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MISSED OPPORTUNITIES FOR HPV VACCINATION DISCUSSION AMONG MEDICAL TRAINEES



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Introduction

- Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States, with over 79 million Americans infected today.¹
- The majority of the people infected with the virus are people in their late teens or early 20s.¹
- Although HPV often goes away on its own, it has the potential to cause serious health problems such as genital warts and cancers.^{1,2}
- Vaccination can decrease infections of certain high-risk HPV strains.¹
- Although the CDC recommends that individuals between 9-26 years old should receive the HPV vaccine, catch-up vaccination until 45 years old is available upon further guidance from healthcare providers.³

Purpose

The purpose of this study was to investigate:

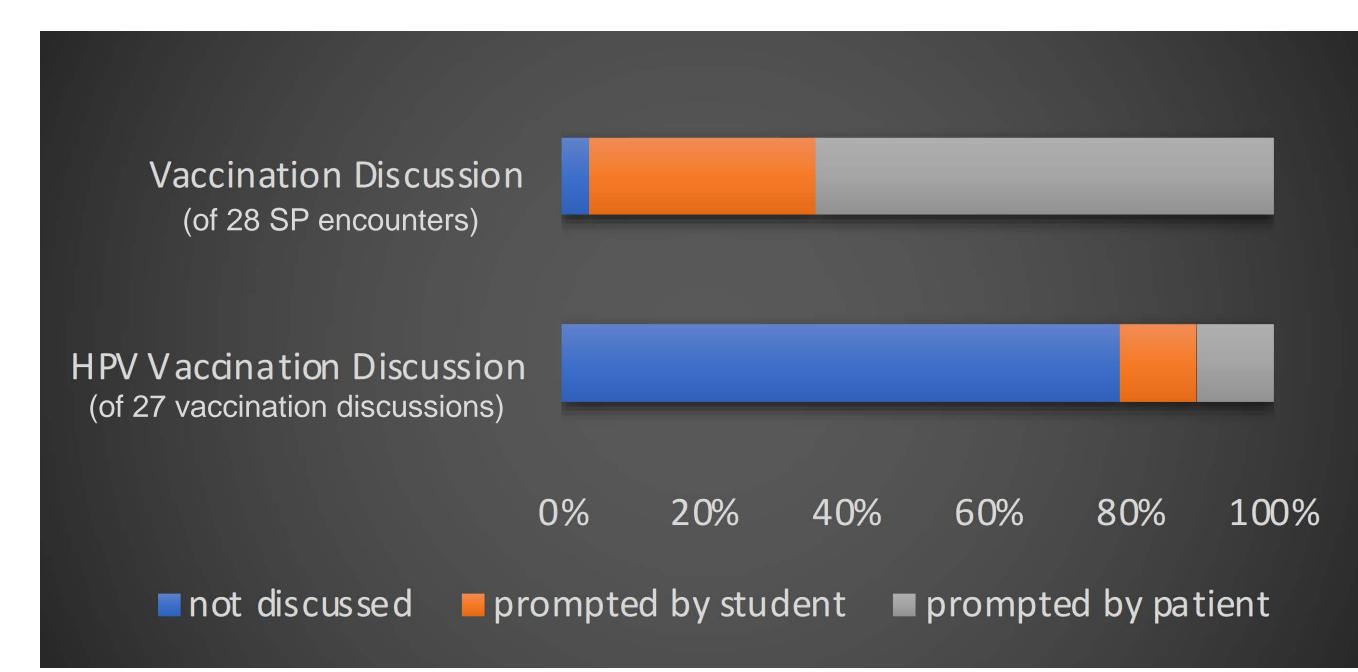
- The frequency of general and HPV vaccination discussion in a primary care setting
- The rationale for recommending or not recommending the HPV vaccine
- Who prompted the vaccination discussion

Methods

- Standardized patient (SP) encounters (n=28) were randomly sampled from 134 video recordings of rising third-year medical student trainees from 2017.
- Students were prompted to take a patient history for a 32-year-old establishing care in a primary care setting who had not seen a physician in over a decade.
- If the student did not cover vaccinations, the SP prompted a general vaccine discussion at the end of the encounter by asking "what shots do I need?"
- Encounter content of general and HPV vaccination discussions were coded for recommendation(s), rationale, and who prompted the discussion.
- The UofL IRB approved this study

