

TUTORING IN THE BRAZILIAN SIGN LANGUAGE (LIBRAS) COURSE DURING UNDERGRADUATE MEDICAL STUDIES: AN EXPERIENCE REPORT

A Monitoria na Disciplina Libras na graduação em Medicina: um relato de experiência

El Programa de Tutoría de la Asignatura "Libras" durante la formación Médica: relato de una experiencia

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ABSTRACT

The communicative exclusion of Deaf people constitutes a mechanism for producing social vulnerabilities that compromises the autonomy and safety of care in health services. This study aims to present and reflect on the experiences of four medical students participating in the monitoring of the *Brazilian Sign Language (Libras)* discipline at a private university in the state of São Paulo, under faculty supervision. This is an experience report, with a descriptive-reflective approach, based on field diaries, participant observation, and reflective accounts. The results indicate that the monitoring fostered student engagement and technical-pedagogical improvement through the organization of interdisciplinary actions and the mediation of collaborative learning. The experience allowed contact with Deaf culture and the development of ethical competencies relevant to clinical practice. It is concluded that monitoring in Libras constitutes a relevant formative strategy in medical education, contributing to the promotion of more accessible care.

Keywords: Sign Language. Medical Education. Experience Report.

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RESUMO

A exclusão comunicacional das pessoas Surdas constitui um mecanismo de produção de vulnerabilidades sociais que compromete a autonomia e a segurança do cuidado nos serviços de saúde. Este estudo objetiva apresentar as experiências de quatro estudantes do curso de Medicina participantes da monitoria da disciplina Língua Brasileira de Sinais (Libras) em uma universidade privada do Estado de São Paulo, sob supervisão docente. Trata-se de um relato de experiência, com abordagem qualitativa, de caráter descritivo, observação participante e relatos reflexivos. Os resultados indicam que a monitoria favoreceu o engajamento discente e o aprimoramento técnico-pedagógico, por meio da organização de ações interdisciplinares e da mediação da aprendizagem colaborativa. A experiência possibilitou o contato com a cultura Surda e o desenvolvimento de competências éticas relevantes à prática clínica. Conclui-se que a monitoria em Libras constitui estratégia formativa relevante na educação médica, contribuindo para a promoção de um cuidado mais acessível.

Palavras-chave: Língua de Sinais. Educação Médica. Relato de experiência.

RESUMEN

La exclusión comunicacional de las personas Sordas constituye un proceso de producción de vulnerabilidades sociales que compromete la autonomía y la seguridad de la atención en los servicios de salud. Este estudio tiene como objetivo presentar y reflexionar críticamente sobre las experiencias de cuatro estudiantes de Medicina que participaron en la monitoría de la asignatura *Lengua Brasileña de Señas (Libras)* en una universidad privada del estado de São Paulo, bajo supervisión docente. Se trata de un relato de experiencia de enfoque cualitativo, fundamentado en diarios de campo, observación participante y narrativas reflexivas. Los resultados indican que la monitoría favoreció el compromiso estudiantil y el desarrollo técnico-pedagógico mediante la organización de acciones interdisciplinarias y la mediación del aprendizaje colaborativo. La experiencia permitió el contacto directo con la cultura Sorda y el desarrollo de competencias éticas esenciales para la práctica clínica. Se concluye que la monitoría en Libras constituye una estrategia formativa relevante en la educación médica, contribuyendo a la promoción de una atención en salud más accesible.

Palabras clave: Lengua de Señas. Educación Médica. Informe de de experiencia.

INTRODUCTION

The relationships between language, society, and social minorities demonstrate that the guarantee or denial of linguistic access constitutes a structuring axis of inequalities in the exercise of fundamental rights. In the case of Deaf people, communicational exclusion is one of the main mechanisms for producing social vulnerabilities, especially in institutional contexts historically organized around the centrality of oral language. In this scenario, health, understood simultaneously as a human right and an essential public policy, emerges as a critical space in which the absence of linguistic accessibility significantly compromises the autonomy, security, and dignity of the care offered to the Deaf population. It is worth mentioning that, in this manuscript, the spelling "Deaf", with an initial capital letter, is adopted in recognition of the cultural and linguistic identity of this minority group, as well as their right to have their difference respected¹.

The recognition of Brazilian Sign Language (Libras) as a legal means of communication and expression used by Deaf communities in the country, through Law No. 10.436/2002², consolidated a fundamental milestone in guaranteeing the linguistic rights of the Brazilian Deaf community. By defining Libras as a linguistic system of a visual-motor nature, the legislation conferred institutional legitimacy on a historically marginalized language, enabling its inclusion in educational, curricular, and accessibility policies.

