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**Utilizing the CDC T-dap Educational Material to Increase Parental Consent of T-dap
Vaccination Rates Among Children 11-14 years**

A DNP Project Submitted to the
Graduate Faculty
of Jacksonville State University
in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Nursing Practice

By

Anita M. Pates

Jacksonville, Alabama

August 4, 2023

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August 4, 2023

Abstract

Background: The T-dap vaccine is vital to combating vaccine-preventable diseases. "T-dap vaccine can prevent tetanus, diphtheria, and pertussis" (Centers for Disease Control and Prevention [CDC], 2021). Therefore, providers must identify and educate parents whose child is unvaccinated with the T-dap vaccine. "If an increase in unvaccinated children continues to rise, there is risk for a resurgence of vaccine-preventable diseases and potential increase in deaths related to these infectious diseases" (Bowling, 2018, p. 128).

Purpose: The purpose of this DNP project was to implement an educational session targeting parents of children aged 11-14 in a pediatric clinic in an urban area utilizing the CDC educational material to increase parental consent to the T-dap vaccination.

Methods: This quality improvement (QA) project utilized the CDC T-dap material to conduct an educational session for parents of children aged 11-14 years. The Parent Attitudes about Childhood Vaccines (PACV) survey measured the project's primary outcome, which includes improving knowledge on the importance of T-dap. The pre-survey was given before the educational session, and a post-survey via telephone within one week.

Results: The results were clinically significant in identifying vaccine-hesitant parents, analysis showed a slight improvement in patient pre-post responses.

Conclusion: The results showed the need for educational program in the pediatric clinic to increase knowledge to improve parental consent

Keywords: T-dap, Parent Attitudes about childhood Vaccines, health literacy, vaccination knowledge

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First, this writer would like to thank God for giving me the strength and ability to get through this program. To my Husband and children, I appreciate your patience and support.

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Utilizing the CDC T-dap Educational Material to Increase Parental Consent of T-dap Vaccination Rates Among Children 11-14 years.

The T-dap (tetanus, diphtheria, and pertussis) vaccine was created to protect against communicable diseases. "From the late 1940s through the 1990s, vaccination against pertussis, diphtheria, and tetanus with a combined diphtheria and tetanus toxoids and whole-cell pertussis (DTP) vaccine was recommended for infants and young children" (Liang et al., 2018, p. 1). The T-dap vaccine is vital to establish protection against deadly bacteria. Based on the Centers for Disease Control and Prevention (CDC, 2021), the T-dap vaccination protects against tetanus, diphtheria, and pertussis. Tetanus is an infection in the wound. A dirty cut can cause clostridium tetani. These bacteria can cause lockjaw. "The initial presentation of tetanus lockjaw includes a stiff neck, dysarthria, and abdominal muscle stiffness, which are usually affected by noise and light" (Fan et al., 2019, p. 1292). "Bordetella pertussis is a small, pleomorphic, Gram-negative bacillus" (Decker & Edwards, 2021, p. S313).

The pertussis bacteria are transmitted through respiratory droplets in the air. Pertussis is spread by coughing, sneezing, and talking to a person. In addition, pertussis bacteria can cause a paroxysmal cough, leading to swelling and airway closure. Diphtheria can affect the throat. "This disease is defined as a respiratory illness that comprised of pharyngitis, tonsillitis/laryngitis, cervical lymphadenopathy and an adherent tonsillar or nasopharyngeal pseudomembrane" (Ramamurthy et al., 2018, p. 1). The bacterial infection can cause breathing and swallowing issues. "Diphtheria is caused by a toxigenic bacterium *Corynebacterium diphtheria* which remains as one of the important causes of illness and death among children" (Ramamurthy et al., 2018, p. 1). Skipping the T-dap vaccine can put the child and community at risk for severe illness or death.

