

Introduction

Pre-exposure prophylaxis (PrEP):

- ❖ A single regimen pill that is a combination of two HIV medications, called emtricitabine and tenofovir, and is sold under the brand name Truvada® (CDC, 2019).
- ❖ In 2012, the Food and Drug Administration (FDA) approved PrEP for use in preventing human immunodeficiency virus (HIV) in high-risk individuals (CDC, 2019).
- ❖ It can reduce the risk of getting HIV from sex by more than 90% if taking consistent as prescribed (CDC, 2019).

Background and Significance

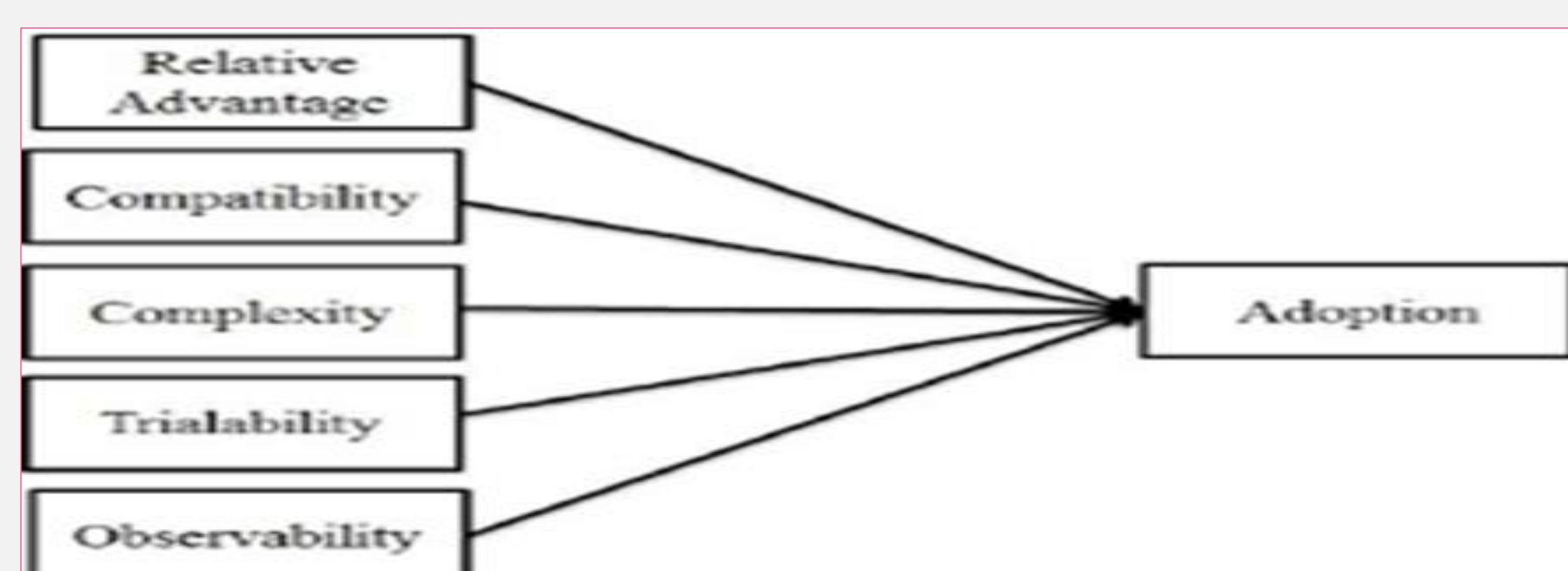
- ❖ **In 2017:** AIDS-associated illnesses - leading cause of death among women of reproductive age (15–49 years) worldwide (UNAIDS, 2019).
- ❖ **In 2016:** 1.1 million people were infected with HIV in US and 1 in 7 people were unaware of their HIV status (CDC, 2019).
- ❖ **In 2015:** More than 19% of all HIV diagnoses in the US were women (CDC, 2019). 3,816 deaths in women who were diagnosed with HIV infections in the US (CDC, 2019).
- ❖ **in 2015:** Women account for more than half the number of PLWH worldwide (UNAIDS/AIDSinfo, 2017).