This advancement in the legal framework was expanded with the enactment of Decree No. 5,626/2005³, which regulated the aforementioned Law and established guidelines for the inclusion of Libras (Brazilian Sign Language) in higher education curricula. Among its provisions, Article 3 of Chapter II stands out, mandating the inclusion of *Libras* as a subject in teacher training and speech therapy courses, while also providing for

its offering as an elective subject in other higher education and professional courses, signaling an initial commitment to training professionals attentive to the linguistic, educational, cultural, and identity specificities of the different Deaf communities. The full text reads:

Article 3. Brazilian Sign Language (Libras) must be included as a **mandatory curricular subject** in teacher training courses for teaching at the secondary and higher education levels, and in Speech Therapy courses, in public and private educational institutions of the federal education system and the education systems of the States, the Federal District, and the Municipalities.

§ 1º All undergraduate courses in different areas of knowledge, the secondary-level teacher training course, the higher-level teacher training course, the Pedagogy course, and the Special Education course are considered teacher training courses for education professionals.

§ 2º Libras (Brazilian Sign Language) will be an **optional curricular subject** in other higher education courses and in vocational education, starting one year after the publication of this Decree³ (emphasis added).

Although this represents a significant advance, this configuration highlights an important gap in the training of healthcare professionals, for whom Libras (Brazilian Sign Language) remains, to a large extent, non-mandatory content. In the field of health, this training gap takes on even more critical dimensions. The 1988 Federal Constitution⁴ ensures, in its Article 196, that "health is a right of all and a duty of the State," and must be guaranteed through policies that promote universal and equal access. From this perspective, linguistic accessibility is an inseparable element of comprehensive care. The absence of professionals trained to communicate in Libras compromises the access of the Deaf population to health services and constitutes a form of institutional exclusion, often naturalized, that strains the principles of universality and equity.

Data from the World Health Organization indicate that, in 2021, approximately 1.5 billion people worldwide had some degree of hearing loss⁵. This scenario reveals that, even though not all Deaf people use Libras (Brazilian Sign Language) as a language of comfort, these numbers reinforce the need for training healthcare professionals with expanded communication skills, capable of recognizing deafness beyond an exclusively audiological marker. Reducing the Deaf experience to a biomedical dimension disregards the plurality of identities, belongings, and linguistic experiences that permeate Deaf communities, in addition to making invisible the effects of linguistic exclusion in care processes⁶. It is worth mentioning that communicational inaccessibility in health services generates feelings of insecurity, anguish, and distrust, and may even result in abandonment of care^{7,8}.

Libras (Brazilian Sign Language) curricular component in higher education, especially in health-related courses, it should be understood as an ethical, political, and social necessity, linked to the promotion of human rights and the fight against ableist practices, considering that its curricular inclusion can favor professional training and contribute to the reduction of communication barriers in health services.

In this context, the higher education institution to which the authors of this manuscript belong stands out in the São Paulo and national scene by incorporating *Libras (Brazilian Sign Language)* as a mandatory subject in the Medicine course, being one of the three institutions in the state of São Paulo with this curricular prerogative⁹. This institutional distinction reaffirms the commitment to a comprehensive and socially responsible medical education, recognizing communication as a structuring element of clinical practice and a condition for the realization of the right to health, especially for historically marginalized groups.

In the Medicine course at the aforementioned institution, the subject is *Brazilian Sign Language – Libras – in Medicine* (hereinafter, the subject of *Libras*). This course is included in the curriculum of the second semester of basic training, with a semester workload of 38 class hours¹⁰. The component integrates the set of disciplines that articulate clinical, ethical, and sociocultural knowledge essential to medical practice, offering students an initial theoretical and practical basis on the linguistic, social, and cultural aspects of deafness and

communication with Deaf speakers of Libras (Brazilian Sign Language). Offering this discipline at the initial stage of the course aims to provide future doctors with a critical understanding of the communication barriers present in health services and the importance of inclusive communication strategies, in line with the institutional commitment to comprehensive training, the humanization of care, and the realization of the linguistic rights of the Deaf population.

Within this formative context, it is important to mention the *Academic Mentoring Programs*, which are relevant pedagogical strategies for improving student training. These programs contribute both to the improvement of students acting as monitors, by promoting an initial experience with teaching in higher education, theoretical and practical deepening, and the development of academic autonomy, and to other students, by offering complementary pedagogical support, monitoring of practical activities, and clarification of doubts¹¹. At the university, the *Monitoring Program* for undergraduate courses is regulated by Normative Resolution No. 002/2022¹², which establishes the guidelines for student participation in monitoring activities, with or without remuneration, with a view to consolidating integrative pedagogical practices and strengthening the teaching-learning process.