Going unvaccinated can cause harm to the child and individuals in the community. During the well-child visit to the pediatrician clinic, children between the ages of eleven and twelve should routinely receive the T-dap vaccine. "Preteens should get one shot of T-dap between the ages of 11-12 years to boost their immunity" (Centers for Disease Control and Prevention [CDC], 2022). Providers should educate parents at each well-child visit about the adverse health outcome of an unvaccinated child. "Overall, the patient education leads to empowerment, reinforcing the notion that a properly informed parent will make good choices when it comes to their child(ren) 's health" (Marotta & McNally, 2021, p. S30). The provider should include the parent in the child's healthcare to increase parental consent and knowledge of the T-dap vaccine. A DNP-guided educational session and the evidenced-based tool have demonstrated the benefit of obtaining parental consent for the T-dap vaccine.

Background

According to the World Health Organization (WHO, 2022), the number of unvaccinated children in 2021 increased by 5 million since 2019. In particular, the T-dap vaccine coverage in the urban clinic is low, showing an unvaccinated rate of 61%. The pediatric clinic is in an underserved area. Based on the World Population Review (2023), in Alabama, 26% of people have a high school education, 6.37% have a bachelor's degree or greater, 27.49% have some college, and 32.87% have less than 9th grade. Based on the World Population Review (2021), the national literacy rate for adults is 88% and 85% for Alabama. Education level can affect a patient's perception of their health. "Additionally, having a secondary and university level of education and better knowledge are significantly associated with a better attitude" (Matta et al., 2020, p. 7). Subsequently, low literacy levels may contribute to various issues, including non-

adherence to vaccination schedules. Therefore, education plays a vital role in vaccination compliance.

Understanding health is important when discussing or evaluating vaccination rates within a population and plays an impressive role in patient outcomes. “Health literacy is the degree to which individuals have the ability to find, understand, and use the basic health information and services needed to make appropriate health-related decisions” (Šulinskaitė et al., 2022, p.1). Health literacy plays a huge role in patient outcomes. Based on Healthy People 2030, health literacy can be assessed at any given point and time (Office of Disease Prevention and Health Promotion, n.d.). Health professionals can examine an individual's health literacy by utilizing surveys to gather the degree of knowledge. Health literacy is necessary for the foundation of individualized care. The individual should be able to process needed information to generalize health promotion and prevention. “Limited health literacy prevents individuals and families from developing the knowledge, skills, and confidence necessary to engage or participate in their care” (Magnani et al., 2018, p.3). Improving care can start with improving the patient’s ability to process information at the level of understanding. “Better health literacy is always associated with better cognitive function, fewer depressive symptoms, fewer chronic diseases, better daily mobility, and good physical condition” (Eronen et al., 2018, p. 549).

The pediatric wellness clinic operates without a routine immunization educational intervention focused on parents with children in the facility. As a result, parents with children seeking health care services in the facility must be adequately informed about the importance of immunization, specifically Tetanus, diphtheria, and pertussis (Tdap) vaccination, resulting in low vaccination rates. Thus, adequately informing parents of the risks and benefits allows the guardian to understand vaccination. "Educated parents seem to understand more the risks of

infectious diseases and the benefits of vaccination in their prevention" (Matta et al., 2020, p. 7). However, the parent's bias toward the vaccination may change after a detailed explanation.

Hence, there needs to be an educational session in the clinic to address the bothersome rate. "To better combat vaccine hesitancy and optimize interventions, factors associated with parents' decisions on vaccination need to be identified and investigated" (Damnjanovic et al., 2018, p.2). The plan to correct the problem is to utilize the CDC T-dap educational material to improve knowledge and parental consent of the T-dap vaccination. The use of an evidence-based tool to measure knowledge is essential.

