

Title:

An Instructional Tool on Human Papilloma Virus for Health Care Providers Instructing Adolescents and Young Adult Clients Attending Title X Clinics

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Session Title:

Rising Stars of Nursing Invited Posters - Group 2

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 10:00 AM-10:30 AM

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 11:45 AM-1:00 PM

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 3:00 PM-3:30 PM

Keywords:

HPV and HPV vaccine

References:

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Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	FACULTY/SP EAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK
Example Critique selected definition of the term, "curriculum"	Example Definitions of "curriculum" Course of study Arrangements of instructional materials The subject matter that is taught	Example 20 minutes	Example Name, Credentials	Example Lecture PowerPoint presentation Participant feedback	Example Group discussion: What does cultural training mean to you?

	Cultural "training" Planned engagement of learners				
The learner will be able to identify 3 barriers of human papilloma virus vaccination among adolescents and young adults.	Lack of provider recommendation. Lack of knowledge of HPV-related morbidity and mortality. Lack of HPV vaccine knowledge. Lack of patient knowledge for timing of HPV vaccine. Patient concerns about safety of vaccine. Patient concerns about pain with injection.	10 minutes	Cindy Evans, DNPc, WHNP-BC, RN, Frontier Nursing University	Poster presentation, Lecture Participant feedback	Group discussion
The learner will be able to identify 3 education interventions that will	Provider recommendation Healthcare provider toolkit, EMR template	20 minutes	Cindy Evans, DNPc, WHNP-BC, RN, Frontier Nursing University	Poster presentation, Lecture Participant feedback	Group discussion

increase uptake of human papilloma virus (HPV) vaccine among adolescents and young adults.					
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Abstract Text:

Abstract

Human papillomavirus (HPV) remains the most common sexually transmitted infection (STI) in the United States (Center for Disease Control [CDC], 2013). Approximately 79 million Americans have HPV, with an estimated 14 million new cases each year (CDC, 2013). Infection with certain high-risk HPV types is a direct precursor to cancer of the cervix, vagina and vulva in women and penile cancers in men. Human papillomavirus is also responsible for many anal and oropharyngeal cancers in both men and women, with the number of these cancers diagnosed annually rising dramatically (CDC, 2013). Fortunately, the Gardasil vaccine can prevent the most common types of high-risk HPV associated with these cancers.

Gardasil HPV vaccine has been available in the United States since 2006 (Gardasil, 2011) and is an important factor in preventing HPV related morbidity and mortality. Vaccination rates have increased since its inception, but remain low compared to other recommended vaccines. In Indiana, an estimated 35.2% of female adolescents received all 3 injections of HPV vaccine in 2012, while only 10.8% of males received at least 2 injections that year (CDC, 2013) as compared to less than 5% of female and male clients at Indiana Family Health Council's (IFHC) Title X Family Planning Clinics.

Indiana Family Health Council began offering HPV vaccine in their family planning clinics in 2011. Three of thirty-three IFHC Title X clinic sites currently provide Gardasil vaccine to adolescent and young adult females and males through 26 years of age. Locations include Vincennes, South Bend and Muncie, Indiana. These clinics are piloting the HPV vaccine program in Indiana Title X locations; IFHC hopes to increase the uptake of HPV vaccine in these clinic sites.

An HPV instructional toolkit and electronic medical record (EMR) template has been developed based on evidence-based practice and research conducted throughout this Doctor of Nursing Practice (DNP) program at Frontier Nursing University. Following this program, Title X clinic healthcare providers will be instructed on its use with implementation to immediately follow with clients of appropriate age whom have not previously been vaccinated for HPV. Training for healthcare providers will be done face-to-face in their clinic setting using a variety of teaching strategies including handouts and Power Point presentation.

This poster presentation examines barriers to and methods for increasing the uptake of human papillomavirus (HPV) vaccine in adolescent and young adult males and females. Since high-risk HPV types are a direct precursor to many cervical, vulvar, penile, anal, and oropharyngeal cancers in sexually active men and women, vaccination is an important factor in preventing HPV related morbidity and mortality. The review of the literature suggests that various barriers exist that influence decision making to accept HPV vaccination. Furthermore, the literature review indicates that vaccine uptake may be

improved through structured HPV education interventions that focus on improving knowledge of HPV disease and cancer prevention. A projected long term goal is for patient beliefs and attitudes regarding the importance of HPV vaccine and overall health outcomes will create an upsurge of those accepting HPV vaccination, ultimately decreasing HPV-related morbidity and mortality in Indiana.

References

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