Within the Brazilian Sign Language (*Libras*) curricular component, tutoring assumes a role that goes beyond technical support for language learning. Tutoring in/of *Libras* is configured as a pedagogical and political practice, constituting a space for mediation, critical reflection, and the collective construction of knowledge. In acting as mediators, tutors assume responsibilities that involve not only linguistic mastery but also ethical conduct, cultural sensitivity, commitment to accessibility, and social responsibility. In this direction, tutoring fosters the development of collaborative learning, student protagonism, and critical thinking¹³.

Given this scenario, by articulating language policies, health education, and monitoring practices, this article aims to present and reflect on the experiences of four medical students from a private higher education institution in the State of São Paulo while monitoring the *Libras (Brazilian Sign Language)* discipline, under the supervision of the professor responsible for conducting this curricular component. It also seeks to highlight the contributions of this activity to medical training, emphasizing the relevance of monitoring as a pedagogical resource and for raising awareness of the needs of the Deaf community in the context of professional practice.

CRITICAL DESCRIPTION OF THE EXPERIENCE

This study constitutes an experience report, configured as a type of descriptive scientific text. The central objective is to systematize, analyze, and critically reflect on the pedagogical practices experienced in specific institutional contexts^{14,15}. The activities were developed within the context of the Medicine course at a private higher education institution in the State of São Paulo, based on the experiences of monitors enrolled between the third and seventh semesters of the undergraduate program.

The monitoring was carried out over the course of a semester, focusing on the Brazilian Sign Language (*Libras*) curricular component, involving different areas of pedagogical action. The activities included classroom support, mediation between the responsible teacher and the students, monitoring of practical language learning activities, as well as the organization and production of bilingual teaching materials (*Libras* - Portuguese). In addition, diverse pedagogical strategies were planned and developed, such as discussion circles, thematic workshops, group dynamics, collaborative activities, and the systematic use of videos, images, and other visual resources, considering the spatial-visual nature of *Libras* and the specificities of its teaching and learning¹⁶.

The experiences lived within the scope of the monitoring were recorded through field diaries, participant observation, and reflective reports from the students, instruments recognized in qualitative research for enabling a deeper understanding of the formative processes, the pedagogical interactions, and the meanings attributed by the subjects to the practices experienced¹⁴. The field diary allowed for the systematic recording of the activities developed, the situations observed in the classroom, and the perceptions of the monitors throughout the process. Participant observation favored immersion in the formative context, enabling a situated reading of the pedagogical dynamics and the relationships established between teachers, students, and monitors.

The records produced were organized and analyzed in a descriptive and reflective manner, seeking to articulate the reported experiences with the theoretical framework that underpins inclusive education, health training, and academic monitoring practices. This analysis allowed for the systematization of experiences and the identification of the potential and challenges of monitoring as a pedagogical strategy, in line with studies that highlight its role in strengthening collaborative learning, student autonomy, and student protagonism^{13,17}.

Because this is an account of experience based on regular academic activities, the study was conducted in strict observance of ethical and professional precepts. Institutional confidentiality and the preservation of the anonymity of any individuals indirectly mentioned were guaranteed, ensuring that the reflections presented here focus exclusively on the pedagogical process and the experiences of the teaching assistants.

RESULTS

The experience of being a teaching assistant in the Brazilian Sign Language (*Libras*) course in the Medicine program demonstrated pedagogical, formative, and institutional impacts that go beyond the instrumental acquisition of sign language. A progressive increase in student engagement was observed, associated with the clarity of the pedagogical guidelines and the continuous mediation exercised by the teaching assistants, which favored the construction of a collaborative, welcoming, and safe learning environment for linguistic experimentation.

Regarding *pedagogical practices*, the production of bilingual teaching materials, such as educational games, thematic sign dictionaries, and videos of signed anamneses, constituted a structuring axis of the teaching-learning process. Developed by the monitors based on the spatial-visual logic of Libras (Brazilian Sign Language), these materials respected the linguistic and cultural specificities of Deaf people and enabled the systematization of technical vocabulary in the health field, significantly expanding the students' communicative repertoire and their ability to use the language in simulated clinical contexts.

Also noteworthy are the *simulations of healthcare services focused on Deaf patients*, in which students were able to experience clinical situations mediated exclusively by Libras (Brazilian Sign Language). These activities fostered the articulation between technical knowledge and welcoming Deaf individuals in Libras, contributing to the development of communicational confidence and to the understanding of accessibility as an essential component of quality care^{7,13}.

The inclusion of students in *experiences* of direct contact with the Deaf community constituted another relevant positive aspect of the monitoring program. Institutional events, such as the Deaf September, celebrated in September at the institution in commemoration of National Deaf Day¹⁸, promoted interaction between students, faculty, and Deaf people. These experiences broadened the understanding of deafness beyond the biomedical marker⁶, highlighting its sociocultural and linguistic dimension, and contributed to the formation of empathetic, respectful, and ethically committed attitudes towards communication accessibility and the right to health.