Needs Analysis

T-dap vaccine protects adolescents from tetanus, diphtheria, and pertussis. It can be deadly if the child is unvaccinated and exposed to these diseases. Due to poor T-dap vaccination compliance, the facility recorded a 61% T-dap immunization rate among children 11-14 years, from December 1, 2020, to December 31, 2021. Parents have informed providers in the clinic that they do not trust vaccines and they are fearful of their child being in pain and therefore, refuse to vaccinate their child. "The national childhood vaccination rate is 75.4%, while Alabama's is 79.9%" (America's Health Rankings, 2021). Both the national and state data are consistent with an educational program. The national T-dap vaccination rate among adolescents in 2017 was 89.0%, while in Alabama, the rate was 88.7% (Elflein, 2022; Lehman, 2019). The existing practice gap requires knowledge among parents on the importance of childhood vaccination (Office of Disease Prevention and Health Promotion [ODPHP], 2021). Available data from the facility based on the rate of immunization from December 1, 2020, to December 31, 2021, is as follows:

Children aged 11-14, (1305 patients)- 797 (61%) unvaccinated and 508 (39%) vaccinated (Tdap)

Problem Statement

Parents with children seeking care in the underserved pediatric clinic are not adequately informed of the importance of the Tdap vaccination. The T-dap vaccine protects against tetanus, diphtheria, and pertussis (whooping cough). The T-dap rate in the clinic is lower than the national and state rate. A decrease in parents' knowledge and health literacy can affect the child's health outcome. The DNP student developed a PICOT question based on the need assessment and literature review, asking the following question: Among children aged 11 to 14 years in an underserved pediatric clinic (P), implements CDC T-dap educational material (I), compared to no education (C) improve compliance with T-dap vaccination, within eight weeks (T).

Aims and Objectives

The overarching aims of this project were to:

1. Increase parental consent for the T-dap vaccination by using the CDC educational material in an education session at a pediatric clinic.
2. Parents will display an improvement in knowledge of the T-dap vaccines following the implementation of the intervention.
3. The educational session will increase T-dap compliance by 80%.

Review of Literature

The DNP student performed an electronic search utilizing the Jacksonville State University Library. The databases searched were PubMed and Cochrane. Additional literature was identified through Google scholar. The keywords used were Parent Attitudes about Childhood Vaccines (PACV), T-dap, health literacy, and vaccination knowledge

Parent Attitudes about Childhood Vaccines (PACV)

The validation of the study conducted by Abd Halim et al. (2019) noted that The Parent Attitudes about Childhood Vaccines (PACV) questionnaire was a great tool used to identify vaccine hesitancy parents. Furthermore, the study results concluded that validity and reliability were gained from the parents' responses to the PACV questionnaire. "Its intra-class correlation ranges between 0.53 and 1.00, while the Cronbach alpha is 0.77, supporting the tool's validity and reliability, respectively" (Abd Halim et al., 2019, p. 1040). Therefore, these researchers highly suggest the PACV questionnaire be used as an evidence-based tool in clinical practice to identify hesitant parents about vaccinations. This article relates to my project because the evidence shows that the PACV questionnaire can identify vaccine-hesitant parents; hence, with improving knowledge, the survey can be used for assessing the parents' knowledge before and after the face-to-face educational session. In addition, a reliable survey is necessary to measure outcomes.

Health Literacy

Healthy People 2030 states that one of its objectives is to increase the population's health literacy. Health literacy is imperative to understanding relevant information to one's health. Assessing or identifying the patient's ability to understand basic and complex health-related education is the key to successful patient outcomes. "When individuals have limited personal health literacy, they are at higher risk of misunderstanding information important to achieving and maintaining health or losing their way in the fragmented health care system" (ODPHP, n.d.). Hence, there is a need to target health literacy among individuals in the healthcare system to improve adverse outcomes. The government agency objective aligns with my quality

improvement because the geographical area the clinic is in shows a low level of education, suggesting education for parents in the underserved clinic.

Improving Parents' Knowledge

Matta et al. (2020) showed that parents' knowledge and a higher education level are significant to vaccinating their children. The researchers collected data from the study through personal interviews. "The response rate was 79.5%" (Matta et al., 2020, p.1). Improving knowledge can increase the chance of parents vaccinating their children. " Additionally, having a secondary and university level of education and better knowledge are significantly associated with a better attitude" (Matta et al., 2020, p.7). Building an open relationship with parents builds trust. "Our results showed that good communication with the physician led to better vaccination KAP" (Matta et al., 2020, p.7). The results indicated that education is critical to improving knowledge. The study is significant because the DNP project intended to enhance parent knowledge which would increase parental consent to T-dap vaccination.