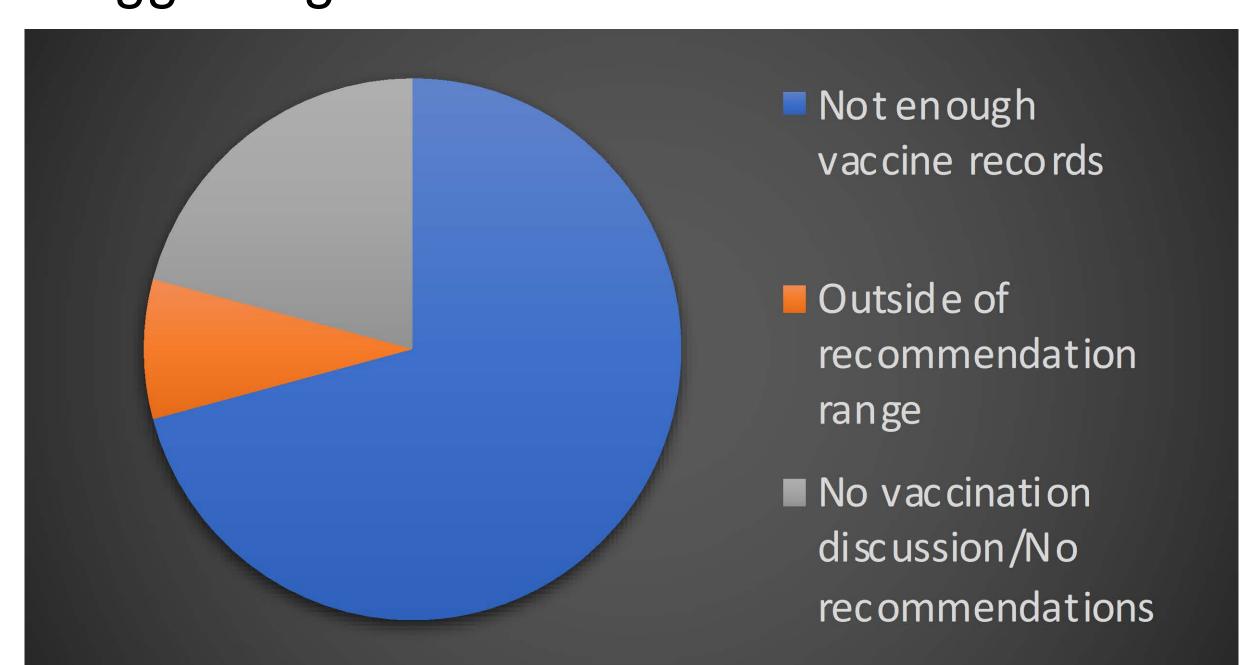
Results

Figure 1. Frequency of general vaccination and HPV vaccination discussions



- Vaccination was discussed 96% of the time
- Vaccine discussion was prompted by the patient 64% of the time, while the student prompted the discussion only 32% of the time
- From the encounters that had a vaccine discussion, 14.8% of students discussed the HPV vaccine.

Figure 2. Rationale composition for not suggesting HPV vaccine



- Of the 24 students who did not recommend the HPV vaccine, 71% said that there was not enough vaccination records, 21% had no vaccination discussion or did not provide any recommendations, and 8% said that the SP was out of the recommendation range.

Table 1. Frequency of HPV vaccination recommendation as a factor of SP SAAB

Patient's Sex Assigned at Birth (SAAB)	HPV vaccine recommended	HPV vaccine not recommended	HPV vaccine not discussed
Female SAAB	4	2	14
Male SAAB	0	0	8

- HPV vaccine discussion was limited to patients with who were assigned female at birth
- Of the patients who were recommended to get an HPV vaccine (n=4), all were assigned female at birth.

GAPS IN HPV AND
GENERAL VACCINATION
DISCUSSION

MISSED OPPORTUNITIES
TO DISCUSS HPV VACCINE
WITH MALE SAAB PATIENTS

ROUTINE VACCINE
DISCUSSION SHOULD
INCLUDE HPV VACCINE

Discussion

- These data illustrated gaps in HPV and general vaccination discussion among medical trainees.
- HPV vaccination discussion was limited to patients with a cervix, which is a prominent missed opportunity to discuss HPV vaccination with patients who were assigned male at birth since males also can contract and spread the virus.
- Additionally, the SPs in these encounters had not received vaccinations for over a decade so there was also a missed opportunity in catching patients that had not received care since before the vaccine's debut.
- These trends may be reflected in primary care settings, and we thus recommend that routine vaccination history/discussion include the HPV vaccine for new patients establishing care.

Future Study

Future studies will examine additional encounters to compare HPV vaccination discussion and recommendations through:

- Connections between LGBT+ patient identity
- Comparing trends among student gender identity and patient identity

Acknowledgements

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