Needs Assessment

- ❖ Low PrEP implementation among NP providers (Smith et al., 2016)
- ❖ NP student (provider) awareness and attitudes towards PrEP - increase its utilization (Aaron et al., 2018).
- ❖ Development of educational opportunities aimed at facilitating PrEP implementation among NP (Bradley and Hoover, 2019)
- ❖ PrEP is a cost-effective strategy in preventing HIV in high-risk women (Suraratdecha et al., 2018; WHO, 2015b)

Theoretical Framework

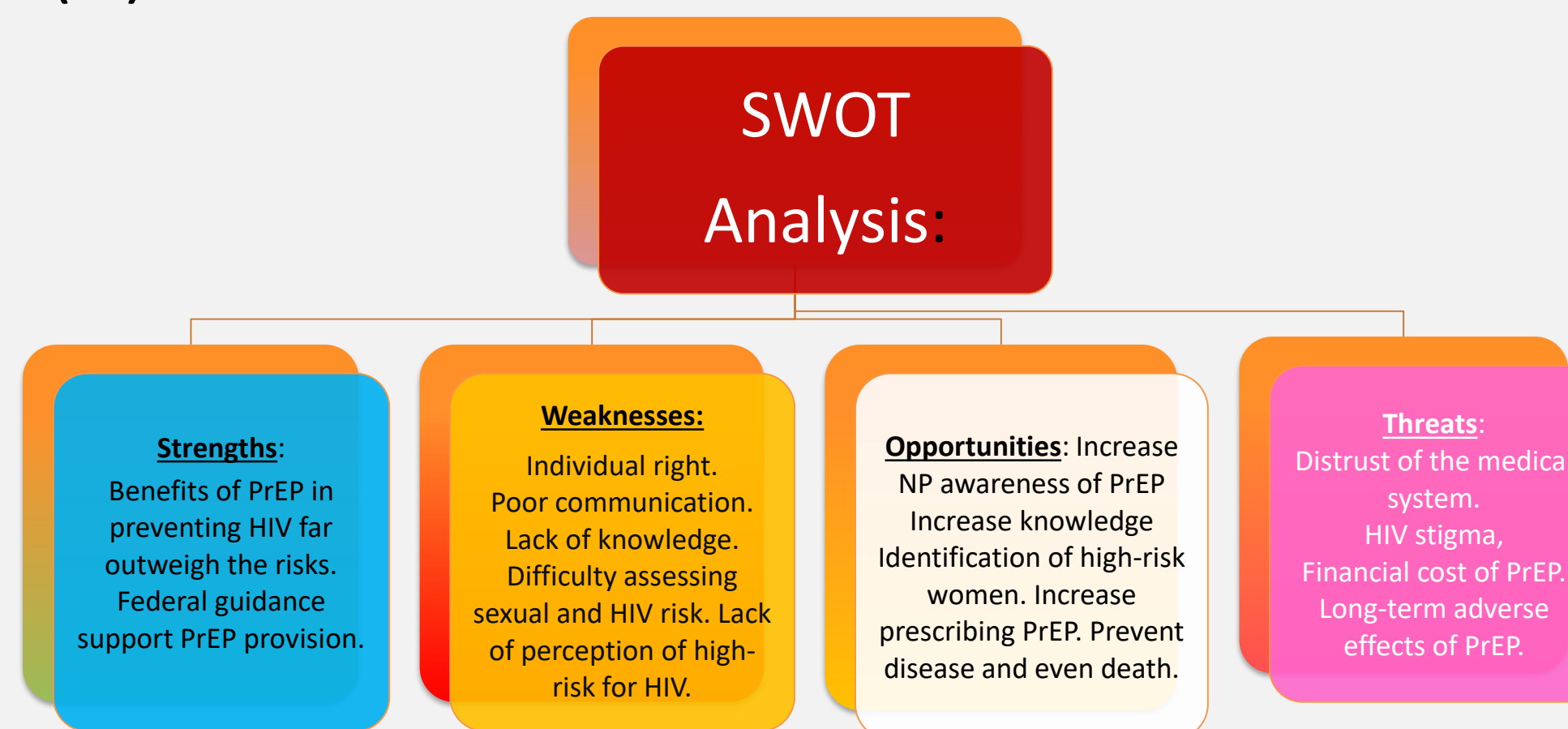
The diffusion of innovation



Clinical Question

❖ PICO:

"Among senior NP students enrolled in Adult Gerontology Primary Care 3 courses in a university in Northern New Jersey (P), how effective is educational intervention (I), compared to no education (C), in increasing knowledge of PrEP (O)?"



Review of Literature

- ❖ Public health approaches for the prevention of HIV infection require NP knowledge about PrEP.
- ❖ WHO recommends PrEP as a preventive choice for HIV (WHO, 2015a).
- ❖ PrEP offers prevention strategy for HIV negative women who are at high risk of getting HIV (CDC, 2019).
- ❖ Numerous clinical trials indicative of safety and efficacy of PrEP in preventing HIV. (McCormack et al., 2016; Molina et al., 2015; Maki, 2016).

Barriers and Facilitators/Role of the NP

- ❖ **Implementation:** Providers willing to prescribe
- ❖ **Lack of Knowledge/Awareness:** NP and women
- ❖ **Communication:** Difficulty assessing sexual and HIV high-risk women
- ❖ **Cost:** High cost of prep
- ❖ **Stigma:** Related to HIV/prep

Problem Statement

- ❖ Lack of knowledge, training, or experience regarding PrEP (Aaron et al., 2018)
- ❖ Lack of communication with high risk women about PrEP to increase awareness (Bradley & Hoover, 2019).
- ❖ The Institute of Medicine (IOM) and the Patient Protection and Affordable Care Act - importance of patient-centered healthcare (IOM, 2011).
- ❖ PrEP – Prevention approach for HIV infection (CDC, 2019).