T-dap (Tetanus, Diphtheria, Pertussis)

According to the Centers for Disease Control and Prevention (2021), a single dose of the T-dap vaccine is routinely given at ages eleven and twelve. The CDC recommends the T-dap vaccination to prevent Tetanus, Diphtheria, and Pertussis. The CDC website displays a free vaccine schedule to the public and health care officials. In addition, the site has credible information regarding T-dap use, risks, and benefits.

Theoretical Model

The theory used for this DNP project is Pender's Health Promotion Model. Nola Pender's Health Promotion Model (HPM) was created in 1982 and revised in 1996. Pender's HPM aims to improve the health and well-being of the individual. "Pender's health promotion model (HPM) is

one of the widely used models to plan for and change unhealthy behaviors and promote health" (Khodaveisi et al., 2017, p. 166). With this model parents will be able to recognize unhealthy behavior and take the initiative to make better choices to create better outcomes for their children. "Providing education to promote patients' quality of life and health status is an important step in raising awareness and involving patients, which is strongly influenced by socio-economic and lifestyle determinants" (Habibzadeh et al., 2021, p. 2). Therefore, Pender's model is well suited for this project to educate parents on the CDC T-dap material to change parents' behavior and improve parental consent to the T-dap vaccination.

Pender's HPM focuses on three concepts, individual characteristics, and experiences, behavior-specific cognitions and affect, and behavior outcomes. First, individual characteristics and experiences are prior behavior related to social determinants and personal issues. For example, the previous behavior in this project is low parental consent to T-dap vaccination, which may be related to environmental, education level, or the inability to understand the importance of the T-dap vaccination. The second concept is behavior-specific cognitions and affect. The second concept involves the patient's willingness to change. An excellent example of this concept is the participants' receptivity to learning new educational material on T-dap. Finally, the behavioral outcome is the third concept, which includes the individual desired behavior or health outcome. The desired outcome begins when the participants acknowledge the importance of the T-dap vaccination and choose to have their child vaccinated. This theory is effective in health promotion and prevention. "An education program developed based on Pender's health promotion model managed to improve the mean score of self-efficacy and treatment adherence of patients undergoing hemodialysis" (Rabiei et al., 2020, p. 6).

Methodology

The Institutional Review Board (IRB) granted the DNP student permission to conduct a DNP project on eighteen parents with children aged eleven to fourteen who received care at the pediatric clinic. Each participant signed a consent form. The intervention included implementing the CDC T-dap educational material in the brief education session within a pediatric clinic. In addition, CDC T-dap educational visuals were displayed in the triage rooms. The Parent Attitudes about Childhood Vaccines (PACV) is an evidence-based tool used to measure the outcomes in the study. The PACV tool was used for pre-post assessment to gather data. “The PACV can be used to identify the target population of interest for enrollment into research studies on vaccine hesitancy, and it may have utility in the clinical setting” (Opel et al., 2013, p. 7).

Setting

The DNP student implemented the project at an urban pediatric clinic in an urban community. The pediatric clinic is in an underserved area. This clinic offers quality primary care and urgent care to patients ages newborn to twenty-one. Inside the facility, there are a total of eight exam rooms. Five exam rooms are housed in the primary care area and three in the urgent care area. In addition, two triage rooms on the primary care side and one on the acute care side.

Population

The population for this project consists of parents at a local underserved pediatric clinic. In addition, the population included parents with children ages eleven to fourteen. The project will involve these parents who only consent to participate in the quality improvement project.

