ve been trying to see their point of view.”*

*P12 (2<sup>nd</sup> moment)*

*“I express ideas and doubts more easily.”*

*P15 (2<sup>nd</sup> moment)*

*“I think more about the situations he might be going through to act in such a way.”*

*P2 (3<sup>rd</sup> moment)*

*“I ask more questions, questioning, I communicate more to ask for help.”*

*P7 (3<sup>rd</sup> moment).*

With regard to gains in communicative skills, the attitude of asking questions was the most frequently mentioned, which is essential in social interactions, as it is a way of obtaining information about what one wants to know<sup>24</sup>. As for empathic skills, there was a change in effort to understand the other (professor) by adopting his/her perspective. In assertive skills, the main change was in the expression of opinions when talking to professors. Such results are similar to other studies that indicated that interventions with social skills helped university students to overcome communication difficulties, express opinions, negative feelings and make criticisms<sup>25</sup>. Due to the importance of communication skills for the health profession activity, attention is required to further refine them<sup>26</sup>.

## Professional skills

Reports on the potential of public speaking focused on the following components: cognitive (“having mastery of the content to be transmitted”), metacognitive (“exposing with clarity and objectivity”; concern with posture, speech rate and tone of voice), and interpersonal (“fear of self-exposure and knowing how to deal with criticism and judgments”). The students pointed out that it was more difficult to talk to an unknown public. Public speaking (e.g., presenting in seminars and congresses) is considered difficult for many university students, as it exposes their personal and academic characteristics. Not knowing the consequences of a behavior often leads to anxiogenic states that can impair the individual’s performance. Thus, public speaking might be better experienced when considered as a learning opportunity<sup>27</sup>. Such skill is widely required in the first and second years of the Speech Therapy course, mainly through the presentation of seminars. This suggests that other strategies and forms of assessment could be adopted by the various disciplines to increase their proficiency.

Teamwork (working in groups) is another important professional skill, since many activities are developed in this modality during the undergraduation course. Group/team work in clinical practice requires a collaborative and respectful attitude:

*“Respect other professionals and colleagues, because we always have something to learn and teach.”*

*P15 (3<sup>rd</sup> moment)*

Such reports corroborate the results of Pereira-Guizzo and Nogueira (2015)<sup>28</sup>, when they point out that the university profile must be composed of different technical requirements, but also of the humanistic vision and the ability to relate to others to achieve their goals in professional activities.

Teamwork allows reflection on the practice and solution of daily problems of health services, favoring the provision of services according to the real individual and community demands<sup>29</sup>. For this reason, these skills were part of the SST and were perceived as relevant:

*“To work in group, to collaborate and also receive the collaboration [from others]”*

*P6 (1<sup>st</sup> moment)*

The reports of the participants in the 2<sup>nd</sup> and 3<sup>rd</sup> moments of the SST indicated progress in their abilities to work as a team, with self-monitoring behavior when

trying to understand the opinion of the colleague, when dealing with criticism and negative feedback, when expressing, respecting and accepting the opinions of others, in addition to admitting faults:

*"I learned to respect the views of others and take a stand."*

P16 (2<sup>nd</sup> moment)

It is worth noting teamwork's positive side as it involves commitment, tolerance to frustration, motivation and coping strategies, among others<sup>30</sup>. This study found that having the potential to work in a group in the academic context meant maintaining an assertive posture in the expression of opinions. On the other hand, disagreeing with the group and dealing with divergent opinions were identified as the most difficult subcategories of assertive social skills in teamwork. At the end of the SST, positive changes were identified in the assertive and empathetic SS, denoting benefits in the practice of such skills.

Participants also highlighted the issue of relationships with future clients:

*"I hope to be more decisive, to avoid doubts. I think that, as it involves dealing with people, a great deal of training in social skills is necessary."*

P22 (1<sup>st</sup> moment)

*"I am sure that all these learned skills will be necessary for the provision of care [...]."*

P3 (2<sup>nd</sup> moment)

*"Knowing how to communicate correctly with the patient in face of negative and positive news."*

P7 (2<sup>nd</sup> moment)

Although such skills were not as emphasized as the other SS classes, the behavioral (verbal) component of empathic and assertive social skills was highlighted by university students, when reporting gains in empathy and assertiveness:

*"[...] this training helps us know how to demonstrate empathy, this is one of the ways to make patients comfortable and feel understood. Assertiveness will help us talk to the patient and conduct the therapy properly, and praise will keep the patient motivated and improve his self-esteem, making him feel better and willing to adhere to therapy."*

P11 (3<sup>rd</sup> moment)

Communication is an essential tool to minimize the "noise" in the exchange of messages, enhancing understanding and trust between therapist and patient<sup>31</sup>. The

professional's empathetic behavior allows the client to feel understood and, therefore, more inclined to actively contribute to the therapeutic process<sup>32,33</sup>. The professional's assertive behavior allows the expression of thoughts, feelings and beliefs about the experienced situation, in an honest way<sup>27</sup>, also favoring the therapeutic relationship. The knowledge of the theoretical framework, techniques and procedures of the profession is fundamental, but insufficient, if there is no appreciation of the social competence of university students in interpersonal relationships<sup>34</sup>.

As previously mentioned, the participants of this study were in a stage of preparation for clinical practice. Both in the middle and at the end of the SST, participants reported feelings of insecurity, anxiety, fear and nervousness in relation to the beginning of their clinical practice. This feeling denotes the need for experiential learning and supervised training for them to acquire greater confidence in their practice<sup>35</sup>. On the other hand, the SST facilitated this transition from mainly theoretical classes to clinical practice - most of the students' reports indicated that they felt confident and prepared to start clinical practice in the following semester, which is essential to care for the patient more effectively. Thus, conducting the SST as a preparation for clinical activity should be considered as a viable teaching-learning methodology to be included in the SLPA courses curricula.

