

Original Article

# Undergraduate Speech Therapy Students' Perception of Their Education in Palliative Care

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## ABSTRACT

This study explores the perceptions of Speech-Language Pathology students at the University of Chile regarding the training they receive in palliative care (PC). This is set within the context of the growing demand for PCs worldwide and the implementation of the universal care law in Chile. A qualitative methodology was used, including group interviews and content analysis. The results reveal that students perceive a limited focus on these topics within the curriculum. The limitations include a lack of systematic focus in both theoretical and practical education, as well as a scarcity of opportunities to develop specific competencies necessary for working with people in end-of-life stages. In particular, students perceive a discrepancy between the theory taught in courses and the practical preparation needed to handle real-life situations. They also recognize the importance of receiving training in transversal competencies, with an emphasis on emotional and communication tools. The study discusses the need for comprehensive training that includes both theory and practice, with specific approaches for supporting the population requiring PC.

## Keywords:

Speech Therapy; Palliative Care; Patient care; Supportive Care; End of Life

## Percepción de estudiantes de pregrado de Fonoaudiología sobre su educación en cuidados paliativos

### RESUMEN

Este estudio busca explorar las percepciones de los estudiantes de Fonoaudiología de la Universidad de Chile sobre la formación que reciben en cuidados paliativos (CP). Esto se enmarca en el contexto del creciente requerimiento de CP a nivel mundial y la implementación de la ley de cuidados universales en Chile. Se utilizó una metodología cualitativa, que incluyó entrevistas grupales y análisis de contenido. Los resultados revelan que los estudiantes perciben un enfoque limitado en estas temáticas dentro de la carrera. Las limitaciones incluyen la falta de un enfoque sistemático en la educación teórica y práctica, así como la escasez de oportunidades para desarrollar competencias específicas necesarias para trabajar con personas en etapas cercanas a la muerte. En particular, los estudiantes perciben una discrepancia entre la teoría impartida en los cursos y la preparación práctica necesaria para enfrentar situaciones reales. Además, reconocen la importancia de recibir formación en competencias transversales, con énfasis en herramientas emocionales y comunicacionales. Se discute la necesidad de una formación integral que incluya tanto teoría como práctica, con enfoques específicos para el acompañamiento de la población que requiere CP.

## Palabras clave:

Fonoaudiología; Cuidados Paliativos; Cuidados del paciente; Cuidados de Apoyo; Final de vida

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Received: 09-12-2023  
Accepted: 06-14-2024  
Published: 08-26-2024

## INTRODUCTION

Professionals in the field of healthcare play a fundamental role in supporting people during the final stages of life, providing care and emotional support to both patients and their families (Garcia-Espinosa, 2021). Therefore, it is essential for these professionals to acquire the necessary knowledge and skills to offer appropriate end-of-life care. This includes considering the values, emotions, defense mechanisms, and emotional needs of individuals and families facing the end of life and requiring palliative care (PC). However, there is evidence of insufficient training in these areas within the curricula of healthcare programs (Garcia-Espinosa, 2021).

Existing studies, although mostly focused on medicine, indicate a growing demand for PC, which highlights the need for well-trained healthcare professionals to address this need. Despite there being an awareness of how relevant PC is, current training for healthcare staff fails to cover significant aspects such as spiritual care, safety, and the ability to work confidently with PC patients, among others (Fitzpatrick et al., 2017; Oneschuk et al., 2004). In this context, the literature recommends incorporating an interdisciplinary faculty and considering ways to assess the training received by students (Pieters et al., 2019).

The care provided to individuals receiving PC should aim to promote their quality of life and autonomy (Pascoe et al., 2018). For this reason, the guidelines of the universal palliative care program emphasize the multidisciplinary work of physiotherapists, occupational therapists, and speech therapists to improve the quality of life for patients and their families (Chilean Ministry of Health [MINSAL], 2022a). In Chile, Law No. 21.375, enacted in October 2021, establishes the right to PC and the rights of individuals diagnosed with terminal or serious illnesses. This represents a significant challenge for the healthcare sector in terms of changing the way care is provided, forming new healthcare teams, and the need for training in patient and family support. Article 7 of Law 21.375 explicitly states that universities, vocational centers, and professional institutes offering healthcare programs must incorporate PC content into their curricula (*Consagra los cuidados paliativos y los derechos de las personas que padecen enfermedades terminales o graves*, 2021).