Project Design

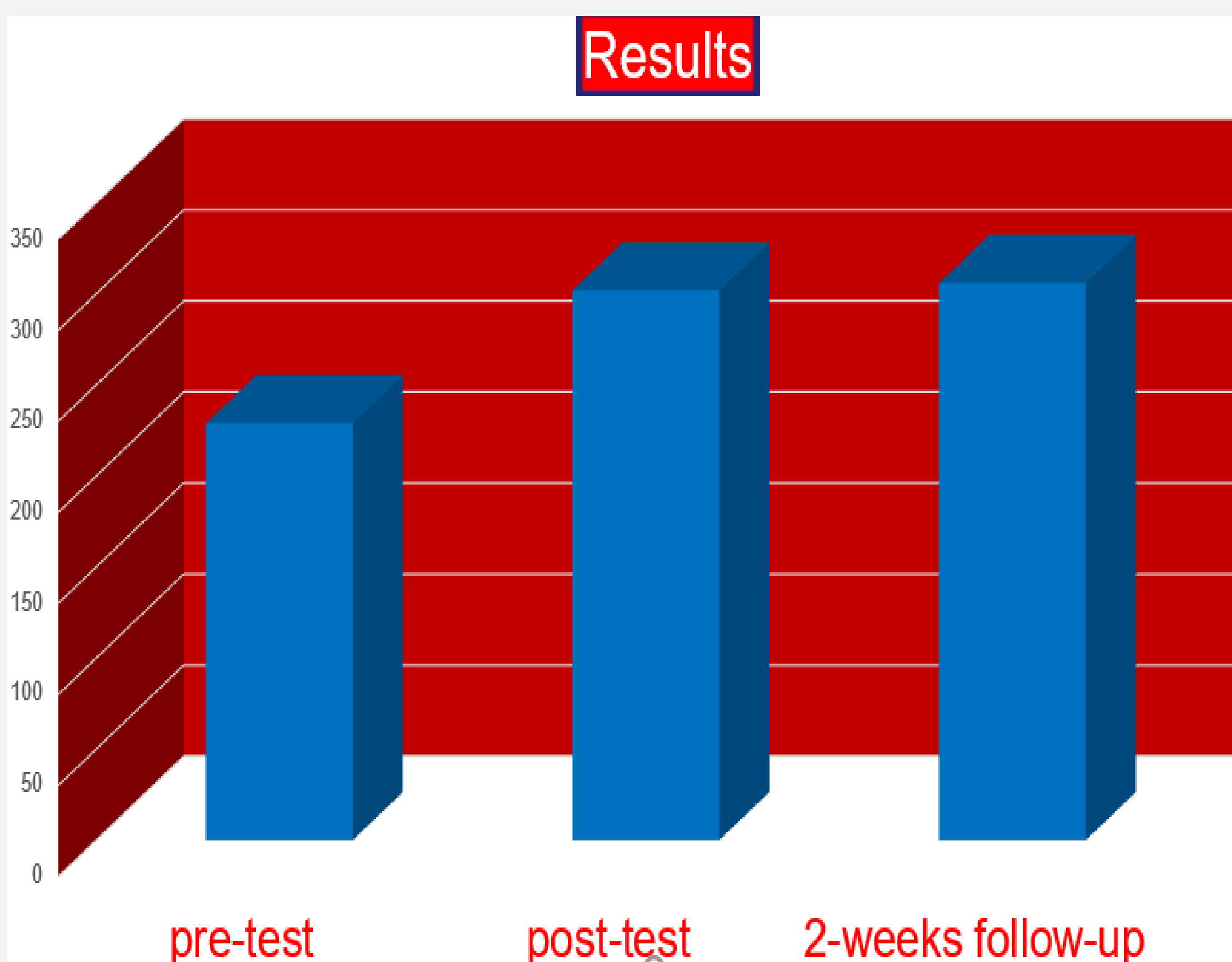
- ❖ **Consent Procedure:** Informed consent obtained
- ❖ **Methodology:** Pilot study, using pre-test, post-test, and a 2-week follow-up evaluation.
- ❖ **Setting:** Classroom setting
- ❖ 32 students volunteered.

Aims

- ❖ Increase knowledge of PrEP among senior NP students enrolled in AGPC 3 course in a university in Northern New Jersey.
- ❖ Increase knowledge of identification of HIV high-risk women 18 to 65 years of age.

