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Perceptions of Medical Students of the Role of the Speech-language Pathologist in HIV/AIDS Intervention

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MEDICAL STUDENTS PERCEPTION OF THE ROLE OF THE SPEECH LANGUAGE PATHOLOGIST IN HIV/AIDS INTERVENTION

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An estimated 1.1 million people in the United States are living with HIV. The Center for Disease Control and Prevention (2013) estimated 181,000 of these individuals are unaware of their infection. Important advances have been made in drug treatment to manage the severity of symptoms (AIDS.gov, 2009; Ramana & Rao, 2013). However, HIV/AIDS continues to affect the central nervous system (CNS) by negatively impacting the entire body. Consequently, person's living with HIV/AIDS (PLWHA) speech, language, hearing, cognition and swallowing is affected, which results in reduced quality of life (QoL). As such, primary health care providers may not be aware of the need for assessment of a patient's communication and language abilities (Swanepoel & Louw, 2010).

Research recommends following an interprofessional collaborative approach to the healthcare of PLWHA (Frenk, Chen, Bhutta, Cohen, Crisp, Evans, et al., 2010). Learning how to effectively integrate one's own expertise as well as collaborating with other professionals on the team is essential to developing a common set of goals to treat PLWHA. However, there is a dearth of information and research on collaboration between medical practitioners and the SLP regarding this vulnerable population.

An exploratory-descriptive design with a quantitative analysis was selected for this study. A survey was compiled based on an in-depth literature review. An online survey system was available to ETSU student researchers. This survey tool was used to create and post the electronic survey. The survey was divided into five sections: demographic information, personal experiences, role of SLPs and medical practitioners, communication disorders associated with HIV/AIDS, and interprofessional education. The survey included 27 questions, which consisted of multiple choice, short answer, and yes/no questions. Response format included yes, no, cannot recall, open-ended responses, and scaled responses (e.g., comfortable, uncomfortable, unsure, important, neutral, and unimportant).

IRB approval was obtained and Quillen College of Medicine granted permission to email the survey to the student respondents. Once responses were submitted, an item-by-item analysis was conducted and descriptive statistics were used to describe the data obtained.

PLWHA require specialized care and collaboration between healthcare professionals to improve their QoL. A team approach model for HIV/AIDS rehabilitation is critical for assessment and creation of treatment goals for PLWHA. However, this approach can only occur if all members of the team share an understanding and knowledge of each team members' unique roles. Based on the study's results, the need for interprofessional education to promote the role of the SLP in assessing and treating communication and feeding disorders in PLWHA is present. Specifically, medical students expressed little comfort in their knowledge of the role of the SLP in HIV/AIDS rehabilitation. However, medical students expressed an increased interest to work on a team with a SLP to improve communication, swallowing, and hearing disorders in PLWHA. This research presents a unique insight, from the perspective of medical students, for the need for interprofessional collaboration as future professionals in order to improve the health care options for PLWHA. Recommendations suggest interprofessional education and training for both professions, at the pre-professional and professional levels.

HIV/AIDS FACT SHEET

PREVALENCE OF HIV/AIDS

- ⌘ An estimated 1.1 million people in the United States are living with HIV and The Center for Disease Control and Prevention (2013) estimated that 181,000 (1 out of 6) of these individuals are unaware of their infection.
- ⌘ Of this population, 921 adults and adolescents were diagnosed as HIV positive in the state of Tennessee. Among the 50 states, Tennessee ranks 15th in number of HIV diagnoses in 2011.
- ⌘ Highly Active Anti-Retroviral Therapy (HAART) has significantly improved the survival rate of PLWHA.

ROLE OF THE SLP

- ⌘ The SLPs role in HIV/AIDS rehabilitation is multidimensional.
- ⌘ SLPs must become a counselor and advocate for PLWHA. Since HIV/AIDS is a lifelong disease, SLPs need to expand their role to accommodate PLWHA.
- ⌘ SLPs assess and treat PLWHA's speech, vocal quality, language, and swallowing disorders in order to optimize their client's QoL.
- ⌘ SLPs need to educate the public and other professionals regarding the role of the SLP with PLWHA.

INTERPROFESSIONAL COLLABORATION

- ⌘ Worthington et al (2005) stated that there are a multitude of symptoms demonstrated by PLWHA. Therefore, numerous forms of rehabilitative services are required to help maintain PLWHA's QoL.
- ⌘ When working with PLWHA, SLPs will work with multiple professions; including, medical practitioners, nurses, and nutritionists.
- ⌘ Due to the unique framework of healthcare required by PLWHA, interprofessional collaboration is imperative to maximize QoL in PLWHA.
- ⌘ The SLP needs to ensure that medical practitioners and other team members acknowledge the importance of communication in order to enhance PLWHA QoL (Swanepoel & Louw, 2010).

IMPACT OF HIV/AIDS ON COMMUNICATION

- ⌘ Neurological and cognitive impairments
 - Memory, language, problem solving, spontaneous speech
- ⌘ Speech disorders
 - Motor speech disorders, reduced control over articulators, unintelligible speech
- ⌘ Voice disorders
 - Raspy, strained vocal quality
- ⌘ Language disorders
 - Expressive language delays, pragmatic impairments
- ⌘ Hearing impairments
 - Sensorineural hearing losses, up to 75% prevalence of hearing loss in PLWHA
- ⌘ Dysphagia
 - Painful swallowing, aspiration, malnutrition
- ⌘ Nutritional Issues
 - Loss of appetite, oral and esophageal sores that affect ability to eat

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