The technical guidelines established by this law define the role of speech-language therapists within PC teams, stating that their functions are to assess the swallowing process, implement strategies for safe and efficient food, fluid, and medication intake, evaluate the communicative-cognitive function, and establish strategies for effective communication between patients and their

families. They are also responsible for educating and monitoring families regarding these strategies, typically within a home care setting (MINSAL, 2022b). In this regard, Sampallo (2017) suggests that speech therapists not only provide a support system to keep individuals as active as possible but also offer emotional support to both patients and their families. Furthermore, they highlight the importance of comprehensive care in PC, where professionals from different fields collaborate to provide compassionate and holistic support to those facing the end of life. Barbosa dos Santos et al. (2020) emphasize the active and essential role of speech-language therapists in delivering clinical care and promoting dignity and respect for both patients and their families.

However, there are significant limitations in the PC training for speech-language therapists at the undergraduate level. A study conducted by Pascoe et al. (2018) revealed that only a small percentage of speech-language therapists received PC training during their undergraduate education, mostly in areas such as swallowing and ethics. Moreover, the majority did not feel adequately prepared to face these situations (Pascoe et al., 2018). In this context, this study aimed to explore the perceptions of speech-language therapy students at Universidad de Chile regarding the training they have received on palliative care, considering the current needs of the population and the coverage that is required from various healthcare sectors.

## METHODOLOGY

This research was conducted using a qualitative methodology, within a hermeneutic paradigm (Cárcamo Vásquez, 2005). The data were collected through group interviews since these allow for the capture of perceptions, thoughts, and experiences of individuals, which generates self-explanations and provides qualitative data (Hamui-Sutton & Varela-Ruiz, 2013). The authors used a previously developed and piloted script (Table 1: Interview Script Matrix). This process involved the construction and review of the script by three experts in the field and conducting two pilot interviews with groups of individuals similar to the target audience (3 to 4 people per group). Adjustments were made based on the feedback received during this phase. At the beginning of the study, the interviewers were trained in this methodology by a qualitative methodologist (through readings and practical workshops).

**Table 1.** Interview Script Matrix.

1.	Emotions, initial thoughts
2.	Personal experiences, lessons learned
3.	Reflection on the usefulness of past experiences
4.	Details about classes or workshops received on this topic, opinions about their experience
5.	Assessment of available tools to face a situation involving the death process of a patient
6.	Assessment of the knowledge to face a situation involving the death of a patient
7.	Behavioral skills, knowledge of how to interact
8.	Communication skills in difficult situations
9.	Reflection on emotional tools and their acquisition during training
10.	Identification of necessary therapeutic skills
11.	Assessment of the training related to the topic
12.	Knowledge of palliative care, perceptions about the role of speech-language therapy
13.	Identifying improvement needs

**Participants**

The population of this study consisted of speech-language therapy students from Universidad de Chile at different academic levels. They were invited to participate through various means, such as emails, social media, and direct invitations. The sample included those who agreed to participate and met the following inclusion criteria: Group 1: Speech-language therapy students in their first and/or second year. Group 2: Speech-language therapy students in their third and/or fourth year. Group 3: Interns or speech-language therapists with less than one year since graduation. Students who did not belong to Universidad de Chile, those who did not agree to participate, did not meet the inclusion criteria, or were unable to provide informed consent were excluded.

**Interviews**

Six group interviews were conducted, with each group consisting of 3 to 7 participants. The decision to conduct six interviews was based on the available resources (logistics and researcher time) and the focused analysis dimensions. The interviews were conducted in person and scheduled based on the availability of both participants and researchers. Each group interview lasted approximately 60 to 120 minutes. A code was assigned to each group to ensure participant confidentiality and to facilitate data analysis.