DISCUSSION

The results obtained indicate that monitoring in Libras (Brazilian Sign Language), when conceived as a mediated and reflective pedagogical practice, constitutes a powerful device for critical training in health, capable of challenging traditional teaching models focused exclusively on technique. In this sense, the experience analyzed directly dialogues with Vieira's argument¹⁹, according to which only from the critical tension between teaching and education in health is it possible to conceive formative practices that do not reproduce the division between technique and emancipation, but that understand them as inseparable dimensions in health training.

In this context, learning Libras (Brazilian Sign Language) was not limited to memorizing signs or correctly executing linguistic structures. By coming into contact with Deaf Culture and real-life situations of language

use, students began to (re)cognize accessible communication as a fundamental human right and as an ethical dimension inseparable from clinical practice⁶.

The production of bilingual teaching materials and signed anamneses highlights the relevance of visuality as an organizing principle of knowledge, as discussed by Campello⁷. By shifting the focus from orality to a spatial-visual logic, health education is invited to (re)think its pedagogical foundations, recognizing that different bodies and languages produce different ways of knowing and caring.

From the perspective of accessibility in healthcare, the experience also highlights how the absence of professionals trained in Libras (Brazilian Sign Language) contributes to the vulnerability of the Deaf population, increasing the risks of diagnostic errors, insecurity in care, and psychological suffering resulting from communicational exclusion⁶⁻⁸. Thus, the inclusion of Libras in medical undergraduate programs cannot be understood as peripheral or optional content, but as a structuring ethical competence, aligned with the principles of universality and equity of the Unified Health System²⁰.

Therefore, this reinforces the need for institutional policies that incorporate linguistic accessibility in a cross-cutting, continuous, and structuring manner in health education. The institutionalization of communicational accessibility is, therefore, an indispensable condition for the consolidation of training practices committed to equity, comprehensiveness, and dignity in/of care.

CONCLUSIONS

Experience with monitoring the Brazilian Sign Language (*Libras*) discipline in medical training has shown that its inclusion in the medical course curriculum should not be understood as a complementary or merely optional activity. Although the current legal framework, especially Decree No. 5,626/2005³, establishes Libras as a mandatory component only in specific courses and optional in other training programs, and the Brazilian Law for the Inclusion of Persons with Disabilities (Law No. 13,146/2015)²¹ ensures the right to accessible communication in health services, the findings of this Experience Report point to the need for its institutionalization as a mandatory curricular component in the medical course, as well as its expansion to other health areas. The observed pedagogical, formative, and institutional impacts demonstrate that systematic access to Libras (Brazilian Sign Language) enhances the formative process by fostering the development of essential communication skills for providing care in contexts marked by the linguistic and cultural diversity of Deaf people, who are recognized as citizens with rights and the legal prerogative to access services in their preferred language.

For the teaching assistants, the activity was a privileged space for deepening theoretical and practical knowledge, fostering the development of autonomy, social responsibility, and pedagogical mediation. For medical students, the teaching assistantship functioned as a powerful formative tool, capable of challenging hegemonic biomedical conceptions and prompting critical reflection on the role of the physician in the face of structural inequalities that permeate access to health services, especially those related to communication. In this process, the role of the professor responsible for conducting the teaching assistantship proved central, promoting qualified interaction between students and Deaf people, mediating experiences that went beyond the instrumental teaching of Libras (Brazilian Sign Language) and reinforcing the understanding of acceptance as an ethical principle of care. By guiding practices based on respect for linguistic and cultural difference, the professor contributed to the construction of a training sensitive to otherness and committed to recognizing the rights of Deaf people.

By bringing students closer to the Deaf community, the monitoring program highlighted that the absence of professionals trained in Libras (Brazilian Sign Language) directly compromises the autonomy, safety, and dignity of care, reinforcing historical processes of communicational exclusion. In this sense, the inclusion of *Libras as a subject* in medical training and its organization as a mandatory curricular component, articulated transversally with other medical training disciplines, is essential to prevent the teaching of sign language from being restricted to isolated and insufficient experiences. The consolidation of this curricular component

allows for continuous experiences, simulated practices in the care of Deaf patients, and greater integration with extension and research activities, enhancing the training of professionals capable of establishing safe and humanized communication relationships.

Finally, the institutionalization of *Libras* (Brazilian Sign Language) as a mandatory subject in the Medicine course reaffirms the university's commitment to training doctors prepared to work in a pluralistic society. By recognizing linguistic accessibility as a fundamental human right, the medical curriculum advances in overcoming the divide between technique and emancipation, understanding them as inseparable dimensions of the act of training in health. Within this framework, *Libras tutoring* is consolidated as a relevant pedagogical strategy for building care attentive to the linguistic, cultural, and identity specificities of Deaf people.

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