Inclusion/Exclusion Criteria for the Population

Inclusion criteria:

- Parents whose children are ages eleven to fourteen years of age

Exclusion criteria:

- Parents whose children are not ages eleven to fourteen years of age
- Parents under seventeen years of age

Recruitment

The recruitment process began when the DNP student posted the project educational session informational flyers (Appendix A) in the pediatric clinic two weeks before the education session. The DNP student displayed the informational flyers in the waiting area and triage rooms. The project recruitment flyer described the title, purpose, eligible participants, project start date, and location. Participants were recruited from the pediatric clinic utilizing the inclusion and exclusion criteria. Upon contact with eligible participants, the DNP student informed the participant of the DNP project's risks, benefits, and purpose. Once they voluntarily agreed to the DNP project, the participants signed the consent.

Consent

Upon voluntary agreement by participants, the DNP student obtained consent (Appendix B) from each individual before implementing the DNP project. Next, the DNP student ensured participants that privacy and confidentiality would be maintained throughout the project. Finally, the DNP student gave the participants an overview of the goals, purpose, risks, and benefits.

Design

The project was a quality improvement (QI) project focusing on improving parental consent to the T-dap vaccination. First, the parents were asked to complete a pre-questionnaire before the educational session. The questionnaire assessed the parent's knowledge of immunization. The questionnaire consisted of twenty-three questions. Questions 3-17 were

related to vaccination, and 18-23 were about the guardian, which asked about demographics. Next, a brief fifteen-minute education session was held in the triage area during the child's well-visit to the pediatric clinic. The DNP student utilized free evidence-based material from the CDC and gave parents handouts during the face-to-face session. The material used to educate parents was the T-dap handouts and the T-dap vaccine informational statement (CDC, 2020; CDC, 2021). Finally, a post-questionnaire was completed with parents via telephone within a week.

Data Review Process

First, the DNP gave each participant a number in a numerical system. Then, they wrote it on the pre-post survey. Finally, the planner thoroughly reviewed the data and analyzed utilizing a systematic approach.

Risks and Benefits

There was minimal risk for parents participating in this DNP project. The benefits to parents were gaining knowledge about the T-dap vaccine and receiving educational handouts.

Compensation

The participants were not compensated financially for taking part in this DNP project. However, the PI verbalized appreciation to the parents for completing the pre- and post-surveys. In addition, the PI provided participants with T-dap educational handouts for their time and effort in the study.

Timeline

The DNP project began at Jacksonville State University: (Appendix C)

1. The student identified and created a PICOT question geared toward the gap in the approved pediatric clinic.
2. The planner searched for related resources to build the project.

3. The student worked collectively with the faculty advisor and chair to present the proposed project to the PERC Team, for which approval was granted. In addition, the IRB approved (Appendix D) the application. The student met with the preceptor and stakeholders. The stakeholders approved the DNP proposed project.
4. Over the next few months, the DNP student gathered data, implemented the project, analyzed data, and completed writing the DNP manuscript.
5. The student presented the project on Dissemination Day and housed it in the JSU repository.

Budget and Resources

The project material was funded primarily by the DNP student (Appendix E). In addition, the DNP student developed a cost estimate based on the study's number of participants. The stakeholder agreed to let the DNP student use the office workspace and computer.

Evaluation Plan

The project planner evaluated the data gathered from the pre and post survey. The participants' response was compared before project implementation and follow up within one week.

Statistical Considerations

Microsoft Excel was used to analyze participants' PACV pre- and post-survey responses. In addition, bar graphs and pie charts compared data in the pre-post survey (Likert scale) response by participants in this project. Descriptive statistics data was captured using the parents' demographic information.

Data Maintenance and Security

Before implementing the project, The Collaborative Institutional Training Initiative (CITI Program) (Appendix F) provided the DNP student with extensive training focused on participants' privacy and how to handle data to keep it secure. As a result, the DNP student managed participant privacy and data throughout the quality improvement project. The planner of the DNP project stored the participant information and project results in a locked file cabinet. After implementation, the DNP student will share the data with a statistician. The student will shred the project results after the DNP project.

Results

This quality improvement project was implemented in a pediatric clinic. Eighteen parents participated in the project. The project took place in March 2023. The results were clinically significant in identifying vaccine-hesitant parents, but the analysis (Appendix G) showed a slight improvement in patient pre-post responses. The analysis calculated the subject's responses to each question in the pre-post surveys. Opel et al. (2013) showed the PACV survey have a high reliability. Dr. Opel permitted the DNP student to use the tool in the quality improvement project.