The conversations were recorded and fully transcribed shortly after each interview session. During this process, the researchers

reviewed the transcriptions, compared the results with the original script, discussed observations, and suggested adjustments. Modifications to the script were made as necessary for subsequent interviews.

Content analysis was employed to study the information obtained, allowing for the exploration of ideas expressed by the participants to better understand the meaning of their words (Guix Oliver, 2008). An open manual coding process was conducted using an inductive approach, identifying emerging themes during the analysis of the transcriptions.

This research was approved by the ethics committee of the Faculty of Medicine at Universidad de Chile, under number 187-2021. Each participant provided informed consent through a formal document outlining the objectives, procedures, risks, costs, and benefits of the project.

**RESULTS**

The results were organized into categories and subcategories to facilitate the understanding of the analysis (Table 2: Categories and Subcategories). For clearer distribution, the information was sorted according to the group to which the participants belonged (Table 3: Distribution of Interviewed Groups). The findings are presented by identifying common themes as well as specific differences in the perceptions and experiences of the participants.

**Table 2.** Categories and Subcategories.

Category	Subcategory
	Theoretical training
Training on Death and End-of-Life Care	Practical training
	Other informal/voluntary learning experiences
	Emotional tools
Tools Perceived as Necessary for Working with People Nearing Death	Communication skills
	Role definition
Challenges in Training Regarding Work with Individuals/Families Close to Death	Specific competencies to work with people nearing death

**Table 3.** Distribution of Interviewed Groups

Group	Academic Level
Group 1	Speech-language therapy students with courses in first and/or second-year
Group 2	Speech-language therapy students with courses in third and/or fourth-year
Group 3	Speech-language therapy interns or speech therapists with less than one year since graduation

## Training on Death and End-of-Life Care

### *Theoretical Training*

Group 1: Students reported that some courses address the topic of death and palliative care superficially, without delving deeply into the subject. They felt that the information provided in these courses was limited and insufficient for acquiring a solid understanding of palliative care and end-of-life issues.

Group 2: Similarly, this group expressed that while certain subjects briefly touched on PC, they found it insufficient. This lack of theoretical training has been reflected in their clinical performance. Some participants had taken a General Training Course related to palliative care and end-of-life, which allowed them to explore the topic more in-depth.

Group 3: The topic of palliative care and end-of-life was also addressed superficially in some classes. Students in this group voiced their desire for the topic to be covered more thoroughly and from a perspective that is more related to the discipline.

Overall, students across groups noted that theoretical training regarding death and palliative care in the Speech-Language Therapy program at Universidad de Chile has been insufficient. While some have heard professors share personal experiences related to end-of-life care, they do not consider this to be enough. Certain subjects such as Introduction to Speech-Language Therapy, Theoretical Foundations of Human Communication, Speech-Language Therapy Intervention, Applied Bioethics, Health Promotion, and Developmental Psychology in Adolescents and Adults have touched on end-of-life and grief, but only partially and without sufficient depth.

*"I feel like... there hasn't been a specific space where this topic is addressed, but there have been courses that somewhat open you up to the possibility of dealing with these moments or giving bad news."* (G11)

*"(...) The professors have shared some experiences, but it's not something that's talked about much or addressed in depth, it tends to be overlooked."* (G12)

### *Practical Training*

Group 1: Students reported that they do not feel they have enough practical tools to handle situations presented in simulated clinical activities (such as those at the Clinical Skills Center, CHC). While they are sometimes able to offer emotional support to the person (simulated patient) during sessions, they do not feel adequately prepared to clinically intervene in the context of PC.

Group 2: Although they have not had thorough theoretical-practical training or real-world experience, they have approached the topic mainly through prior personal experiences. They acknowledge the importance of applying theoretical knowledge in practical situations and highlight skills like providing emotional support and active listening during sessions with patients.

Group 3: Despite having some theoretical training on palliative care and end-of-life care, students noted that confronting these situations in real life is different and requires more training in practical skills.