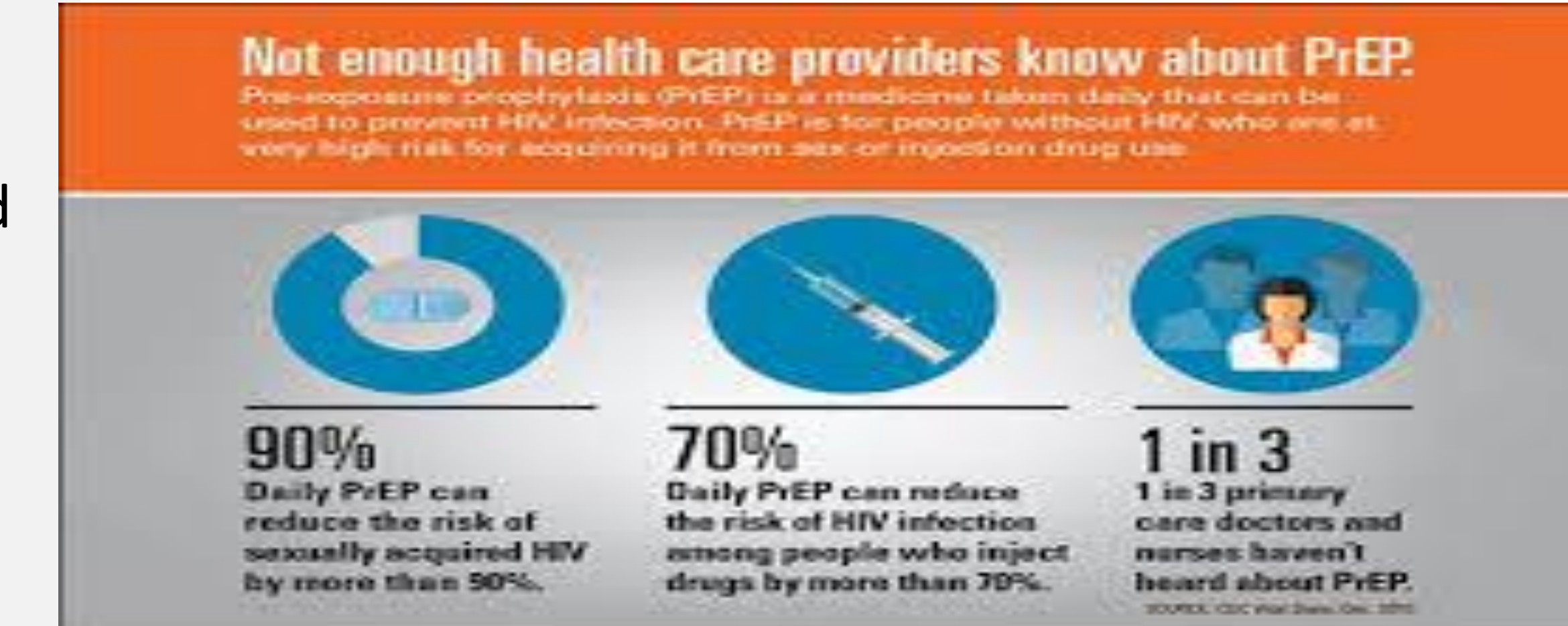
Objectives

- ❖ Collect baseline information about PrEP Knowledge
- ❖ Assess attitudes and barriers to adoption of PrEP.
- ❖ Assess willingness to prescribe PrEP in the future



Results

- ❖ pre-test, post-test, and a 2-week follow-up revealed significant increases in knowledge
- ❖ Pre-test ($M = 7.25$) to post-test ($M = 8.75$) based on both the paired t test ($t[31] = 7.12, p = .001$)
- ❖ The Wilcoxon matched pairs test ($z[31] = 4.34, p = .001$).
- ❖ Significant increases in knowledge were also noted from pre-test ($M = 7.25$) to follow-up ($M = 9.63$) based on both the paired t test ($t[31] = 10.23, p = .001$).



Recommendations/Implications

- ❖ **Clinical practice:** Intended to increase NP awareness of PrEP and increase prescribing PrEP to reduce HIV infection.
- ❖ **Healthcare policy:** Institutional and national
- ❖ **Quality & Safety:** Decrease HIV infection in women.
- ❖ **Education:** incorporating PrEP education to curriculum - contribute to making new HIV infections rare in women.
- ❖ **Economics:** Prevention of HIV reduces high treatment costs and even death.

Conclusion

- ❖ Findings suggested students in AGPC 3 are not getting enough knowledge about initiation and management of PrEP in the clinical and lack the skill of identifying high-risk women who may benefit from PrEP.
- ❖ Study findings also suggest a need for PrEP education in NP courses and clinical guidelines to support PrEP provision to high-risk women.
- ❖ To ensure best preparation, faculty should incorporate CDC guideline regarding the use of PrEP to enough adequate knowledge before graduation.

References

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