Discussion

The DNP student utilized the quality improvement project to educate parents who lack knowledge of T-dap vaccination to improve parental consent. The main goal of this project is for parents to display an increase in T-dap vaccine knowledge after implementing the project intervention, which in hopes would improve parental consent to T-dap vaccination in the pediatric clinic (Appendix H). The results of the data obtained indicated otherwise. This project showed there was not a large sample size. Three subjects were not included in the post-survey

analysis data due to no response after post-survey follow-up within a week. The findings concluded that more time and a larger sample size are needed. These findings should not be dismissed but applied to future quality improvement projects.

Implications for Clinical Practice

Parents who participated in this study can use the knowledge from the educational secession to help make the best decision to vaccinate their children. In addition, the facility stakeholder can incorporate the academic program into the day-to-day clinical practice. The intervention and survey tool can gradually improve T-dap compliance in the urban clinic.

Implications for Healthcare Policy

Healthcare Policy is necessary for healthcare facilities to ensure patient safety. Therefore, the health policy rules and regulations for T-dap vaccination are imperative in following the recommended schedule by the CDC. In addition, the pediatric facility now has an evidence-based educational guide to improve T-dap compliance. The DNP project will now provide an academic guide for providers on facilitating a face-face education session to meet state and national T-dap vaccine rates.

Implications for Quality/Safety

The DNP student improved the quality and safety by identifying and educating parents on the importance of the T-dap vaccination, which can contribute to increasing parental consent to the T-dap vaccine. Children ages eleven-fourteen need to be vaccinated with the recommended T-dap vaccination to combat vaccine-preventable diseases.

Implications for Education

Identifying parents that lack knowledge and implementing an education session has shown that there is some impact on improving health literacy, which can enhance vaccine

compliance. Therefore, providers can incorporate a brief face-to-face educational session throughout the year during the child's well-visit in the facility triage room. In addition, the CDC T-dap educational material and information on how to access it will be available at the project site.

Limitations

The limitations of this DNP project include time constraints and a small sample size. The project was interrupted during the first week of implementation. The DNP student removed the flyer due to problems with the original survey tool. The DNP consulted with the IRB to approve the new PACV questionnaire. The minor setback caused the DNP student to start the project late, causing a short length in implementation. The university spring break put a hold on the project implementation process by one week. The time frame to recruit participants for this project was two weeks. The recruitment time should have been one week which would have given the DNP student more time to implement. Next, the anticipated number of participants for this project was thirty. The DNP student only recruited eighteen. It is uncertain why parents did not take part in the project.

Dissemination

This project's educational intervention was disseminated through a face-face education session at the pediatric clinic. The DNP student will share the project findings with faculty and peers on DNP Dissemination Day. Next, the DNP will disseminate the findings by manuscript and poster. Finally, the DNP manuscript will be placed in the Jacksonville State University repository library.

Sustainability

Providers are critical players in health care in providing parents with T-dap vaccination education. In addition, this project could lay the foundation for future projects addressing T-dap compliance. Next, the limitations of this project can guide similar projects in the future. Finally, it is with hope the stakeholder sees the need to adopt the T-dap educational intervention in the pediatric clinic.

Plans for Future Scholarship

While this study adds to the existing data about educating parents on the T-dap vaccination and utilizing an evidence-based survey to measure the outcomes, more research is needed. In addition, future students can examine this project to add to their quality improvement project. Finally, future projects should consider including larger sample sizes and extended time frames to gather more data.

Conclusion

T-dap vaccination is essential in protecting the health of children. T-dap vaccine protects against deadly bacteria that can cause harm or death to the child. The project involved implementing CDC education material targeting parents with children ages eleven to fourteen in a pediatric clinic. The data has shown that an educational program is necessary to improve parents' knowledge. The lack of T-dap vaccination knowledge may be due to demographic factors such as poverty and education level. The implementation of this project added data to support the intervention used in this DNP project.