Across all groups, students expressed that practical training in dealing with death and palliative care has been insufficient. Although they have had classes where theoretical knowledge and recommendations were given on how to address these issues, they feel there have been too few opportunities to practice and apply this knowledge in real situations.

*"I remember they mentioned something theoretically, like how to deliver bad news, but (...) the practice is missing because it's one thing to hear about it, but (...) what do I do when I see a real patient."* (G13)

*"There also aren't enough opportunities to put those tools into practice because you can read a lot theoretically, but when it comes to applying it, it's very different."* (G13)

### *Other Informal/Voluntary Learning Experiences*

Group 1: Students mentioned gaining informal learning experiences through psychological therapy and personal beliefs, ranging from religious to spiritual perspectives, which are not related to their university education.

Group 2: Similarly, this group highlighted that they have acquired additional learning through personal life experiences.

Group 3: They noted that discussing their emotions with others, such as friends or colleagues, has been helpful as a form of learning.

In general, other learning experiences outside formal education include psychological therapy, personal beliefs, religious or spiritual paths, and the ability to share emotions with others.

*"I don't feel I have all the knowledge; I feel that my knowledge comes more from what I've lived, from how I face situations (...) it comes more from my own experience."* (GI2)

*"(...) What helps me a lot is talking with my friends from university, and with my colleagues. Like, 'I have this case, what would you do?' (...) It's a responsibility when you're a professional, it's like opening your emotions to someone else (...)"* (GI3)

### **Tools Perceived as Necessary for Working with People Nearing Death**

#### ***Emotional Tools***

Group 1: The importance of emotional tools is highlighted, especially self-awareness of feelings, beliefs, and emotional processes when interacting with patients nearing the end of their lives.

Group 2: This group emphasizes the significance of knowing one's own emotions and the challenge of setting emotional boundaries in the therapist-patient relationship in various situations. They believe that prior academic preparation and faculty support during this process are fundamental.

Group 3: They mention that it is the professional's responsibility to find someone to talk to about their emotions, whether it's coworkers or family, and suggest seeking psychotherapy if needed to handle complex situations.

All three groups agree on the importance of emotional self-awareness in handling situations related to PC. They also stress the need to establish emotional boundaries and seek support to cope with emotional demands. Practical experience is seen as valuable for acquiring emotional skills, although they acknowledge that new and challenging aspects will always arise when caring for people in terminal stages.

*"(...) It really depends a lot on who you are, how well you know yourself, and what your belief system is about life (...)"* (GI1)

*"(...) Perhaps suggesting that we also be taught (...) emotionally, what tools we could acquire, or something similar, to cope with*

*these situations and take care of our mental health. While it's crucial to support the patient and their family, it's equally important to not overlook our own mental health and emotional well-being."* (GI2)

#### ***Communication Tools***

Group 1: Emphasis is placed on the importance of communication with patients. However, there are uncertainties regarding how to behave appropriately in interactions with them. There are tensions regarding the correct use of language when delivering bad news or managing personal reactions during sensitive moments, and the question of what level of closeness with patients is appropriate.

Group 2: Empathy is highlighted as a key tool for achieving effective communication. The group also emphasizes the importance of active listening, getting to know individuals, and being confident in the knowledge acquired throughout one's career when providing information.

Group 3: The relevance of considering the perspective of family members is noted. This would be necessary for expanding knowledge and planning better intervention strategies.

In this category, all groups underscore the importance of empathy and active listening to achieve effective communication with patients and their families.

*"(...) empathizing in that sense and also listening is extremely important, giving time to their emotions; if a person is crying and wants to do so, why not let them? Instead of saying, 'Hey, calm down' (...)"* (GI2).

*"(...) having tact when approaching the family, because if you use a word that is inappropriate, you can derail the entire process (...)"* (GI3).

### **Challenges in Training Regarding Work with Individuals/Families Close to Death**

#### ***Role Definition***

Group 1: Professional functions are identified, related to providing support and education to patients and their families.

Group 2: This group highlights that the main functions in this area include education, accompaniment, and support in aspects such as swallowing and communication.