The SLPA course where the research was conducted adopts the person-centered approach to healthcare. Such approach treats the client as a whole, as a dynamic, unique person, and their individuality is respected, providing the development of their protagonism and autonomy, in addition to their co-responsibility in the healthcare process<sup>14</sup>. The students also integrated the role of social skills within the patient-centered approach:

*"This range of (social) skills together with the biopsychosocial model of care ensure effectiveness not only during the diagnostic process, but also throughout the therapeutic process, thus leading to a good prognosis."*

P8 (2<sup>nd</sup> moment)

## Other contributions of the SST

The positive effects of the SST extrapolated the context of its administration, being generalized to other situations. Considering that the development of SS will be relevant to the professional life of university students, whether in supervised internships or even

after graduation, the generalization of these behaviors becomes essential<sup>32</sup>.

*“The program was very positive for my personal and professional life, because nowadays, I experience situations involving and requiring some social skills with peace of mind, as we have already discussed in the classroom. I will take all the teachings to the clinic and to my personal life, [...]”*

P21 (3<sup>rd</sup> moment)

*“This discipline was very productive, not only for the professional [aspect], but also for my life. [...] It was of great value, since I adhered to some learnings for my life.”*

P22 (3<sup>rd</sup> moment)

This means that the SST contributes to health, to quality of life, and to the improvement of personal and professional relationships, consequently, minimizing conflicts arising from these relationships<sup>36</sup>. Such findings are in line with the integrative review<sup>37</sup> which concluded that social skills are essential in the university context, in which the student is required to act autonomously, to relate to different authority figures and roles, thus requiring skills to express and defend rights, express opinions and criticism, in an appropriate manner, preserving the quality of their interpersonal relationships.

The experiential format of the program provided opportunities for self-knowledge, behavior change, reflections and experiences on interpersonal relationships in academic and professional contexts, relating theory and practice, as mentioned by these participants:

*“The contributions of the training experiences were countless. From self-knowledge to the situational understanding of the clinical environment, it was possible to establish a connection between theory and practice.”*

P8 (3<sup>rd</sup> moment)

*“I thought the training made me reflect more on who I am, a little bit on how people see me; remember some points I need to improve in my personality, or at least not let them get in the way of my performance.”*

P2 (3<sup>rd</sup> moment)

Similar results were obtained in other studies that indicated the expansion of self-knowledge regarding potentialities and difficulties, with a change in behavior<sup>25</sup>, in the same way that it enabled the individual to discriminate and describe events that occur with him/herself and in established relationships<sup>38</sup>.

On the other hand, there was also a negative criticism of some experiences, since they involved activities of self-exposure to other colleagues in the group, as reported by this participant:

*“However, carrying out some activities was not so comfortable.”*

P7 (3<sup>rd</sup> moment)

The role-playing strategy, used in the intermediate phase of the program, was identified by some participants as helpful for clinical preparation, as mentioned below. The role-playing strategy promotes abilities to perceive and analyze the interrelation between cognition, feeling and behavior, reading the environment and self-monitoring one's own performance, promoting self-knowledge<sup>39</sup>.

*“Among these issues, empathy and assertiveness stand out. During the training, we had the opportunity to learn more about these concepts in detail, in addition to putting them into practice (simulating a clinical situation)”*

P24 (3<sup>rd</sup> moment)

The activity with simulated patient portrayed by professional actors, carried out on the last day of the program, was valued for bringing inexperienced university students closer to clinical scenarios, which helped to familiarize them with the clinical context, the identification of their difficulties but, above all, their potentialities, which generated greater self-confidence:

*“The activity with the actors was an enriching experience, as it made me think about how I would act if it were real, if it were me.”*

P25 (3<sup>rd</sup> moment)

*“I noticed how difficult it is to communicate bad news and how complicated it is to deal with it, whether receiving it or having to tell someone. Through the activity with the actors, it became a little clearer how we should behave in such situations and the difficulties that we will have, which must be worked out by ourselves.”*

P14 (3<sup>rd</sup> moment)

The scenarios of clinical situations explored during simulations teach how to integrate self-confidence and communicative skills with technical skills during an appointment in the health area<sup>40</sup>.

Many findings of this study were similar to those of training carried out with university students from other fields. However, the qualitative analysis was an



opportunity to “give a voice” to university students, producing unique data highlighting values, beliefs, representations, opinions, and attitudes of students in the academic context and in the professional-client relationship that will offer important subsidies for the improvement of SST as a teaching procedure.

## CONCLUSION

When investigating the perception of SLPA undergraduate students submitted to the SST program, it was possible to identify:

- Potentialities in the relationship with professors, involving communication skills (conversation, asking questions, initiating and maintaining conversation), empathic skills (understanding and taking the perspective of the other and understanding opinion) and assertive skills (expressing opinion and respecting the other). On what relates to the relationship with their peers, in addition to the aforementioned, potentialities identified concerned the start and end conversations, as well as skills for giving feedback and expressing support and solidarity.
- Difficulties with public speaking, communication with professors (initiating conversation and giving feedback) and self-regulation in the performance of communicative, empathetic and assertive skills with both their peers and professors
- Gains related to assertiveness skills, in the relationship with colleagues. On what concerns professors, there were gains in communication skills, empathy, and assertiveness (in the second and third moments).

Participants highlighted the importance of social skills in the professional-patient relationship and the insertion of the program for professional training, as it expands skills and competencies beyond technical knowledge, with self-knowledge having a central role in this process, culminating in behavior changes in personal and professional life.

The SST can be a promising teaching-learning method included in SLPA course curricula to help the students' preparation for clinical practice.

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