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Appendix A

DNP Project Recruitment Flyer

HOW CAN I PROTECT MY CHILD

T-DAP EDUCATION SESSION

Purpose: To educate parents on improving parental consent to T-dap vaccination compliance

Who: For parents/guardian with children ages 11-14

What: Attend a 15 minute education session to improve parental consent to T-dap vaccination compliance

Where: Morgan Pediatrics, Triage Room

Date: TBD

For more information: Contact Anita Pates
205-785-7337
apates@stu.jsu.edu



Appendix B

Participant Consent

Participant Consent Form

TITLE OF STUDY: Utilizing the CDC T-dap Educational Material to Increase Parental Consent of T-dap Vaccination Rates Among Children 11-14 years

Principal Investigator: Anita Pates MSN, BSN, FNP-C

This consent form is part of an informed consent process for a DNP student project. Should you decide to participate, it will provide important information about the project and expectations as a participant. It will help you to understand what the project is about and what will happen during the project. If you have questions during the project, feel free at any time to ask them. Expect to be given answers that you understand entirely.

After all your questions have been answered, you may be asked to complete a survey and participate in the educational session if you still wish to participate in the project. You are not giving up any of your legal rights by volunteering for this research project.

Why is this project being done?

This project aims to educate parents on improving parental consent to T-dap vaccination compliance. The study will be run for eight weeks with an estimate of 30 parents.

What will you be asked to do if you take part in this research project?

The PI will survey the parents before an education session on the CDC T-dap Educational Material to trial in the pediatric wellness clinic. The educational session will be provided in the triage room and last approximately 15 minutes. A second survey will be administered within one week after the educational session has been implemented.

What are the risks or benefits you might experience if you take part in this project?

No expected harm can occur from participating in this study. The potential benefit to the participants is gaining education on T-dap vaccination compliance. This project has no influence from management, and participation is voluntary. Management will not be provided any information regarding survey results or staff participation in this DNP project.

There is no cost to participate in this project

How will information about you be kept private or confidential?

All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed. Only a randomized ID code will be placed on your survey without the addition of any other personal identifiers. Surveys will remain within the pediatric wellness clinic, and information will not be removed from the premises until all identifiable information is removed.

Voluntary Participation/Withdrawal: Participation in this project is voluntary. Please read and consider the information carefully. You may ask questions before making any decision regarding participation at any time during or after the implementation of this project. You are free to stop participating at any time without penalty, and your future visits in the clinic will not be impacted.

You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to Anita Pates at apates@stu.jsu.edu

Who can you call if you have any questions?

If you have any questions about taking part in this project you can call the principal investigator:

Anita Pates MSN, BSN, FNP-C
Pediatric Wellness Clinic
(205)-785-7337

AGREEMENT TO PARTICIPATE**1. Subject consent:**

I have read this entire form, or it has been read to me, and I believe I understand what has been discussed. All of my questions about this form or this study have been answered. I agree to take part in this research study.

Subject Name: _____

Subject Signature: _____ Date: _____

2. Signature of Investigator/Individual Obtaining Consent:

To the best of my ability, I have explained and discussed the study's complete contents, including all of the information contained in this consent form. All questions of the research subject and those of their parent or legally authorized representative have been accurately answered.

Investigator/Person Obtaining Consent (printed name): _____

Signature: _____ Date: _____

Appendix C

Project Timeline

Completion	Pre-Design	Design	Implementation	Evaluation
First Summer	Define Clinical problem Create the initial PICOT question Complete the initial Review of Literature			
Fall	Finalized PICOT question Met with the preceptor and stakeholders at the Pediatric clinic Communicated with faculty and chair about project ideas and planning Review of Literature: Completed table of evidence on parental T-dap compliance and PACV tool Select Theoretical Methodology Completed CITI training	Began draft of proposed project Obtained approval from PERC and IRB		
Spring			Implement DNP	Data collection

	project	and statistical analysis
		Final project manuscript preparation.
Final Summer		Final project manuscript submission, Project Dissemination, Poster Presentation
		Submit ePortfolio.