Group 3: According to their experience, the role is centered on providing support, promoting a dignified death, and delivering information and education to both the patient and their family.



Across all three groups, there is consensus on the role being characterized by support and education for the patient and their close environment. However, differences are noted: students in Group 1 base their understanding on specific courses, while those in their third year or beyond have acquired this knowledge through practical activities or professional internships.

*“(...) Supporting the person and helping them maintain the dignity to request their death or express what they want or do not want.” (G11).*

*“(...) Accompanying their experience, also providing information, such as more concrete, explicit information, clarifying doubts (...) educating them somewhat about what they are experiencing (...).” (G13).*

**Specific Competencies for Working with Individuals Close to Death**

Group 1: Specific competencies are not clearly mentioned. However, the importance of relational and emotional skills is highlighted.

Group 2: Competencies in this group are primarily related to providing information and education, as well as emotional support skills.

Group 3: Emphasis is placed on competencies related to emotional intelligence and sensitivity to "read the room" and maintaining a delicate approach in interactions. The importance of delivering information to the patient and their family while respecting their decisions is also highlighted.

In general, a clear progression can be observed in the responses provided by the different groups. In the early stages of the career, there is no clear consensus or specific understanding of necessary competencies. However, the more academically advanced groups show greater awareness of the importance of emotional and communication skills.

*“Informing them about what was happening, communication, and also understanding how the person was feeling emotionally (...).” (G12).*

*“Taking the time to listen to patients and the importance of the relationship that can be built with them is essential (...).” (G13).*

A summary of the results, including a map of meanings, is provided below (Table 4).

**Table 4. Results, Map of Meanings**

<b>Training on Death and End-of-Life Care:</b>	Theoretical Training:	Practical Training:	Other Informal/Voluntary Learning Experiences:
	Group 1: Limitations in the depth of training, superficial courses.	Group 1: Lack of practical tools for simulated clinical settings.	Personal experiences and therapy complement formal education.
	Group 2: Insufficient theoretical training, reflected in clinical performance.	Group 2: Learning from personal experiences, need to apply theoretical knowledge to practice.	
	Group 3: It is necessary to deepen the training, specific to the discipline.	Group 3: Further training in practical skills is needed for real-life situations.	
<b>Tools Perceived as Necessary for Working with People Nearing Death:</b>	Emotional Tools:	Communication Tools:	
	Importance of emotional self-knowledge, empathy, and managing emotional boundaries.	Emphasis on empathy, active listening, and effective communication with patients and families.	
<b>Challenges in Training Regarding Work with Individuals/Families Close to Death</b>	Role Definition:	Competencies Specific to this Work:	
	Accompaniment, education, and support in various aspects.	Progression in the understanding of competencies, from relational and emotional skills to emotional intelligence and delivery of information and education.	

## DISCUSSION

The results of this study indicate that the interviewed Speech-Language Therapy students perceive their theoretical and practical training on death and palliative care as insufficient. This leads to a lack of confidence in their readiness to handle simulated or real-life clinical situations related to end-of-life care. Additionally, the findings reveal a significant gap between the theoretical knowledge acquired during training and the practical skills needed to manage real situations involving individuals requiring PC. These results align with previous studies that have highlighted the lack of emphasis on PC training in undergraduate healthcare programs (Fornaris-Méndez et al., 2023; Pascoe et al., 2018), which limits the capacity of future professionals to address complex situations such as those explored in this research (Sandoval Ramírez & Bratz, 2017; Vera, 2021).

On the other hand, the interviewees point out that emotional tools such as self-awareness and empathy are significant and necessary for future therapists, especially in the context of palliative care and end-of-life situations. This shows an understanding of the essential tools required for supporting individuals at the end of their lives. There is broad consensus in the literature that these tools play a fundamental role in the training of healthcare professionals working in palliative care. Self-awareness allows professionals to understand their own emotions, beliefs, and reactions in delicate situations, which helps them manage their emotions and maintain a more compassionate and empathetic attitude (De La Ossa, 2022; Urbina-Soto, 2019).

Furthermore, students express the need to acquire better communication tools for working with this population. It is known that effective communication skills are crucial for addressing delicate situations with sensitivity and respect. This involves knowing how to convey difficult information or deliver bad news compassionately and clearly, actively listening, validating emotions, and responding appropriately to the needs and concerns of individuals and their families. Chammas (2022) emphasizes the importance of human connection and communication in therapeutic palliative care support. Although professionals may sometimes struggle to be physically present, it is noted that words, silence, breathing, and sounds are powerful means of establishing a meaningful connection with patients and their families during this critical stage. Therefore, end-of-life support emerges as a specific, relevant, and significant function within Speech-Language Therapy (Fuentes, 2013).

The participants in this study indicate that clinical simulation is an opportunity to practice relevant communication skills and tools

for their role as therapists. This is strongly supported by existing evidence. Previous research, such as that by Niño Herrera et al., (2015), highlights the effectiveness of clinical simulation as a teaching method. This approach allows for the development of practical skills in a controlled and safe environment, which is particularly beneficial for sensitive topics like PC. Thus, clinical simulation emerges as a valuable tool that promotes meaningful learning and provides students with greater confidence when facing these situations.

It is noteworthy that the concept of “therapeutic accompaniment” emerges as a recurrent theme in the opinions of the interviewees, being recognized as an essential component for those undergoing the delicate process of approaching death. However, despite its importance, there is still no clear and shared understanding of its meaning or scope within Speech-Language Therapy, highlighting the need for a profession-wide consensus on its definition (Tapia Saavedra & González Varas, 2022).

According to Radosta (2021), therapeutic accompaniment involves a comprehensive approach that encompasses multiple dimensions of a person's life beyond the mere diagnosis. From this perspective, the accompaniment involves supporting the person throughout the entire process they are experiencing, considering not only their physical needs but also their psychological and communicative needs, among others.

From a psychological perspective, therapeutic accompaniment is viewed as an essential part of an interdisciplinary team that maintains constant dialogue and in-depth analysis of the person and their family environment, with the primary goal of promoting the individual's autonomy and independence (Mieres González, 2021). This approach underscores the relevance of therapeutic accompaniment during the final stages of life. This is evidenced by McFarlane et al. (2022), who describe the experiences of terminal cancer patients and highlight the importance of caregivers and companions in improving quality of life, managing symptoms, and addressing distressing concerns.

Based on the results of this study and previous research, it is concluded that there are significant challenges in the training of speech-language therapists in this area. Among these challenges is the importance of including specific courses dedicated to end-of-life and palliative care in the curriculum of this profession. Dias et al. (2024) suggest that, despite its significance for clinical practice and therapeutic accompaniment, training in palliative care has only recently received explicit attention in Speech-Language Therapy.

This study has certain limitations, as the sample was restricted to a single university and involved a limited number of participants. This could affect the extrapolation of the results to other populations or contexts. However, this study serves as an initial point and opens the door for future research that could explore this topic in a broader and more representative manner.

Finally, it is important to highlight that there are ongoing initiatives aimed at addressing the gaps in the training of healthcare professionals in palliative care. An example is the work by Osés Zubiri et al. (2020), who designed a proposal for the training required for palliative care. This proposal is based on key competencies that need to be developed to work in this area, focusing on clinical reasoning, humanism, professionalism, collaboration, and leadership in interdisciplinary teams. The proposal emphasizes the significance of addressing these competencies not only from a theoretical or practical perspective but also considering situated realities and social and affective spheres. Additionally, the University of Queensland (Mathisen et al., 2011) has addressed the lack of systematic focus on PC observed in undergraduate programs within medicine, nursing, and other health professions by developing a palliative care curriculum project for undergraduate students. This trial, funded by the government, focused on creating palliative care curricula through university healthcare programs within the context of a national palliative care program (Mathisen et al., 2011). Such experiences invite further research to be carried out, to better understand the training needs of speech-language therapists in palliative care.

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