Appendix D

JSU IRB Approval Letter



Institutional Review Board for the Protection of Human Subjects in Research

249 Angle Hall
700 Pelham Road North
Jacksonville, AL 36265-1602

April 27, 2022

Anita Pates
Jacksonville State University
Jacksonville, AL 36265

Dear Anita:

Your project "Utilizing the CDC T-dap Educational Material to Increase Parental Consent of T-dap Vaccination Rates Among Children 11-14 years" 04272022-02 has been granted exemption by the JSU Institutional Review Board for the Protection of Human Subjects in Research (IRB). If your research deviates from that listed in the protocol, please notify me immediately. One year from the date of this approval letter, please send me a progress report of your research project.

Best wishes for a successful research project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynn Garner', written in a cursive style.

Lynn Garner
Associate Human Protections Administrator, Institutional Review Board

Appendix E

Budget and Resources

PROGRAM EXPENSE	PROJECTED COST	ACTUAL COST
Printed Materials (Questionnaires, educational handouts, participant consent form, recruitment flyers)	\$100.00	\$14.60
Poster Printing	\$20.00	\$10.00
Data analysis by Statistician	\$100	\$80
Total Cost	\$220.00	\$104.60

Appendix F

CITI Training Certificate



Completion Date 14-Sep-2021
Expiration Date 13-Sep-2024
Record ID 44582353

This is to certify that:

Anita Pates

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Social and Behavioral Responsible Conduct of Research

(Curriculum Group)

Social and Behavioral Responsible Conduct of Research

(Course Learner Group)

1 - RCR

(Stage)

Under requirements set by:

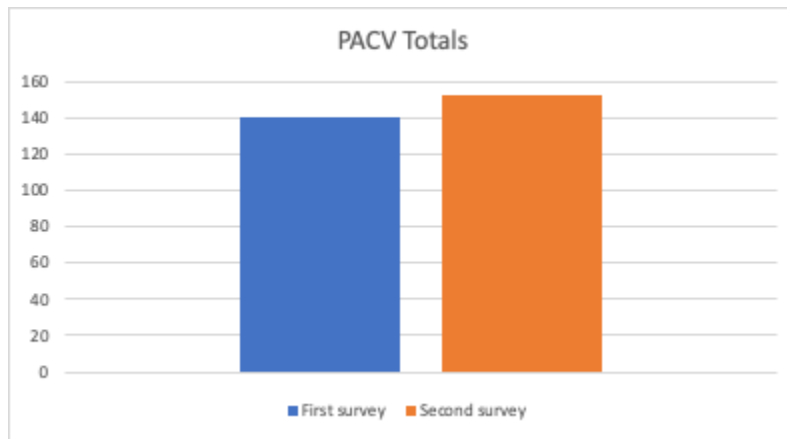
Jacksonville State University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w54f11dbc-f3db-426d-b996-fe77ac85c210-44582353

Appendix G

Data Analysis Results



Appendix H

Agency Letter of Support

April 15, 2022

Institutional Review Board
Jacksonville State University
700 Pelham Road North
Jacksonville, AL 36265

Dear Institutional Review Board,

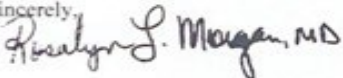
I hereby agree to Anita Pates, CRNP, from Jacksonville State University to conduct her research at Morgan Pediatrics. I understand that the purpose of the study is Utilizing the CDC T-dap Educational Material to Increase Parental Consent of T-dap Vaccination Rates Among Children 11-14 years in a pediatric clinical setting.

By signing this letter of permission, I am agreeing to following:

Jacksonville State University researcher have permission to be on Morgan' Pediatric premise.

Jacksonville State University researcher have access to the data collected to perform the data analysis both for presentation to Jacksonville State University and/or for publication purposes.

Sincerely,



Rosalyn Morgan, MD
Morgan Pediatrics
2010 Ave F
Ensley, AL 35218
205-785-7337
205-788-4767